

Specialist homelessness services annual report 2022–23

Web report | Last updated: **13 Feb 2024** | Topic: [Homelessness services](#)

About

The *Specialist homelessness services annual report* summarises the characteristics of clients receiving support from specialist homelessness services throughout 2022–23, including the services requested, outcomes achieved, and unmet requests for services.

Cat. no: HOU 333

- [State and territory summaries](#)
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Key findings

- 273,600 clients were assisted by SHS agencies in 2022–23 – more than 1.6 million clients since 2011–12
- Almost two-thirds of SHS clients in 2022–23 had received SHS assistance at some point since the collection began in 2011

Feature topic: New clients accessing SHS

Feature topic: New clients accessing Specialist Homelessness Services

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The characteristics of first-time specialist homeless services (SHS) clients are explored in this feature topic article, specifically, the cohort of new clients who received specialist homelessness services in 2018–19 is compared with the 2022–23 cohort. These two time points compare new clients prior to the COVID-19 pandemic with the post-pandemic cohort experiencing cost of housing pressures.

Key findings

- Less SHS clients supported in 2022–23 were new clients compared with 2018–19.
- New clients in 2022–23 had a broadly similar age and sex profile to those in 2018–19.
- New clients in 2022–23 were more likely to experience homelessness at the start of support and less likely to be housed at the end of their support compared with new clients in 2018–19.
- Financial difficulties were the most common reason for seeking assistance, however, housing affordability stress has increased as a reason for seeking support among new adult SHS clients.
- Lone person was the most common usual living arrangement among new SHS clients aged 18 and older at the beginning of support in both 2018–19 and 2022–23.

The data in this feature topic article are mostly drawn from the Specialist Homelessness Services Collection data cubes 2011–12 to 2022–23 (AIHW 2024). For 2022–23 data, to minimise the risk of identifying individuals, a technique known as perturbation was applied to randomly adjust cells with small numbers. For this reason, discrepancies may occur between the sum of component items and totals, and data may not exactly match other published data.

Defining new clients

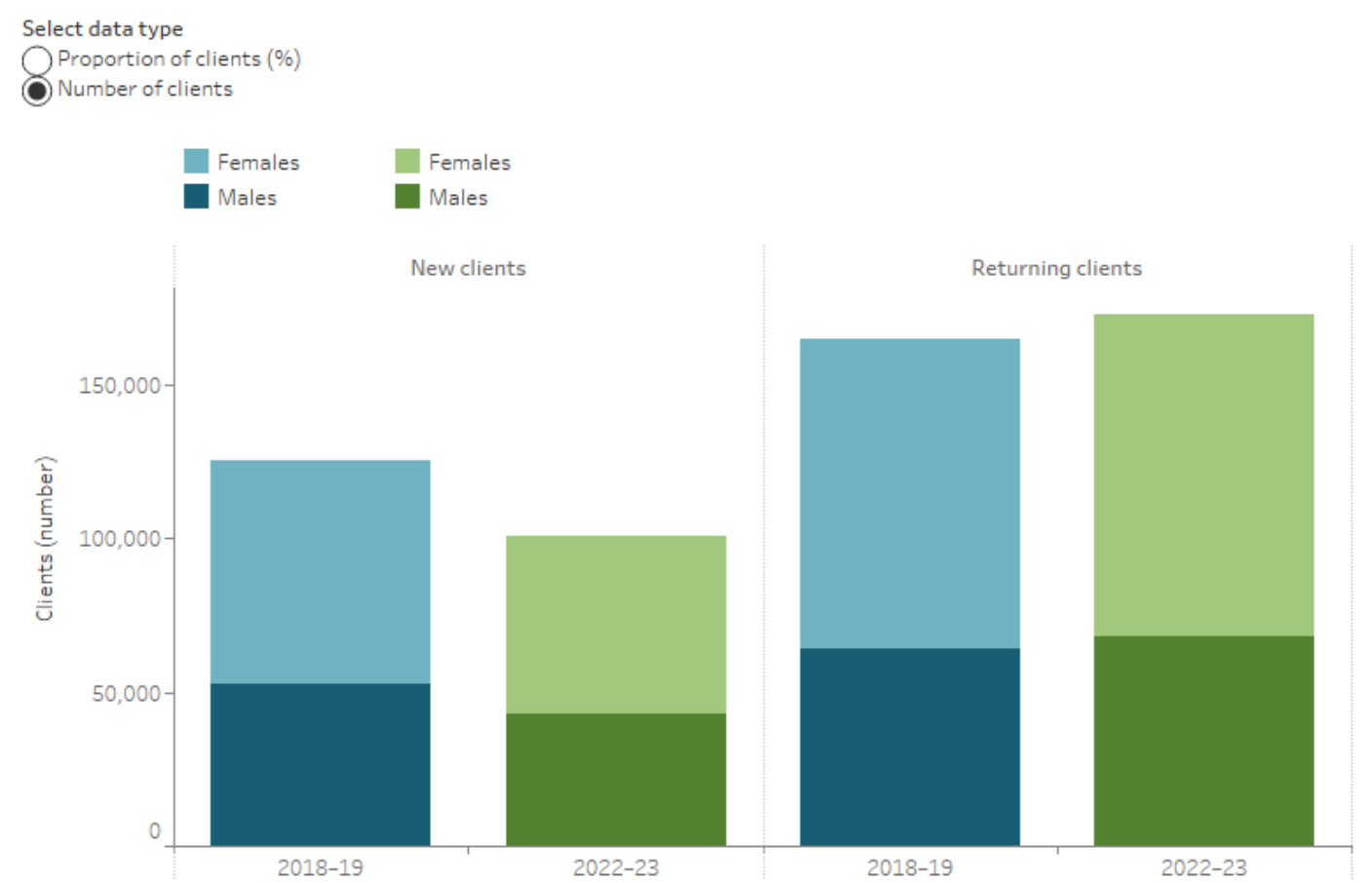
New clients are defined as clients who have received a service from a Specialist Homelessness Services Collection (SHSC) agency in the financial year for the first time, having never received support in any previous year since the collection began on 1 July 2011.

New SHS clients: 2018–19 compared with 2022–23

Less SHS clients in 2022–23 were new clients, compared with 2018–19.

The number of new clients assisted by specialist homelessness agencies decreased to almost 101,000 (or 37% of all SHS clients) in 2022–23 from 126,000 (43%) in 2018–19; a drop of around 6 percentage points between the two time periods (Figure 1). Similar declines in the proportion of new clients were observed in each state/territory (4–9 percentage point decline; data not shown). It is important to note that the SHSC data provide a measure of the service response directed to those experiencing housing insecurity, and therefore do not provide a measure of the extent of homelessness in the community.

Figure 1: Number of SHS clients by new/returning status and sex, 2018–19 and 2022–23



Notes:

For 2022–23 data, to minimise the risk of identifying individuals, a technique known as perturbation has been applied to randomly adjust cells. For this reason, discrepancies may occur between sums of the component items and totals, and data may not match other published sources.

Source: Specialist Homelessness Services Collection data cubes 2011–12 to 2022–23 (AIHW 2024).

New clients in both 2018–19 and 2022–23 were more likely to be female than male, consistent with the overall profile of SHS clients (Figure 1). The number of new clients declined nationally, and in all states and territories, for females and males; the number of clients also declined for most age groups, except the older age groups.

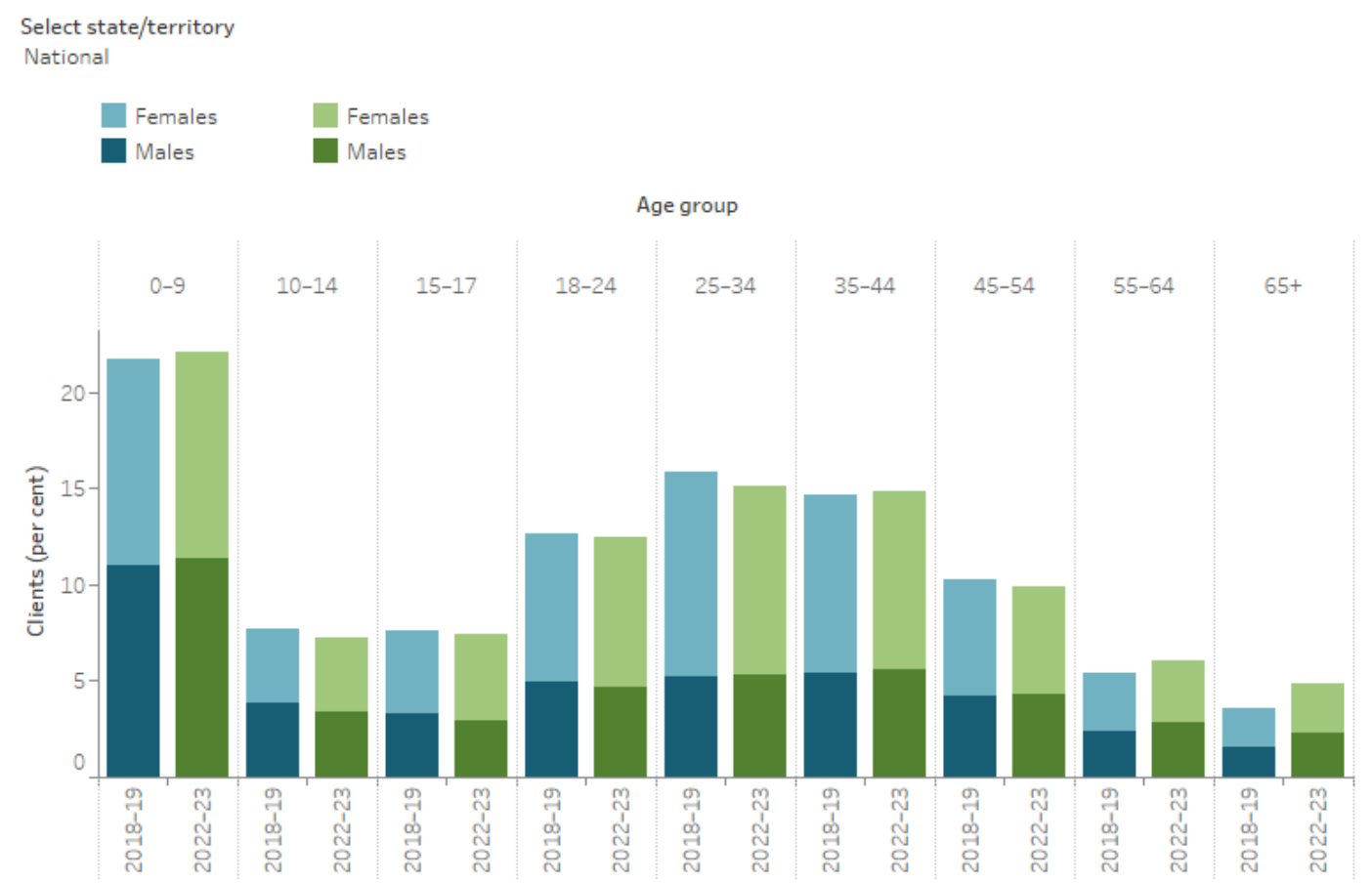
Age and sex

New clients in 2022–23 had a broadly similar age and sex profile to new clients in 2018–19.

As a proportion of all clients, the distribution of new clients by age and sex was broadly consistent between 2018–19 and 2022–23 (Figure 2). Among new clients:

- There were generally more females in all age groups in both time periods, except among those aged under 10.
- More than one-third were aged under 18 (37% in both time periods); more than 2 in 10 were aged under 10 (22% in both time periods).
- Among adult age groups, the largest group was aged 25–34; 16% in 2018–19 and 15% in 2022–23.
- The largest increase in the proportion of new clients by age group was clients aged 65 years and over (4.8% in 2022–23, an increase from 3.6% in 2018–19).

Figure 2: New SHS clients by age and sex, states and territories, 2018–19 and 2022–23



Notes:

Age is not published (n.p.) for some clients in 2018–19. Totals for individual age groups may not match those in other AIHW publications due to this suppression. Age was suppressed for clients who have unusual combinations of certain sensitive variables (e.g. sex, age group, Indigenous status, year, jurisdiction).

Source: Specialist Homelessness Services Collection data cubes 2011–12 to 2022–23 (AIHW 2024).

States and territories

The largest number of new SHS clients were in Victoria (45,900 in 2018–19 and 33,100 in 2022–23), followed by New South Wales (34,400 in 2018–19 and 27,900 in 2022–23) and Queensland (19,800 in 2018–19 and 18,100 in 2022–23). New clients were more likely to be female in all states/territories in both 2018–19 and 2022–23.

Between 2018–19 and 2022–23, there was a decline in the number of new clients across all states and territories.

It is important to note that clients may have accessed services in more than one state or territory, that is, when data are presented at the state/territory level, a new client might be counted in more than one jurisdiction.

Indigenous status

Among all new clients, 2 in 10 (23%) identified as Aboriginal and/or Torres Strait Islander in 2018–19, increasing by 1 percentage point to 24% in 2022–23. The number of new Indigenous clients decreased from around 25,300 new clients to 22,100 between the two time periods.

It is important to note that changes in the number of Indigenous clients over time may also reflect improved Indigenous status data among people receiving SHS support. That is, there has been a substantial decrease in the proportion of new SHS clients with ‘not stated’ Indigenous status over time, from 11% (13,900 new clients) in 2018–19 to 7.1% (7,200 new clients) in 2022–23.

Across most of the states and territories, there was an increase in the proportion of new clients identifying as Indigenous, except in Queensland, South Australia and the Australian Capital Territory.

Housing situation at first presentation and at the end of support

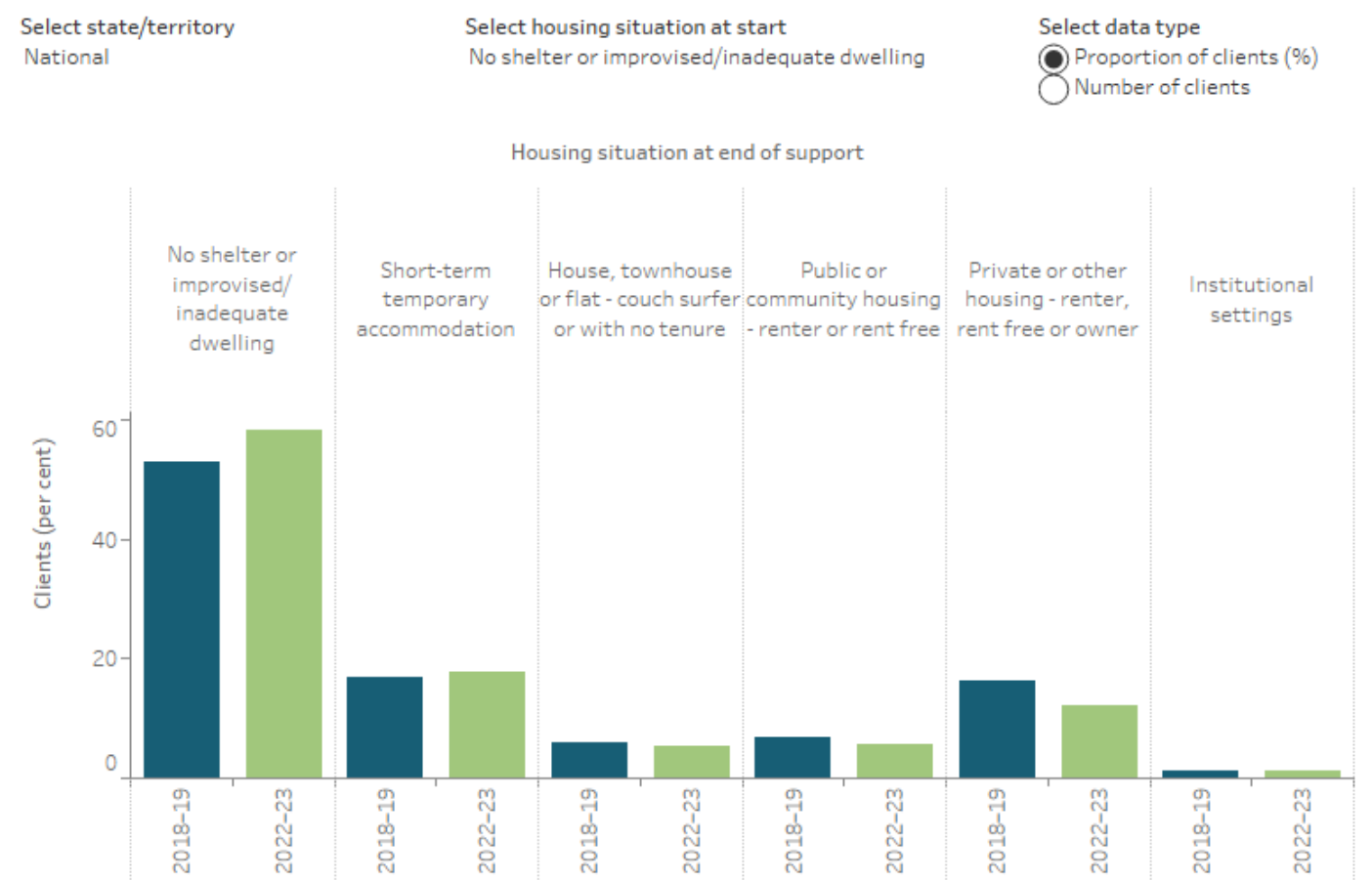
New clients in 2022–23 were more likely to be experiencing homelessness at the start of support and less likely to be housed at the end of their support compared with new clients in 2018–19. More than half of new clients sleeping rough at the start of support were still sleeping rough at the end of support in 2018–19 and 2022–23.

Among new clients whose housing situation was known at the beginning of their first support period:

- Around 4 in 10 (40%) clients were experiencing homelessness at the start of support in 2018–19; this increased to 43% in 2022–23.
- Around 8.8% of new clients were couch surfing at the start of their support in 2018–19, which had increased to 11% in 2022–23 (Figure 3).
- At the end of support two-thirds (67%) of new clients in 2018–19 were housed, which decreased to 64% in 2022–23.

- Clients sleeping rough at the start of support were less likely to be housed in private rental accommodation at the end of support in 2022–23 (12%) compared with 2018–19 (16%).

Figure 3: New SHS clients by known housing situation at start and end of support, states and territories, 2018–19 and 2022–23



Source: Specialist Homelessness Services Collection data cubes 2011–12 to 2022–23 (AIHW 2024).

Selected vulnerabilities

Less new clients in 2022–23 reported experiencing one or more selected vulnerabilities compared with 2018–19.

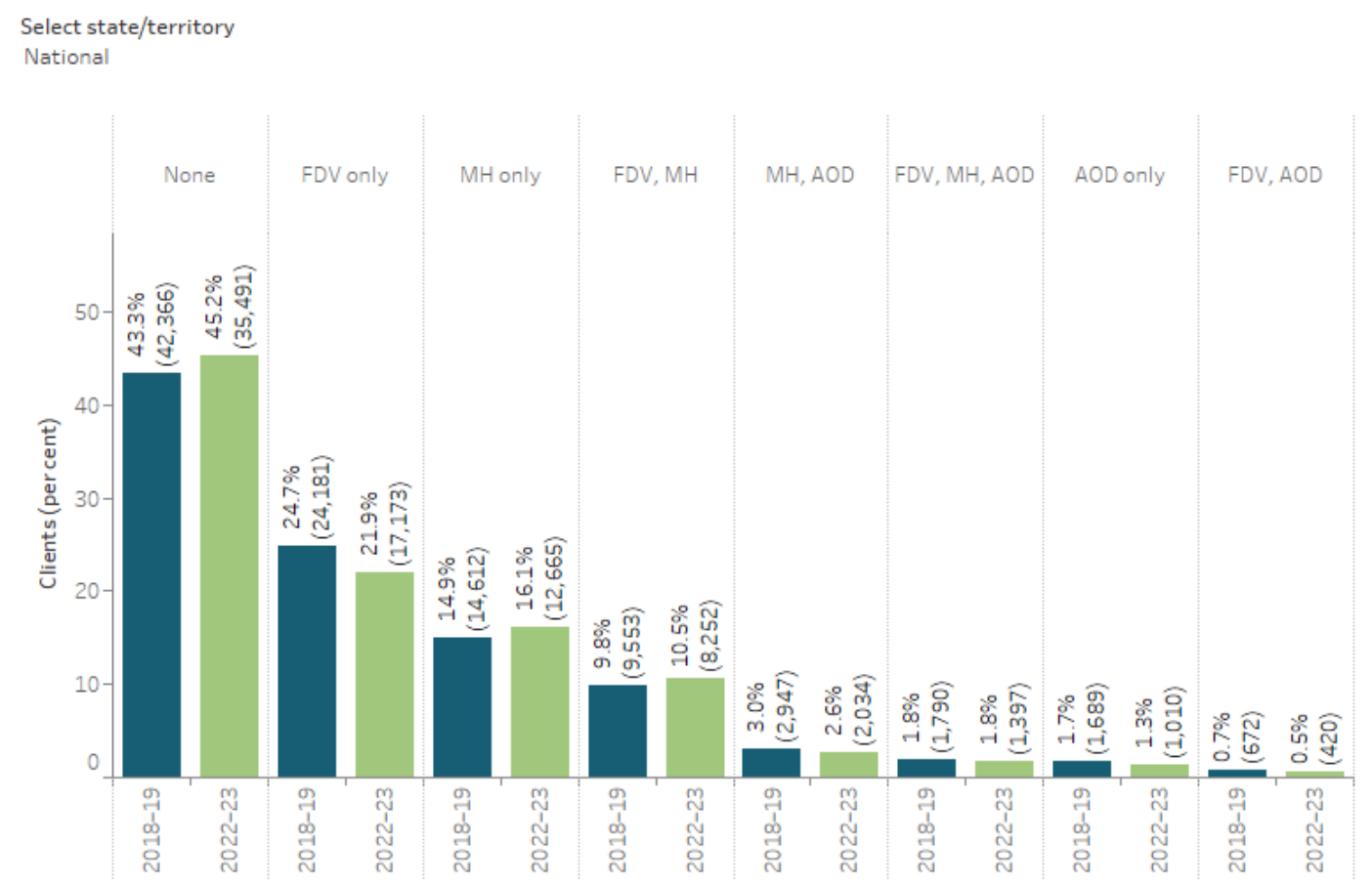
Many SHS clients face additional challenges that may make them more vulnerable to experiencing homelessness. The selected additional vulnerabilities presented here include family and domestic violence, experiencing a current mental health issue and/or problematic drug and/or alcohol use and are limited to clients aged 10 years and over. Clients may have one or any of these additional selected vulnerabilities.

Just under 6 in 10 (57%) of new clients aged 10 years and over reported experiencing one or more selected vulnerabilities in 2018–19; fewer (55%) new clients in 2022–23 were experiencing these vulnerabilities.

Among new clients aged 10 years and over (Figure 4):

- More than one-third (37%) reported experiencing family and domestic violence in 2018–19; 35% in 2022–23.
- 3 in 10 (30%) reported a current mental health issue in 2018–19; 31% in 2022–23.
- Problematic drug and/or alcohol use was the least common vulnerability (1.7% in 2018–19 and 1.3% in 2022–23).
- Very few new clients reported experiencing all 3 vulnerabilities (1.8% in both periods).
- Just over 4 in 10 (43%) new clients experienced none of these vulnerabilities in 2018–19, increasing to 45% in 2022–23.

Figure 4: New SHS clients by selected vulnerability characteristics, states and territories, 2018–19 and 2022–23



Key FDV: Family and domestic violence; MH: Current mental health issue; AOD: Problematic drug or alcohol use

Notes:

- Clients are assigned to one category only, based on their vulnerability profile.
- Totals may not sum due to rounding.
- Only includes new clients aged 10 years and over.

Source: Specialist Homelessness Services Collection data cubes 2011–12 to 2022–23 (AIHW 2024).

New adult clients

The housing situation, housing outcomes and reasons for seeking assistance are generally more likely to relate to the life circumstances of adults than children. To understand changes in these life circumstances among new clients between 2018–19 and 2022–23, the following analyses are restricted to clients aged 18 and over at the start of their first support period in each of the time periods.

There were 78,500 new clients aged 18 years and older in 2018–19; 63,700 in 2022–23.

Housing status at first presentation

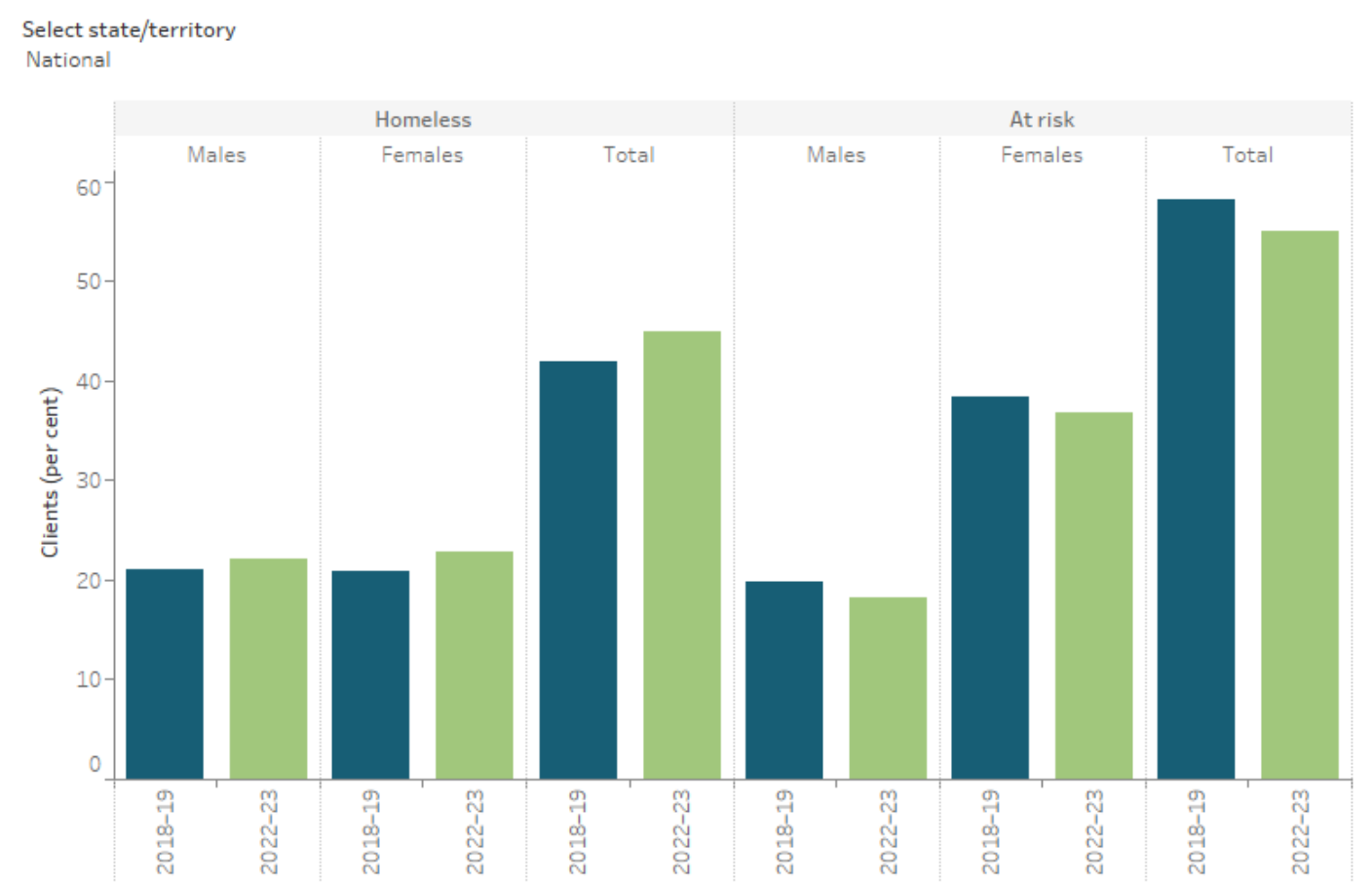
Females at risk of homelessness was the most common adult housing status among new clients in both periods.

New adult SHS clients (45%) in 2022–23 were more likely to be experiencing homelessness at the start of their first support period than those in 2018–19 (42%) (Figure 5).

The number of new clients who were experiencing homelessness at the start of their first support period was similar for males and females in both periods.

Similar findings were observed across most of the states and territories.

Figure 5: Proportion of new adult SHS clients by first reported housing status and sex, states and territories, 2018–19 and 2022–23



Notes:

- The denominator for the proportions excludes new clients whose housing status at first presentation was not stated.
- Only includes new clients aged 18 years and over.

Source: Specialist Homelessness Services Collection data cubes 2011–12 to 2022–23 (AIHW 2024).

Reasons for seeking assistance

Financial difficulties was the most common reason for seeking assistance over time among new adult SHS clients, however, housing affordability has increased as a reason for seeking support.

SHS clients can identify a number of reasons for seeking assistance, reflecting the range of situations that contribute to housing instability. SHS agencies also record a single main reason for clients seeking assistance.

Domestic and family violence (24%), housing crisis (21%) and financial difficulties (12%) were the most common main reasons for seeking support among new adult SHS clients at the start of their first period of SHS support in 2022–23, similar to the top 3 main reasons in 2018–19 (Table 1).

Financial difficulties was the most common reason for seeking assistance in both time periods (41% in 2018–19 and 39% in 2022–23). The proportion of new adult clients seeking support because of housing affordability stress increased from 27% of new adult clients in 2018–19 to 33% in 2022–23 (Table 2).

Table 1: Proportion of new adult SHS clients by the 5 most common main reasons for seeking assistance (%), 2018–19 and 2022–23

	2018-19	2022-23
Domestic and family violence	28	24
Housing crisis	20	21
Financial difficulties	13	12
Inadequate or inappropriate dwelling conditions	9.7	10
Housing affordability stress	6.7	8.7

Table 2: Proportion of new adult SHS clients by the 5 most common reasons for seeking assistance (%), 2018–19 and 2022–23

	2018-19	2022-23
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Domestic and family violence	35	31
Housing crisis	34	36
Financial difficulties	41	39
Inadequate or inappropriate dwelling conditions	22	23
Housing affordability stress	27	33

Notes:

Only includes new clients aged 18 years and over.

Source: AIHW unpublished analysis of the Specialist Homelessness Services Collection and Specialist Homelessness Services Collection data cubes (AIHW 2024).

Services needed and provided

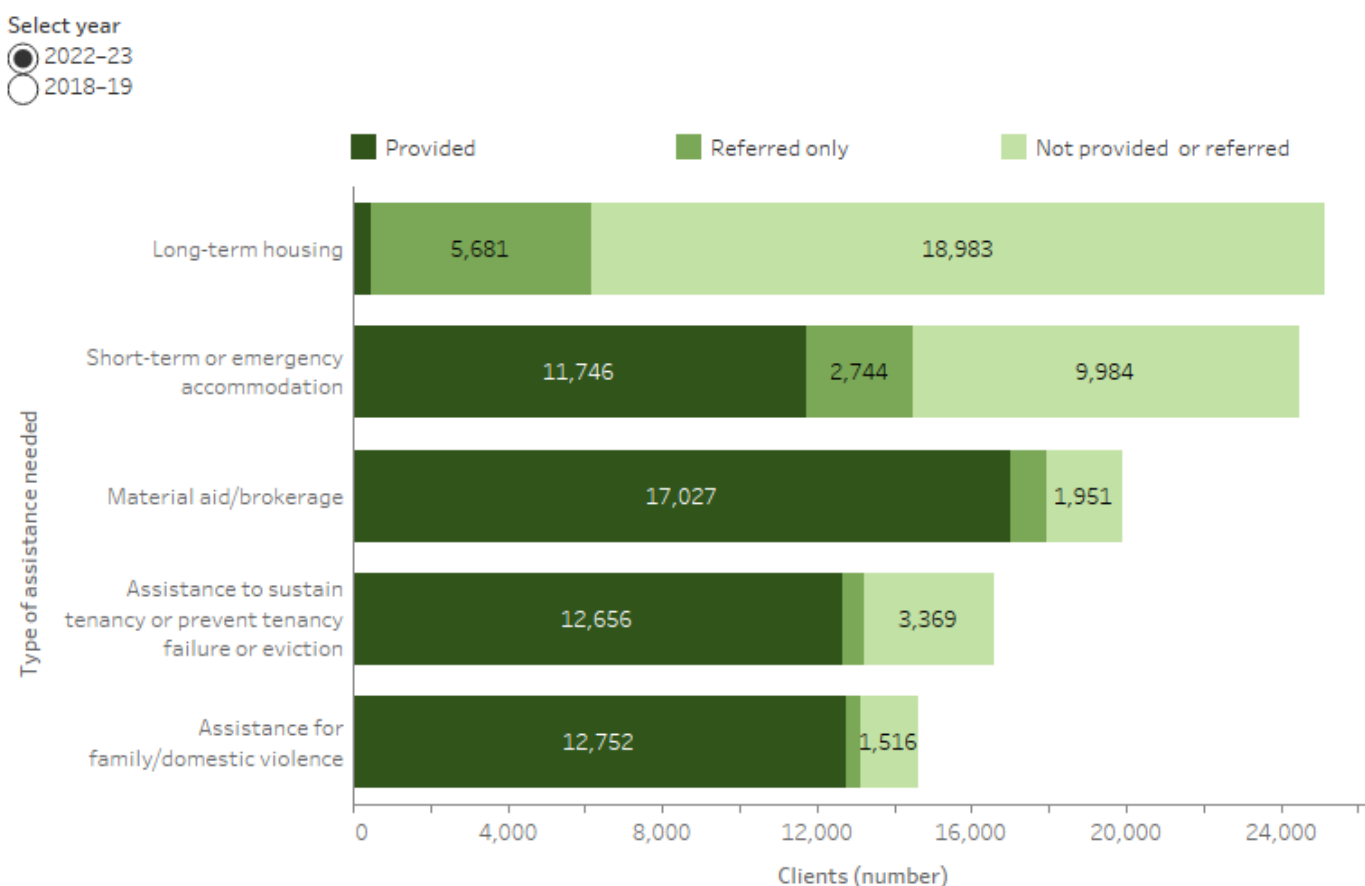
New adult clients in 2022–23 needed similar services and similar proportions were provided with these services in 2018–19.

The services needed and provided for new adult SHS clients were broadly similar in both time periods. More than half of new adult clients needed assistance with accommodation provision, increasing by 2 percentage points from 54% in 2018–19 to 56% in 2022–23. Assistance with sustaining housing tenure was also relatively common, with more than a quarter of new clients needing assistance in both time periods (29% in 2018–19 and 26% in 2022–23).

New adult SHS clients needed (Figure 6):

- short-term or emergency accommodation (36% in 2018–19 and 38% in 2022–23), with almost half of those needing this service receiving this service in both time periods (49% in 2018–19 and 48% in 2022–23).
- material aid/brokerage (31% in both time periods), with more than 8 in 10 receiving this service (84% in 2018–19 and 86% in 2022–23).
- assistance to sustain tenancy or prevent tenancy failure or eviction (29% in 2018–19 and 26% in 2022–23), with similar proportions receiving this service in both time periods (77% in 2018–19 and 76% in 2022–23).
- assistance for family/domestic violence (27% in 2018–19 decreasing to 23% in 2022–23), with similar proportions receiving this service in both time periods (86% in 2018–19 and 87% in 2022–23).

Figure 6: New SHS clients by services needed and provided, 2018–19 and 2022–23



Notes:

- Only includes new clients aged 18 years and over.
- Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.

- ‘Short-term accommodation’ includes temporary and emergency accommodation.

Source: AIHW unpublished analysis of the Specialist Homelessness Services Collection.

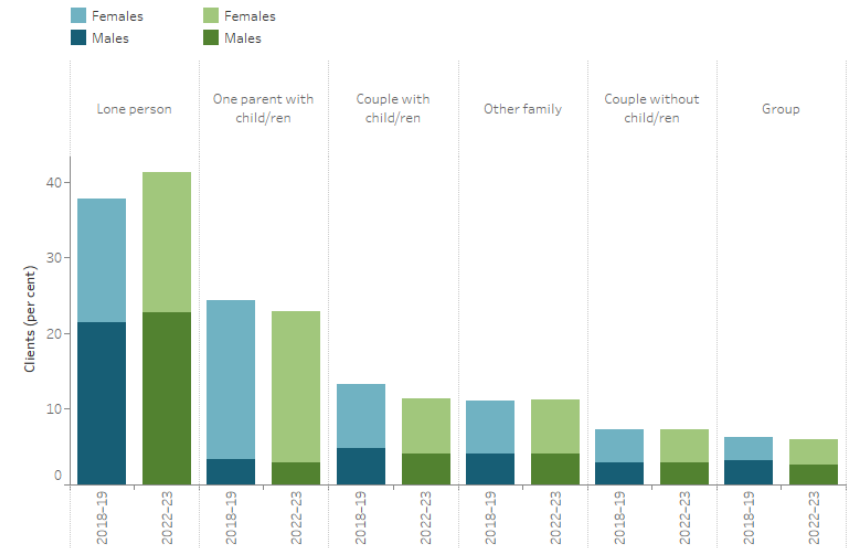
Living arrangements

The most common living arrangement reported by new adult SHS clients at the beginning of support in both time periods was lone person.

The most common usual living arrangement among new SHS clients aged 18 and older at the beginning of support in 2018–19 was lone person (38%), increasing to 41% in 2022–23, followed by one parent with one or more children (24% in 2018–19 and 23% in 2022–23) (Figure 7).

Around 1 in 3 females were living as a single parent with one or more children compared with 1 in 13 males; broadly similar in the two time periods.

Figure 7: Proportion of new adult SHS clients by living arrangement first reported and sex, 2018–19 and 2022–23



Notes:

- Only includes new clients aged 18 years and over.
- The living arrangement at the beginning of support. This data item indicates the group of people with whom the new client lives.
- The denominator for the proportions excludes new clients whose living arrangement at first presentation was not stated.

Source: Specialist Homelessness Services Collection data cubes 2011–12 to 2022–23 (AIHW 2024).

Across most states and territories, the proportion new adult clients living alone increased or remained similar for both males and females between 2018–19 and 2022–23. The exception was the Northern Territory, where the proportion of males remained at between 43–44%, and females decreased from 19% in 2018–19 to 14% in 2022–23.

Among the states and territories, New South Wales, Tasmania and the Australian Capital Territory had higher proportions of new adult SHS clients living alone than the national rate in both 2018–19 and 2022–23.

Summary

Less SHS clients in 2022–23 were new clients compared with 2018–19. New clients in 2022–23 were similar to those in 2018–19 in terms of age and sex profile, and their service needs were broadly similar. New clients in 2022–23 were more likely to experience homelessness at the start of support and less likely to be housed at the end of their support compared with new clients in 2018–19. Rough sleeping was more common among new clients in 2022–23 and they were less commonly housed in private rental accommodation at the end of support compared with new clients in 2018–19.

References

Australian Institute of Health and Welfare (AIHW) (2024) *Specialist Homelessness Services Collection data cubes 2011–12 to 2022–23*, AIHW website.

State and territory summary data and fact sheets

Safe, secure housing is fundamental to people's health and wellbeing. Both people experiencing homelessness and those at risk of homelessness are supported by specialist homelessness services (SHS). In 2022–23, SHS agencies provided support to more than 273,600 clients who each had a variety of different needs and reasons for seeking support.

The data visualisation displays a summary of key national as well as state and territory data from the Specialist homelessness services collection (SHSC). Data presented are available in the individual sections of this report and in the data download section.



NSW

Vic

Qld

WA

SA

Tas

ACT

NT

Specialist homelessness services 2022–23: New South Wales

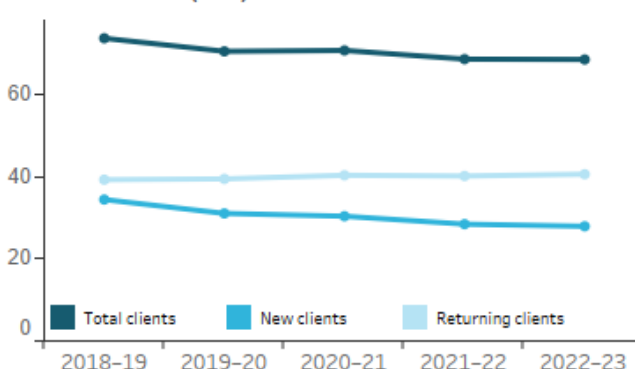
Homelessness can profoundly affect a person's mental and physical health, their education and employment opportunities, and their ability to fully participate in society. Governments across Australia fund a range of specialist services to support people who are homeless or at risk of homelessness. Specialist Homelessness Services (SHS) deliver services for specific groups (such as people experiencing family and domestic violence and young people) as well as more generic services for people in housing crisis.

How many people were assisted?

In New South Wales one in 119 people received homelessness assistance, lower than the national rate (one in 95). The top 3 reasons for clients seeking assistance were:

- housing crisis (40%, compared with 38% nationally)
- financial difficulties (38%, compared with 40%)
- family and domestic violence (35%, compared with 36%).

Figure 1 Trends in NSW client numbers
Number of clients ('000)



Source: Specialist Homelessness Services Collection (SHSC) unpublished data.

Quick facts

- 68,400 clients were assisted in NSW – 25% of the national SHS population (273,600 total clients).

Of NSW clients:

- 50% of clients were homeless on first presentation, higher than the national rate (47%).
- 9 in 10 (90%) clients at risk of homelessness were assisted to maintain housing.
- 2 in 5 (38%) clients who were homeless were assisted into housing.

Table 1: New South Wales client characteristics, 2022–23

		NSW	Australia
Sex (%)	Male	41	41
	Female	59	59
Indigenous (%)		32	29
Remoteness (%)	Major cities	62	60
	Inner regional	30	22
	Outer regional	7	12
	Remote and very remote	1	6
Living arrangements (%)	Living alone	35	33
	One parent with child/ren	36	35
	Couple with child/ren	10	11
	Couple without child/ren	4	5
	Other family or group	15	17
Labour force (%)	Employed	18	17
	Not employed	59	52
	Not in labour force	23	31
Education status (%)	Education/training	24	20
	Not in education/training	76	80
Median length of support (days)		64	56
Median number of nights accommodated		67	31
Proportion receiving accommodation (%)		23	31

Notes:

1. Percentages may not add to 100 due to rounding.

2. . . not applicable

Sources: SHSC supplementary tables 2022–23.

Next

Fact sheet: Specialist homelessness services 2022–23 NSW

Resource

PDF 415kB

Fact sheet: Specialist homelessness services 2022–23 Vic

Resource

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Fact sheet: Specialist homelessness services 2022–23 Qld

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Fact sheet: Specialist homelessness services 2022–23 WA

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Fact sheet: Specialist homelessness services 2022–23 SA

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Fact sheet: Specialist homelessness services 2022–23 Tas

Resource

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Fact sheet: Specialist homelessness services 2022–23 ACT

Resource

PDF 408kB

Fact sheet: Specialist homelessness services 2022–23 NT

Resource

PDF 404kB

Policy framework

The policy framework and services response for reducing homelessness

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- [Specialist homelessness services](#)
- [Specialist Homelessness Services and service delivery](#)
- [Residual COVID-19 impacts on housing, homelessness and SHS support in 2022–23](#)
- [References](#)

Homelessness and being at risk of homelessness is associated with social and economic disadvantage. Governments across Australia fund a range of services to provide support to those experiencing homelessness or facing housing insecurity. These services are delivered by various government and non-government organisations including agencies specialised in providing support to specific target groups (such as young people or people experiencing family and domestic violence), as well as agencies with general service offerings to those experiencing or at risk of homelessness.

Access to affordable housing is fundamental to wellbeing, and is a key issue for all Australians, particularly for those on low incomes. A lack of affordable housing puts households at an increased risk of experiencing housing stress or homelessness and can impact their health, education, and employment outcomes (Chung et al. 2020, Desmond and Gerhenson 2016, Gurran et al. 2021, Rowley and Ong 2012).

In 2022–23, housing and homelessness-related COVID-19 pandemic response measures were discontinued. However, constraints on the housing market that emerged during the pandemic have lingered and continue to exacerbate housing affordability in Australia, especially for those accessing housing in the private rental market (Baker et al. 2022).

Key issues driving housing affordability include a shortage of rental housing, with record low vacancy rates and increased rental costs featuring in recent market trends. At June 2023, listings for new rental properties were 11% below the previous five-year average (CoreLogic 2023). Similarly, rental vacancy rates remained low at 1.2% to May 2023. It is estimated that around 619,000 low-income rental households (or 42% of all low-income rental households) spend more than 30% of their gross income on housing costs (rental stress) (ABS 2022).

On Census night in 2021, an estimated 122,494 Australians were experiencing homelessness, an additional 6,000 people since 2016. However, the rate of homelessness decreased to 48 people per 10,000, from 50 in 2016 (ABS 2021).

The 2021 Census was held on 10 August 2021, when states and territories in Australia were under varied COVID-19 pandemic related restrictions. Census homelessness estimates, especially the decrease in people living in improvised dwellings, tents, or sleeping out, and the increase in people living in boarding houses and people living in other lodging, were likely influenced by rapid emergency accommodation (EA) program response measures. The provision of accommodation was used at the time by local and state governments to protect people from the spread of COVID-19 (ABS 2021, Leishman et al. 2022).

The National Housing and Homelessness Agreement (NHHA)

The [National Housing and Homelessness Agreement](#) (NHHA) came into effect on 1 July 2018. This agreement replaced previous funding agreements with states and territories (the National Affordable Housing Agreement (NAHA) supported by the National Partnership Agreement on Homelessness (NPAH)) (FFR 2018).

The Australian Government has committed to a one-year extension of the NHHA which will provide approximately \$1.7 billion in 2023–24 to state and territory governments for housing and homelessness services. This includes an additional \$67.5 million of funding to assist the sector to help tackle homelessness challenges as part of the one-year extension. This funding is matched by the states and territories (COA 2023a).

In addition to the NHHA, the Australian Government will provide \$187.5 million to state and territory governments through National Partnership payments for housing and essential services, and remote housing programs (COA 2023b).

The objective of the NHHA

The objective of the NHHA is to contribute to improving access to affordable, safe, and sustainable housing across the housing spectrum from crisis housing to home ownership (including to prevent and address homelessness), and to support social and economic participation.

The key outcomes this agreement will contribute to include:

- a well-functioning social housing system that operates efficiently, sustainably and is effective in assisting low-income households and priority homeless cohorts to manage their needs
- affordable housing options for people on low-to-moderate incomes
- an effective homelessness system, which responds to and supports people experiencing homelessness or at risk of homelessness to achieve and maintain housing, and addresses the incidence and prevalence of homelessness
- improved housing outcomes for Indigenous people
- a well-functioning housing market that responds to local conditions
- improved transparency and accountability in respect of housing and homelessness strategies, spending, and outcomes.

Several homelessness priority cohorts have been specifically identified in the agreement and must be addressed in each state and territory's homelessness strategy:

- women and children affected by family and domestic violence
- children and young people
- Indigenous people
- people experiencing repeat homelessness
- people exiting institutions and care into homelessness
- older people.

In addition, several homelessness priority policy reform areas have been identified:

- achieving better outcomes for people
- early intervention and prevention
- commitment to service program and design.

Emerging housing policies

As part of Australian Government housing policy measures, the May 2023–24 Budget provided further detail on a range of announced housing measures in support of the delivery of social and affordable housing and improvement of market access for home buyers, including:

- The [National Housing Accord](#) was struck in October 2022, bringing together all levels of government, investors, and the residential development, building and construction sector to unlock quality, affordable housing supply over the medium term. The Accord includes an initial aspirational national target of delivering a total of one million new, well-located homes over 5 years from 2024.
- As part of the National Housing Accord, the Australian Government committed \$350 million over 5 years to help fund 10,000 new affordable rental homes, with states and territories agreeing to help fund an additional 10,000 affordable dwellings.
- The \$10 billion [Housing Australia Future Fund](#) (HAFF), which passed through parliament in September 2023, will support the delivery of 30,000 social and affordable housing properties over 5 years. Investment returns will be used to fund social and affordable housing projects and fund a range of acute housing needs, with a guarantee of \$500 million to be spent yearly, and a minimum of 1,200 homes to be built in each state and territory over 5 years, and delivery of:
 - \$200 million for the repair, maintenance, and improvement of housing in remote Indigenous communities.
 - \$100 million for crisis and transitional housing for women and children impacted by family and domestic violence and older women at risk of homelessness.
 - \$30 million to build housing for veterans who are experiencing homelessness or at risk of homelessness (Albanese and Collins 2023).
- A \$500 million Housing Support Program for initiatives to help kick start housing supply including connecting essential services, amenities to support new housing development or building planning capability.
- A National Planning Reform Blueprint with planning, zoning, land release and other measures to improve housing supply and affordability.
- A Better Deal for Renters to harmonise and strengthen renters' rights across Australia.

These measures are in addition to the work that is currently being delivered:

- The development of a 10-year [National Housing and Homelessness Plan](#) to identify the short, medium and long-term steps that can be taken to address housing issues in Australia.
- Broaden the remit of the National Housing Infrastructure Facility administered by [Housing Australia](#), formerly the National Housing Finance Investment Corporation (NHFIC), to directly support new social and affordable housing in addition to financing critical housing infrastructure.
- Introducing the [Regional First Home Buyer Guarantee](#) on 1 October 2022, making available 10,000 places to support eligible borrowers to buy their first home sooner, in a regional area, with a deposit as little as five per cent.
- Establishing the [National Housing Supply and Affordability Council](#) set up to provide independent, evidence-based expert advice on matters that materially affect the supply and affordability of Australian housing. An interim Council was appointed from 1 January 2022 to operate until the statutory Council commences.
- The [Help to Buy program](#) will give eligible home buyers access to an equity contribution from the Australian Government.
- The Housing Policy Partnership, under Priority Reform One of the National Agreement on Closing the Gap, will provide a forum for Aboriginal and Torres Strait Islander people to have a genuine say in the design and delivery of Aboriginal and Torres Strait Islander housing services.

As part of the 2023–24 Budget, the Australian Government announced:

- Expanded eligibility of the Home Guarantee Scheme from 1 July 2023, including:
 - The [First Home Guarantee](#), and the [Regional First Home Buyer Guarantee](#) will support any two eligible first home buyers to jointly apply to purchase a home. Non-first home buyers who have not held a property interest in Australia within the previous 10 years are eligible for both guarantees.
 - Eligibility for the [Family Home Guarantee \(FHG\)](#) was expanded to include single legal guardians of children.
 - All guarantees are available to Australian permanent residents.
- Increasing the Australian Government-guaranteed liability cap of Housing Australia by \$2 billion to \$7.5 billion, to provide lower cost and longer-term finance to community housing providers.
- Two tax incentives apply from 1 July 2024:
 - Reducing the withholding tax rate for eligible fund payments from managed investment trusts attributed to newly constructed build-to-rent developments, from 30 per cent to 15 per cent; and
 - Increasing the capital works tax deduction (depreciation) rate, from 2.5 to 4 per cent per year, for newly constructed build-to-rent developments.

Housing Australia

Housing Australia has the primary responsibility for delivering Australian Government commitments to fund 30,000 new social and affordable dwellings through the Housing Australia Future Fund, and an additional 10,000 affordable homes through the National Housing Accord (NHFIC 2023).

Social Housing Accelerator

In June 2023, the Australian Government delivered the \$2 billion [Social Housing Accelerator](#), a one-off payment to the states and territories to permanently increase social housing stock across the country. Jurisdictions can use these funds for new builds, spot purchases, expanding existing programs, and renovating or refurbishing existing uninhabitable stock. Funds are required to be committed within two years.

Housing measures progressed through National Cabinet 2023–24

In addition to the Social Housing Accelerator and National Housing Accord, a number of measures are being delivered through National Cabinet to provide more secure and affordable housing supply. Significant measures include (Albanese 2023):

- Federal funding of \$3 billion through the New Homes Bonus to help incentivise states and territories to build more homes where people need them, to meet a new national target of 1.2 million new homes over five years.
- A \$500 million Housing Support Program for initiatives to help kick start housing supply, including connecting essential services and amenities to support new housing development or building planning capability.
- A National Planning Reform Blueprint with planning, zoning, land release and other measures to improve housing supply and affordability.
- A Better Deal for Renters to harmonise and strengthen renters' rights across Australia.

Specialist homelessness services

A specialist homelessness service is an organisation that receive government funding under the NHHA. Specialist homelessness service offerings include provision of accommodation or accommodation related services and/or assistance and support services to people experiencing homelessness or at risk of homelessness. Under the NHHA, these agencies are required to participate in the Specialist Homelessness Services Collection (SHSC).

Organisations not directly funded by governments also provide a wide range of support services to people in need; they are not required to provide data to the SHSC. NHHA funded agencies may also provide support beyond the stipulations in the NHHA; this support is also excluded from the SHSC.

SHS agencies vary in size and in the types of assistance provided. Across Australia, agencies provide prevention and early intervention services, and crisis and post crisis assistance to people experiencing or at risk of homelessness. Some agencies, for example, focus on specifically assisting anyone experiencing homelessness, while others deliver a broader range of homelessness and housing support and services.

Other agencies deliver support to people within a specific situation, for example those experiencing family and domestic violence, or youth experiencing housing insecurity. The type of service an agency provides can range from basic, short-term interventions such as advice and information, meals and shower or laundry facilities through to more specialised and time intensive services such as financial advice, counselling and professional legal services (see [Glossary](#) for a complete list of service types).

The Specialist Homelessness Services Collection

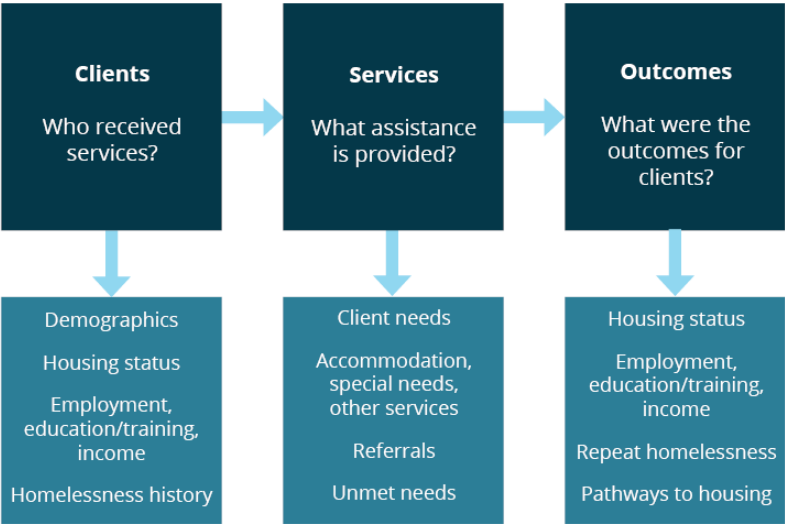
Around **1.6 million clients** have been supported by Specialist Homelessness Services since the collection began on 1 July 2011.

The SHSC comprises data from homelessness agencies across Australia which are funded under the NHHA. State and territory departments nominate the funded agencies under the NHHA required to participate in the SHSC. These agencies vary in type of services provided and service delivery frameworks used. The operational frameworks may be determined by the state or territory funding department or developed as a response to local homelessness issues.

All SHSC agencies report standardised data about the clients they support each month to the AIHW, as specified by the [SHS National Minimum Dataset \(NMDS\)](#). Data are collected about the characteristics and circumstances of clients when they first present to an agency. Additional data on the assistance received by clients and their circumstances are collected at the end of the month in which the client receives services, and again when contact with the client has ceased.

The SHSC is a comprehensive picture of the specialist homelessness services received, and outcomes achieved for those clients (Figure FRAMEWORK.1). The SHSC data provide a measure of the service response directed to those experiencing housing insecurity. The data do not provide a measure of the extent of homelessness in the community, although SHSC data on emergency and supported accommodation contributes to the profile on homelessness in Australia.

Figure FRAMEWORK.1: Conceptual framework of the Specialist Homelessness Services Collection



This publication draws on SHSC data to describe services and support provided to people experiencing homelessness or at risk of homelessness. Data from more than 1,700 SHS agencies across Australia are provided directly to the AIHW every month.

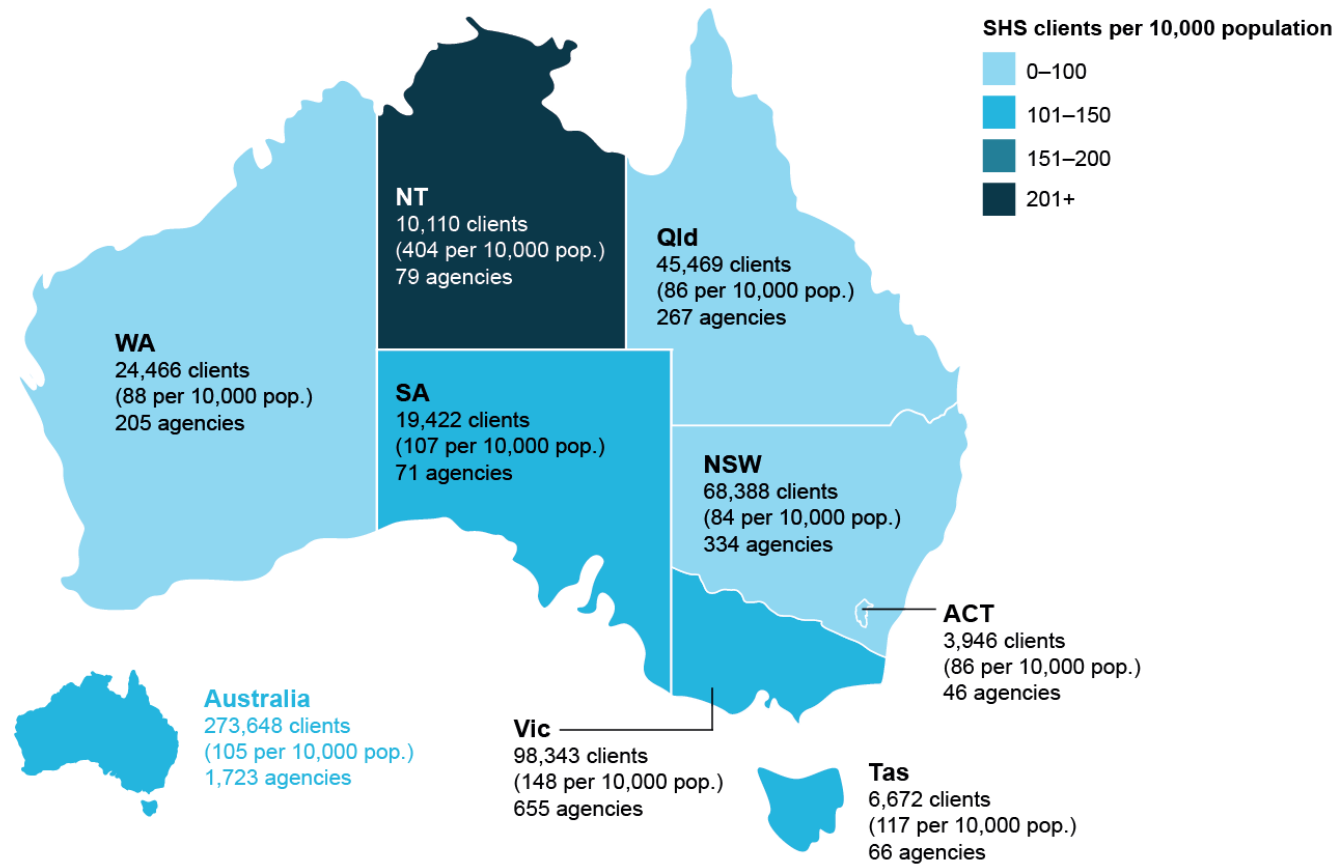
The data collected by agencies are based on periods of support provided to clients. Data related to support periods vary in terms of their duration, the number of times a client and an SHS agency or worker have contact within a period, and the reasons that support ends. Some support periods are relatively short – and are likely to have begun and ended in 2022–23. Others are much longer and may have been ongoing from the previous year and/or were still ongoing at the end of 2022–23.

On 1 July 2019 new data items were added to the SHSC and some other items were updated or modified. New data items include a National Disability Insurance Scheme (NDIS) indicator, main language other than English spoken at home and proficiency in spoken English. The updated or modified data items include the addition of sex Other for clients and changes to items related to assistance for family and domestic violence. The ability to use and report on the new and updated data items in the Specialist Homelessness Services Annual Report for 2022–23 is dependent on data quality and the number of valid responses received.

Further information about the collection and information about the quality of the data obtained through the SHSC for 2022–23 is available in [Technical notes](#).

Nationally, 1,723 agencies delivered specialist homelessness services to more than 273,600 clients during 2022–23 (Supplementary tables FRAME.1 and CLIENTS.1, Figure FRAMEWORK.2).

Figure FRAMEWORK.2: Specialist homelessness agencies and clients by jurisdiction, 2022–23



Notes

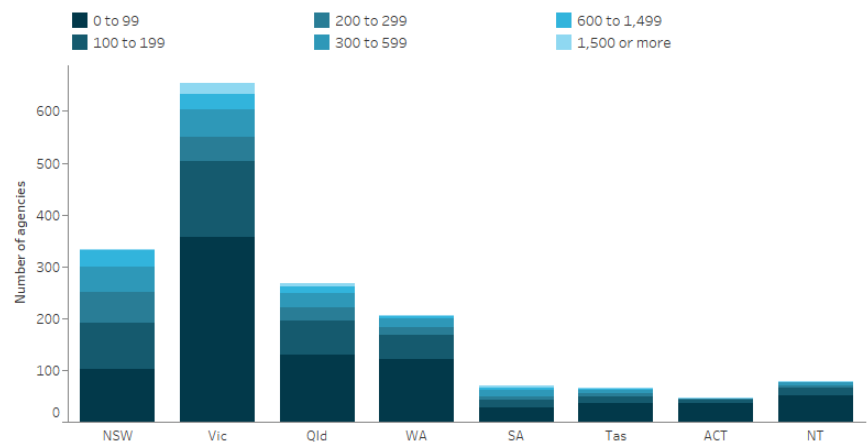
Clients may access services in more than one state or territory, therefore the Australia total will be less than the sum of jurisdictions.

The agency count includes only those agencies that provided support periods with a valid Statistical Linkage Key (SLK).

Source: Specialist Homelessness Services Collection 2022–23.

SHS agencies vary in terms of the number of clients assisted, with some agencies assisting less than 100 clients per year and others assisting more than 1,500 people. Some agencies are represented by a larger ‘parent’ organisation while others are individual stand-alone agencies. The number of clients agencies assist (agency size) reflects the type and complexity of services provided, and differing state and territory service delivery models. Agency size is also influenced by specific jurisdictional factors such as the size and geographical distribution of their population. Figure FRAMEWORK.3 illustrates the variability in agency sizes in each state and territory. In 2022–23, about half of all agencies assisted fewer than 100 clients (860 agencies or 50%). Agencies assisting a large number of clients (more than 1,500 in 2022–23) exist in all jurisdictions.

Figure FRAMEWORK.3: Specialist homelessness agencies, by number of clients assisted and state and territory, 2022–23



Source: Specialist Homelessness Services Collection. Supplementary table FRAME.2.

Specialist Homelessness Services and service delivery

Each state and territory manage their own system for the assessment, intake, referral and ongoing service management of SHS clients. The key delivery systems operating in Australia are summarised in Box FRAMEWORK.1. Although presented as 3 distinct models, these systems represent a range of approaches that jurisdictions may take to coordinate entry to becoming an SHS client.

Box FRAMEWORK.1

Community sector funding and support

- **Assessment and intake:** managed by individual SHS providers, consistent with state or territory policies.
- **Referral:** referral to other SHS providers if clients’ needs cannot be met by initial SHS provider.
- Can be supported by a coordinating service.

Central information management

- **Assessment, intake and referral:** managed at any SHS provider, via state or territory central information management tool.
- Central information management system assists in the identification of appropriate services and indicates the availability/vacancy of services at all SHS providers.

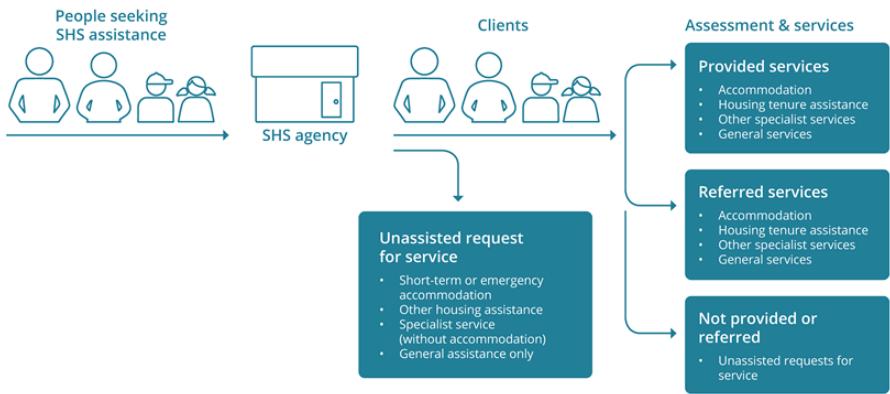
Central intake

- **Assessment, intake and referral:** managed by one or more ‘central intake’ agency.
- Central intake agencies prioritise access to services and only refer clients as services and/or vacancies are available.
- Central information management tool may exist to share information between SHS providers.

Once a person has contacted an agency, or a central intake service, specialist homelessness services can be provided, alternatively a client may be referred to another agency for a specific service (Figure FRAMEWORK.4). In some instances, a client may not receive nor be referred for a service and their need remains unmet. These unmet needs are captured to assist in determining the ability of the sector to respond to client needs.

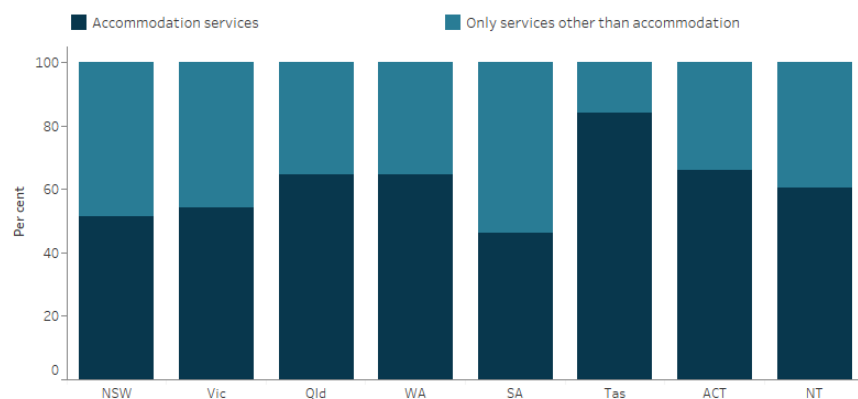
An ‘unassisted request for service’ is an instance where a person(s) approaches an agency and is unable to be provided with any assistance (see Data presentation and derivations). Limited data are collected about these occasions.

Figure FRAMEWORK.4: Access to and delivery of Specialist Homelessness Services



Services provided by specialist homelessness agencies in all states and territories can be categorised as ‘accommodation services’ (either direct provision or referral of accommodation or assistance for the client to maintain housing) or ‘services other than accommodation’ (Figure FRAMEWORK.5). The proportion of SHS clients receiving accommodation services varied across states and territories in 2022–23, with more than 8 in 10 clients in Tasmania (84%), and around two-thirds of clients in the Australian Capital Territory (66%), Western Australia (65%) and Queensland (65%) receiving these services. In contrast, the highest proportions of clients receiving services other than accommodation were in South Australia (54%), New South Wales (48%) and Victoria (46%). This variation likely reflects a combination of differences including the demand for accommodation services among SHS clients, differing service delivery models (that is, services delivered in a state/territory other than those provided through SHS agencies) and variable available housing options across jurisdictions (pathways out of homelessness) (Supplementary table FRAME.3).

Figure FRAMEWORK.5: Clients of Specialist Homelessness Services by service type, and state territory, 2022–23



Notes:

1. Clients provided or referred accommodation services (short-term or emergency accommodation, medium-term/transitional housing, long-term housing, assistance to sustain tenancy or prevent tenancy failure or eviction and assistance to prevent foreclosures or for mortgage arrears) are included in the accommodation services category. These clients may have also been provided additional services other than accommodation.
2. The denominator for the proportions is the number of clients who were provided or referred any service during 2022–23.
3. Clients may access services in more than one state or territory. If they received accommodation services in any jurisdiction they will be counted as having received these services in all jurisdictions in which they received services.

Source: Specialist Homelessness Services Collection. Supplementary table FRAME.3.

Residual COVID-19 impact on housing, homelessness and SHS support in 2022–23

The COVID-19 pandemic has had substantial impact on the Australian housing system and people's experiences of homelessness. Australian governments enacted a range of policy initiatives throughout the COVID-19 pandemic to protect vulnerable people from homelessness and to reduce the risk of adverse health effects of the COVID-19 disease. These initiatives included funding directed towards moving people sleeping rough and others experiencing homelessness into emergency and temporary accommodation.

During 2022–23, the pandemic response shifted to a new phase of living with the virus, as people were able to access a national vaccination program, and movement between states and territories was again unrestricted.

See the COVID responses section in the [Specialist Homelessness Services: monthly data report](#) for details on the impact of these policies on SHS support.

References

- ABS (2021) *Estimating Homelessness: Census*, ABS website accessed 27 July 2023.
- ABS (2022) *Housing and occupancy costs*, ABS website, accessed 27 July 2023.
- Albanese A (17 August 2023) *Helping more Australians buy a home* [media release], Australian Government, accessed 7 November 2023.
- Albanese A and Collins J (14 September 2023) *Landmark housing legislation passes the Parliament* [media release], Australian Government Department of Social Services, accessed 18 September 2023.
- Baker E, Lyrian D, Beer A, Rowley S, Stone W, Bentley W, Caine R, Sansom G (2022) *The impact of the pandemic on the Australian rental sector*, *AHURI Final Report No. 389*, Australian Housing and Urban Research Institute Limited, doi: 10.18408/ahuri3126701.
- Chung RY, Chung GK, Gordon D, Mak JK, Zhang LF, Chan D, Lai FTT, Wong H, Wong SY (2020) *Housing affordability effects on physical and mental health: household survey in a population with the world's greatest housing affordability stress*, *Journal of Epidemiology and Community Health*, 2020(74):164–172, doi:10.1136/jech-2019-212286.
- CoreLogic (2023) *More than 40% of Australian house and unit markets record double-digit rent increase*, CoreLogic website, accessed 19 September 2023.
- Desmond M and Gershenson C (2016) *Housing and Employment Insecurity among the Working Poor*, *Social Problems*, 2016(0):1–22, doi:10.1093/socpro/spv025.
- Federal Financial Relations (2018) *National Housing and Homelessness Agreement*, CFFR website, accessed 23 July 2023.
- Gurran N, Hulse K, Dodson J, Pill M, Dowling R, Reynolds M and Maalsen S (2021) *Urban productivity and affordable rental housing supply in Australian cities and regions*, *AHURI Final Report No. 353*, Australian Housing and Urban Research Institute Limited, doi:10.18408/ahuri5323001.
- Leishman C, Aminpour F, Baker E, Beer A, Crowe A, Goodall Z, Horton E, Jacobs K, Lester L, Torchia S, MacLennan D, Martin C, Nash M, Pawson H, Rowley S, Stone W and Ong Viforj R (2022) *Australia's COVID-19 pandemic housing policy responses*, *AHURI Final Report No. 353*, Australian Housing and Urban Research Institute Limited, doi: 10.18408/ahuri3227801.
- National Housing Finance & Investment Corporation (NHFIC) (14 September 2023) *Federal Government's announcement regarding Housing Legislative Package passing Parliament* [media release], NHFIC website, accessed 18 September, 2023.
- Rowley S and Ong R (2012) *Housing affordability, housing stress and household wellbeing in Australia*, *AHURI Final Report No. 192*, Australian Housing and Urban Research Institute Limited.
- The Commonwealth of Australia (2023a) *Budget paper no. 2: Budget measures*, *Budget 2023–24*, The Treasury website, accessed 3 October 2023.

The Commonwealth of Australia (2023b)  [Budget paper no. 3: Federal Financial Relations](#), *Budget 2023–24*, The Treasury website, accessed 3 October 2023.

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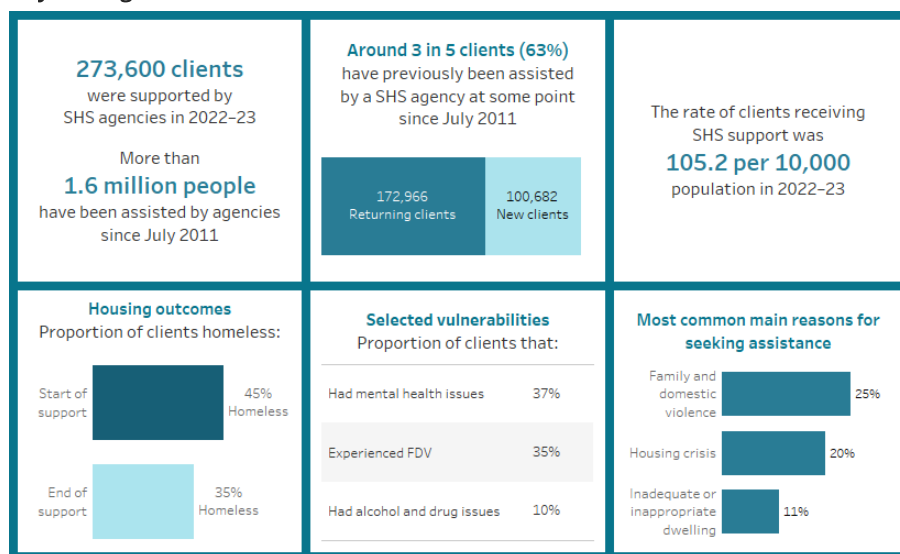
Clients, services and outcomes

On this page

- [Key findings](#)
- [SHS clients at a glance](#)
- [Characteristics of clients](#)
- [Client service use in 2022–23](#)
- [Clients' need for assistance and services provided](#)
- [Outcomes at the end of support](#)
- [References](#)

Specialist homelessness agencies provide a variety of services to assist people who are experiencing homelessness or who are at risk of homelessness, ranging from general support and assistance to immediate crisis accommodation. Characteristics of all clients assisted by specialist homelessness services (SHS) in 2022–23 are described below, including their need/s for assistance and the services they received.

Key findings: SHS clients, services and outcomes 2022–23



SHS clients at a glance

The number of clients assisted by specialist homelessness agencies increased to more than 273,600 in 2022–23 from 236,400 in 2011–12; an average annual increase of 1.3% over the period. The rate of SHS clients has changed over time, from 105.8 clients per 10,000 population in 2011–12 to a peak of 119.2 clients in 2016–17, then falling to 105.2 clients in 2022–23 (Table HIST.CLIENTS).

It is important to note, the number of clients supported by Specialist Homelessness Services reflects the agency engagement of people which is not necessarily a reflection of the underlying level of homelessness, or people at risk of homelessness, in Australia.

Characteristics of clients

The characteristics of clients, the main reasons for seeking assistance, and the services provided to clients, have remained relatively stable over the 5 years to 2022–23. Key insights include:

- The number of SHS clients with a current mental health issue increased; 85,300 (31% of all SHS clients) in 2022–23 compared with 81,000 (28%) in 2017–18; an annual average increase of 6.0% per year since 2011–12 (Historical table HIST.MH).
- The number of SHS clients who have experienced family and domestic violence decreased; almost 104,200 (38% of all SHS clients) in 2022–23 compared with 121,100 (42%) in 2017–18 (Historical table HIST.FDV). This may be partly due to a change in the number of agencies in Victoria and their data recording practices; see the [Data quality statement](#) for further information.
- The number of older SHS clients increased; over 27,300 (10% of all SHS clients) in 2022–23 compared with 24,100 (8.3%) in 2017–18. Since July 2011, the number of older clients has increased at an average rate of 6.1% per year (Historical table HIST.OLDER).
- Length of support provided to clients has increased, with the median number of days a client was supported increasing to 56 days in 2022–23 from 39 days in 2017–18 (Supplementary table CLIENTS.48).
- The number of females presenting to agencies experiencing homelessness (61,700) was higher than the number of males (54,500) (Supplementary table CLIENTS.11).

Age and sex

Reporting sex in the Specialist Homelessness Services Collection (SHSC)

The additional category 'Other' was added to the question which records the person's sex and applies to support periods and unassisted instances starting on or after 1 July 2019. When new items are added to a collection, it can take time for the new items to be considered of adequate quality to support publication.

In 2022–23, around 1,800 clients (0.6% of all clients) were recorded a sex 'Other'.

TABLE CLIENTS.1: Proportion of all SHS clients (%) by expanded sex, 2021–22 to 2022–23

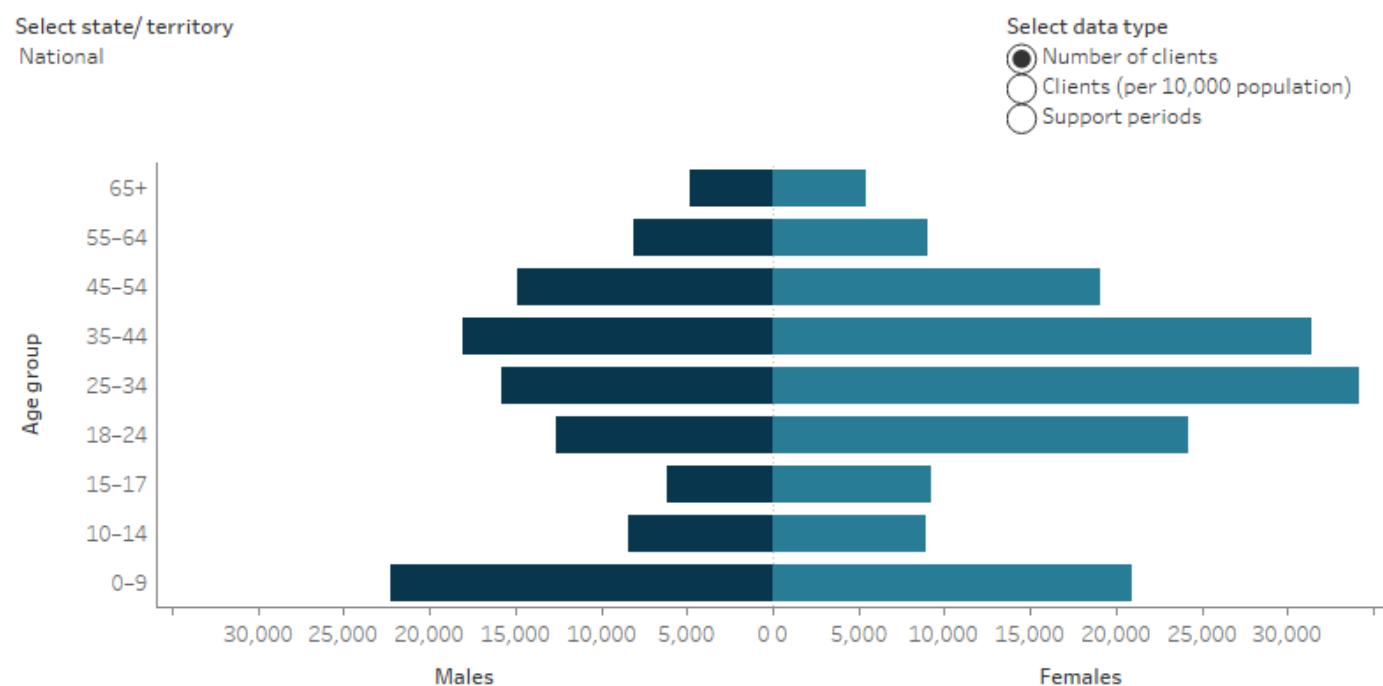
	Males	Females	Other	All clients
2021–22				
Clients (number)	108,263	163,076	1,355	272,694
Clients (per cent)	39.7	59.8	0.5	100.0
2022–23				
Clients (number)	111,202	160,686	1,760	273,648
Clients (per cent)	40.6	58.7	0.6	100.0

Other than for the data presented above, for the 2022–23 Annual Report these clients were combined with the 'Female' category for reporting purposes only. For further information, see the [Technical notes](#)

In 2022–23 (Figure CLIENTS.1):

- The majority of clients were female (59% or around 162,400 clients).
- 3 in 10 clients were aged under 18 (28% or 76,000).
- Among adult clients, the largest age group was those aged 25–34, accounting for almost 1 in 5 clients (18%), over two-thirds of whom were female.
- The overall rate of SHS clients was higher for females: 1 in 81 females in the Australian population received support compared with 1 in 116 males.
- The highest rate of clients among all age groups were those aged 15–17 years: higher for females (204.4 per 10,000 population) than for males (128.7).
- The lowest rate of clients was for those aged 65 and over (23.1 per 10,000 population): higher for males (23.2 per 10,000 population) than females (23.0).

Figure CLIENTS.1: Clients by age and sex, states and territories, 2022–23



Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.1.

Indigenous status

In 2022–23, Indigenous people continued to be over-represented among SHS clients with more than one-quarter of clients (29% or more than 74,700 clients) who provided information on their Indigenous status identifying as being of Aboriginal and/or Torres Strait Islander origin (Supplementary table INDIGENOUS.2). Nationally, this equated to 812.5 Indigenous clients per 10,000 Indigenous population compared with 78.5 for non-Indigenous clients.

For further information please see [Indigenous clients](#).

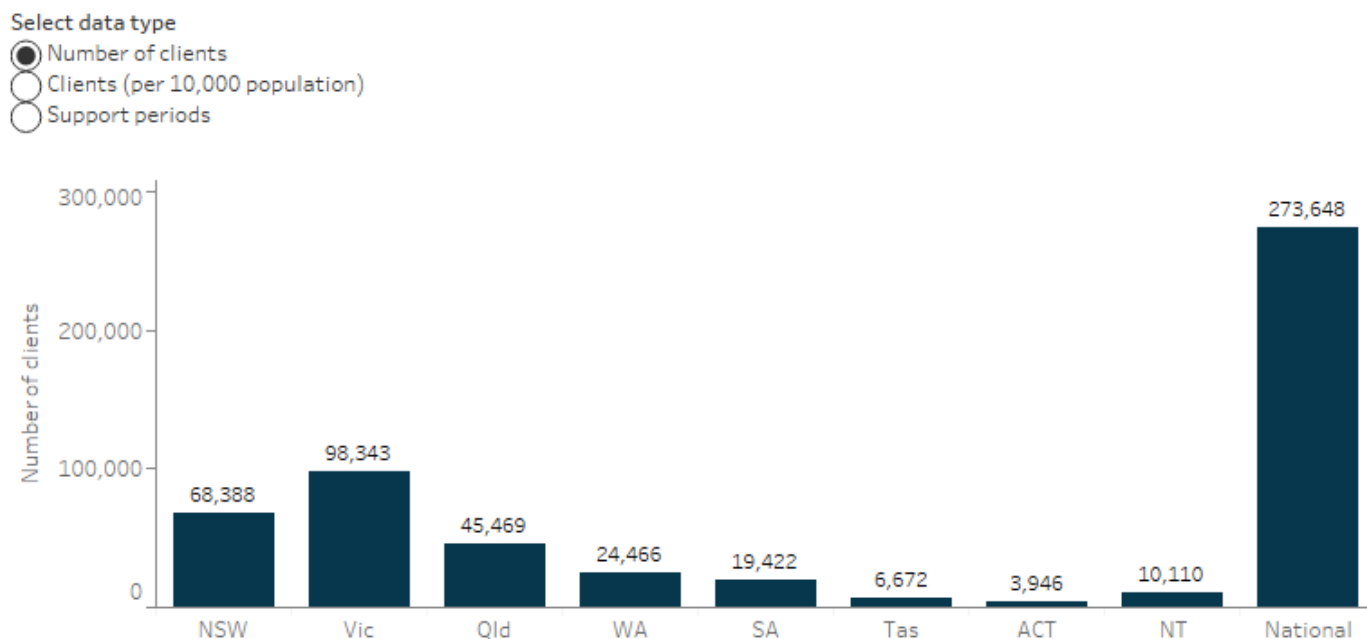
State and territory

The largest number of clients received services in Victoria (98,300), followed by New South Wales (68,400) and Queensland (45,500), noting that clients may have accessed services in more than one state or territory throughout the year (Figure CLIENTS.2, Supplementary table CLIENTS.1).

- The highest rate of SHS clients was in the Northern Territory (404.0 clients per 10,000 population), followed by Victoria (148.4) and Tasmania (116.8).

- Females had higher rates of service use than males across all states and territories; the Northern Territory had the most pronounced difference between females (542.5 per 10,000 females) and males (269.9 per 10,000 males) (Supplementary table CLIENTS.1).

Figure CLIENTS.2: Clients, by state and territory, 2022–23



Notes:

- Clients may have received support in more than one state-territory so the sum may not add to the national total.
- Rates are crude rates as detailed in the Technical information.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.1.

Country of birth

Almost 9 in 10 SHS clients (87% or 223,700 clients) in 2022–23 were born in Australia (Supplementary table CLIENTS.3), higher than the general Australian population (71%; ABS 2022).

Of those clients who reported their country of birth and were born overseas, the most common country of birth was New Zealand (12% of all clients) (Supplementary table CLIENTS.4). Over half (64%) of overseas born clients arrived in Australia prior to 2014 (Supplementary table CLIENTS.5). More than 4 in 5 (87% or over 28,700) clients who were born overseas lived in *Major cities* (Supplementary table CLIENTS.6).

Language

Main language spoken at home other than English

In 2022–23, the most common language spoken at home by SHS clients other than English was Aboriginal English (so described) (21%), followed by Arabic (12%) and Vietnamese (3.0%) (Supplementary table CLIENTS.7).

Proficiency in spoken English

In 2022–23, proficiency was highest among clients whose main language spoken at home (other than English) was grouped as *Northern European languages (other than English)*, with 75% of clients reporting they spoke English very well and a further 21% reporting they spoke English well. English proficiency was lowest among clients whose main language other than English was grouped as Eastern Asian languages, with 26% rating their English proficiency as very well (Supplementary table CLIENTS.8).

Living arrangements

Living alone has been shown to be a substantial risk factor for loneliness (AIHW 2023a). With limited economic resources and social networks, people living alone may be more vulnerable to homelessness. In 2021, 26% of households in Australia consisted of a lone person (ABS 2021).

The most common living arrangement reported by SHS clients at the beginning of support in 2022–23 was lone parent with one or more children (35% or around 90,100 clients), followed by lone persons (33% or almost 85,400) and other family groups (12% or 31,200) (Supplementary table CLIENTS.10).

- Female clients (41%) were more likely than male (25%) clients to be living as a single parent with one or more children.
- Males (43%) were more likely than females (25%) to be living alone.

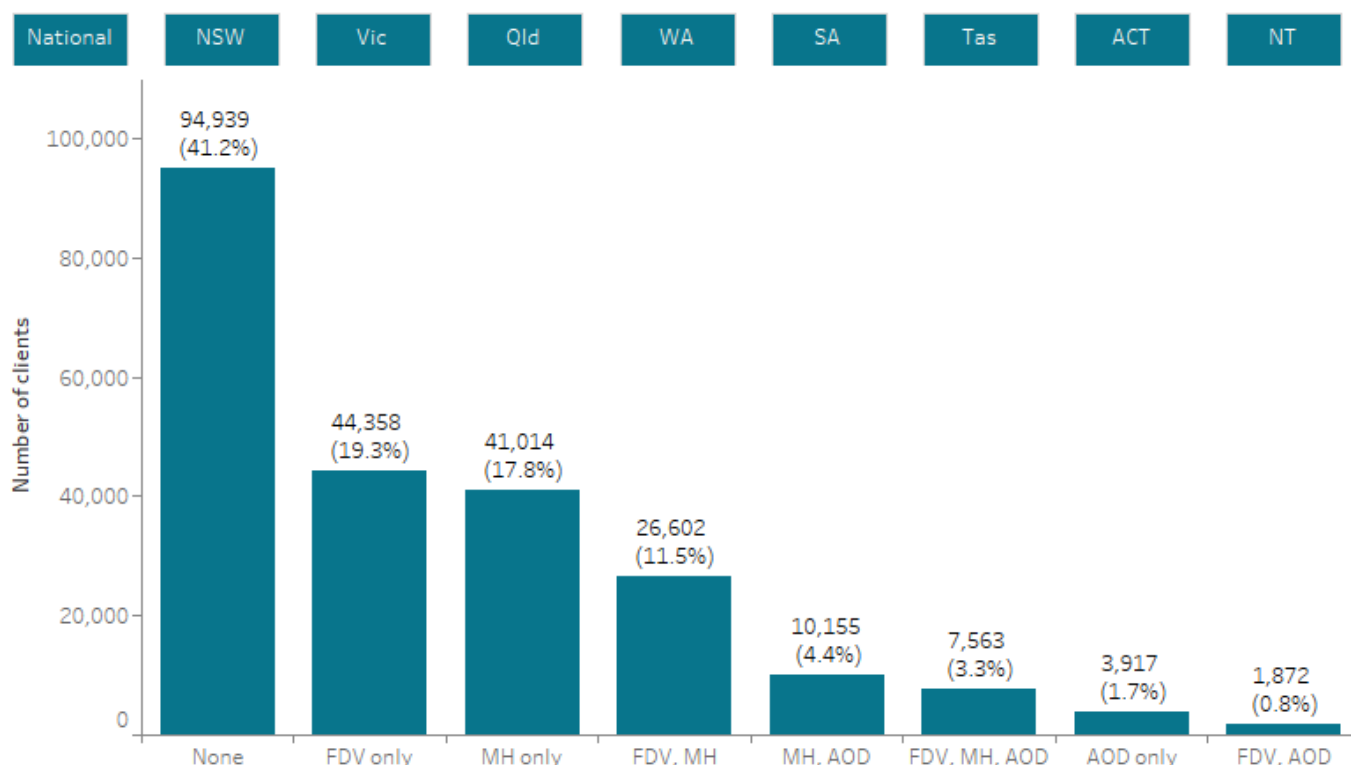
Among the states and territories, the Australian Capital Territory (46%), Tasmania (46%), Victoria (36%) and New South Wales (35%) had higher proportions of SHS clients living alone than the national rate (33%). Queensland (40%) had the highest proportion of clients living as a single parent with child/ren.

Selected vulnerabilities

Many SHS clients face additional challenges that may make them more vulnerable to experiencing homelessness. The selected additional vulnerabilities presented here include family and domestic violence, experiencing a current mental health issue and/or problematic drug and/or alcohol use. Clients may have one or any of these additional selected vulnerabilities.

In 2022–23, of the more than 230,400 clients aged 10 and over, 3 in 5 (59% or 135,500 clients) reported experiencing one or more of the selected vulnerabilities (Figure CLIENTS.3, Supplementary table CLIENTS.47).

Figure CLIENTS.3: SHS clients, by selected vulnerability characteristics, 2022–23



Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Totals may not sum due to rounding.
3. Only includes clients aged 10 years and over.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.47.

In Australia, in 2022–23, of the around 230,000 clients, around 7,600 had all three of the selected vulnerabilities.

- 35% of clients experienced family and domestic violence.
- 10% of clients reported experiencing problematic drug or alcohol use.
- 37% clients had a current mental health issue.

The National Disability Insurance Scheme (NDIS)

The National Disability Insurance Scheme (NDIS) supports people with a permanent and significant disability which affects their ability to take part in everyday activities. It is jointly governed and funded by the Australian and participating state and territory governments. The NDIS began its national rollout on 1 July 2016, and had been made available to all eligible Australians as of 1 July 2020 (NDIA 2023).

NDIS participation indicator

The NDIS participation indicator was introduced into the Specialist Homelessness Services Collection (SHSC) from 1 July 2019. A participant in the NDIS is an individual who reports they are receiving an agreed package of support through the NDIS. The NDIS question is asked of all clients at the start of a support period by SHS agency. Data are only available for clients who only had support period(s) starting from 1 July 2019 onwards. Further details about the NDIS indicator are provided in the [Technical notes](#).

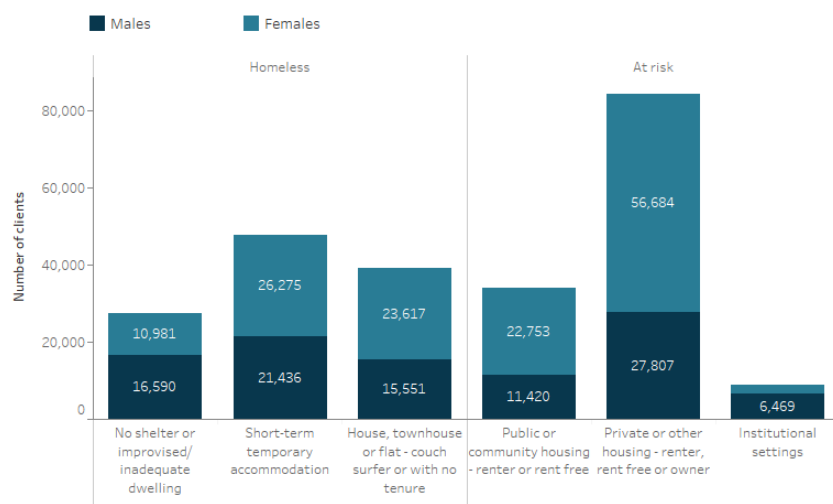
In 2022–23, 5.4% (around 12,700 clients) of SHS clients indicated that they were receiving a package of support through the NDIS, ranging from 2.9% of clients in Western Australia to 7.3% in Victoria. There was a high level of not stated responses for this measure: around 37,200 clients in 2022–23 (Supplementary table CLIENTS.17) which was an improvement on the previous reporting period.

Housing situation on first presentation

Among clients whose housing status was known at the beginning of their first support period in 2022–23 (Figure CLIENTS.4, Supplementary tables CLIENTS.11 and CLIENTS.12):

- Most clients (53% or more than 130,000 clients) were at risk of homelessness rather than experiencing homelessness (47% or more than 116,000).
- Around 1 in 3 clients (31% or 84,500) were living in private or other housing (renter, rent-free, or owner).
- The proportion experiencing homelessness was higher among males (49%) than for females (38%).

Figure CLIENTS.4: Clients by housing situation at the beginning of support, 2022–23



Note:
1. Housing situation 'Other' not shown.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.11.

Of those clients with no shelter/improvised dwelling (around 27,600 clients), 46% were sleeping in no dwelling, either on the street, in a park or out in the open and a further 23% were sleeping in a motor vehicle (Supplementary table CLIENTS.13).

Main source of income

Income support was high among SHS clients aged 15 and over with 78% of clients receiving some form of government payment (including awaiting a government payment) as their main source of income at the time they first sought support in 2022–23 (Supplementary table CLIENTS.16).

The most common government payments were:

- JobSeeker (30% or 56,000 clients)
- Parenting Payment (17% or 31,400) and
- Disability Support Pension (15% or 28,400).

Around 1 in 10 (12%) clients reported income from employment as their main source and 9.7% reported having no income.

Education

Of those clients aged 5–24 whose educational status was known over half (54% or around 43,600 clients) were enrolled in some form of education in 2022–23 (Supplementary table CLIENTS.18). Almost 9 in 10 (86%) clients aged 5–14 were enrolled in school or other types of education and 14% (about 4,600) were not enrolled in education. Around two-thirds (69%) of clients aged 15–24 were not in some form of education (around 32,700 clients).

Labour force

Around 1 in 6 (17%) SHS clients aged 15 or over were employed at the beginning of support in 2022–23, an increase from 15% in 2021–22 (Supplementary table CLIENTS.19). Of these clients, 3 in 5 (60%) were employed on a part-time basis.

Around 95,800 (52%) clients were unemployed; males (56%) were more likely to be unemployed than females (49%). Of those clients who were unemployed or not in the labour force (154,300 clients), around 11,700 (7.9%) were enrolled in some form of education (Supplementary table CLIENTS.20).

Almost 58,400 (31%) clients were not in the labour force.

Clients service use in 2022–23

Flow of clients into and out of SHS support

Clients can have varied pathways into and out of SHS support. Some clients have not previously received SHS support, some have received SHS support in the past and not needed support again until recently, and others continue to need consecutive periods of support each year.

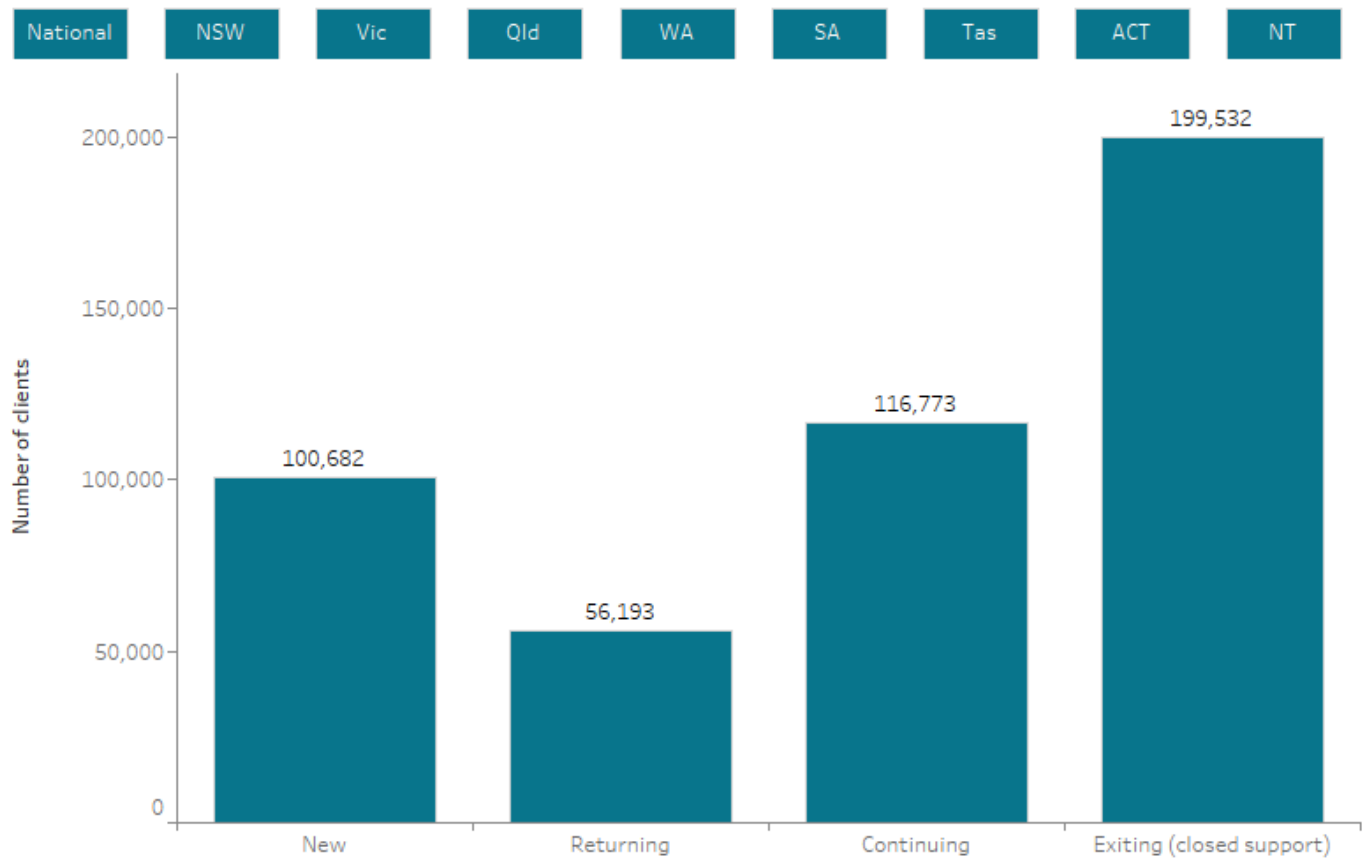
In 2022–23 (Figure CLIENTS.5, Supplementary tables CLIENTS.2 and CLIENTS.40):

- Around two-fifths of clients (37% or 101,000 clients) had not previously received SHS support (since the collection began in July 2011).
- More than two-fifths (43% or 117,000) of clients continued to receive support, after also receiving support in 2021–22.
- One in 5 (21% or 56,200) clients returned to SHS support after not having received support in the previous 12 months.

Combined, clients who continued to access SHS support and clients who returned to SHS support accounted for more than three-fifths of all SHS clients in 2022–23 (63% or 173,000); the proportion of returning clients varied across jurisdictions, ranging from 70% in Tasmania to 59% in New South Wales.

Almost three-quarters (73% or 200,000) of clients ended their support in 2022–23.

Figure CLIENTS.5: Clients by service user group, 2022–23



Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.40.

First time clients

Of the 101,000 first time SHS clients in 2022–23 (Supplementary tables CLIENTS.2 and CLIENTS.39):

- More than half (55% or around 39,700 clients) were experiencing homelessness at the beginning of their first support period in 2022–23. The top 3 main reasons for needing assistance among new clients experiencing homelessness were:
 - housing crisis (9,700 clients, or 24% of new clients experiencing homelessness)
 - family and domestic violence (7,900 clients, or 20%)
 - inadequate or inappropriate dwelling conditions (6,200 clients, or 16%).
- The top 3 main reasons for assistance by new clients who were at risk of homelessness were:
 - family and domestic violence (16,100 clients, or 33% of new clients at risk of homelessness)
 - housing crisis (9,000 clients, or 18%), and
 - financial difficulties (6,200 clients, or 13%).

The characteristics of first time SHS clients are further explored in the AIHW article *In focus: New SHS clients* (forthcoming).

Ongoing and repeat homelessness

For some people, a period of insecure housing can be short lived; for others, ongoing or chronic homelessness can be a feature of their lives. Even with the support of specialist services, people may experience homelessness for long periods of time or cycle in and out of homelessness (AIHW 2023b). People experiencing repeat episodes of homelessness are a priority cohort in the National Housing and Homelessness Agreement (NHHA) (CFFR 2018).

The number of people experiencing persistent homelessness (more than 7 out of 24-months homeless while a client of an SHS agency) increased over the period of the NHHA, from 29,500 clients in 2018–19 to 36,600 in 2022–23. Increases were particularly evident among clients aged under 25, women and children affected by family and domestic violence, and Indigenous people.

The number of people experiencing a return to homelessness after a period of more secure housing (homeless, housed and then homeless again) fell over the period of the NHHA, from around 15,900 clients in 2018–19 to around 14,900 in 2022–23. Reductions in the number of clients were seen in most cohort groups, except for Indigenous clients (where it increased from around 5,600 clients in 2018–19 to 5,700 in 2022–23) and for people aged 55 and over (620 clients in 2018–19 to 770 in 2022–23).

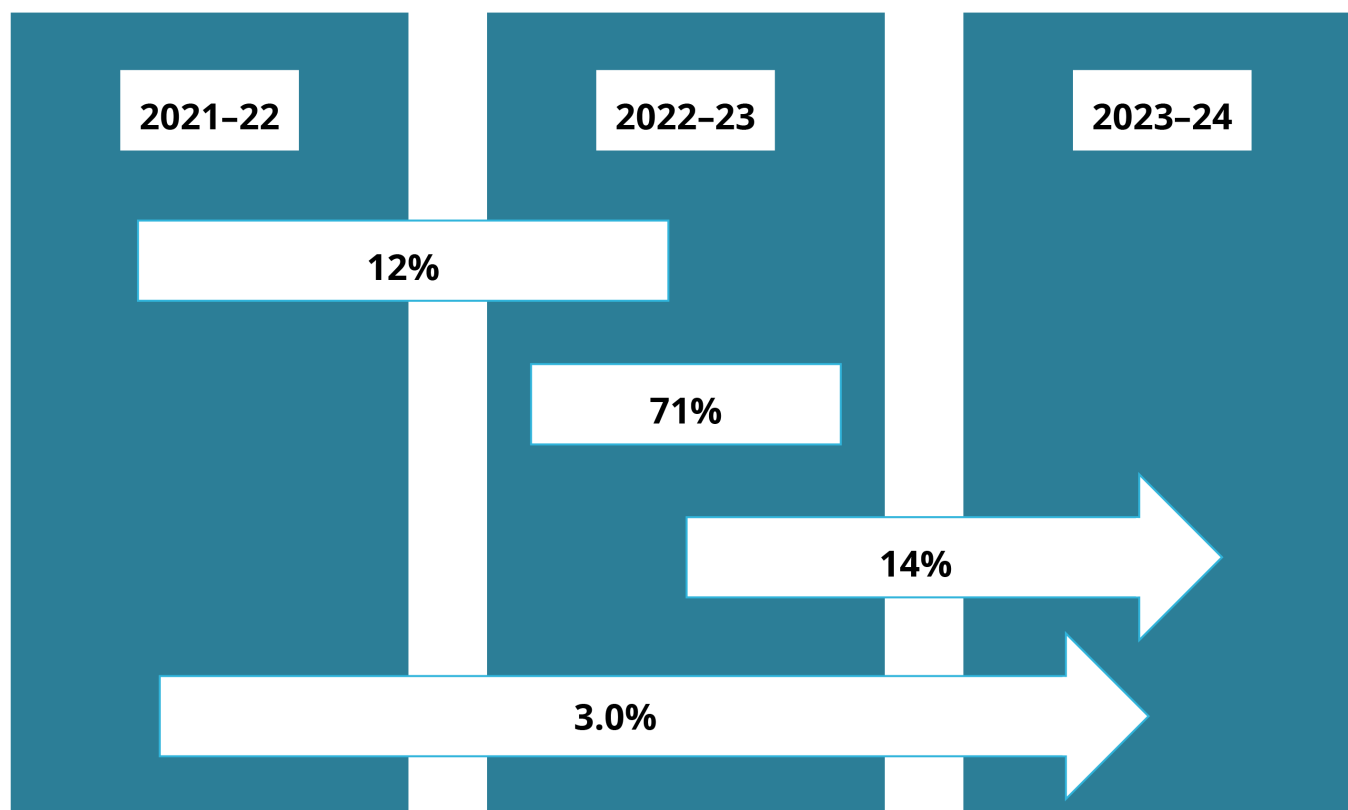
For further information see [National Housing and Homelessness Agreement Indicators](#)

Support periods

Data collected by specialist homelessness agencies are based on support periods (see [Technical notes](#) for further information). Clients may have had more than one support period in 2022–23, either with the same agency at different times or with different agencies. In 2022–23:

- Clients assisted by homelessness agencies had almost 479,400 support periods. The number of support periods has increased by an average annual growth of 1.9% each year since 2011–12 (Historical table HIST.CLIENTS).
- Two-thirds of clients had only one support period (65%) while 1 in 5 (20%) had 2 support periods, 7.4% had 3 support periods and 7.9% had 4 or more (Supplementary table CLIENTS.27).
- The majority of support periods were opened and closed within 2022–23 (71% or around 341,000). An additional 14% of support periods opened during the year and remained open on 30 June 2023. A small proportion (3.0%) were ongoing throughout the 2022–23 reporting period (Figure CLIENTS.6, Supplementary table CLIENTS.28).

Figure CLIENTS.6: Support periods, by indicative duration over the reporting period, 2022–23



Source: Specialist Homelessness Services Collection 2022–23, Supplementary table CLIENTS.28.

Number of days clients received support

In 2022–23, 28.4 million support days were provided by SHS agencies to clients.

- The median number of support days for clients was 56 days, similar for males (51 days) and females (58 days), while clients received an average of 1.7 support periods (Supplementary tables CLIENTS.29 and CLIENTS.48).
- The proportion of all SHS clients receiving accommodation has been constant over time from 29% in 2017–18 to 31% in 2022–23 and the median number of nights accommodated has also remained at 31 nights in 2022–23, after falling to 28 nights in 2019–20 (Supplementary table CLIENTS.48).
- The needs of some clients can be met relatively quickly but clients with more complex needs received more support. Three in 10 clients (28% or nearly 76,800 clients) received between 6 and 45 days of support during 2022–23; 17% received support for up to 5 days, 17% received support for 91–180 days and 1 in 5 clients (20%) received over 180 days of support (Supplementary table CLIENTS.29).

Reasons support ended

- More than half (57%) of support periods ended in 2022–23 because the client's immediate needs were met or case management goals were achieved (Supplementary table CLIENTS.30).
- Almost one-quarter (23%) of support periods ended because the client no longer requested assistance; that is, a client may have decided that they no longer required assistance or they may have moved from the state/territory or region.
- A further 12% of support periods closed because the client was referred to another specialist homelessness agency and 13% closed because contact was lost with the client.

Clients' needs for assistance and services provided

The SHSC includes information about clients' needs for services from two perspectives:

- The client's reasons for seeking assistance at the start of support – both the main reason for seeking support and all reasons for seeking support are collected.
- The agency worker's assessment of the client's needs – this information is captured when clients first present for assistance and each month while a client is still in contact with the agency.

[Technical notes](#) and [Glossary](#) provide more information about how clients' needs for assistance are captured in the SHSC.

Services provided to clients range from the direct provision of accommodation, such as a bed in a shelter, to more specialised services such as counselling and legal support. These services are generally either provided to the client directly by the agency or the client is referred to another service. [Unmet demand](#) provides further information about clients' needs that went unmet.

Reasons for seeking assistance

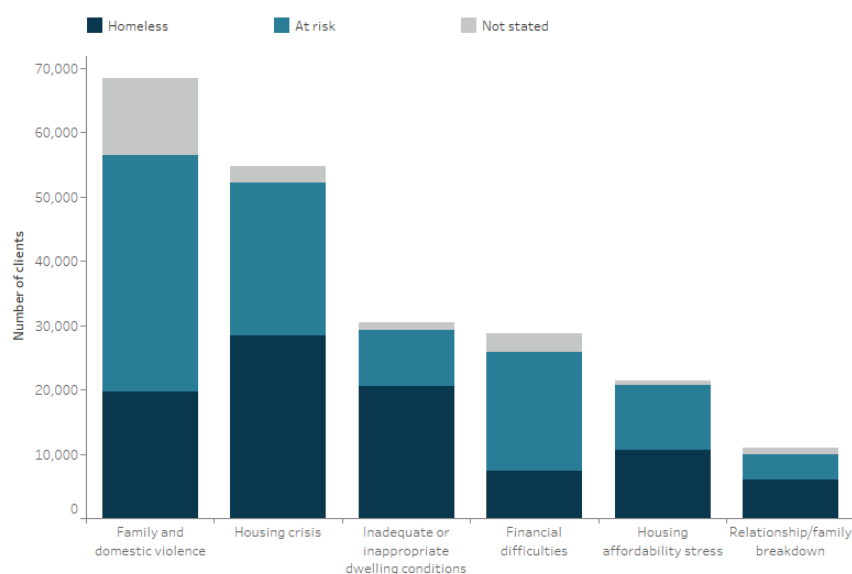
SHS clients can identify a number of reasons for seeking assistance, reflecting the range of situations that contribute to housing instability. SHS agencies also record the main reason for clients seeking assistance. In terms of the reasons why clients sought assistance in 2022–23 (Supplementary table CLIENTS.21):

- Accommodation issues (including housing crisis, inadequate or inappropriate dwelling conditions or that previous accommodation had ended) were nominated by 56% of clients (or around 150,400 clients).
- Of all SHS clients, more than one-third (38% of clients) were experiencing housing crisis.
- A high proportion (40%) were experiencing financial difficulties, while 1 in 3 clients (33%) were affected by housing affordability stress.
- Interpersonal and relationship issues, affected almost half of all SHS clients (49% or about 132,600 clients); within this group, 73% identified family and domestic violence as a reason for seeking assistance.

The main reasons for seeking assistance in 2022–23 were similar to the reasons why clients more generally sought assistance from SHS agencies (Figure CLIENTS.7, Supplementary tables CLIENTS.22):

- Family and domestic violence was the most common main reason identified for seeking assistance for one-quarter of clients (25% or almost 68,500 clients). For more information, see [Clients who have experienced family and domestic violence](#).
- One in 5 (20% or around 54,800) identified housing crisis as the main reason for seeking assistance.

Figure CLIENTS.7: Main reason for seeking assistance (top 6), by homelessness status, 2022–23



Note: Top 6 reasons excludes 'Other' and cases where the main reason was 'Not stated'.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.23.

For those clients presenting at risk of homelessness, the most common main reasons for seeking assistance were (Supplementary table CLIENTS.23):

- family and domestic violence (28%)
- housing crisis (18%)
- financial difficulties (14%).

For those clients presenting as experiencing homelessness, the most common main reasons for seeking assistance were:

- housing crisis (25%)
- inadequate or inappropriate dwelling conditions (18%)
- family and domestic violence (17%).

Housing and accommodation services

Housing and accommodation services provided by agencies include support to access:

- short-term or emergency accommodation
- medium-term/transitional housing
- long-term housing
- assistance to sustain tenancy or prevent tenancy failure or eviction
- assistance to prevent foreclosures or for mortgage arrears.

In 2022–23, 60% of SHS clients identified a need for accommodation services (Supplementary table CLIENTS.24). Of these 164,600 clients:

- 83,800 (51%) were provided with accommodation by the agency

- 23,300 (14%) were referred to another agency for accommodation provision
- 57,500 (35%) were neither provided nor referred for assistance. These clients are further described in [Unmet demand](#).

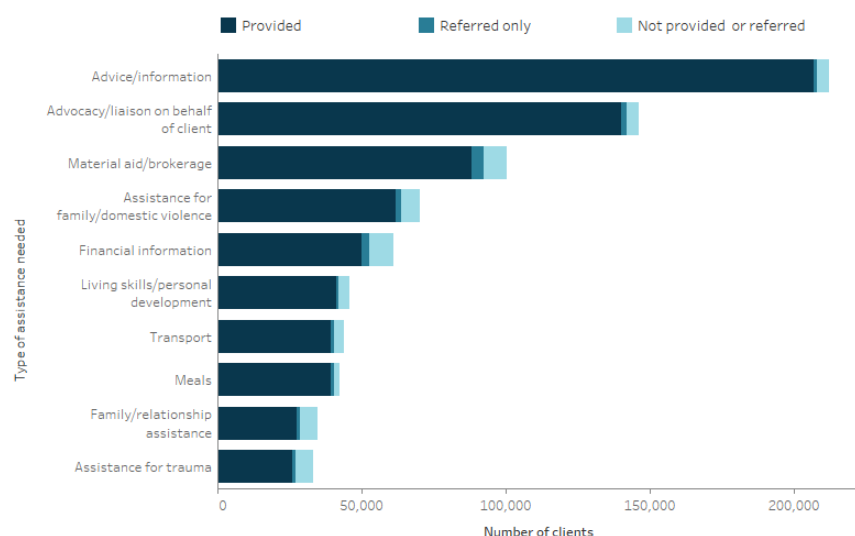
Assistance to sustain tenancy/prevent eviction was needed by 31% of clients at some stage during their support in 2022–23. This group includes those who were still housed when they approached a SHS agency and were supported to retain housing. It also includes those who identified a need for accommodation, were assisted to secure new housing and then supported to sustain that housing. Most clients (68,100 clients, or about 80% of those who needed it) received assistance to sustain tenancy directly from the specialist homelessness agency.

General support and assistance

Some types of assistance provided by SHS agencies can be described as ‘general support and assistance’ compared with more specialised services. These services include advice and information, material aid, meals and living skills. In 2022–23:

- Clients most commonly needed advice and information (78% or around 212,100 clients). The next most common need was advocacy and liaison (54% or around 146,000) and material aid/brokerage (37% or more than 100,500) (Figure CLIENTS.8 Supplementary table CLIENTS.24).
- Services almost always provided the advice and information when needed. This differs from some specialised services, such as legal information and training or employment assistance, for which clients were more often referred to another agency (Supplementary table CLIENTS.24).

Figure CLIENTS.8: Clients, by need for general services and service provision status (top 10), 2022–23



Notes:
 1. Top 10 excludes 'Other basic assistance'.
 2. A client may request multiple services and assistance types, therefore the sum of the categories is not equal to any total.

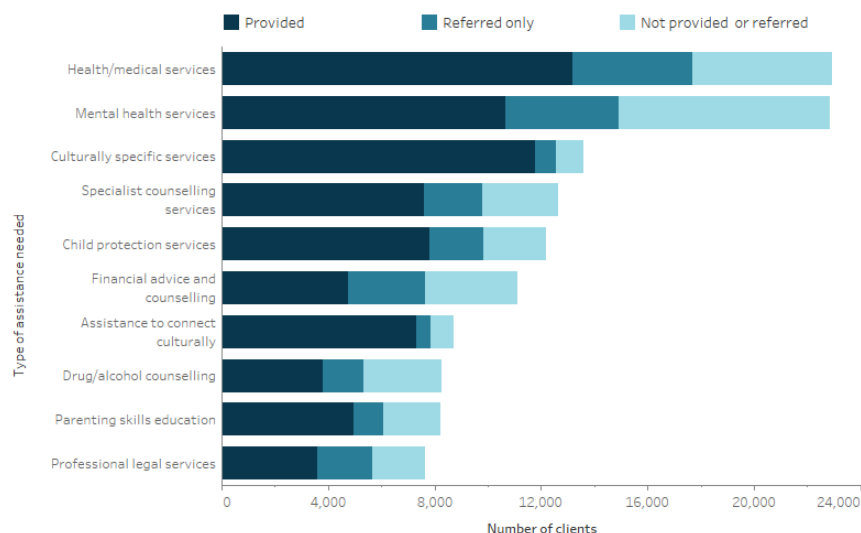
Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.24.

Specialised services

Specialised services refer to those services that require specific knowledge or skills and are usually undertaken by someone with qualifications to provide the particular service.

- Health/medical services were identified as needed by almost 1 in 10 clients (8.4% or over 22,900) in 2022–23 and were one of the specialised services most often referred (20%) (Figure CLIENTS.9).
- There has been little change in the most common specialised services needed and provided over the 5 years to 2022–23; for example, health/medical services, mental health services and specialist counselling were the most commonly needed services.

Figure CLIENTS.9: Clients by need for specialised services and service provision status (top 10), 2022–23



Notes:

1. Excludes 'Other specialised service'.
2. A client may request multiple services and assistance types, therefore, the sum of the categories does not equal any total.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.24.

Financial assistance

In 2022–23, \$98.1 million in financial assistance was provided to clients, a 5.7% decrease from the \$104.1 million provided in 2021–22 (not adjusted for inflation). This represents an average of \$1,373 provided per client requesting financial assistance, and a decrease from \$1,513 in 2021–22 (not adjusted for inflation) (Supplementary tables CLIENTS.26 and CLIENTS.38).

- More than three-quarters (76%) of the financial assistance was used to assist clients with housing in 2022–23.
- Two fifths of the financial assistance (39% or \$38.1 million) was used to provide short-term or emergency accommodation.
- Around \$36.1 million (37%) of the financial assistance was used to assist clients to establish or maintain their existing tenancy.

Outcomes at the end of support

Outcomes presented here describe the change in clients' housing situation between the start and end of support. Data is limited to clients who ceased receiving support during the financial year, meaning that their support periods had closed and they did not have ongoing support at the end of the year. In 2022–23, around three-quarters (73% or almost 200,000 clients) of clients were no longer accessing SHS support at the end of the year. Around 3 in 5 (153,500 clients or 56%) clients had support periods in 2022–23 that were both opened and closed and were non-ongoing at the end of the 2022–23 financial year.

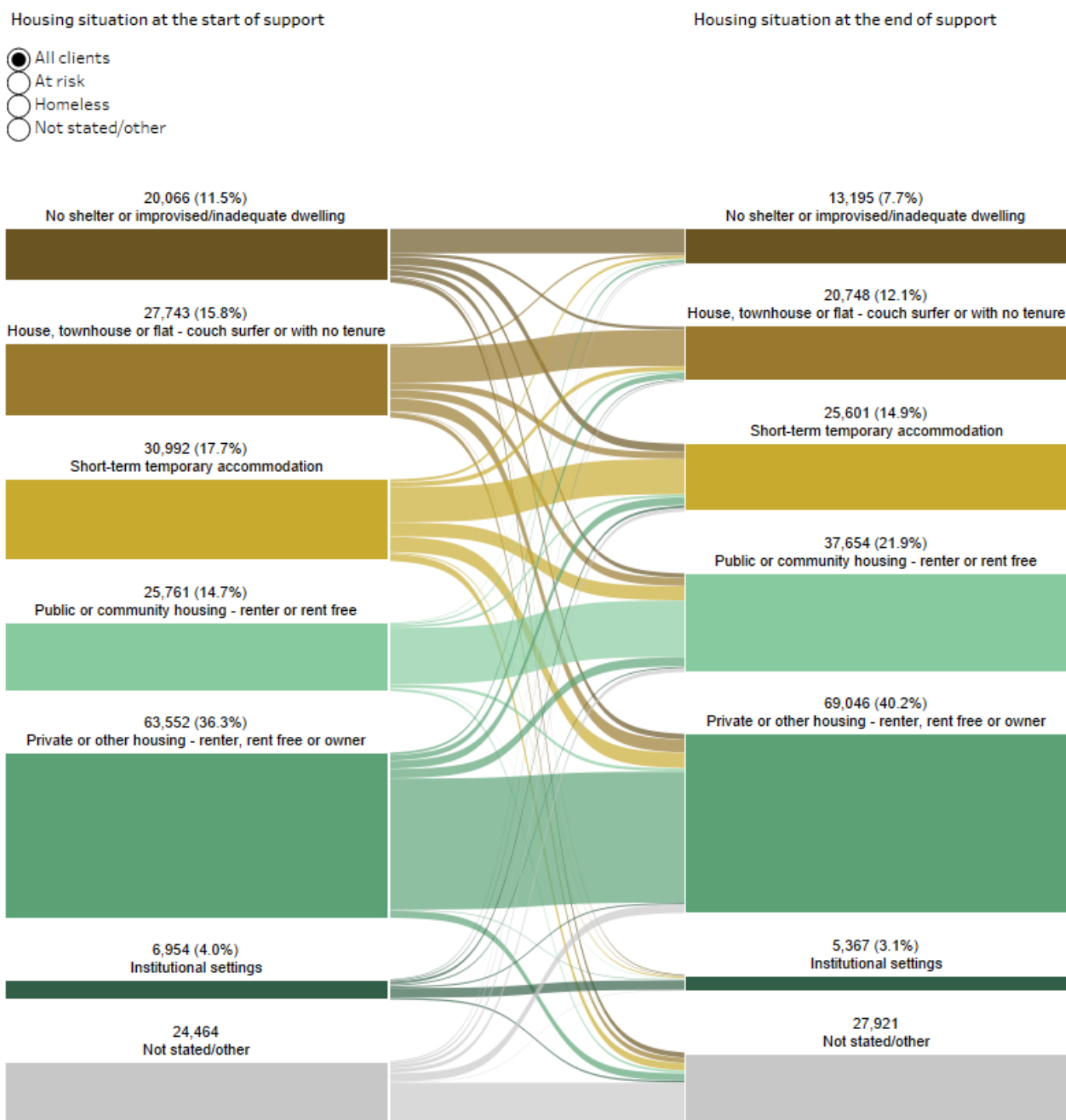
Many clients had long periods of support or even multiple support periods during 2022–23. They may have had a number of changes in their housing situation over the course of their support. These changes within the year are not reflected in the data presented here, rather the client situation at the start of their first period of support during 2022–23 is compared with the end of their last period of support in 2022–23.

Three aspects of a client's housing situation are considered in their housing circumstances: dwelling type, housing tenure and the conditions of occupancy. See [Data presentation and derivations](#) for details on how each of these categories are derived.

- The number of clients who were known to be homeless at the start of support reduced when support ended: 1 in 3 clients (35% or over 59,500) were known to be homeless when support ended, down from 45% (78,800) at the start of support (Figure CLIENTS.10, Supplementary table CLIENTS.31).
- The reduction in the proportion of clients who were experiencing homelessness following support was due to decreases in the proportion of clients rough sleeping or with no shelter or living in improvised dwellings (from 11% to 7.7%) and in the proportion of clients living in a house, townhouse or flat as a 'couch surfer' with no tenure (from 16% to 12%).
- There was an increase in clients living in some form of tenure over the course of support, including an increase in the proportion of clients living in public or community housing from 15% (or 25,800 clients at the beginning of support) to 22% (or 37,700 clients at the end of support); and an increase in the proportion of clients living in private or other housing from 36% (or 63,600 clients at the beginning of support) to 40% (or 69,000 clients at the end of support).

These trends demonstrate that by the end of support, many clients have achieved or progressed towards a more positive housing solution. That is, clients ending support in public or community housing (renter or rent-free) or private or other housing (renter or rent-free) had increased compared with the start of support.

Figure CLIENTS.10: Housing situation at beginning and at end of support for clients with closed support, 2022–23



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.31.

In 2022–23, around 200,000 of clients had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 96,300 clients) (Supplementary table CLIENTS.31):

- Around 51,000 clients maintained private housing at the end of support.
- Around 21,900 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 78,800 clients):

- Around 19,400 clients ended support in short term accommodation.
- Around 13,100 ended support in private housing.
- Around 17,000 clients were couch surfing at the end of support.

Other outcomes for clients

Specialist homelessness agencies may support clients in a number of non-housing areas to reduce their vulnerability to homelessness. These include changes in educational enrolment status, labour force status and income. In 2022–23:

- Employment: Employment increased following support. Of those with a need for employment assistance, 21% were employed at the start of support and 30% were employed at the end of the support (Supplementary table CLIENTS.34).
- Education: Education enrolment remained stable: 20% at the start of support and 21% at the end of support (Supplementary table CLIENTS.33). Of those who needed support for education or training assistance, 41% were enrolled at the start of support and 42% were enrolled at the end of support.
- Income: Agencies assisted some clients with a need for and receiving a government payment: 68% at the start of support and 72% at the end of support (Supplementary table CLIENTS.35). There was a reduction following support in those reporting no income from 13% to 8.3%, and the proportion waiting for government benefits nearly halved from 5.1% to 2.6%.

References

Australian Bureau of Statistics (2022) *Cultural diversity: Census*, ABS website, accessed 15 September 2023.

ABS (2021) *Snapshot of Australia*, ABS website, accessed 15 September 2023.

Australian Institute of Health and Welfare (2023a) *Social isolation and loneliness*, AIHW, Australian Government, accessed 15 September 2023.

AIHW (2023b) *'Homelessness and housing affordability', Australia's welfare: Data insights*, AIHW, Australian Government, accessed 26 September 2023.

Council on Federal Financial Relations (2018) *National Housing and Homelessness Agreement*, CFFR website, accessed 26 September 2023

National Disability Insurance Agency (2023) *History of the NDIS*, NDIA website, accessed 26 September 2023.

Client geography

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- [Regional profile of SHS clients](#)
- [Housing situation](#)
- [References](#)

Key findings

- The highest rate of SHS clients who were experiencing or at risk of homelessness were in the Northern Territory - Outback (566.1 clients per 10,000 population or 5,700 clients) and Western Australia - Outback (North) (554.7 clients per 10,000 or around 5,400 clients) regions.
- The lowest rate of clients were in the Sydney - Baulkham Hills and Hawkesbury (14.6 clients per 10,000 population) and Brisbane - West (18.6 clients per 10,000) regions.
- In more than half of the regions, the majority of SHS clients (whose housing situation and SA4 were known) were at risk of homelessness; in the remaining one-third of SA4 regions, the majority of clients in those regions were experiencing homelessness.
- The highest proportion of clients experiencing homelessness was in the Perth - Inner (78%) region and the highest proportion of at risk clients was in the Western Australia - Outback (North) (77%) region.

Where people live can shape their risk and experience of homelessness (Parkinson et al. 2019). In Australia, market changes can influence the availability of housing options within an area (Wood et al. 2014). At September 2023, the national rental vacancy rate was at a record low of 1.1%, in regional areas it was 1.2% and 1.0% in the capital cities (CoreLogic 2023). An insight into the local regions where people lived during their experience of housing instability or homelessness can help inform region-specific policy development and interventions (Semborski et al. 2022).

This section provides an overview of clients supported by Specialist Homelessness Services (SHS) across Australia based on the client's location prior to receiving SHS support. The rate at which people access SHS can vary geographically due to service availability and region-specific housing factors such as housing availability and affordability. The rate of SHS clients within a region is an indicator of service response and does not necessarily reflect the total number of people experiencing unstable housing situations within a region.

Identifying client location in the Specialist Homelessness Services Collection (SHSC)

This section examines people seeking SHS support based on where the person lived in the week before presenting to a SHS agency, as reported at the first support period during 2022–23. Client location is classified to Statistical Area 4 (SA4) based on the 2021 Australian Statistical Geography Standard (ASGS) and are assigned to only one region for the financial year (ABS 2021). The allocated location may not reflect the region of a client's permanent address, as clients who move may nominate the location of their temporary accommodation rather than their previous more permanent location.

A total of 88 SA4s are reported in this section, which excludes non-geographic codes and Other Territories. For an analysis of the remoteness of agency location, please see the [Service geography](#) section in this report. See [Technical notes](#) for more details.

Regional profile of SHS clients

In 2022–23, SHS agencies assisted nearly 273,600 clients across Australia, representing a rate of 105.2 clients per 10,000 population nationally. Across the state and territories, the Northern Territory (404.0) had the highest rate, followed by Victoria (148.4) and Tasmania (116.8), while New South Wales had the lowest rate (83.8) (Supplementary table CLIENTS.1).

Within the states and territories, the highest rates of SHS clients were in (Supplementary table CLIENTLOC.1):

1. New South Wales: Far West and Orana (308.8 clients per 10,000 population)
2. Victoria: North West (299.3)
3. Queensland: Queensland - Outback (267.3)
4. Western Australia: Western Australia - Outback (North) (554.7)
5. South Australia: South Australia - Outback (209.2)
6. Tasmania: Hobart (126.4)
7. Northern Territory: Northern Territory - Outback (566.1)

The rate of people receiving SHS services varied by region (Supplementary tables CLIENTLOC.1 and CLIENTS.1):

- The highest rate of SHS clients were in Northern Territory - Outback (566.1 clients per 10,000 population), this was 1.4 times higher than the rate for Northern Territory (404.0) and 5.4 times higher than the national rate (105.2).
- The 4 regions with the highest number of clients were located in Victoria:
 1. Melbourne - West (Victoria) (13,700 clients or 154.1 per 10,000 population)
 2. Melbourne - South East (10,400 clients, or 117.5 per 10,000 population)
 3. Melbourne - Inner (9,000 clients, or 140.9 per 10,000 population)
 4. Latrobe - Gippsland (7,300 clients, or 239.2 per 10,000 population).

Figure CLIENTLOC.1: Clients by age and sex, Statistical Area 4 (SA4), 2022–23

For the best experience to view the interactive map use Chrome, Edge or Firefox browsers. For more information on browser compatibility, see [Supported browsers](#).



(dashboard opens in a new window)

Across the 88 SA4 regions, females made up the majority of clients in all but five SA4 regions. The regions where male clients made up the majority of clients tended to be the inner-city areas of Australia's state capitals (Supplementary table CLIENTLOC.1):

- Sydney - City and Inner South (55%)
- Melbourne - Inner (53%)
- Perth - Inner (53%)
- Adelaide - Central and Hills (52%)
- Brisbane Inner City (51%).

In contrast, the highest proportion of female clients receiving SHS assistance were in Western Australia - Wheat Belt (77%) and Bunbury (74%) (Figure CLIENTLOC.1).

The age profile of clients receiving SHS assistance varied by geography across Australia in 2022–23 (Figure CLIENTLOC.1):

- Areas with high proportions of clients aged 0–9 were Ipswich (28%) and Moreton Bay - North (27%).
- Areas with high proportions of young clients aged 15–24 were Sydney - Sutherland (37%) and Sydney - Eastern Suburbs (33%).
- The greatest proportion of older clients (55 years and over) occurred in South East (9.6% of clients) in Tasmania.

Housing situation

Among clients whose housing status and location was known at the beginning of their first support period in 2022–23, around 106,100 clients presented experiencing homelessness to SHS agencies and 125,500 presented at risk of homelessness (Supplementary table CLIENTLOC.1).

The housing situation of clients varied by geographic region (Figure CLIENTLOC.1):

- The top 15 SA4s with the highest number of clients experiencing homelessness accounted for around one-third (34%) of all clients experiencing homelessness.
- Clients at risk of homelessness made up the majority (50% or over) of clients in 53 of the 88 SA4 regions.
- The highest number of clients experiencing homelessness were in Melbourne - Inner (4,200), Melbourne - West (3,900) and Melbourne - South East (3,400).
- The highest proportion of clients presenting experiencing homelessness was in Perth - Inner (78% or 1,600 clients); the highest proportion of clients presenting at risk of homelessness was in Western Australia - Outback (North) (77% or 4,100 clients).

References

Australian Bureau of Statistics (2021) '[Statistical Area Level 4](#)', *Australian Statistical Geography Standard (ASGS) Edition 3*, ABS website, accessed 24 August 2023.

CoreLogic (2023) '[Vacancy rates reach new record lows despite rental growth easing](#)', CoreLogic website, accessed 9 November 2023.

Parkinson S, Batterham D, Reynolds M and Wood G (2019) '[The changing geography of homelessness: a spatial analysis from 2001 to 2016](#)', *AHURI Final Report 313*, Australian Housing and Urban Research Institute Limited, doi: 10.18408/ahuri-5119601.

Semborski S, Winn JG, Rhoades H, Petry L and Henwood BF (2022) '[The application of GIS in homelessness research and service delivery: A qualitative systematic review](#)', *Health & Place*, 2022 May;75:102776, doi: 10.1016/j.healthplace.2022.102776.

Wood G, Batterham D, Cigdem M and Mallett S (2014) '[The spatial dynamics of homelessness in Australia 2001–11](#)', *AHURI Final Report No.227*, Australian Housing and Urban Research Institute Limited.

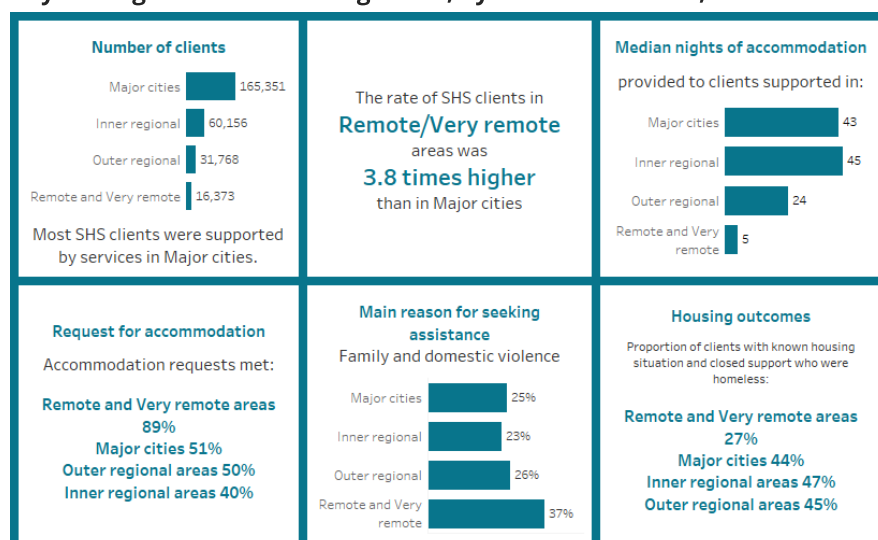


Service geography

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Key findings: Clients of SHS agencies, by remoteness area, 2022–23



Accessing services can be increasingly difficult the further away a client is from a major city (ABS 2023). For Specialist Homelessness Services (SHS), state and territory systems for the assessment, intake, referral and case management vary, ranging from agency-based to centralised management models (PC 2023). The rate at which people seek support from SHS agencies can vary by remoteness due to varying service availability and region-specific factors, such as housing availability and affordability.

Reporting service location in the Specialist Homelessness Services Collection (SHSC)

This section examines client service needs and characteristics based on the location of the SHS agency. That is, the specific areas where clients first received support. Although clients can access services in multiple remoteness area, clients are assigned to one remoteness area based on the SHS agency where they first sought support during 2022–23. The location details of agencies were classified into remoteness areas based on the 2021 Australian Statistical Geography Standard (ASGS) (see [Technical notes](#)) (ABS 2023).

State-wide SHS operate in some states/territories and can assist a high number of clients over the phone. Therefore, service location data may not be accurate or relevant for some clients.

When interpreting regional service trends throughout this section, 'urban areas' refer to *Major cities* and *Inner* and *Outer regional* areas and 'remote areas' refer to *Remote* and *Very remote* areas, unless stated otherwise.

Specialist homelessness services across urban and remote areas

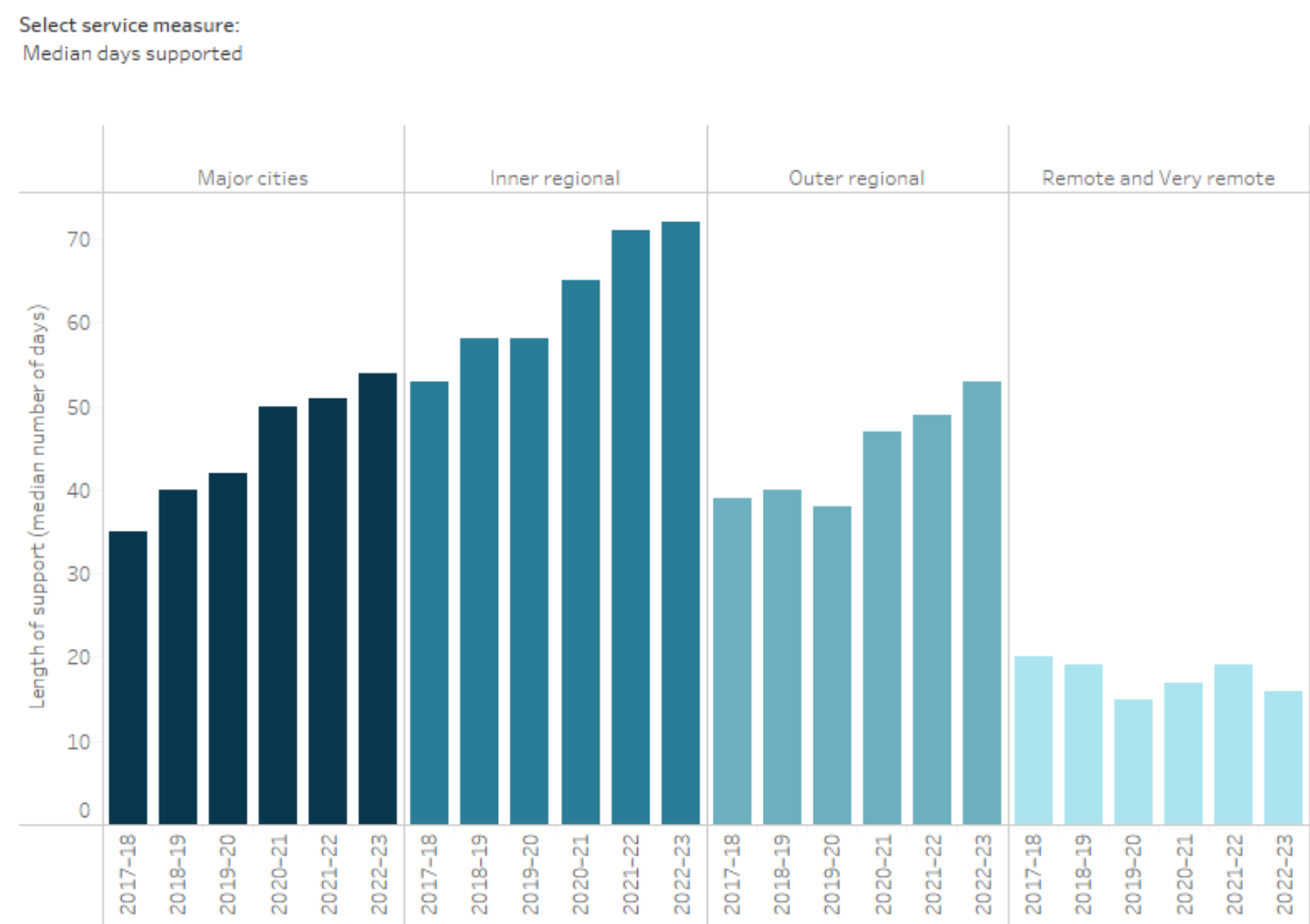
In 2022–23, the characteristics of clients who accessed SHS agencies in urban areas differed from those in remote areas:

- Clients experiencing homelessness at first presentation was more common for clients receiving support from agencies in urban areas (46%) than remote areas (28%) (Supplementary table REG.5).
- At first presentation, clients in urban areas were most commonly living in private or other housing (38%), while most clients in remote areas were living public or community housing (60%) (Supplementary table REG.5).
- More than 9 in 10 clients (92%) receiving services in remote areas were Indigenous people (Supplementary table INDIGENOUS.6).
- Almost all (99%) SHS clients born overseas received support from SHS agencies in urban areas (Supplementary table CLIENTS.6).
- Almost all (99%) clients with a current mental health issue received assistance from agencies in urban areas (Supplementary table CLIENTS.46).

The most common main reasons clients sought assistance in the various remoteness areas (Supplementary table REG.1) were:

- *Major cities*: family and domestic violence (25%), followed by housing crisis (21%).
- *Inner* and *Outer regional* areas: family and domestic violence (23% and 26% respectively) and housing crisis (22% and 20% respectively).
- *Remote* areas: family and domestic violence (37%) and inadequate or inappropriate dwelling conditions (7.4%).

Figure REG.1: Service use patterns for SHS clients by remoteness area, 2017–18 to 2022–23



Source: Specialist Homelessness Services Collection. Supplementary table REG.7.

Although the number of clients accessing SHS services has generally increased between 2011–12 and 2022–23 in each remoteness area, the rate of clients and changes over time have varied (Figure REG.1, Historical data table HIST.REG, Supplementary table REG.7):

- Major cities:** The rate of clients accessing services has been decreasing since 2016–17 (102.5 per 10,000 population to 88.0 in 2022–23); the median number of days supported has increased from 35 days in 2017–18 to 54 days in 2022–23.
- Inner regional:** The rate of clients accessing services has been decreasing since 2018–19 (154.0 per 10,000 population to 130.1 in 2022–23); the median number of days supported has increased from 53 days in 2017–18 to 72 days in 2022–23.
- Outer regional:** The rate of clients accessing services has remained relatively constant since 2015–16 (152.3 per 10,000 population to 151.3 in 2022–23); the median number of days supported has increased from 39 days in 2017–18 to 53 days in 2022–23.
- Remote areas:** The rate of clients accessing services has generally been increasing since 2011–12 (208.1 clients per 10,000 population) to 331.9 in 2022–23. However between 2021–22 and 2022–23 the rate decreased from 344.0. The median number of days supported has decreased from 20 days in 2017–18 to 16 days in 2022–23.

Services needed and provided

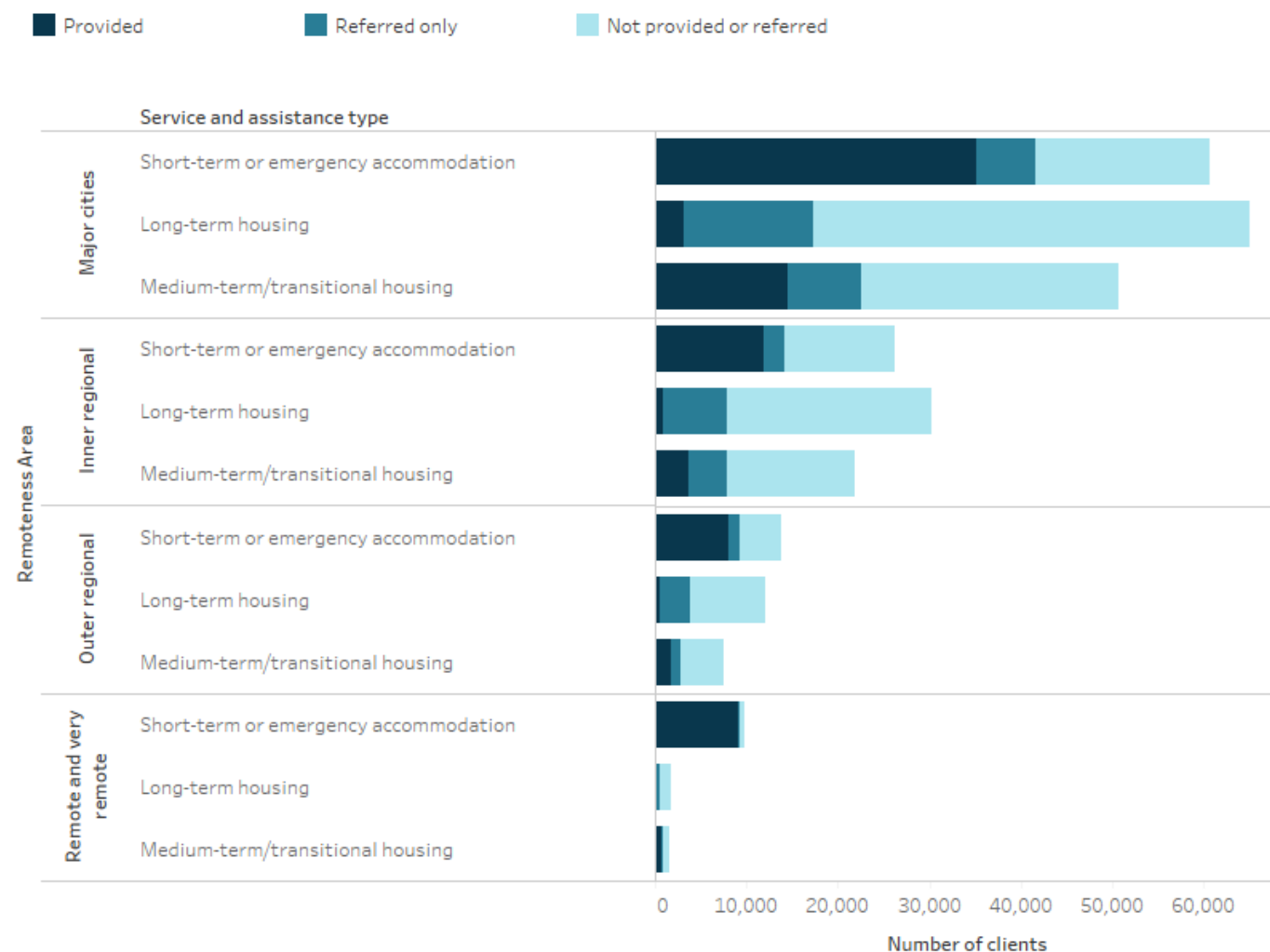
In 2022–23 (Figure REG.2, Supplementary table REG.4):

- Around 9 in 10 (89%) requests for accommodation were met by agencies in remote areas, while clients of services in *Major cities* and *Inner regional* areas were less likely to receive accommodation (51% and 40% provided, respectively).
- The need for short-term or emergency accommodation was highest for clients of SHS agencies in remote areas (60%).
- Half of clients in *Inner regional* areas (50%) needed long-term housing compared with around 2 in 5 clients in *Major cities* (39%) and *Outer regional* areas (38%).
- Clients in remote areas were more likely to receive short-term or emergency accommodation (93%) than those in *Major cities* (58%) and *Inner regional* (45%) areas.
- Need for mental health services was higher among clients of services in *Major cities* (9.4%) and *Inner regional* areas (8.0%) than those in *Outer regional* areas (6.4%) and remote areas (2.7%).

Figure REG.2: Clients by services needed, by provision status, by remoteness area, 2022–23

Select service group type:

Accommodation provision



Notes:

1. Group is a count of unique clients within all categories in the service and assistance group. A client may request multiple services and assistance types; therefore the sum of the categories is not equal to the group total.
2. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.

Source: Specialist Homelessness Services Collection. Supplementary table REG.4.

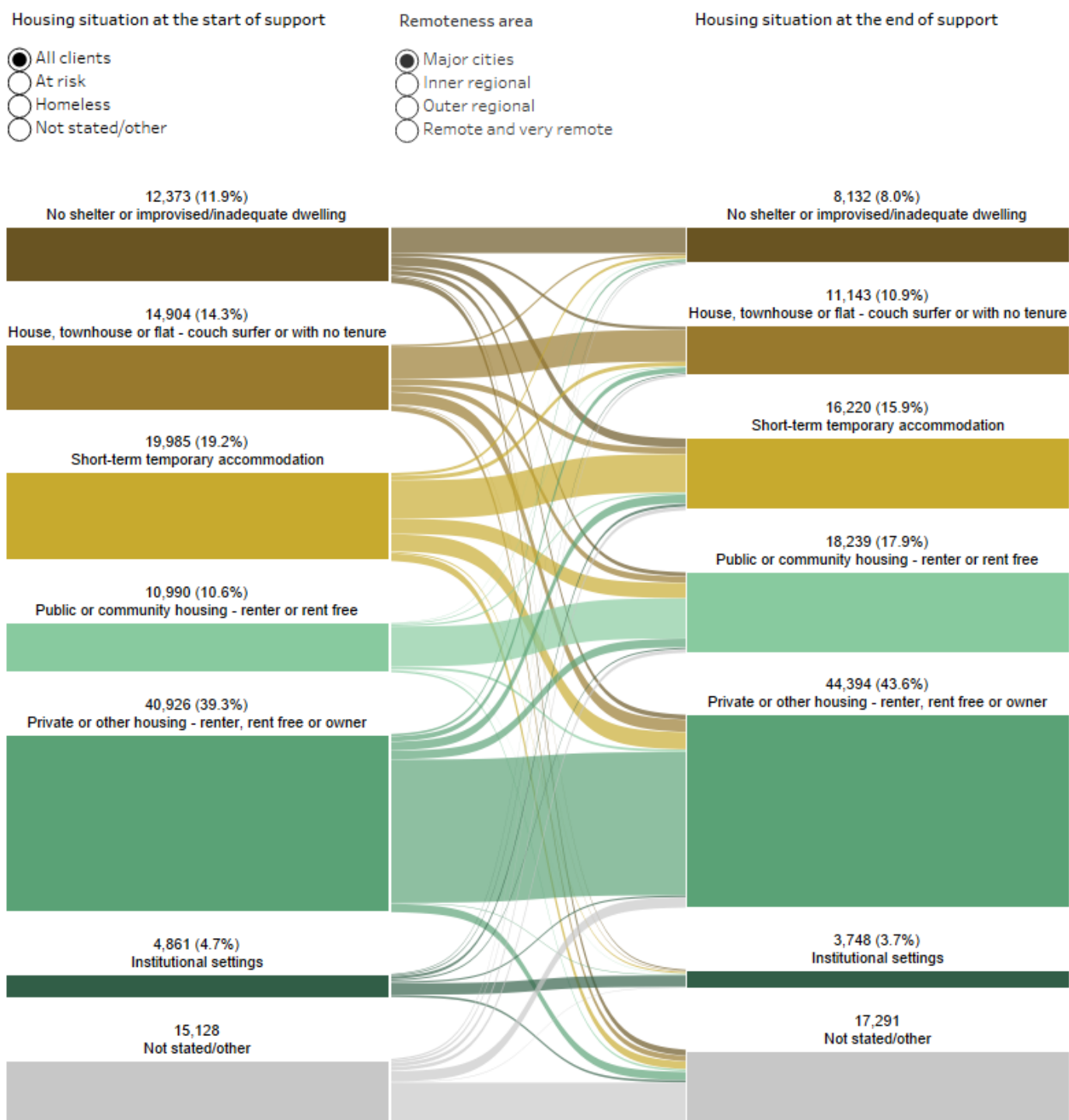
Outcomes at the end of support

Outcomes presented here highlight the changes in clients' housing situation at the start and end of support. That is, the place they were residing before and after they were supported by a SHS agency. The information presented is limited only to clients who have stopped receiving support during the financial year, and who were no longer receiving ongoing support from a SHS agency. In particular, information on client housing situations at the start of their first period of support during 2022–23 is compared with the end of their last period of support in 2022–23. As such, this information does not cover any changes to their housing support period.

In 2022–23 (Supplementary table REG.5):

- Clients in *Major cities* (44%) and *Inner regional* (42%) areas were the most likely to be housed in private or other housing at the end of support.
- Clients in remote areas were most commonly living in public or community housing at the beginning (60%) and end (64%) of their support than clients in other areas.
- Around 3 in 4 clients in remote areas (76%) were housed by the end of support, compared with around 2 in 3 clients in other areas: *Major cities* 65%, *Inner regional* 64%, *Outer regional* 63%.
- Around 1 in 3 clients experiencing homelessness at the start of support were housed by the end of support across all of the remoteness areas: *Major cities* 31%, *Inner regional* 32%, *Outer regional* 30% and remote areas 29%.

Figure REG.3: Clients with closed support, by remoteness area, by housing situation at the beginning and end of support, 2022-23



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table REG.5.

In 2022-23, around 119,000 clients in major cities had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 57,000 clients) (Supplementary table REG.5):

- Around 33,000 clients maintained private housing at the end of support.
- Around 9,300 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (around 47,300 clients):

- Around 12,000 clients ended support in short term accommodation.
- Around 7,900 ended support in private housing.
- Around 9,000 clients were couch surfing at the end of support.

- Around 9,000 clients were couch surfing at the end of support.

References

Australian Bureau of Statistics (2023) '[Remoteness Areas](#)', *Australian Statistical Geography Standard (ASGS) Edition 3*, ABS website, accessed 14 September 2023.

Productivity Commission (2023) '[Part G Housing and homelessness, Section 19: Homelessness Services](#)', *Report on Government Service 2023*, PC website, accessed 14 September 2023 .

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Unmet demand for specialist homelessness services

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- [Unassisted requests for services](#)
- [Clients' unmet need for services](#)
- [References](#)

Specialist homelessness services (SHS) in Australia supported, on average, an estimated 72,100 people each day in 2022–23. However, there were also people who approached agencies who were unable to be offered any assistance (unassisted requests for service) or who did not receive all the services that they required (client's unmet need for services).

It is important to note that these figures reflect people who approach SHS agencies for support and do not reflect the level of unmet demand for support for the whole of the Australian population. Results from the 2014 General Social Survey suggest that of those who had experienced homelessness in the last 10 years, approximately 67% did not seek assistance during their most recent experience of homelessness (ABS 2014). On the night of the 2021 Census, there were an estimated 122,494 people experiencing homelessness (ABS 2021).

For people who do approach a SHS agency, there may be a range of reasons an agency cannot provide assistance. For example, the person may be seeking a specialised service not offered by that particular agency, the agency may not have the capacity to provide assistance at that time or the person may not be in the target group for the agency. Research found that in 2019, 76% of staff in housing and homelessness services reported an increase in the number of clients they were unable to support and 36% reported rarely or never being able to meet demand (ACOSS 2019).

Over recent years, changes have been made to services delivery models and these systems often require agency workers to provide assistance of some kind to all presenting individuals. Therefore, caution should be used when comparing SHS data relating to unmet demand and unassisted requests over time and between states and territories. See [Technical notes](#) for more information.

Unassisted requests for services

Key findings – Unassisted requests for services

- In 2022–23, on average, there were nearly 295 unassisted requests per day (UNASSISTED.1); a total of around 108,000 unassisted requests for 2022–23 (HIST.UNASSISTED), which was around 2,400 more than in 2021–22 (105,000).
- More than three-fifths (62%) of unassisted requests involved short-term or emergency accommodation and one-quarter (25%) of unassisted requests involved other housing or accommodation (UNASSISTED.4).
- Most commonly, agencies were unable to offer requests for accommodation because there was no accommodation available at the time.
- Females (65%) made the majority of unassisted requests, similar to 2021–22 (HIST.UNASSISTED)

Identifying unassisted requests for services in the Specialist Homelessness Services Collection (SHSC)

Unassisted requests for services are instances where a person seeks support from a SHS agency and receives no assistance at the time of request. The information required for reporting is limited as it is not always appropriate for an agency to collect the same detailed information as they would if the person was to become a client.

The data does not reflect that some people may seek support from multiple different agencies on the same day, or that clients unassisted on one day may receive support on another day. Also, some states/territories have central intake models, that is, agencies that link clients to specific services suited to the individual client's needs. This may decrease the number of unassisted requests for services for jurisdictions operating central intake services that deliver some sort of service to a client as part of the triage process.

See [Technical notes](#) for more information on measuring unassisted requests in the SHSC.

Unassisted requests for services 2022–23

Across Australia, there were around 108,000 unassisted requests in 2022–23.

- On average, there were nearly 295 unassisted requests per day (Supplementary table UNASSISTED.1).
- Around two-thirds (66%) of daily unassisted requests were made by females and 34% by males (where both age and sex were known; Supplementary table UNASSISTED.2). Among females, around 23% of unassisted requests were from females aged 25–34 whereas for males the most common age group was 0–9 (21%), that is, most likely male children presenting as part of a family group.
- The majority (87%) of unassisted requests made by single adults with children were from females (Supplementary table UNASSISTED.7).

Unassisted requests for services, trends over time

Some key trends in unassisted requests over time include:

- The number of unassisted requests increased from 105,000 requests in 2021–22 to 108,000 in 2022–23 (Historical data table HIST.UNASSISTED). The increase in unassisted requests was primarily due to increases in New South Wales, Queensland and the Northern Territory. For further details, see the [data quality information](#) and [Technical notes](#).
- The proportion of unassisted requests made by people presenting alone increased from 56% in 2018–19 to 64% in 2022–23 while the proportion of unassisted requests from single parents decreased (38% to 30% respectively) (Historical data table HIST.UNASSISTED).

Analysis of how often an unassisted person requested assistance [cv.au/content/782270e](https://www.shs.au/content/782270e) and how many were SHS clients at some point during the 2022–23 year can only be examined and understood where the statistical linkage key ([SLK](#)) was complete and valid (around 49% of all unassisted requests).

Of the valid data, in 2022–23 on average each unassisted person approached an agency 1.5 times (Historical data table HIST.UNASSISTED). Around half (49%) of people with a valid SLK were clients and received services at some other point during 2022–23, similar to 2021–22 (48%). The service use experience for the remaining 51% of people with a valid SLK were unknown. They may have received assistance from a non-SHS service, used their own support networks or continued to experience unstable housing or homelessness without SHS support.

Services requested

In 2022–23:

- The majority (62%) of daily unassisted requests involved a need for short-term or emergency accommodation (Supplementary table UNASSISTED.4).
 - Unassisted requests for short-term or emergency accommodation were more likely to be made by females than males – on average there were approximately 107 unassisted requests from females for short-term or emergency accommodation per day compared with 63 for males.
 - One-quarter (25%) of daily unassisted requests involved housing or accommodation other than short-term or emergency accommodation.
- When a reason was recorded, most commonly agencies could not meet requests for any accommodation because there was no accommodation available at the time of the request (Supplementary table UNASSISTED.6).

Clients' unmet need for services

Key findings – Clients' unmet need for services

- Around 165,000 SHS clients (60%) identified a need for accommodation services in 2022–23 and this service was provided to half of these clients (around 83,800 clients or 51%) (CLIENTS.24).
- The ability of agencies to provide certain specialist services was similar to the previous years. For example, in 2022–23, around 33% of mental health service requests (including psychological, psychiatric and mental health services) were neither provided nor referred (CLIENTS.24), remaining steady from 2021–22 (35%).

Clients receiving support from SHS agencies often need a wide range of services. Some needs arise more than once in a support period and this makes it difficult to assess the extent to which the need has been met from the available data.

Reporting unmet need for services in the Specialist Homelessness Services Collection (SHSC)

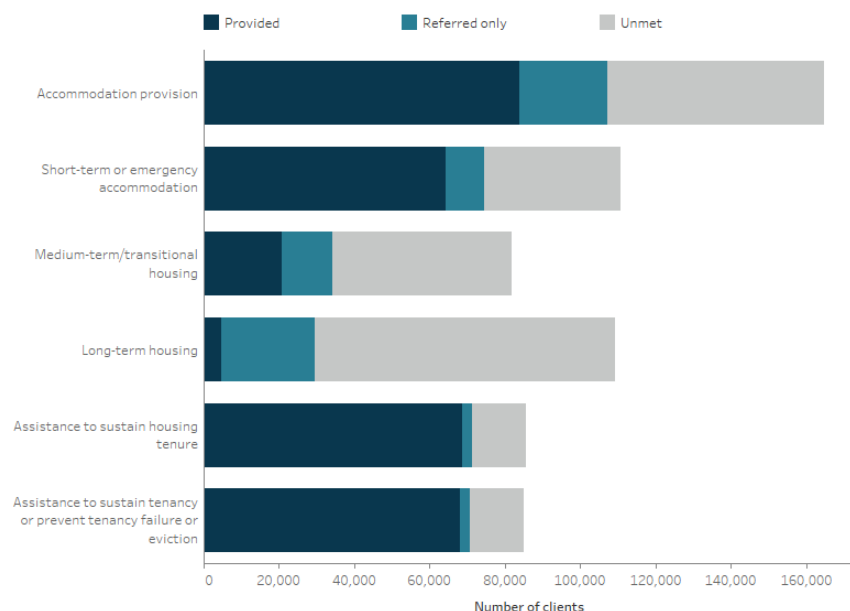
Unmet need is recorded when an SHS client has some, but not all, their identified needs for services met. Agencies can also refer clients to another service for assistance.

Unmet need for accommodation and housing assistance services

More than half (60%) of all clients needed at least one type of accommodation service (Figure UNMET.1 and Supplementary table CLIENTS.24):

- Around 111,000 clients (40% of all clients) needed short-term or emergency accommodation; nearly 64,300 (58% of those requesting this service) were provided with assistance.
- Around 109,000 clients (40%) identified a need for long-term housing; about 4,700 clients (4.3% of those requesting this service) were provided with this type of support.
- The number of clients requesting either short-term or emergency accommodation or long-term housing were similar; however, the proportion of clients who were not provided nor referred long-term accommodation was substantial (73% of clients who needed long-term accommodation). This highlights the complexity of SHS agencies assisting clients to find suitable long-term housing, and should not be considered a 'low success rate'. In some instances, this may be because the agency's service offering may not include long-term housing options and may also be an indicator of the lack of affordable housing available in the area.

Figure UNMET.1: Clients with unmet need for accommodation and housing assistance services, 2022–23



Notes:
 1. A client may request multiple services and assistance types, therefore the sum of the categories is not equal to the group total.
 2. 'Unmet' indicates a services was neither provided nor was the client referred to another agency for that service type.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.24.

Unmet need for general and specialised services

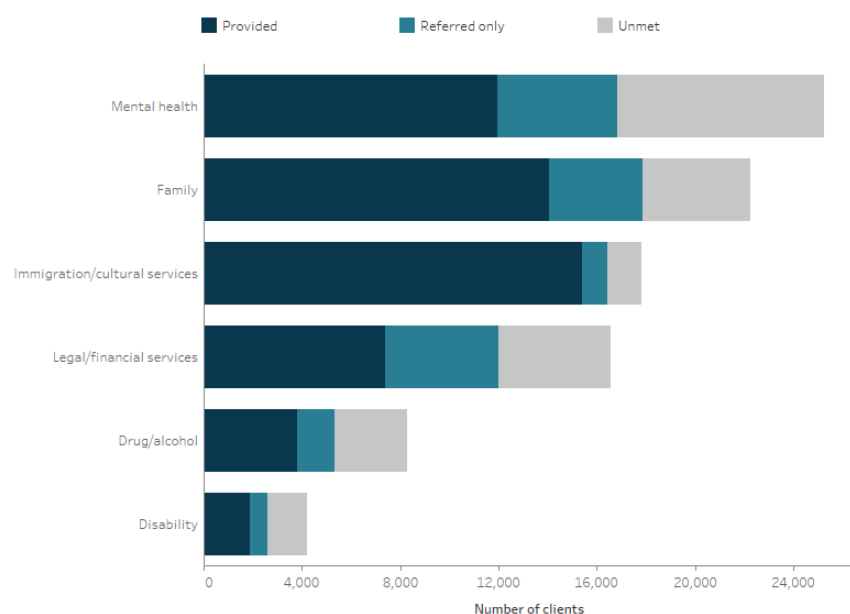
Agencies were able to meet the general needs of most clients. For example, of the over 212,000 clients who needed advice/information, 98% were provided assistance, and of the 146,000 clients requesting advocacy/liaison, 96% were provided with assistance (Supplementary table CLIENTS.24).

Other types of client needs were less commonly met. For example, among SHS clients who required drug/alcohol counselling (3.0% or nearly 8,300 clients), the level of unmet need (36%) was substantial. This may be because of the specialist skills required to provide drug and alcohol counselling and the limited availability of these skills within the SHS agencies and other referral services offered to clients.

The level of unmet need for broad groups of specialised services can be determined (Figure UNMET.2 and Supplementary table CLIENTS.24):

- Mental health services, including psychological, psychiatric and mental health services, were one of the most common specialised services needed by clients; however, these needs were frequently unmet with 33% neither provided nor referred these services.
- Many of those identifying a need for disability services (1.5% needed this service, 38% not provided or referred) or drug and alcohol services (3.0% needed, 36% not provided or referred) did not have their needs met.
- Immigration and cultural services, needed by 6.5% of SHS clients (over 17,800 people), were provided for most requiring them (86%).

Figure UNMET.2: Clients with unmet needs for specialised services (grouped), 2022–23



Notes:
 1. A client may request multiple services and assistance types, therefore the sum of the categories is not equal to the total clients.
 2. 'Unmet' indicates a services was neither provided nor was the client referred to another agency for that service type.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.24.

References

Australian Bureau of Statistics (2014) *General Social Survey: Summary Results, Australia* ABS website.

Australian Bureau of Statistics (2021) *Estimating Homelessness: Census* ABS website.

Australian Council of Social Service (2019) *Demand for Community Services Snapshot December 2019* ACOSS website.

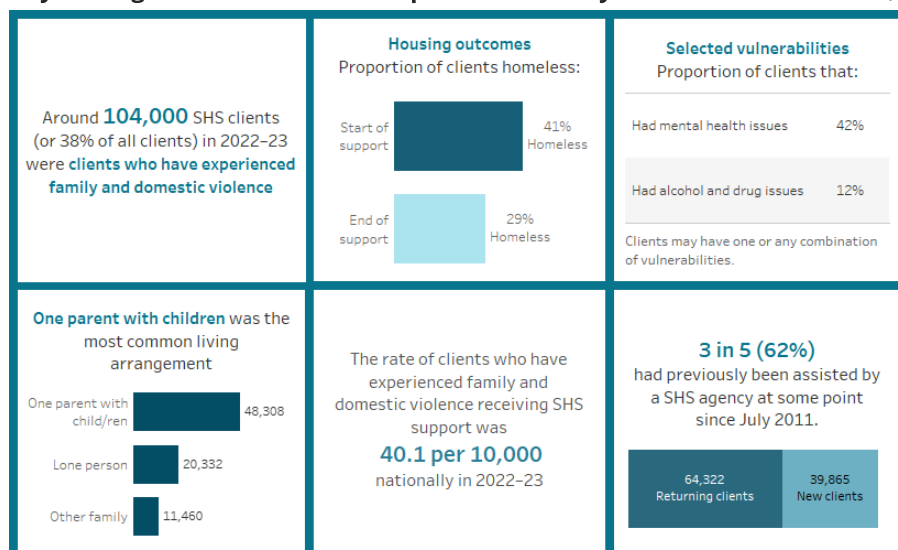
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Clients who have experienced family and domestic violence

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- [Client characteristics](#)
- [Service use patterns](#)
- [Main reasons for seeking assistance](#)
- [Housing situation and outcomes](#)
- [References](#)

Key findings: Clients who have experienced family and domestic violence, 2022–23



Family and domestic violence affects people of all ages, genders, and backgrounds, but predominantly affects women and children. Family, and domestic violence against women and children is a major issue in Australia, and the majority of Australians recognise that violence against women is a problem (Coumarelos et al. 2023, DSS 2022). Further, the experience of family and domestic violence can significantly impact economic participation and, in turn, impact housing security and lifetime earnings (Treasury 2023).

An estimated 4.2 million people aged 18 years and over (21%) have experienced violence (physical and/or sexual), emotional abuse, or economic abuse by a cohabiting partner since the age of 15 (ABS 2023); more commonly experienced by women (27%) than men (15%). An estimated 2.6 million people aged 18 years and over (13%) witnessed violence towards a parent by a partner, when they were aged under 15 (ABS 2023).

Family and domestic violence is the main reason women and children leave their homes in Australia (AHURI 2021). Specialist Homelessness Services (SHS) agencies provide a crisis response service for people who need to leave their home due to violence, yet data suggests that the pathway into stable, affordable, secure, and long-term housing is challenging (Flanagan et al. 2019). SHS clients who have experienced family and domestic violence made up 38% of all clients in 2022–23 (Supplementary data table CLIENTS.41). Since 2011–12, the number of SHS clients who have experienced family and domestic violence increased by an annual average of 2.5% (Historical data table HIST.FDV).

In 2022, the Australian Government announced the National Plan to end violence against women and children 2022–2032, to coordinate efforts across all levels of governments to address violence against women and children (DSS 2022). Funding and activities under the new *National Plan* expand and build on the investments made under the previous National plan to reduce violence against women and children 2010–2022 (DSS 2019).

Under the National Plan, the Australian Government invested \$72.6 million over 2020–21 to 2024–25 for the [Safe Places Emergency Accommodation Program](#), an initiative under the Fourth Action Plan.

An additional \$100 million of funding for Safe Places over 5 years (2022–23 to 2026–27) was announced as part of the 2022–23 Budget to create up to 720 new safe places taking the total number of safe places being delivered in the program to around 1,500 across Australia (Treasury 2022).

The [Inquiry into family, domestic and sexual violence](#) March 2021 found that victim-survivors of violence often bear the costs for leaving the relationship, the family home, and their community (HRSCSPLA 2021). The inquiry recommended federal, state and territory governments consider funding emergency accommodation for perpetrators of FDV who are more likely to attempt to return to the family home, in order to prevent victim-survivors being forced to flee their homes or continue residing in a violent home (HRSCSPLA 2021).

The National plan to end violence against women and children 2022–2032 affirms that safe, affordable, and accessible housing is key to ending violence against women and children (DSS 2022). Action 10 of the First Action Plan 2023–2027 is to “improve access to short-term, medium and long-term housing for women and children experiencing violence, including those living in institutional settings, and support women to stay in their own homes when they choose to do so”, as part of a holistic response to providing options for victim-survivors to stay safely in their own homes and retain their connections to Country and community (DSS 2023). Response objective 3 of the national plan is also focussed on housing, specifically to “ensure women and children escaping violence have safe and secure housing, from crisis accommodation to longer-term, sustainable social housing”.

Women and children affected by family and domestic violence are a national priority cohort in the National Housing and Homelessness Agreement (see [Policy section](#) for more information).

Reporting clients experiencing family and domestic violence in the Specialist Homelessness Services Collection (SHSC)

In the SHSC, a client is reported as experiencing family and domestic violence if in any support period during the reporting period the client sought assistance as a result of physical or emotional abuse inflicted on the client by a family member or if as part of any support period a person required family or domestic violence assistance.

The SHSC had information on clients experiencing family and domestic violence of any age. Changes made to the SHSC separates victim and/or perpetrators support services provided to clients. For 2022–23, data for SHS clients aged 10 and over who needed family and domestic violence victim/perpetrator support services are provided in the supplementary data table FDV.2. For more information, see [Technical notes](#).

Data quality statement note

Caution should be used when comparing Victorian client numbers over recent years. A practice correction to how some family violence agencies were recording clients as well as a phased shift of family violence intake to non-SHS services may result in an overall decrease in FDV client numbers since 2017–18. For more information, see [2019–20 SHS Data Quality Statement](#) and [2022–23 SHS Data Quality Statement](#).

In 2022–23 (Supplementary table FDV.1 and Historical table HIST.FDV):

- SHS agencies assisted around 104,000 clients (of any age) who experienced family and domestic violence, equating to 38% of all SHS clients.
- There was a decrease in the number of SHS clients who had experienced family and domestic violence (around 3,500 SHS clients) compared with 2021–22.
- The rate of SHS clients who experienced family and domestic violence was 40.1 per 10,000 population, a decrease from 49.2 in 2017–18.

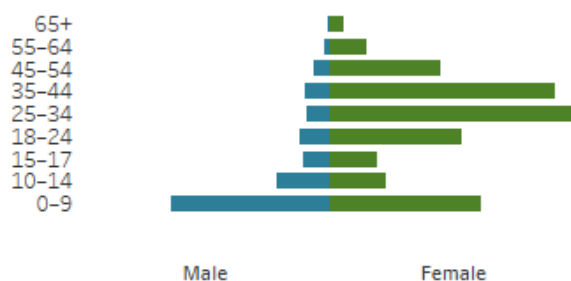
Although the number of clients who had experienced family and domestic violence decreased between 2021–22 and 2022–23, since the start of the SHS collection in July 2011 the number of clients increased by an annual average of 2.5% (Historical data table HIST.FDV).

Client characteristics

Figure FDV.1: Key demographics, SHS clients who have experienced family and domestic violence, 2022–23

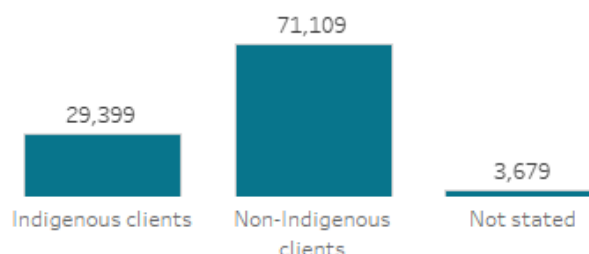
In 2022–23, around **104,000** clients who have experienced family and domestic violence received support from specialist homelessness services.

Age and sex



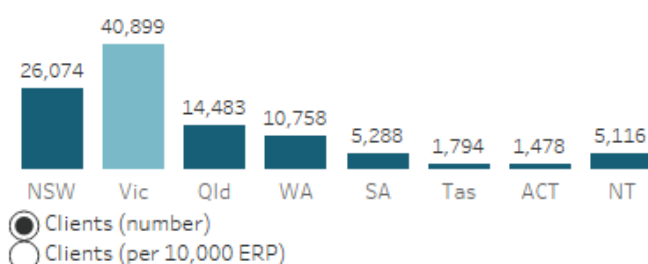
A total of **25,989 males (25%)** and **78,198 females (75%)** received support from SHS agencies.

Indigenous status



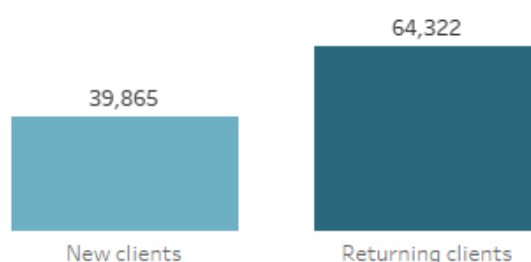
Around one-third (**29%**) of clients identified as Indigenous.

States and territories



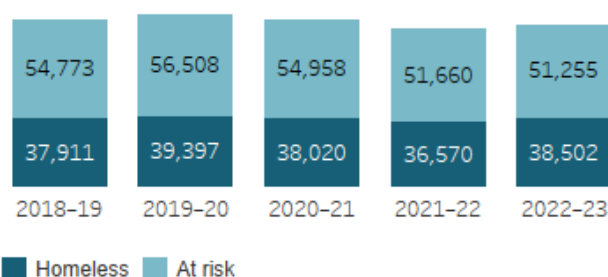
SHS agencies based in Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients.

New and returning clients



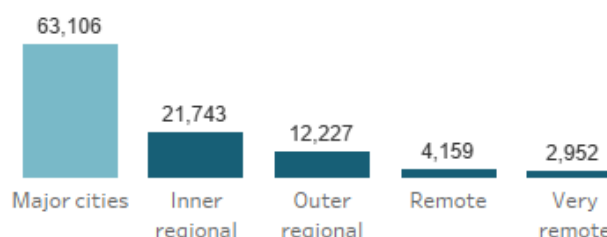
64,322 (62%) of **104,187** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness



In 2022–23, **51,255 (57%)** of clients were at risk of homelessness at the start of support.

Remoteness area



The majority of clients who have experienced family and domestic violence (**61%**) were in major cities.

Presenting unit and Living arrangements

In 2022–23, clients who experienced family or domestic violence most commonly presented to a specialist homelessness agency for support alone (54% or almost 56,700 clients), or as a single parent with child/ren (42% or more than 44,200 clients) (Supplementary table CLIENTS.44).

Children experiencing family and domestic violence may seek SHS support with their family, or independently if fleeing the home. For children in particular, SHS support is critical in reducing the likelihood of long-term experience or risk of homelessness (Kaleveld et al. 2018).

In 2022–23, of the more than 104,000 clients who experienced family and domestic violence and stated their living arrangement at the beginning of SHS support (Supplementary table CLIENTS.45):

- Nearly half (49% or almost 48,300 clients) were living as a single parent with one or more children.
- Approximately 21% (or around 20,300 clients) were living alone.
- Approximately 11,500 people (12%) were living with other family, which can mean a person with or without children living (in a couch surfing arrangement) with others.

New or returning clients

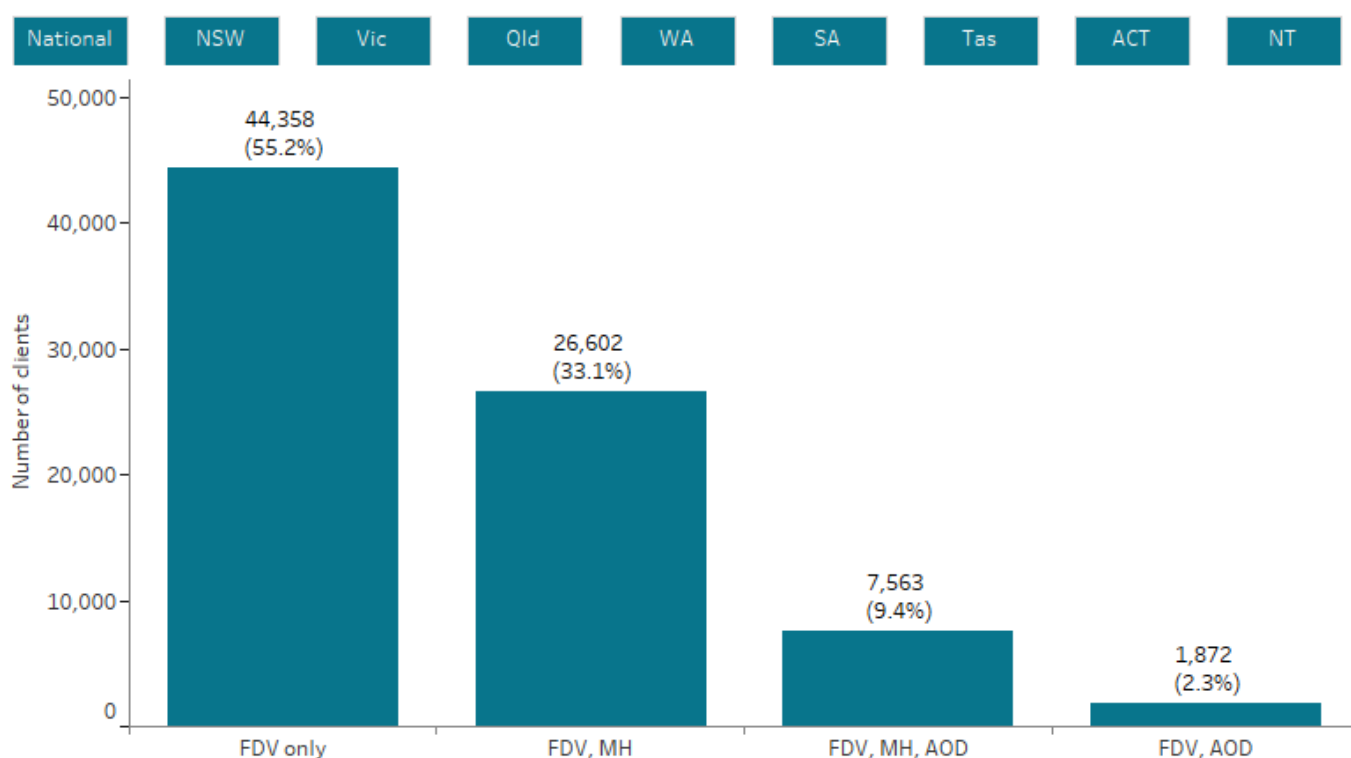
In 2022–23 (Supplementary table CLIENTS.42):

- Of the 104,000 SHS clients who experienced family and domestic violence, 38% were new SHS clients and 62% were returning clients who had previously been assisted by a SHS agency at some point since the collection began in July 2011. This does not necessarily mean that previously assisted SHS clients were experiencing family and domestic violence when they were previously supported.
- Around half of new clients (18,800 clients, or 47%) were aged under 18, 48% (19,100 clients) were aged 18–54, and 4.9% (2,000 clients) were aged 55 and over.
- Less than one-third of returning clients (around 19,000 clients or 30%) were under 18.

Selected vulnerabilities

People who experience family and domestic violence may also experience other vulnerabilities in their life, that may make them more likely to experience homelessness, for example, a current mental health issue and/or problematic drug and/or alcohol use.

Figure FDV.2: Clients who have experienced family and domestic violence, by selected vulnerabilities, 2022–23



Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Totals may not sum due to rounding.
3. Only includes clients aged 10 years and over.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.47.

In Australia, in 2022–23, of the around 80,400 clients who have experienced family and domestic violence aged 10 and over, around 7,600 had both of the additional selected vulnerabilities.

- 42% of clients had a current mental health issue.
- 12% of clients reported experiencing problematic drug or alcohol use.

Service use patterns

In 2022–23, SHS clients who had experienced family and domestic violence received a median of 72 days of support, up from 43 days in 2017–18, an average of 2.0 support periods per client, and a median of 32 nights of accommodation (Supplementary table CLIENTS.48).

Main reasons for seeking assistance

In 2022–23, of those SHS clients who experienced family and domestic violence:

- Approximately 66% identified family and domestic violence as the main reason for seeking SHS services, while a further 9.6% identified housing crisis (Supplementary table FDV.5).
- For clients presenting at risk of homelessness, the most common main reasons for seeking assistance were (Supplementary table FDV.6):
 - family and domestic violence (72%)
 - housing crisis (7.2%)
 - financial difficulties (4.3%).
- For clients presenting experiencing homelessness, the most common main reasons for seeking assistance were:
 - family and domestic violence (51%)
 - housing crisis (15%)
 - inadequate or inappropriate dwelling conditions (10%)
 - housing affordability stress (5.1%).

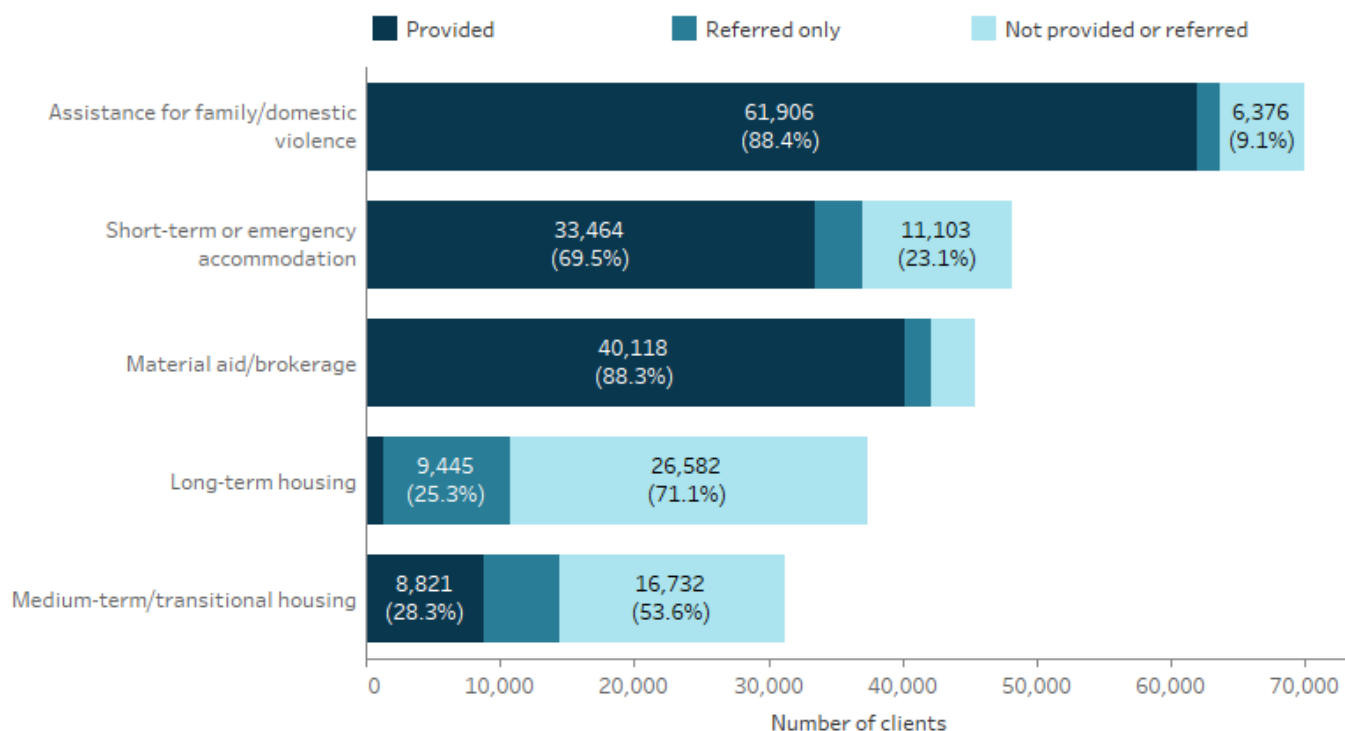
Services needed and provided

In 2022–23, 70,000 (67%) SHS clients who experienced family and domestic violence needed specific assistance for this reason, including therapeutic discussion or group sessions, counselling, and specialised support services (Supplementary table FDV.2).

Figure FDV.3: Clients who experienced family or domestic violence, by services needed and provided, 2022–23

Select assistance category

All



Notes:

1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.

2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table FDV.2.

In 2022–23, clients who have experienced family and domestic violence needed:

- short-term or emergency accommodation (46% or around 48,100), with 70% of those needing this service receiving this service.
- assistance for family/domestic violence (67% or around 70,000 clients), with 88% receiving this service.
- material aid/brokerage (44% or around 45,400 clients), with 88% receiving this service.
- long-term housing (36% or around 37,400 clients), with 3.7% receiving this service.

Housing situation and outcomes

Outcomes presented here highlight the changes in clients' housing situation at the start and end of support. That is, the place they were residing before and after they were supported by a SHS agency. The information presented is limited only to clients who have stopped receiving support during the financial year and who were no longer receiving ongoing support from a SHS agency. That is, information on client housing situations at the start of their first period of support during 2022–23 is compared with the client housing situation at the end of their last period of support in 2022–23. As such, this information does not cover any changes to their housing situation during their support period.

For clients who experienced family and domestic violence in 2022–23, around 24,700 clients (41%) were experiencing homelessness at the start of support; 12,700 (21%) were in short-term temporary accommodation (Supplementary table FDV.3).

By the end of support, many clients who experienced family and domestic violence had achieved or progressed towards a more stable housing situation. That is, the number or proportion of clients ending support in public or community housing (renter or rent-free) or private or other housing (renter or rent-free) had increased compared with the start of support (Supplementary table FDV.4):

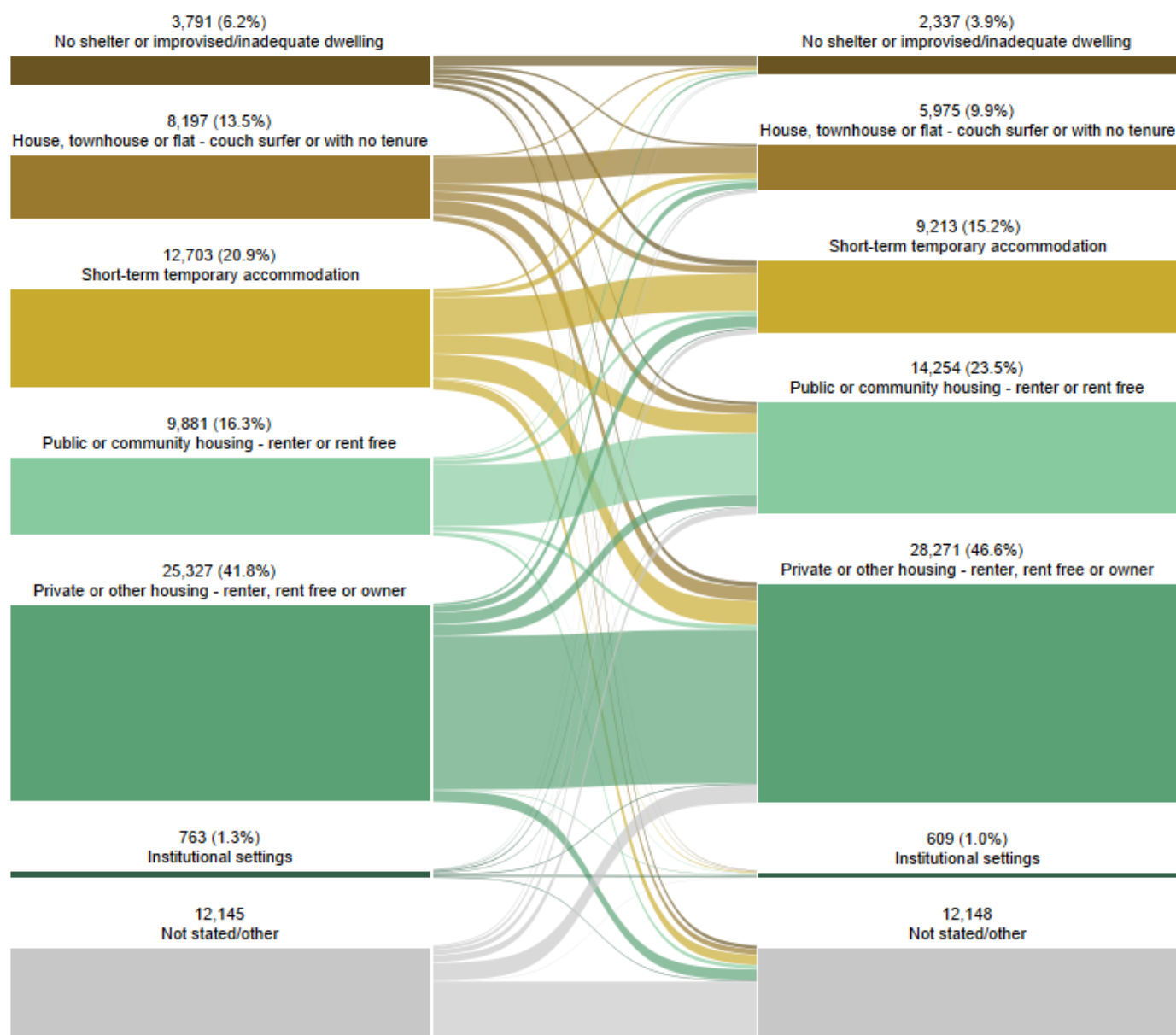
- More than 2 in 5 (42% or 9,400 clients) clients who experienced family and domestic violence and who were experiencing homelessness at the start of support were housed; with one-quarter living in private rental accommodation (5,400 clients or 24%).
- For those at risk of homelessness, almost 9 in 10 (30,000 clients or 88%) were housed; mostly in private rental accommodation (20,600 clients or 60%).

Figure FDV.4: Housing situation for clients who have experienced family and domestic violence with closed support, 2022–23

Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table FDV.3.

In 2022–23, around 72,800 clients who have experienced family and domestic violence had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 36,000 clients) (Supplementary table FDV.3):

- Around 19,900 clients maintained private housing at the end of support.
- Around 7,900 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 24,700 clients):

- Around 6,400 clients ended support in short-term accommodation.
- Around 5,400 ended support in private housing.
- Around 4,400 clients were couch surfing at the end of support.

- Around 4,400 clients were couch surfing at the end of support.

References

Australian Bureau of Statistics (2023) *Personal Safety, Australia*, ABS website, accessed 15 August 2023.

Australian Housing and Urban Research Institute (2021) *Housing, homelessness and domestic and family violence*, AHURI website, accessed 15 August 2023.

Coumarelos C, Weeks N, Bernstein S, Roberts N, Honey N, Minter K and Carlisle E (2023) *Attitudes matter: The 2021 National Community Attitudes towards Violence against Women Survey (NCAS), Findings for Australia, Research report 02/2023*, ANROWS.

Federal Financial Relations (2018) *National Housing and Homelessness Agreement*, CFFR website, accessed 18 September 2019.

Department of Social Services (2019) *National plan to reduce violence against women and their children 2010–2022*, DSS website, accessed 15 August 2023.

Department of Social Services (2020) *Safe Places Emergency Accommodation Program (Safe Places)*, DSS website, accessed 15 August 2023.

Department of Social Services (2022)  *National plan to end violence against women and children 2022–2032*, DSS website, accessed 15 August 2023.

Department of Social Services (2023) *First Action Plan 2023–2027: Under the National plan to end violence against women and children 2022–2032*, DSS website, accessed 9 November 2023.

Flanagan K, Blunden H, Valentine K and Henriette J (2019) 'Housing outcomes after domestic and family violence', *AHURI Final Report 311*, AHURI, doi:10.18408/ahuri-4116101.

House of Representatives Standing Committee on Social Policy and Legal Affairs (2021) *Inquiry into family, domestic and sexual violence*, HRSCSPLA website, accessed 14 August 2023.

Kaleveld L, Seivwright A, Box E, Callis Z and Flatau P (2018)  *Homelessness in Western Australia: A review of the research and statistical evidence*, Government of Western Australia, Department of Communities, accessed 27 June 2019.

Treasury (2022)  *Women's Budget Statement 2022–23*, Budget 2022–23, The Treasury website, accessed 13 October 2022.

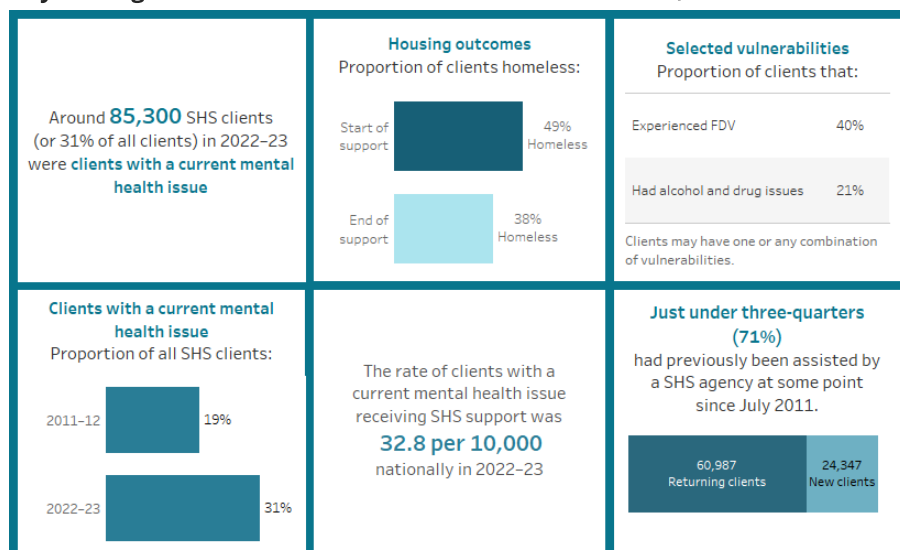
Treasury (2023) *Women's Budget Statement 2023–24*, Budget 2023–24, The Treasury website, accessed 15 August 2023.

Clients with a current mental health issue

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Key findings: Clients with a current mental health issue, 2022–23



Mental health is ‘a state of well-being in which an individual realises his or her own abilities, can cope with normal stresses of life, can work productively and is able to make a contribution to his or her community’ (WHO 2022). The term ‘mental health issues’ captures the entire range of mental health problems, from psychological distress to clinically diagnosed conditions. Mental health issues can both contribute to the risk of experiencing homelessness and develop in response to experiencing homelessness (Flatau et al. 2022).

The risk of or experience of homelessness can be devastating to mental health (Ong Viforj et al. 2022). The stress, trauma, isolation, instability, and stigmatisation that often comes with experiencing homelessness can trigger, maintain and exacerbate mental health issues, and the likelihood of experiencing homelessness can depend on the type of mental health condition (Moschion and Ours 2021, Batterham 2020, Johnson and Chamberlain 2016). In 2020–2022, around 2 in every 5 (39%) people aged 16–85 with a history of homelessness experienced a mental health condition within the past year, almost twice as high as the general Australian population (21%) (ABS 2023). While the environmental stressors of homelessness can contribute to mental health issues, mental health issues can also contribute to the risk of experiencing homelessness (Moschion and Ours 2021, Brackertz et al. 2020).

People with mental health issues are especially vulnerable to experiencing homelessness (Nilsson et al 2019). Mental health issues that increase psychological distress and impair decision-making in everyday life can contribute to employment issues, social support breakdown, and financial hardship (Johnstone et al. 2016, Kaleveld et al. 2018, Walter et al. 2016). These issues can lead to challenges with securing or maintaining housing (Brackertz et al. 2018).

Defining clients with a mental health issue in the Specialist Homelessness Services Collection (SHSC)

Specialist Homelessness Services (SHS) clients are identified as having a current mental health issue if they are aged 10 years or older and have provided any of the following information:

- They indicated that at the beginning of support they were receiving services or assistance for their mental health issues or had in the last 12 months.
- Their formal referral source to the SHS 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.

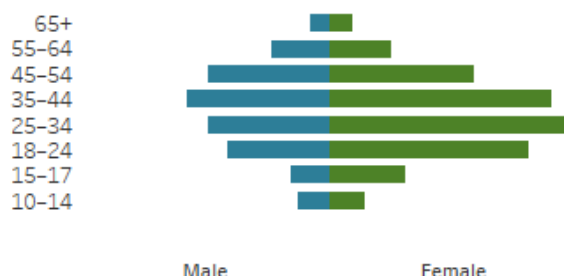
Client characteristics

Clients with a current mental health issue (85,300 clients) were the second largest SHS client group in 2022–23, making up around a third (31%) of all SHS clients (Supplementary table CLIENTS.41).

Figure MH.1: Key demographics, SHS clients with a current mental health issue, 2022–23

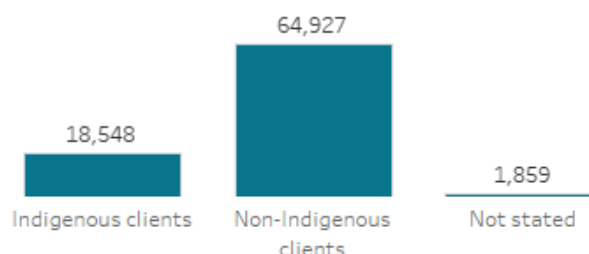
In 2022–23, around **85,300** clients with a current mental health issue received support from specialist homelessness services.

Age and sex



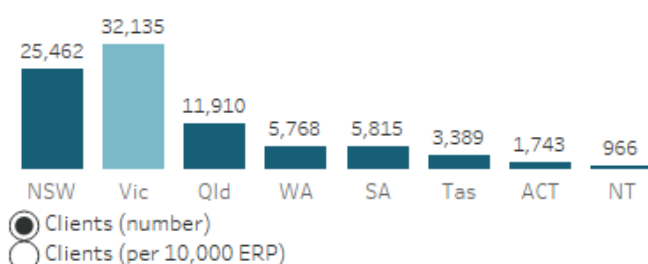
A total of **31,981 males (37%)** and **53,353 females (63%)** received support from SHS agencies.

Indigenous status



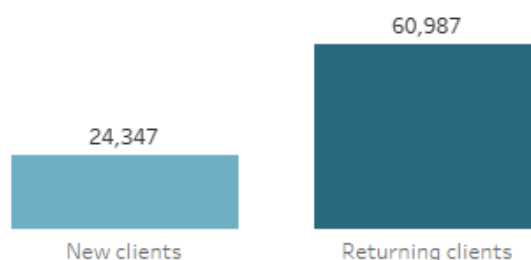
Just less than one-quarter (**22%**) of clients identified as Indigenous.

States and territories



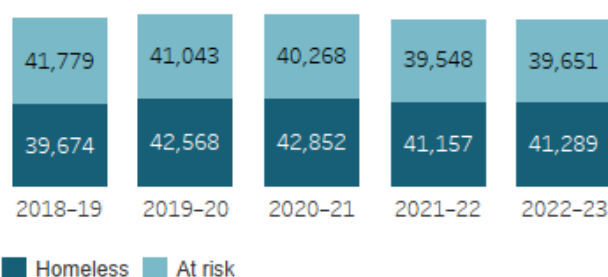
SHS agencies based in Victoria had the greatest number of clients and the Tasmania had the highest rate of clients.

New and returning clients



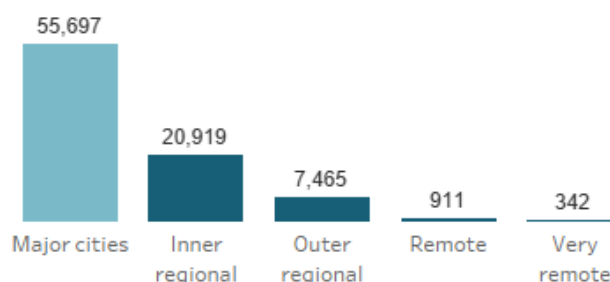
60,987 (71%) of **85,334** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness



In 2022–23, **39,651 (49%)** of clients were at risk of homelessness at the start of support.

Remoteness area



The majority of clients with a current mental health issue (**65%**) were in major cities.

Living arrangements and presenting unit type

Of the 85,300 clients with a current mental health issue in 2022–23, most clients presented to a SHS agency alone (82% or 69,700 clients) and lived alone at the beginning of support (48% or 40,300 clients). Around one-quarter of clients were living as a single parent with child/ren (24%) (Supplementary tables CLIENTS.44 and CLIENTS.45).

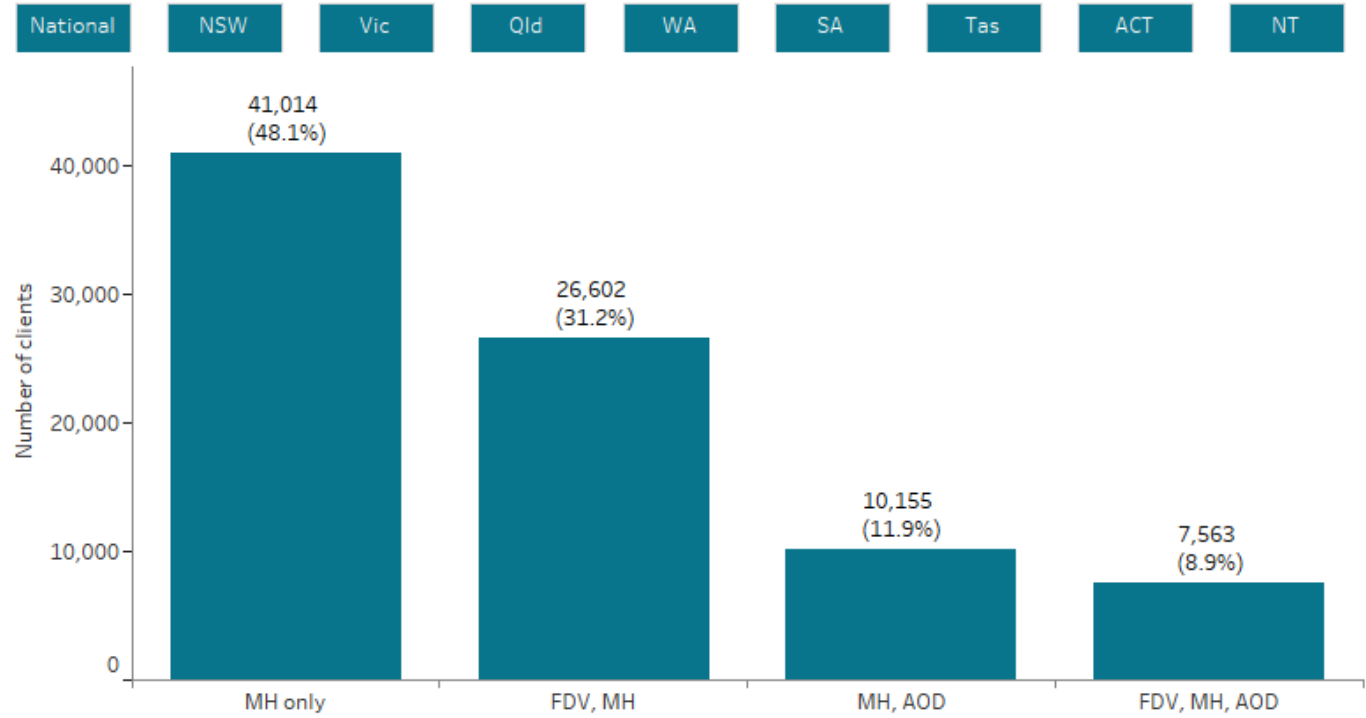
Labour force status

Around 9 in 10 clients with a current mental health issue (aged 15 and older) were not working in a paid job (85% or 64,800 clients) in 2022–23. More than half (53%) of clients were looking for work (that is, unemployed) and one-third (32%) were not in the labour force. Around 3 in 20 clients (15%) with a current mental health issue were employed (Supplementary table MH.7).

Selected vulnerabilities

More than half of clients with a current mental health issue (52% or 44,300 clients) experienced another type of vulnerability in 2022–23 (Supplementary table CLIENTS.47). Given clients with a current mental health issue often experience multiple different types of vulnerabilities, this highlights the value of an integrated service response to homelessness for these clients (Flatau et al. 2022).

Figure MH.2: Clients with a current mental health issue, by selected vulnerability characteristics, 2022–23



Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

Notes:

- 1. Clients are assigned to one category only based on their vulnerability profile.
- 2. Totals may not sum due to rounding.
- 3. Only includes clients aged 10 years and over.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.47.

In Australia, in 2022–23, of the around 85,300 clients with a current mental health issue aged 10 and over, around 7,600 had both of the additional selected vulnerabilities.

- 40% of clients experienced family and domestic violence.
- 21% of clients reported experiencing problematic drug or alcohol use.

Service use patterns

The length of support that clients with a current mental health issue received in 2022–23 increased to a median of 88 days from 85 days in 2020–21. Similarly, the median number of nights accommodated increased to 49 nights in 2022–23 from 48 nights in 2020–21 (Supplementary tables MH.2 and CLIENTS.48).

Changes over time since 2011–12

The number and rate of SHS clients with a current mental health issue has increased at a rate faster than most other client groups, since the collection began in July 2011. As a proportion of all clients, those with a current mental health issue has increased with each successive year (Historical data table HIST.MH).

Between 2011–12 and 2022–23 (Supplementary table HIST.MH):

- The proportion of clients with a current mental health issue increased from around one-fifth (19%) to almost one-third (31%) of all SHS clients.
- The number of clients with a current mental health issue increased by an average of 6.0% with each year; an annual change more than 4.5 times higher than that for all SHS clients (1.3%) over the same period.
- The rate of SHS clients with a current mental health issue increased from 20.0 clients per 10,000 population to 32.8.

New or returning clients

In 2022–23, among SHS clients with a current mental health issue (Supplementary table CLIENTS.42):

- 7 in 10 (71% or 61,000 clients) were returning clients, that is, clients had received assistance from a SHS agency some time since July 2011 onwards.
- 3 in 10 (29% or 24,300 clients) were new to SHS agencies.

Main reasons for seeking assistance

In 2022–23, the main reason that clients with a current mental health issue sought assistance from a SHS agency was not commonly related to mental health issues (4.2% or 3,600 clients). Instead, the main reasons for seeking assistance were for (Supplementary table MH.5):

- housing crisis (21% or 18,000 clients)
- family and domestic violence (19% or 16,200 clients)
- inadequate or inappropriate dwelling conditions (13% or almost 11,100 clients).

The most common main reason(s) clients with a current mental health issue sought assistance differed slightly depending on whether the clients were at risk of homelessness or were experiencing homelessness when they first presented to a SHS agency. Among those experiencing homelessness, the main reason was housing crisis (24% or 9,800 clients), while for those at risk of homelessness it was family and domestic violence (23% or 9,000) (Supplementary table MH.6).

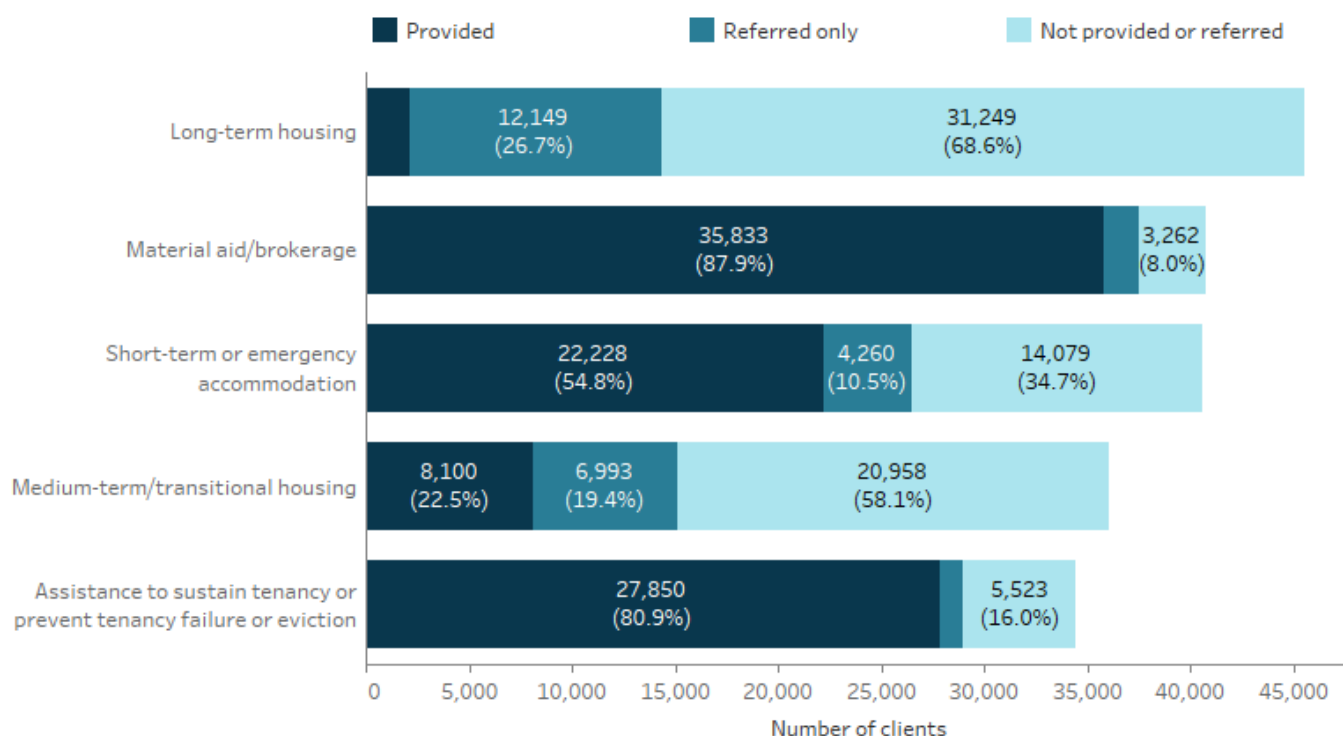
Services needed and provided

In 2022–23, most clients with a current mental health issue needed assistance with accommodation provision (70%), though other common assistance sought included general advice and advocacy. Assistance with accessing mental health services was also relatively common, with more than one-quarter (27% or 22,700) of clients with a current mental health issue needing assistance with mental health-based services (Supplementary table MH.2). Specifically:

- 24% (20,800 clients) needed mental health services; 47% (9,800 clients) of these clients were provided with this type of service.
- 8.5% (almost 7,200 clients) identified a need for psychological services; 34% (2,400 clients) of these clients had this need met.
- 5.6% (4,800 clients) identified a need for psychiatric services; 34% (1,600 clients) of these clients had this need met.

Figure MH.3: Clients with a current mental health issue, by services needed and provided, 2022–23

Select assistance category
All



Notes:

1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.

2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table MH.2.

In 2022–23, clients who experienced mental health issues needed:

- short-term or emergency accommodation (48% or around 40,600), with 55% of those needing this service receiving this service.
- assistance for family/domestic violence (25% or around 21,100 clients), with 82% receiving this service.
- material aid/brokerage (48% or around 40,700 clients), with 88% receiving this service.
- long-term housing (53% or around 45,600 clients), with 4.8% receiving this service.

Housing situation and outcomes

Outcomes presented here highlight the changes in clients' housing situation at the start and end of support. That is, the place they were residing before and after they were supported by a SHS agency. The information presented is limited only to clients who have stopped receiving support during the financial year, and who were no longer receiving ongoing support from a SHS agency. In particular, information on client housing situations at the start of their first period of support during 2022–23 is compared with the end of their last period of support in 2022–23. As such, this information does not cover any changes to their housing situation during their support period.

In 2022–23, half (49% or 25,800 clients) of clients with a current mental health issue were experiencing homelessness at the start of support; around 7,000 (13%) were rough sleeping – one of the highest proportions of this housing type among the SHS client groups (Supplementary table MH.3).

By the end of support, fewer clients with a current mental health issue were known to be experiencing homelessness (38%) (Supplementary table MH.4):

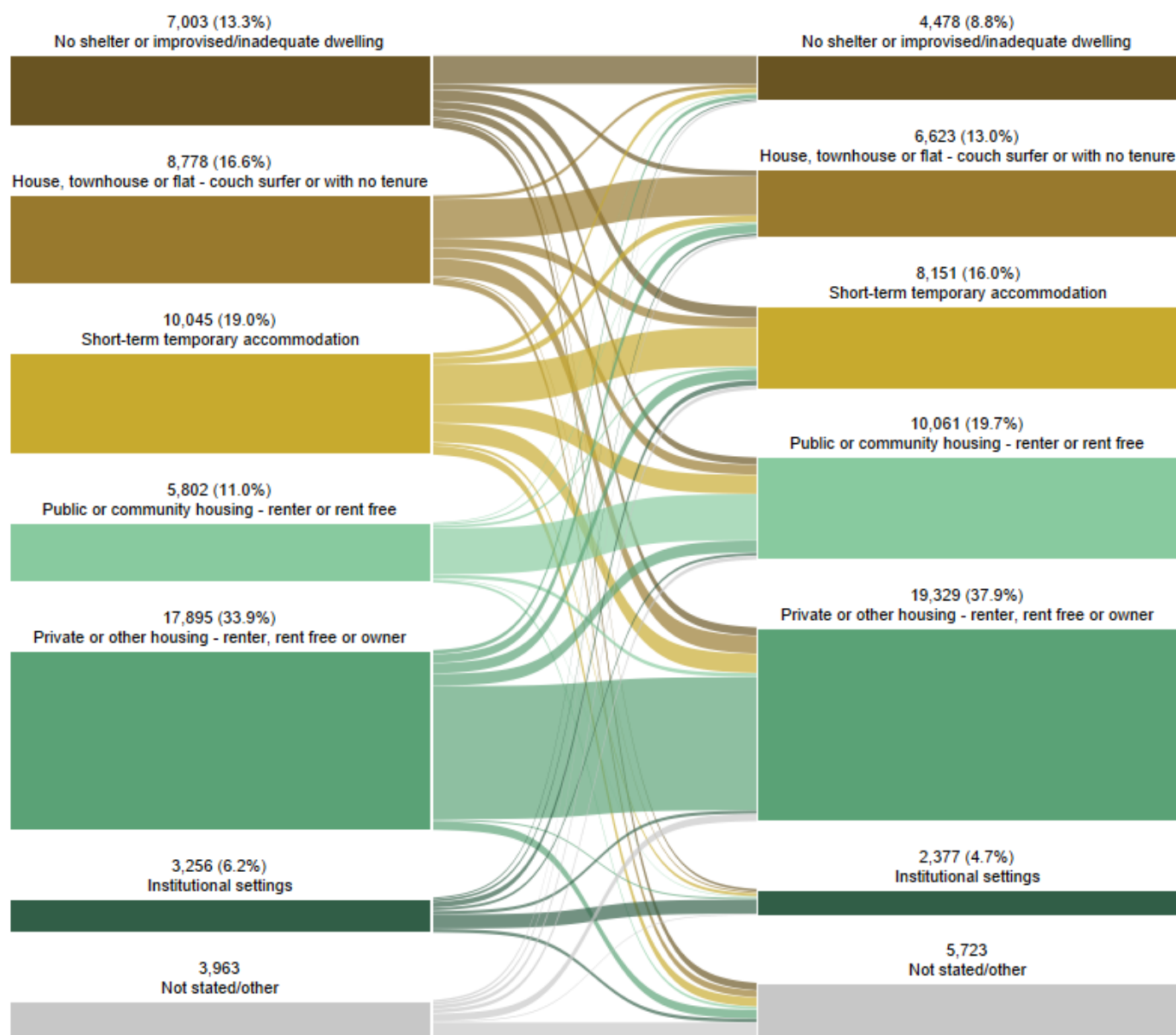
- Around 3 in 5 clients (58% or 28,300 clients) were living in stable accommodation, such as public or community housing or private housing.
- More than one-third (37% or 8,800 clients) of clients experiencing homelessness at the start of support were housed.

Figure MH.4: Housing situation for clients with a current mental health issue with closed support, 2022-23

Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table MH.3.

In 2022–23, around 56,700 clients with a current mental health issue had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 27,000 clients) (Supplementary table MH.3):

- Around 13,400 clients maintained private housing at the end of support.
- Around 4,600 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 25,800 clients):

- Around 6,000 clients ended support in short-term accommodation.
- Around 4,500 ended support in private housing.
- Around 5,100 clients were couch surfing at the end of support.

- Around 5,100 clients were couch surfing at the end of support.

References

- Australian Bureau of Statistics (ABS) (2023) *National Study of Mental Health and Wellbeing*, ABS website, accessed 23 October 2023.
- Batterham D (2020) *Public Perceptions of Homelessness – a literature review*, Launch Housing website, accessed 29 August 2023.
- Brackertz N, Borrowman L, Roggenbuck C, Pollock S and Davis E (2020) *Trajectories: the interplay between mental health and housing pathways: Final research report*, Australian Housing and Urban Research Institute Limited (AHURI) and Mind Australia.
- Brackertz N, Wilkinson A and Davison J (2018)  *Housing, homelessness and mental health: towards systems change*, report to the Australian Government National Mental Health Commission, Australian Housing and Urban Research Institute Limited.
- Flatau P, Lester L, Seivwright A, Teal R, Dobrovic J, Vallesi S, Hartley C and Callis Z (2022) *Ending Homelessness in Australia: an evidence and policy deep dive*, Centre for Social Impact, doi:10.25916/ntba-f006.
- Johnson G and Chamberlain C (2016) 'Are the Homeless Mentally Ill?', *Australian Journal of Social Issues*, 46(1):29-48.
- Johnstone M, Parsell C, Jetten J, Dingle G and Walter Z (2016) 'Breaking the cycle of homelessness: Housing stability and social support as predictors of long-term well-being', *Housing Studies*, 31(4):410-426, doi: 10.1080/02673037.2015.1092504.
- Kaleveld L, Seivwright A, Box E, Callis Z and Flatau P (2018)  *Homelessness in Western Australia: A review of the research and statistical evidence*, Government of Western Australia, Department of Communities.
- Moschion J and Ours JC (2021) 'Do transitions in and out of homelessness relate to mental health episodes? A longitudinal analysis in an extremely disadvantaged population', *Social Science & Medicine*, 279 (2021), doi.org/10.1016/j.socscimed.2020.113667.
- Nilsson SF, Nordentoft M and Hjorthøj C (2019) 'Individual-Level Predictors for Becoming Homeless and Exiting Homelessness: a Systematic Review and Meta-analysis', *Journal of Urban Health*, 96(5):741-750, doi: 10.1007/s11524-019-00377-x.
- Ong Viforj R, Singh R, Baker E, Bentley R and Hewton J (2022) 'Precarious housing and wellbeing: a multi-dimensional investigation', *AHURI Final Report No. 373*, Australian Housing and Urban Research Institute Limited, doi: 10.18408/ahuri8123801.
- World Health Organization (2022) *Mental Health*, WHO website, accessed 29 August 2023.
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Indigenous clients

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Key findings: Indigenous SHS clients, 2022–23



Historically, Indigenous people have been over-represented among people experiencing homelessness and among those receiving assistance with housing.

Indigenous people make up around 3.2% of the Australian population (ABS 2022a) yet they made up around 20% (24,900 persons) of the estimated number of people experiencing homelessness on Census night in 2021 (ABS 2023) and over one-quarter or 29% of the clients (an estimated 74,700 clients) assisted by specialist homelessness services (SHS) in 2022–23.

Severe overcrowding as a form of homelessness is particularly prevalent in Indigenous families and communities, especially in remote and very remote areas. Indigenous people are about 3 times as likely to live in overcrowded conditions than non-Indigenous Australians (AIHW 2023) and almost 3 times as likely to need one or more extra bedrooms compared with other households (ABS 2022b), even though the Census estimates may under-represent the extent of homelessness among Indigenous people.

Findings from the House of Representatives Standing Committee Inquiry into Homelessness (HRSC 2021) recommended a review of the data collection and estimation methods, particularly for Indigenous people. The inquiry recommended greater inclusion of Indigenous cultural practices and perspectives, particularly regarding the circumstances in which persons living in severely crowded dwellings and boarding houses should be categorised as homeless.

The findings also highlighted the effectiveness and appropriateness of Indigenous community-controlled housing services, and recommended the development of a national integrated approach to housing and homelessness services for Indigenous people, co-designed with Indigenous community-controlled organisations and grounded in the principle of self-determination. A framework that has a flexible, culturally appropriate approach to service delivery, employs experienced and dedicated staff and encourages collaboration with broader service providers could assist to achieve positive outcomes to securing appropriate and affordable housing (AHURI 2022).

The 2020 National Agreement on Closing the Gap includes the socio-economic outcome that Indigenous people can secure appropriate, affordable housing that is aligned with their priorities and need (COAG 2022). Under this outcome, by 2031, the proportion of Indigenous people living in appropriately sized (not overcrowded) housing aims to be 88%. Key indicators to measure the progress made against the target include the homelessness rate, including by type (e.g. transitional housing/sleeping rough) and age group.

Under Closing the Gap, housing is one of five policy priority areas identified as requiring joined up approaches between the Commonwealth, states and territories and Indigenous representatives, to identify opportunities to work more effectively across governments, reduce gaps and duplication, and improve outcomes. Housing is also one of four sectors that have been identified for joint national sector strengthening plans. The Housing Sector Strengthening Plan was approved by the Joint Council on Closing the Gap on 26 August 2022 and is in the initial phases of implementation.

Indigenous people are a national priority cohort in the National Housing and Homelessness Agreement, which came into effect 1 July 2018 (CFFR 2018) (see [Policy section](#) for more information). This agreement provides a framework for all levels of government to work together to improve housing and homelessness outcomes for Indigenous people (AIHW 2019).

Around 340,000 Indigenous clients have been supported by homelessness agencies since the Specialist Homelessness Services Collection (SHSC) began in July 2011. The number of Indigenous clients has steadily increased over this time (Historical data table HIST.INDIGENOUS). It is important to note that changes in the number of Indigenous clients over time may also reflect improved Indigenous status data among people receiving SHS support. That is, there has been a substantial decrease in the proportion of SHS clients with 'not stated' Indigenous status over time, from 15% (35,600 clients) in 2011–12 to 5.4% (14,700 clients) in 2022–23.

- The rate of service use by Indigenous clients increased from 753.8 clients per 10,000 Indigenous population in 2017–18 to 812.5 in 2022–23.
- The ratio of the rate of service use between Indigenous clients compared with non-Indigenous clients has increased, from 8.8 in 2017–18 to 10.3 in 2022–23.
- The total number of Indigenous clients who received support from SHS agencies increased by an average rate of 5.0% annually over the 12 years to 2022–23, more than 3 times the increase of non-Indigenous clients (1.4% over the same period).

Client characteristics

Figure INDIGENOUS.1: Key demographics, Indigenous SHS clients, 2022–23

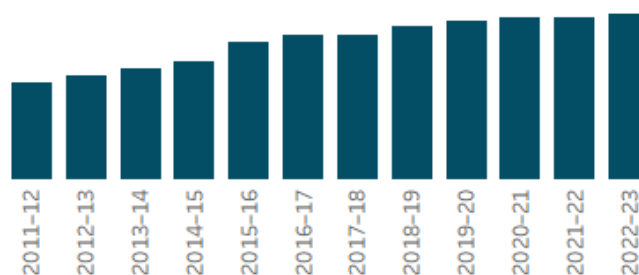
In 2022–23, around **74,700** Indigenous clients received support from specialist homelessness services.

Age and sex



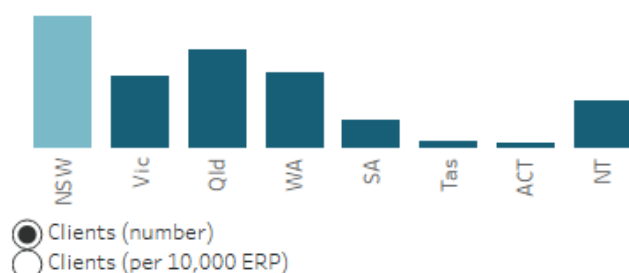
A total of **28,277 males (38%)** and **46,436 females (62%)** received support from SHS agencies.

Number of Indigenous clients



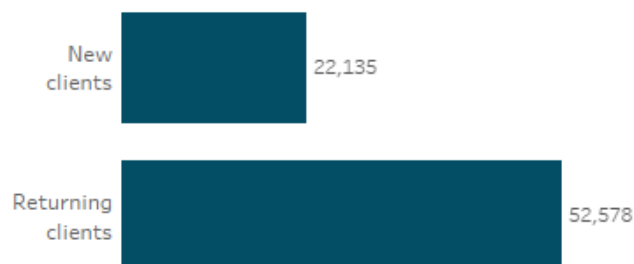
Since 2011–12, the number of Indigenous clients has been increasing at an average of **5.0%** per year.

States and territories



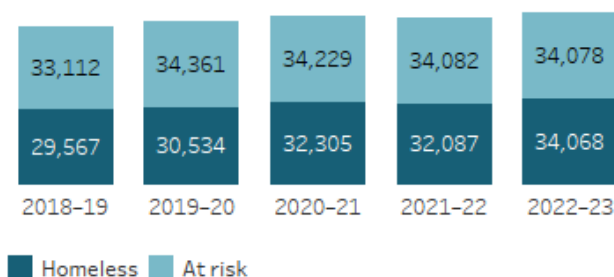
New South Wales had the greatest number of clients and Victoria had the highest rate of clients.

New or returning clients



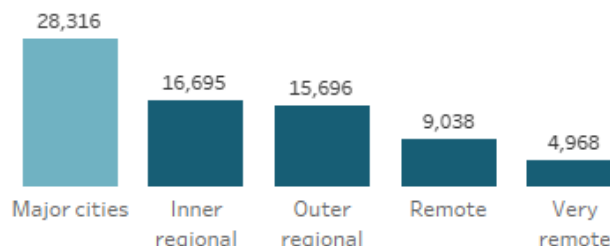
Around two-thirds (**70%**) of Indigenous clients had previously been assisted by an SHS agency at some point since July 2011.

Proportion experiencing homelessness



In 2022–23, **34,078 (50%)** of clients were at risk of homelessness at the start of support.

Remoteness area



38% of Indigenous clients received support from SHS agencies in major cities, compared with **68%** of non-Indigenous clients.

Indigenous clients most commonly experienced family and domestic violence (29,400 clients, or 39% of all Indigenous clients), had a current mental health issue (18,500, or 25%) and/or were young people presenting alone to SHS agencies (11,800 or 16%) (Table INDIGENOUS.1).

Table INDIGENOUS.1: Indigenous clients, by client group type, 2022–23

Client group type	Clients (number)	Clients (per cent of total client group)	Clients (per cent of all Indigenous clients)
All Indigenous SHS clients	74,400	–	100

Clients who have experienced family and domestic violence	29,399	29	39
Clients with a current mental health issue	18,548	22	25
Young people presenting alone	11,755	32	16
Clients with problematic drug or alcohol issues	7,458	32	10
Older clients	4,777	19	6.4
Children on a care and protection order	2,667	35	3.6
Clients exiting custodial arrangements	2,258	28	3.0
Clients with disability	1,800	25	2.4
Clients leaving care	1,564	27	2.1
Clients who are current or former members of the Australian Defence Force	254	18	0.3

Source: Specialist Homelessness Services Collection, Supplementary table CLIENTS.43 and INDIGENOUS.1.

Note: Sum of client group types will not add to the total, as clients may be in more than one client group type.

Presenting unit

In 2022–23, over half of Indigenous clients presenting to a SHS agency presented alone (58% or 43,600 clients) and a further 32% (or 23,900 clients) presented as a single parent with child/ren (Supplementary table INDIGENOUS.9).

Living arrangements

In 2022–23, at the beginning of support (Supplementary table INDIGENOUS.10):

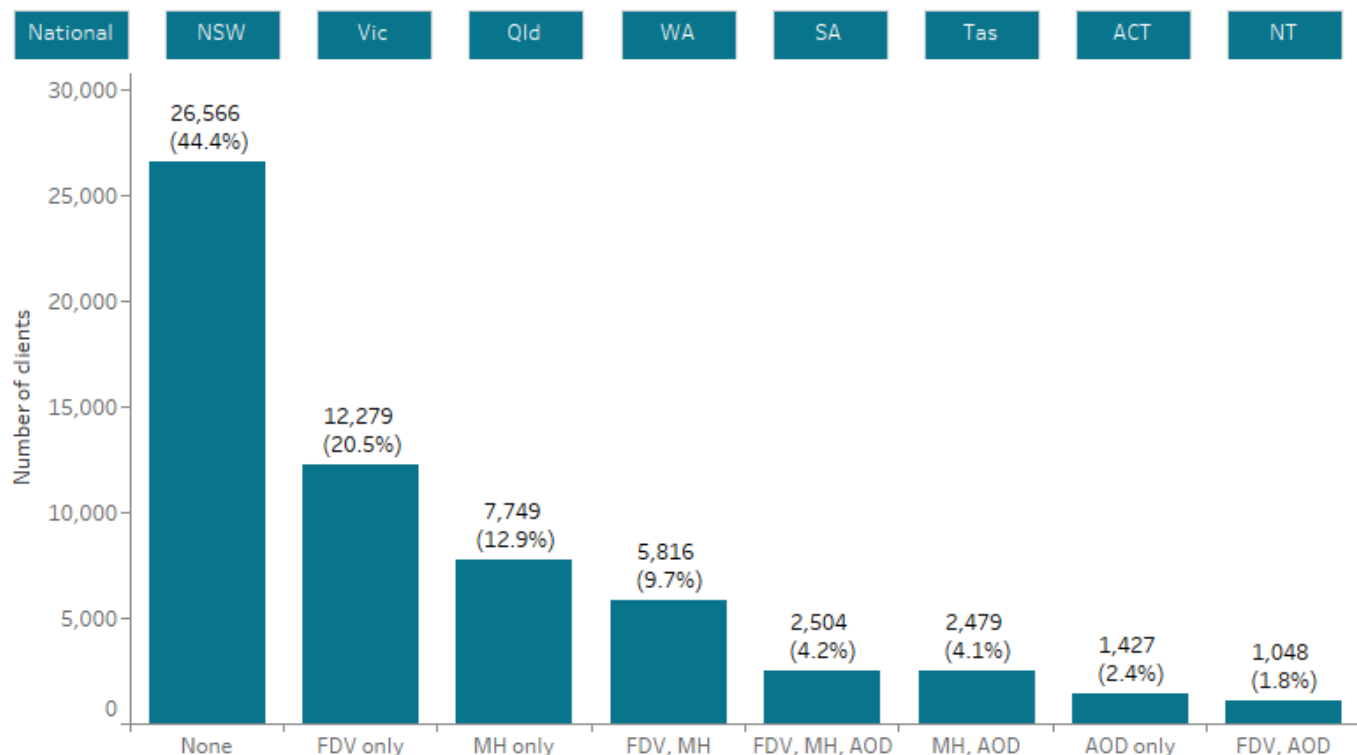
- Indigenous clients (35% or about 24,900 clients) were most likely living as a single parent with child(ren).
- One in 4 (around 19,500 or 27%) Indigenous clients were living alone.
- A further 17% (or around 12,100) Indigenous clients were living with other family.

Selected vulnerabilities

SHS clients can face additional vulnerabilities that make them more susceptible to experiencing homelessness, in particular family and domestic violence, a current mental health issue and problematic drug and/or alcohol use (Supplementary table CLIENTS.47).

- Less than half (44% or around 26,600) Indigenous clients did not experience any of the selected vulnerabilities, which was higher than the rate for all SHS clients (41%).
- Indigenous clients had a higher rate of reported problematic drug and alcohol use (12% compared with 10% for all SHS clients), a similar rate of Indigenous clients reported experiencing family and domestic violence (36% compared with 35% for all SHS clients), and a lower proportion of Indigenous clients reported experiencing a mental health issue (31% compared with 37% for all SHS clients).

Figure INDIGENOUS.2: Indigenous clients, by selected vulnerability characteristics, 2022–23



Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Totals may not sum due to rounding.
3. Only includes clients aged 10 years and over.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.47.

In Australia, in 2022–23, of the around 59,900 Indigenous clients aged 10 and over, around 2,500 had all three of the selected vulnerabilities.

- 36% of clients experienced family and domestic violence.
- 31% of clients had a current mental health issue.
- 12% of clients reported experiencing problematic drug or alcohol use.

Service use patterns

The median length of support received by Indigenous clients increased to 58 days in 2022–23, up from 48 days in 2017–18. The average number of support periods per client was 1.8 in 2022–23. The median number of nights accommodated decreased from 20 in 2017–18 to 18 in 2022–23 (Supplementary table CLIENTS.48).

New or returning clients

In 2022–23, around 70% of Indigenous clients were returning clients (that is, clients who had received SHS services at some point since the collection began in July 2011), higher than the proportion of returning non-Indigenous clients (61%) (Supplementary table INDIGENOUS.7).

Main reason for seeking assistance

Indigenous clients most commonly sought assistance from SHS agencies in 2022–23 for the following main reasons (Supplementary table INDIGENOUS.8):

- family and domestic violence (24% or 17,800 clients)
- housing crisis (19% or 14,000 clients)
- inadequate or inappropriate dwelling conditions (13% or more than 9,200 clients).

Services needed and provided

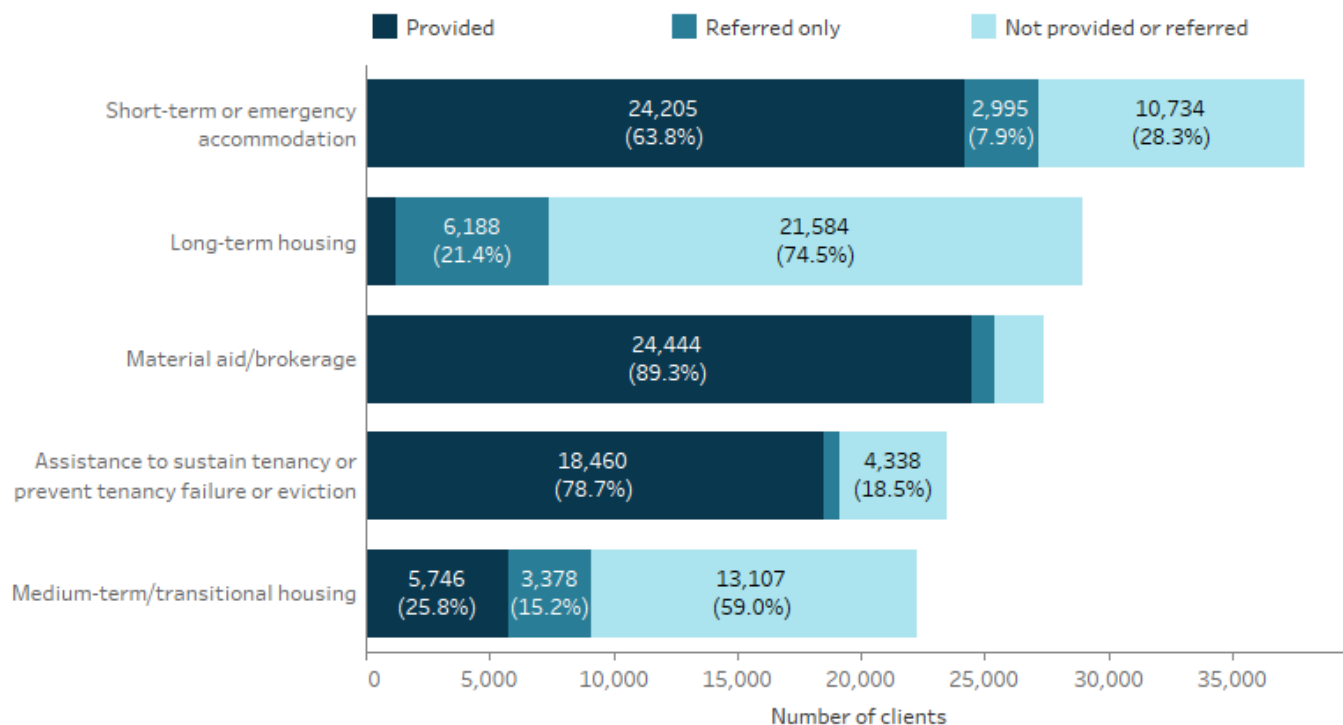
In 2022–23, the need for accommodation assistance was broadly similar between Indigenous and non-Indigenous clients, with the exception of short-term or emergency accommodation (Supplementary table INDIGENOUS.3).

Half of Indigenous clients (51% or 37,900) needed short-term or emergency accommodation, higher than the proportion of non-Indigenous clients (38% or 69,300). Two-thirds of Indigenous clients who needed short-term or emergency accommodation received this support (64%); a higher proportion than non-Indigenous clients (55%).

For some general services, needs were higher for Indigenous clients when compared with non-Indigenous clients, including meals (28% compared with 11%), laundry/shower facilities (21% compared with 7.1%) and transport (25% compared with 13%).

Figure INDIGENOUS.3: Indigenous clients, by services needed and provided, 2022–23

Select assistance category
All



Notes:

1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.

2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table Indigenous.3.

In 2022–23, Indigenous clients needed:

- short-term or emergency accommodation (51% or around 37,900), with 64% of those needing this service receiving this service.
- assistance for family/domestic violence (26% or around 19,400 clients), with 89% receiving this service.
- material aid/brokerage (37% or around 27,400 clients), with 89% receiving this service.
- long-term housing (39% or around 29,000 clients), with 4.1% receiving this service.

Housing situation and outcomes

In 2022–23, at the beginning of the first support period, half (50%) of clients whose Indigenous status and housing status was known presented to services at risk of homelessness (down from 53% in 2018–19) (Supplementary table CLIENTS.12).

Outcomes presented here highlight the changes in clients' housing situation at the start and end of support. That is, the place they were residing before and after they were supported by a SHS agency. The information presented is limited only to clients who have stopped receiving support during the financial year, and who were no longer receiving ongoing support from a SHS agency. In particular, information on client housing situations at the start of their first period of support during 2022–23 is compared with the end of their last period of support in 2022–23. As such, this information does not cover any changes to housing situation during a support period.

By the end of support, many clients have achieved or progressed towards a more positive housing solution. That is, the number and/or proportion of clients ending support in public or community housing (renter or rent-free) or private or other housing (renter or rent-free) had increased compared with the start of support.

For Indigenous clients with closed support (Supplementary table INDIGENOUS.4):

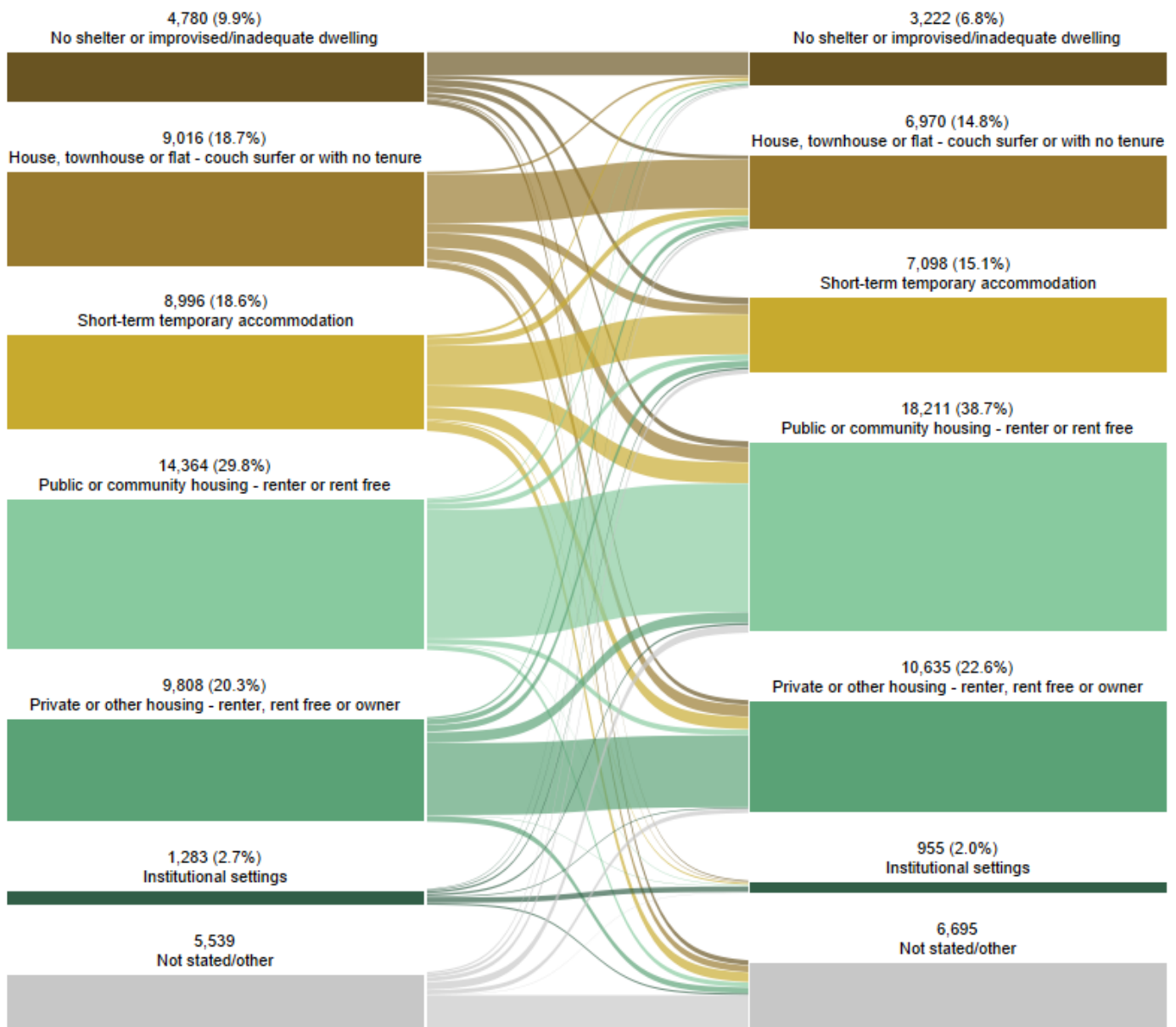
- At the start of support, Indigenous clients were about 3.5 times as likely to be in public or community housing (30%) compared with non-Indigenous clients (8.9%), while non-Indigenous clients were about twice as likely to be in private or other housing (43%) compared with Indigenous clients (20%).
- At the end of support, Indigenous clients were about 2.6 times as likely to be in public or community housing (39%) compared with non-Indigenous clients (16%), while non-Indigenous clients were about more than twice as likely to be in private or other housing (48%) compared with Indigenous clients (23%).
- At the end of support, fewer Indigenous clients were known to be experiencing homelessness, decreasing from 47% at the start of support to 37% at the end; more Indigenous clients were living in housing with some form of tenure, mainly an increase in clients living in public or community housing (from 30% to 39%).

Figure INDIGENOUS.4: Housing situation for Indigenous clients with closed support, 2022-23

Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table Indigenous.4.

In 2022-23, around 53,800 Indigenous clients had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 25,500 clients) (Supplementary table INDIGENOUS.5):

- Around 6,900 clients maintained private housing at the end of support.
- Around 12,300 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 22,800 clients):

- Around 5,400 clients ended support in short-term accommodation.
- Around 2,700 ended support in private housing.
- Around 5,700 clients were couch surfing at the end of support.

- Around 3,700 clients were couch surfing at the end of support.

References

Australian Bureau of Statistics (2022a) *Census of Population and Housing - Counts of Aboriginal and Torres Strait Islander Australians*, ABS website, accessed 26 September 2023.

Australian Bureau of Statistics (2022b) *Housing Suitability (HOSD) by Indigenous Household Indicator (INGDWT)* [Census TableBuilder], ABS website, accessed 27 September 2022.

Australian Bureau of Statistics (2023) *Estimating Homelessness: Census*, ABS website, accessed 24 July 2023.

Australian Institute of Health and Welfare (2019) *Aboriginal and Torres Strait Islander people: a focus report on housing and homelessness*, AIHW website.

Australian Institute of Health and Welfare (2023) *Housing circumstances of First Nations people*, AIHW website.

Council on Federal Financial Relations (2018) *National Housing and Homelessness Agreement*, CFFR website, accessed 23 January 2019.

Council of Australian Governments (2022)  *National Agreement on Closing the Gap*, COAG website, accessed 13 October 2022.

House of Representatives Standing Committee (2021) *Final report: Inquiry into homelessness in Australia*, HRSC website, accessed 24 September 2021.

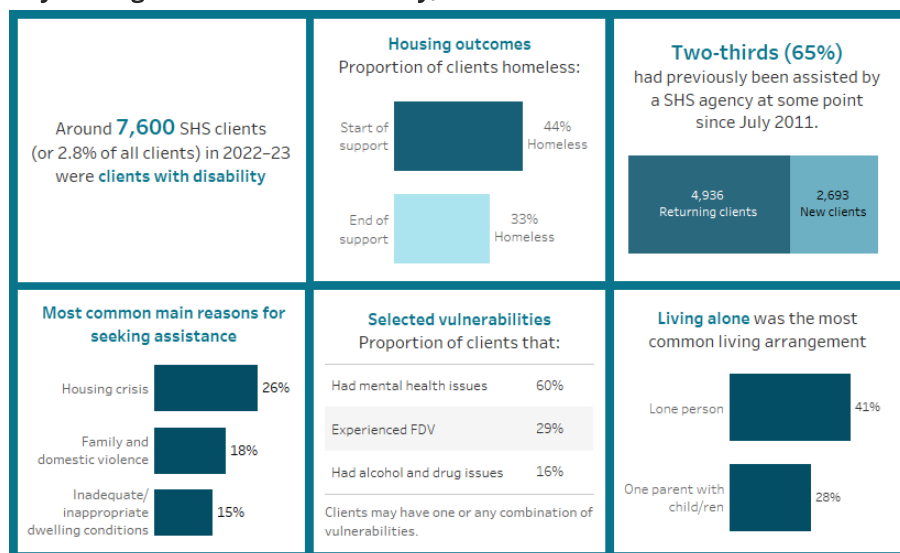
Moskos M, Isherwood L, Dockery M, Baker E, Pham A (2022) *'What works' to sustain Indigenous tenancies in Australia*; AHURI Final Report No. 374, Australian Housing and Urban Research Institute Limited, Melbourne, doi: 10.18408/ahuri3122901.

Clients with disability

On this page

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Key findings: Clients with disability, 2022–23



Disability is common across the Australian population, with 1 in 6 Australians having some form of disability. People with disability are a diverse group encompassing people across all socioeconomic and demographic groups. Disability is defined as any limitation, restriction or impairment restricting everyday activities, be it physical, intellectual, sensory or psychosocial (ABS 2019). About 5% of people experiencing homelessness in the 2021 Census were people with profound or severe disability (ABS 2023).

The pathways into homelessness for people with disability are diverse and can be influenced by their location, disability type and level of disability (Beer et al. 2019). People with disability may have a greater risk of experiencing homelessness than others, as they typically earn lower incomes, engage less with labour markets and face more discrimination in private rental markets than others (Beer et al. 2012, Groot et al. 2020; Major et al. 2018).

Reporting clients with disability in the Specialist Homelessness Services Collection (SHSC)

Disability is a challenging concept to measure and there are numerous definitions. The SHSC disability questions aim to establish whether a client has any difficulty and/or need for assistance with 3 core activities (self-care, mobility and communication). These questions are asked of all Specialist homelessness services (SHS) clients.

For the purposes of this report, people who identified that they have a limitation in core activities (and who also reported that they always or sometimes needed assistance with one or more of these core activities) are described as having disability. The term 'severe or profound core activity limitation' is used in the report to refer to this subgroup of people with disability.

Data for clients with disability who required assistance may not be comparable across age groups due to differences in the interpretation of the SHSC disability questions. This issue mainly relates to young children, and therefore any comparisons between age groups should be made with caution.

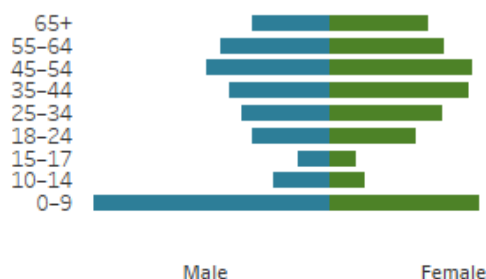
Further details about measuring disability in the SHSC and the definition of a client with severe or profound core activity limitation are provided in the [Technical notes](#).

Client characteristics

Figure DIS.1: Key demographics, SHS clients with disability, 2022–23

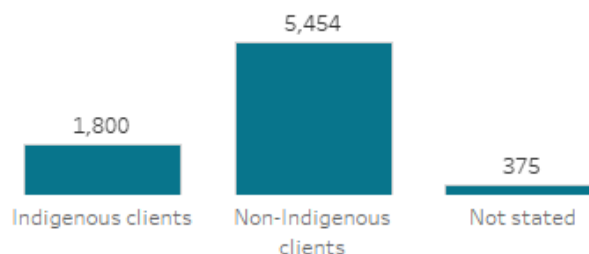
In 2022–23, around **7,600** clients with disability received support from specialist homelessness services.

Age and sex



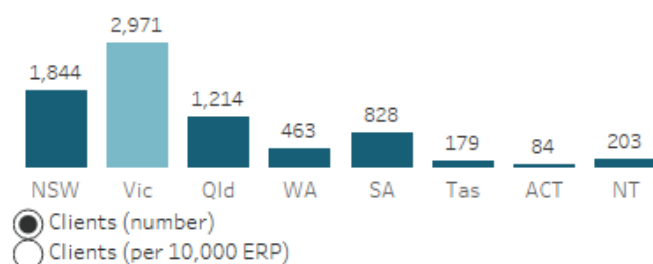
A total of **3,815 males (50%)** and **3,814 females (50%)** received support from SHS agencies.

Indigenous status



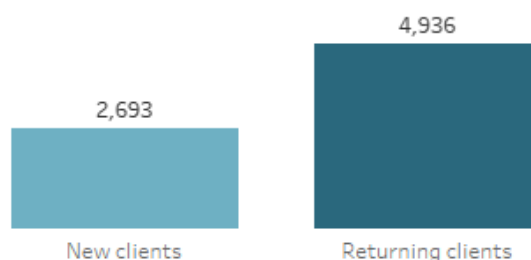
One-quarter (**25%**) of clients identified as Indigenous.

States and territories



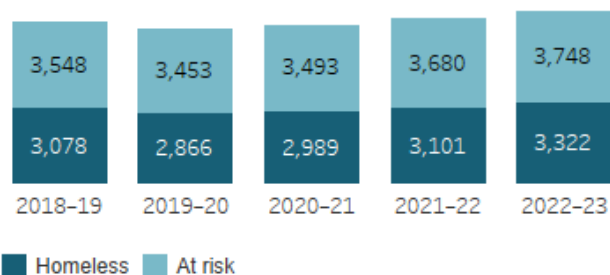
SHS agencies based in Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients.

New and returning clients



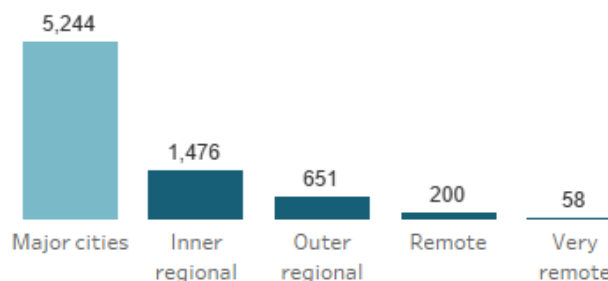
4,936 (65%) of **7,629** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness



In 2022–23, **3,748 (53%)** of clients were at risk of homelessness at the start of support.

Remoteness area



The majority of clients with disability (**69%**) were in major cities.

Changes over time

The number of clients with disability has varied over time, growing from around 7,000 clients (2.7% of all SHS clients) in 2013–14 to a peak of almost 11,000 clients (3.8%) by 2016–17. Between 2016–17 and 2019–20 the number declined to around 6,700 clients. Between 2019–20 and 2022–23 the number of clients with disability increased to 7,600 clients (Supplementary table HIST.DIS).

Presenting unit type and Living arrangements

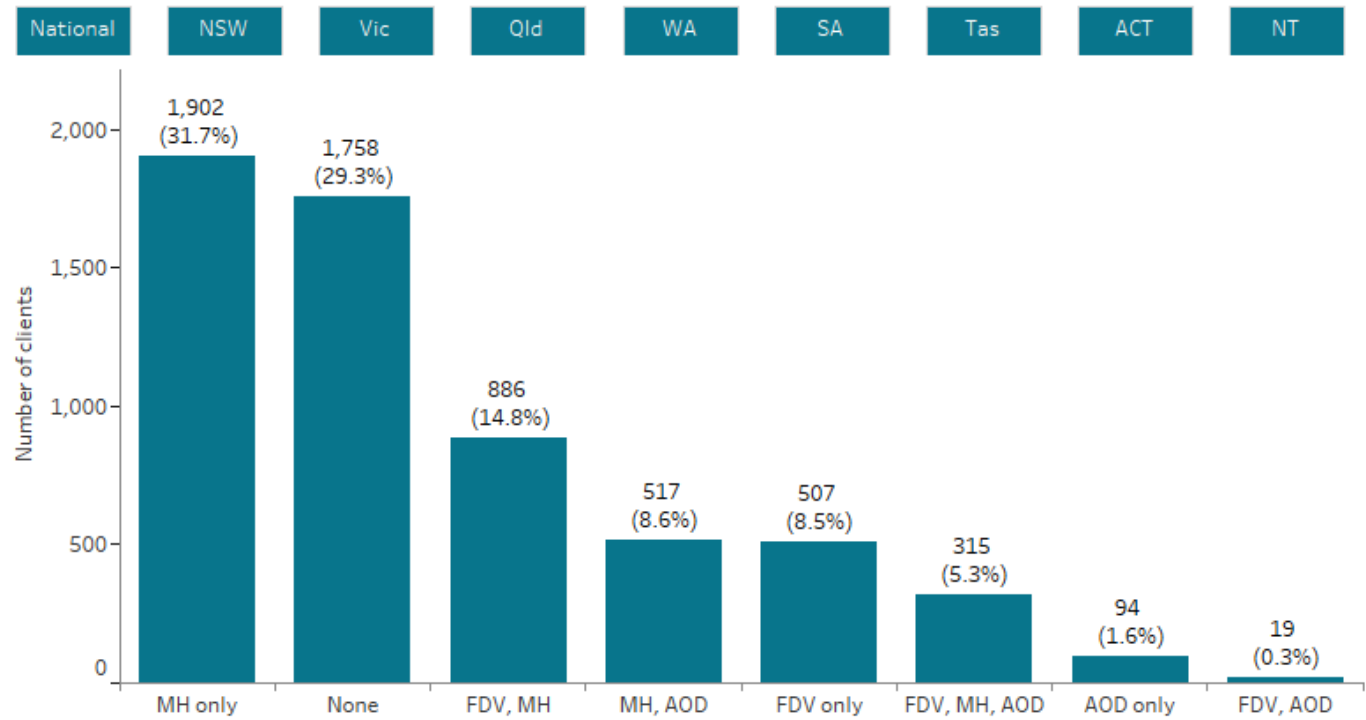
Of the 7,600 SHS clients with disability in 2022–23, most clients sought assistance from a SHS agency alone (65% or 5,000 clients) or as a single parent with child/ren (25% or 1,900 clients) (Supplementary table CLIENTS.44).

At the start of support in 2022–23, clients with disability were most commonly living alone (41% or 3,100 clients) or as a single parent with child/ren (28% or 2,100) (Supplementary table CLIENTS.45).

Selected vulnerabilities

Clients with disability may face other vulnerabilities, alongside their disability. In 2022–23, almost 3 in 4 (71% or around 4,200) clients living with disability experienced one or more other vulnerabilities, including a current mental health issue, problematic drug and/or alcohol use, or family and domestic violence (Supplementary table CLIENTS.47) (Figure DIS.2).

Figure DIS.2: Clients with disability, by selected vulnerability characteristics, 2022–23



Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

Notes:

- 1. Clients are assigned to one category only based on their vulnerability profile.
 - 2. Totals may not sum due to rounding.
 - 3. Only includes clients aged 10 years and over.
- Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.47.

In Australia, in 2022–23, of the around 6,000 clients with disability aged 10 and over:

- 60% of clients had a current mental health issue.
- 29% of clients experienced family and domestic violence.
- 16% of clients reported experiencing problematic drug or alcohol use.

The National Disability Insurance Scheme (NDIS)

The National Disability Insurance Scheme (NDIS) supports people with a permanent and significant disability which affects their ability to take part in everyday activities. It is jointly governed and funded by the Australian and participating states and territory governments. Further details about the NDIS are provided in the [Technical notes](#).

NDIS participation indicator

The NDIS participation indicator was introduced into the Specialist Homelessness Services Collection (SHSC) from 1 July 2019. A participant in the NDIS is an individual who is receiving an agreed package of support through the NDIS. The NDIS question is asked of all clients at the start of support from a SHS agency. Data are not available for clients who only had support period(s) starting before 1 July 2019.

National Disability Insurance Scheme (NDIS) participants

A person can be identified as being a SHS client with severe or profound disability but not be a participant in the NDIS. This may be because the client did not meet the NDIS eligibility criteria, has not applied for the NDIS or has a pending application. These clients may still be receiving disability support under other programs provided by Australian and state/territory governments.

In 2022–23, 12,700 SHS clients were NDIS participants (Supplementary table CLIENTS.17).

Of the 7,600 SHS clients with disability, 2,700 (35%) indicated that they received support from the NDIS.

For further information regarding the number of SHS clients receiving support through the NDIS see [Clients, services and outcomes](#).

Service use patterns

The length of support clients with disability received decreased in 2022–23 to a median of 88 days, down from 92 days in 2021–22. The median number of nights accommodated also decreased, from 61 in 2021–22 to 49 in 2022–23 (Supplementary table CLIENTS.48).

New or returning clients

In 2022–23, more than 1 in 3 (35% or 2,700) clients with disability were new clients (Supplementary table CLIENTS.2 and CLIENTS.42). Clients with disability were about equally as likely as all SHS clients to have received SHS assistance at some point since the collection began in 2011 (65% compared with 63% for all SHS clients).

Main reasons for seeking assistance

In 2022–23, the most common main reasons for seeking assistance among clients with disability were (Supplementary tables DIS.5 and DIS.6):

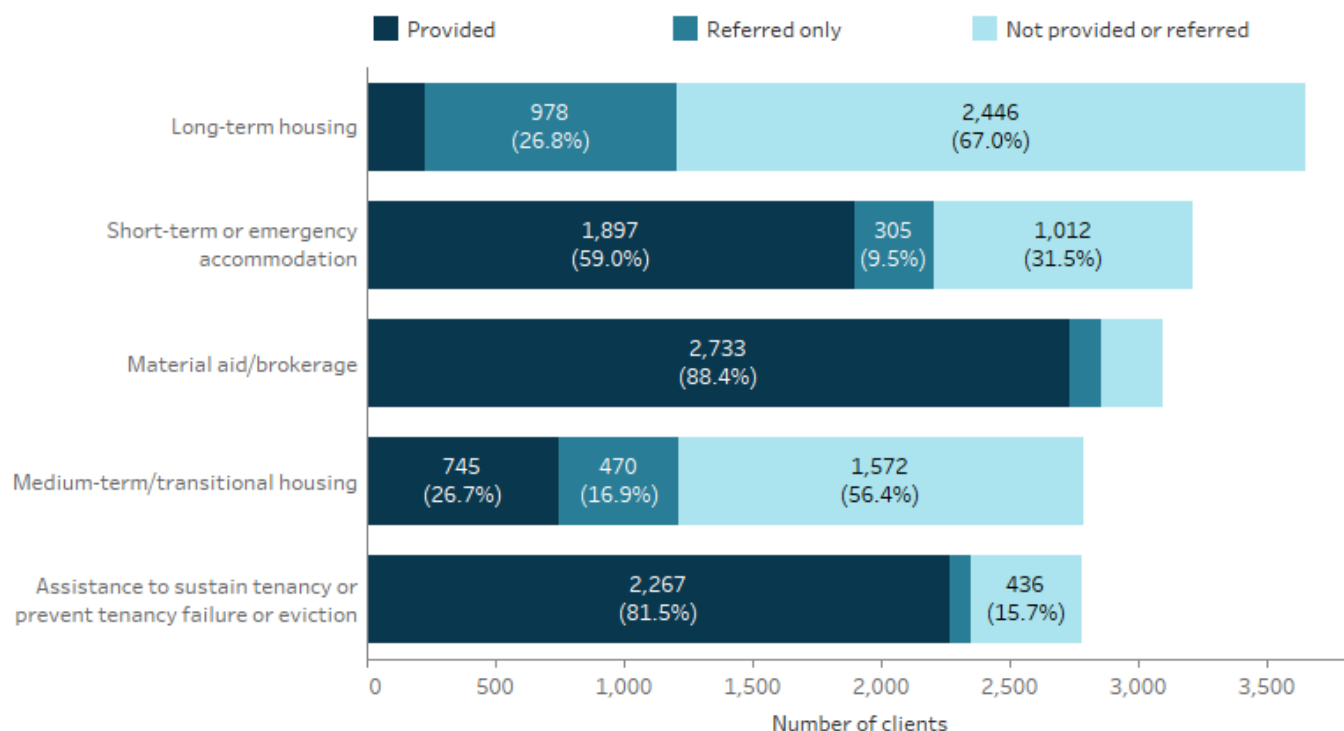
- housing crisis (26% or 2,000 clients)
- family and domestic violence (18% or 1,400 clients)
- inadequate or inappropriate dwellings conditions (15% or around 1,100 clients).

Services needed and provided

The top 6 needs reported by clients with disability were related to housing (provision of long-term housing and short-term or emergency housing) and general services related to information and advocacy (advice/information, other basic assistance, advocacy/liaison and material aid/brokerage) (Figure DIS.3, Supplementary table DIS.2).

Figure DIS.3: Clients with disability, by services needed and provided, 2022–23

Select assistance category
All



Notes:

1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.

2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table DIS.2.

In 2022-23, clients with disability needed:

- short-term or emergency accommodation (42% or around 3,200), with 59% of those needing this service receiving this service.
- assistance for family/domestic violence (21% or around 1,600 clients), with 88% receiving this service.
- material aid/brokerage (41% or around 3,100 clients), with 88% receiving this service.
- long-term housing (48% or around 3,700 clients), with 6.2% receiving this service.

In 2022-23 (Figure DIS.3, Supplementary tables CLIENTS.24 and DIS.2):

- Clients with disability were more likely to need help with living skills/personal development (22%), health/medical services (15%) and assistance for trauma (15%) than all SHS clients (17%, 8.4% and 12%, respectively).
- Almost 1 in 7 clients (15% or around 1,200) needed health/medical services. Most (79% or around 920) of these clients either received the services or were referred elsewhere for services.
- Over 1 in 5 clients (21% or 1,600) needed assistance for family and domestic violence and about 1,400 clients (88% of clients) with these identified needs were provided with assistance and 2.2% (34 clients) were referred.

Housing situation and outcomes

Outcomes presented here highlight the changes in clients' housing situation at the start and end of support. That is, the place they were residing before and after they were supported by a SHS agency. The information presented is limited to those clients who were no longer receiving ongoing support from a SHS agency. In particular, information on client housing situations at the start of their first period of support during 2022-23 is compared with the end of their last period of support in 2022-23. As such, this information does not cover any changes to their housing situation during their support period.

At the start of support, more clients with disability were at risk of homelessness (almost 2,500 or 56%) than experiencing homelessness (2,000 or 44%). Among those experiencing homelessness, the most common housing situations were short-term temporary accommodation (20%) and couch surfing (13%) (Supplementary table DIS.3).

By the end of support, more clients with disability who were at risk of homelessness (87% or 2,000 clients) were housed than those experiencing homelessness (42% or 760 clients). The most common housing situation at the end of support for those at risk of homelessness was private rental accommodation (1,200 clients or 51%). Short-term temporary accommodation was the most common for those experiencing homelessness (460 or 26%) (Figure DIS.4, Supplementary table DIS.4).

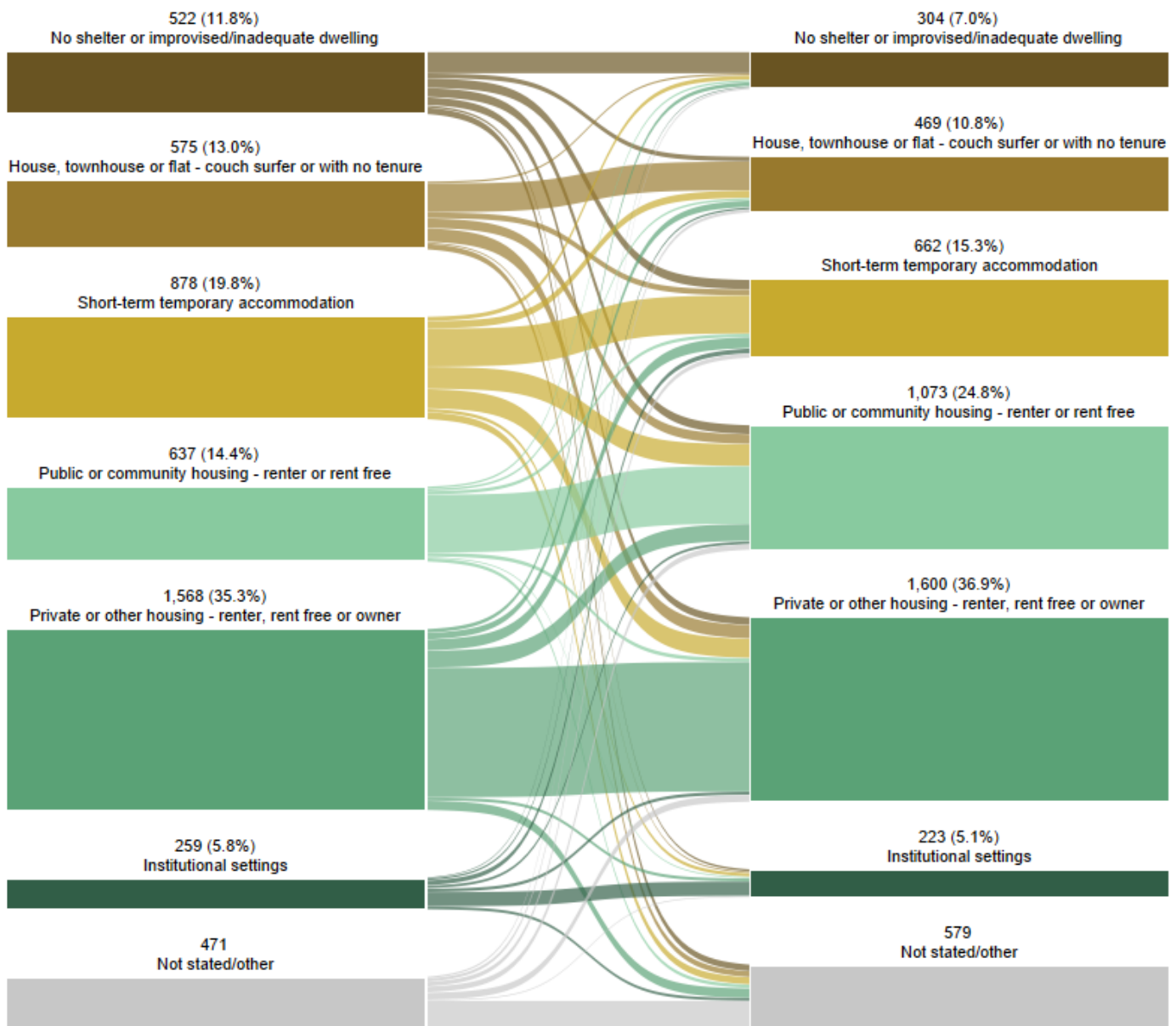
Figure DIS.4: Housing situation for clients with disability with closed support, 2022-23



Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table DIS.3.

In 2022-23, around 4,900 clients with disability had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 2,500 clients) (Supplementary table DIS.3):

- Around 1,100 clients maintained private housing at the end of support.
- Around 510 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 2,000 clients):

- Around 465 clients ended support in short term accommodation.
- Around 350 ended support in private housing.
- Around 255 clients were couch surfing at the end of support.

• Around 555 clients were counsellors at the end of support.
For more information on people with disability, see [People with disability in Australia](#).

References

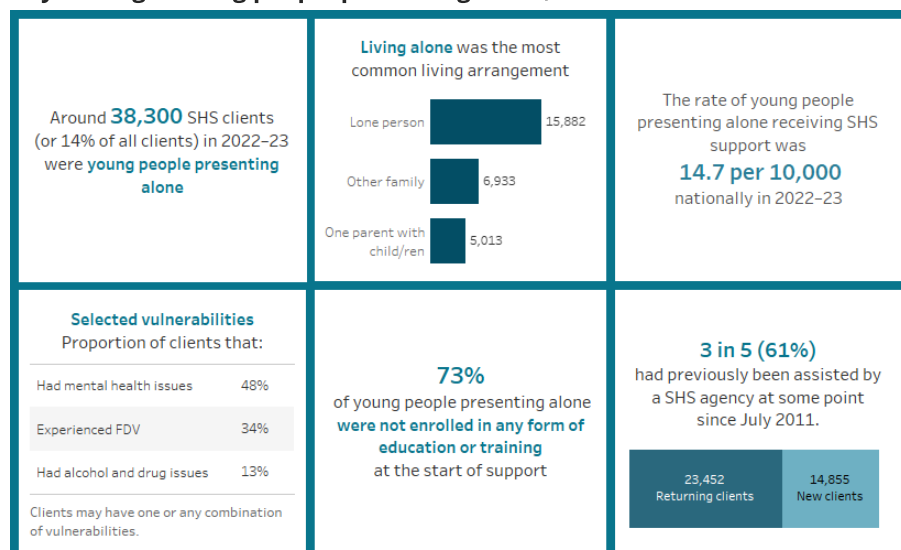
- Australian Bureau of Statistics (2019) *Disability, Ageing and Carers, Australia: Summary of Findings, 2018*, ABS website, accessed 05 September 2022.
- Australian Bureau of Statistics (2023) *Estimating Homelessness: Census*, ABS website, accessed 25 July 2023.
- Beer A, Baker E, Lester L, and Lyrian D (2019) 'The relative risk of homelessness among persons with a disability: New methods and policy insights', *International Journal of Environmental Research and Public Health*, 16 (22): 1-12, doi: [org/10.3390/ijerph16224304](https://doi.org/10.3390/ijerph16224304).
- Beer A, Baker E, Mallett S, Batterham D, Pate A and Lester, L (2012)  *Addressing homelessness amongst persons with a disability: Identifying and enacting best practice*, report to the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHSCIA).
- Groot C, Rehm I, Andrews C, Hobern B, Morgan R, Green H, Sweeney L and Blanchard M (2020) *Report on Findings from the Our Turn to Speak Survey: Understanding the impact of stigma and discrimination on people living with complex mental health issues*, Anne Deveson Research Centre, Melbourne.
- Major B, Dovidio JF and Link B (2017) *The Oxford handbook of Stigma, Discrimination, and Health*, Oxford University Press, Oxford.
- National Disability Insurance Scheme (2021) *Understanding the NDIS*, NDIS website, accessed 5 September 2022.
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Young people presenting alone

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Key findings: Young people presenting alone, 2022–23



Youth homelessness often stems from difficult home lives and challenging family relationships (Gaetz et al. 2016, Kalembe et al. 2022). Family relationships and home lives burdened by regular instances of neglect, conflict, and abuse (including physical, sexual, substance and/or emotional) can make a young person's living conditions emotionally unbearable and/or physically unbearable. While some young people may endure through these difficult home lives, many also leave, even without another home to move to (Kalembe et al. 2022). Other challenges, such as problematic drug and/or alcohol use, mental health issues and shortages to affordable housing or poverty can equally contribute – directly or indirectly – to young people's experience of homelessness (Flatau et al. 2022, Hodgson et al. 2013).

Around 28,200 young people aged 12–24 years were estimated to have been experiencing homelessness on Census night in 2021, making up nearly a quarter (23%) of the total homeless population (ABS 2023). However, Census estimates may under-represent the extent of youth homelessness, as some couch surfers may report their usual address as the household in which the young person is staying in on Census night (ABS 2023).

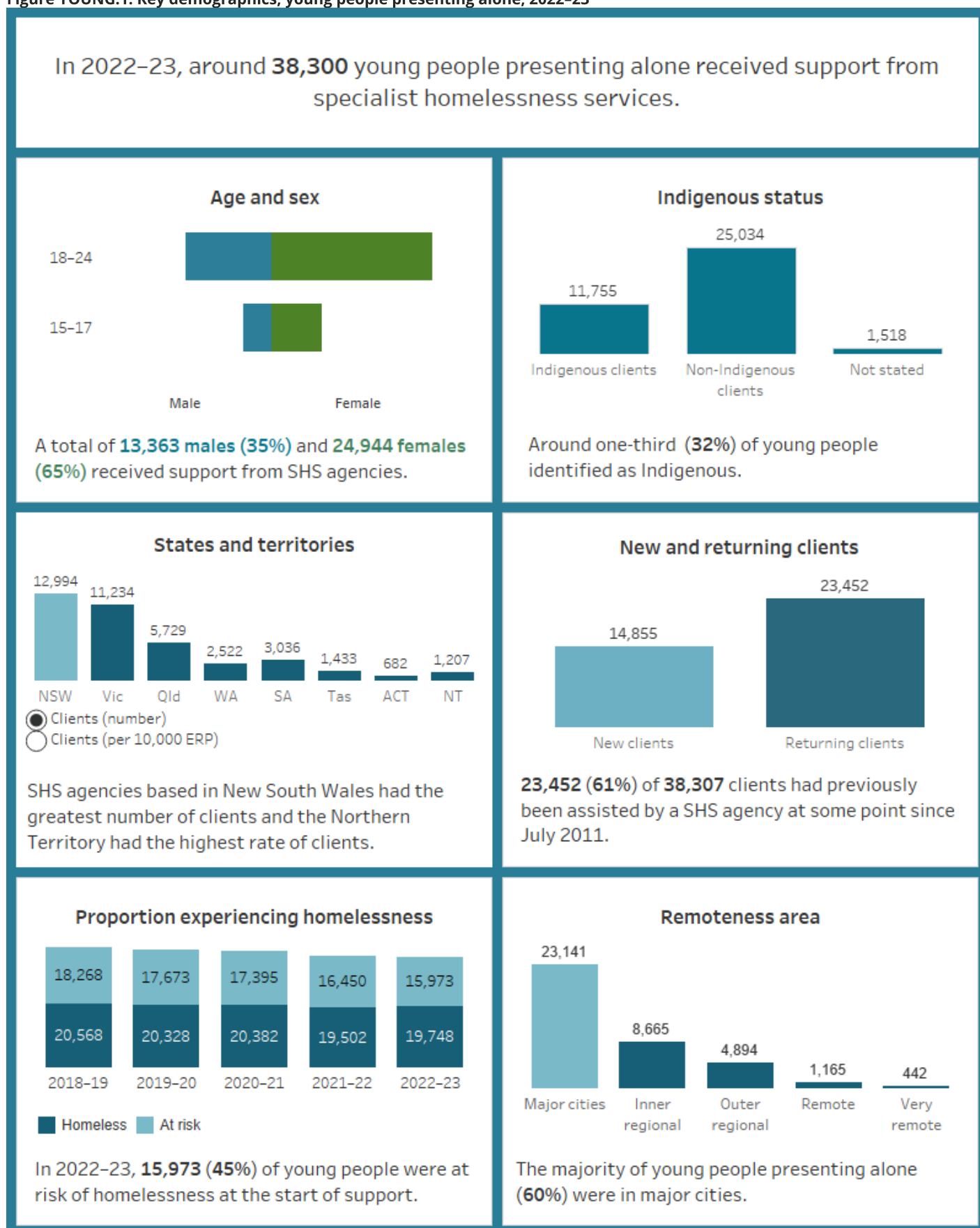
Young people aged 18–24 years who sought assistance from SHS at some point between July 2018 to June 2020 were more likely to have experienced homelessness than SHS clients who were aged 25 years and older (63% compared with 51%), and more likely to have been a couch surfer (41% compared with 24%) (AIHW 2023a). They were also more likely to need SHS assistance because of family-related issues and lack of family and/or community support (AIHW 2023a). Furthermore, young SHS clients aged 15–24 made up over a quarter (27.5% or 7,400 clients) of clients experiencing persistent homelessness in 2019–20 (AIHW 2023b).

The Australian Government invests in youth homelessness services through the long standing Reconnect Program. Reconnect is a community-based early intervention and prevention program for young people aged 12–18 years (or 12–21 years in the case of newly arrived youth) who are homeless or at risk of homelessness, and their families. Reconnect is delivered by 70 organisations under 101 activities, nationally, and helps around 7,000 young people each year (DSS 2023).

In recognition of the severe impact that homelessness has on the lives of young Australians, children and young people are a national priority homelessness cohort in the National Housing and Homelessness Agreement (CFFR 2018) (see [Policy section](#) for more information).

Client characteristics

Figure YOUNG.1: Key demographics, young people presenting alone, 2022–23

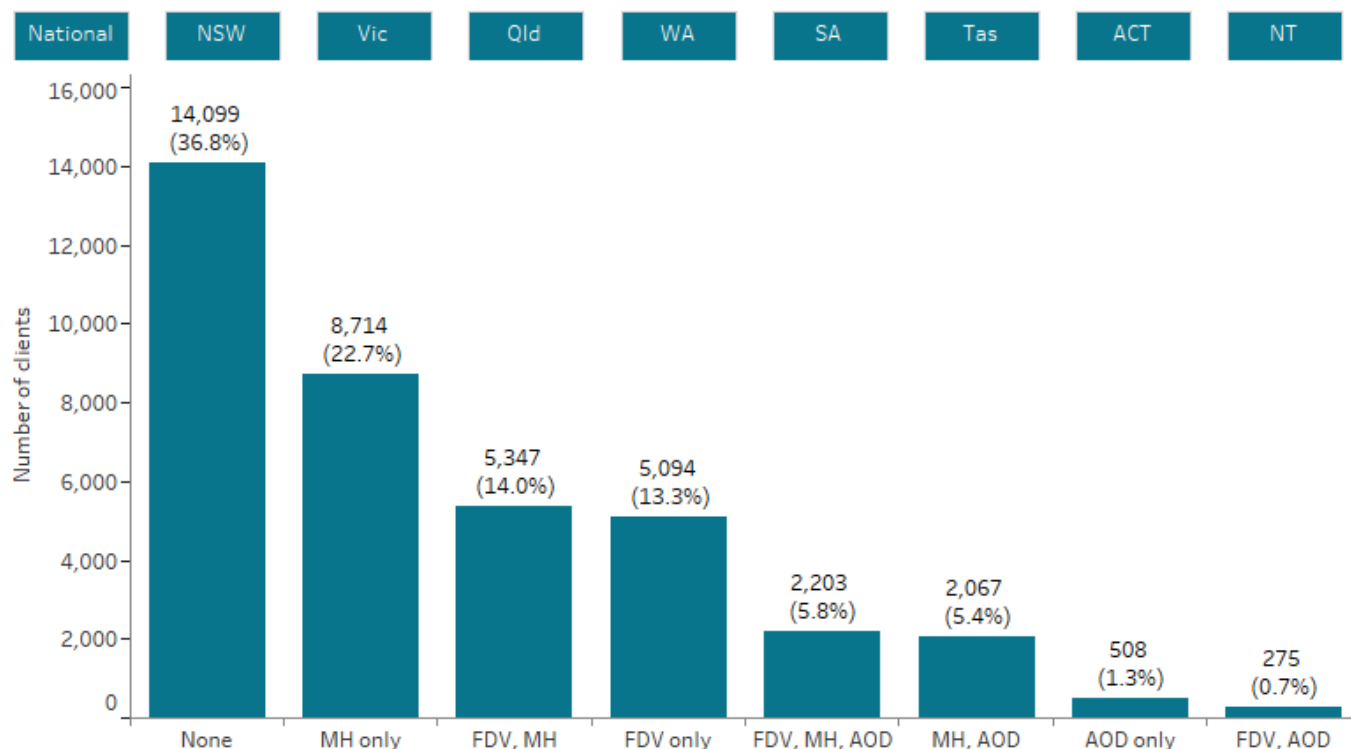


Young people presenting alone (38,300 clients) were the fourth largest SHS client group in 2022–23, making up around 14% of all SHS clients (Supplementary table CLIENTS.41).

Selected vulnerabilities

Young people presenting alone may face additional vulnerabilities that make them more susceptible to homelessness, such as family and domestic violence, mental health issues and problematic drug and/or alcohol use. Around a third of clients (37%) did not have any of these vulnerabilities, however, around half (48%) had a current mental health issue (Figure YOUNG.2).

Figure YOUNG.2: Young people presenting alone, by selected vulnerability characteristics, 2022–23



Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Totals may not sum due to rounding.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.47.

In Australia, in 2022–23, of the around 38,300 young people presenting alone, around 2,200 had all three of the selected vulnerabilities.

- 48% of young people had a current mental health issue.
- 34% of young people experienced family and domestic violence.
- 13% of young people reported experiencing problematic drug or alcohol use.

Service use patterns

The service use patterns of young people presenting alone to an SHS agency has generally been stable over time. Between 2017–18 and 2022–23 (Supplementary table CLIENTS.48):

- The average number of support periods per client has remained at 1.9 support periods.
- The median number of nights accommodated has increased from 45 nights in 2017–18 to 50 nights in 2022–23.
- The length of support (median number of days) has increased to 64 days in 2022–23, from 49 days in 2017–18.

Main reasons for seeking assistance

In 2022–23, the main reasons for seeking assistance among young people presenting alone were (Supplementary table YOUNG.5):

- housing crisis (19% or around 7,200 clients)
- family and domestic violence (15% or 5,500 clients)
- relationship/family breakdown (12% or 4,600 clients).

Young people experiencing homelessness at first presentation (compared with those at risk of homelessness) most commonly identified housing crisis (23%, compared with 16% of clients at risk) and inadequate or inappropriate dwelling conditions (15%, compared with 8.2% at risk) as the top 2 main reasons for seeking assistance (Supplementary table YOUNG.6). Family and domestic violence (16%, compared with 11% of homeless clients) was the most commonly reported main reason for seeking assistance among young people presenting alone who were at risk of homelessness (Supplementary table YOUNG.6).

Services needed and provided

Similar to all SHS clients in 2022–23, the majority of young people presenting alone needed general services that were provided by SHS agencies including advice/information, advocacy/liaison on behalf of the client and other basic assistance.

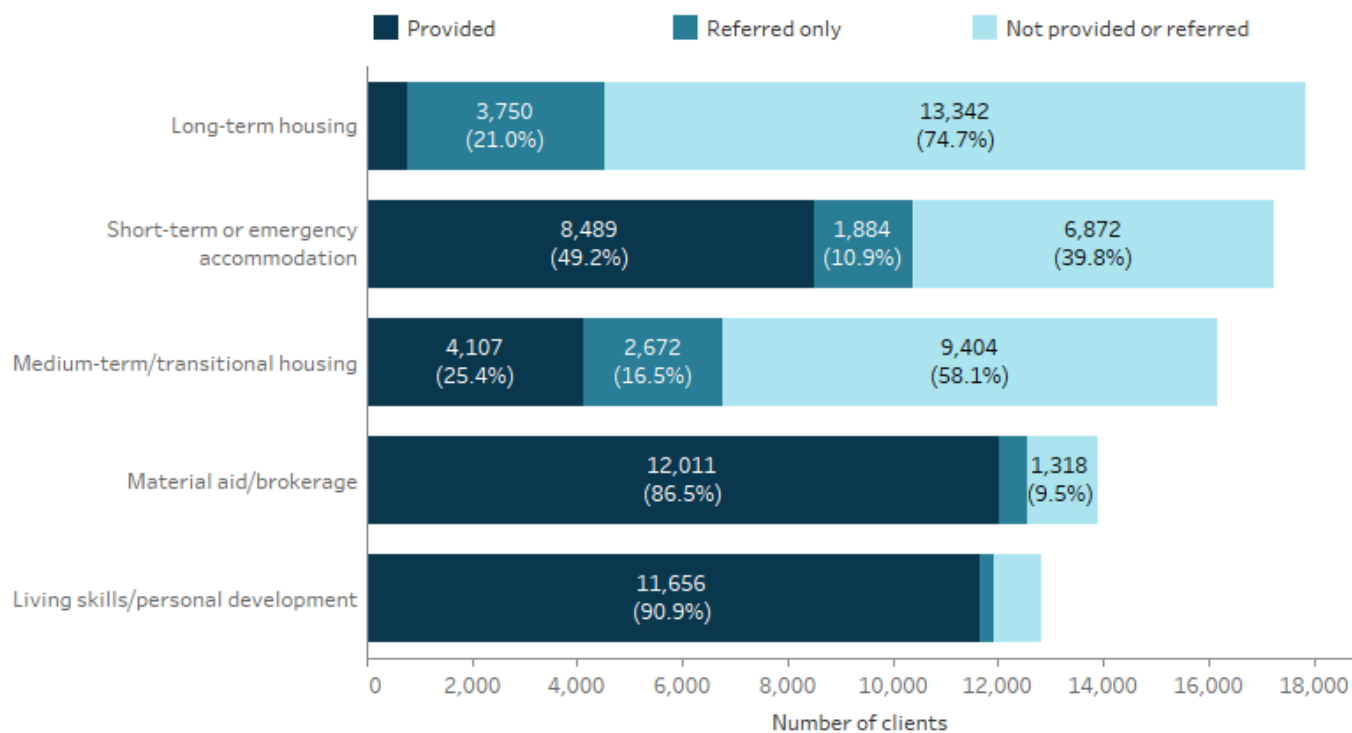
Young people presenting alone were more likely than all SHS clients to request services including (Supplementary tables YOUNG.2, CLIENTS.24):

- living skills/personal development (33%, compared with 17%), with 91% receiving this service

- educational assistance (19%, compared with 8.2%), with 74% receiving this service
- employment assistance (19%, compared with 6.5%), with 70% receiving this service
- assistance to obtain/maintain government allowance (17%, compared with 8.3%), with 79% receiving this service
- mental health services (15%, compared with 8.3%), with 47% receiving this service
- training assistance (13%, compared with 4.1%), with 68% receiving this service.

Figure YOUNG.3: Young people presenting alone, by services needed and provided, 2022-23

Select assistance category
All



Notes:

1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.

2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table YOUNG.2.

In 2022-23, young people presenting alone needed:

- short-term or emergency accommodation (45% or around 17,200), with 49% of those needing this service receiving this service.
- assistance for family/domestic violence (17% or around 6,600 clients), with 77% receiving this service.
- material aid/brokerage (36% or around 13,900 clients), with 86% receiving this service.
- long-term housing (47% or around 17,900 clients), with 4.3% receiving this service.

Housing situation and outcomes

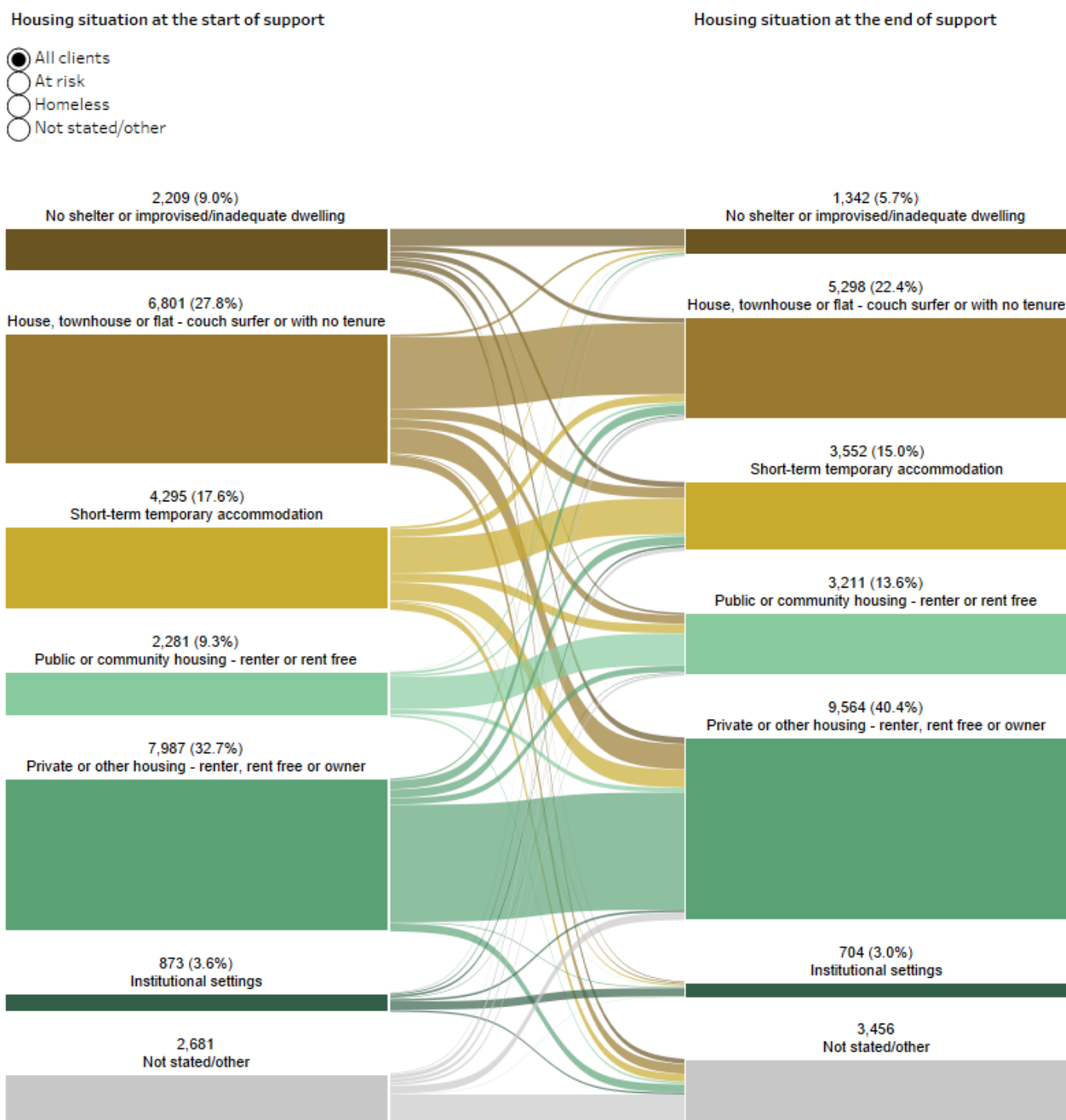
Outcomes presented here highlight the changes in clients' housing situation at the start and end of support. That is, the place they were residing before and after they were supported by a SHS agency. The information presented is limited only to clients who have stopped receiving support during the financial year, and who were no longer receiving ongoing support from a SHS agency. In particular, information on client housing situations at the start of their first period of support during 2022-23 is compared with the end of their last period of support in 2022-23. As such, this information does not cover any changes to their housing situation during their support period.

For young people presenting alone in 2022-23, around 13,300 clients (54%) were experiencing homelessness at the start of support; 6,800 (28%) were couch surfing. By the end of support, 57% of young people presenting alone were housed (Supplementary table YOUNG.3).

By the end of support, many young people presenting alone to a SHS agency had achieved or progressed towards a more positive housing solution. That is, the number and/or proportion of clients ending support in public or community housing (renter or rent-free) or private or other housing (renter or rent-free) had increased compared with the start of support (Supplementary table YOUNG.4):

- One-third (32% or 3,800 clients) of young people presenting alone who were experiencing homelessness at the start of support were housed.
- Over one-fifth were living in private rental accommodation (2,600 clients or 22%).
- For those at risk of homelessness, almost 9 in 10 (9,100 clients or 86%) were housed; mostly in private rental accommodation (6,500 clients or 62%).

Figure YOUNG.4: Housing situation for young people presenting alone with closed support, 2022–23



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table YOUNG.3.

In 2022-23, around 27,100 young people presenting alone had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 11,100 clients) (Supplementary table YOUNG.3):

- Around 6,200 young people maintained private housing at the end of support.
- Around 1,700 young people maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 13,300 young people):

- Around 2,700 young people ended support in short-term accommodation.
- Around 2,600 ended support in private housing.
- Around 4,400 young people were couch surfing at the end of support.

- Around 4,400 young people were couch surfing at the end of support.

References

ABS (Australian Bureau of Statistics) (2023a) *Estimating Homelessness: Census*, ABS website.

ABS (2023b) *Estimating Homelessness: Census methodology*, ABS website.

AIHW (Australian Institute of Health and Welfare) (2023a) *Specialist homelessness services client pathways: Young clients aged 18 to 24 in 2018–20*, AIHW website.

AIHW (2023b) *Specialist homelessness services client pathways: Clients experiencing persistent homelessness in 2019–20*, AIHW website.

Council on Federal Financial Relations (2018) *National Housing and Homelessness Agreement*, CFFR website, accessed 3 October 2019.

Department of Social Services (2023) *Reconnect*, DSS website, accessed 9 November 2023.

Flatau P, Lester L, Seivwright A, Teal R, Dobrovic J, Vallesi S, Hartley C and Callis Z (2022) *Ending homelessness in Australia: An evidence and policy deep dive*, Centre for Social Impact, doi:10.25916/ntba-f006.

Gaetz S, O'Grady B and Schwan S (2016) *Without a Home: The National Youth Homelessness Survey*, Homeless Hub, Toronto.

Hodgson KJ, Shelton KH, van den Bree MB and Los FJ (2013) 'Psychopathology in young people experiencing homelessness: A systematic review', *American journal of public health*, 103(6):e24-e37, doi: 10.2105/AJPH.2013.301318.

Kalembe J, Kos A, Greenland N, Plummer J, Brennan N, Freeburn T, Nguyen T. and Christie R (2022) *Without a home: First-time youth homelessness in the COVID-19 period*, Mission Australia.

MacKenzie D, Hand T, Zufferey C, McNells S, Spinney A and Tedmanson D (2020) 'Redesign of a homelessness service system for young people', *AHURI Final Report 327*, Australian Housing and Urban Research Institute Limited, doi: 10.18408/ahuri-5119101.

Children on care and protection orders

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Key findings: Children on a care and protection order, 2022–23



Care and protection orders (CPOs) are legal orders or arrangements that place partial or all responsibility for a child's welfare with child protection departments. In Australia, state and territory governments are responsible for statutory child protection. Their respective departments work with children and families to protect children from abuse, neglect or other harm (AIHW 2023).

Between 2017–18 to 2021–22, the rate of children on care and protection orders increased – from 10.2 per 1,000 children at 30 June 2018 to 10.7 per 1,000 children at 30 June 2022 (AIHW 2023). Of the 61,100 children on care and protection orders at 30 June 2022, most were living in home-based care (72%), with relatives/kinship care (40%) and foster care (26%) being the most common living arrangements.

Some children are placed in out-of-home care while others remain living at home with support from informal support networks, child protection departments and community-based agencies.

Pathways into homelessness for children on care and protection orders are complex. For example, children who present alone may have absconded from their home due to family violence, abuse or neglect (Noble-Carr & Trew 2018). Children may also seek support from SHS agencies with their carers for reasons unrelated to the CPO.

Family and domestic violence is one of the main reasons that families at risk of homelessness seek assistance from SHS agencies. It is also one of the leading reasons for statutory intervention, and SHS agencies often work with the same families and children as child protection authorities (MICAH Projects 2016). Linked data has been used to understand the characteristics of children and young people who both came into contact with the child protection system (an investigated notification, care and protection order or out-of-home care) and received specialist homelessness services (SHS) (AIHW 2016). Compared with children who accessed only SHS, children who came into contact with both child protection and SHS were more likely to have experienced family and domestic violence (53%, compared with 44%). For more information about children on care and protection orders, see [Child protection Australia 2021–22](#).

Reporting children on care and protection orders in the Specialist Homelessness Services Collection (SHSC)

A client is considered to be under a care and protection order (CPO) if they are under 18 and have provided any of the following information in any support period during the reporting period.

They reported that they were under a CPO and had the following care arrangements:

- family group home
- residential care
- kinship care (reimbursed)
- kinship care (not reimbursed)
- foster care
- other home-based care (reimbursed)
- independent living

- other living arrangements
- parents, or

They have reported 'transition from foster care/child safety residential placements' as a reason for seeking assistance or the main reason for seeking assistance.

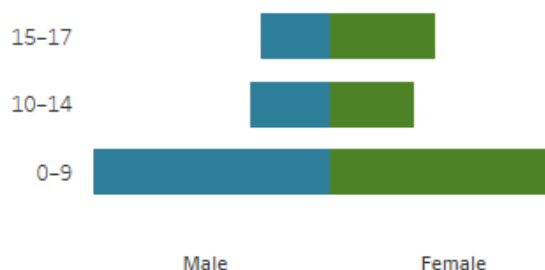
For more information, see [Technical notes](#).

Client characteristics

Figure CPO.1: Characteristics of children on care and protection orders, 2022–23

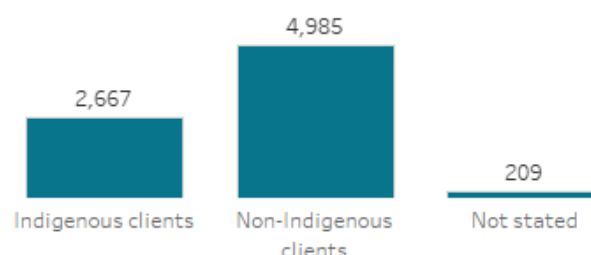
In 2022–23, around **7,900** children on a care and protection order received support from specialist homelessness services.

Age and sex



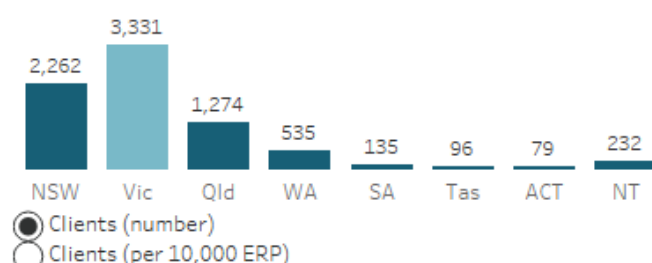
A total of **3,814 males (49%)** and **4,047 females (51%)** received support from SHS agencies.

Indigenous status



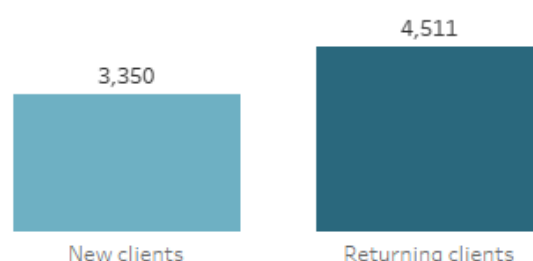
Around one-third (**35%**) of clients identified as Indigenous.

States and territories



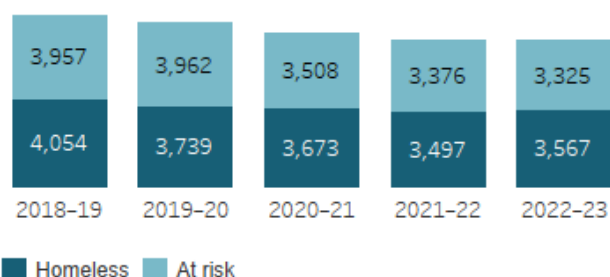
SHS agencies based in Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients.

New and returning clients



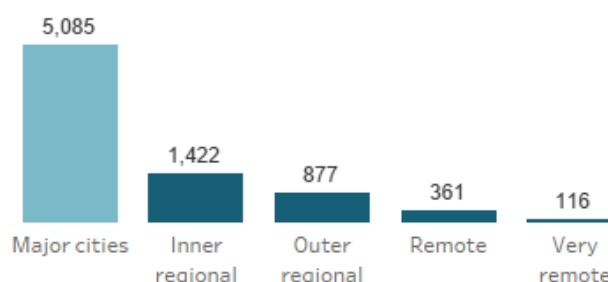
4,511 (57%) of **7,861** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness



In 2022–23, **3,325 (48%)** of clients were at risk of homelessness at the start of support.

Remoteness area

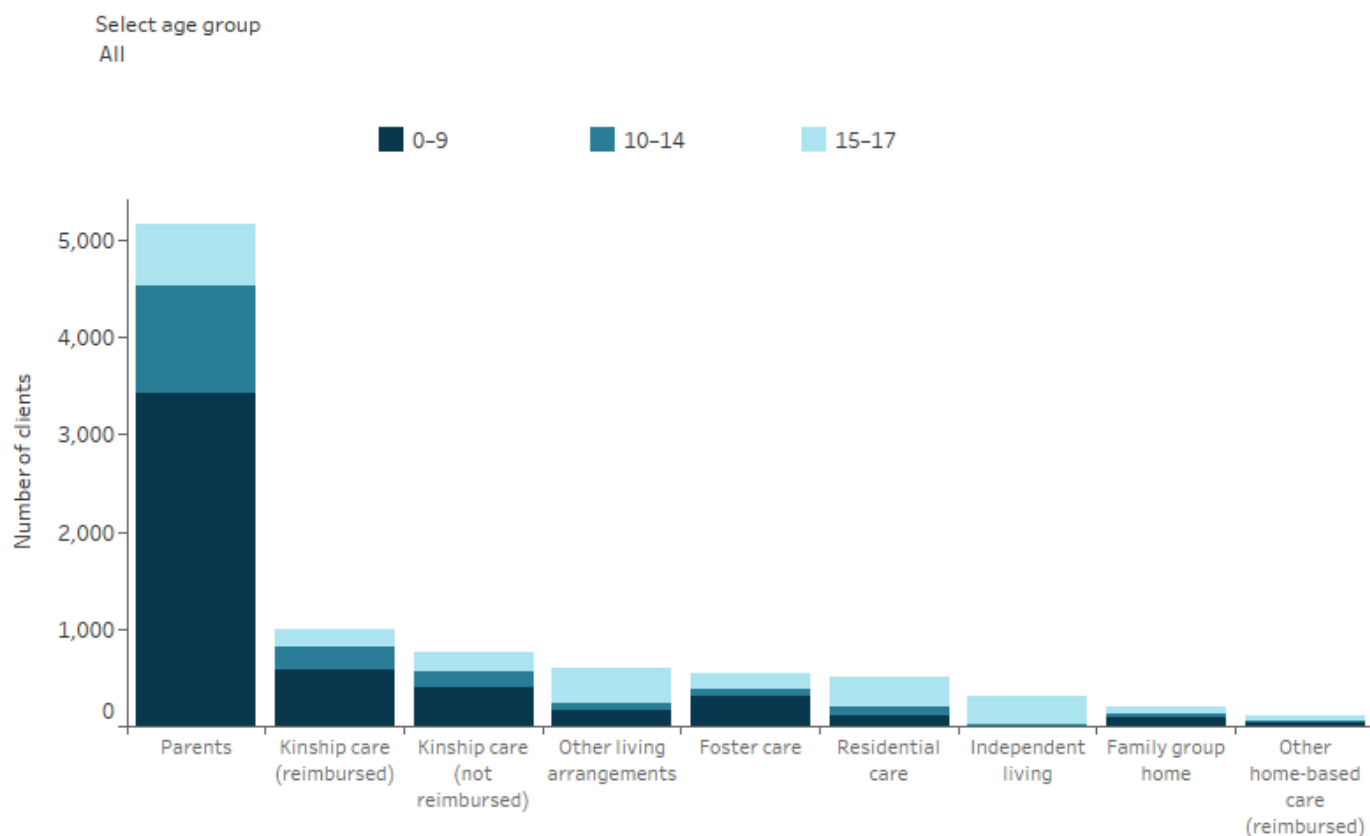


The majority of children on a care and protection order (**65%**) were in major cities.

Placement type

Children on care and protection orders may reside with their parents or in placements approved by each state or territory's child protection department when they are unable to live with their families due to safety concerns.

Figure CPO.2: Children on care and protection orders, by placement type, 2022–23



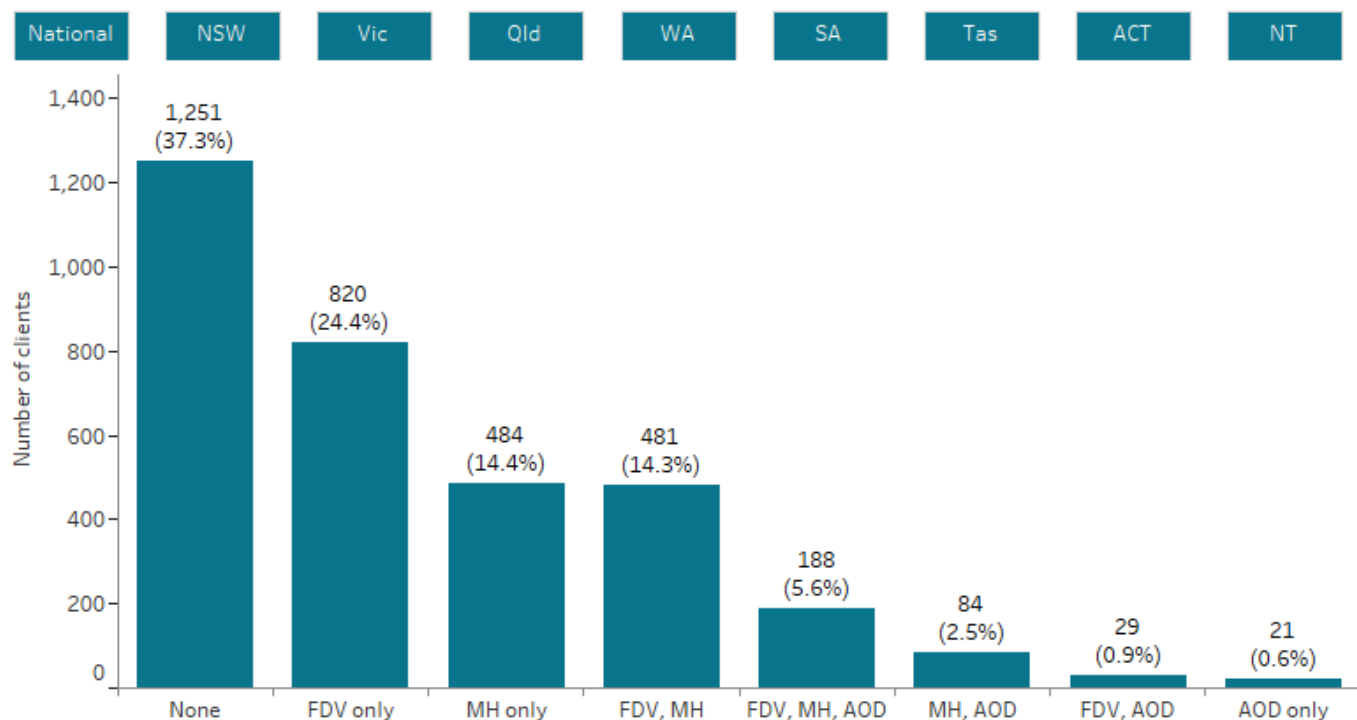
Source: Specialist Homelessness Services Collection. Supplementary table CPO.7.

- The most common care arrangement among children on a CPO was parents (66% or around 5,200 children), followed by relative(s) or kin (22% or around 1,700 clients) (Supplementary table CPO.7).
- Most clients aged 0–9 had parents as their care arrangement (76% or around 3,400 children), followed by relative(s) or kin (22% or around 980 children).
- Among clients aged 15–17, similar proportions had parents (36% or over 630 clients), kinship carers (22% or around 385), independent living (17% or around 320 clients) and other living arrangements (20% or around 349 clients) as care arrangements.

Selected vulnerabilities

Children on care and protection orders may face additional vulnerabilities that make them more susceptible to becoming homeless, in particular family and domestic violence, a current mental health issue and problematic drug and/or alcohol use. These vulnerabilities are only assessed in clients aged 10 and over.

Figure CPO.3: Children on care and protection orders, by selected vulnerabilities, 2022–23



Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Totals may not sum due to rounding.
3. Only includes clients aged 10 years and over.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.47.

In Australia, in 2022–23, of the around 3,400 children on a care and protection order aged 10 and over, around 190 had all three of the selected vulnerabilities.

- 45% of children experienced family and domestic violence.
- 37% of children had a current mental health issue.
- 9.6% of children reported experiencing problematic drug or alcohol use.

Service use patterns

Over the 6 years to 2022–23, the median length of support for children on care and protection orders increased from 97 days in 2017–18 to 102 days in 2022–23. However, the average number of support periods per client remained constant over time from an average of 1.8 support periods per client in 2017–18 to 1.7 in 2022–23. The median number of nights accommodated increased from 66 in 2017–18 to 79 in 2022–23 (Supplementary table CLIENTS.48).

New or returning clients

Around 3 in 5 of the children on a CPO (57% or around 4,500 clients) were returning clients (Supplementary table CLIENTS.42) having received assistance from a SHS agency at some point since the collection began in July 2011, more than half (53% or 2,400 clients) were female.

Main reasons for seeking assistance

In 2022–23, the most common main reasons for seeking assistance among children on a CPO were (Supplementary table CPO.5):

- family and domestic violence (36% or over 2,800 clients)
- housing crisis (17% or around 1,400 clients)
- inadequate or inappropriate dwelling conditions (10% or 810 clients).

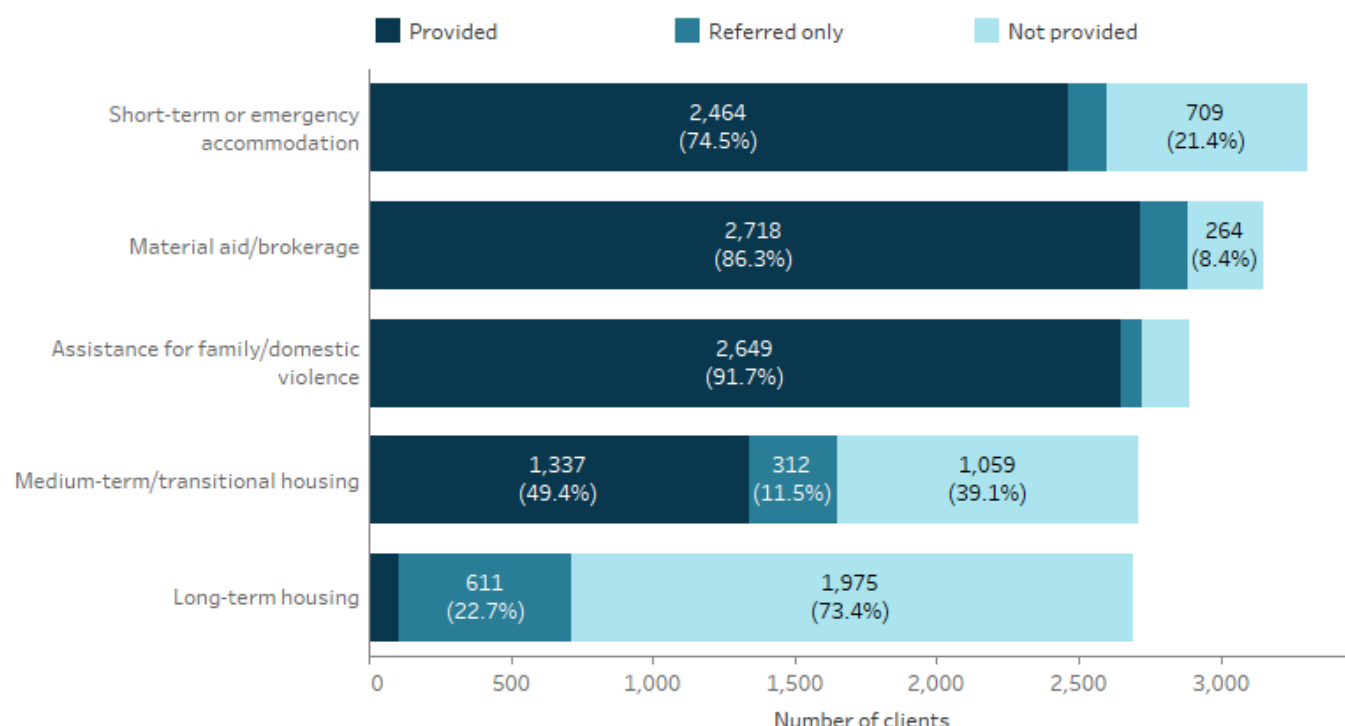
Family and domestic violence was the most common main reason for seeking assistance for both children on a CPO experiencing homelessness and at risk of homelessness, though the proportion was much higher for children at risk (42% or just over 1,400 clients, compared with 27% or around 940) (Supplementary table CPO.6).

Services needed and provided

Similar to the overall SHS population, most children on a CPO needed general services, including advice/information, advocacy/liaison on behalf of client and other basic assistance and these were mostly provided by SHS agencies (Supplementary table CPO.2).

Figure CPO.4: Children on care and protection orders, by services needed and provided, 2022–23

Select assistance category
All



Notes:

1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.

2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table CPO.2.

In 2022–23, children on a care and protection order needed:

- short-term or emergency accommodation (42% or around 3,300), with 74% of those needing this service receiving this service.
- assistance for family/domestic violence (37% or around 2,900 clients), with 92% receiving this service.
- material aid/brokerage (40% or around 3,100 clients), with 86% receiving this service.
- long-term housing (34% or around 2,700 clients), with 3.9% receiving this service.

Children on a CPO were also more likely than the overall SHS population to need services including (Supplementary tables CPO.2 and CLIENTS.24):

- child protection services (20%, compared with 4.5%), with 74% receiving this service
- assistance for family/domestic violence (37%, compared with 26%), with 92% receiving this service
- advocacy/liaison on behalf of the client (62%, compared with 53%), with 95% receiving this service
- family/relationship assistance (23%, compared with 13%), with 79% receiving this service
- transport (24%, compared with 16%), with 92% receiving this service.

Housing situation and outcomes

Outcomes presented here highlight the changes in clients' housing situation at the start and end of support. That is, the place they were residing before and after they were supported by a SHS agency. The information presented is limited only to clients who have stopped receiving support during the financial year, and who were no longer receiving ongoing support from a SHS agency. In particular, information on client housing situations at the start of their first period of support during 2022–23 is compared with the end of their last period of support in 2022–23. As such, this information does not cover any changes to their housing situation during their support period.

For children on a care and protection order in 2022–23, around 2,000 children (48%) were experiencing homelessness at the start of support. Around 1,100 (26%) were in short-term temporary accommodation (Figure CPO.5, Supplementary table CPO.3).

By the end of support, many clients have achieved or progressed towards a more positive housing solution. That is, the number and/or proportion of clients ending support in public or community housing (renter or rent-free) or private or other housing (renter or rent-free) had increased compared with the start of support (Supplementary table CPO.4):

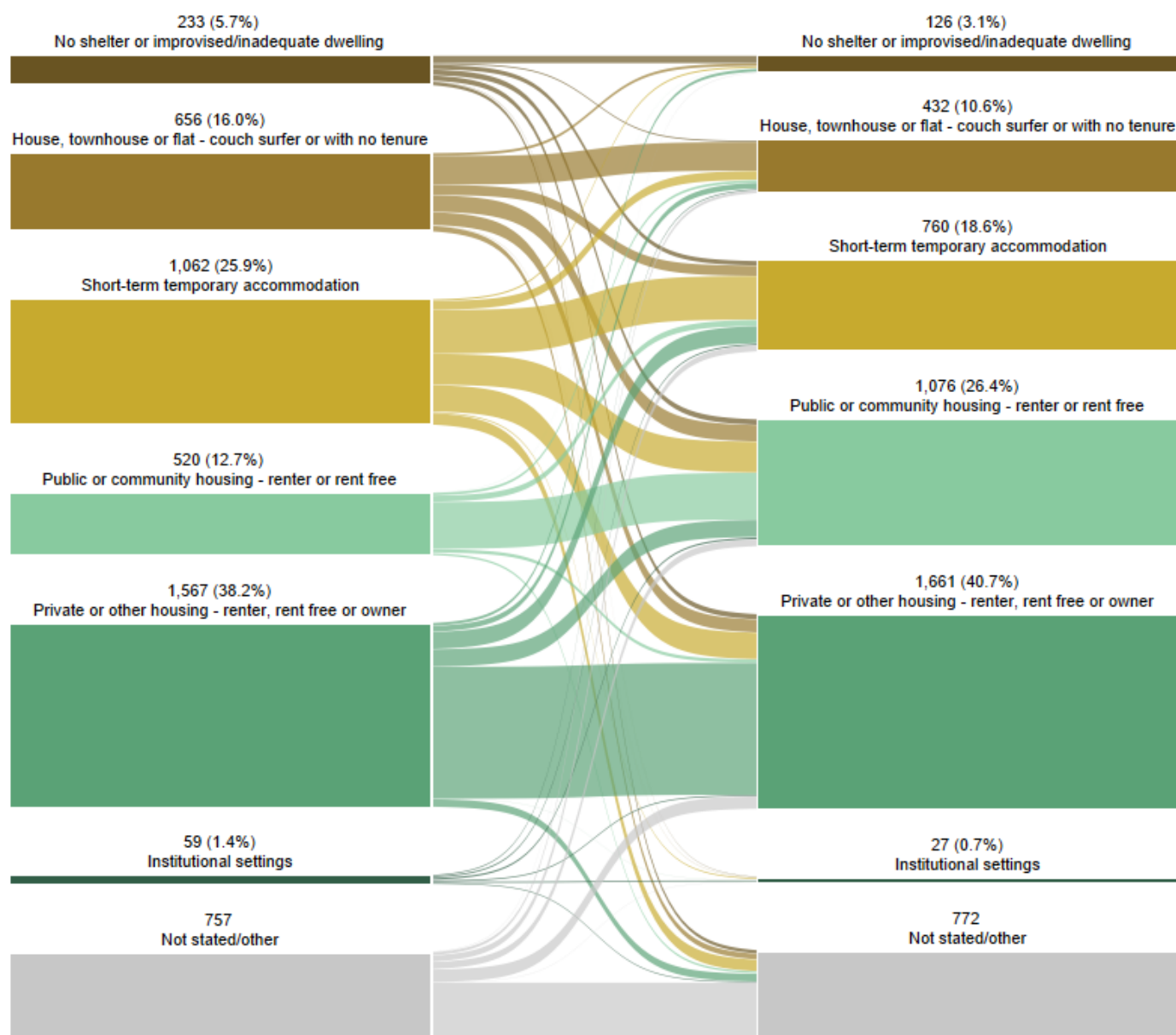
- Almost half (48% or 850 clients) of children on a care and protection order who were experiencing homelessness at the start of support were housed.
- About 1 in 5 were living in private rental accommodation (380 clients or 21%).
- For those at risk of homelessness, almost 9 in 10 (1,700 clients or 85%) were housed; mostly in private rental accommodation (1,200 clients or 57%).

Figure CPO.5: Housing situation for children on a care and protection order with closed support, 2022–23

Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table CPO.3.

In 2022-23, around 4,900 children on a care and protection order had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 1,600 clients) (Supplementary table CPO.3):

- Around 1,100 clients maintained private housing at the end of support.
- Around 405 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 2,000 clients):

- Around 500 clients ended support in short term accommodation.
- Around 380 ended support in private housing.
- Around 220 clients were couch surfing at the end of support.

- Around 350 clients were couch surfing at the end of support.

References

Australian Institute of Health and Welfare (2016) *Vulnerable young people: interactions across homelessness, youth justice and child protection—1 July 2011 to 30 June 2015*, AIHW website.

Australian Institute of Health and Welfare (2023) *Child protection Australia 2021–22*, AIHW website.

MICAH Projects (2016)  *Families caught in the homelessness and child protection cycle: a supportive housing model for keeping families together*, Common Ground Queensland.

Noble-Carr D and Trew S (2018)  *Nowhere to go: investigating homelessness experiences of 12–15 year olds in the Australian Capital Territory*, Institute of Child Protection Studies, Australian Catholic University.

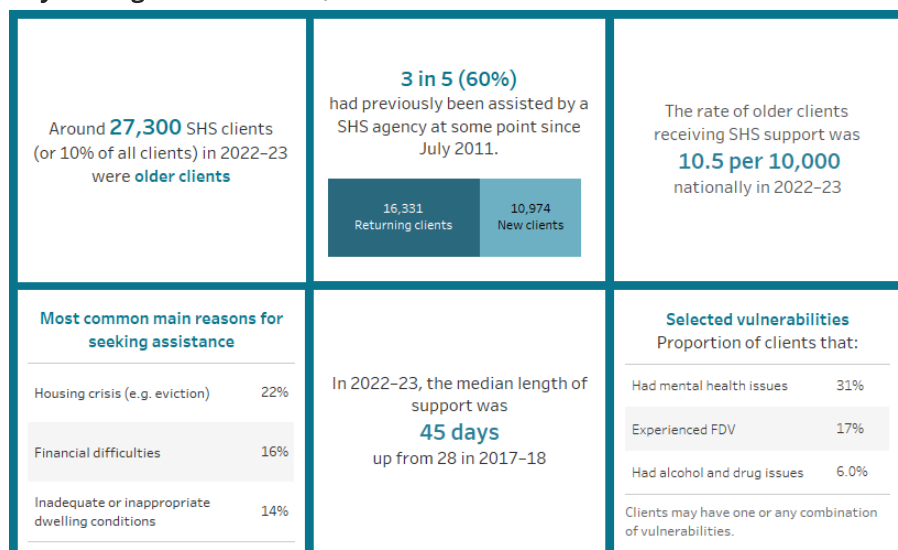
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Older clients

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Key findings: Older clients, 2022–23



Australia's homeless population is ageing and there is a growing homelessness problem among Australia's ageing population. In 2006, about 12,500 people experiencing homelessness were aged 55 or older (or 14% of people experiencing homelessness), increasing to about 14,600 in 2011, 18,700 in 2016, and 19,400 people in 2021 (or 16% of people experiencing homelessness) (ABS 2012, 2018, 2023).

The lack of affordable housing in recent times has left many Australians at risk of homelessness. Older Australians have increasingly experienced rental stress, amid the increasing costs of housing and renting across Australia. Around one per cent of rental listings in Australia were considered affordable (rent costs less than 30% of their income) for a single person or couples on the age pension (Anglicare Australia 2023, AIHW 2023). Although Commonwealth Rent Assistance assists many older people with the costs of renting, about 2 in 5 older people receiving this payment were considered to be in rental stress (AIHW 2023). Without affordable housing, many more older Australians may be at risk of or experience homelessness.

Homelessness can be a recurring or persistent feature among some older people's lives. Some may experience repeat homelessness later in life, while others remain homeless as they age (Petersen et al. 2014). For these older people, lifelong struggles and negative experiences, such as mental health issues, addiction, and prison time were often common to their pathways into homelessness (Petersen et al. 2014).

For other older people, their lives were fairly 'conventional', with many raising families and working (typically low paid) for most of their lives (Petersen et al. 2014). Among these older people (often older women), a major disruption – such as the breakdown of a marriage, loss of a job, the death of a partner or the development of an illness – together with a lack of savings led them toward their very first experience of homelessness (Canham et al. 2021, Kushel 2020).

Although homelessness is traumatising for all who experience it, experiencing homelessness in later life poses additional health risks and challenges (Scutella et al. 2014). The harsh living conditions and reduced access to healthcare that often comes with homelessness can either trigger or exacerbate health problems (Parsell et al. 2018). Older people experiencing homelessness are not only more likely to live with more disabilities, chronic diseases, complex health problems and geriatric symptoms but also die earlier (Canham et al. 2020, Humphries and Canham 2021, Nilsson et al. 2018). Furthermore, these health issues occur at a higher frequency amongst older people and are often accompanied by other mental and physical impairments, requiring specialised services to provide adequate care. As these services can be quite limited, addressing some core aspects of homelessness amongst older Australians can be challenging (Om et al. 2022, Nilsson et al. 2018, O'Connor et al. 2023).

Older people aged 55 and older who received assistance from SHS at some point between July 2014 to June 2017 were less likely to require services from SHS overall, when compared to SHS clients aged 54 and under (AIHW 2022). Older clients also tend to have relatively fewer vulnerabilities, and were less prone to homelessness (AIHW 2022).

Older SHS clients are defined as clients aged 55 years and over. For further information, see [Technical notes](#).

Older women

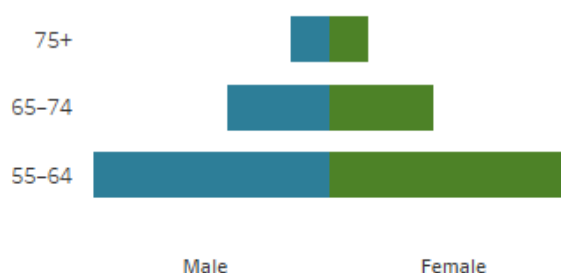
The experience of homelessness has become increasingly widespread among older women, growing by almost 40% between 2011 and 2021 to about 7,300 older women (ABS 2012, ABS 2023). While the shortage of affordable housing and the ageing population has contributed to the rising number of older people experiencing homelessness generally, lower lifetime earnings and savings is especially relevant to many older women's experiences of homelessness. Given women are more likely to take leave from the workforce and return to paid employment on a part-time or casual basis, the amount of wealth accumulated is generally lower compared to men (Cameron 2013, Power et al. 2018).

Client characteristics

Figure OLDER.1: Key demographics, older SHS clients, 2022–23'

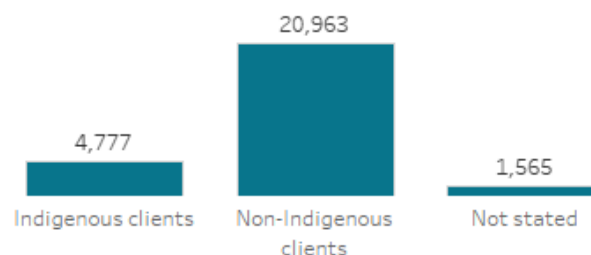
In 2022–23, around **27,300** older clients received support from specialist homelessness services.

Age and sex



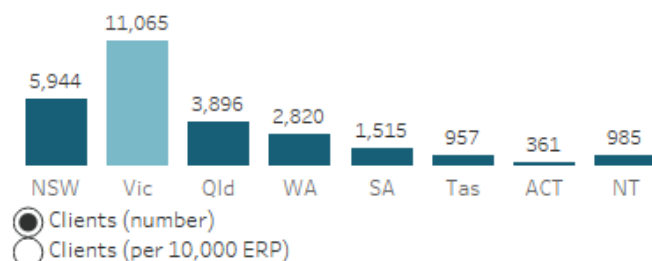
A total of **12,879 males (47%)** and **14,426 females (53%)** received support from SHS agencies.

Indigenous status



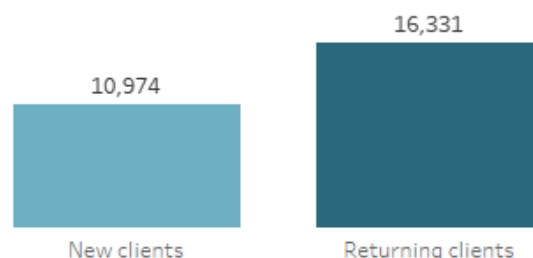
One-fifth (**19%**) of older clients identified as Indigenous.

States and territories



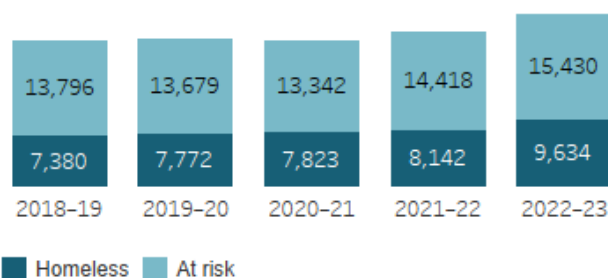
SHS agencies based in Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients.

New and returning clients



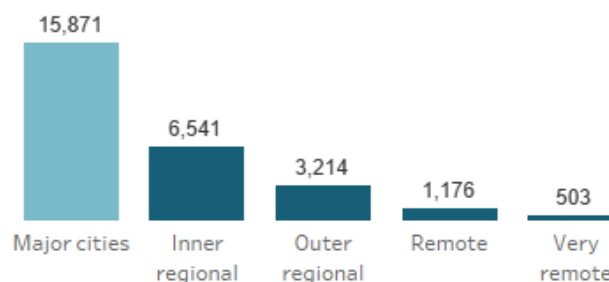
16,331 (60%) of **27,305** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness



In 2022–23, **15,430 (62%)** of older clients were at risk of homelessness at the start of support.

Remoteness area



The majority of older clients (**58%**) were in major cities.

The number of clients aged 55 and over has risen by 13,000 clients in the 11 years to 2022–23, from 14,300 clients in 2011–12 to 27,300 clients in 2022–23 (Historical table HIST.OLDER).

In 2022–23 (Historical table HIST.OLDER):

- Older clients accounted for around 1 in 10 (10%) of all SHS clients. The proportion of older clients has been growing slowly since the collection began in 2011.
- The rate of older clients has increased from 6.4 clients for every 10,000 people in 2011–12 to 10.5 in 2022–23.

Labour force

Almost all older clients (93%) were not working in a paid job in 2022–23 (Supplementary table OLDER.7). There were more clients not in the labour force (12,100 clients, or 51%) than unemployed (10,100, or 42%). Around 3 times as many older clients who were unemployed were aged under 65 (7,500 clients), compared to those 65 or older (2,600).

Living arrangements

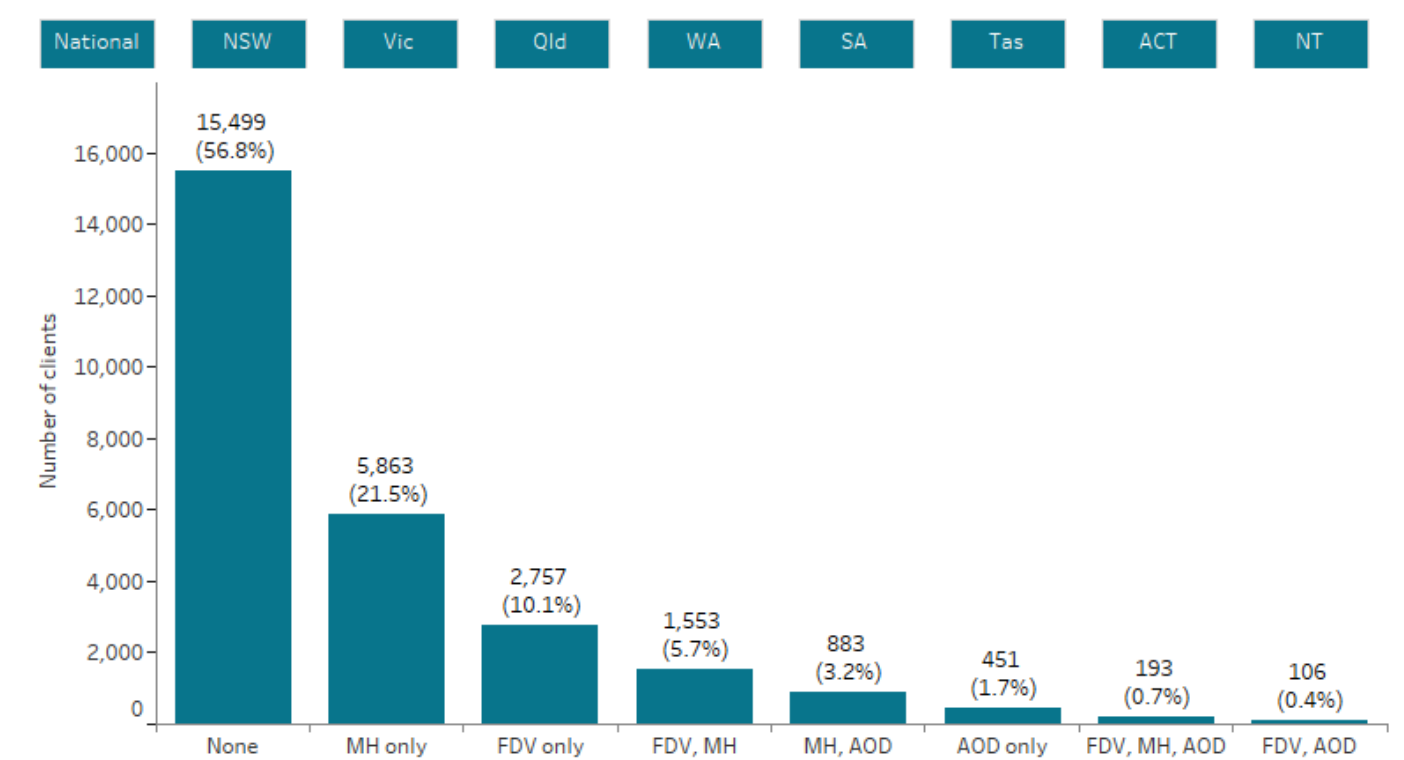
In 2022–23, of the almost 25,500 older clients with known living arrangement upon presentation to a SHS agency (Supplementary table CLIENTS.45):

- Most (16,000 clients) were living alone; higher for males (72% of older male clients) than females (54%).
- Around 1 in 10 (12% or 3,100 clients) were living with other family.

Selected vulnerabilities

The majority of older clients (57% or 15,500) did not have additional vulnerabilities that may contribute to the risk of experiencing homelessness, such as a current mental health issue, experiencing family and domestic violence, or problematic drug and/or alcohol use (Figure OLDER.2, Supplementary table CLIENTS.47).

Figure OLDER.2: Older clients, by selected vulnerability characteristics, 2022–23



Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

- Notes:
1. Clients are assigned to one category only based on their vulnerability profile.
 2. Totals may not sum due to rounding.
- Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.47.

In Australia, in 2022–23, of the around 27,300 older clients:

- 31% of older clients had a current mental health issue.
- 17% of older clients experienced family and domestic violence.
- 6.0% of older clients reported experiencing problematic drug or alcohol use.

Service use patterns

The length of support older clients received increased in 2022–23 to a median of 45 days, up from 28 days in 2017–18. The average number of support periods per client, however, was stable at 1.6 support periods per client over time. The median number of nights accommodated decreased to 26 nights from 29 nights in 2017–18 (Supplementary table CLIENTS.48).

New or returning clients

Around 60% (or 16,300 clients) of older SHS clients were returning clients – having been assisted by a SHS agency before (since the collection began in July 2011) – one of the lowest proportions among any SHS client group (Supplementary table CLIENTS.42). Most returning clients (67%) were aged 55–64. Of new clients, 56% were aged 55–64.

Main reasons for seeking assistance

The top 3 main reasons older clients sought assistance from SHS agencies in 2022–23 were (Supplementary table OLDER.5):

- housing crisis (22% or 6,000 clients)
- financial difficulties (16% or 4,300)
- Inadequate or inappropriate dwelling conditions (14% or 3,700).

The main reason older clients sought assistance was different for those experiencing homelessness compared with those presenting to services at risk of homelessness (Supplementary table OLDER.6).

- For those experiencing homelessness the main reasons for seeking assistance were:
 - housing crisis (24% or over 2,300 clients)
 - inadequate or inappropriate dwelling conditions (23% or 2,200)
 - housing affordability stress (11% or 1,100).
- For those at risk of homelessness:
 - housing crisis (23% or 3,600 clients)
 - financial difficulties (18% or 2,700)
 - family and domestic violence (12% or 1,800).

Services needed and provided

In 2022–23, over half (53% or 14,500) of older SHS clients needed accommodation; 36% of these clients were provided with some type of accommodation assistance and 21% were referred to another agency for this type of support. Need was highest for long-term accommodation (41% or 11,200 needed long-term accommodation), though only 8.0% of older clients who needed it received it. By contrast, of the quarter (29%) of older clients who needed short-term accommodation, almost half (48%) received it (Figure OLDER.3, Supplementary table OLDER.2).

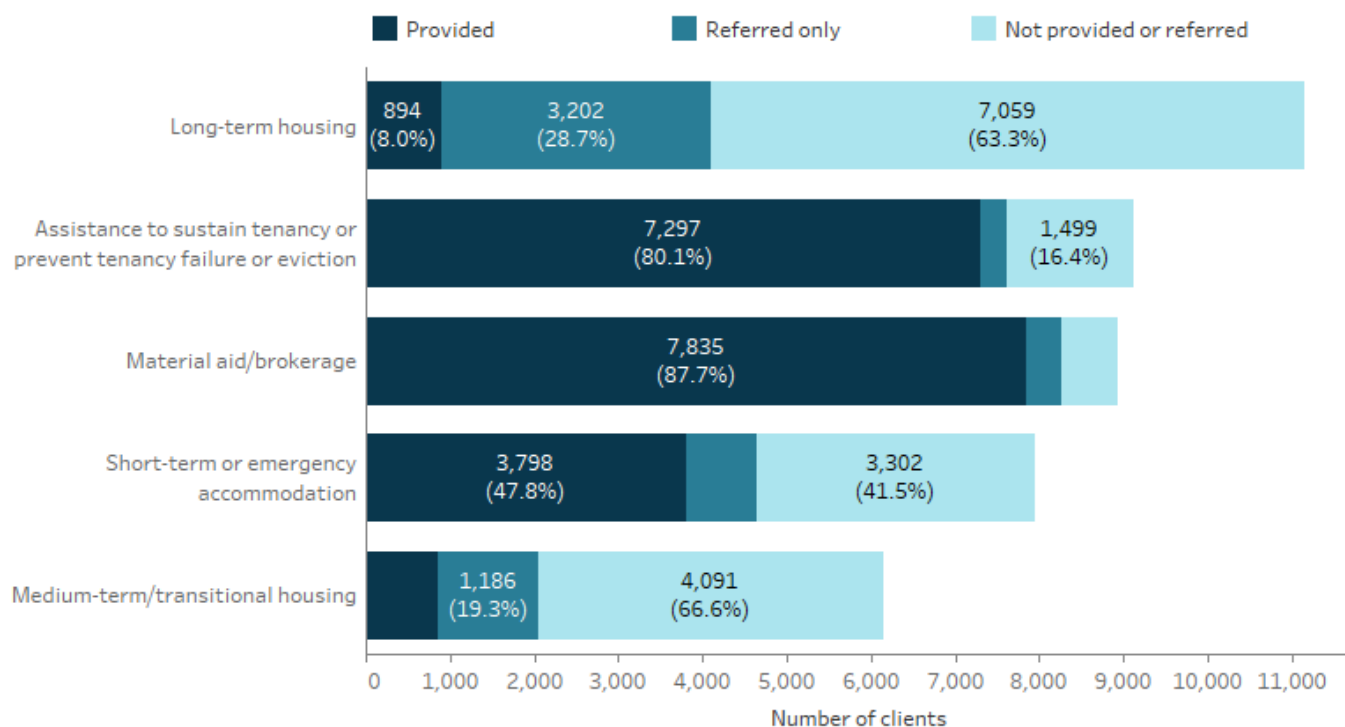
Other services most commonly needed by older clients during 2022–23 were:

- assistance to sustain tenancy or prevent tenancy failure or eviction (33%), with 80% provided this assistance
- material aid/brokerage (33%), with 88% provided this assistance
- financial information (18%), with 82% provided with assistance.

Figure OLDER.3: Older clients, by services needed and provided, 2022–23

Select assistance category

All



Notes:

1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.

2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table OLDER.2.

In 2022–23, older clients needed:

- short-term or emergency accommodation (29% or around 8,000), with 48% of those needing this service receiving this service.
- assistance for family/domestic violence (11% or around 3,100 clients), with 87% receiving this service.
- material aid/brokerage (33% or around 8,900 clients), with 88% receiving this service.
- long-term housing (41% or around 11,200 clients), with 8.0% receiving this service.

Housing situation and outcomes

Outcomes presented here highlight the changes in clients' housing situation at the start and end of support. That is, the place they were residing before and after they were supported by a SHS agency. The information presented is limited only to the clients who have stopped receiving support during the financial year, and who are no longer receiving ongoing support from a SHS agency. In particular, information on client housing situations at the start of their first period of support during 2022–23 is compared with the end of their last period of support in 2022–23. As such, this information does not cover any changes to their housing situation during their support period.

More than one-third (36% or 6,700 clients) of older clients were experiencing homelessness at the start of support; 2,500 (14%) had no shelter or were in an improvised/inadequate dwelling and 2,300 (12%) were in short-term temporary accommodation (Supplementary table OLDER.3).

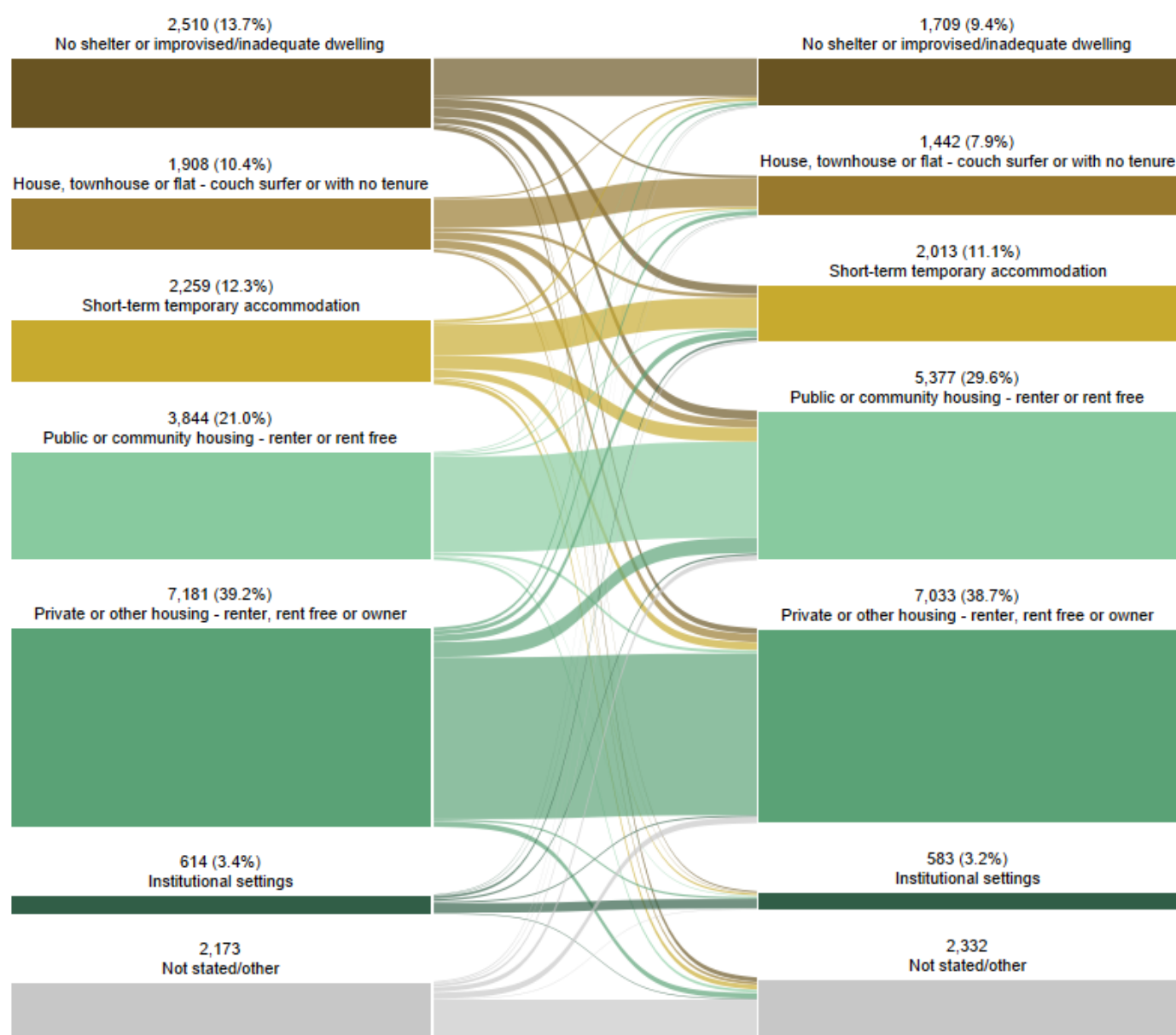
By the end of support, fewer older clients were known to be experiencing homelessness (28%). Instead, most older clients (72%) were living in stable accommodation by the end of support in 2022–23, be it public or community housing, private or other housing or an institutional setting (Supplementary table OLDER.4).

Figure OLDER.4: Housing situation for older clients with closed support, 2022–23

Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table OLDER.3.

In 2022-23, around 20,500 older clients had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 11,600 clients) (Supplementary table OLDER.3):

- Around 5,900 older clients maintained private housing at the end of support.
- Around 3,500 older clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 6,700 older clients):

- Around 1,500 older clients ended support in short-term accommodation.
- Around 770 ended support in private housing.
- Around 1,200 older clients were couch surfing at the end of support.

- Around 1,200 older clients were couch surfing at the end of support.

References

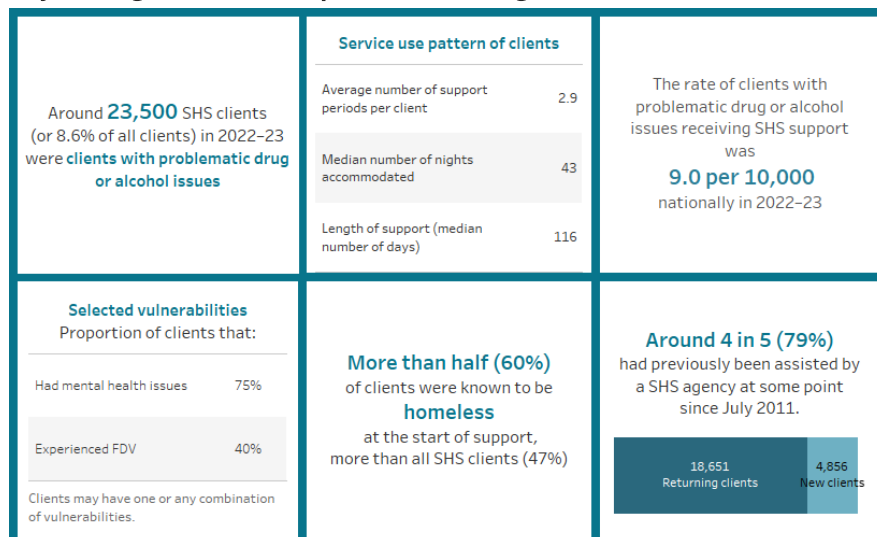
- Australian Bureau of Statistics (2012) *Census of Population and Housing: estimating homelessness, 2006*. ABS website, accessed 10 October 2022.
- Australian Bureau of Statistics (2018) *Census of Population and Housing: estimating homelessness, 2011*. ABS website, accessed 27 July 2023.
- Australian Bureau of Statistics (2023) *Census of Population and Housing: estimating homelessness, 2021*. ABS website, accessed 27 July 2023.
- Anglicare Australia (2023) *Rental Affordability Snapshot*. Anglicare website, accessed 25 July 2023.
- Australian Institute of Health and Welfare (2023) *Financial assistance 2023* [data set], AIHW website, accessed 07 October 2022.
- AIHW (2022) *Specialist homelessness services client pathways: Older clients in 2014–17*, AIHW website.
- Cameron P (2013) 'What's choice got to do with it? Women's lifetime financial disadvantage and the superannuation gender pay gap', *Policy Brief No. 55*, The Australia Institute. July 2013.
- Canham SL, Humphries J, Moore P, Burns V and Mahmood A (2021) 'Shelter/housing options, supports and interventions for older people experiencing homelessness', *Ageing and Society*, 4(1):1-27, doi: 10.1017/S0144686X21000234.
- Canham SL, Custodio K, Mauboules C, Good C and Bosma H (2020) 'Health and psychosocial needs of older adults who are experiencing homelessness following hospital discharge', *The Gerontologist*, 60(4): 715-724, doi: 10.1093/geront/gnz078.
- Humphries J and Canham SL (2021) 'Conceptualizing the shelter and housing needs and solutions of homeless older adults', *Housing Studies*, 36(2):157-179, doi: 10.1080/02673037.2019.1687854.
- Kushel M (2020) 'Homelessness among older adults: An emerging crisis', *Generations*, 44(2):1-7.
- Nilsson SF, Laursen TM, Hjorthøj C and Nordentoft M (2018) 'Homelessness as a predictor of mortality: an 11-year register-based cohort study', *Social Psychiatry and Psychiatric Epidemiology*, 53(1):63-75. doi: 10.1007/s00127-017-1456-z.
- Om P, Whitehead L, Vafeas C and Towell-Barnard A (2022) 'A qualitative systematic review on the experiences of homelessness among older adults', *BMC geriatrics*, 22(1):1-10, doi: 10.1186/s12877-022-02978-9.
- O'Connor CMC, Poulos RG, Sharma A, Preti C, Reynolds NL, Rowlands AC, Flakelar K, Ragus A, Valpiani P, Faux SG, Boyer M, Close JCT, Gupta L, Poulos CJ (2023) 'An Australian aged care home for people subject to homelessness: health, wellbeing and cost-benefit', *BMC Geriatr*, 23(1): 253, doi: 10.1186/s12877-023-03920-3
- Parsell C, Ten Have C, Denton M, Walter Z (2018) 'Self-management of health care: multimethod study of using integrated health care and supportive housing to address systematic barriers for people experiencing homelessness', *Australian Health Review*, 42(3):303-308, doi: 10.1071/AH16277.
- Petersen M, Parsell C, Phillips R, White G (2014) 'Preventing first time homelessness amongst older Australians', *AHURI Final Report No. 322*, Australian Housing and Urban Research Institute Limited.
- Power E, Mee K and Horrocks J (2018) 'Housing: An infrastructure of care for older Australians', *Parity*, 31 (4): 16-18, doi: 10.3316/informit.763478754874546.
- Scutella R, Chigavazira A, Killackey E, Herault N, Johnson G, Moschion J and Wooden M (2014) '  Findings from Waves 1 to 4: Special topics', *Journeys Home Research Report No. 4*, report to the Australian Government Department of Social Services, Melbourne Institute of Applied Economic and Social Research.

Clients with problematic drug and/or alcohol use

On this page

- [Key findings](#)
- [Client characteristics](#)
- [Service use patterns](#)
- [Main reasons for seeking assistance](#)
- [Housing situation and outcomes](#)
- [References](#)

Key findings: Clients with problematic drug and/or alcohol use, 2022-23



There is a strong association between problematic alcohol or other drug use and experiences of homelessness (AIHW 2023). It can lock people into homelessness and compound the effects of limited-service engagement and increased social isolation. The [Journeys Home](#) project (a longitudinal survey of Australians) found that of those people who had experienced housing instability or homelessness, risky use of substances was also reported for alcohol (57%), illicit drug use (39%) and the injection of drugs (14%) in the previous 6 to 12 months (Scutella et al. 2014).

Problematic alcohol or other drug use is related to several homelessness risk factors, including low socioeconomic status and family and domestic violence (Lalor 2020). Problematic drug and/or alcohol users are also at great risk of serious and preventable health issues and death, particularly those who are homeless (AIHW 2023).

The characteristics of people with problematic drug and/or alcohol use as well as their service use patterns, and housing outcomes were different from the other client groups presented in this report. Clients with problematic drug and/or alcohol use over the age of 10 were more likely to be male, present to agencies alone and be experiencing homelessness at first presentation compared with all SHS clients. They were also more likely to be returning clients and use support services to a greater extent.

Reporting clients with problematic drug and/or alcohol use in the Specialist Homelessness Services Collection (SHSC)

SHS clients aged 10 and over are considered to have problematic drug and/or alcohol use if, at the beginning of or during support, the client provided any of the following information:

- recorded their dwelling type as rehabilitation facility
- required drug or alcohol counselling
- were formally referred to the SHS agency from an alcohol and drug treatment service
- had been in a rehabilitation facility or institution during the past 12 months
- reported problematic drug, substance or alcohol use as a reason for seeking assistance or the main reason for seeking assistance.

The identification of clients with problematic drug and/or alcohol use may be current or recent; referring to issues at presentation, just prior to receiving support or at least once in the 12 months prior to support.

For more information see [Technical notes](#).

In 2022-23:

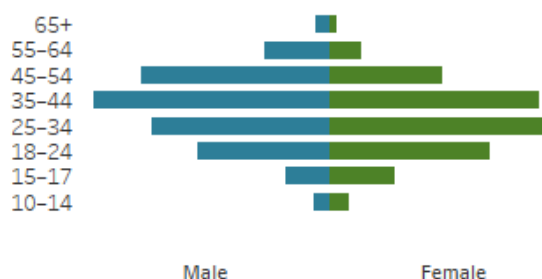
- SHS agencies assisted more than 23,500 clients (aged 10 and over) with problematic drug and/or alcohol use, an increase from around 23,400 in 2021-22 (Historical data table HIST.SUB).
- Clients with problematic drug and/or alcohol use represented 8.6% of all SHS clients. (Supplementary table CLIENTS.41).

Client characteristics

Figure SUB.1: Key demographics, SHS clients with problematic drug and/or alcohol use, 2022–23

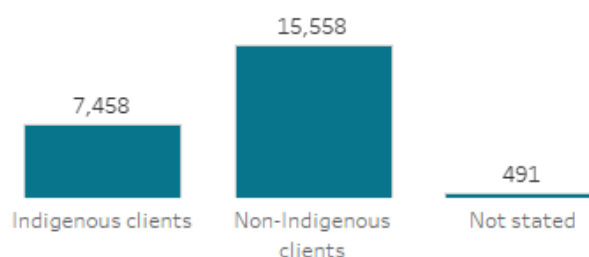
In 2022–23, around **23,500** clients with problematic drug or alcohol issues received support from specialist homelessness services.

Age and sex



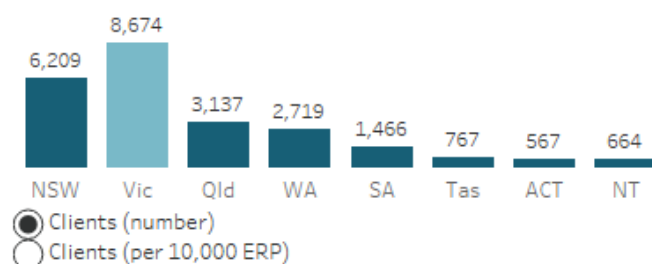
A total of **12,133 males (52%)** and **11,374 females (48%)** received support from SHS agencies.

Indigenous status



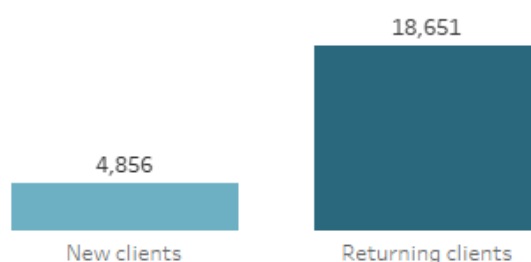
Around one-third (**32%**) of clients identified as Indigenous.

States and territories



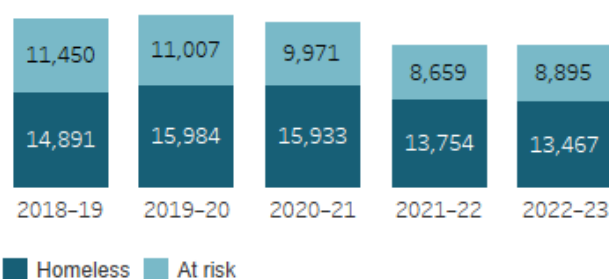
SHS agencies based in Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients.

New and returning clients



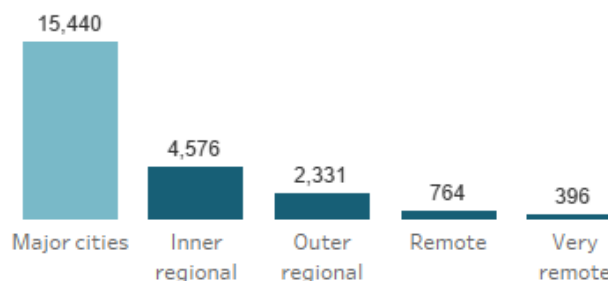
18,651 (79%) of **23,507** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness



In 2022–23, **8,895 (40%)** of clients were at risk of homelessness at the start of support.

Remoteness area



The majority of clients with problematic drug or alcohol issues (**66%**) were in major cities.

Presenting unit and Living arrangements

Most clients (89% or nearly 21,000) with problematic drug and/or alcohol use presented to services for assistance alone, higher than for all SHS clients (64%) (Supplementary tables CLIENTS.9 and CLIENTS.44). A further 7.1% (or around 1,700) of clients were single with one or more children, which was much lower than the rate for all SHS clients (28%).

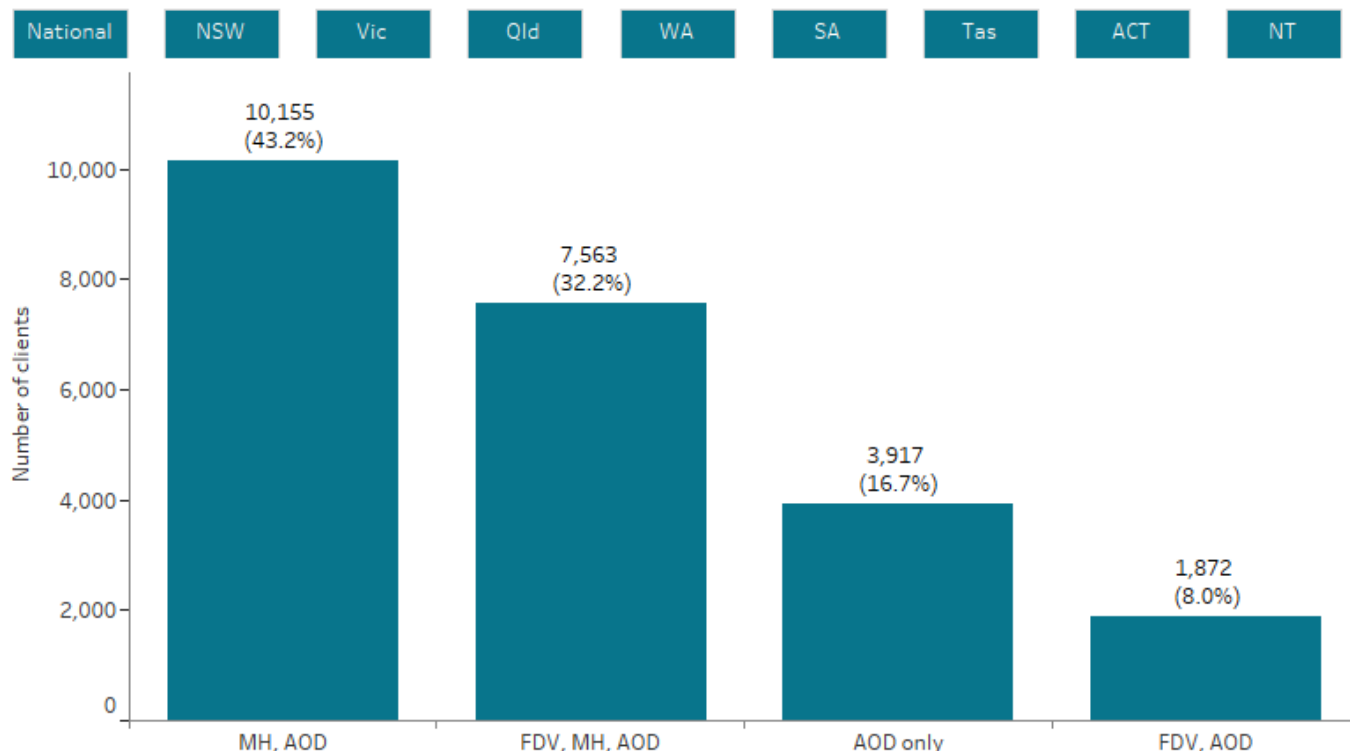
The living arrangements reported by SHS clients with problematic drug and/or alcohol use at the beginning of support were quite different from the overall SHS population and other client groups. In 2022–23 (Supplementary table CLIENTS.10):

- About 61% (or around 14,000) clients with problematic drug and/or alcohol use were living alone at the beginning of SHS support (Supplementary table CLIENTS.45), higher than the proportion for all SHS clients (33%) and other client groups, such as clients with disability (41%) and clients with a current mental health issue (48%).
- Fewer clients with problematic drug and/or alcohol use were living as one parent with child(ren) (12% or 2,700 compared with 35% of all SHS clients) (Supplementary tables CLIENTS.10 and CLIENTS.45).

Selected vulnerabilities

Clients with problematic drug and/or alcohol use can have additional challenges which may make them more vulnerable to homelessness. The additional vulnerabilities presented here include family and domestic violence and/or a current mental health issue.

Figure SUB.2: Clients with problematic drug and/or alcohol use, by selected vulnerabilities, 2022–23



Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Totals may not sum due to rounding.
3. Only includes clients aged 10 years and over.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.47.

In Australia, in 2022–23, of the around 23,500 clients with problematic drug or alcohol issues, around 7,600 had both of the additional selected vulnerabilities.

- 75% of clients had a current mental health issue.
- 40% of clients experienced family and domestic violence.

Service use patterns

The length of support provided to clients with problematic drug and/or alcohol use increased in 2022–23 to a median of 116 days, up from 86 days in 2017–18. The average number of support periods per client has been relatively consistent over time; from an average of 2.9 support periods per client in 2018–19, increasing to 3.1 in 2021–22, and 2.9 in 2022–23. The median number of nights accommodated increased from 40 in 2017–18 to 43 in 2022–23 (Supplementary table CLIENTS.48).

New or returning clients.

In 2022–23 (Supplementary table CLIENTS.42):

- Clients with problematic drug and/or alcohol use were more likely to have received SHS services in the past (79% or almost 18,700 clients) than be new clients (21% or more than 4,900). That is, around 4 in 5 of clients in this cohort had previously been assisted by a SHS agency at some point since the collection began in July 2011.
- Clients with problematic drug and/or alcohol use were more likely to be returning clients (79%) compared with other client groups; for example, compared with clients with a mental health issue (71%) and all SHS clients (63%). This may reflect the cyclical nature of insecure housing among people with problematic drug and/or alcohol use.

Main reasons for seeking assistance

In 2022–23, the main reasons clients with problematic drug and/or alcohol use presented to SHS agencies were (Supplementary tables SUB.5 and CLIENTS.22):

- housing crisis (19%, compared with 20% of the overall SHS population)
- inadequate/inappropriate dwelling conditions (15%, compared with 11%)
- family and domestic violence (14%, compared with 25%).

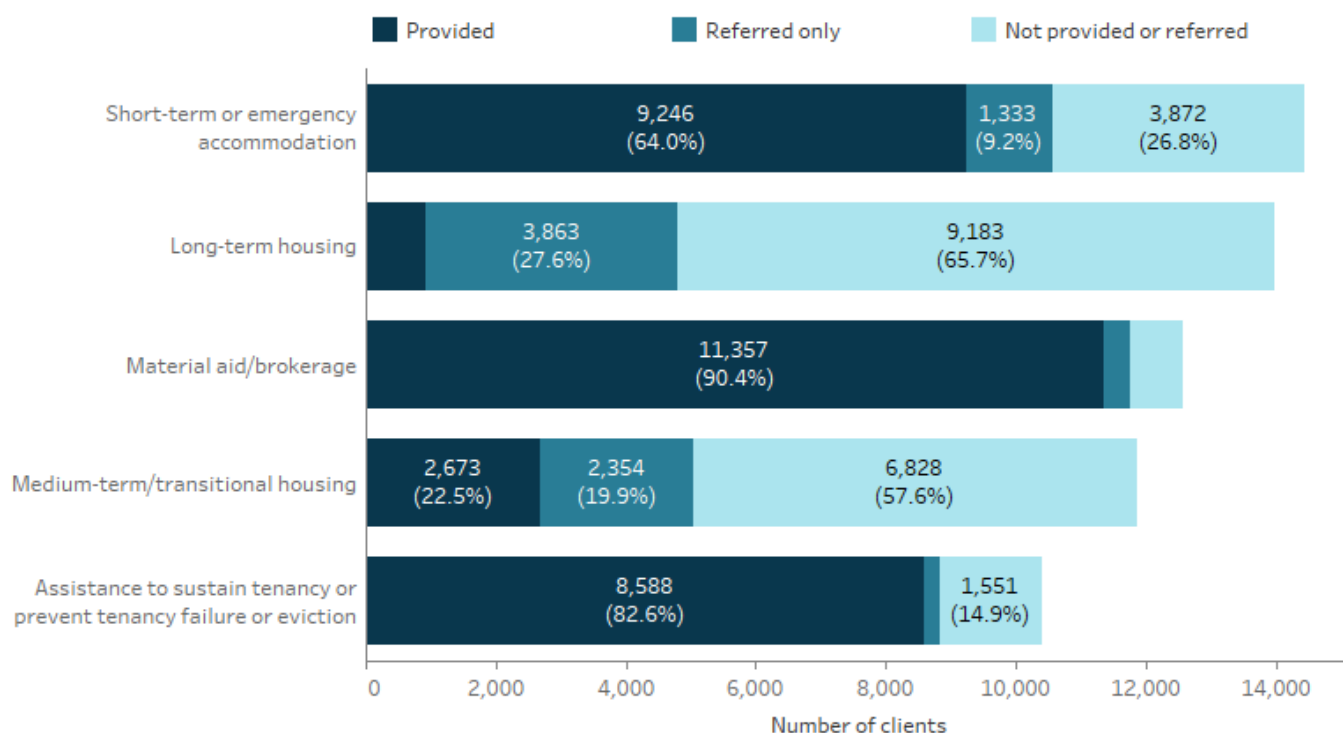
Few clients (4.5%) with problematic drug and/or alcohol use reported substance use issues as the main reason for seeking SHS assistance.

Services needed and provided

In 2022–23, the top 6 needs reported by SHS clients with problematic drug and/or alcohol use mainly related to housing and tenure (Supplementary table SUB.2).

Figure SUB.3: Clients with problematic drug and/or alcohol use, by services needed and provided, 2022–23

Select assistance category
All



Notes:

1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.
2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table SUB.2.

In 2022–23, clients with problematic drug or alcohol issues needed:

- short-term or emergency accommodation (61% or around 14,500), with 64% of those needing this service receiving this service.
- assistance for family/domestic violence (24% or around 5,600 clients), with 77% receiving this service.
- material aid/brokerage (53% or around 12,600 clients), with 90% receiving this service.
- long-term housing (59% or around 14,000 clients), with 6.7% receiving this service.

Housing situation and outcomes

Outcomes presented here highlight the changes in clients' housing situation at the start and end of support. That is, the place they were residing before and after they were supported by a SHS agency. The information presented is limited only to clients who have stopped receiving support during the financial year, and who were no longer receiving ongoing support from a SHS agency. Information on client housing situations at the start of their first period of support during 2022–23 is compared with the end of their last period of support in 2022–23. As such, this information does not cover any changes to their housing situation during their support period.

While overall housing outcomes generally reflect trends towards more favourable housing, experiences of homelessness, particularly rough sleeping, were more common for clients with problematic drug and/or alcohol use both at the start and end of SHS support compared with other client groups.

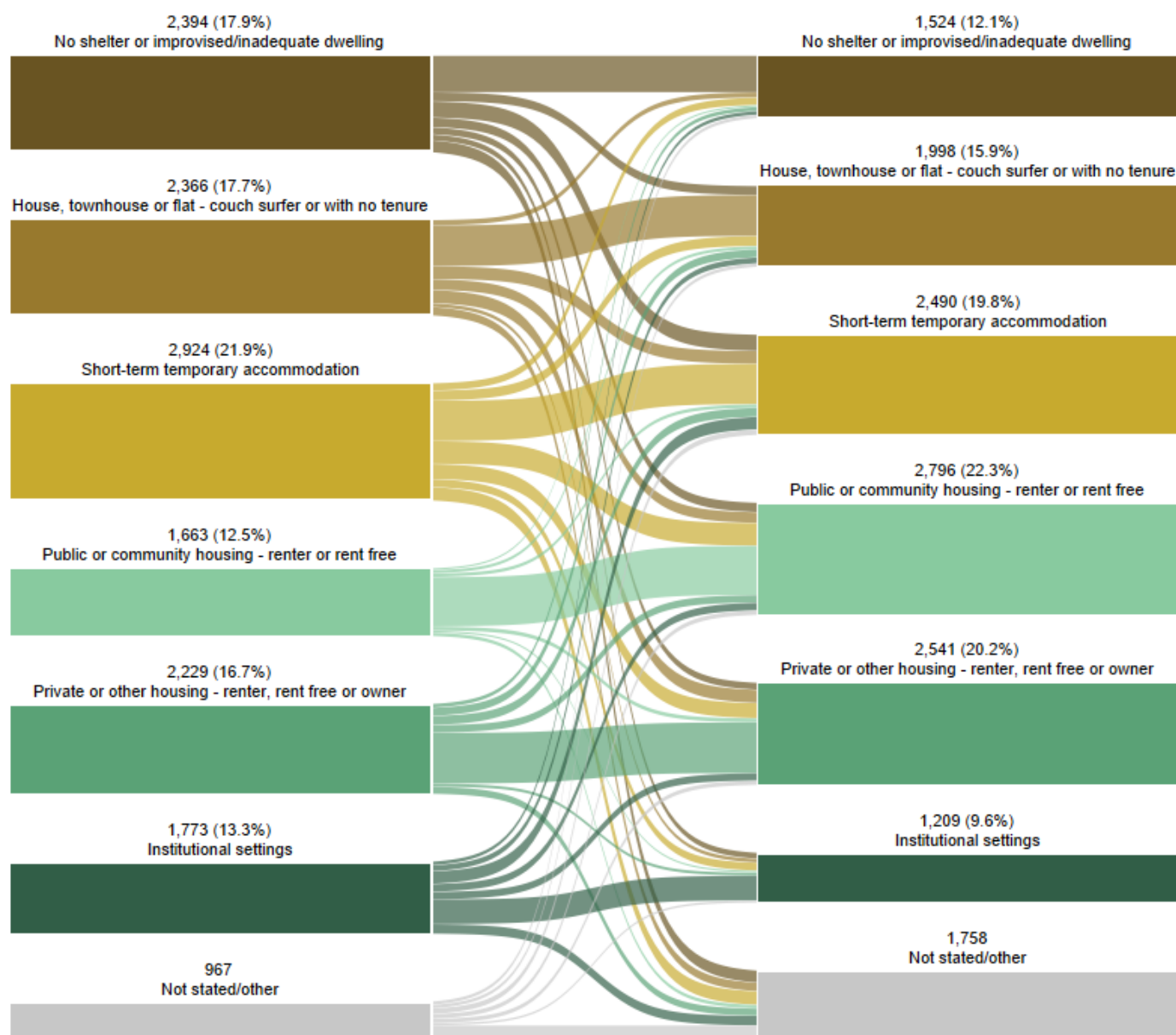
For people with problematic drug and/or alcohol use in 2022–23, over half (58% or 7,700 clients) were experiencing homelessness at the start of support; nearly 2,400 (18%) had no shelter or were in an improvised/inadequate dwelling. By the end of support, 52% of clients were housed (Supplementary table SUB.3).

Figure SUB.4: Housing situation for clients with problematic drug or alcohol issues with closed support, 2022–23

Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table SUB.3.

In 2022-23, around 14,300 clients with problematic drug or alcohol issues had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 5,700 clients) (Supplementary table SUB.3):

- Around 1,300 clients maintained private housing at the end of support.
- Around 1,200 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 7,700 clients):

- Around 1,700 clients ended support in short term accommodation.
- Around 870 ended support in private housing.
- Around 1,500 clients were couch surfing at the end of support.

- Around 1,500 clients were couch surfing at the end of support.

References

Australian Institute of Health and Welfare (2023) *Alcohol, tobacco & other drugs in Australia* AIHW website, accessed 19 September 2023.

Johnson C and Chamberlain G (2008) 'Homelessness and substance abuse: which comes first?', *Australian Social Work*, 61(4), accessed 19 September 2023.

Lalor E (2020)  *Inquiry into Homelessness in Victoria: Submission to Legal and Social Issues Committee Legislative Council Parliament of Victoria* North Melbourne, Vic: Alcohol and Drug Foundation.

Robinson C (2014) 'Trauma: A cause and consequence of homelessness', in Chamberlain C, Johnson G and Robinson C (eds.) *Homelessness in Australia*, NewSouth Publishing, Sydney, NSW.

Scutella R, Chigavazira A, Killackey E, Herault N, Johnson G, Moshcion J and Wooden M (2014)  *Findings from Waves 1 to 4: Special Topics', Journeys Home Research Report No. 4*, report to the Australian Government Department of Social Services, Melbourne Institute of Applied Economic and Social Research, Melbourne.

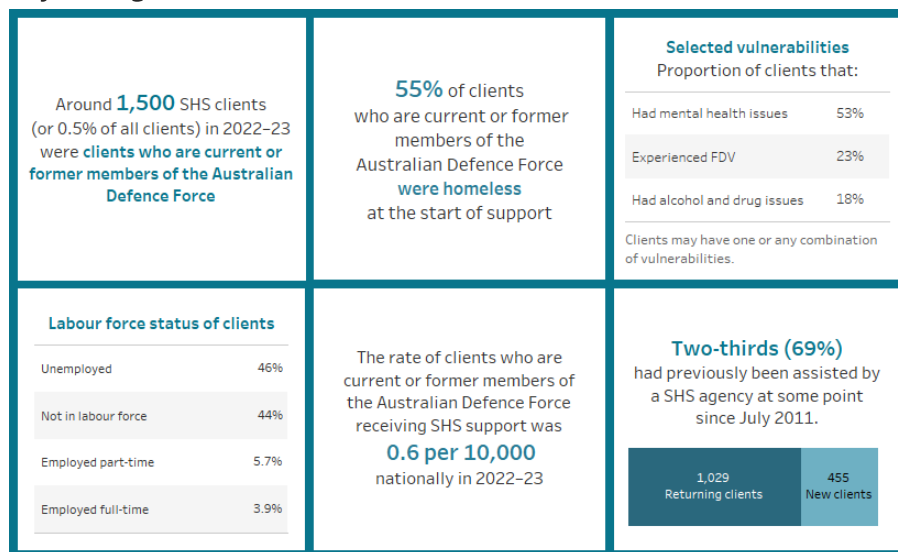
Clients who identified as current or former members of the ADF

Clients who identified as current or former members of the Australian Defence Force (ADF)

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Key findings: SHS clients who are current or former members of the ADF, 2022–23



The long-term welfare of Australian Defence Force (ADF) members is important as Defence members, like any other Australian, may experience homelessness for a number of reasons, including:

- Complex personal needs – mental health issues and other complex vulnerabilities can be reflective of the unique demands of service (McFarlane et al. 2011).
- Financial stress – employment can become an issue for ADF members when transitioning from service to civilian life (Searle et al. 2019).

At 30 June 2023, there were 57,300 permanent current serving ADF members (Defence 2023) and an estimated 595,200 living former serving members (DVA 2023). An estimated 5,800 veterans (or 5.3%) who have transitioned from the ADF experience homelessness every year, compared to 1.9% of the broader population (Hilferty et al. 2019).

Identified risk factors for veterans contributing to a high risk of experiencing homelessness can include being single, being unemployed, experiencing financial strain, having a physical injury, disability, and mental health issue, having less contact with friends or a family because of physical isolation and experiencing a greater number of traumatic events than the broader population (Hilferty et al. 2019).

Eligible current serving ADF personnel can access housing and rental assistance through Defence Housing Australia. Current or former ADF members can access a range of housing and homelessness services through government and non-government organisations, including access to subsidised housing loans, home support loans (cost of maintenance and modifications to their own homes that encourage independent living), insurances, other benefits and discounts (Defence 2022b).

To provide a better understanding of the extent to which current or former ADF members may need support from specialist homelessness services (SHS), the Australian Defence Force (ADF) indicator was introduced into the Specialist Homelessness Services Collection (SHSC) in July 2017.

As is common with new data items, upon implementation there were a high number of 'don't know' (14% in 2017–18) responses to the ADF question. A 'don't know' response is selected if the information is not known or the client refuses to provide the information. The proportion of clients selecting 'don't know' has decreased over time to 6.4% in 2022–23.

The [Use of homelessness services by contemporary ex-serving Australian Defence Force members 2011–17](#) report linked SHSC and Defence personnel data to identify contemporary ex-serving ADF members (those who discharged after 1 January 2001) who had used services between 2011–12 and 2016–17. The report provides a longer-term view of clients, prior to the implementation of the ADF indicator in the SHSC, including information on the profile of ex-serving ADF member SHS clients, and their outcomes at the start and end of support.

In 2022–23 (Supplementary table CLIENTS.41):

- SHS agencies assisted almost 1,500 clients who identified as current or former members of the ADF.
- Clients who identified as current or former members of the ADF made up less than 1% of all SHS clients.

Reporting ADF clients in the Specialist Homelessness Services Collection (SHSC)

The SHS ADF indicator is applied when a client self-identifies as a current or former ADF member. The ADF indicator is not applicable to clients who may have served in non-Australian defence forces, reservists who have never served as a permanent ADF member or clients under the age of 18.

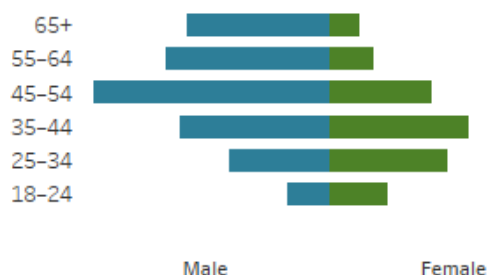
Note: differences between the results of this and other publicly reported estimates may be due to differences in how an ADF member is defined. Further details about the ADF indicator in the SHSC are provided in [Technical notes](#).

Client characteristics

Figure ADF.1: Key demographics, SHS clients who are current or former members of the ADF, 2022-23

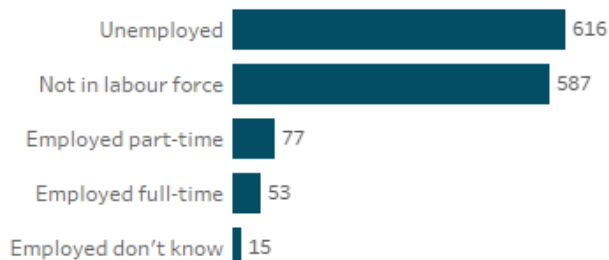
In 2022-23, around **1,500** clients who are current or former members of the ADF received support from specialist homelessness services.

Age and sex



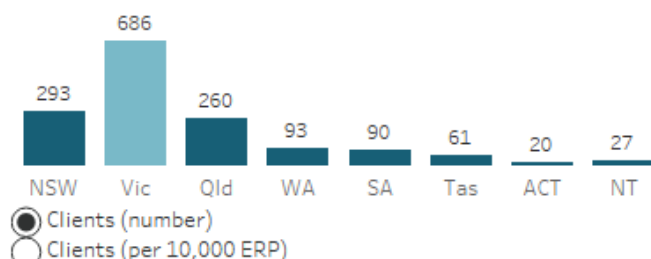
A total of **934 males (63%)** and **550 females (37%)** received support from SHS agencies.

Labour force status



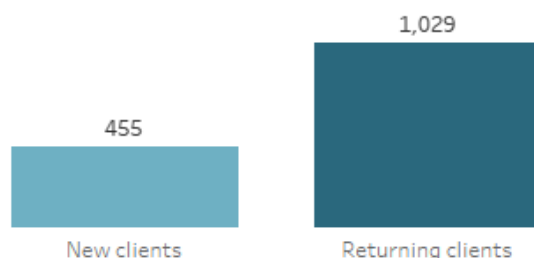
The majority of clients (**89%**) were unemployed or not in the labour force.

States and territories



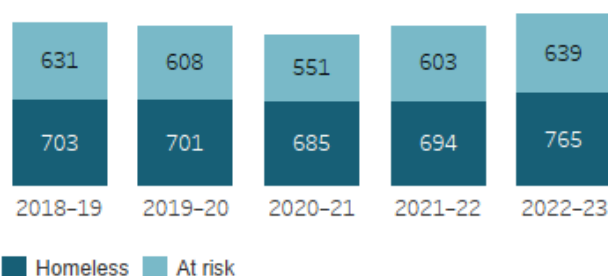
SHS agencies based in Victoria had the greatest number of clients and Tasmania and the Northern Territory had the highest rate of clients.

New and returning clients



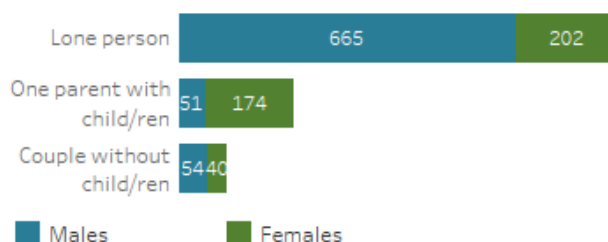
1,029 (69%) of **1,484** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness



In 2022-23, **639 (46%)** of clients were at risk of homelessness at the start of support.

Living arrangements



The majority of clients who are current or former members of the Australian Defence Force (**60%**) lived alone.

Labour force status

In 2022–23, almost half of clients who identified as current or former members of the ADF with a known labour force status were unemployed (46% or 620 clients), and a similar proportion were not in the labour force (44% or 590 clients). Around 1 in 10 clients (11%) were employed when they first presented to a SHS agency (Supplementary table ADF.6).

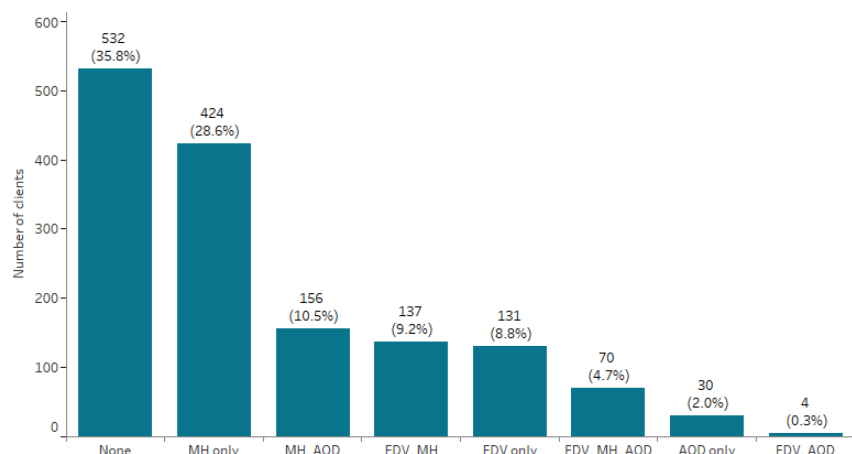
Living arrangements

In 2023–23, around three-quarters (75% or 1,100 clients) of SHS clients who identified as current or former members of the ADF lived alone or were single parents living with their children. Around one-third (33% or 175 clients) of female clients were single parents living with their children, compared to 5.6% (51 clients) of males (Supplementary table CLIENTS.45).

Selected vulnerabilities

SHS clients in general can face additional vulnerabilities that make them more susceptible to experiencing homelessness, in particular family and domestic violence, a current mental health issue and problematic drug and/or alcohol use. In 2022–23, around two-thirds (64%, or 950 clients) of clients who identified as current or former members of the ADF had at least one of the three selected vulnerabilities, greater than the proportion of the total SHS population (59%, or 135,000 clients) (Supplementary table CLIENTS.47).

Figure ADF.2: Clients who identified as current or former members of the ADF, by selected vulnerability characteristics, 2022–23



Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Totals may not sum due to rounding.
3. Only includes clients aged 10 years and over.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.47.

In Australia, in 2022–23, of the around 1,500 clients who are current or former members of the Australian Defence Force aged 10 and over, around 70 had all three of the selected vulnerabilities.

- 53% of clients had a current mental health issue.
- 23% of clients experienced family and domestic violence.
- 18% of clients reported experiencing problematic drug or alcohol use.

Service use patterns

The length of support received by clients who identified as current or former members of the ADF increased from a median of 53 days of support in 2017–18 to 60 days in 2022–23. These clients had an average of 2.6 support periods per client in 2022–23 (Supplementary table CLIENTS.48).

Changes over time since 2017–18

The total number of clients who identified as current or former members of the ADF who received support from SHS agencies increased by an average of 2.8% annually between 2017–18 and 2022–23, from 1,300 clients in 2017–18 to 1,500 in 2022–23 (Supplementary table HIST.ADF). The number of female veterans increased by an average of 4.4% per year over the period, compared with 1.9% for males. This compares to an average decrease of 0.3% per year between 2017–18 and 2022–23 for all SHS clients (Supplementary table HIST.CLIENTS).

New and returning clients

Around one-third (31% or 455 clients) of clients who identified as current or former members of the ADF in 2022–23 were new to SHS agencies, less than the proportion of new clients within the total SHS population (37%) (Supplementary tables CLIENTS.2 and CLIENTS.42). Of those new clients identifying as current or former members of the ADF, one in five were aged 45–54 years (21%), and 65 years and over (22%). (CLIENTS.42).

Around 1,000 (69%) clients returned to SHS agencies for assistance in 2022–23. Males were more likely to be aged 45–54 (31% or around 195 clients), while females were more likely to be aged 35–44 (29% around 115).

Main reasons for seeking assistance

SHS agencies provide a range of support services. For clients who identified as current or former members of the ADF receiving SHS support in 2022–23 (Supplementary tables ADF.4 and ADF.5):

- The main reason for seeking assistance was housing crisis (25% or around 370 clients), followed by inadequate or inappropriate dwelling conditions (16% or 235 clients). This is generally consistent with most other SHS clients in 2022–23.
- Clients currently experiencing homelessness and those at risk of homelessness identified housing crisis as the main reason for seeking assistance (27% or around 210 clients and 24% or almost 155 clients respectively).

- Clients at risk of homelessness were more likely to report family and domestic violence as a main reason for seeking assistance (12%) than clients experiencing homelessness (6.7%).
- Clients at risk of homelessness were more likely to report financial difficulties as a main reason for seeking assistance (18%) than clients presenting as homeless (8.4%).

Services needed and provided

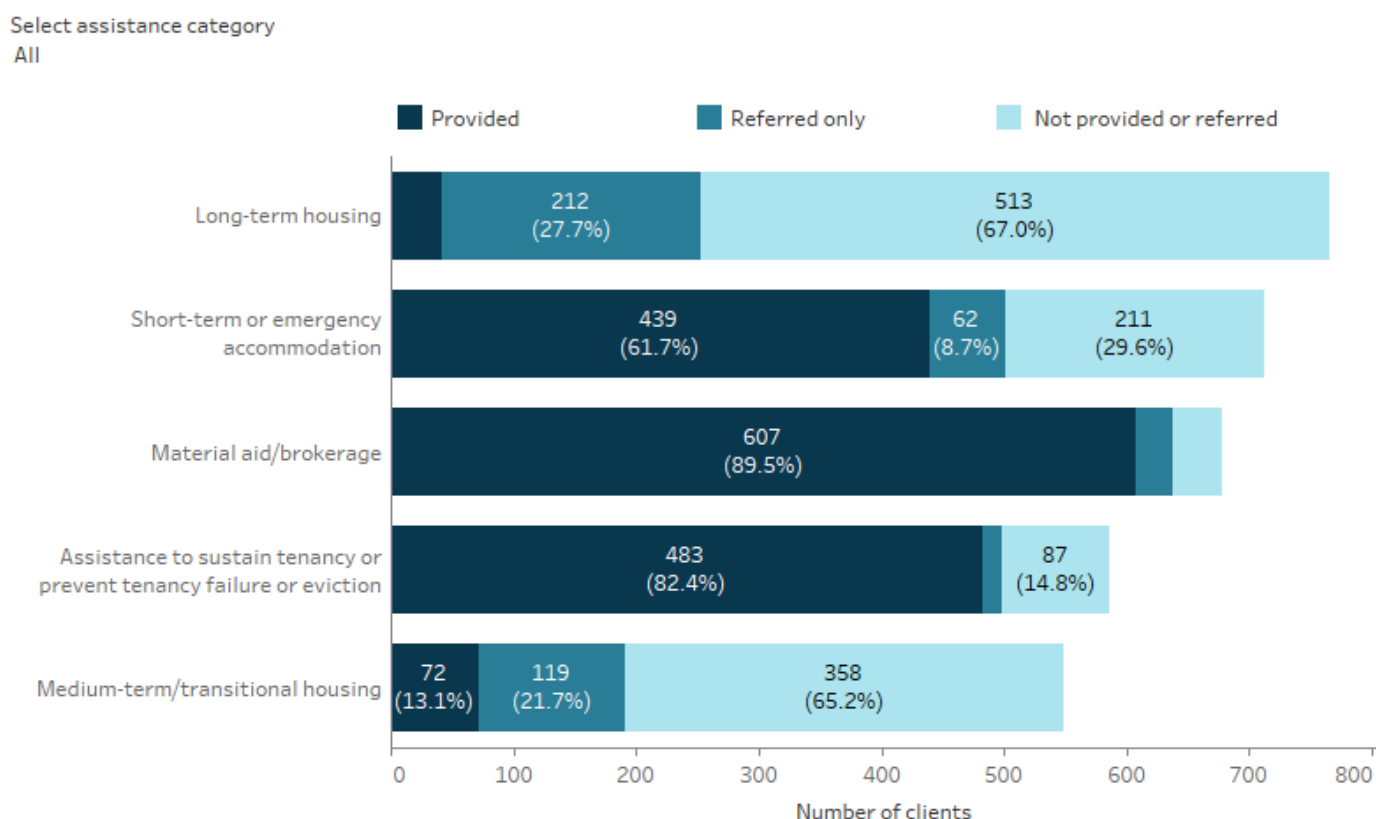
In 2022–23, the provision of support services to clients varied based on their identified need on presentation (Figure ADF.3, Supplementary table ADF.2 and CLIENTS.24):

- Advice/information was the most likely service needed by clients (87% or around 1,300 clients) and was provided to 99% of those who needed it.
- Two-thirds (66%) of clients needed accommodation and it was provided to 52% of those who needed it.

Compared with all SHS clients, clients who identified as current or former members of the ADF were more likely to need:

- advocacy liaison (64% compared with 53% among all SHS clients)
- material aid/brokerage (46% compared with 37%)
- assistance to sustain a tenancy or prevent tenancy failure or eviction (40% compared with 31%).

Figure ADF.3: Clients who identified as current or former members of the Australian Defence Force: services needed and provided, 2022–23



Notes:

1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.
2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table ADF.2.

In 2022–23, clients who are current or former members of the Australian Defence Force needed:

- short-term or emergency accommodation (48% or around 710), with 62% of those needing this service receiving this service.
- assistance for family/domestic violence (14% or around 205 clients), with 85% receiving this service.
- material aid/brokerage (46% or around 680 clients), with 90% receiving this service.
- long-term housing (52% or around 770 clients), with 5.4% receiving this service.

Housing situation

In 2022–23, of those clients who identified as current or former members of the ADF (Supplementary tables ADF.3 and CLIENTS.11):

- On presentation to services for assistance more than half of clients (54%) were experiencing homelessness (compared with 47% of all SHS clients):
 - 22% (305 clients) were rough sleeping (compared with 10% of all SHS clients).
 - 20% (around 275 clients) were in short-term or emergency accommodation (compared with 17%)

- Just under half (46%) presented to services at risk of homelessness (compared with 53%):
 - 30% were in private or other housing (compared with 31%)
 - 8.5% were in public or community housing (compared with 12%).

References

Department of Defence (2023) [Annual report 2022-23](#), Defence website, accessed on 2 November 2023.

Department of Defence (2022) [ADF Member And family transition guide](#), Department of Defence, accessed on 1 September 2023.

Department of Veterans Affairs (2023) [Annual report 2022-23](#), DVA website, accessed on 2 November 2023.

Hilferty F, Katz I, Zmudzki F, Hooff M, Lawrence-Wood E, Searle A, Evans G, Challinor B, and Talbot A 2019 [Homelessness amongst Australian veterans](#), report to the Australian Government Department of Veterans' Affairs, AHURI.

McFarlane A, Hodson S, Van Hooff M and Davies C (2011) [Mental health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study: Full report](#), Department of Defence, Canberra.

Searle, A, Van Hooff M, Lawrence-Wood E, Hilferty F, Katz I, Zmudzki F and McFarlane A (2019)  [Homelessness amongst Australian contemporary veterans: pathways from military and transition risk factors](#), report to the Australian Government Department of Veterans' Affairs, AHURI.

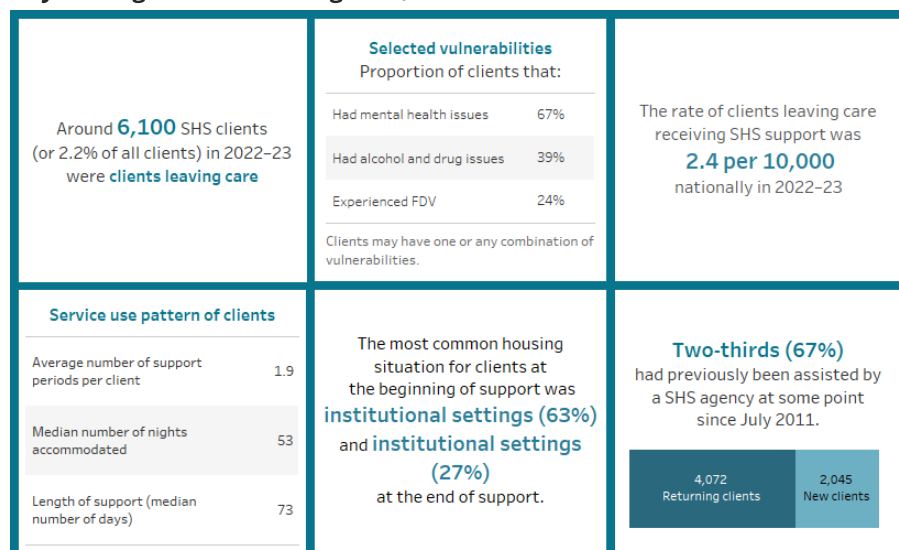
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Clients leaving care

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Key findings: Clients exiting care, 2022–23



People leaving care arrangements, including people transitioning from health care settings (hospitals, psychiatric hospitals, rehabilitation and aged care facilities) and young people transitioning from out-of-home care (foster care and residential care facilities), can find themselves particularly vulnerable to homelessness. This can be due to inadequate transition planning, undertaking discharge assessments in time or resource-pressured environments and limited options for exit into suitable and secure housing (Brackertz et al. 2018). One study of care leavers in Victoria found that more than half of the participants accessed specialised homelessness services in the 4 years following their transition from care (Martin et al. 2021).

In 2021–22, around 4,000 young people aged 15–17 were discharged from out-of-home care in Australia (AIHW 2023), corresponding with the end of formal support in the child protection system. Around 1 in 3 (30%) young people leaving out-of-home care experience homelessness at some stage within their first year after leaving care (37% of these for 6 months or more) (McDowall 2020).

Young people transitioning from out-of-home care face barriers to accessing the same opportunities as their non-care peers who increasingly rely on parental resources in young adulthood (Wilkins et al. 2019). During this accelerated transition to independence, young people leaving care need adequate support to access safe and stable housing, education, employment, financial security, supportive relationships and networks, and life skills (FaHCSIA 2011).

People transitioning from health care settings are also at risk of being discharged into homelessness. In a study of people who have experienced homelessness, 17% had been admitted to hospital for a mental health diagnosis in the previous 2 years (Wood et al. 2016). Discharge from a psychiatric hospital in particular has been identified as a key pathway into homelessness among people with mental health issues (Nielssen et al. 2018).

People exiting institutions and care into homelessness are a national priority homelessness cohort identified in the National Housing and Homelessness Agreement which came into effect on 1 July 2018 (CRRF 2018) (See [Policy section](#) for more information).

Reporting clients leaving care in the Specialist Homelessness Services Collection (SHSC)

In the SHSC, a client is identified as transitioning from care arrangements if, in their first support period during the reporting period, either in the week before or at presentation:

- their dwelling type was hospital (excluding psychiatric), psychiatric hospital or unit, disability support, rehabilitation or aged care facility, or
- they identified transition from foster care/child safety residential placements or transition from other care arrangements as a reason for seeking assistance.

Note that these dwelling types are part of the broad housing situation 'Institutional settings', which also includes categories relating to custodial arrangements. See the associated section for information specifically relating to [Clients exiting custodial arrangements](#).

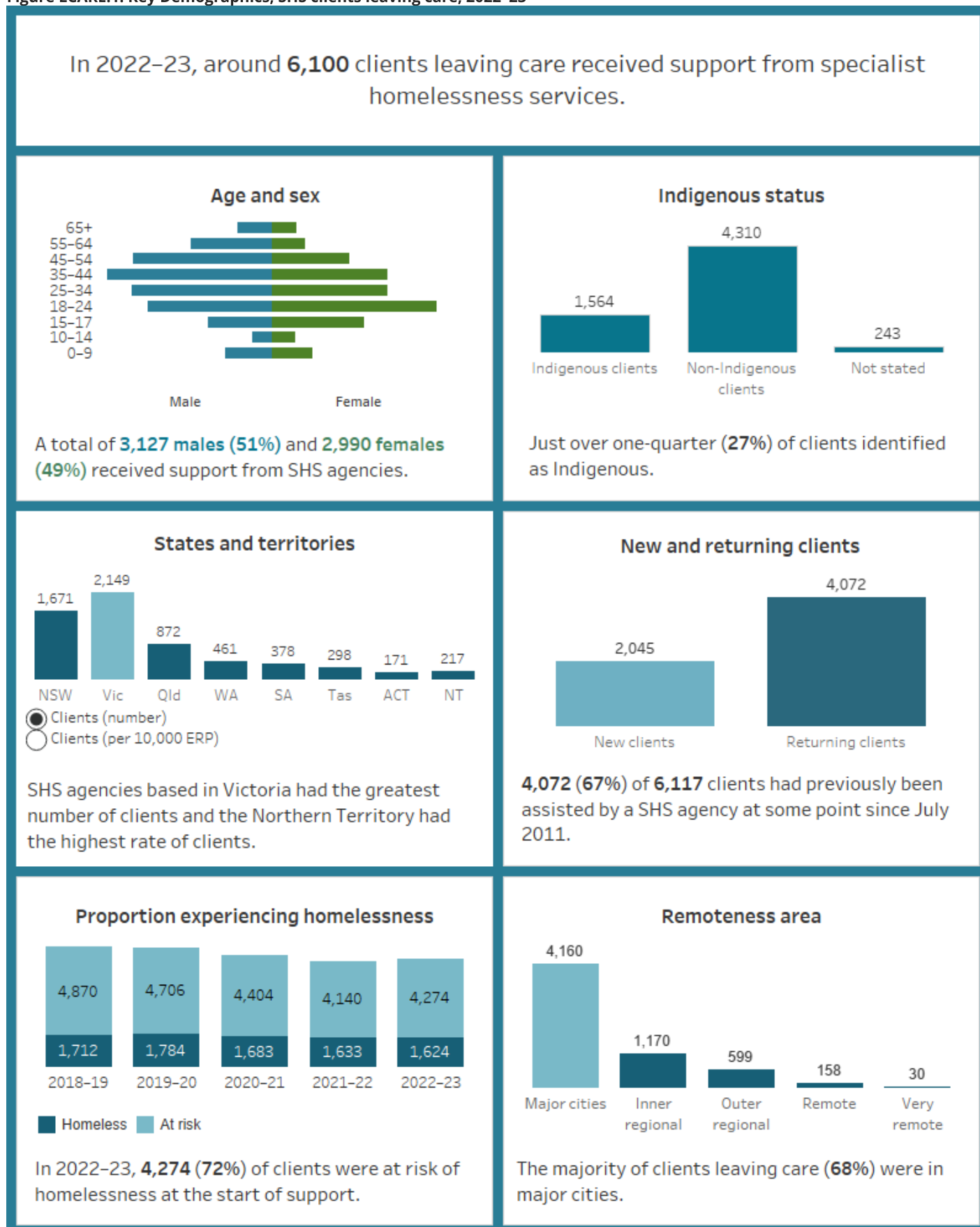
For more information see [Technical notes](#).

In 2022–23 (Supplementary table LCARE.1 and Historical data table HIST.LCARE):

- SHS agencies assisted around 6,100 clients leaving care, equating to 2.2% of all SHS clients in 2022–23.
- There were around 115 more SHS clients leaving care compared with 2021–22; the number of SHS clients leaving care has steadily decreased since the peak of around 7,100 clients in 2016–17 to 6,000 in 2021–22, before increasing slightly in 2022–23.
- The rate of SHS clients leaving care was 2.4 per 10,000 population, a decrease from 2.9 in 2016–17.

Client characteristics

Figure LCARE.1: Key Demographics, SHS clients leaving care, 2022–23



Dwelling type at beginning of support

In 2022–23, of the 6,100 SHS clients who were leaving care and stated their dwelling type at the beginning of support (Supplementary table LCARE.7):

- Around 1,600 clients (27%) were living in independent housing (house/townhouse/flat).
- Around than 1,100 (18%) were staying in a psychiatric hospital or unit.
- More than 1,000 (18%) were staying in a hospital (excluding psychiatric).

New or returning clients

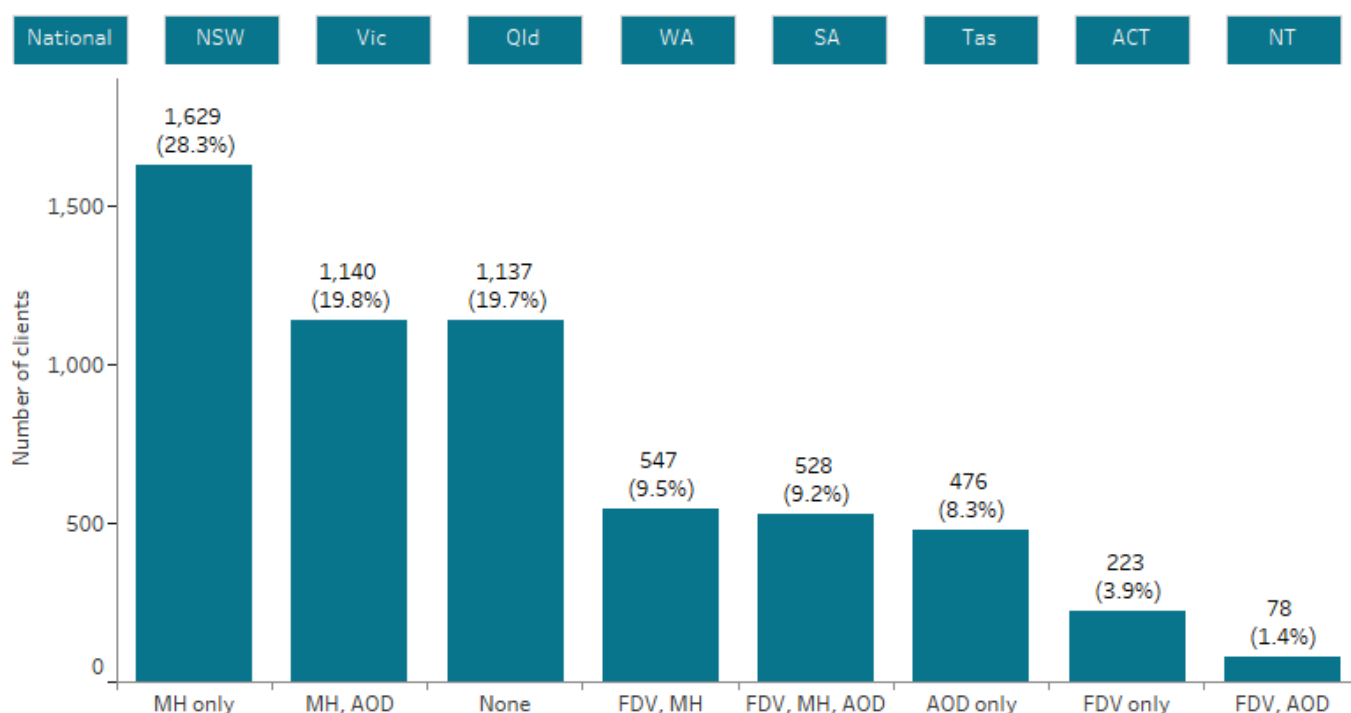
In 2022–23, of the 6,100 SHS clients leaving care (Supplementary table CLIENTS.42):

- Around 33% (2,000 clients) were new to SHS services and 67% (around 4,100 clients) were returning clients, having previously been assisted by a SHS agency at some point since the SHSC began in July 2011.
- More than half (54% or nearly 640 clients) of the clients under 18 were returning clients while nearly 69% (around 830 clients) of clients who were aged 18–24 were returning clients. These age groups include young people who may have left foster care or other out-of-home care arrangements.
- The proportion of clients who had previously been assisted by SHS agencies was similar for males and females (66% of males, compared with 67% of females).

Selected vulnerabilities

Clients leaving care may face challenges that make them more vulnerable to experiencing homelessness, more specifically, family and domestic violence, a current mental health issue and problematic drug and/or alcohol use.

Figure LCARE.2: Clients leaving care, by selected vulnerability characteristics, 2022–23



Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Totals may not sum due to rounding.
3. Only includes clients aged 10 years and over.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.47.

In Australia, in 2022–23, of the around 5,800 clients leaving care aged 10 and over, around 530 had all three of the selected vulnerabilities.

- 67% of clients had a current mental health issue.
- 39% of clients reported experiencing problematic drug or alcohol use.
- 24% of clients experienced family and domestic violence.

Service use patterns

The median length of support clients leaving care received in 2022–23 was 73 days, an increase from 63 days in 2017–18. The average number of support periods was 1.9 per client (Supplementary table CLIENTS.48).

Main reasons for seeking assistance

In 2022–23, the main reasons for seeking assistance among clients leaving care were (Supplementary table LCARE.5):

- housing crisis (15% or about 950 clients)
- transition from other care arrangements (12% or around 750 clients)

- inadequate or inappropriate dwelling conditions (10% or around 620 clients).

Clients leaving care who were at risk of homelessness at first presentation were more likely to identify mental health issues (9.5% of those at risk, compared with 3.3% experiencing homelessness) as the main reason for seeking assistance (Supplementary table LCARE.6).

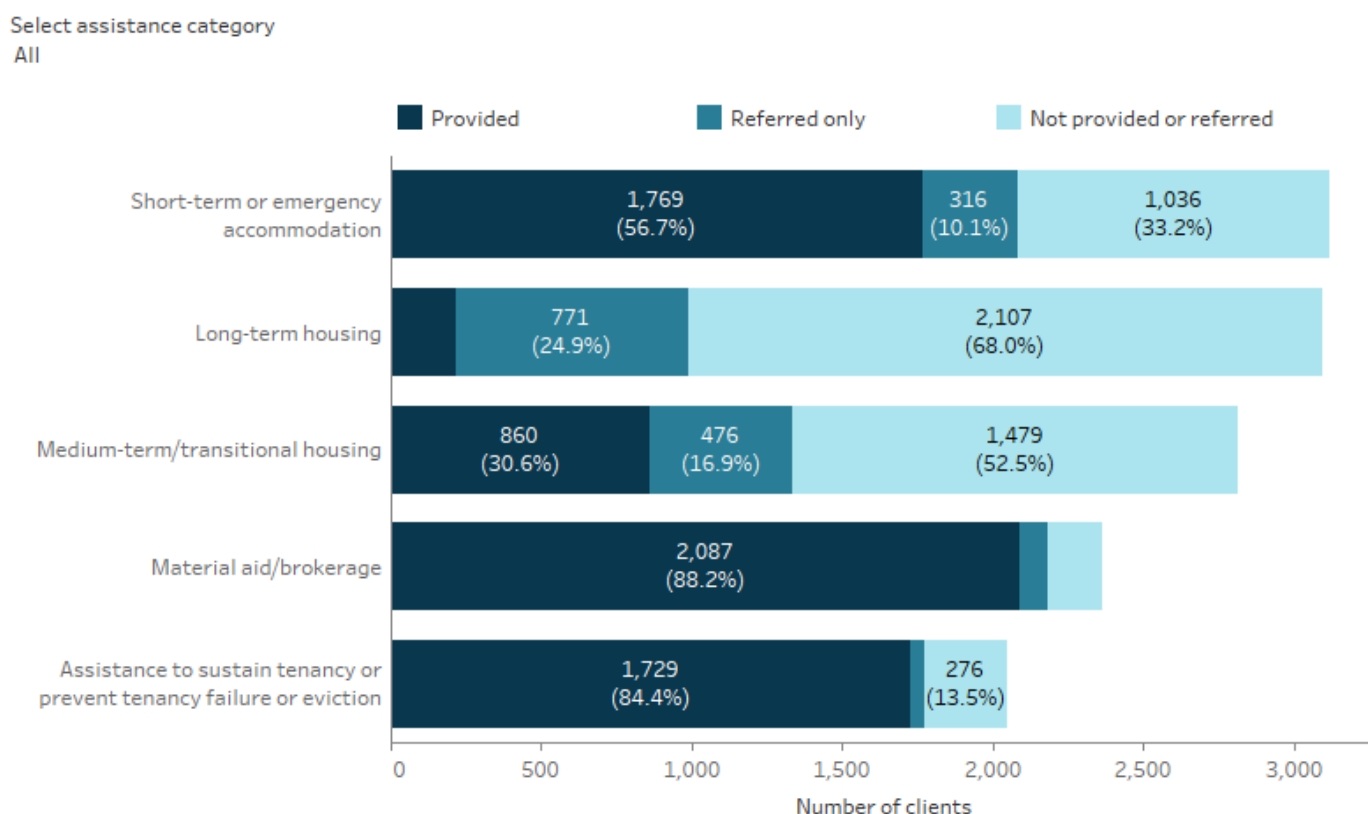
Clients leaving care who were experiencing homelessness at first presentation were more likely to report transition from other care arrangements (19%, compared with 9.2% at risk) or transition from foster care and child safety residential placements (14%, compared with 4.2% at risk) as the main reason for seeking assistance.

Services needed and provided

Clients leaving care were more likely than all SHS clients to need services including (Supplementary tables LCARE.2, CLIENTS.24):

- living skills/personal development (30%, compared with 17% of all SHS clients), with 91% receiving this service
- transport (27%, compared with 16%), with 91% receiving this service
- assistance with challenging social/behavioural problems (21%, compared with 11%), with 87% receiving this service
- mental health services (approximately 19%, compared with 8.3%), with 57% receiving this service and a further 15% referred
- health/medical services (17%, compared with 8.4%), with 64% receiving this service and a further 19% referred.

Figure LCARE.3: Clients leaving care, by services needed and provided, 2022–23



Notes:

1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.
2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table LCARE.2.

In 2022–23, clients leaving care needed:

- short-term or emergency accommodation (51% or around 3,100), with 57% of those needing this service receiving this service.
- assistance for family/domestic violence (12% or around 760 clients), with 75% receiving this service.
- material aid/brokerage (39% or around 2,400 clients), with 88% receiving this service.
- long-term housing (51% or around 3,100 clients), with 7.1% receiving this service.

Housing situation and outcomes

Outcomes presented here highlight the changes in clients' housing situation at the start and end of support. That is, the place they were residing before and after they were supported by a SHS agency. The information presented is limited only to clients who have stopped receiving support during the financial year, and who were no longer receiving ongoing support from a SHS agency. In particular, information on client housing situations at the start of their first period of support during 2022–23 is compared with the end of their last period of support in 2022–23. As such, this information does not cover any changes to their housing situation during their support period.

By the end of support, some clients had achieved or progressed towards a more positive housing solution, however, for some clients transitioning from institutional setting can be challenging. Clients leaving care will exit from different types of institutional settings, and will require different levels and types of support depending on which institutional setting they exit from. For example, more than half (54%) of young people experienced homelessness

within 4 years of leaving out-of-home-care, 70% attended an emergency department, 11% had a hospital admission for mental health, and 10% received a custodial youth justice sentence (Martin et al. 2021). Clients leaving care may have complex needs and differ from other groups leaving other types of care.

The most common housing situation for clients leaving care at both the beginning and end of SHS support was institutional settings; more than 2,500 clients (63%) at the beginning and around 1,000 clients (27%) at the end of support. Institutional settings include hospitals, psychiatric hospital/units, rehabilitation and aged care facilities and may be a reflection of support provided while clients were in these settings, or may reflect clients returned to these settings (Supplementary table LCARE.3).

Outside of institutional settings, the number of clients housed in public or community housing (renter or rent-free) or private or other housing (renter or rent-free) increased compared with the start of support. For clients leaving care arrangements in 2022–23, around 950 clients (24%) were experiencing homelessness at the start of support; around 530 (13%) were in short-term temporary accommodation (Supplementary table LCARE.3).

By the end of support, of clients with a known housing situation at the start and end of support (Supplementary table LCARE.4):

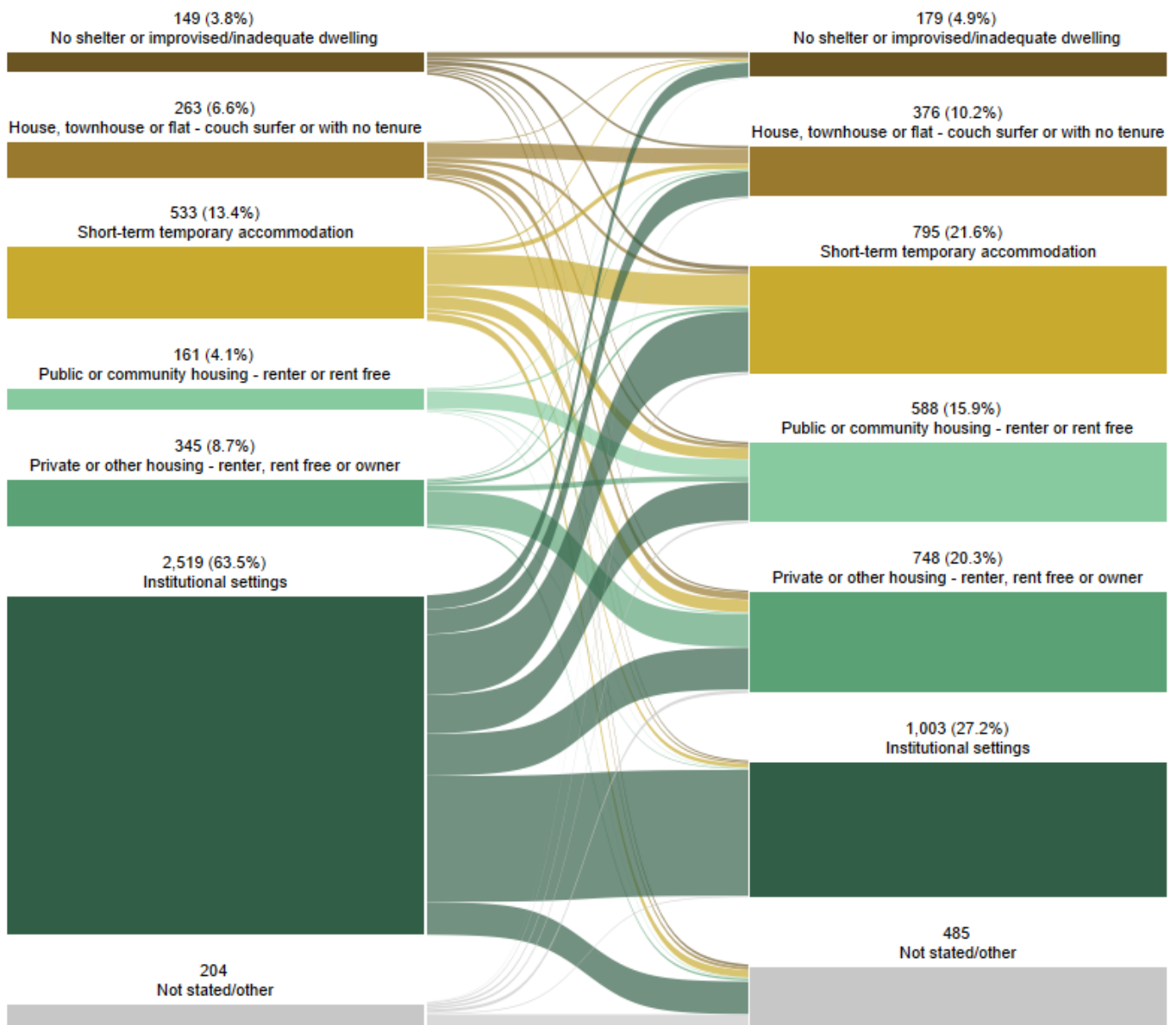
- More than one-third (36%) of clients were housed in either public, community, private or other housing.
- More than one-quarter (22%) of clients either remained in or transitioned into short-term temporary accommodation.

Figure LCARE.4: Housing situation for clients leaving care with closed support, 2022–23

Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table LCARE.3.

In 2022-23, around 4,200 clients leaving care had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 3,000 clients) (Supplementary table LCARE.3):

- Around 245 clients maintained private housing at the end of support.
- Around 125 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 900 clients):

- Around 290 clients ended support in short-term accommodation.
- Around 160 ended support in private housing.
- Around 165 clients were couch surfing at the end of support.

- Around 100 clients were couch surfing at the end of support.

References

Australian Institute of Health and Welfare (2023) [Child protection Australia 2021–22](#), AIHW website, accessed 21 September 2023

Brackertz N, Wilkinson A and Davison J (2018) *Housing, homelessness and mental health: towards systems change*, Australian Housing and Urban Research Institute, Melbourne.

Council on Federal Financial Relations (2018) [National Housing and Homelessness Agreement](#), CFFR website, accessed 31 October 2022.

Department of Families, Housing, Community Services and Indigenous Affairs (2011)  [An outline of National Standards for out-of-home care: a priority project under the National Framework for Protecting Australia's Children 2009–2020](#), FaHCSIA website.

Martin R, Cordier R, Jau J, Randall S, Thoresen S, Ferrante A, Chavulak J, Morris S, Mendes P, Liddiard M, Johnson G and Chung D (2021)  [Accommodating transition: improving housing outcomes for young people leaving OHC](#), *AHURI Final Report No. 364*, Australian Housing and Urban Research Institute Limited, Melbourne.

McDowall JJ (2020)  [Transitioning to Adulthood from Out-of-Home Care: Independence or Interdependence](#), CREATE Foundation, accessed 29 September 2022.

Nielssen OB, Stone W, Jones NM, Challis S, Nielssen A, Elliott G, Burns N, Rogoz A, Cooper LE and Large MM (2018) 'Characteristics of people attending psychiatric clinics in inner Sydney homeless hostels', *The Medical Journal of Australia*, 208(4): 169-173.

Wilkins R, Laß I, Butterworth P and Vera-Toscano E (2019) *The Household, Income and Labour Dynamics in Australia Survey: selected findings from waves 1 to 17*, Melbourne Institute of Applied Economic and Social Research, Melbourne.

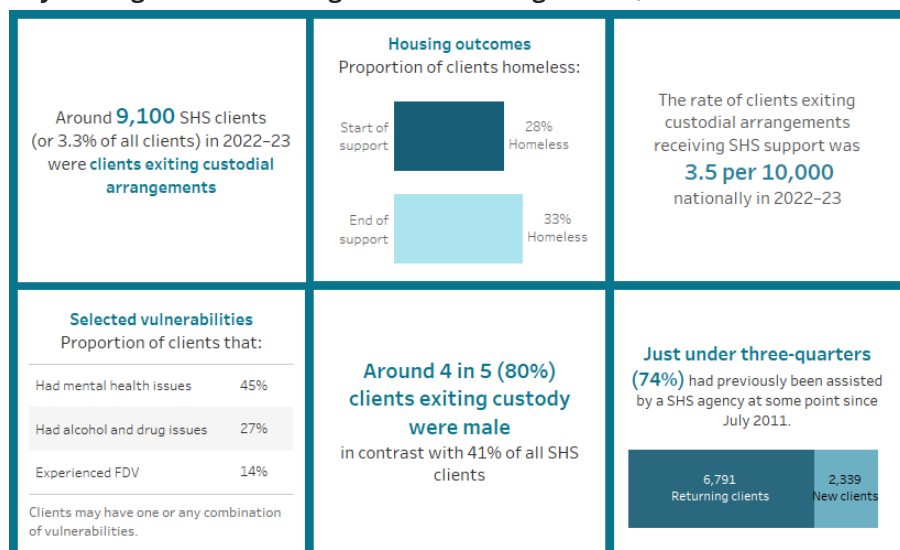
Wood L, Flatau P, Zaretsky K, Foster S, Vallesi S and Miscenko, D (2016) [What are the health, social and economic benefits of providing public housing and support to formerly homeless people?](#), *AHURI Final Report No. 265*, Australian Housing and Urban Research Institute Limited, Melbourne.

Clients exiting custodial arrangements

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Key findings: Clients exiting custodial arrangements, 2022–23



Access to stable accommodation is critical for successful reintegration into the community and people exiting custody can be highly vulnerable to not having adequate and stable accommodation (AIC 2018). People discharged from prison can face stigma associated with a history of incarceration and discrimination from landlords and potential employers (Schetzer and StreetCare 2013). Prisoners applying for parole may experience difficulties securing appropriately located and affordable accommodation, leading to refusal of parole or breach of parole conditions and subsequent return to prison (Schetzer and StreetCare 2013).

Many adults entering prison had previous experiences of homelessness, with more than 2 in 5 (43%) homeless in the 4 weeks before prison (AIHW 2023). Almost one-third (30%) of surveyed women in prisons were in short-term or emergency accommodation in the 4 weeks before prison (AIHW 2023).

The inter-relationship between housing insecurity and imprisonment and re-imprisonment is relatively well established (summarised in Martin et al. 2021). Post-release housing assistance can be an effective measure in addressing the imprisonment–homelessness cycle. Critically, rates of re-imprisonment have shown to be less for ex-prisoners with complex needs who receive public housing compared with those who receive private rent assistance only (Martin et al. 2021).

Young people leaving youth detention can also become entangled in a cycle of detention and homelessness. Housing instability and homelessness are often cited as drivers of an increasing youth detention population, with young people remanded in detention due to a lack of appropriate options for accommodation (Cunneen et al. 2016, Richards 2011). Among those released from detention, 8% of young people accessed homelessness support within 12 months of release (AIHW 2012).

Moreover, people with a history of youth justice supervision remain vulnerable to homelessness in adulthood. Adults who were previously under youth justice supervision are almost twice as likely to sleep rough or in squats (Bevitt et al. 2015). In comparison with people who have only experienced specialist homelessness services, those who have experienced both these services and youth justice supervision were more likely to report having a drug and/or alcohol issue, and to end specialist homelessness services support sleeping rough (AIHW 2016).

On June 30 2022, there were 40,590 prisoners in Australian prisons, a 6% increase from 30 June 2021 (ABS 2023). Almost half (48%) of prison dischargees expected to be homeless once released, with 45% of prison dischargees planning to sleep in short-term or emergency accommodation and 2.8% expected to sleep rough on release from prison (AIHW 2023). Having stable accommodation helps people exiting prison to transition successfully into society and reduces the likelihood of reoffending. Currently, 45% of prison dischargees return to prison with a new sentence within two years (SCRGSP 2022a).

People exiting institutions and care into homelessness are a national priority homelessness cohort identified in the National Housing and Homelessness Agreement which came into effect on 1 July 2018 (CFFR 2018) (see [Policy section](#) for more information).

Reporting clients exiting custodial arrangements in the Specialist Homelessness Services Collection (SHSC)

In the SHSC, a client is identified 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/juvenile justice correctional centre or immigration detention centre
- they identified transition from custodial arrangements as a reason for seeking assistance, or main reason for seeking assistance, or
- their source of formal referral to the agency was youth or juvenile justice correctional centre or adult correctional facility.

Some of these clients were still in custody at the time they began receiving support. Note, in the SHSC, it is not possible to distinguish between clients who have received assistance without leaving an institutional setting and those who may have left an institutional setting but returned prior to the end of support.

Children aged under 10 cannot be charged with a criminal offence in Australia. Therefore, clients aged under 10 who were identified as exiting from adult correctional facilities or youth/juvenile justice correctional centres have been excluded.

For more information, see [Technical notes](#).

In 2022–23 (Supplementary tables EXIT.1 and HIST.EXIT):

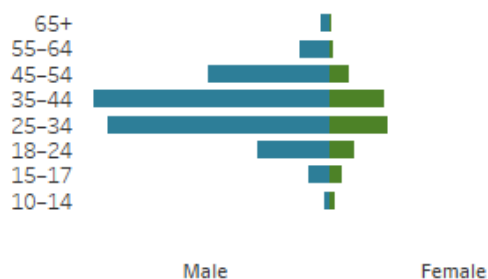
- There were around 9,100 SHS clients who exited custodial arrangements, equating to 3.3% of all SHS clients.
- There were an additional 130 SHS clients exiting custodial arrangements compared with 2021–22.

Client characteristics

Figure EXIT.1: Key demographics, SHS clients exiting custodial arrangements, 2022–23

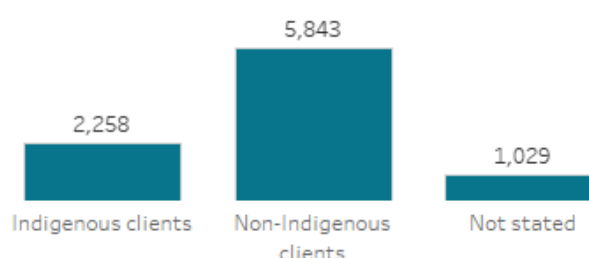
In 2022–23, around **9,100** clients exiting custodial arrangements received support from specialist homelessness services.

Age and sex



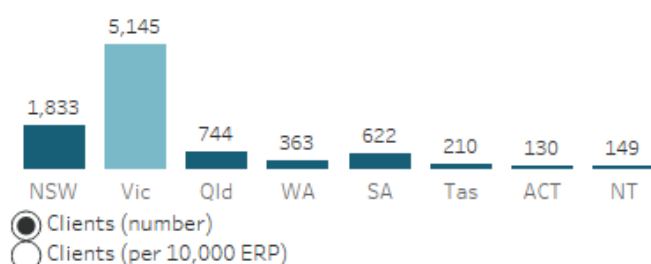
A total of **7,298 males (80%)** and **1,832 females (20%)** received support from SHS agencies.

Indigenous status



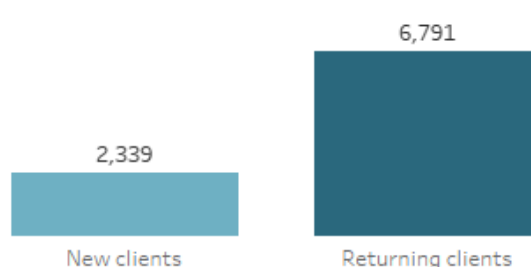
Just over one-quarter (**28%**) of clients identified as Indigenous.

States and territories



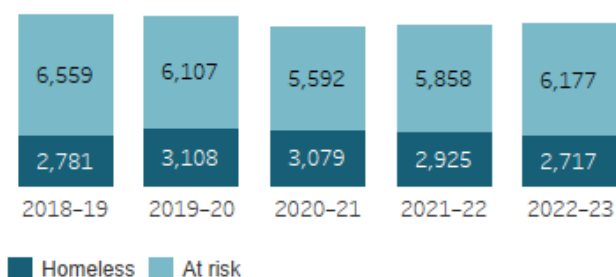
SHS agencies based in Victoria had the greatest number of clients and had the highest rate of clients.

New and returning clients



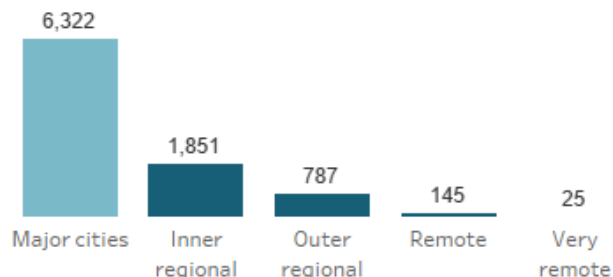
6,791 (74%) of **9,130** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness



In 2022–23, **6,177 (69%)** of clients were at risk of homelessness at the start of support.

Remoteness area



The majority of clients exiting custodial arrangements (**69%**) were in major cities.

Labour force status

In 2022–23, the majority of clients exiting custodial arrangements were not in the labour force (53%). More than two-fifths (44%) were unemployed (that is, seeking work) and only 2.7% were employed (Supplementary table EXIT.7).

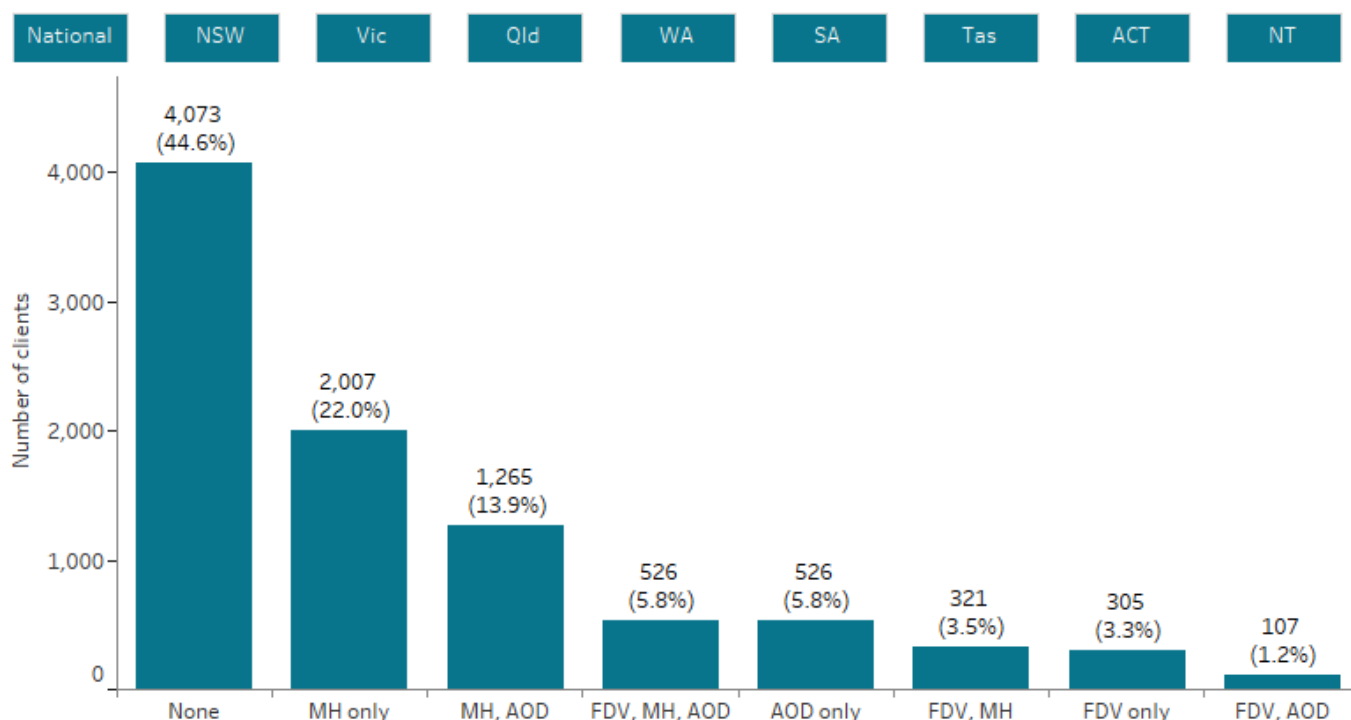
Of the clients with known labour force status, female clients were more likely to be employed part-time (3.2% of all female clients) than males (1.1%). Females (49%) were also more likely to be unemployed than males (43%).

Selected vulnerabilities

Clients exiting custodial arrangements may face challenges that make them more vulnerable to experiencing homelessness. The vulnerabilities presented here include family and domestic violence, a current mental health issue and problematic drug and/or alcohol use.

In 2022–23, of the 9,100 clients exiting custodial arrangements, more than half (55%) reported experiencing one or more vulnerabilities (Supplementary table CLIENTS.47), lower than all SHS clients (59%). Around half (45% or around 4,100 clients) reported a current mental health issue, as a single vulnerability or in combination with other vulnerabilities.

Figure EXIT.2: Clients exiting custodial arrangements, by selected vulnerability characteristics, 2022–23



Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Totals may not sum due to rounding.
3. Only includes clients aged 10 years and over.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.47.

In Australia, in 2022–23, of the around 9,100 clients exiting custodial arrangements aged 10 and over, around 530 had all three of the selected vulnerabilities.

- 45% of clients had a current mental health issue.
- 27% of clients reported experiencing problematic drug or alcohol use.
- 14% of clients experienced family and domestic violence.

Service use patterns

On average, clients exiting custodial arrangements received a median of 43 days of support in 2022–23, down from 47 days in 2021–22. The average number of support periods per client was 1.9 support periods per client in 2022–23 (Supplementary table CLIENTS.48).

New or returning clients

In 2022–23 (Supplementary table CLIENTS.42):

- Of the 9,100 clients exiting custodial arrangements, 26% (around 2,300 clients) were new to SHS agencies and 74% (almost 6,800 clients) were returning clients, having previously been assisted by a SHS agency at some point since the collection began in July 2011. The proportion of returning clients was one of the highest among all SHS client groups and higher than all SHS clients (63%; Supplementary table CLIENTS.2).
- New clients exiting custodial arrangements were more likely to be under 18 (8.6%, compared with 3.5% of returning clients).
- A higher proportion of females were returning clients (80% of female clients, compared with 73% of males).

Main reasons for seeking assistance

In 2022–23, the main reasons for seeking assistance among clients exiting custodial arrangements were (Supplementary table EXIT.5):

- transition from custodial arrangements (69% or 6,300 clients)
- housing crisis (6.6% or about 600 clients)
- inadequate or inappropriate dwelling conditions (5.3% or 480 clients).

Clients exiting custodial arrangements who were at risk of homelessness at first presentation were more likely to identify transition from custodial arrangements as the main reason for seeking assistance (82%, compared with 42% experiencing homelessness) (Supplementary table EXIT.6).

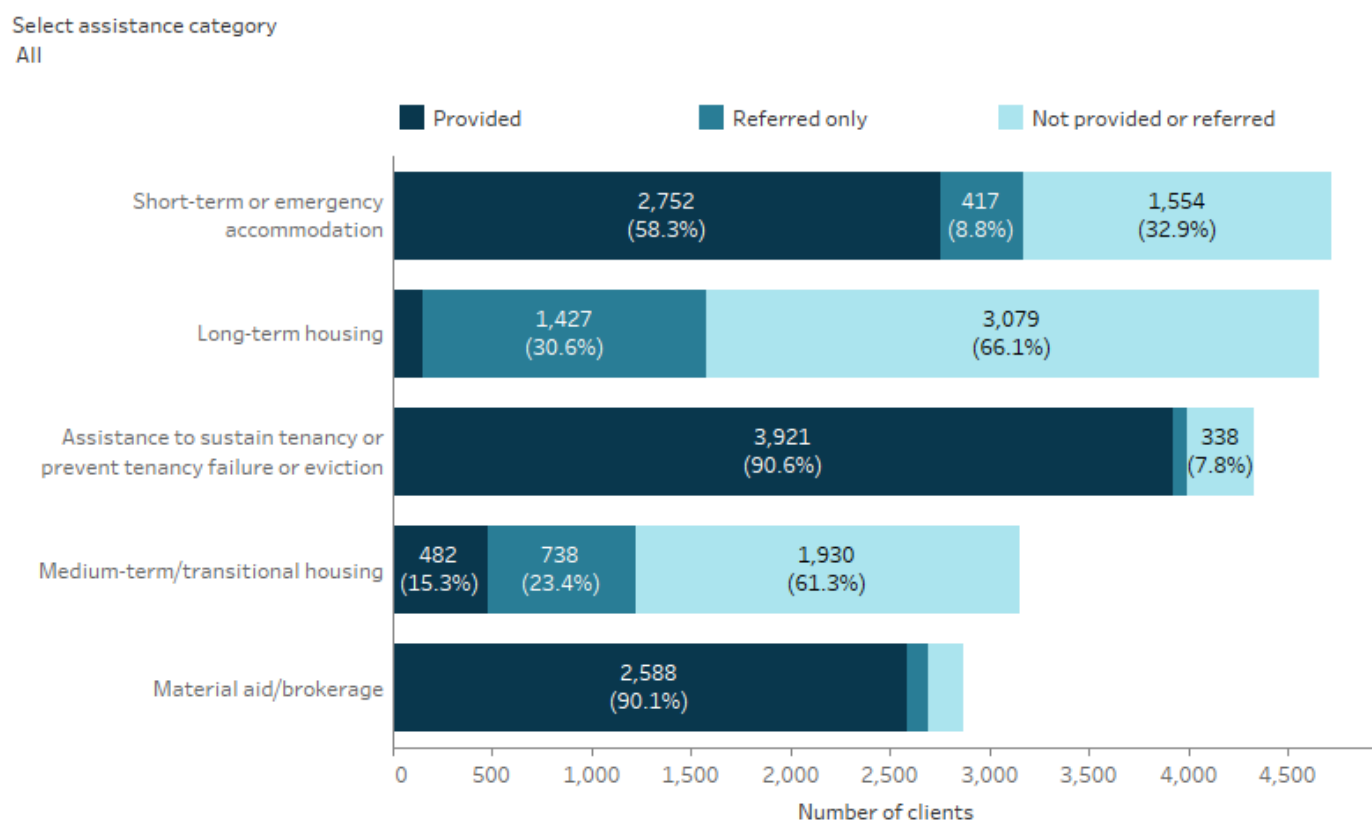
Clients exiting custodial arrangements who were experiencing homelessness at first presentation were more likely to report housing crisis (13%, compared with 3.6% at risk) or inadequate or inappropriate dwelling conditions (13%, compared with 2.0% at risk) as the main reason for seeking assistance.

Services needed and provided

Clients exiting custody were more likely than all SHS clients to need services including (Supplementary tables EXIT.2, CLIENTS.24):

- assistance with challenging social/behavioural problems (15%, compared with 11%), with 83% receiving this service
- drug/alcohol counselling (8.3%, compared with 3.0%), with 41% receiving this service
- employment assistance (9.6%, compared with 6.5%), with 73% receiving this service.

Figure EXIT.3: Clients exiting custodial arrangements, by services needed and provided, 2022–23



Notes:

1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.

2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table EXIT.2.

In 2022–23, clients exiting custodial arrangements needed:

- short-term or emergency accommodation (52% or around 4,700), with 58% of those needing this service receiving this service.
- assistance for family/domestic violence (6.6% or around 600 clients), with 69% receiving this service.
- material aid/brokerage (31% or around 2,900 clients), with 90% receiving this service.
- long-term housing (51% or around 4,700 clients), with 3.3% receiving this service.

Housing situation and outcomes

Outcomes presented here highlight the changes in clients' housing situation at the start and end of support. That is, the place they were residing before and after they were supported by a SHS agency. The information presented is limited only to clients who have stopped receiving support during the financial year, and who were no longer receiving ongoing support from a SHS agency. In particular, information on client housing situations at the start of their first period of support during 2022–23 is compared with the end of their last period of support in 2022–23. As such, this information does not cover any changes to their housing situation during their support period.

In 2022–23, for clients exiting custodial arrangements:

- One-third (33%) of clients were experiencing homelessness at the end of support, an increase from 28% at the beginning of support, reflective of the housing challenges faced by people leaving prison. Most of those experiencing homelessness at the end of support were living in short-term temporary accommodation (around 1,100 clients) (Supplementary table EXIT.3).
- Among clients exiting custodial arrangements, the number living in public or community housing increased by about 430 clients at the end of support and the number of clients living in private or other housing increased by almost 315 clients (Supplementary table EXIT.4).

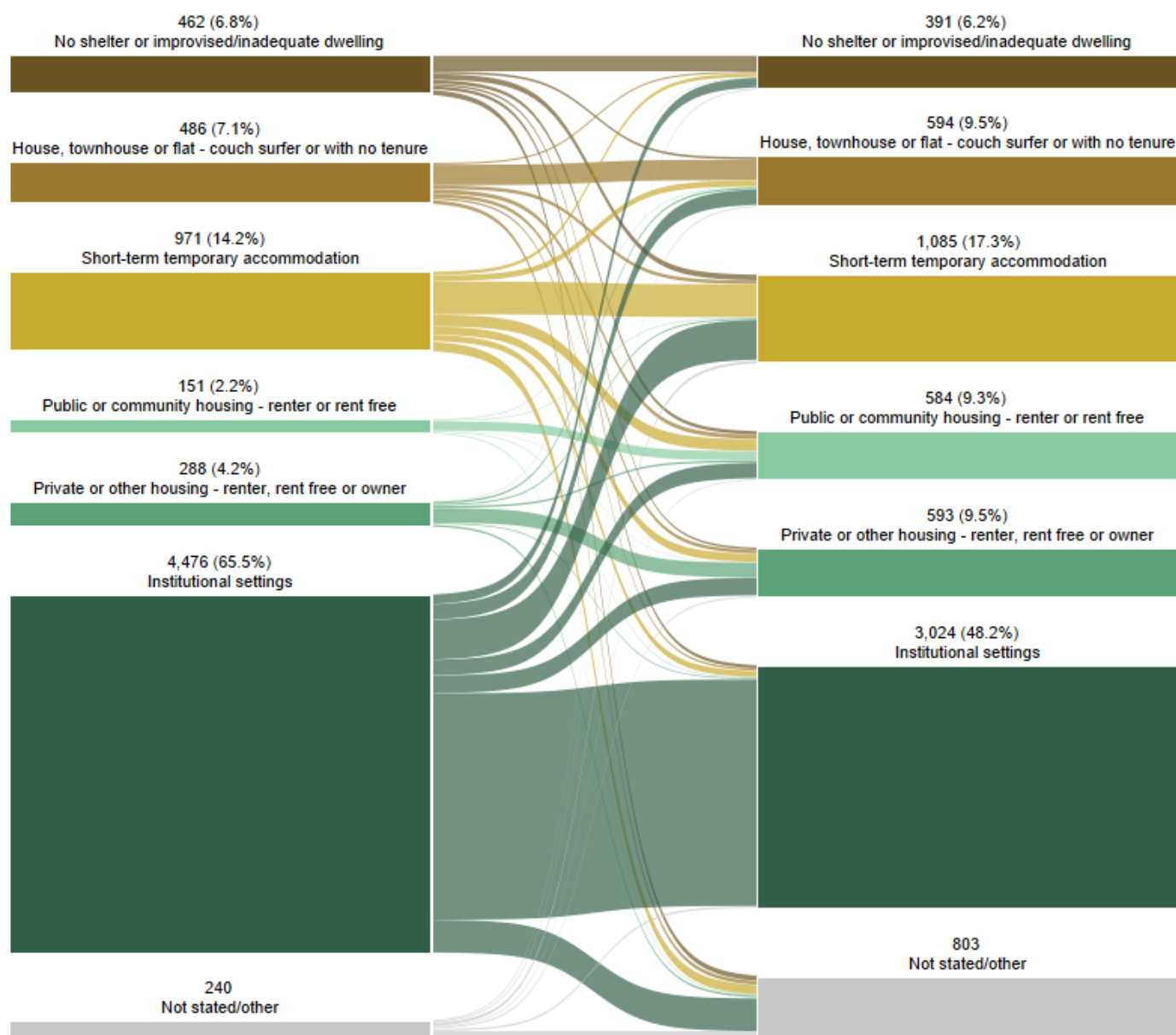
These trends demonstrate that known housing outcomes at the end of support can be challenging for clients transitioning from institutional settings. While some clients progressed towards more positive housing solutions, many remained in institutional settings, returned to institutional settings or were in temporary accommodation at the end of support.

Figure EXIT.4: Housing situation for clients exiting custodial arrangements with closed support, 2022-23

Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table EXIT.3.

In 2022-23, around 7,100 clients exiting custodial arrangements had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 4,900 clients) (Supplementary table EXIT.3):

- Around 185 clients maintained private housing at the end of support.
- Around 115 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 2,000 clients):

- Around 530 clients ended support in short-term accommodation.
- Around 170 ended support in private housing.
- Around 260 clients were couch surfing at the end of support.

- Around 500 clients were couch surfing at the end of support.

References

Australian Bureau of Statistics (2023) *Prisoners in Australia, 2022*, ABS website, accessed 19 September 2023.

Australian Institute of Criminology (2018)   *Supported housing for prisoners returning to the community: A review of the literature*, AIC website, accessed 29 September 2022.

Australian Institute of Health and Welfare (2023) *The health of people in Australia's prisons 2022*, AIHW website, accessed 16 November 2023.

Australian Institute of Health and Welfare (2016) *Vulnerable young people: interactions across homelessness, youth justice and child protection: 1 July 2011 to 30 June 2015*, AIHW website, accessed 31 October 2022.

Australian Institute of Health and Welfare (2012) *Children and young people at risk of social exclusion: links between homelessness, child protection and juvenile justice*, AIHW website, accessed 31 October 2022.

Bevitt A, Chigavazira A, Herault N, Johnson G, Moschion J, Scutella R, Tsent Y-P, Wooden M and Kalb G (2015) *Journeys Home research report no. 6: complete findings from waves 1 to 6*, Melbourne Institute of Applied Economic and Social Research, Melbourne.

Council on Federal Financial Relations (2018) *National Housing and Homelessness Agreement*, CFFR website, accessed 9 October 2020.

Cunneen C, Goldson B and Russell S (2016) 'Juvenile justice, young people and human rights in Australia', *Current Issues in Criminal Justice*, 28(2): 173–189, doi:10.1080/10345329.2016.12036067.

Martin C, Reeve R, McCausland R, Baldry E, Burton P, White R and Thomas S (2021), *Exiting prison with complex support needs: the role of housing assistance*, AHURI Final Report No. 361, Australian Housing and Urban Research Institute Limited.

Richards K (2011), 'Trends in juvenile detention in Australia', *Trends & issues in crime and criminal justice*, catalogue number 416: 1-8, Australian Institute of Criminology, Australian Government, accessed 31 October 2022.

Schetter L and StreetCare (2013)   *Beyond the prison gates: the experiences of people recently released from prison into homelessness and housing crisis*, Public Interest Advocacy Centre, accessed 31 October 2022.

Steering Committee for the Review of Government Service Provision, (2022) *Report on Government Services 2022, Part C Table CA.4*, Productivity Commission, Canberra.

Technical notes

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Key data quality information

Key data quality information: Specialist Homelessness Services Collection, 2022–23

The AIHW 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 AIHW 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 to compile, analyse and disseminate national data sets based on data from each jurisdiction.

Data Quality Statements are developed for each data set and made available on the AIHW Metadata Online Registry (METEOR). The [2022–23 Specialist Homelessness Services Collection Data Quality Statement](#) is available from METEOR.

Breaks in time series

Clients subject to care and protection orders: Improvements made in 2015–16 to the method used to identify clients subject to care and protection orders mean that data from 2011–12 to 2014–15 are not comparable with data from 2015–16 onwards.

Source of income – DVA pension or payment: In 2017–18, the response options for source of income were updated and the 3 response options relating to payments or pensions from the Department of Veterans Affairs (disability pension – DVA, service pension – DVA and war widow(ers) pension – DVA) were replaced with a single response option of 'DVA pension or payment'. Data on the 3 DVA pension or payments from 2011–12 to 2016–17 are not comparable with data on 'DVA pension or payment' from 2017–18 onwards.

The addition of 'Other' to the Sex item: On 1 July 2019, Sex = Other was introduced to both the Client and Unassisted persons components of the SHSC. This change had minimal impact on the collection with 0.8% of clients identifying as Sex = Other in 2019–20, in 2020–21 this was 0.4%, in 2021–22 this was 0.5%, and in 2022–23 this was 0.6%. However, this change has meant that there has been a break in time series for some clients as their SLK (client identifier) has changed to reflect their change in recorded sex.

This change has also been implemented differently across states and territories with much higher numbers of clients identifying as Sex = Other in some states and in the unassisted collection. The Sex = Other option may have also been applied by some agencies to young children where their sex was not obvious or for those who did not want to state their sex.

For the 2022–23 SHS annual report, data are provided in a small web table for 2021–22 and 2022–23, no other breakdowns are provided, to adhere to the AIHW confidentiality policy. Due to these issues, as well as the confidentiality concerns that accompany small numbers of clients, those clients identifying as Sex = Other have been included in the 'Female' category when reporting the data. This merging of Sex = Other clients with Female clients has not caused any impact on the validity of Female clients for 2022–23 as the number of Sex = Other clients is so small.

As more data is collected, and the data quality of this item improves, AIHW will review how these data are presented.

Data issues that require caution when making comparisons

Over the years there have been several changes made by jurisdictions to specialist homelessness service delivery models and policies. If making jurisdictional comparisons over time please read the [SHSC Data Quality Statement](#) to ensure all these changes are considered in the analysis.

Disability: Data for clients with disability who require assistance may not be comparable across age groups due to differences in the interpretation of the disability questions; this issue relates mainly to young children.

Presenting unit type: Data for presenting unit type may not be comparable across age groups due to differences in interpretation of presenting units and how they are recorded. This issue mainly concerns young children and presenting unit type 'lone person'.

Housing crisis, financial difficulties and housing affordability: Improvements made during 2014–15 resulted in changes to the way agencies were required to report 'main reason' and 'reasons for seeking assistance'. In addition, wording providing a specific example of housing crisis was removed from the section relating to reason for seeking assistance. Caution should be used when making comparisons over time as the reporting of these items may be inconsistent between agencies. These changes in agency reporting were evident in the data from all states and territories.

Children presenting alone: Children may be reported as presenting alone to a SHS agency for several reasons:

- It is possible that a child physically presented with an adult to an agency, but only the child required and received SHSC services. In this case, the child is reported as "presenting alone" as the accompanying adult does not have an SHSC support period that can be linked to the child client.
- A child may have presented with an adult to a SHS agency and both received services, but the agency worker may not have properly linked the child to the accompanying parent/guardian when opening a support period for the child; hence the child is reported as presenting alone.
- Service was sought by and provided to the child only (without an accompanying adult) and therefore the child is the only client and is reported as presenting alone.

South Australia has a comparatively high number of children reported as presenting alone. This may be due to a difference in how presenting units are recorded in South Australia's client management system.

This issue is not specific to discrete jurisdictions. Caution should be used when comparing data between age groups for children presenting alone generally, and when comparing data between states and territories.

Services and Assistance: Assertive outreach: In 2017–18, a clarification was made to the response option used to record clients who needed, or were provided, or referred assertive outreach services. The option was changed to specify that this service was directly targeted at rough sleepers. Due to this change, caution should be taken when comparing the number of clients receiving assertive outreach services before and after 2017–18.

COVID-19: From 26 March 2020, SHS agency workers were instructed to add 'COVID-19' in the free text section of the 'Other reason for seeking assistance' item if the client and/or the agency were affected directly or indirectly by the crisis. This change has been implemented differently across jurisdictions and therefore caution should be taken if making any comparisons between jurisdictions.

Funding for COVID-related social support was also implemented differently across jurisdictions and SHSC data only includes services delivered where funding was provided to SHS agencies.

More detailed information on the responses by state and territory government to the COVID-19 pandemic is available in the [Specialist Homelessness Services: monthly data](#) report (AIHW 2023).

Improvements to data items

Mandatory data items: Changes made in 2014–15 resulted in substantial data quality improvements for mandatory data items, and in particular resulted in a decline in the number of non-response or missing values for these data items. Care should be used when comparing results from 2011–12 to 2013–14 with results from 2014–15 onwards.

Housing situation: Following improvement in the derivation for housing situation used in the SHSC in 2016–17, clients with a tenure status of 'life tenure scheme' are now counted under the housing situation category 'private or other housing (renter, rent-free or owner)' if their dwelling status was 'housing/townhouse/flat'. This change has very little impact on housing situation percentages and hence does not constitute a break in time series.

In 2022–23, a further improvement was introduced to the classification of clients at risk of homelessness. Clients with unknown tenure and an occupancy condition that is 'other', 'unknown' or 'not applicable' are now classified as 'not stated' rather than 'at risk – other'. The change resulted in a reduction in the number of clients with an 'at risk' homelessness status and a corresponding increase in the number of 'not stated' clients. The change has been applied to all years of data in the collection meaning data is not comparable to publications released prior to September 2023.

Age: In 2017–18, age and age-related variables were derived using a more robust calculation method. Caution should be used when comparing results in publications from December 2018 onwards that include 2017–18 data with previously issued publications.

Family and domestic violence: In July 2019 the following changes were made to improve the collection of information regarding family and domestic violence (FDV) in the SHSC:

- The inclusion of an 'FDV agency' option in the 'Formal sources of referral' item to capture clients referred from non-SHS funded FDV services.
- A change to the 'Services and assistance' received item to separately identify clients who received services for 'FDV victims' and/or services for 'FDV perpetrators'.
- The inclusion of an FDV services category to the 'Type of service requested' in the unassisted persons component of the SHSC.

These changes have not resulted in any break in time series as the addition of the new FDV referral item has only increased the number of FDV clients by 0.5% for 2019–20. The change to collect both victim and perpetrator services can also be combined to reflect the general FDV services item used prior to 1 July 2019.

The data distinction between the number of clients receiving victim and perpetrator services has been reported for the first time, for 2022–23. Data for these services are limited to clients 10 years or older. Data for previous years are not reported due to the change being implemented differently between agencies causing data quality issues, as well as the small numbers of perpetrator services provided resulting in confidentiality issues.

As more data is collected, and the data quality of this item improves, AIHW will review how these data are presented.

Culturally and Linguistically Diverse (CALD) Clients: On 1 July 2019, a question was added to record a client's main language spoken at home. In 2022–23, this language spoken at home question was answered for the majority of clients. On 1 July 2019, a follow up question was also added for those who did not speak English as a main language at home, to collect information on how proficient the client feels they are at speaking English. In 2022–23, the English proficiency question was less well reported, with high proportions of 'don't knows' for the majority of jurisdictions. Therefore, caution should be taken when using these data for 2022–23. These questions have been added to strengthen the data collected regarding clients from CALD backgrounds.

Clients with disability: On 1 July 2019 a National Disability Insurance Scheme (NDIS) indicator was included to capture the number of clients who were receiving an agreed NDIS package of support at the time of presentation to a SHS agency. This indicator was introduced to strengthen information regarding clients with a disability.

This indicator has not been well reported in 2022–23, with high proportions of 'don't know' responses for some states and territories. Therefore, caution should be used when comparing data across states and territories.

Further information on the data quality of 2022–23 SHSC data can be found in the Explanatory notes in the [Supplementary tables](#) and the [SHSC 2022–23 Data Quality Statement](#).

State and territory specific issues

New South Wales

New South Wales homelessness services underwent a period of major transition in 2014–15 that affected continuity of reporting for some service providers. These issues did not affect New South Wales data for 2015–16. The increase in client numbers in New South Wales is largely a result of the consolidation of new post-reform service models. Caution should be used when making comparisons of 2014–15 data with other years' figures for New South Wales and with data for other states and territories.

New South Wales began implementing the Domestic Violence Response enhancement in late 2015–16. This service change may be responsible for the increase in the number of SHS clients reporting domestic and family violence.

The Temporary Accommodation program supplements specialist homelessness services in New South Wales. It provides time-limited emergency accommodation in low-cost hotels, motels, caravan parks and similar accommodation for people experiencing homelessness. Services provided through the Temporary Accommodation program are distinct from specialist homelessness services and are not captured in the SHSC.

Victoria

Victorian client numbers are relatively high and appropriate caution should be applied when making comparisons with other states and territories. The main reason for the high client count is that the Victorian system is very demand-driven, with the vast majority of presenting individuals provided initial assessment and planning at homelessness entry point (or central intake) services. In addition, there is a high number of women and children who are referred by police to homelessness-funded family violence services.

From 2017–18 to 2022–23, there was a 16% decrease in the total number of Victorian SHS clients and a 28% decrease in family violence clients following years of steady increases in these numbers. The decrease was initially due to a practice correction as to when a client was recorded, and it has continued due to a phased process to shift family violence intake to non-SHS services.

In addition, during 2018–19, a phased process to shift family violence intake to non-SHS services (The Orange Door) began, which is decreasing the overall number of SHS family violence clients. The COVID-19 pandemic in 2020 and 2021 caused a further drop in clients due to the months of 'stay home' orders in Victoria, rental eviction moratorium and availability of income through JobKeeper/JobSeeker.

Caution should be used when comparing Victorian client numbers over recent years.

Queensland

The Queensland Government increased homelessness funding provided to Queensland SHS providers in 2022–23, including through the Immediate Housing Response for Families, Sustaining Tenancies and After-Hours funding packages to respond to the growing demand for services. This is reflected in the increase in the number of clients assisted in Queensland.

In 2014–15, Queensland introduced the government-funded Queensland Homelessness Information Platform (QHIP), comprising the Common Homelessness Assessment and Referral Tool (CHART) and the Vacancy Capacity Management System (VCMS). Funded specialist homelessness services are required to use QHIP to assist with the demand for homelessness services. This practice approach may be responsible for the decline in the reported number of individuals leaving a service 'unassisted' through the provision of a connected service system, service coordination and subsequent referral to support clients with other service needs.

South Australia

In July 2021, South Australia implemented a reform of the Specialist Homelessness Services (SHS) sector and established five Alliances, to service the complex and evolving needs of clients experiencing or at risk of homelessness across South Australia. The data migration processes to align SHS agencies and client data records to the Alliance model involved closing support periods of clients being supported by participating agencies and starting a new support period under the Alliance SHS agency. This has subsequently impacted on reporting, in particular, an under-reporting of clients assisted by SHS and their service provision across cohorts in July to September 2021, the forced cessation of clients' ongoing support from 30 June 2021 and an over-reporting of the total number of support periods as clients were re-entered into the system. Caution should therefore be used when comparing 2021–22 results with other years.

In South Australia, the SA Housing Authority operates an Emergency Accommodation Program (EAP) that provides emergency and medium-term accommodation for vulnerable people experiencing housing crisis and risk. This program operates outside the SHS sector, and SHS agencies in SA will refer clients to the EAP to meet their accommodation need, while maintaining active involvement in their client's case management plan. This may result in a higher proportion of SHS clients in SA with an identified need for accommodation provision being 'referred only' and a lower proportion being 'provided' accommodation than nationally.

Some aspects of case management are recorded differently in South Australia's client management system. Caution should be used when comparing data on case management for South Australia with other states and territories.

South Australia's recorded level of unmet need (i.e. service not provided or referred) for services other than accommodation are likely understated due to a different data collection method. Caution should be used when comparing unmet need data for South Australia with other states and territories

Tasmania

Data for Tasmania in some tables have been suppressed, for confidentiality reasons.

In 2014–15, Housing Tasmania began the implementation of the Housing Connect model in order to improve access to housing and homelessness support services within Tasmania. The introduction of the Housing Connect model resulted in the creation of a number of new agencies in Tasmania. The aim of the model is to unite multiple housing and support organisations and provide a 'no wrong door' solution for Tasmanians that require assistance. This new central intake system had a minor flow on effect on a number of data items; therefore, comparisons over time should be made with caution.

Australian Capital Territory

The Australian Capital Territory closed a large agency due to a change in contract to supply these services at the end of June 2016. As a result, all existing clients of this agency had their support periods closed prior to becoming clients under the new management. This resulted in a rise in the number of closed support periods in the Australian Capital Territory between 2014–15 and 2015–16, even though the numbers of total support periods and clients declined slightly for this same period. This may affect analyses involving closed support periods for 2015–16 for the Australian Capital Territory. Accordingly, these data should be used with caution when making comparisons with past years' figures for the Australian Capital Territory or with data for other states and territories.

In 2016–17, the Australian Capital Territory introduced a new central intake service delivery model. In practice, this system requires agency workers to provide assistance of some kind to all presenting individuals. Therefore, caution should be used when comparing data over time and with data for other states and territories, particularly data relating to unassisted requests.

Northern Territory

A new Northern Territory agency began reporting to the collection in January 2019. The high volume of clients and the nature of the services provided by the agency have impacted results across the data collection, with the full impact being evident in the 2019–20 data. Caution should be used when making comparisons between data before and after 2018–19.

Imputation and weighting

Data from 2011–12 to 2016–17 are weighted to account for variable rates of agency response and SLK validity. However, due to improvements in agency response and SLK validity rates, data for 2017–18 onwards are not weighted. Unweighted data for 2017–18 onwards are directly comparable with weighted data for 2011–12 to 2016–17. The removal of weighting does not constitute a break in time series.

The annual SHS report and accompanying products presenting financial year data for 2011–12 to 2016–17 are weighted. However, other AIHW publications that analyse the pathways of individual clients over time, including publications using SHS longitudinal data, and publications using SHS data linked with data from other collections, do not use weighted data.

Data presentation and derivations

Data presentation

Data presented in the report and in the supplementary tables are mainly based on 'clients', with some data based on 'support periods' or 'client groups' (or 'presenting units' – which identify clients who present together to a specialist homelessness agency, including clients who present alone – and receive a service). Information on clients who are homeless, at risk of homelessness or part of a group of special interest, is mostly client-level data and information on agencies, unmet demand and trends data is predominantly support period data.

The Australian Institute of Health and Welfare (AIHW) has strict confidentiality policies which have their basis in section 29 of the *Australian Institute of Health and Welfare Act 1987 (AIHW Act)* and the *Privacy Act 1988 (Privacy Act)*. Cells in supplementary tables may be suppressed for either confidentiality reasons or where estimates are based on small numbers, resulting in low reliability. Information that results in attribute disclosure, (that is, if as well as being able to identify the entity, other details are revealed), will be suppressed unless agreement from the particular data provider to publish the data has been reached. Information on AIHW's Privacy policy is available on the [privacy page](#).

2022–23 data derivations

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 determined by the specific criteria described below using 3 aspects of a client's housing situation: dwelling type, housing tenure and their conditions of occupancy.

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 or 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 renting or living rent-free in transitional housing.
- House, townhouse or flat (couch surfing or with no tenure): dwelling type is House/townhouse/flat, and tenure type is no tenure or conditions of occupancy is 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 in public housing, or renter or rent-free in community housing.
- Private or other housing (renter, rent-free or owner): dwelling type is house/townhouse/flat and tenure type is renter or rent free in private housing, life tenure scheme, owner – shared equity or rent/buy scheme, owner – being purchased/with mortgage, owner – fully owned, or other renter; or dwelling type is house/townhouse/flat, tenure is other rent free, and occupancy type is not couch surfing.
- Institutional settings: dwelling type is hospital, psychiatric hospital/unit, disability support, rehabilitation, boarding school/residential college, adult correctional facility, youth/juvenile justice correctional centre, aged care facility or immigration detention centre.

Clients who did not provide sufficient information regarding the 3 aspects of their housing situation are classified as 'not stated'.

In some cases, information about a client's dwelling type, tenure and conditions of occupancy may be partially complete and therefore there is not enough information to assign a client to any of the specific housing situation criteria above. Where analysis and report content relates to these more detailed housing situation categories, those clients with incomplete information are grouped with other clients with missing data as 'other/not stated'.

However, there may be enough information to determine whether the client is broadly homeless or at risk, in which case the client will be assigned to either 'other – homeless' or 'other – at risk' for some analysis.

More specifically, those allocated to 'other – homeless' includes clients who stated that they have 'no tenure' or that they are a 'couch surfer'. Clients in the 'other – at risk' category are clients that have stated a response to at least one of the 3 aspects of their housing situation and it is not appropriate to classify them as homeless or 'not stated'. In 2022–23 an improvement was introduced to the classification of clients at risk of homelessness. More detail on this change is provided in Improvements to data items.

Please see the footnotes for each table or figure to confirm the inclusion or exclusion of 'other' and 'not stated' categories.

The homeless and at-risk categories are designed to, as far as is possible, align with the Australian Bureau of Statistics (ABS) statistical definition of homelessness (ABS 2021a). However, there are some key areas where alignment may not occur. The ABS definition includes people living in severely crowded dwellings and as no specific question on crowding is included in the SHSC, this group cannot be separately identified.

Also, the ABS exclude certain groups of people from the homeless count where they appear to have accommodation alternatives or where 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 in the SHSC as either homeless or at risk of homelessness, depending on their reported housing situation.

A full comparison of the SHSC and ABS Census definitions of homelessness can be found in the [AIHW technical paper](#) on homelessness definitions.

Support periods

The period of time a client receives services from a specialist homelessness agency is referred to as a support period. A support period starts on the day the client first receives a service and ends when:

- the relationship between the client and the agency ends
- the client has reached their maximum amount of support the agency can offer, or
- a client has not received any services from the agency for a whole calendar month and there is no ongoing relationship.

The end of the support period is the day the client last received services from the agency.

Calculating total length of accommodation (and total length of support)

To calculate a client's total length of accommodation for a given financial year, every night that the client received accommodation during the financial year is added together. For a client's total length of support, every day of support received during the financial year 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.

Agency remoteness area

Agencies have been classified according to their remoteness area (RA) as defined by the Australian Statistical Geography Standard (ASGS) Remoteness Structure (ABS 2021b). The latest available version of the RA indicator (from the 2021 Census) has been developed by the ABS. The Remoteness Areas divide Australia into 5 classes of remoteness on the basis of relative access to services. Access to services is measured using the Accessibility and Remoteness Index of Australia (ARIA+), developed by the Hugo Centre for Migration and Population Research at the University of Adelaide. ARIA+ is derived by measuring the road distance from a point to the nearest Urban Centres and Localities in 5 separate population ranges.

Using this classification, agencies participating in the SHSC were assigned to an RA based on their recorded state, suburb, postcode and/or Local Government Area (LGA) values. Where available, a combination of these fields was used to assign RA for a given agency to improve accuracy.

Client geography

Clients have been assigned to a Statistical Area 2 (SA2) region based on where they lived in the week before presenting to a SHS agency. SA2s are defined by the 2021 Australian Statistical Geography Standard (ASGS), developed by the ABS (ABS 2021c).

Clients are assigned to only one SA2, based on the location details (locality, postcode and state/territory) provided in the first support period active in the reference year. The first support period is defined as the earliest starting support period active in the financial year.

Where there are multiple support periods that meet this criteria (i.e. share the same start date), a support period is randomly selected as the first support period.

In 2022–23, approximately 8% of clients could not be assigned to a SA2 region due to missing or incomplete address information.

Correspondence files are then used to map SA2s to other geographies for reporting (SA3, SA4, Greater Capital City Statistical Areas, RA, state and territory, Primary Health Networks, and Local Government Areas).

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. Needs may be identified by the client and/or the service provider. 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's need for a service is recorded if the client needed that service at any time in 2022–23. 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 2022–23, regardless of the number of months over which this need was recorded, or the number of times during 2022–23 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 often refer the client to other organisations (either other specialist homelessness agencies or other organisations) that can provide those services. This referral 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 2022–23.

In some circumstances, an agency will not be able to either provide required services directly to clients, or refer them to another organisation – this is considered to be an unmet need.

The data does not capture instances of unmet need where a client needs a particular service (for example, long-term housing) and is provided it, then needs the same service once again in a subsequent support period during the financial year but is not provided it. As clients are flagged if they *ever* needed, were provided, and/or were referred for a service in 2022–23, in these situations, the client will be counted as needing a particular service during the financial year, and that it was provided.

Further information about unmet needs can be found in the [Unmet demand](#) section of the report.

Indigenous clients

In 2022–23, clients who identified as Aboriginal or Torres Strait Islander in any of their support periods are considered as Indigenous clients.

In the SHSC, information on Indigenous status is only provided with explicit client consent to report this information. Indigenous status was not reported for 5.4% of clients in 2022–23.

Clients born overseas

A client is identified as overseas-born, if in the majority of support periods in 2022–23, they identified that their country of birth was a country other than 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 6.1% of clients in 2022–23.

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 existing clients at the beginning of the reporting period, the client's age on the first day of the reporting period is used.

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 existing clients at the beginning of the reporting period, the client's age on the first day of the reporting period is used.

Clients who experienced family and domestic violence

SHSC clients were counted as experiencing family and domestic violence (FDV) if any support period during the reporting period:

- The client was formally referred from a non-SHS FDV agency to a SHS agency, or
- 'family and domestic violence' was reported as a reason they sought assistance, or
- during any support period they required family or domestic violence assistance.

Note: The option for including clients formally referred from a non-SHS FDV agency was introduced on 1 July 2019 and only applies to support periods starting on or after this date.

Clients with a current mental health issue

A client was identified as having a current mental health issue if they are aged 10 years or older and have provided any of the following information in any support period during the reporting period:

- They reported 'mental health issues' as a reason for seeking assistance.
- At some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services (as determined by a need for such services being recorded for the client, a relevant service being provided to the client and/or the client being referred for such a service).
- Their formal referral source to the specialist homelessness agency was a mental health service.
- They indicated they were receiving services or assistance for their mental health issues or had in the last 12 months.
- They had been in a psychiatric hospital or unit in the last 12 months.
- Their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit.

Two of the questions (the time period client has received assistance for mental health issue and facilities/institutions in last 12 months) used to identify whether SHS clients have a current mental health issue are consent items in the SHSC. Some clients with current mental health issues may not have been identified as such because they have not given consent for this information to be provided to the AIHW.

Clients on care and protection orders

A client is identified as being under a care or protection order if they are aged under 18 and have provided any of the following information in any support period (any month within the support period) during the reporting period (either the week before, at the beginning of the support period or during support):

- They reported that they were under a care and protection order and that they had the following care arrangements: residential care, family group home, relatives/kin/friends who are reimbursed, foster care, other home-based care (reimbursed), relatives/kin/friends who are not reimbursed, independent living, other living arrangements, parents, or
- They have reported 'Transition from foster care/child safety residential placements' as a reason for seeking assistance, or main reason for seeking assistance.

The first question above is a consent item in the SHSC. Some clients on care and protection orders may not have been identified as such as they have not given consent for this information to be provided to the AIHW.

Clients with problematic drug and/or alcohol use

A client is identified as having problematic drug and/or alcohol use if they were aged 10 years or older and have provided any of the following information either at the beginning of support or in any support period during the reporting period (either the week before or at beginning of the support period):

- Their dwelling type was recorded as rehabilitation.
- Their formal referral source to the specialist homelessness agency was a drug and alcohol service.
- During their support they required drug/alcohol counselling.
- They have been in a rehabilitation facility/institution in the last 12 months.
- They have reported 'problematic drug or substance abuse' or 'problematic alcohol use' as a reason for seeking assistance or main reason for seeking assistance.

One of the questions (facilities/institutions in last 12 months) used to identify whether SHS clients have problematic drug and/or alcohol use is a consent item in the SHSC. Some clients with problematic drug and/or alcohol use may not have been identified as such because they have not given consent for this information to be provided to the AIHW.

Clients leaving care

Clients are identified as transitioning from care arrangements if, in their first support period during the reporting period, either in the week before or at presentation:

- The dwelling type was: hospital (excluding psychiatric), psychiatric hospital or unit, disability support, rehabilitation or aged care facility, or
- One of their reasons for seeking assistance was transition from foster care/child safety residential placements or transition from other care arrangements.

Clients who were exiting custodial arrangements

Clients are identified as transitioning from a custodial setting if they are aged 10 years or older and 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 correctional centre or 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 correctional centre, or adult correctional facility.

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

New and returning clients

New clients are defined as clients who have received a service from a SHSC agency in the financial year for the first time, having never received support in any previous year. Returning clients are defined as clients who have received a service from a SHSC agency in the financial year plus at least one previous year since July 2011. This measure provides contextual information about service use patterns of clients across time.

Unassisted requests for services

Unassisted requests for services provide a measure of the number of instances where a person received no immediate services from a specialist homelessness agency. It is not a measure of the number of people who did not receive 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 SLK was not available for 50% of the unmet requests for service in 2022–23. 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.

Over recent years, a number of jurisdictions have made changes to services delivery models and in particular toward central intake service delivery models. In practice, these systems often require agency workers to provide assistance of some kind to all presenting individuals. Therefore, caution should be used when comparing data over time and between states and territories, particularly data relating to unassisted requests.

Rates information

Population estimates used for rates calculations

All rates in this report, including historical rates, have been calculated using population estimates based on the 2021 Census. All Indigenous population rates in this report are calculated using the Indigenous population estimates and projections, based on the 2021 Census.

Population rates

Crude rates are calculated using the Australian Bureau of Statistics estimated resident population (ERP) at the start of the range (for example, rates for 2011–12 were calculated using the ERP at 30 June 2011). Rates for 2022–23 data were calculated using the preliminary ERP at 30 June 2022.

Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.

Age-standardised rates

Population rates were adjusted (standardised) for age to enhance the comparison between populations over time that have different age structures. Specifically, direct standardisation has been used where age-specific rates are applied to a standard population (the ERP as at 30 June 2001, unless otherwise specified). This effectively accounts for the influence of age structure on the calculated rate and is referred to as the age-standardised rate. In this publication direct age-standardisation has been used to compare Indigenous and non-Indigenous Australians (AIHW 2011).

Rate ratio

Rate ratios are mainly used to compare Indigenous and non-Indigenous rates and provide a measure of the level of Indigenous over-representation. A rate ratio is calculated by dividing the client rate for Indigenous Australians by the client rate for non-Indigenous Australians.

Average annual rates of change

The average annual rates of change or growth rates have been calculated as geometric rates:

Average rate of change = $((P_n/P_o)^{(1/n)} - 1) \times 100$

where:

P_n = value in the later time period

P_o = value in the earlier time period

n = number of years between the 2 time periods.

Glossary

Accommodation services: Includes short-term or emergency accommodation, medium-term/transitional housing, assistance to obtain long-term housing, assistance to sustain tenancy or prevent tenancy failure or eviction and assistance to prevent foreclosures or for mortgage arrears.

At risk of homelessness: A person is described as at risk of homelessness if they are at risk of losing their accommodation or they are experiencing one or more of a range of factors or triggers that can contribute to homelessness.

Risk factors include:

- financial stress (including due to loss of income, low income, gambling, change of family circumstances)
 - housing affordability stress and housing crisis (pending evictions/foreclosures, rental and/or mortgage arrears)
 - inadequate or inappropriate dwelling conditions, including accommodation that is unsafe, unsuitable or overcrowded
 - previous accommodation ended
 - relationship/family breakdown
 - child abuse, neglect or environments where children are at risk
 - sexual abuse
 - family/domestic violence
 - non-family violence
 - mental health issues and other health problems
 - problematic alcohol, drug or substance use
 - employment difficulties and unemployment
 - problematic gambling
 - transitions from custodial and care arrangements, including out-of-home care, independent living arrangements for children aged under 18, health and mental health facilities/programs, juvenile/youth justice and correctional facilities
 - discrimination, including racial discrimination (e.g. Indigenous people in the urban rental market)
 - disengagement with school or other education and training
 - involvement in, or exposure to, criminal activities
 - antisocial behaviour
 - lack of family and/or community support
-
- staying in a boarding house for 12 weeks or more without security of tenure.

The measurement of this concept in the SHSC is defined in the [Data presentation and derivations](#) section.

Client: A **Specialist homelessness agency client** is a person who receives a specialist homelessness service. A client can be of any age. Children are also clients if they receive a service from a specialist homelessness agency. To be a client the person must directly receive a service and not just be a beneficiary of a service. Children who present with an adult and receive a service are considered to be a client. Children of a client or other household members who present but do not directly receive a service are not considered to be clients.

Client on a care and protection order: SHS clients are identified as being on a **care and protection order** if they are aged under 18 and provided any of the following information in any support period (any month within the support period) during the reporting period (either the week before, at the beginning of the support period or during support).

They reported that they are on a care and protection order and that they had the following care arrangements:

- residential care
- family group home
- relatives/kin/friends who are reimbursed
- foster care
- other home-based care (reimbursed)
- relatives/kin/friends who are not reimbursed
- independent living
- other living arrangements
- parents; or
- they have reported 'Transition from foster care/child safety residential placements' as a reason for seeking assistance, or main reason for seeking assistance.

Client with a current mental health issue: SHS clients with a **current mental health issue** are identified as such if they are 10 years or older and have provided any of the following information:

- they reported 'mental health issues' as a reason for seeking assistance, or main reason for seeking assistance
- at some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services (as determined by a need for such services being recorded for the client, a relevant service being provided to the client and/or the client being referred for such a service)
- their formal referral source to the specialist homelessness agency was a mental health service
- 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
- they had been in a psychiatric hospital or unit in the last 12 months
- their dwelling type either a week before presenting to an agency, or when presenting to an agency, was as a psychiatric hospital or unit.

Client with problematic drug and/or alcohol use: SHS clients with a **current problematic drug and/or alcohol use** are identified as such if they are 10 years or older and have provided any of the following information:

- their dwelling type was recorded as rehabilitation
- their formal referral source to the specialist homelessness agency was a drug and alcohol service
- during their support they required drug/alcohol counselling
- they have been in a rehabilitation facility/institution in the last 12 months
- they have reported 'problematic drug or substance abuse' or 'problematic alcohol use' as a reason for seeking assistance or main reason for seeking assistance.

Client with disability: SHS clients with severe or profound **disability** are identified as such if at any time they have provided the following information:

- they 'always/sometimes need help or supervision' with self-care, mobility or communication for any support period during the reporting period.

The definition used to identify clients with disability (for the purposes of analyses for this report) is similar to that used for ABS Census questions that measure 'core activity need for assistance'. The Census questions are a simplified version of the comprehensive questions used in the ABS Survey of Disability and Carers (SDAC). The Census's simplified questions are conceptually comparable with 'severe or profound core activity limitation' in the SDAC.

The ABS Census aims to identify people who need assistance in their day-to-day lives with any or all of the following core activities: self-care, mobility or communication (ABS 2021d). The SHSC takes a similar approach in gathering information from clients of specialist homelessness services about disability.

To align with the ABS definition of 'core activity need for assistance', clients who did not report needing assistance (such as 'have difficulty but don't need help/supervision' or 'don't have difficulty, but use aids/equipment') with self-care, mobility or communication are not included as clients with severe or profound disability for SHS analyses.

Disability measurement in the SHSC: A long-term health condition is one that has lasted, or is expected to last, 6 months or more. Examples of long-term health conditions that might restrict everyday activities include severe asthma, epilepsy, mental health conditions, hearing loss, arthritis, autism, kidney disease, chronic pain, speech impediment and stroke.

Disability is a general term that covers:

- impairments in body structures or functions (for example, loss or abnormality of a body part)
- limitations in everyday activities (such as difficulty bathing or managing daily routines)
- restrictions in participation in life situations (such as needing special arrangements to attend work).

The SHSC collects information on whether, and to what extent, a long-term health condition or disability restricts clients' everyday activities across the following 3 life areas:

- Self-care – the client needs help/supervision with self-care (e.g. showering or bathing, dressing or undressing, using the toilet or eating food)
- Mobility – the client needs help/supervision with mobility (e.g. moving around the house, moving around outside the home, or getting into or out of a chair)
- Communication – the client needs help/supervision with communication (e.g. understanding or being understood by other people, including people they know).

General services: These are the services that include:

- family/relationship assistance
- assistance for incest/sexual assault
- legal information
- material aid/brokerage
- financial information
- educational assistance
- training assistance
- employment assistance
- assistance to obtain/maintain government allowances
- assertive outreach for rough sleepers
- child care
- assistance for trauma
- assistance for challenging social/behavioural problems
- living skills/personal development
- court support
- advice/information
- retrieval/storage/removal of personal belongings
- advocacy/liaison on behalf of client
- school liaison
- structured play/skills development
- child contact and residence arrangements
- meals
- laundry/shower facilities
- recreation
- transport and
- other basic assistance.

Homelessness: For the purpose of the SHSC a person is defined as **experiencing homelessness** if they are living in either:

- non-conventional accommodation or 'sleeping rough', or
- short-term or emergency accommodation due to a lack of other options.

Non-conventional accommodation (primary homeless) is defined as:

- living on the streets
- sleeping in parks
- squatting
- staying in cars or railway carriages
- living in improvised dwellings
- living in the long grass.

This definition aligns closely with the cultural definition of primary homelessness.

Short-term or emergency accommodation (secondary homeless) includes:

- refuges
- crisis shelters
- couch surfing or no tenure
- living temporarily with friends and relatives
- insecure accommodation on a short-term basis
- emergency accommodation arranged by a specialist homelessness agency (for example, in hotels, motels and so forth).

This definition aligns closely with the cultural definition of secondary homelessness.

The measurement of Homelessness in the SHSC is defined in the [Data derivation](#) section.

The ABS definition of homelessness for estimates derived from the Census of Population and Housing can be found in ABS Estimating Homelessness: Census methodology (ABS 2021a).

National Disability Insurance Scheme (NDIS): The NDIS provides support to eligible people with intellectual, physical, sensory, cognitive and psychosocial disability. If a person meets the eligibility criteria they can apply for the NDIS.

To become an NDIS participant, a person must satisfy the following access criteria:

- aged between 7 and 65
- live in Australia and be an Australian citizen, permanent resident or special category visa holder
- have a permanent and significant disability or a developmental delay
- need support from a person or equipment to do everyday activities (NDIS 2023).

Other support services: Refers to the assistance, other than accommodation services, provided to a client. They include family/domestic violence services, mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, other specialist services and general assistance and support.

Specialist homelessness agency: A specialist homelessness agency is an organisation which receives government funding to deliver specialist homelessness services to a client. These can be either not-for-profit or for profit agencies.

Specialist homelessness service(s): Assistance provided by a specialist homelessness agency to a client aimed at responding to or preventing homelessness. The specialist homelessness services in scope for this collection include accommodation provision, assistance to sustain housing, family/domestic violence services, mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, other specialist services and general assistance and support.

Stable housing: For the purpose of the SHSC, **stable housing** refers to clients ending support in public or community housing (renter or rent free), private or other housing (renter, rent free or owner), or Institutional settings.

Abbreviations & symbols

Abbreviations

ABS	Australian Bureau of Statistics
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
CPO	Care and Protection Order
ERP	Estimated Resident Population
DSS	Department of Social Services
FDV	Family and Domestic Violence
NAHA	National Affordable Housing Agreement
NDIS	National Disability Insurance Scheme
NHHA	National Housing and Homelessness Agreement
NPAH	National Partnership Agreement on Homelessness
SDAC	Survey of Disability, Ageing and Carers
SHS	Specialist Homelessness Services
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

References

ABS (Australian Bureau of Statistics) (2021a) [Census of population and housing: Estimating homelessness methodology, 2021](#), ABS website, accessed 26 September 2023.

ABS (2021b) ['Remoteness Structure'](#), *Australian Statistical Geography Standard (ASGS) Edition 3*, ABS website, accessed 26 September 2023.

ABS (2021c) ['Main structure and Greater Capital City Statistical Areas'](#), *Australian Statistical Geography Standard (ASGS) Edition 3*, ABS website, accessed 26 September 2023.

ABS (2021d) [Core activity need for assistance \(ASSNP\)](#), ABS website, accessed 26 September 2023.

AIHW (Australian Institute of Health and Welfare) (2011) [Principles on the use of direct age-standardisation in administrative data collections: for measuring the gap between Indigenous and non-Indigenous Australians](#), AIHW, Australian Government, accessed 26 September 2023.

AIHW (2022). [Technical Paper: Alignment of the Specialist Homelessness Services Collection \(SHSC\) and the ABS Census definitions of homelessness](#), AIHW, Australian Government, accessed 26 September 2023.

AIHW (2023) [Specialist Homelessness Services: monthly data](#), AIHW, Australian Government, accessed 26 September 2023.

NDIS (National Disability Insurance Scheme) (2023) [Am I eligible](#), NDIS website, accessed 26 September 2023.

National Housing and Homelessness Agreement Performance Indicators

People experiencing homelessness or situations placing them at risk of homelessness can receive assistance from [specialist homelessness services \(SHS\)](#).

The [National Housing and Homelessness Agreement \(NHHA\)](#) aims to improve access to safe, affordable and sustainable housing and to prevent and address homelessness, and to support social and economic participation. The indicators presented here are two of the agreed National performance indicators set out in the agreement, namely:

- Indicator (h) a decrease in the number of people that experience repeat homelessness, and
- Indicator (i) an increase in the proportion of people who are at risk of homelessness that receive assistance to avoid homelessness.

These indicators will be used to report the progress against the objectives and outcomes of the NHHA. The data cannot be interpreted as an estimate of prevalence of homelessness or population level need for specialist homelessness services. Interpretation of trends based on four observations may not be statistically robust. Comparisons between states and territories should be made with caution given the differing models of support delivered through the SHS system in each state/territory.

NHHA client cohort groups are not mutually exclusive and SHS clients may be included in more than one cohort group.

See the [Supporting technical information](#) section below for more detail on each of the indicators presented, and the Explanatory Notes for state/territory specific data quality issues.

NHHA National Performance Indicators

Australia	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
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Select cohort:
All clients

Indicator (h)

A decrease in the number of people that experience repeat homelessness

People experiencing homelessness are among Australia’s most socially and economically disadvantaged. SHS agencies aim to support clients experiencing homelessness to transition into secure housing. Two indicators have been developed to measure the number of SHS clients experiencing repeat homelessness:

- i. clients experiencing persistent homelessness
- ii. clients returning to homelessness after a period of more secure housing.

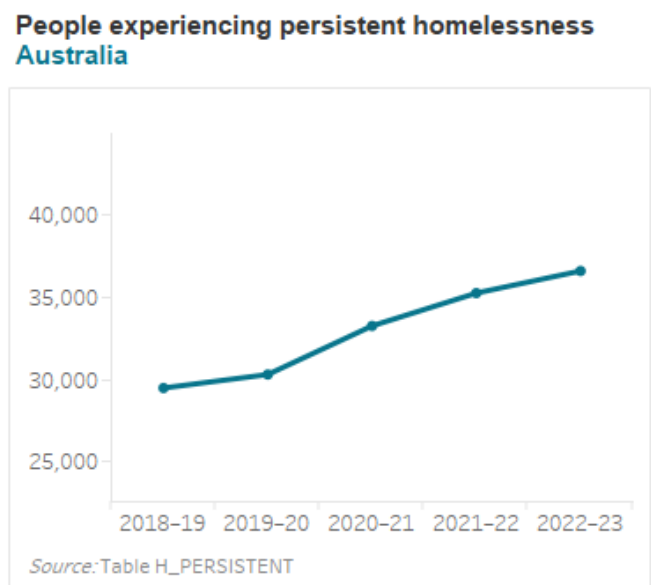
These indicators present the number of clients who had prolonged or ongoing interactions with SHS agencies.

Indicator (i)

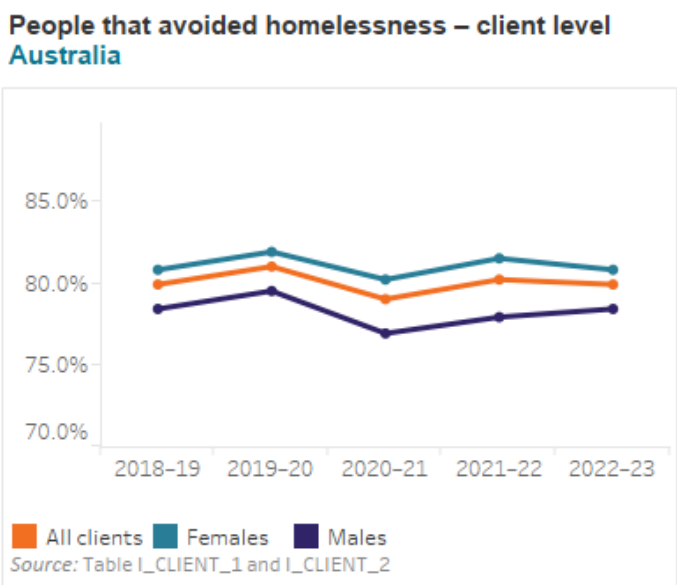
An increase in the proportion of people who are at risk of homelessness that receive assistance to avoid homelessness

People can be at risk of homelessness, for example, at risk of eviction, financial stress, or inadequate and inappropriate dwelling conditions, and seek SHS support to avoid homelessness. The indicator intends to describe how often SHS support provided to clients at risk of homelessness resulted in the avoidance of a client becoming homeless. Two indicators have been developed:

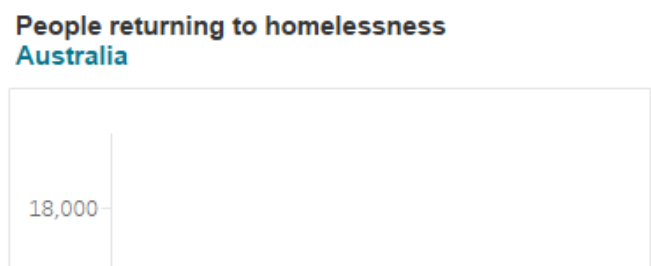
- i. client level version describing the impact of support regardless of whether the client received support from multiple different agencies.
- ii. service level version describing the impact of support from individual agencies.



In Australia, in 2022-23, there were **36,600** people experiencing persistent homelessness; a **7,100** client increase since 2018-19.



In Australia, in 2022-23, **79.9%** (or **47,800**) people who were at risk of homelessness avoided homelessness; a **0.0** percentage point decrease since 2018-19.



Source data: SHS indicator data tables 2018–19 to 2022–23 data file

Supporting technical information

The data reflect high level insights into the SHS support system in each state or territory. Under the NHHA, state and territory governments are responsible for the delivery of homelessness services to support local needs, which means that each state and territory funds specific services through the SHS system, taking into consideration all other programs and services delivered through other funding pathways in the individual state or territory. The result is that the profile of SHS clients and their needs may differ between states and territories and therefore comparisons between the states and territories may not be valid.

More detailed information about how the data is collected and how the indicators are derived is available in the [Supplementary technical documentation](#).

Source: Table H_RETURN

Indicator (h) Persistent homelessness

In Australia, in 2022–23, there were 14,900 people that returned to homelessness after a period of more secure housing; a 1,100 client decrease since 2018–19.

In Australia, in 2022–23, 91.7% (or 131,000) people who were at risk of homelessness avoided homelessness at the service level; a 0.1 percentage point decrease since 2018–19.

For example, for the 2022–23 financial year:

- A client is in scope if they have at least one support period between July 2022 and June 2023.
- If the in-scope client’s final support month is September 2022, then their monthly housing statuses are assessed back over 24-month period from September 2022 (i.e., October 2020 to September 2022) to identify whether the client has been homeless for more than 7 months during that period. If yes, then the client is considered to have experienced persistent homelessness.

This indicator identifies clients with a more chronic experience of homelessness than other clients. The identified cohort is not mutually exclusive with clients who return to homelessness after achieving housing. A persistently homeless client can be counted as:

- a persistent homelessness but not a return to homelessness client, or
- a return to homelessness and a persistent homelessness client.

For more detailed information on the methodology behind this indicator, see the Technical Specifications in the [Supplementary technical documentation](#).

Indicator (h) Return to homelessness

Describes the number of SHS clients who experienced an episode of homelessness during the financial year and a pattern of homeless–housed–homeless in the 24-months prior to the most recent record of homelessness. Data is based on the housing situation recorded on the last service provision date of each month during a client’s support period, therefore, may not reflect whether a client had continuous days experiencing homeless or more secure housing.

For example, for the 2022–23 financial year:

- A client is in scope if they have at least one support period with a monthly housing status of homeless between July 2022 and June 2023.
- If the in-scope client’s last homeless month is September 2022, then their monthly housing statuses are assessed back over 24-month period from September 2022 (i.e., October 2020 to September 2022) to identify whether the client has experienced a homeless–housed–homeless pattern in any time during that 24-month period. If yes, then the client is considered to be returning to homelessness after achieving housing.

This indicator identifies clients who return to homelessness after achieving housing. The identified cohort is not mutually exclusive with clients who experience persistent homelessness. A return to homelessness client can be counted as:

- a return to homelessness but not a persistent homelessness client, or
- a return to homelessness and a persistent homelessness client.

For more detailed information on the methodology behind this indicator, see the Technical Specifications in the [Supplementary technical documentation](#).

Indicator (i) Client level

Measures whether an SHS client who presented to an SHS agency at risk of homelessness within the first six months of a financial year was assisted to avoid homelessness over the following six months.

Clients:

- must have been at risk of homelessness at any time during the first 6 months of the reporting period.
- who completed their support period after the follow up period or whose housing status during the follow up period was not stated were not included in this indicator.

The follow up period is derived by incrementing the start date by 6 months. For example, for the in scope period from 1 July 2022 to 31 December 2022, if a client’s first at-risk support period commenced on 20 August 2022 then the follow up period would commence on 20 August 2022 and end on 20 February 2023.

Example nomenclature for date/s	
Date/s	Nomenclature

1 Jul 2022 to 31 Dec 2022	In scope period
20 Aug 2022	Example, First recorded in scope 'At risk' support period
20 Aug 2022 to 20 Feb 2023	Follow up period

For more detailed information on the methodology behind this indicator, see the Technical Specifications in the [Supplementary technical documentation](#).

Indicator (i) Service-level

Measures whether SHS clients at risk of homelessness were assisted to avoid homelessness over the period of an individual support period.

The indicator is derived from support periods; the period of time during which a client is receiving SHS support. A client's housing status (that is, either at risk of homelessness or homeless) must be known at both the time of presentation and the end of the support period. Data are limited to only include those support periods which began and ended during the financial year reported period.

For more detailed information on the methodology behind this indicator, see the Technical Specifications in the [Supplementary technical documentation](#).

Supplementary technical documentation

Supplementary technical documentation outlining the calculation of the indicators, logic diagrams explaining visually how clients are included and excluded in the calculation of the indicators, as well as an explanation of how state/territory counting rules are applied, is available for both indicators:

National Housing and Homelessness Agreement: Indicator (h) - Supplementary technical document

Resource
DOCX 231kB

National Housing and Homelessness Agreement: Indicator (i) - Supplementary technical document

Resource
DOCX 332kB

On any given day infographics

Infographic: On any given day, across Australia 2023

Educational resource

Specialist homelessness services for Australia displayed as infographics including support services, crisis accomodation for children and families and numbers of rough sleepers. This is the latest in a series of reports dating from 2011-12.

PDF 322kB

Infographic: On any given day, across the Australian Capital Territory 2023

Resource

Specialist homelessness services

PDF 270kB

Infographic: On any given day, across New South Wales 2023

Resource

Specialist homelessness services

PDF 318kB

Infographic: On any given day, across the Northern Territory 2023

Resource

PDF 283kB

Infographic: On any given day, across Queensland 2023

Resource

Specialist homelessness services

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Infographic: On any given day, across South Australia 2023

Resource

Specialist homelessness services

PDF 268kB

Infographic: On any given day, across Tasmania 2023

Resource

Specialist homelessness services

PDF 319kB

Infographic: On any given day, across Victoria 2023

Resource

Specialist homelessness services

PDF 276kB

Infographic: On any given day, across Western Australia 2023

Resource

Specialist homelessness services

PDF 269kB

Notes

Amendment

14 Feb 2024 – A link to the Specialist Homelessness Services Collection data cubes 2011–12 to 2022–23 has been provided for users to access from the Data page.

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Data

Newer release available: (04 Dec 2025)

Data cubes: Specialist Homelessness Services Collection 2011-12 to 2022-23

Data

Data tables: Specialist homelessness services annual report 2022-23

Data

XLSX 944kB

Data tables: Specialist homelessness services historical tables 2011-12 to 2022-23

Data

XLSX 302kB

Data tables: Specialist homelessness services indicators 2022-23

Data

XLSX 272kB

Report editions

- Specialist homelessness services annual report 2024–25 |
Web report | 04 Dec 2025
Latest release
- Specialist homelessness services annual report 2023–24 |
Web report | 11 Mar 2025
- Specialist homelessness services annual report 2022–23 |
Web report | 13 Feb 2024
This release
- Specialist homelessness services annual report 2021–22 |
Web report | 08 Dec 2022
- Specialist homelessness services annual report 2020–21 |
Web report | 07 Oct 2022
- Specialist homelessness services annual report 2019–20 |
Web report | 11 Dec 2020
- Specialist homelessness services annual report 2018–19 |
Web report | 18 Dec 2019
- Specialist homelessness services annual report 2017–18 |
Web report | 13 Feb 2019
- Specialist homelessness services annual report 2016–17 |
Web report | 12 Feb 2018
- Specialist homelessness services 2015–16 |
Web report | 15 Dec 2016
- Specialist homelessness services 2014–15 |
Web report | 11 Dec 2015
- Specialist homelessness services 2013–14 |
Publication | 15 Dec 2014
- Specialist homelessness services 2012–13 |
Publication | 17 Dec 2013
- Specialist Homelessness Services 2011–12 |
Publication | 18 Dec 2012

Related material

Resources

Specialist Homelessness Services: monthly data

Resource

Specialist homelessness services client pathways: analysis insights

Resource

Infographic: On any given day in 2023 by state and territory

Educational resource

Specialist homelessness services for each state and territory displayed as infographics. This is the latest in a series of reports dating from 2011-12.

Fact sheet: Specialist homelessness Services 2022-23 by state and territory

Educational resource

These fact sheets include quick facts on characteristics of clients and client numbers accessing homelessness services. This is the latest in a series of reports dating from 2011-12.

Related topics

- [Homelessness services](#)
 - [Housing assistance](#)
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