



## Chapter

# 8

## Homelessness

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# 8 Homelessness

## Key points

- It is difficult to precisely measure the number of people who are considered to be homeless. One estimate using the 'cultural definition' of homelessness (which includes categories of primary, secondary and tertiary homelessness) suggests that around 105,000 Australians were homeless on the night of the 2006 Census.
- Using this definition, more than 40% of people who were homeless in 2006 were aged under 25 years.
- Aboriginal and Torres Strait Islander people are more likely than other Australians to experience homelessness and are over-represented as users of homelessness services.
- Domestic violence, family conflict, financial crisis, substance use and mental illness constitute some of the main pathways into homelessness.
- In 2009–10, specialist homelessness services supported 219,900 people—around one in 100 Australians. The range of services provided includes housing or accommodation support, domestic violence and family counselling, meals and showers, financial or employment assistance, and specialist services such as psychiatric and drug or alcohol services. Many clients receive multiple services.
- Young people aged 15–24 years are the most likely to access specialist homelessness services; however, rates of service use for older persons have increased in recent years, particularly for those aged 45–64 years.
- While family and relationship problems are the most commonly identified main reason for seeking assistance in all age groups, older clients are more likely than younger clients to identify financial issues.
- Service users who report substance use issues or mental health problems identify multiple reasons for seeking assistance and require a range of support services. They are more likely than other client groups to experience rough sleeping.
- Pathways out of homelessness include engagement with mainstream society including participation in education and employment, access to affordable housing, and access to quality housing in appropriate locations.

## 8.1 Policy context

### What is homelessness?

While homelessness can be defined in many ways, the 'cultural definition' of homelessness (Box 8.1) is often used in Australia for policy purposes. The National Partnership Agreement on Homelessness (NPAH), for example, identifies three forms of homelessness based on the cultural definition: primary homelessness—people living on the streets or in public places; secondary homelessness—people residing in emergency accommodation or staying temporarily with friends or relatives or in boarding houses; and tertiary homelessness—people living in boarding houses on a medium- to long-term basis (COAG 2009).

The cultural definition is also used to develop estimates of the homeless population. Such estimates are primarily based on data from the ABS Census of Population and Housing, and have been undertaken for the last three Census years: 1996, 2001 and 2006. Data from the report *Counting the homeless 2006* (Chamberlain & MacKenzie 2008) will be presented in this chapter to provide an overview of the homeless population in Australia.

It should be noted, however, that due to the difficulties in counting a mobile and difficult-to-reach population, it is not possible to produce definitive estimates of the homeless population. In this regard, the ABS has undertaken a review of the methodology used in *Counting the homeless 2006* (ABS 2011) which will be discussed in more detail at the end of the chapter, along with other initiatives to develop homelessness data in Australia.

#### Box 8.1: The 'cultural definition' of homelessness

While homelessness can be defined in many ways, Chamberlain & MacKenzie (2008) use the 'cultural definition' to produce estimates of the homeless population. This definition refers to the degree to which people's housing needs are met within conventional expectations or minimum community standards. In the Australian context this is described as having one room to sleep in, one to live in, and one's own kitchen and bathroom, and having security of tenure. The degree to which these housing needs are unmet provides a further level of categorisation as follows:

- primary homelessness—people without conventional accommodation, such as people living on the street, in parks, under bridges, in derelict buildings, improvised dwellings etc.
- secondary homelessness—people moving between various forms of temporary shelter including staying with friends, emergency accommodation, youth refuges, hostels and boarding houses
- tertiary homelessness—people living in single rooms in private boarding houses, without their own bathroom, kitchen or security of tenure.

## Responding to homelessness—reform initiatives

In 2008, the Australian Government released its White Paper on homelessness: *The road home: a national approach to reducing homelessness* (Commonwealth of Australia 2008a). The Government committed to two headline goals:

- to halve overall homelessness by 2020
- to offer supported accommodation to all rough sleepers who need it by 2020.

In order to achieve these goals, three key strategies were highlighted:

- turning off the tap—focusing on preventing homelessness by addressing the structural and individual causes of homelessness
- improving and expanding services—recognising the importance of developing better connections between mainstream and specialist homelessness services
- breaking the cycle—by helping people to find a way out of homelessness, especially those who have experienced long-term or chronic homelessness (Commonwealth of Australia 2008a:xi).

In addition, the White Paper identifies the need to provide a response to homelessness across all levels of government and different portfolios. It also emphasises the importance of undertaking research in order to improve the evidence on which policy and service responses are based, and on improving data on homelessness to enable progress against goals and targets to be measured.

### NAHA and NPAH

In order to achieve the goals set out in the homelessness White Paper, the Australian and state and territory governments introduced the National Affordable Housing Agreement (NAHA) (Box 8.2) which replaced the Supported Accommodation Assistance Program (SAAP) in 2009 (Box 8.4). One significant aspect of this agreement, and the reform agenda outlined in the White Paper on homelessness, is that housing and homelessness initiatives have been incorporated into an overarching policy framework. Previously, homelessness services and social housing programs were funded under separate agreements. In this regard, the NAHA provides funding for specialist homelessness services to support and accommodate people who are homeless or at risk of homelessness (previously provided under SAAP), as well as measures to facilitate access to affordable housing (COAG 2009).

In addition to providing funding for specialist homelessness services, the Australian and state and territory governments have committed to implement a range of other service outputs through the NPAH (Box 8.3). These outputs, aimed at preventing and breaking the cycle of homelessness, include:

- the 'A Place to Call Home' initiative (involving the provision of housing as well as support services)
- street-to-home initiatives for chronic homeless people (rough sleepers)
- support for private and public tenants to help sustain their tenancies
- assistance for people leaving child protection services, correctional and health facilities.

The NPAH also outlines several other more specialised outputs including services to assist: older people; substance users; people with mental health issues; young people; and women escaping domestic violence.

### **Box 8.2: National Affordable Housing Agreement**

The National Affordable Housing Agreement (NAHA) provides the framework for Australian governments to work together to improve housing affordability, reduce homelessness and reduce housing disadvantage for Indigenous people (CRC 2010).

The objective of the NAHA is: *'... that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation'*.

Under the NAHA the Australian governments have committed to achieving a range of outcomes, including assisting *'people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion'*.

Housing initiatives associated with the NAHA are discussed in Chapter 9.

### **Box 8.3: National Partnership Agreement on Homelessness**

Associated with the NAHA are several national partnership agreements, including the National Partnership Agreement on Homelessness (NPAH) which was signed in December 2008.

The objective of the NPAH is to contribute to the NAHA outcome: *'people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion'*.

The NPAH contributes to the following outcomes:

- fewer people will become homeless and fewer will sleep rough
- fewer people will become homeless more than once
- people at risk of or experiencing homelessness will maintain or improve connections with their families and communities, and maintain or improve their education, training or employment participation
- people at risk of or experiencing homelessness will be supported by quality services, with improved access to sustainable housing.

Other partnership agreements associated with the NAHA include: the National Partnership Agreement on Social Housing; the National Partnership Agreement on Remote and Indigenous Housing; and the National Partnership Agreement on the National Building and Jobs Plan (Social Housing)—see Chapter 9.

### Box 8.4: The Supported Accommodation Assistance Program

The Supported Accommodation Assistance Program (SAAP) was the main governmental response to homelessness between 1985 and 2008. It provided emergency accommodation as well as support services to people experiencing, or at risk of, homelessness. Some of the main developments of this program that have influenced the contemporary service environment include:

- expansion of target groups and increasing specialisation of services. Originally SAAP focused on providing assistance to youth and women escaping domestic violence, but expanded to include single men, single women, and families
- the provision of non-accommodation support services. In the early years of the program, SAAP focused on providing emergency accommodation; however, services evolved to incorporate other forms of support including counselling, relationship support, help with education and training, financial advice and assistance with drug and alcohol issues. This developed in connection with a focus on early intervention and the provision of post-crisis follow-up support
- responding to the individual needs of clients. This was associated with an emphasis on case management, a form of service delivery that involves an assessment process to identify the specific needs of clients and to connect them with appropriate services.

## 8.2 Homelessness in Australia

### How many homeless?

The latest available data on the homeless population are published in *Counting the homeless 2006* (Chamberlain & MacKenzie 2008). This report is based on data from the 5-yearly ABS Census of Population and Housing, supplemented by the SAAP National Data Collection (SAAP NDC) (AIHW 2011a) and the National Census of Homeless School Students.

Both the ABS Census of Population and Housing and the SAAP NDC have limitations. While the Census has good coverage of the Australian population, it is likely that as homeless people do not have a residential address, and although ABS employs strategies for counting persons living in improvised dwellings and sleeping rough, some will be missed on Census night. In addition, there are difficulties in identifying homeless persons as the Census does not have a direct homelessness question or classification (ABS 2011b:20). While the SAAP NDC has good coverage of people accessing government-funded specialist homelessness services, it does not cover the whole of the homeless population (AIHW 2011a:Box 1.1).

Using the 'cultural definition' of homelessness (Box 8.1), Chamberlain & MacKenzie estimated that, on Census night 2006, the number of people who were homeless in Australia was 104,676, or 53 per 10,000 population (Chamberlain & MacKenzie 2008 and A8.1). Of these:

- 16% were in the Census category 'improvised dwellings/sleepers out'
- 45% were staying temporarily with friends and relatives

- 19% were in SAAP accommodation (emergency or transitional accommodation)
- 21% were in boarding houses.

Twenty-one per cent of homeless people were aged 12–18 years, with 58% being under 35 years of age (derived from Table 8.1). Although over half the homeless population were male (56%), women now make up a greater share of the homeless population than ‘what was thought to be the case 40 to 50 years ago’ (Chamberlain & MacKenzie 2008:28).

**Table 8.1: Homeless population on Census night, by age and sex, 2006 (per cent)**

	<b>Under 12 years</b>	<b>12–18 years</b>	<b>19–24 years</b>	<b>25–34 years</b>	<b>35–44 years</b>	<b>45–54 years</b>	<b>55–64 years</b>	<b>65+ years</b>	<b>Total</b>
Male	52	46	53	57	63	64	61	64	56
Female	48	54	47	43	37	36	39	36	44
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Total (row %)</b>	<b>12</b>	<b>21</b>	<b>10</b>	<b>15</b>	<b>13</b>	<b>12</b>	<b>10</b>	<b>7</b>	<b>100</b>

Source: Chamberlain & MacKenzie (2008).

### Indigenous homelessness

Aboriginal and Torres Strait Islander people are more likely than non-Indigenous people to experience homelessness. On Census night in 2006 there were an estimated 191 Indigenous homeless persons per 10,000 people in the Indigenous population (SCRGSP 2009:Table NAHA 3.3). Indigenous people made up 9% of the homeless population (Table A8.2), but only accounted for around 2% of the Australian population (Chamberlain & MacKenzie 2008:29). Despite the high rates of homelessness for Indigenous people, Chamberlain & MacKenzie argue that due to cultural differences in the way in which homelessness is conceptualised, the Indigenous homeless population may have been under-counted (see Chamberlain & MacKenzie 2008 for a discussion of factors affecting the estimation of Indigenous homelessness).

### Distribution of homeless people

There are variations in the rates of homelessness between states and territories, with rates being highest in the northern and western regions of Australia, particularly in the Northern Territory (Table A8.1 and AIHW 2009).

While capital cities contain the largest numbers of homeless people, rates of homelessness are generally higher in regional and remote areas.

### Location of homelessness service users

Data on people who access specialist homelessness services (see Chapter 8.3) reveal similar patterns in relation to geographic distribution to that of the overall homeless population discussed previously. Although direct comparisons cannot strictly be made, rates of service use in 2006–07 were also generally higher in statistical divisions outside capital cities (Table A8.3 and AIHW 2009).

## Homelessness pathways: why are people homeless and what are their needs?

Research undertaken in Australia has shown that there are many causes of homelessness requiring a variety of policy responses and intervention strategies. Investigations into homelessness pathways, for example, have highlighted the way in which experiences such as family conflict or domestic violence, financial crisis, mental illness or substance use constitute some of the main entry points into homelessness. These studies also show how people on these pathways must overcome many barriers, both personal and structural, in their efforts to find housing stability.

The pathways research examined in this section, particularly that of Chamberlain & MacKenzie (2006) and Johnson et al.(2008), provides a useful overview of the social dimensions of homelessness in Australia, and highlights some of the key similarities and differences in the experiences of people who are homeless and the way in which they access and utilise services. However, pathways research does not encompass the entire breadth of work in this field, and there are many other studies that provide insight into the causes of homelessness.

### Pathways research

Anderson & Tulloch define a homeless pathway as a description of 'the route of an individual or household into homelessness, their experience of homelessness and their route out of homelessness into secure housing' (Anderson & Tulloch, cited in Clapham 2003:121). More broadly, pathways research may be described as research that attempts to understand homelessness as a process, charting 'the patterns of, and conditions affecting, the entry into, exit from, and return to homelessness' (Piliavin et al., cited in Pinkney & Ewing 2006:61).

One important characteristic of this research is that it attempts to investigate the relationship between structural and individual factors in explaining homelessness. Structural factors refer to the social or economic constraints that may impact upon an individual's ability to secure appropriate housing, such as poverty; unemployment; conditions in the housing market; welfare policies; and access to affordable housing. Individual factors refer to personal characteristics that may influence life outcomes, such as mental or physical health problems; substance use issues; exposure to violence; offending behaviour or experience of prison; or lack of social support networks (Anderson & Christian 2003:11).

Several attempts have been made to develop models of homelessness pathways. In Australia, Chamberlain & MacKenzie (2006) and Johnson et al. (2008) have developed homelessness pathway models. They describe similar pathways—domestic violence, housing crisis and youth pathways—however Johnson et al. (2008) also identify substance use and mental health pathways (see Figure 8.1). Both studies use the notion of an 'ideal type' to construct homelessness typologies. While 'no individual fits neatly and completely into a category', ideal types are useful for analytical purposes in that they allow clear patterns to be identified and similarities and differences to be compared (Johnson et al. 2008:14). In this regard, it is important to note that the pathway groups identified do not represent all possible homelessness pathways, but reflect some of the main causes or entry points into homelessness. Key characteristics of the pathways that Chamberlain & MacKenzie (2006) and Johnson et al. (2008) identified are examined below, highlighting the diverse needs of people who have experienced homelessness and the support that they require to exit homelessness.

## Youth pathway

Johnson et al. (2008) point to several studies that identify family conflict or violence as one of the main causes of youth homelessness. They found this to be the case in their study with regard to participants who first became homeless before they were 18 years of age. In this way, they make a distinction between 'youth escapers' who became homeless because of physical or sexual abuse, and 'youth dissenters' who left home because of irreconcilable family conflict (Johnson et al. 2008:53–54).

Both Johnson et al. (2008) and Chamberlain & MacKenzie (2006) found that an 'in and out' pattern of behaviour characterised the process of becoming homeless for this group, where the young person may 'stay out for a few nights and then return home for a period of time before repeating the pattern' (Johnson et al. 2008:56). When the permanent break did occur, Johnson et al. (2008) argue, dissenters tended to go directly into emergency accommodation, while escapers relied on boarding houses and were more likely to experience rough sleeping. Escapers were also more likely to experience long-term homelessness, episodic homelessness (repeat periods of homelessness), become involved with the homelessness sub-culture and engage in substance use.

An important factor enabling young people to exit homelessness was engagement with school. Johnson et al. (2008) found this to be the case for youth dissenters who were more likely than escapers to maintain contact with school. In this way, Johnson et al. (2008) suggest that facilitating engagement with school may be an important intervention strategy, particularly in situations where reconciliation with family may not be a viable option due to violence or abuse. Chamberlain & MacKenzie (2004) make a similar point. They maintain that early intervention for young people can take two forms. 'First, early intervention strategies can focus on young people who are in the 'in and out' stage, or perceptibly at risk. These strategies focus on family reconciliation' (Chamberlain & MacKenzie 2004:ii). Where this is not possible, 'early intervention can mean supporting homeless students to remain at school and make the transition to independent living' (Chamberlain & MacKenzie 2004:ii).

## Domestic violence pathway

Many people who become homeless because of family breakdown are women escaping domestic violence, although men may also be victims of domestic violence (Chamberlain & MacKenzie 2006:205). Similar to the process of becoming homeless for young people, Johnson et al. (2008) and Chamberlain & MacKenzie (2006) found that women on the domestic violence pathway engaged in an 'in and out' pattern of behaviour. Johnson et al. (2008) argue that one of the factors affecting this type of behaviour is the lack of economic independence, relating to the way in which women may return to the family home because they are unable to find accommodation in the private rental market (Johnson et al. 2008:31). This highlights the importance of access to safe and immediate housing for this group, as well as assistance to secure economic resources.

Johnson et al. (2008) maintain that most of the women in this group found accommodation in refuges, with some being supported in hotels due to a lack of places. Others turned to family or friends or spent the night in a car (Johnson et al. 2008:118).

Chamberlain & MacKenzie (2006) found that while women affected by domestic violence sometimes experience long periods of homelessness because of poverty, they rarely make the transition to chronic homelessness. Johnson et al. (2008) supported this, finding that, in



comparison with some of the other pathway groups, women on the domestic violence pathway typically experienced shorter periods of homelessness and were less likely to experience episodic homelessness. They also found that this group used homelessness services to a lesser extent and did not identify or engage with the homelessness sub-culture.

In addition to accommodation support, women on this pathway may require support to help them deal with the psychological or emotional impact of family breakdown or exposure to violence. As Morrison (2009) argues, responding to homelessness for people who have experienced violence or abuse necessitates more than the provision of 'accommodation and a job', often requiring support to help deal with trauma. This is highlighted in the Green Paper on homelessness where it is pointed out that 'women escaping family violence often need specialist support services such as counselling ...' (Commonwealth of Australia 2008b:26).

### **Housing crisis pathway**

Chamberlain & MacKenzie (2006) and Johnson et al. (2008) identify accumulating financial debt as the main factor precipitating homelessness for people on the housing crisis pathway. In this regard, Johnson et al. (2008) identify 'three typical ways through which housing crisis resulted: job loss, sustained poverty, and the gentrification of inner city housing markets' (Johnson et al. 2008:33). Chamberlain & MacKenzie observed that for people on the housing crisis pathway, the loss of accommodation came about as a sharp break (Chamberlain & MacKenzie 2006). Johnson et al. (2008) found that some people moved from being housed to homeless fairly quickly, but 'for most it took much longer' with households employing a variety of strategies to maintain their accommodation (2008:42).

Johnson et al. found that many of the households on this pathway were families, with some spending their first night of homelessness in a car or hotel, while others were helped by relatives or friends (Johnson et al. 2008:118). They argue that due to difficulties securing accommodation in the private rental market (relating to affordability and availability), and with long waiting lists for social housing, this group often ended up in inappropriate accommodation, such as boarding houses and caravan parks (2008:120). This highlights the need for access to appropriate housing for this group. People on this pathway may also need financial assistance or help re-engaging with the labour market.

Johnson et al. (2008) found many similarities between this group and women on the domestic violence pathway, in that (in comparison with other groups) they tended to experience shorter periods of homelessness; were less likely to experience episodic homelessness; used homelessness services to a lesser extent; and did not identify or engage with the homelessness sub-culture. They suggest that the similarities between these groups may be related to demographic characteristics, where the majority of households were families. They point to research that suggests that 'families typically have short homelessness careers' (Johnson et al. 2008:115), and identify three critical issues around which families organise resistance to homelessness: 'concern for children; a desire to reduce stress; and minimisation of the stigma of homelessness' (2008:115).

### **Substance use and mental health pathways**

While there is much evidence to suggest that homeless people are more likely than non-homeless people to experience mental health conditions or substance use disorders (Flatau et al. 2010:1), there is disagreement as to the extent of these problems. Johnson & Chamberlain (2009) point out that while some studies have estimated the prevalence of mental illness in

the homeless population to be between 72% and 82%, others have found this to be between 12% and 44% (Johnson & Chamberlain 2009). Johnson & Chamberlain report that in their study of 4,291 case histories of homeless people, 31% experienced a mental health problem. Of these, almost half (47%) had a mental health problem prior to becoming homeless, while 53% developed a mental health issue following homelessness (Johnson & Chamberlain 2009).

Johnson et al. (2008) classified participants in their study as belonging to the mental health or substance use pathways if their entry into homelessness was related to these specific issues. One participant, for example, became homeless after problematic drug use led to loss of employment. In this regard, only 17% of people in the study became homeless as a result of substance use problems, although 55% reported substance use issues (Johnson et al. 2008:44). The mental health group was the smallest in the study, with only six out of 103 participants experiencing 'mental health problems prior and leading to their first experience of homelessness' (2008:14).

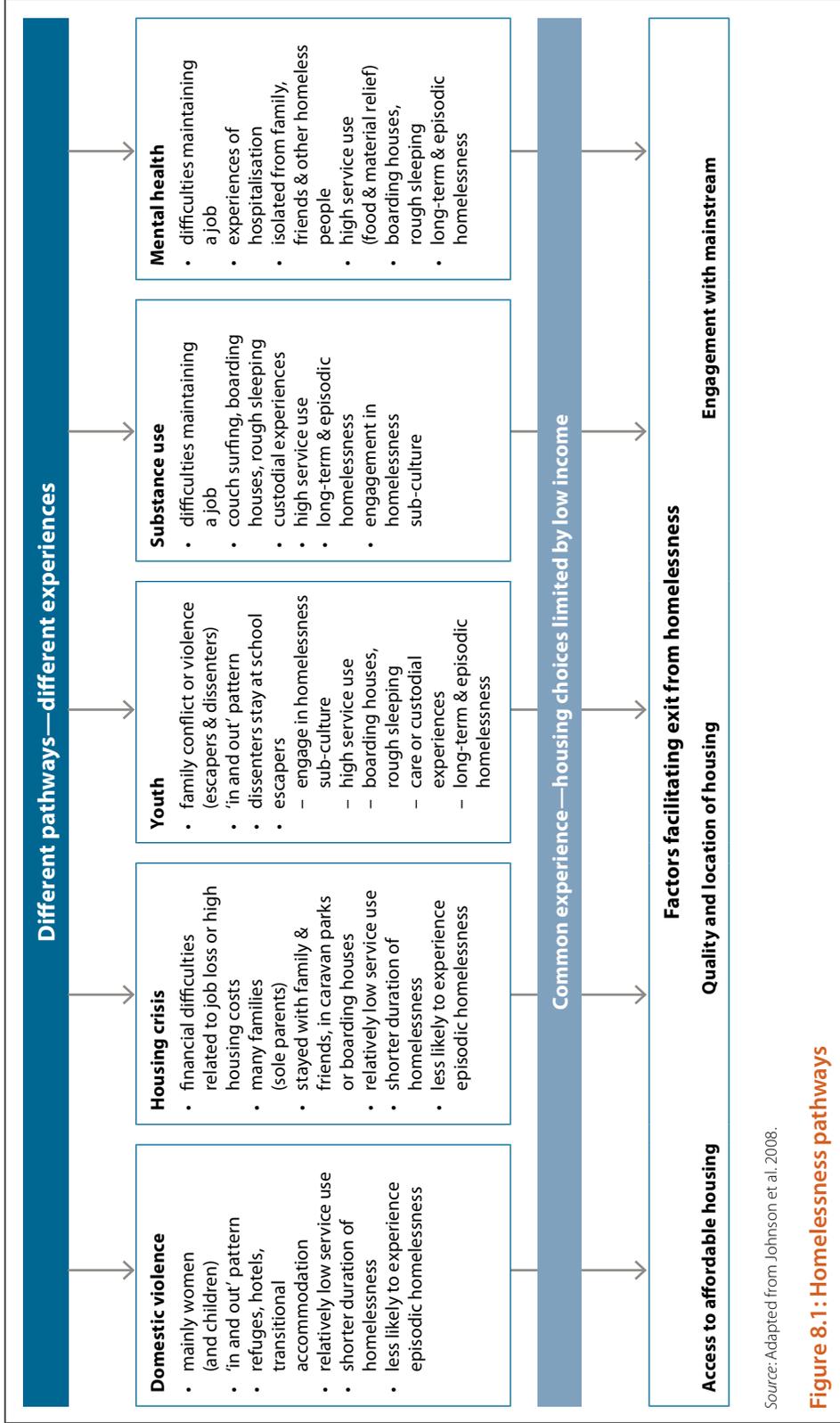
The authors found that when people on the substance use pathway became homeless they tended to 'couch surf' before eventually moving into boarding houses. They also experienced periods of rough sleeping. For people on the mental health pathway, homelessness usually 'began with an abrupt break' (Johnson et al. 2008:97). For some, their 'homeless careers began by sleeping rough' (2008:97), while the more common pattern was to move straight into boarding houses (2008:98).

People on both of these pathways experienced long-term homelessness and episodic homelessness, and had difficulties in the labour market. While substance users quickly become part of the homelessness sub-culture, people on the mental health pathway did not identify with other homeless people and became disconnected from family and friends. Substance users became involved with crime, which sometimes resulted in custodial experiences (Johnson et al. 2008:83), while people with mental health issues often had to deal with periods of hospitalisation.

### Common elements

While Johnson et al. (2008) found that there were some distinct points of difference between the pathway groups, there were also some important similarities. As the authors maintain, the 'primary connection between the five pathways was that everyone had few housing options because of their low income' (Johnson et al. 2008:64).

Related to this is the ability of people to access and participate in the labour market. This is a particular issue for homeless youth, substance users and people with mental health issues, as these groups are alienated from the labour market due to poor employment histories. Even when some people were housed, argue Johnson et al. (2008), 'their long-term exclusion from the labour market continued and this meant that without sufficient income people remained acutely vulnerable to any financial setback. It also meant that they did not have the opportunity to develop new social networks that can occur in the workplace' (2008:194).



Source: Adapted from Johnson et al. 2008.

**Figure 8.1: Homelessness pathways**

## Factors facilitating exit from homelessness

### Re-engagement with mainstream society

The previous point underscores an important factor relating to workforce participation: it facilitates engagement with the mainstream, enabling distancing from the homelessness sub-culture. Both Johnson et al. (2008) and Chamberlain & MacKenzie (2006) identify involvement with the homelessness sub-culture as a factor relating to long-term or chronic homelessness. Participation in the workforce can help people to establish new social relationships. As highlighted in the discussion on youth homelessness, this is also an important benefit for young people maintaining contact with school.

### Access to affordable housing

Another factor that helped people to exit homelessness was affordable housing, relating mainly to the accessibility of social housing. Across all the pathways, people who exited into social housing (as opposed to private rental) were more likely to sustain their tenancies (Johnson et al. 2008:172). This is similar to the results of a study involving low-income families in the United States, where it was found that access to affordable housing (in the form of a housing subsidy) was a key factor associated with the likelihood of making a successful or sustainable exit from homelessness (Shinn, cited by Pinkney & Ewing 2006:82). This is a particularly important factor in view of the Australian context, where there has been minimal growth in social housing dwelling stock (see Chapter 9). This has been accompanied by a trend towards the rationing of supply to those households most in need (AIHW 2010:13), and 'consistently high wait lists' that 'demonstrate the unmet demand for social housing assistance' (AIHW 2010:13–16). See Chapter 9 (Box 9.9) for information on social housing assistance provided to people who have experienced homelessness.

### Quality and location of housing

Johnson et al. (2008) also identify the quality of housing and its location as factors associated with making a successful exit from homelessness. Some participants in their study experienced difficulties with living in apartment blocks not suitable for children, or were placed in accommodation that was situated too far from shops, schools or medical services, or away from family or social networks (Johnson et al. 2008:177).

### Implications for service provision

Pathways research is important from a policy perspective, as understanding the processes involved in becoming homeless, and escaping from homelessness, enables opportunities for intervention to be identified. As Pinkney & Ewing suggest, 'Understanding people's trajectories through homelessness and the circumstances and factors that assist or block their attempts to find stability helps develop more effective ameliorative and resettlement strategies' (Pinkney & Ewing 2006:61). Similarly, Chamberlain & MacKenzie maintain that homeless trajectories sensitise 'us to the fact that different interventions are needed at different phases of the homeless career: prevention, early intervention and long-term support', providing a 'useful framework for welfare practice' (Chamberlain & MacKenzie 2006:199).

In addition, the different pathway trajectories highlight the way in which different groups have specific needs, requiring targeted support services. This is acknowledged in the White Paper on homelessness where it is pointed out that 'Examining pathways into homelessness is important for identifying opportunities to prevent homelessness' (Commonwealth of Australia

2008a:24). The White Paper makes reference to Chamberlain & MacKenzie's (2006) model, but also identifies 'poor life transitions' as a pathway into homelessness (referring to 'transitions out of the child protection system, prison or statutory care') (Commonwealth of Australia 2008a:24). The importance of these pathways in relation to the effective targeting and delivery of services is recognised in the NPAH, where the following groups are targeted in relation to the development of services: people with substance use problems; people with mental health issues; women and children escaping domestic violence; young people aged 12–18 years; and people leaving child protection services, correctional and health facilities (COAG 2009).

Pathways research also highlights the multiple and inter-connected causes of homelessness. Although personal circumstances or biographic factors shape each individual's homeless experience, there are certain key structural factors, such as poverty and access to affordable housing, that cut across all the pathway trajectories and play an equal role in determining the experiences of homeless people. For example, while family conflict may be a primary cause of homelessness for women on the domestic violence pathway, socioeconomic circumstance may make some victims of domestic violence more susceptible to homelessness than others. As Johnson et al. point out, 'violence against women cuts across all social classes', however it is 'women from poorer economic backgrounds who tend to become homeless' (Johnson et al. 2008:31).

This emphasises the way in which intervention strategies need to involve a variety of different elements, as Johnson et al. (2008) discuss in their notion of a 'housing plus' approach. This refers to the way in which, for some individuals, strategies to address homelessness must involve the provision of a range of support services in addition to affordable housing. While access to affordable housing is a key element relating to successful exits, some people require additional support to assist with health problems or other issues. The 'housing plus' approach, maintain Johnson et al., 'emphasises the importance of providing different homeless groups with different types and levels of assistance to resolve both their material and personal needs' (Johnson et al. 2008:181). This is highlighted in the Green Paper on homelessness where it is recognised that while 'Housing is a vital part of the [homelessness] response...[d]ifferent forms of support are required' and a 'new national effort on homelessness needs to provide housing plus a support package for homeless people' (Commonwealth of Australia 2008b:65).

The complex and multiple needs of people who are homeless highlight the challenges that policy makers and service providers face in delivering effective and appropriate support strategies. While the provision of accommodation and related support services has long been a feature of specialist homelessness services (see Box 8.4), the manifold nature of this problem has presented difficulties in responding to the needs of people who have experienced homelessness. The service response to homelessness in Australia will be discussed in the next section.

## 8.3 Service provision

The delivery of homelessness services in Australia is characterised by a multi-layered response. Homelessness programs are provided by Australian, state/territory and local governments, as well as not-for-profit and philanthropic organisations (see boxes 8.5 and 8.6 for selected examples of government and non-government programs in Australia).

### Box 8.5: Government responses to homelessness—selected examples

#### Reconnect

Reconnect is an Australian Government initiative that aims to help young people aged 12 to 18 years who are homeless or at risk of homelessness to stabilise their living situation and to improve their level of engagement with family, work, education and training (FaHCSIA 2011a). Reconnect services are community based, providing support to the entire family, and catering to the individual needs of clients in a culturally appropriate manner. The services provided include counselling, mediation, and access to other specialist services.

#### Household Organisation Management Expenses (HOME) Advice Program

The HOME Advice Program is designed to assist families who are at risk of homelessness. The program operates as a partnership between the Department of Families, Housing, Community Services and Indigenous Affairs, Centrelink and non-government service providers (FaHCSIA 2011b). Community service workers 'support families in the areas of housing and financial assistance, advocacy, relationships, family health and wellbeing, participation and early intervention' (MacKenzie et al. 2007). The program also provides access to a dedicated Centrelink HOME Advice social worker to assist families with income support issues (MacKenzie et al. 2007).

## Use of specialist homelessness services

Specialist homelessness services are mainly delivered by not-for-profit agencies that provide a range of services such as crisis and medium-term accommodation, access to laundry and shower facilities, and the provision of meals. Some agencies also provide, or arrange access to, employment and training services, financial counselling, legal services, health and specialist counselling services. Data from government-funded specialist homelessness services between 2006–07 and 2009–10 were captured in the SAAP National Data Collection (SAAP NDC) and will be presented below. For more information on the SAAP NDC and the services it covers, see the 2009–10 SAAP NDC annual report (AIHW 2011a).

### How many people use services?

In 2009–10, specialist homelessness services supported and/or accommodated 219,900 people (or 100 per 10,000 in the Australian population) (AIHW 2011a:Table A3). There has been a steady increase in the number and rate of people accessing services in the 4 years to 2009–10.

While most people are provided with one period of support, some require more. In 2009–10 the average number of support periods per person was 1.6.

## **Box 8.6: Non-government responses to homelessness—selected examples**

### **Foyer**

The Foyer movement originated in France after World War II, and became popular in the UK in the 1990s. It is a form of supported accommodation for young people which integrates access to affordable accommodation, training, guidance, personal development and job searching facilities (The Foyer Foundation 2011). The first program to adopt a Foyer model in Australia was the Live N Learn Miller Campus in New South Wales. Established in 2003, the campus receives funding from government sources as well as private donations (Live N Learn 2011). Some of the programs implemented under the NPAH are based on the Foyer model. For example, Victoria's youth Foyer program (Victorian State Government & Commonwealth of Australia 2011), and Western Australia's Foyer development (Government of Western Australia & Commonwealth of Australia 2011).

### **Common Ground**

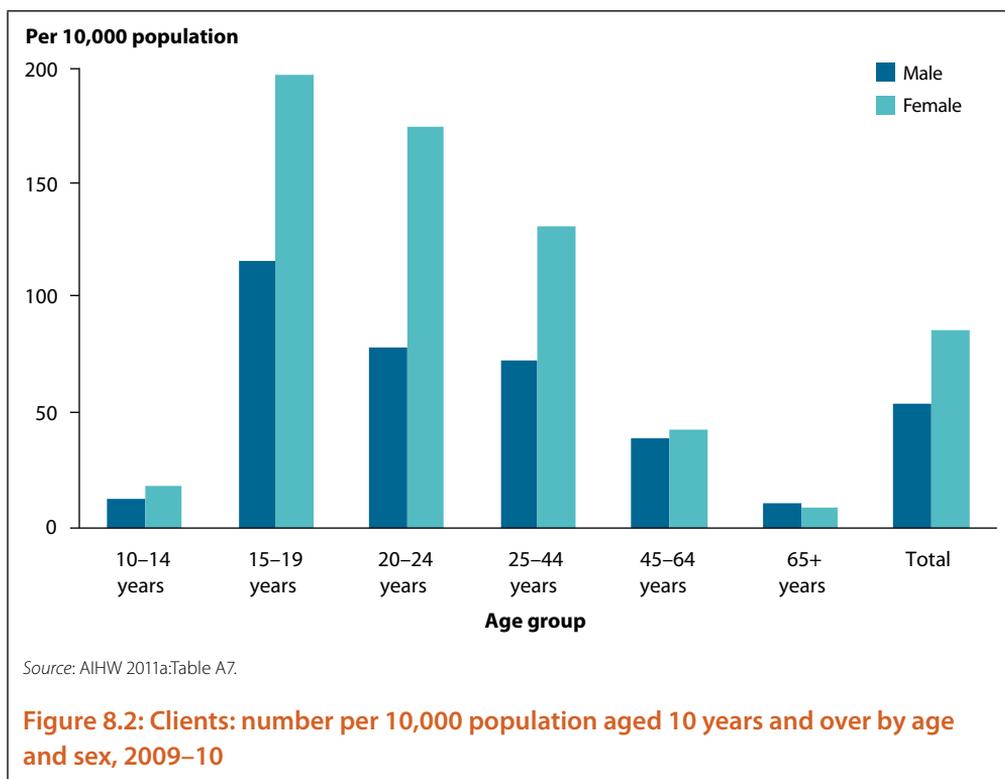
Common Ground is a successful housing program that originated in New York in 1990. Australian Common Ground projects target chronically homeless people, providing them with affordable accommodation as well as support services. Support services are located within Common Ground buildings and 'can range from support for medical and mental illness and/or substance use through to linking people with training, education and employment opportunities' (Australian Common Ground Alliance 2011). Common Ground projects receive funding from a mixture of government and private sources, with some facilities being funded through NPAH. For example, the Social Housing National Partnership Agreement and the NPAH's 'A Place to Call Home' initiative jointly fund the Tasmania Common Ground's Liverpool Street Project (Australian Common Ground Alliance 2011). Brisbane Common Ground is funded through the NPAH as well as the Nation Building Economic Stimulus Plan (Australian Common Ground Alliance 2011).

## **Characteristics of service users**

### **Females and young people most likely to be service users**

Females are more likely than males to access specialist homelessness services. In 2009–10, females accounted for 62% of all clients, but in 2006 made up only 44% of the total estimated homeless population (Table 8.1 and AIHW 2011a:Table A6). The rate of service use for females was also much higher than the rate for males—with 86 females per 10,000 population accessing services in 2009–10, compared with 54 per 10,000 for males (Figure 8.2).

There were also high rates of service use for young people, especially young females (Figure 8.2). The high rates of service use for females and young people largely reflect the traditional focus of SAAP, in which a strong emphasis was placed on providing services for youth and women escaping domestic violence (Box 8.4). Although there has been an expansion of target groups over time, the focus on youth and women and children escaping domestic violence is still evident, with the majority of agencies in 2009–10 primarily funded to deliver services to these two target groups (Table A8.4).



### Increasing rates of service use for older clients

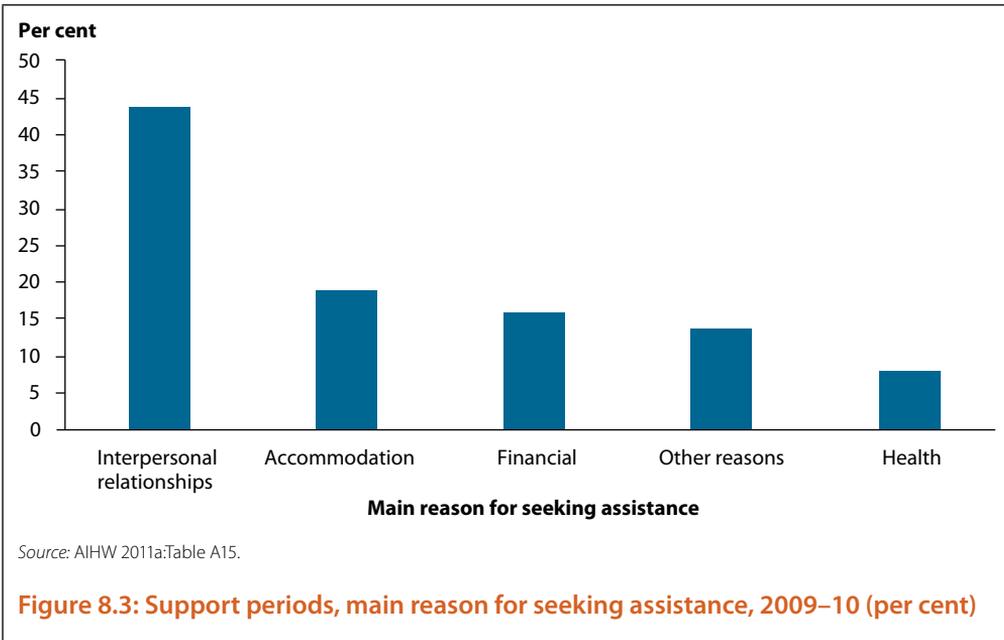
Although young people are the most likely to access services, rates of service use for older clients have been increasing, especially for the 45–64 years age group. Between 2006–07 and 2009–10 rates of service use for clients aged 20–24 years and 25–44 years rose from 119 to 125 per 10,000 and from 96 to 101 per 10,000, respectively, while the rate of service use for clients in the 45–64 year age group increased from 33 to 41 per 10,000 population (AIHW 2011a:Table A7). There was minimal change in rates of service use for clients aged under 20 years and for those aged 65 years and over. More information on service users aged 45–64 and 65 years and over will be provided later in this chapter.

### Aboriginal and Torres Strait Islander people over-represented as service users

Aboriginal and Torres Strait Islander people were over-represented in the specialist homelessness service user population. While they were estimated to account for around 2% of Australians, they represented 18% of clients in 2009–10 (AIHW 2011a:Table A10). At 26%, the proportion of Indigenous children accompanying clients was also well in excess of their proportion of the Australian population (5%) (AIHW 2011a:Table A11).

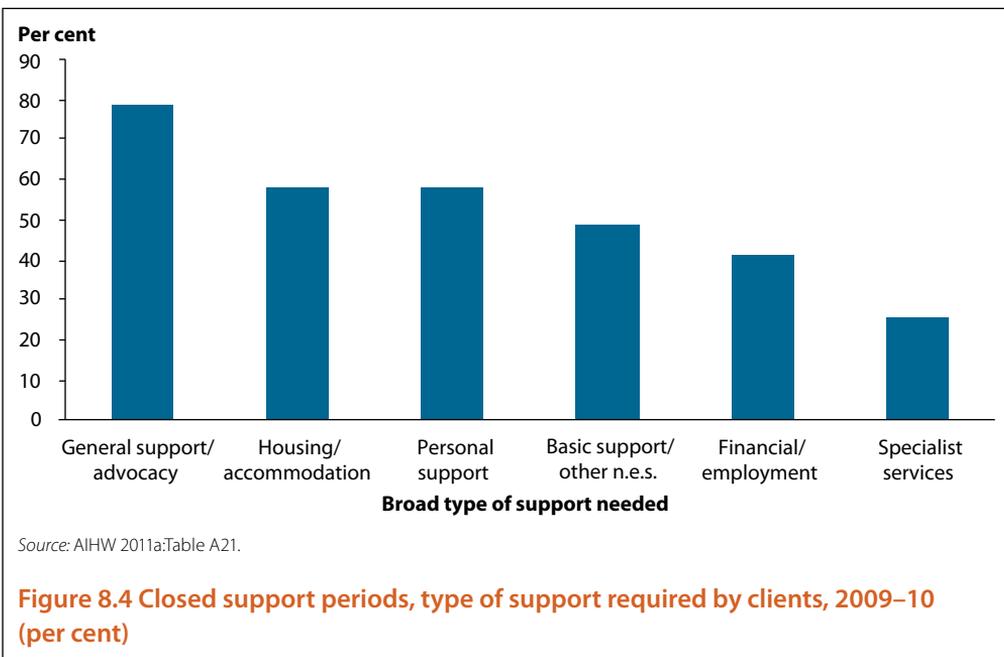
### Main reason for seeking assistance

The most common broad reason cited by clients for seeking assistance was interpersonal relationship problems (in 44% of support periods) (Figure 8.3). This was followed by accommodation problems (19% of support periods) and financial problems (16% of support periods) (AIHW 2011a:Table A15).



### Types of services needed

In 2009–10, clients were most likely to need general support or advocacy (78%), followed by housing or accommodation support (58%), personal support (includes domestic or family violence, family relationship support) (58%), basic support (includes meals and laundry or shower facilities) (49%), financial or employment assistance (42%), and specialist services (includes psychological, psychiatric services and drug or alcohol services) (26%) (Figure 8.4).



### Accommodation support

In relation to accommodation support, clients mostly received crisis or short-term accommodation. In 2009–10, clients were provided with crisis or short-term accommodation in 84% of accommodation periods, medium- or long-term accommodation in an additional 14% of accommodation periods (Table A8.5).

### People turned away from accommodation

Although specialist homelessness services accommodate large numbers of people each day, they are not always able to meet all the requests for accommodation. In addition to the data presented above, which show service provision to clients, data are collected twice a year on people who request accommodation but do not receive it—that is, are turned away. Data collected during the 2009–10 Demand for Accommodation Collection period showed that 58% of people who required new and immediate accommodation were turned away (AIHW 2011b). Many of those turned away were women (54%), young people (56% were aged under 20 years) and Aboriginal and Torres Strait Islander people (30%).

## Pathway groups—client characteristics, patterns of service use and outcomes

Given the diversity of the homeless population and the people supported by specialist homelessness services, the reasons people seek support, the support they need, and their outcomes vary. This section will present the client characteristics, patterns of service use and outcomes for selected pathways groups using data from the SAAP NDC. The groups are based on the main pathways identified in the research literature, as well as the homelessness White Paper. Groups are identified in the SAAP NDC data using the following criteria:

- domestic violence—clients aged 18 years and over who identify ‘domestic or family violence’ as a main reason for seeking assistance. Clients under the age of 18 years are excluded from this group because women and young people experience domestic violence in different ways. While young people in this situation most likely face parental abuse, women escaping domestic violence experience abuse by a spouse or partner. Clients aged 12–17 years who identify domestic violence as a main reason for seeking assistance will be included in the youth client group (see below)
- financial crisis—clients who identify financial difficulties (including ‘budgeting problems’, ‘rent too high’, ‘other financial difficulties’ or ‘gambling’) as the main reasons for seeking assistance
- substance use—clients who identify ‘problematic drug/alcohol/substance use’ as a main reason for seeking assistance
- mental health—clients who identify ‘mental health issues’ or ‘psychiatric illness’ as the main reasons for seeking assistance
- clients from care and custodial settings—clients who identify ‘recently left institution’ as a main reason for seeking assistance (includes prisons, detention centres, hospitals or other institutions)

- youth—clients aged 12–17 who identify ‘interpersonal relationship’ problems as the main reason for seeking assistance (including ‘time out from family/other situation’, ‘relationship/family breakdown’, ‘interpersonal conflict’, ‘sexual abuse’ or ‘domestic/family violence’). This group has been formed in this way to be consistent with the pathways research which identifies family conflict or violence as a main cause of youth homelessness.

It must be noted that these groups cannot be constructed in the same way as the pathway groups identified by Chamberlain and MacKenzie (2006) and Johnson et al. (2008). This is because these studies use case histories or biographical approaches to capture the process of becoming homeless and to create pathways based on main causes or entry points into homelessness. The SAAP NDC data can only identify a client’s main reason for seeking assistance at a particular point in time. As such, it is not possible to identify the original cause of a client’s homelessness or their entry point into homelessness.

### Characteristics of the pathway groups

Clients who seek assistance because of domestic violence make up the largest of the groups, followed by clients experiencing financial crisis; youth experiencing family or relationship problems; substance use clients; mental health clients; and care and custodial clients (Table 8.2). It must be noted that these client groups together only make up around 50% of all support periods and 60% of clients. This is because of the methodological constraints of using SAAP NDC data to identify pathway groups, where (as discussed above), the identified main reason for seeking assistance does not necessarily reflect the original cause of a person’s homelessness. In addition, clients must choose from between 23 main reasons for seeking assistance, resulting in a wide distribution of responses.

**Table 8.2: Support periods and clients, by pathway group, 2009–10**

	<b>Domestic violence</b>	<b>Financial crisis</b>	<b>Substance use</b>	<b>Mental health</b>	<b>Care &amp; custodial</b>	<b>Youth</b>	<b>All<sup>(a)</sup></b>
<b>Support periods</b>							
Number	46,700	35,300	9,300	5,800	2,700	13,900	222,100
Per cent	21.0	15.9	4.2	2.6	1.2	6.2	100.0
<b>Clients<sup>(b)</sup></b>							
Number	31,800	24,400	6,000	4,300	2,300	9,700	130,300
Per cent	24.4	18.7	4.6	3.3	1.8	7.4	100.0

(a) Includes support periods/clients for those who identified other reasons for seeking assistance and as such is greater than the sum of group totals.

(b) Clients may have more than one support period where different main reasons are identified. As such, client groups are not mutually exclusive.

#### Notes

1. Number excluded due to errors and omissions (weighted): 8,618 support periods; and 5,362 clients (includes those who did not identify a main reason for seeking assistance).

2. Figures have been weighted to adjust for agency non-participation and client non-consent.

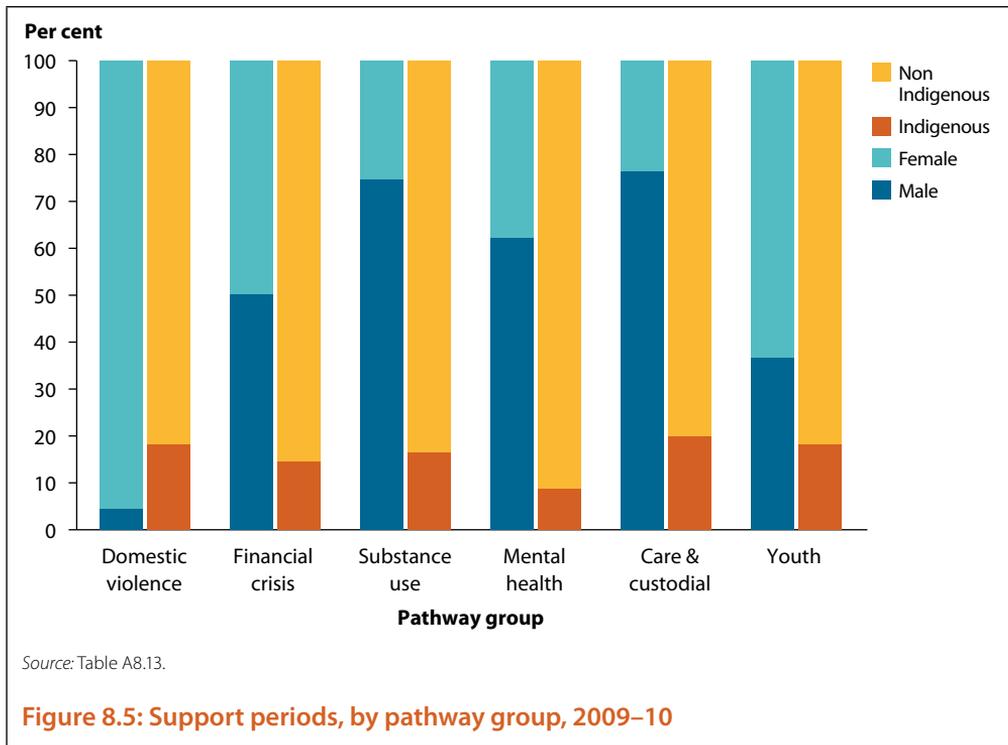
Source: SAAP NDC Client Collection.

### Sex

In 2009–10, women made up 96% of domestic violence clients, 63% of youth, and half (50%) of the financial crisis group (Figure 8.5). Male clients were more likely to belong to the substance use, mental health, and care and custodial groups.

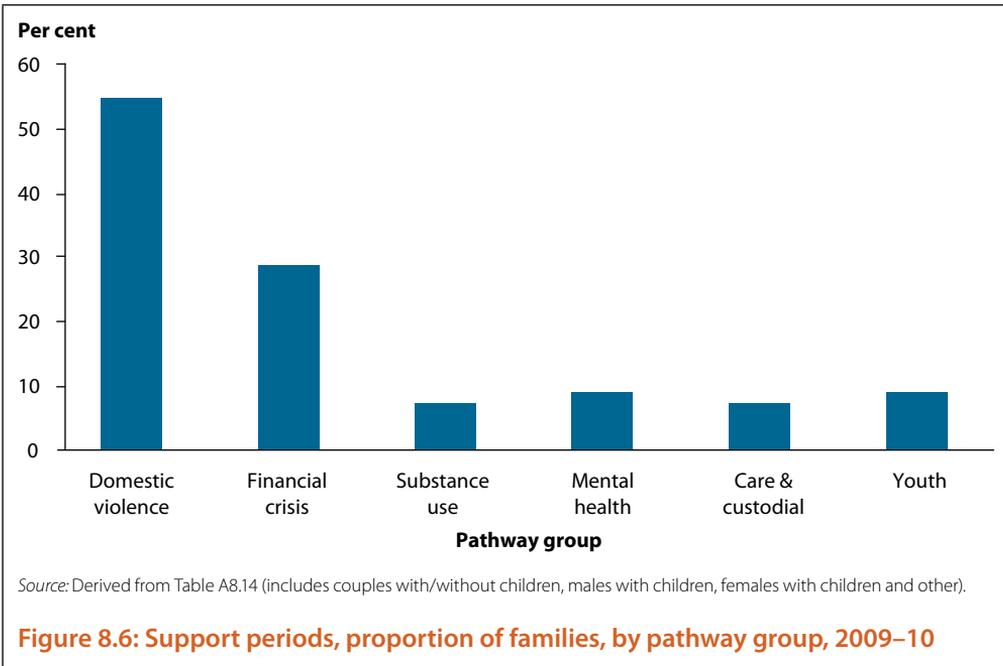
## Aboriginal and Torres Strait Islander status

Indigenous clients were most likely to belong to the care and custodial (20%), youth (18%) and domestic violence (18%) groups, while making up only 9% of mental health clients.



## Client group

Domestic violence clients were most likely to be females with children (52% of support periods) or single females aged 25 and over (35%) (Table A8.14). While a high proportion of clients in the financial crisis group (39% of support periods) were single males aged 25 and over, this group also had a relatively high proportion of families (couples with/without children, males with children, females with children and other family types making up 29% of support periods for this group) (Figure 8.6). This is consistent with the research undertaken by Johnson et al. (2008) who found that there were many families on the domestic violence and financial crisis pathways.



**Figure 8.6: Support periods, proportion of families, by pathway group, 2009–10**

### Other reasons for seeking assistance

While the pathway groups have been constructed using main reason for seeking assistance, clients may also identify other reasons for seeking assistance. Table 8.3 shows that most clients identified more than one reason for seeking assistance, with financial issues and interpersonal relationship problems being some one of the most commonly selected reasons.

**Table 8.3: Support periods: all reasons for seeking assistance (broad groups), by pathway group, 2009–10 (per cent)**

All reasons (broad groupings)	Domestic violence	Financial crisis	Substance use	Mental health	Care & custodial	Youth
Interpersonal relationships	100.0	10.0	38.2	31.0	25.1	100.0
Financial	8.8	100.0	42.8	31.4	26.0	10.7
Accommodation	8.0	12.5	21.6	20.7	18.4	19.6
Health	8.5	14.6	100.0	100.0	39.0	12.1
Other	8.4	10.6	43.6	31.2	100.0	12.0
<b>Mean number of reasons identified per support period</b>	<b>2.1</b>	<b>1.9</b>	<b>3.6</b>	<b>3.2</b>	<b>2.7</b>	<b>2.4</b>

Source: Table A8.15.

Substance use and mental health clients were most likely to identify multiple reasons for seeking assistance, with the average number of reasons identified per support period for these groups being 4 and 3 respectively (Table 8.3). Clients in these groups were most likely to identify financial or interpersonal relationship problems as other reasons for seeking assistance. Within the category of interpersonal relationships, substance use clients were most likely to select 'physical or emotional abuse', while mental health clients were most likely to identify 'relationship or family breakdown' or 'interpersonal conflict' (Table A8.15).

An interesting point to note is the co-reporting between substance use, mental health, and care and custodial clients. A relatively high proportion of substance use and care and custodial clients also identified mental health issues and psychiatric illness as reasons for seeking assistance, while a high proportion of mental health and care and custodial clients identified alcohol or substance use issues (Table A8.15).

## Patterns of service use by the pathway groups

### Type of support needed

Most clients had multiple support needs, with care and custodial clients, substance use clients and youth clients having the highest average number of services required per support period (each at around 8 services per support period) (Table 8.4). This contrasts with financial crisis clients who required, on average, 4 services per support period.

Accommodation support and basic support (such as meals and showers) were most commonly needed by substance use and care and custodial clients (Table 8.4). These client groups, along with mental health clients, were also most likely to require specialist services, including specialist counselling and drug or alcohol support. Personal support services, including domestic violence and family counselling, were most often required by domestic violence and youth client groups. While clients in the financial crisis pathway group were most likely to need financial or employment support, as would be expected, almost four in ten clients in the domestic violence group and close to half of clients in other groups also required this type of support. General support and advocacy services were needed by more than 80% of clients in most pathway groups, with the notable exception of financial crisis clients (64%).

**Table 8.4: Support periods: type of support required (broad groups), by pathway group, 2009–10 (per cent)**

Type of service required (broad groups)	Domestic violence	Financial crisis	Substance use	Mental health	Care & custodial	Youth
Housing/accommodation	52.8	31.5	81.7	68.4	86.2	74.2
Financial/employment	37.8	70.0	54.7	44.9	55.9	46.9
Personal support	89.4	39.1	52.5	58.3	64.1	73.8
General support/advocacy	86.7	64.3	88.1	83.3	84.5	83.9
Specialist services	36.4	18.1	53.7	44.7	45.3	28.6
Basic support /other n.e.s.	46.5	37.3	79.2	63.3	66.2	62.2
No needs recorded	0.4	0.3	0.4	0.7	0.2	0.6
<b>Mean number of services required per support period</b>	<b>6.9</b>	<b>4.0</b>	<b>7.7</b>	<b>6.8</b>	<b>8.0</b>	<b>7.5</b>

Source: Table A8.16.

### Case management, length of support and repeat service use

Case management was provided in the majority of support periods for all pathway groups. Support periods for substance use (83%), care and custodial (75%) and mental health clients (73%) were most likely to involve case management, while support periods for financial crisis clients were least likely (54%) (Table A8.17).

Case management is considered to be the most appropriate form of service delivery for clients with complex needs (Box 8.7). In this regard, it is recognised that people with substance use and mental health problems face many barriers and difficulties in overcoming homelessness (Flatau et al. 2010; Robinson 2003), with the White Paper on homelessness highlighting the way in which such clients require 'continuing case management and support' (Commonwealth of Australia 2008a).

### **Box 8.7: Case management**

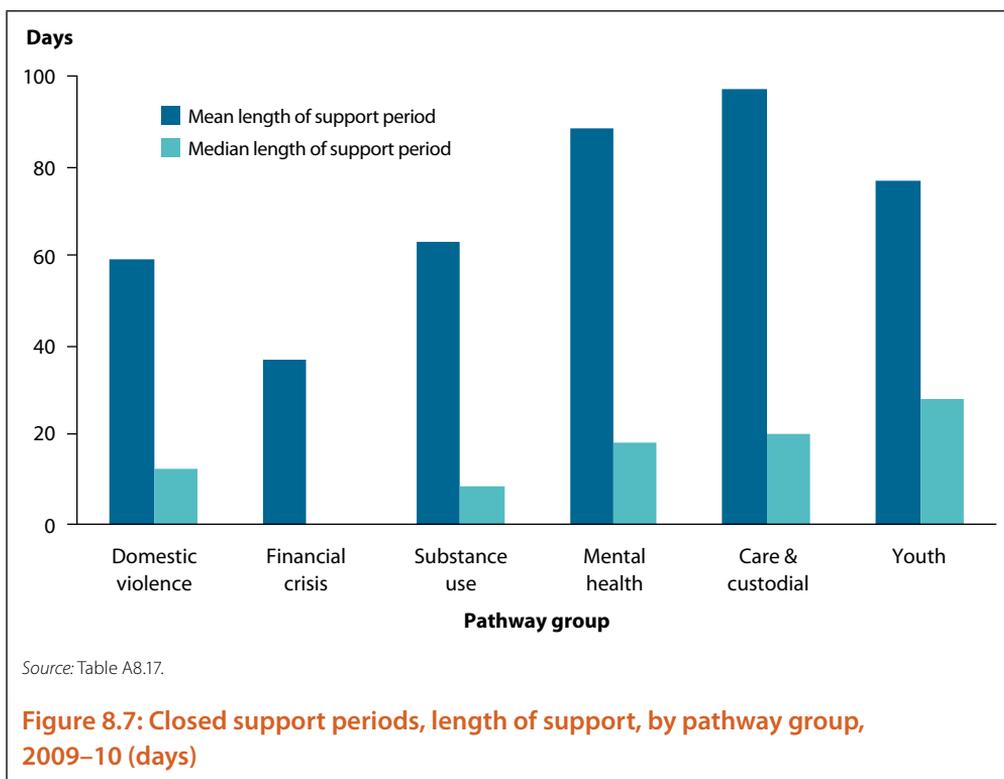
The provision of case management has been an important feature of specialist homelessness services and is associated with an increasing emphasis placed on responding to the individual needs of clients (Box 8.4). Case management is an approach to service delivery that involves an assessment of client needs as well as the development of a personal plan or support agreement (AIHW 2005). It has been identified as the most appropriate form of service provision for clients with a 'complex range of needs, who require access to a broad range of services and different forms of assistance' (FaHCSIA 1997).

Between 2006–07 and 2009–10, the proportion of support periods with case management rose from 55% to 61%, and the proportion of clients receiving case management increased from 67% to 70% (Table A8.7).

Support periods involving case management are generally long in duration. In 2009–10, the median length of support periods with case management was 30 days. This compares with a median length for all support periods of 11 days (AIHW 2011a:Table A17).

As shown above, substance use, mental health, and care and custodial clients were more likely than other groups to identify multiple reasons for seeking assistance. Further, substance use and care and custodial clients, in particular, tended to have multiple support needs. Clients in these groups were also more likely to experience repeat service use, with each having an average of around 3 support periods per client (Table A8.13).

In relation to duration of support, most of the pathway groups experienced a length of support greater than that reported for all clients (median length 11 days and mean length 64 days—see AIHW 2011a:Table A17). Mental health clients, care and custodial clients, and youth were supported for longer in comparison with the other pathway groups, with median lengths of 18, 20 and 28 days respectively (Figure 8.7). It is interesting to note that while women generally experienced longer support periods than men (Table A8.6), the length of support for the domestic violence pathway group (consisting mainly of females), was shorter than that of most other pathway groups.



Financial crisis clients had a median length of support of less than one day and a low proportion of support periods with case management. This, combined with a lower average number of services required, suggests that these clients seek what may be described as ‘one-off’ forms of support. Indeed, financial crisis clients were more likely than other client groups to seek financial assistance or material aid (required in 66% of support periods), which involves money given to the client or other forms of material relief such as clothing, food vouchers or bus or train tickets (Table A8.16).

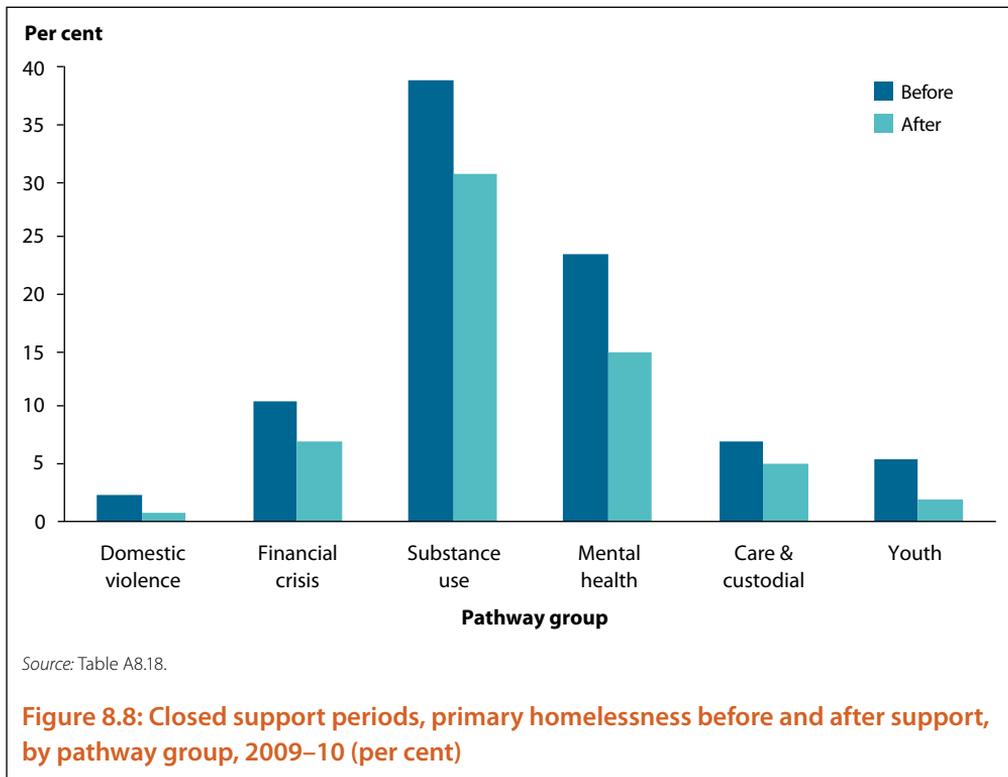
Substance use clients had a median length of support (8 days) that was slightly shorter than the median length for all client support periods (11 days), but a mean length (63 days) similar to that for all clients (64 days) (Table A8.17 and AIHW 2011a:Table A17). This suggests that there is much variation in the length of support for these clients, with some clients experiencing very short periods of support and others being supported for much longer. An examination of types of services required reveals that these clients seek a range of support services, including services that may be delivered quickly such as meals, showers, food vouchers or material assistance, as well as services that may require longer support, such as accommodation or specialist services (Table A8.16).

## Outcomes for the pathway groups

### Housing circumstances

#### *Moving out of primary homelessness*

Substance use and mental health clients were most likely to be in the primary homeless category immediately before support, being in improvised dwellings or sleeping rough in 39% and 24% of support periods respectively (Figure 8.8). Outcomes for primary homeless persons generally improved after support, particularly with regard to these two groups. The proportion of support periods where clients experienced primary homelessness decreased to 31% for substance use clients and 15% for mental health clients following the provision of support.



#### *Supporting clients with specialist homelessness accommodation*

Youth, mental health and substance use clients were the most likely pathways groups to be in specialist homelessness accommodation ('SAAP/CAP accommodation') immediately before support (Table A8.19). Across all groups, the proportion of support periods where clients were in this type of accommodation increased after support, with the biggest differences being for care and custodial clients (rising from 6% before support to 16% after) and for domestic violence clients (increasing from 11% to 16%). Care and custodial clients, in particular, had a high need for this service, being assessed as needing specialist accommodation in around two-thirds of support periods (Table A8.16).

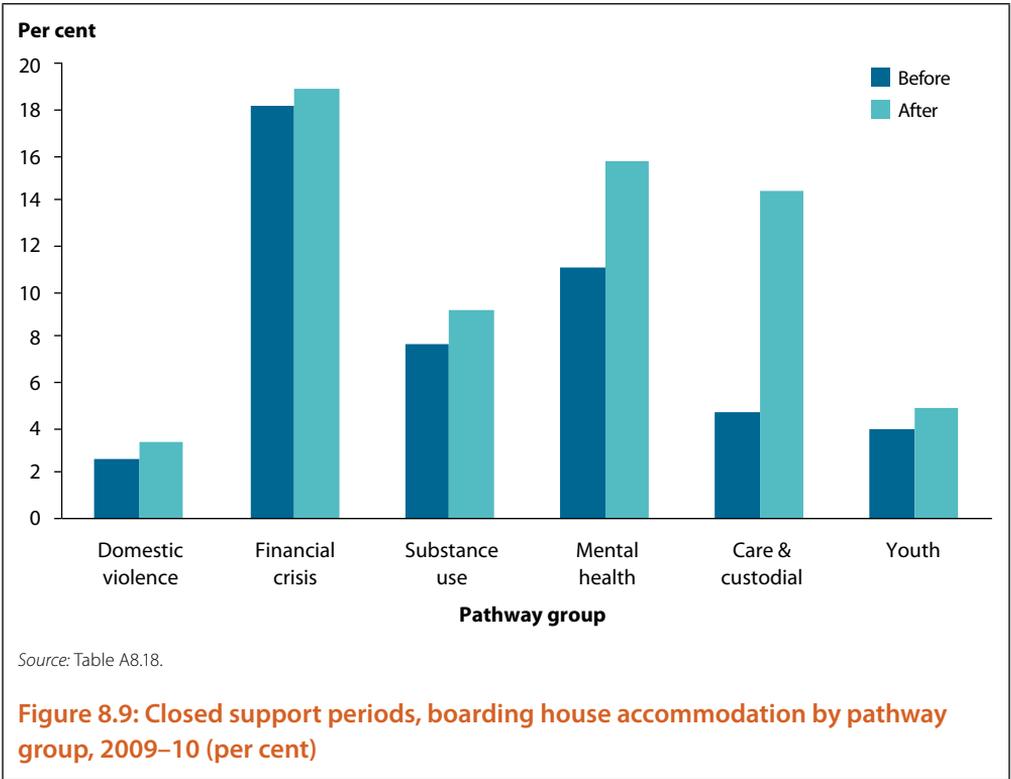
The general increase in the proportion of clients transitioning to specialist homelessness accommodation is not surprising as many clients access homelessness services for this reason.

*Staying temporarily with friends and relatives*

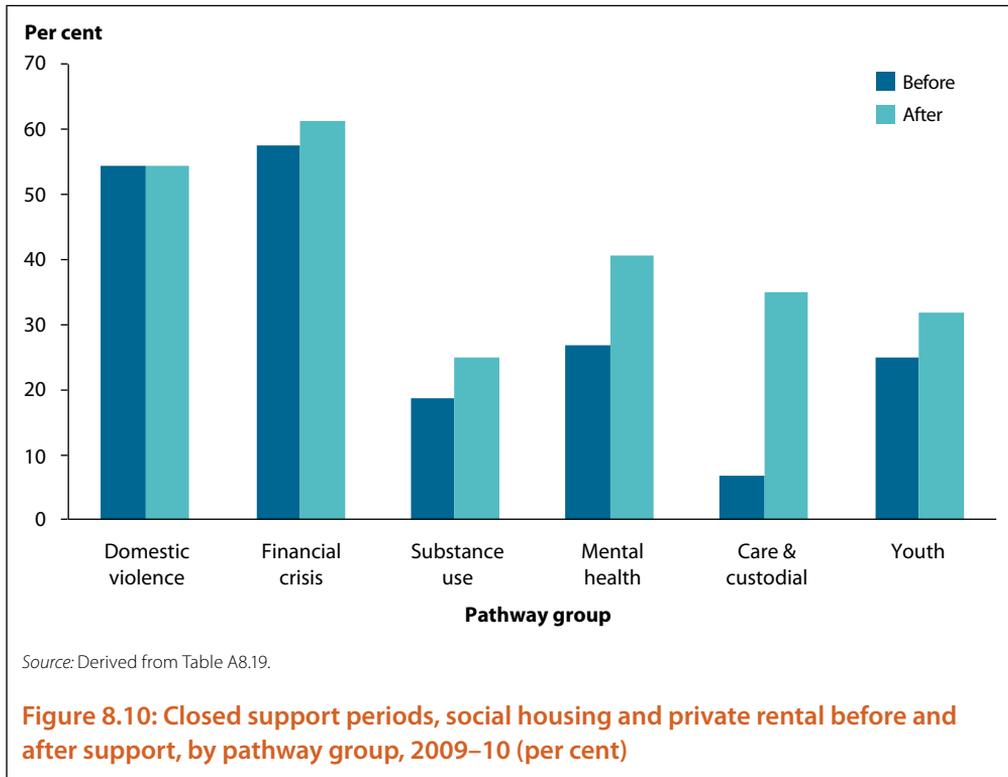
Youth and domestic violence clients were the most likely pathways groups to be staying temporarily with relatives and friends before support (in 23% and 11% of support periods respectively) (Table A8.20). This may be reflective of the 'in and out' pattern of behaviour described by Chamberlain and MacKenzie (2006) and Johnson et al. (2008), where people leave home temporarily, sometimes finding accommodation with friends or relatives, before making a permanent break. The proportion of clients in this situation decreased after support for most groups (including youth), but increased slightly for domestic violence and care and custodial clients.

*Movement into boarding houses*

Financial crisis and mental health clients were the most likely pathways groups to be residing in a boarding or rooming house immediately before assistance (in 18% and 11% of support periods respectively) (Figure 8.9). The percentage of clients in boarding house accommodation was higher after receiving assistance for all pathway groups, most notably mental health clients and care and custodial clients.



Before receiving support, domestic violence and financial crisis clients were most likely to be in private rental accommodation (in 35% and 37% of support periods, respectively) or social housing (in 20% and 21% of support periods, respectively) (Table A8.19). Changes in these accommodation settings after receiving support were most notable for care and custodial clients (Figure 8.10): before support, 4% lived in private rental and 3% in social housing, while after support 17% lived in private rental and 18% in social housing.



The transition to social housing or private rental for these groups may be related to the way in which these clients specifically seek assistance to access or maintain this type of accommodation. Care and custodial clients, for example, were more likely than other groups to need assistance to maintain or obtain independent housing (including public housing, private rental accommodation, community housing, or owner-occupied housing) (in 38% of support periods—Table A8.16). The mental health and youth groups also had a relatively high proportion of support periods requiring assistance with independent housing (27% each).

### Employment and education

Participation in employment and education are important outcomes for people who have experienced homelessness. As discussed in research on homelessness pathways, involvement with education and employment not only facilitates access to economic resources, it also provides opportunities for social contact and engagement with mainstream society.

There were small improvements in employment status after support across all groups, with care and custodial clients experiencing the greatest increase in this regard. For this group, the proportion of support periods where clients were employed full time or part time increased from 2% before support to 7% after support (Table A8.21).

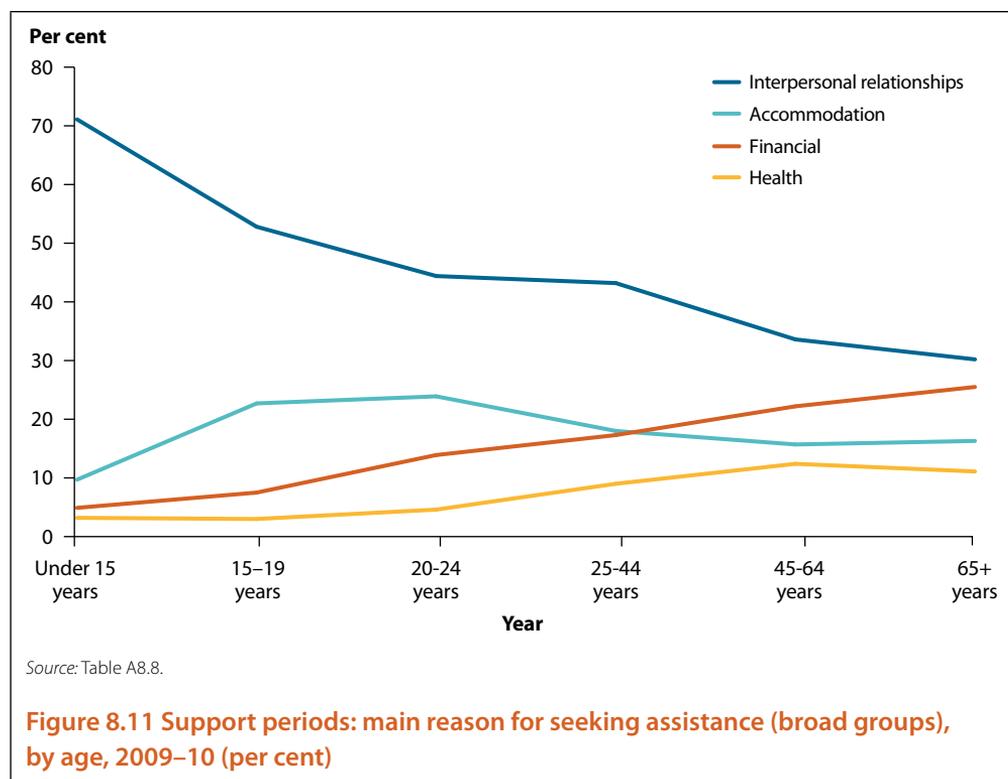
In relation to education, there was little difference in the percentage of youth in primary or secondary education before and after support (46% and 45% of support periods, respectively) (Table A8.22). However, the percentage participating in post-secondary education or training rose from 9% to 11%—a relative increase of around one-fifth.

## A closer look at older persons

As discussed previously, while young persons are most likely to access specialist homelessness services, there has been an increase in recent years in rates of service use for older clients, particularly for those aged 45–64 years.

### Main reason for seeking assistance for older persons

While clients in younger age groups were most likely to identify interpersonal relationship problems as their main reasons for seeking assistance, older persons were more likely to identify financial issues. Figure 8.11 shows that the proportion of support periods where interpersonal relationship problems were nominated as the main reason for seeking assistance declined with age, reflecting the pathways research which suggests that family conflict is one of the main causes of youth homelessness. However, even among clients aged 65 years and over, interpersonal relationship problems were selected for 30% of support periods.



The proportion of support periods where financial reasons were identified as main reasons for seeking assistance increased from 5% for clients aged under 15 years to 26% for clients aged 65 years and over. Older clients were also more likely than younger clients to seek assistance for health-related reasons.

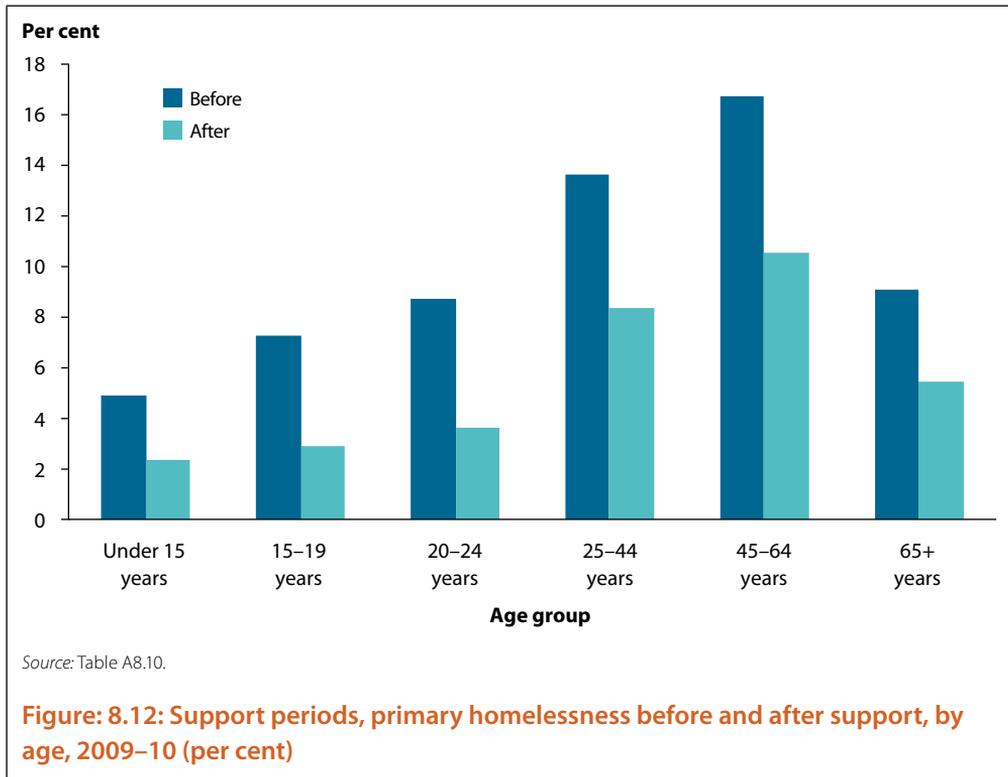
### Types of services needed by older persons

Excluding accompanying children, the need for housing or accommodation services declined with age, with these services being required in 75% of support periods for clients aged 15–19 years, and in 46% of support periods for clients aged 65 years and over (Table A8.9). Clients aged 65 years and over were more likely than other age groups to require health or medical services (required in 16% of support periods).

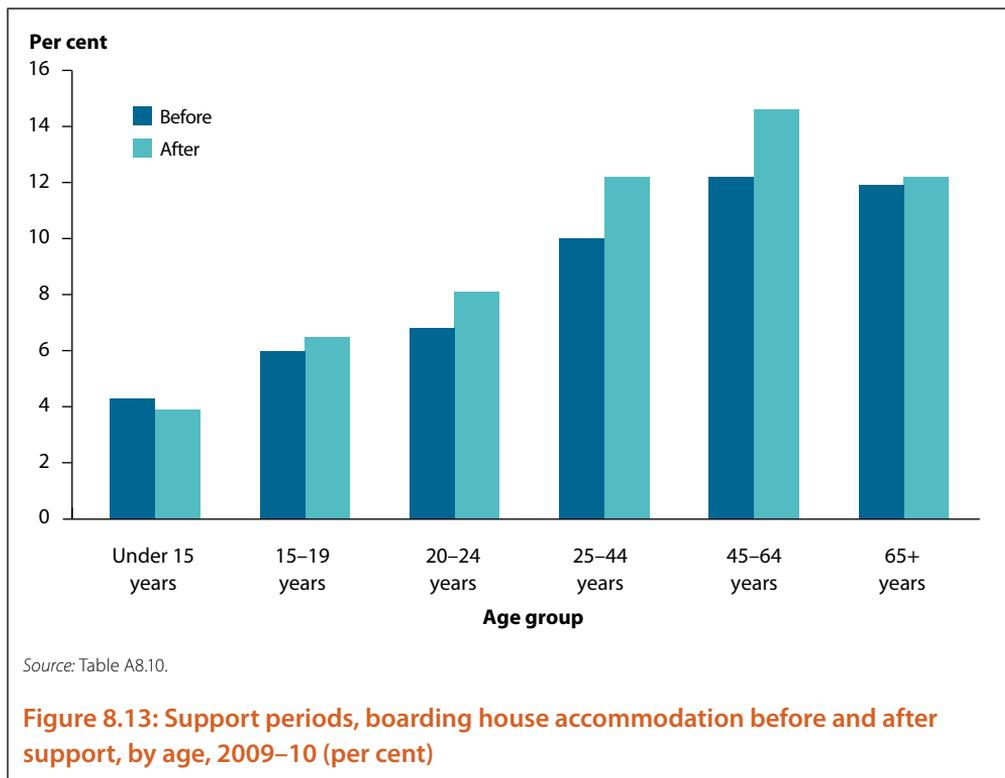
### Housing circumstances of older persons

Clients in the 45–64 years age group were the most likely of the age groups to experience primary homelessness immediately before support—sleeping rough or in an improvised dwelling in 17% of support periods (Figure 8.12). This proportion decreased to 11% after support, consistent with a general decrease across all age groups.

Clients aged 45–64 years and 65 years and over were the most likely of the age groups to be residing in boarding houses before support (in 12% of support periods for both age groups) (Figure 8.13). After receiving support, the proportion increased to 15% for clients aged 45–64 years, but remained relatively stable for clients aged 65 years and over.



Clients in these older age groups were also the most likely to be home owners or purchasing a home immediately before support, or in social housing (public and community housing). While the proportion of home owners or people in the process of purchasing a home remained relatively stable after support, there was an increase in the proportion of support periods where clients were in social housing (Table A8.11).



## 8.4 Recent homelessness data developments in Australia

The Australian Government and state and territory governments have agreed on the outcomes to be achieved under the NAHA and the related performance indicators which will be used to track progress towards these outcomes. However, it is recognised that there is limited information on the nature and extent of homelessness in Australia. In addition, it is difficult to count homeless people and traditional survey methods are not able to be used (CRC 2010).

In its baseline report on the NAHA, the COAG Reform Council noted the need to undertake homelessness data development activities to improve performance reporting. Some of the data development activities which are underway are discussed below.

### Specialist homelessness services

As part of the 2009–10 Federal Budget, funding was provided to the AIHW to develop a range of homelessness data to support COAG performance reporting, including the new Specialist Homelessness Services (SHS) data collection which replaced the SAAP NDC on 1 July 2011.

The SHS has been designed to provide a range of improvements to homelessness data including important cyclical or flow data about clients' experiences and their pathways into and out of homelessness.

Some of the changes implemented with the new SHS collection include:

- the development of new data elements
- a shift of focus from support periods to clients
- an expansion to the scope and coverage of the collection, and improvements to existing data items which will better reflect and measure the services agencies provide to clients
- more timely and improved speed of data submission and feedback processes for agencies
- more timely and complete information for jurisdictions about agencies and their clients
- more timely reporting, including quarterly reports.

As a part of the implementation process, the AIHW has developed a system to support the new SHS collection that will improve both the quality of the data and the ability to provide reports using the data.

With these changes, it is envisioned that the SHS collection will contribute to better information on:

- understanding the pathways into and out of homelessness
- services provided to support homeless people
- the homelessness circumstances of clients using specialist homelessness services.

## Census

The Census does not identify people who are homeless through a direct question or classification. Therefore, in order to develop an estimate of the number of homeless people, methods must be applied using the variables that are collected in the Census. One estimation method was developed by Chamberlain & MacKenzie as reported in the publication *Counting the homeless 2006* (Chamberlain & MacKenzie 2008). There is a review underway on the methodology used in this publication.

The *ABS review of Counting the Homeless methodology* aims to refine the Census-based estimates of the homeless population (ABS 2011). The final methodology, due to be published in 2012, will be applied to the 2011 Census and future Censuses. It will be also used to produce recompiled estimates from the 2001 and 2006 Censuses to allow time series analysis.

## Other ABS data sources

The ABS General Social Survey (GSS) 2010 included a new homelessness module. GSS data are expected to provide information on episodes of homelessness experienced in the 12 months, two years and five years prior to the survey.

According to the ABS, the next GSS (planned to be run in 2014) will also include an enhanced homelessness module to enable comparisons over time of experiences of homelessness.

In terms of other surveys, the ABS proposes to consider the inclusion of a GSS-like homelessness module in other future ABS surveys as appropriate, for example, the Survey of Disability, Ageing and Carers and/or the Household Income and Expenditure Survey. In addition, the ABS will

investigate the development of a culturally appropriate module on the previous experiences of homelessness for the 2014 National Aboriginal and Torres Strait Islander Survey.

The ABS is planning to create a Statistical Longitudinal Census Dataset (SLCD), which will combine information provided in the 2006 Census with information provided in future Censuses, including the 2011 Census. Potentially, this new data set may provide the opportunity to report on repeat periods of homelessness and on long-term outcomes which can be seen in Census data, and compare this population's outcomes to those of the rest of the population.

### Centrelink homelessness flag

Since January 2010, Centrelink has gathered information from the assessment of Centrelink staff as to whether clients are homeless or at risk of homelessness. The homelessness 'flag' (identifier) is attached to a client's record following contact with Centrelink.

An evaluation of the usefulness of the Centrelink homelessness identifier as a proxy measure of the homeless population is to be undertaken. Specifically, if there is found to be good correlation between the Census count of the homeless population and the count derived using the Centrelink identifier, this could enable annual reporting of the homeless population between Censuses.

### The Journeys Home: Longitudinal Study of Factors Affecting Housing Stability

The aim of the Journeys Home study is to improve the understanding of, and policy response to, the diverse social, economic and personal factors that are related to homelessness and the risk of becoming homeless. FaHCSIA funds and manages the study on behalf of the Australian Government. The Melbourne Institute of Applied Economic and Social Research (University of Melbourne) has undertaken the design and development of the study, data management and analysis, and the preparation of research and statistical reports.

The Journeys Home study is the first large-scale study of its type in Australia, combining de-identified administrative data held by Centrelink with a sample survey of 1,550 income support recipients across Australia. It aims to address a number of questions that a longitudinal study can answer:

- pathways into/out of homelessness
- the characteristics associated with people identified as homeless and the characteristics that distinguish at risk and vulnerable people who become homeless from those who do not
- the triggers for any changes from being at risk of homelessness to becoming homeless, including movement between levels of homelessness
- the length of time that people in the sample experience homelessness, including multiple episodes of homelessness
- the factors associated with instability/stability in housing tenancy or occupancy, including over time.

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