Australian Government

**Australian Institute of
Health and Welfare**

Specialist homelessness services annual report 2021-22

Web report | Last updated: **08 Dec 2022** | Topic: Homelessness services | Media release

About

The specialist homelessness services annual report summarises the characteristics of clients receiving support from specialist homelessness services throughout 2021–22, including the services requested, outcomes achieved, and unmet requests for services.

Cat. no: HOU 331

- State and territory summaries
- Infographics
- NHHA Indicators
- Data

   Findings from this report:

- 272,700 clients were assisted by SHS agencies in 2021–22; more than 1.5 million clients since 2011-12.

- Almost two thirds of SHS clients in 2021–22 received SHS assistance at some point since the collection began in 2011-12.

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 2021–22, SHS agencies provided support to almost 272,700 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.

Visualisation not available for printing

Policy framework

Policy framework for reducing homelessness and service response

On this page

People experiencing homelessness and at risk of homelessness are among Australia's most socially and economically disadvantaged. Governments across Australia fund a range of services to provide support to those who are experiencing homelessness or are facing housing insecurity. These services are delivered by various government and non-government organisations including agencies specialising in delivering support to specific target groups (such as young people or people experiencing family and domestic violence), as well as those that provide more generic services to those experiencing or at risk of homelessness.

Many Australians experience events in their lifetime that may place them at risk of, or result in, homelessness. Access to affordable housing 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 and can affect their health, education, employment and place them at risk of homelessness (AIHW 2022, Chung et al. 2020, Desmond and Gerhenson 2016, Guran et al. 2021, Rowley and Ong 2012).

During 2021–22, the effects of the ongoing COVID-19 pandemic continued to exacerbate housing affordability in Australia. Lockdowns of varying length in a number of states and territories continued to cause many households to experience income losses, resulting in increased housing stress, while the ongoing housing price boom has put out of reach for many Australians the chance to own their own home, and further driven up the rental cost to beyond affordable for many renters (Pawson 2021) (see below for more COVID-19-related housing impacts). It is estimated that around 1 million low-income households experience housing affordability issues due to rental stress – defined as paying more than 30% of their gross weekly income on housing costs (ABS 2022).

On Census night in 2016, 116,427 Australians were homeless, up from 102,439 people in 2011. This equates to a 4.6% increase in the population adjusted rate of homeless persons over 5 years, from 47.6 per 10,000 population in 2011 to 49.8 in 2016. Census homeless estimates include people in supported accommodation for the homeless, people in short-term or emergency accommodation, those 'sleeping rough' and people living in severely crowded dwellings – defined as those households that require 4 or more extra bedrooms to accommodate residents. The Australian Bureau of Statistics (ABS) acknowledges that the circumstance of homelessness may mean that some people are not captured at all in datasets, nor will all those experiencing homelessness be captured in datasets of those accessing particular homelessness services. In addition, certain groups of people (including Indigenous Australian populations, rough sleepers and those in supported accommodation) are more likely to be undercounted on Census night. Hence, homelessness data collected in the Census is an estimation, and susceptible to under/overestimation and under enumeration (ABS 2018).

The National Housing and Homelessness Agreement (NHHA)

In the 2017–18 Budget, the Australian Government announced the establishment of a new National Housing and Homelessness Agreement (NHHA), which came into effect on 1 July 2018. This agreement reformed previous funding agreements with states and territories (the National Affordable Housing Agreement (NAHA) supported by the National Partnership Agreement on Homelessness (NPAH)). The NHHA provides more than $1.6 billion in Commonwealth funding to the states and territories a year, including dedicated funding of $124.7 million over two years from 2021–22 to support workers in the housing and homelessness sector (The Commonwealth of Australia 2021). In addition to funding provided through the NHHA, in 2022–23 the Australian Government committed to provide funding of $313.7 million to support state affordable housing services, including HomeBuilder and Remote housing programs as part of the National Partnership payments (The Commonwealth of Australia 2022).

Under the Agreement, funding for homelessness services will be ongoing and indexed for the first time to provide certainty to front line services assisting Australians who are experiencing homelessness or who are at risk of homelessness (CFFR 2018).

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 who are homeless or at risk of homelessness to achieve and maintain housing, and addresses the incidence and prevalence of homelessness
- improved housing outcomes for Indigenous Australians
- 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 Australians
- 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 the October 2022–23 Budget, the Australian Government committed to the implementation of a number of housing reforms which aim to address housing affordability and homelessness. These commitments include:

- A new national Housing Accord which aims to build "one million new, well-located homes to be delivered over 5 years from mid-2024 as capacity constraints are expected to ease"
- The $10 billion Housing Australia Future Fund that will build 30,000 social and affordable housing properties over 5 years
- Help to Buy program giving eligible home buyers access to an equity contribution from the Government
- The Regional First Home Buyer Support Scheme for 10,000 eligible first home buyers guaranteeing up to 15 per cent of the purchase price
- Establishing a National Housing Supply and Affordability Council to independently advise the Australian Government on housing policy
- Developing a new National Housing and Homelessness Plan.

The Government has committed to providing $15.2 million to establish the National Housing Supply and Affordability Council, which "will be responsible for delivering advice on options to improve housing supply and affordability, reporting on key issues in housing policy, and promoting the regular collection and publication of data on housing supply, demand and affordability" (Australian Government 2022).

Specialist homelessness services

A specialist homelessness service is an organisation that receives government funding to deliver accommodation related and/or personal services to people who are homeless or at risk of homelessness. Under the NHHA, these agencies are required to participate in the Specialist Homelessness Services Collection (SHSC). Other organisations not directly funded by governments also provide a wide range of support services to people in need; these organisations are not required to provide data to the SHSC. Also, NHHA funded agencies may provide support beyond the NHHA directly funded support packages; this support is also excluded from the SHSC.

SHS agencies vary in size and in the types of assistance they provide. Across Australia, agencies provide services aimed at prevention and early intervention, as well as crisis and post crisis assistance to support people experiencing or at risk of homelessness. For example, some agencies focus specifically on assisting people experiencing homelessness, while others deliver a broader range of services, including youth services, family and domestic violence services and housing support services to those at risk of becoming homeless. The service types an agency provides range from basic, short-term interventions such as advice and information, meals and shower or laundry facilities through to more specialised, time intensive services such as financial advice and counselling and professional legal services (see Glossary for a complete list of service types).

The Specialist Homelessness Services Collection

Around **1.5 million clients** have been supported by Specialist Homelessness Services since the collection began on 1 July 2011.

The SHSC comprises data from homelessness agencies funded under the NHHA). State and territory departments identify NHHA (and the previous NAHA and NPAH) funded agencies required to participate in the SHSC. These agencies vary widely in terms of the services they provide and the service delivery frameworks they use. 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 at an agency. Further data on assistance received and client circumstances are collected at the end of every month in which the client receives services and again when contact with the client has ceased.

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

Figure FRAMEWORK.1: Conceptual framework of the Specialist Homelessness Services Collection
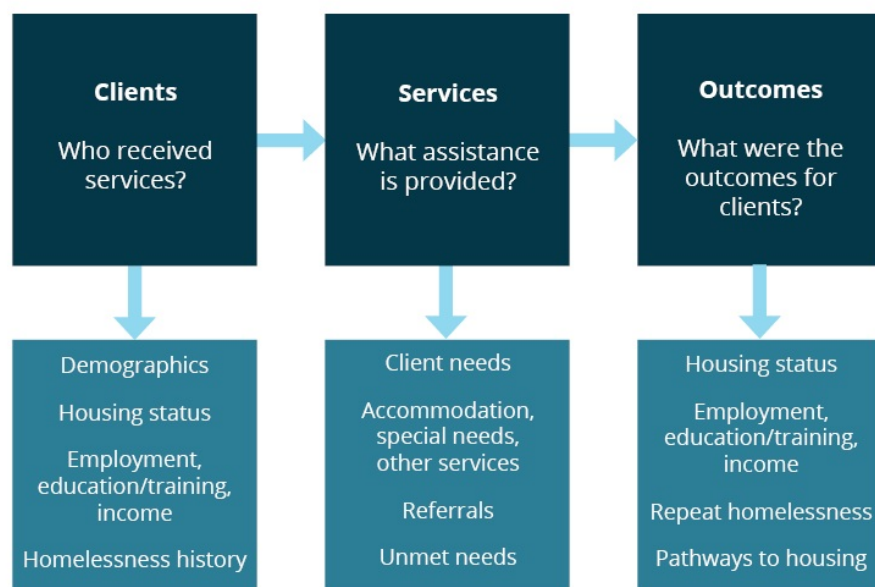
The data in this publication draws on the SHSC to describe the support provided to people who are experiencing homelessness or are at risk of homelessness. Data from almost 1,700 SHS agencies across Australia are provided directly to the AIHW every month.

The data collected by agencies are based on periods of support provided to clients. Support periods vary in terms of their duration, the number of contacts between SHS workers and clients during the period and the reasons that support ends. Some support periods are relatively short – and are likely to have begun and ended in 2021–22 – while others are much longer, many of which might have been ongoing from the previous year and/or were still ongoing at the end of 2021–22.
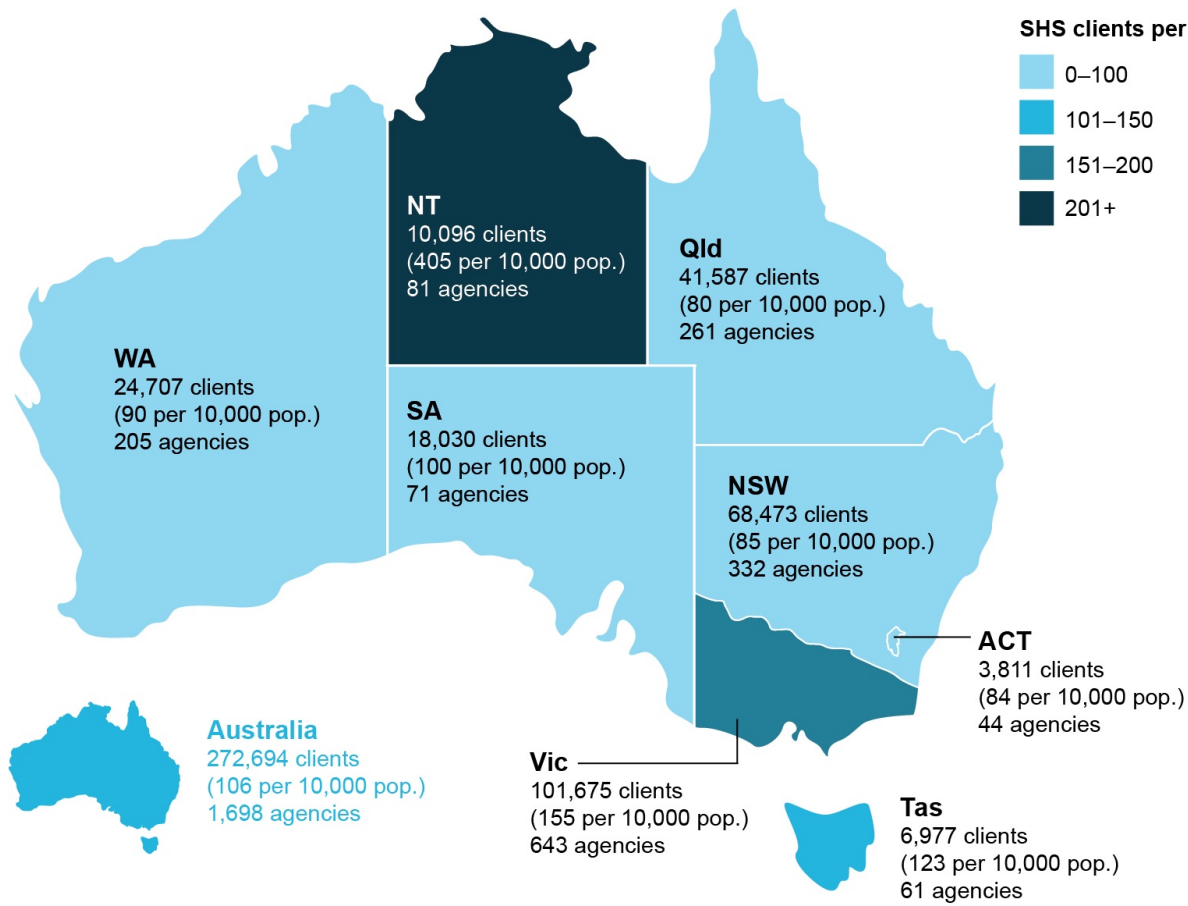
On 1 July 2019, new data items were added to the SHSC and some other items were updated or modified. New data items include a National Disability Insurance Scheme (NDIS) indicator, main language other than English spoken at home and proficiency in spoken English. The updated or modified data items include 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 2021–22 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 2021–22 is available in Technical notes.

Nationally, 1,698 agencies delivered specialist homelessness services to almost 272,700 clients during 2021–22 (Figure FRAMEWORK.2).

Figure FRAMEWORK.2: Specialist homelessness agencies and clients by jurisdiction, 2021-22

SHS clients per 10,000 population

- 0–100
- 101–150
- 151–200
- 201+

NT
10,096 clients
(405 per 10,000 pop.)
81 agencies

Qld
41,587 clients
(80 per 10,000 pop.)
261 agencies

WA
24,707 clients
(90 per 10,000 pop.)
205 agencies

SA
18,030 clients
(100 per 10,000 pop.)
71 agencies

NSW
68,473 clients
(85 per 10,000 pop.)
332 agencies

ACT
3,811 clients
(84 per 10,000 pop.)
44 agencies

Australia
272,694 clients
(106 per 10,000 pop.)
1,698 agencies

Vic
101,675 clients
(155 per 10,000 pop.)
643 agencies

Tas
6,977 clients
(123 per 10,000 pop.)
61 agencies

Notes

1. Clients may access services in more than one state or territory, therefore the Australia total will be less than the sum of jurisdictions.
2. The agency count includes only those agencies that provided support periods with a valid Statistical Linkage Key (SLK).

Source: Specialist Homelessness Services Collection 2021–22.

SHS agencies vary considerably in size, 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) not only reflects the type and complexity of services provided, but also differing state and territory service delivery models. Agency size is also influenced by jurisdictional specific factors such as the size and geographical distribution of their population. Figure FRAMEWORK.3 illustrates the wide range in agency sizes in each state and territory. In 2021–22, about half of all agencies assisted fewer than 100 clients (845 agencies or 50%). Agencies assisting a large number of clients (more than 1,500 in 2021–22) exist in all jurisdictions, except the Northern Territory. Victoria had the most agencies of this size (21 agencies).

Figure FRAMEWORK.3: Specialist homelessness agencies, by number of clients assisted and state and territory, 2021–22

Legend:
- 0 to 99
- 100 to 199
- 200 to 299
- 300 to 599
- 600 to 1,499
- 1,500 or more
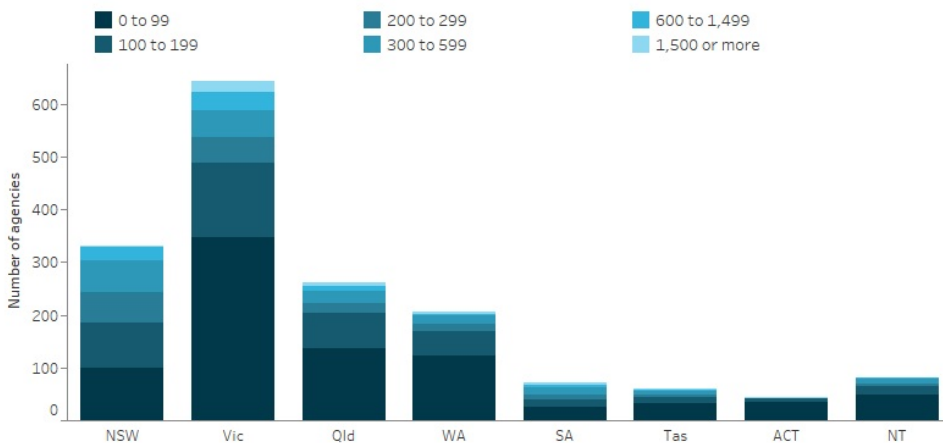
Source: Specialist Homelessness Services Collection. Supplementary table FRAME.2.

Specialist Homelessness Services and service delivery

Each state and territory manage their own system for the assessment, intake, referral and ongoing case 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 are representative of a range of approaches that jurisdictions may take to coordinate entry to becoming a client of SHS. Changes implemented by states and territories in the delivery of services and their associated responses have the potential to impact SHSC annual data.

Box FRAMEWORK.1

Community sector funding and support

- **Assessment and intake:** managed by individual SHS providers, consistent with state or territory policies
- **Referral:** refer to other SHS providers if clients' needs can't 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 made contact, specialist homelessness services can be provided to the client by the agency, or 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) who approaches an agency is unable to be provided with any assistance (see Technical notes). Limited data are collected about these occasions.

Figure FRAMEWORK.4: Access to and delivery of Specialist Homelessness Services
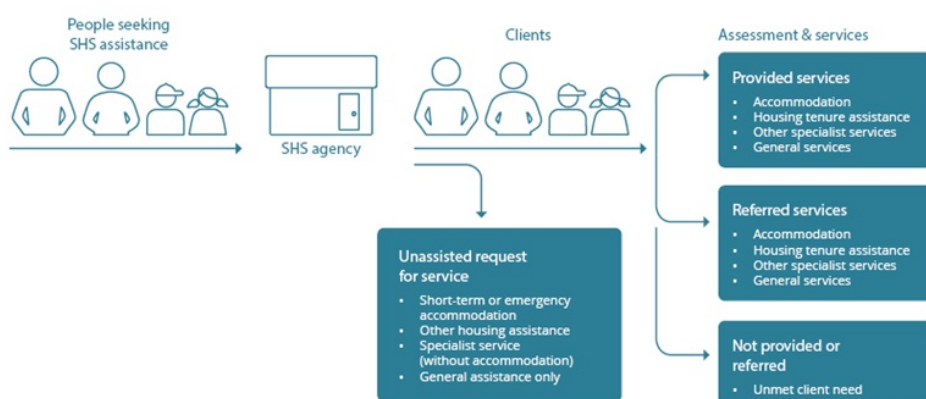
Services provided by specialist homelessness agencies in all states and territories can be categorised as either 'accommodation services' (either the direct provision or referral of accommodation or assistance for the client to remain housed) or 'services other than accommodation' (Figure FRAMEWORK.5). The proportion of SHS clients receiving accommodation services varied across states and territories in 2021–22, with more than 8 in 10 clients in Tasmania (81%), two-thirds of clients in the Australian Capital Territory (67%) and Western Australia (67%) and 6 in 10 clients in Queensland (62%) receiving these services. In contrast, the highest proportions of clients receiving services other than accommodation were in South Australia (48%), New South Wales (48%) and Victoria (46%). This variation likely reflects differences in the demand for accommodation services, differing service delivery models (that is, services other than those provided through SHS funding pathways) and housing options across jurisdictions.

Figure FRAMEWORK.5: Clients of Specialist Homelessness Services by service type, state and territory, 2021-22
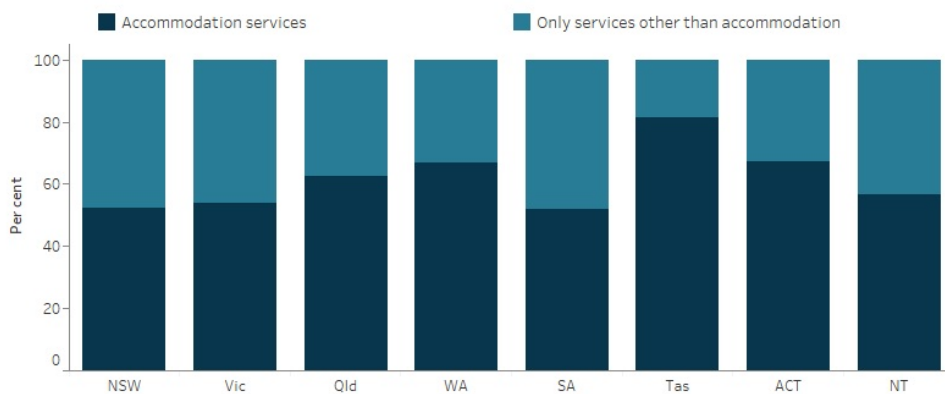
Notes:
1. Clients provided or referred accommodation services (short-term or emergency accommodation, medium-term/transitional housing, long-term housing, assistance to sustain tenancy or prevent tenancy failure or eviction and assistance to prevent foreclosures or for mortgage arrears) are included 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 2021–22.
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.

COVID-19 effects on housing and homelessness and impacts on SHS support in 2021-22

The COVID-19 pandemic in Australia is part of the ongoing worldwide pandemic of the coronavirus disease 2019 with the first confirmed Australian case identified in January 2020 (Hunt 2020). During 2021–22, the pandemic response shifted to a new phase as people were able to access vaccinations, allowing for fewer lockdowns in most states and territories compared with the 2020–21 period.

The COVID-19 pandemic had substantial effects on the Australian housing system and people's experiences of homelessness. During this time, Australian governments enacted a range of policy initiatives to protect vulnerable people from homelessness as well as to attempt to reduce the risk to vulnerable people of the health effects of the COVID-19 disease.

In the period captured in this report, that is, up to 30 June 2022, the various policies that were initially implemented by states/territories as a response to the pandemic have been amended to reflect the current environment. This may have impacted the number of SHS clients and the services they received.

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

Population Census results (conducted in August 2021) from the ABS will provide valuable updated insights on the effect of the COVID-19 pandemic on homelessness in Australia in this period (due to be released in 2023).

Housing market effects

Although a housing downturn was widely anticipated as a result of the COVID-19 pandemic, housing prices increased sharply in the second half of 2020, largely assisted by a combination of record low interest rates in 2020 and 2021 and government action to directly stimulate market activity through homebuyer grants and associated assistance (for example the Australian Government's $2.1 billion HomeBuilder initiative) (Pawson 2021).

Between March 2020 and February 2022, home values rose by around 25% (CoreLogic 2022). In May 2022, the RBA announced the first increase to the cash rate target since the beginning of the pandemic (RBA 2022) however, as this change was late in the reporting period, it is unlikely its impact will be reflected in this report.

The effects of the COVID-19 pandemic and the broader housing market situation also gave rise to unprecedented turbulence in Australia's rental housing market (Pawson 2021). This was mainly as a consequence of rapidly rising house prices driving owners and investors to sell their properties, thereby reducing the available supply of rental housing. While a strong demand remained for rental properties, the smaller pool of available properties for rent drove up the price of rents.

These factors further exacerbated Australia's existing housing affordability crisis, and longstanding low-income renters will likely face growing affordability stress as this pattern of higher housing demand and rising rents filters through the market affecting existing, as well as new, tenants (Pawson 2021). While rents declined slightly at the beginning of the pandemic, they had risen by nearly 12% by February 2022, increasing the median advertised rent by $30 per week (CoreLogic 2022). The impact of these affordability challenges on the rate of people experiencing homelessness or at risk of homelessness is yet to be fully realised.

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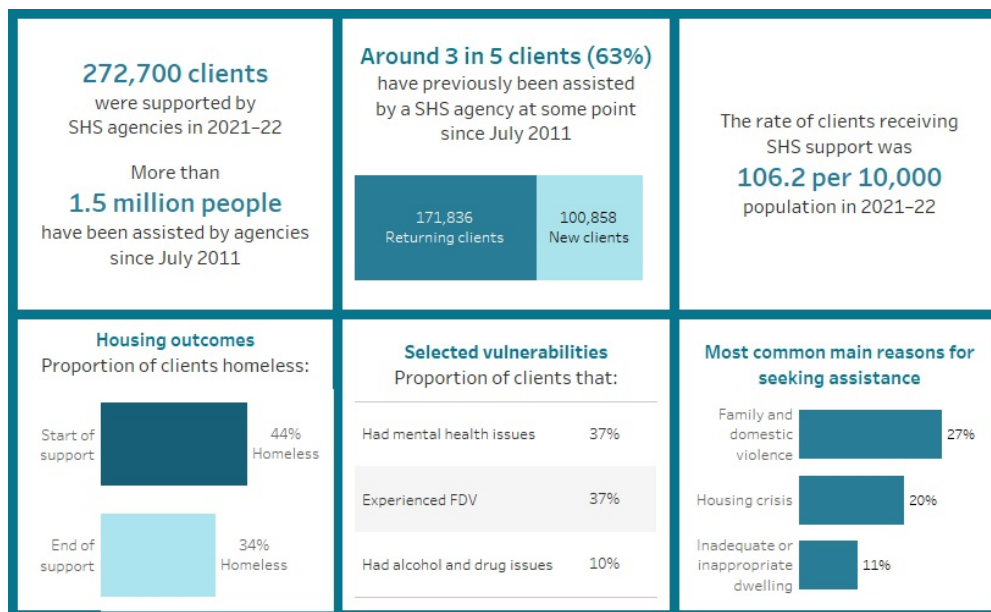

Clients, services and outcomes

On this page

Specialist homelessness agencies provide a wide range 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 2021-22 are described below, including their need/s for assistance and the services they received.

Key findings: SHS clients, services and outcomes 2021-22

272,700 clients were supported by SHS agencies in 2021–22

More than **1.5 million people** have been assisted by agencies since July 2011

Around 3 in 5 clients (63%) have previously been assisted by a SHS agency at some point since July 2011

171,836 Returning clients
100,858 New clients

The rate of clients receiving SHS support was **106.2 per 10,000** population in 2021–22

Housing outcomes
Proportion of clients homeless:

Start of support — 44% Homeless
End of support — 34% Homeless

Selected vulnerabilities
Proportion of clients that:

Had mental health issues — 37%
Experienced FDV — 37%
Had alcohol and drug issues — 10%

Most common main reasons for seeking assistance

Family and domestic violence — 27%
Housing crisis — 20%
Inadequate or inappropriate dwelling — 11%

SHS clients at a glance

The number of clients assisted by specialist homelessness agencies increased to almost 272,700 in 2021-22 from 236,400 in 2011-12; an average annual increase of 1.4% since 2011-12. The rate of SHS clients increased from 105.8 clients per 10,000 population in 2011-12 to 106.2 clients in 2021-22 (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 in Australia.

Characteristics of clients

In 2021-22, 37% of SHS clients were first time clients since the collection began in July 2011.

The characteristics of clients, the main reasons for seeking assistance, and the services that had been supplied to clients, have remained relatively stable over the 5 years to 2021-22. Key insights include:

- The number of SHS clients with a current mental health issue increased; 85,200 (31% of all SHS clients) in 2021-22 compared with 81,000 (28%) in 2017-18. Since July 2011, the number of these SHS clients has increased at an average rate of 6.7% per year, the fastest rate of all SHS client groups. (Historical table HIST.MH).
- The number of SHS clients who have experienced family and domestic violence decreased; almost 107,700 (39% of all SHS clients) in 2021-22 compared with 121,100 (42%) in 2017-18 (Historical table HIST.FDV). This may partly be due to a change in how some family violence agencies in Victoria were recording FDV clients; see the Data quality statement for further information.
- The number of older SHS clients increased; over 25,300 (9.3% of all SHS clients) in 2021-22 compared with 24,100 (8.3%) in 2017-18. Since July 2011, the number of older clients has increased at an average rate of 5.9% 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 53 days in 2021-22 from 39 days in 2017-18 (Supplementary table CLIENTS.46).
- The number of females presenting homeless (58,400) was higher than the number of males (51,800) (Supplementary table CLIENTS.11).

Age and sex

In 2021-22 (Figure CLIENTS.1):

- The majority of clients were female (60% or around 164,400 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 (19%), over two-thirds of whom were female.
- The overall rate of SHS clients was higher for females: 1 in 79 females in the Australian population received support compared with 1 in 118 males.
- The highest rate of clients among all age groups were those aged 18-24 years: higher for females (235.2 per 10,000 population) than for males (111.0).
- The lowest rate of clients was for those aged 65 and over (21.6 per 10,000 population): higher for females (22.4 per 10,000 population) than males (20.7).

Figure CLIENTS.1: Clients by age and sex, states and territories, 2021-22

This interactive horizontal population pyramid shows the marked differences between the age profiles of male and female SHS clients. Data are presented for the number of SHS clients, the rate of service use of SHS clients, and the number of support periods. Nationally, the highest numbers of male clients were aged 0 to 9 years while females aged 25-34 were the age group with the highest number.
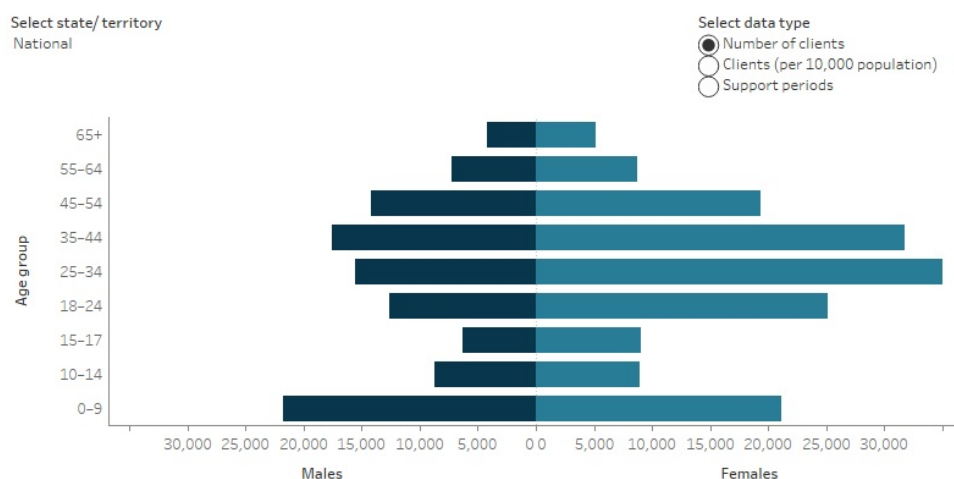
Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.1.

Indigenous status

In 2021-22, Aboriginal and Torres Strait Islander people continued to be over-represented among SHS clients with more than one-quarter of clients (28% or almost 72,900) 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 798.7 Indigenous clients per 10,000 Indigenous population compared with 79.0 for non-Indigenous clients.

For further information please see Indigenous clients.

State and territory

The largest number of clients received services in Victoria (101,700), followed by New South Wales (68,500) and Queensland (41,600) (Supplementary table CLIENTS.1), noting that clients may have accessed services in more than one state or territory through the year.

- The highest rate of SHS clients was in the Northern Territory (405.1 clients per 10,000 population), followed by Victoria (155.3) and Tasmania (122.9) (Figure CLIENTS.2).
- Females had higher rates of service use than males across all states and territories; the Northern Territory had the most pronounced difference between males (288.4 per 10,000 males) and females (526.2 per 10,000 females) (Supplementary table CLIENTS.1).
- More than half of clients (63%) in 2021-22 had previously received SHS support at some point since the collection began in July 2011. The proportion of returning clients varied across jurisdictions ranging from 70% in the Australian Capital Territory to 59% in New South Wales (Supplementary table CLIENTS.2).

Figure CLIENTS.2: Clients, by state and territory, 2021-22

This interactive bar graph shows the number of SHS clients, the rate of service use of SHS clients, and the number of support periods, for each of the states and territories. The Northern Territory had the highest rate and Queensland had the lowest rate.
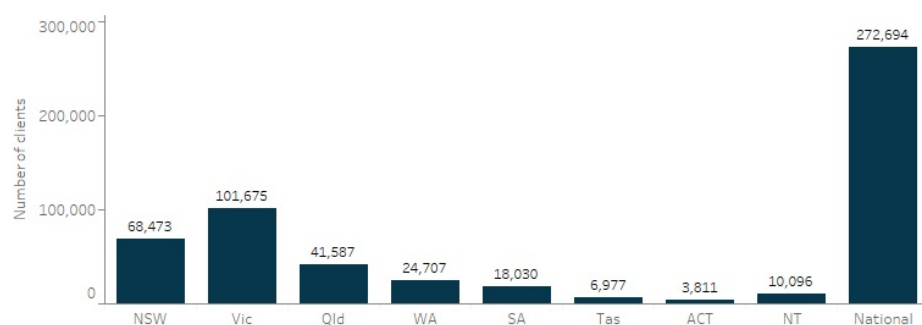
Notes:
1. Clients may have received support in more than one state-territory so the sum may not add to the national total.
2. Rates are crude rates as detailed in the Technical information.

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

Country of birth

Almost 9 in 10 clients (88% or 222,200 clients) of specialist homelessness agencies in 2021–22 were born in Australia (Supplementary table CLIENTS.3), higher than the general Australian population (71% were born in Australia; ABS 2022).

Of those clients who reported their country of birth and were born overseas, the most common country of birth was New Zealand (1.5% of all clients) (Supplementary table CLIENTS.4). Over half of clients (60%) who were born overseas had arrived in Australia in 2012 or before (Supplementary table CLIENTS.5). More than 4 in 5 (86% or over 27,100) clients who were born overseas lived in *Major cities* (Supplementary table CLIENTS.6).

Language

Main language spoken at home other than English

In 2021–22, the most common language spoken at home by SHS clients other than English was Aboriginal English (so described) (21%), followed by Arabic (12%) and Persian (excluding Dari) (3.0%) (Supplementary table CLIENTS.7).

Proficiency in spoken English

In 2021–22, proficiency was highest among clients whose main language spoken at home (other than English) was grouped as Northern European languages (other than English), with 76% of clients reporting they spoke English very well and a further 22% reporting they spoke English well. English proficiency was lowest among clients whose main language other than English was grouped as Eastern Asian languages, with 27% 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 2021). 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 2021–22 was lone parent with one or more children (34% or over 87,000), followed by lone persons (32% or almost 81,600) and other family groups (12% or about 30,900) (Supplementary table CLIENTS.10).

- Female clients were more likely than male clients to be living as a single parent with one or more children (41% females compared with 25% males).
- Males were more likely than females to be living alone (42% males compared with 25% females).

Among the states and territories, the Australian Capital Territory (46%), Tasmania (44%), Victoria (35%) and New South Wales (33%) had higher proportions of SHS clients living alone than the national rate (32%). Queensland (38%) 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 2021–22, of the more than 229,700 clients aged 10 and over, 3 in 5 (61%) reported experiencing one or more of the selected vulnerabilities (Supplementary table CLIENTS.45, Figure CLIENTS.3):

- almost 2 in 5 reported experiencing family and domestic violence (37% or almost 84,400 clients)
- almost 2 in 5 reported a current mental health issue (37% or 85,200 clients)
- more than 1 in 10 reported problematic drug and or alcohol use (10% or over 23,400 clients)
- very few (3.3% or around 7,500 clients) reported experiencing all 3 vulnerabilities
- almost 2 in 5 (39% or around 90,300 clients) reported experiencing none of these vulnerabilities.

Figure CLIENTS.3: SHS clients, by selected vulnerability characteristics, 2021-22

The interactive bar graph shows for each state and territory the number of SHS clients that experienced one or more of the additional selected vulnerabilities, including family and domestic violence, experiencing a current mental health issue and problematic drug and/or alcohol use. The graph shows both the number of clients experiencing a single vulnerability as well as combinations of vulnerabilities, and presents data for each state and territory.

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.45.

In Australia, in 2021–22, of the around 230,000 clients, around 7,500 had all three of the selected vulnerabilities.
- 37% 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.

National Disability Insurance Scheme (NDIS)

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. The NDIS began its national rollout on 1 July 2016, and had been made available to all eligible Australians as of 1 July 2020 (NDIS 2020). 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 reports they are receiving an agreed package of support through the National Disability Insurance Scheme. 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.

In 2021–22, 4.9% (around 11,300) of SHS clients indicated that they were receiving a package of support through the NDIS, ranging from 2.5% of clients in the Northern Territory to 6.8% in Victoria. There was a high level of not stated responses for this measure: around 40,900 clients in 2021–22 (Supplementary table CLIENTS.17) which was an improvement on the previous reporting period.

Housing situation on first presentation

Among those clients whose housing status was known at the beginning of their first support period in 2021–22 (supplementary table CLIENTS.11 and CLIENTS.12):

- Most clients (56% or around 140,000 clients) were at risk of homelessness rather than homeless (44% or more than 110,200) (Figure CLIENTS.4).
- Around 1 in 3 clients (31% or 85,500) were living in private or other housing (renter, rent-free, or owner).
- The proportion of males (48%) who were experiencing homelessness was higher than for females (36%).

Figure CLIENTS.4: Clients by housing situation at the beginning of support, 2021-22
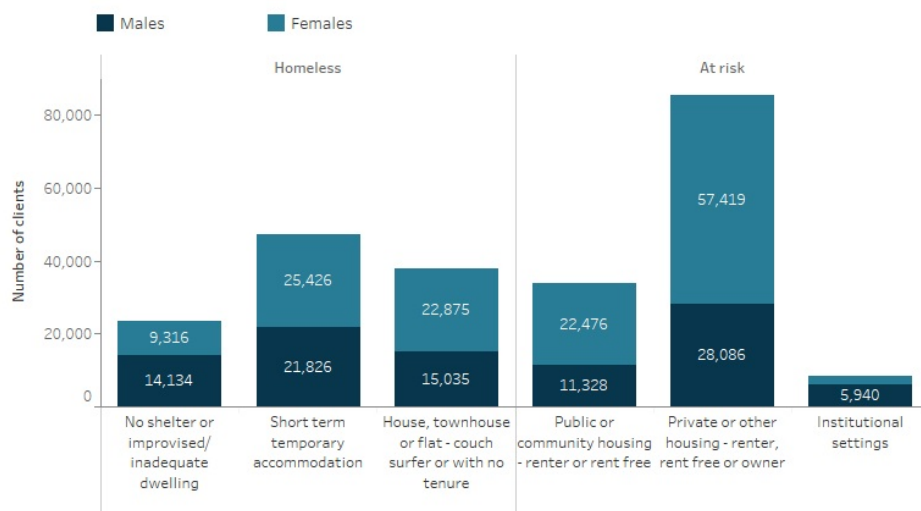
Note:
1. Housing situation 'Other' not shown.

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

Of those clients with no shelter/improvised dwelling (more than 23,500 clients), 43% 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 with 79% of clients aged 15 and over receiving some form of government payment (including awaiting a government payment) as their main source of income at the time they sought support in 2021–22 (Supplementary table CLIENTS.16).

The most common government payments were:

- JobSeeker (31% or 56,500 clients)
- Parenting Payment (17% or 31,200) and
- Disability Support Pension (15% or 27,200).

Around 1 in 10 (11%) of clients reported income from employment as their main source and 9.3% reported having no income.

Education

Of those whose educational status was known, over half of clients aged 5-24 (55% or over 44,200) were enrolled in some form of education in 2021–22 (Supplementary table CLIENTS.18). Almost 9 in 10 (88%) clients aged 5-14 were enrolled in school or other types of education, 12% of clients aged 5-14 (about 4,100) were not enrolled in education. Around two-thirds (69%) of clients aged 15-24 were not in some form of education (around 32,400 clients).

Labour force

Around 94,400 (52%) clients aged 15 or over were unemployed at the beginning of support in 2021–22 (Supplementary table CLIENTS.19). Males (57%) were more likely to be unemployed than females (49%). Almost 59,100 (33%) clients were not in the labour force.

More than 1 in 10 (15%) of SHS clients were employed and of these, 3 in 5 (60%) were employed on a part-time basis. Of the 153,500 clients who were unemployed or not in the labour force, around 12,400 (8.5%) were enrolled in some form of education (Supplementary table CLIENTS.20).

Clients service use in 2021-22

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 2021–22, either with the same agency at different times or with different agencies. In 2021–22:

- Clients assisted by homelessness agencies had almost 488,700 support periods. The number of support periods has increased by an average annual growth of 2.3% each year since 2011–12 (Historical table HIST.CLIENTS).
- Two-thirds of clients had only one support period (64%) while 1 in 5 (20%) had 2 support periods, 7.5% had 3 support periods and 8.4% had 4 or more (Supplementary table CLIENTS.27).
- The majority of support periods were opened and closed within 2021–22 (73% or around 355,600). An additional 13% of support periods opened during the year and remained open on 30 June 2022. A small proportion (3.0%) were ongoing throughout the 2021–22 reporting period (Figure CLIENTS.5).

Figure CLIENTS.5: Support periods, by indicative duration over the reporting period, 2021-22
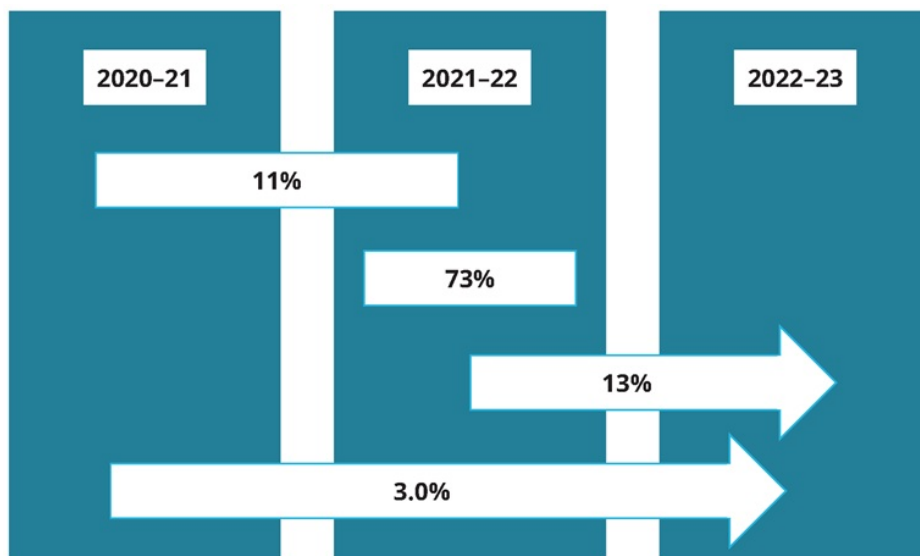
Source: Specialist Homelessness Services Collection 2021–22, Supplementary table CLIENTS.28.

Number of days clients received support

In 2021–22, 27.7 million support days were provided by SHS agencies to clients.

- The median number of support days for clients was 53 days, similar for males (50 days) and females (56 days), while clients received an average of 1.8 support periods (Supplementary tables CLIENTS.29 and CLIENTS.46).
- The proportion of SHS clients receiving accommodation has been constant over time from 29% in 2017–18 to 30% in 2021–22 and the median number of nights accommodated has also remained at 32 nights in 2021–22, after falling to 28 nights in 2019–20 (Supplementary table CLIENTS.46).
- The needs of some clients can be met relatively quickly but clients with more complex needs received more support. Three in 10 clients (29% or nearly 78,700 clients) received between 6 and 45 days of support during 2021–22; 18% 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 that support ended

- More than half (57%) of support periods ended in 2021–22 because the client's immediate needs were met or case management goals were achieved (Supplementary table CLIENTS.30).
- Almost one-quarter (22%) 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 13% of support periods closed because the client was referred to another specialist homelessness agency and 14% 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 information 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 need 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 2021–22 (Supplementary table CLIENTS.21):

- Accommodation issues (including housing crisis, inadequate or inappropriate dwelling conditions or that previous accommodation had ended) were nominated by 54% of clients (or around 146,800 clients).
- More than one-third (37% of clients) were experiencing housing crisis.
- A high proportion (39%) were experiencing financial difficulties, while almost 1 in 3 clients (31%) were affected by housing affordability stress.
- Interpersonal and relationship issues, including family and domestic violence, affected over half of all SHS clients (51% or about 136,600 clients). Within this group, 37% identified family and domestic violence.

The main reasons for seeking assistance in 2021–22 were similar to the reasons why clients more generally sought assistance from SHS agencies (Supplementary table CLIENTS.22, Figure CLIENTS.6):

- Family and domestic violence was the most common main reason identified for seeking assistance for more than one-quarter of clients (27% or more than 72,900 clients). For more information, see Clients experiencing family and domestic violence.
- One in 5 (20% or around 53,500) identified housing crisis as the main reason for seeking assistance.

Figure CLIENTS.6: Main reason for seeking assistance (top 6), by homelessness status, 2021-22
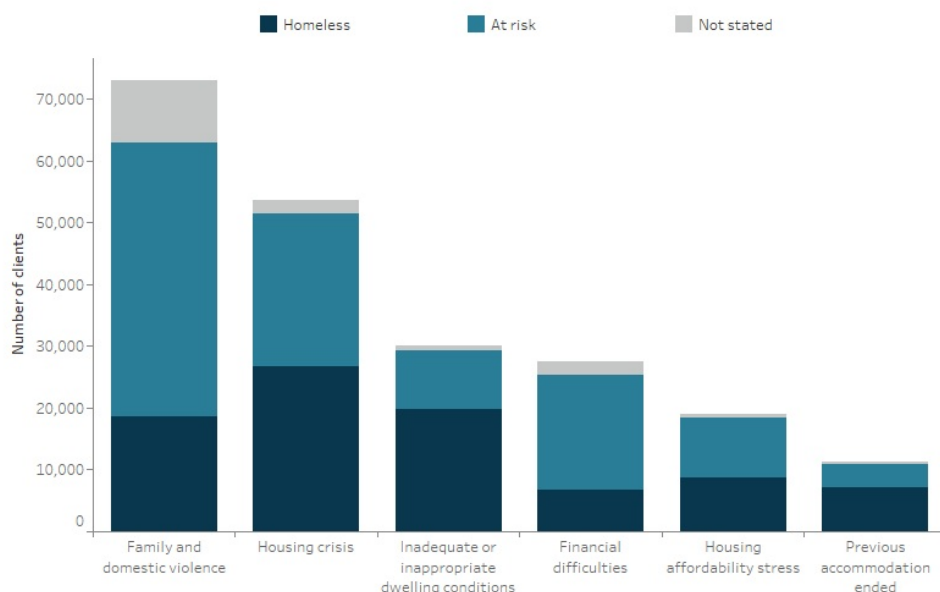
Notes:
1. Top 6 reasons excludes 'Other' and cases where the main reason was 'Not stated'.

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 (32%)
- housing crisis (18%)
- financial difficulties (13%).

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

- housing crisis (24%)
- 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 2021–22, 60% of SHS clients identified a need for accommodation services (Supplementary table CLIENTS.24). Of these 164,400 clients:

- 83,200 (51%) were provided with accommodation by the agency
- 25,500 (16%) were referred to another agency for accommodation provision
- 55,700 (34%) were neither provided nor referred for assistance. These clients are further described in Unmet need.

Assistance to sustain tenancy/prevent eviction was needed by 32% of clients at some stage during their support in 2021–22. This group includes those who were still housed when they approached a SHS agency and were supported to remain in that 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 (69,800 clients, or about 81% 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 2021–22:

- Clients most commonly needed advice and information (77% or around 211,300 clients). The next most common need was advocacy and liaison (54% or around 145,800) and material aid/brokerage (36% or more than 98,200) (Supplementary table CLIENTS.24, Figure CLIENTS.7).
- 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 (see Supplementary table CLIENTS.24).

Figure CLIENTS.7: Clients, by need for general services and service provision status (top 10), 2021-22
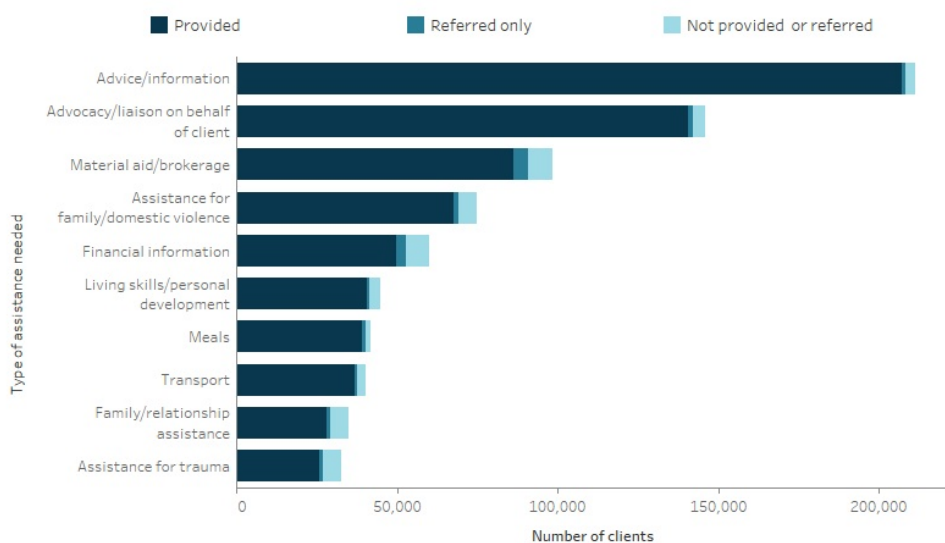
Notes:
1. Top 10 excludes 'Other basic assistance'.
2. A client may request multiple services and assistance types, therefore the sum of the categories is not equal to any total.

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 (or over 24,600) in 2021–22 and were one of the specialised services most often referred (21%) (Figure CLIENTS.8).
- There has been little change in the most common specialised services needed and provided over the 5 years to 2021–22; for example, health/medical services, mental health services and specialist counselling were the most commonly needed services.

Figure CLIENTS.8: Clients by need for specialised services and service provision status (top 10), 2021-22
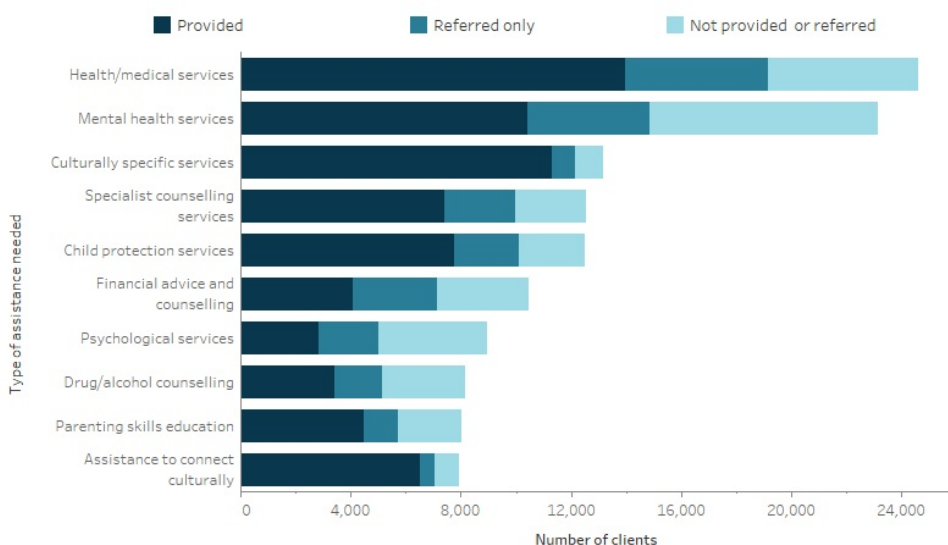
Notes:
1. Excludes 'Other specialised service'.
2. A client may request multiple services and assistance types, therefore, the sum or the categories does not equal any total.

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

Financial assistance

In 2021–22, $104.1 million in financial assistance was provided to clients, a 4.9% decrease from the $109.4 million provided in 2020–21 (not

adjusted for inflation). This represents an average of $1,513 provided per client requesting financial assistance, and a decrease from $1,592 in 2020–21 (not adjusted for inflation) (Supplementary tables CLIENTS.26 and CLIENTS.38). The reduction is likely related to emergency policies implemented during the COVID-19 pandemic ceasing prior to or during 2021-22.

- More than three-quarters (81%) of the financial assistance was used to assist clients with housing in 2021-22.
- Almost half of the financial assistance (49% or $50.9 million) was used to provide short-term or emergency accommodation.
- Around $33.2 million (32%) 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. Around 3 in 5 (163,600 clients or 59%) clients had support periods in 2021–22 that were both opened and closed and were non-ongoing at the end of the 2021–22 financial year.

Many clients had long periods of support or even multiple support periods during 2021-22. 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 2021-22 is compared with the end of their last period of support in 2021–22.

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 derivation 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 (34% or over 57,500) were known to be homeless when support ended, down from 44% (75,000) at the start of support (Supplementary table CLIENTS.31, Figure CLIENTS.9).
- The reduction in the proportion of clients who were homeless following support was due to decreases in the proportion of clients rough sleeping or with no shelter or living in improvised dwellings (from 10% to 6.8%) 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 25,700 clients at the beginning of support) to 21% (or 35,300 clients at the end of support); and an increase in the proportion of clients living in private or other housing from 38% (or 65,100 clients at the beginning of support) to 42% (or 70,600 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.9: Housing situation at beginning and at end of support for clients with closed support, 2021-22

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short term accommodation, public/community housing, private housing and institutional settings) of clients with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most clients started and ended support in private or other housing.

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

17,167 (10.0%)
No shelter or improvised/inadequate dwelling

11,395 (6.8%)
No shelter or improvised/inadequate dwelling

26,946 (15.6%)
House, townhouse or flat - couch surfer or with no tenure

19,677 (11.7%)
House, townhouse or flat - couch surfer or with no tenure

30,897 (17.9%)
Short term temporary accommodation

26,433 (15.7%)
Short term temporary accommodation

25,682 (14.9%)
Public or community housing - renter or rent free

35,331 (21.0%)
Public or community housing - renter or rent free

65,054 (37.8%)
Private or other housing - renter, rent free or owner

70,581 (42.0%)
Private or other housing - renter, rent free or owner

6,482 (3.8%)
Institutional settings

4,796 (2.9%)
Institutional settings

29,262
Not stated/other

33,277
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 CLIENTS.31.

In 2021–22, around 201,000 of clients had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 97,200 clients) (Supplementary table CLIENTS.31):
• Around 52,400 clients maintained private housing at the end of support.
• Around 21,500 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 75,000 clients):
• Around 19,800 clients ended support in short term accommodation.
• Around 13,000 ended support in private housing.
• Around 16,000 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 2021–22:

• Employment: Employment increased following support. Of those with a need for employment assistance, 18% 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: 21% 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, 43% were enrolled at the start of support and 43% were enrolled at the end of support.
• Income: Agencies assisted some clients with a need for and receiving a government payment: 70% at the start of support and 74% at the end of support (Supplementary table CLIENTS.35). There was a reduction following support in those reporting no income from 13% to 7.6%, and the proportion waiting for government benefits nearly halved from 5.0% to 2.8%.

References

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Client geography

On this page

- Key findings
- Geographic profile of SHS clients
- Housing situation
- References

Key findings

- The highest rate of clients were in Western Australia - Outback (North) (576.0 clients per 10,000 population or around 5,600 clients) and Northern Territory - Outback (569.8 clients per 10,000 or 5,700 clients) regions.
- The lowest rate of clients were in the Sydney - Baulkham Hills and Hawkesbury (15.7 clients per 10,000 population) and Brisbane – West (16.8 clients per 10,000) regions.
- In two-thirds of the regions, the majority of SHS clients (where 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 homeless clients was in the Perth – Inner (74%) region and the highest proportion of at risk clients was in the Sydney – Inner South West (79%) region.

In Australia, market changes can influence the availability of housing options within an area (Wood et al. 2014). Although the rate of homelessness is higher in remote areas, it is increasingly more common in areas with decreasing availability of affordable private renting and increasing overcrowding, such as major cities (Parkinson et al. 2019).

The rate at which people access Specialist Homelessness Services (SHS) can vary geographically due to varying service availability and region-specific factors such as housing availability and affordability. It is important to note that the rate of SHS clients is a measure of service response and does not necessarily reflect the total number of people in a local area in unstable housing situations.

This section provides an overview of the geography of clients supported by SHS clients across Australia based on the client's location prior to receiving SHS support.

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 2021–22. Clients are assigned to only one region for the financial year but may move to other regions for subsequent support periods. Also, the allocated location may not be a permanent address, for example, people who were couch surfing the week prior to seeking services may nominate the location of their temporary accommodation rather than their previous more permanent location. Client location is classified to Statistical Area 4 (SA4) based on the 2016 Australian Statistical Geography Standard (ASGS) (ABS 2016). A total of 88 SA4s are reported in this section, which excludes non-geographic codes and Other Territories. Please note that the Service geography analysis in this report is based on agency location. See Technical information for more details.

Geographic profile of SHS clients

In 2021–22, SHS agencies assisted nearly 272,700 clients across Australia. 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 Western Australia - Outback (North) (576.0 clients per 10,000 population), higher than Western Australia and national rates (89.8 and 106.2 respectively).
- Across the other states and territories, the highest rates of SHS clients were in:
  - New South Wales: Far West and Orana (282.0 clients per 10,000 population)
  - Victoria: North West (304.8)
  - Queensland: Queensland – Outback (284.1)
  - South Australia: South Australia – Outback (225.7)
  - Tasmania: Hobart (127.1)
  - Northern Territory: Northern Territory – Outback (569.8)
  - Australian Capital Territory (58.2).

- The 5 regions with the highest number of clients were located in Victoria:
  - Melbourne – West (Victoria) (13,900 clients or 161.3 per 10,000 population)
  - Melbourne - South East (9,400 clients, or 108.3 per 10,000 population)
  - Melbourne – Inner (9,300 clients, or 148.2 per 10,000 population)
  - Latrobe – Gippsland (7,300 clients, or 243.9 per 10,000 population)
  - Melbourne - Outer East (7,200 clients, or 137.0 per 10,000 population).

Figure CLIENTLOC.1: Clients by age and sex, Statistical Area 4 (SA4), 2021-22

This interactive dashboard includes an interactive map of Australia that shows the number and rate per 10,000 population of clients in each of Australia's Statistical Area 4 regions in 2021–22. The dashboard includes a vertical bar graph of the proportion of clients by age groups as well as two interactive horizontal bar graphs that further show the proportion of clients seeking services by sex and age group in the selected SA4 region, compared to the proportion of clients in Australia by sex and age group.
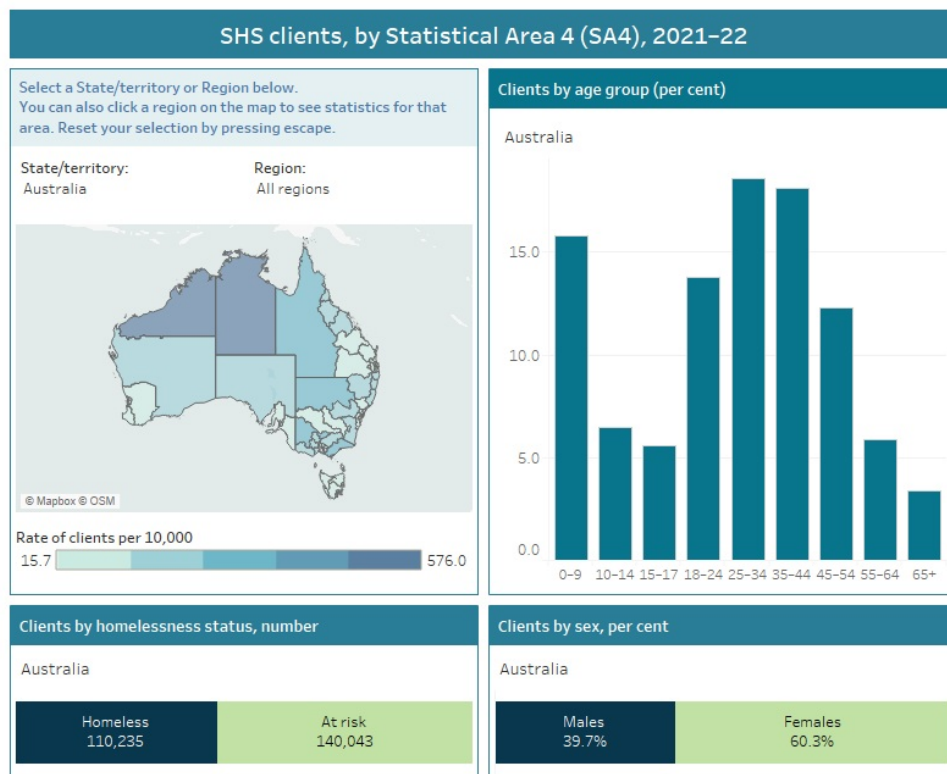
Notes:
1. Rates are crude rates based on the Australian estimated resident population at 30 June of the reference year, as detailed in the online technical information.
2. Data suppressed or unavailable for counts of less than 100 clients, 'Other territories' and where clients have not provided address information.
3. Clients assigned to a region based on where they lived the week before presenting to a SHS agency. Clients are assigned to only one region, based on the location details provided in the first support period in the reference year.

Source: Specialist Homelessness Services Collection, Supplementary tables CLIENTLOC.1, CLIENTS.1, CLIENTS.11.

Of the 272,700 SHS clients in 2021–22, females made up the majority of clients; 60% or around 164,400 clients (Supplementary table CLIENTS.1). The location of male and female clients the week before presenting to a SHS agency varied (Figure CLIENTLOC.1):

- The highest proportion of female clients receiving services were in Western Australia – Wheat Belt and Bunbury; 77% and 75% respectively.
- Male clients made up the majority of clients in more urban areas of state capital cities with the highest proportion of males in Sydney - City and Inner South (53%).

The age profile of clients receiving SHS assistance also varied by geography across Australia in 2021–22 (Figure CLIENTLOC.1):

- The greatest proportion of child clients (aged 0 to 9 years) occurred in Sydney - Outer South West and Sydney - South West (both 28% of clients).
- The greatest proportion of young people (aged 15 to 24 years) occurred in Sydney – Sutherland (37% of clients) and Illawarra (34% of clients).
- The greatest proportion of older clients (65 years and over) occurred in South East (7.9% of clients) in Tasmania and Melbourne – North West (6.7% of clients)

Housing situation

Among clients whose housing status was known at the beginning of their first support period in 2021-22, around 110,200 clients presented homeless and 140,000 presented at risk of homelessness to SHS agencies (Supplementary table CLIENTS.11).

The proportion of homeless and at risk clients varied by geographic region (Figure CLIENTLOC.1):

- Clients presenting at risk of homelessness to a SHS agency made up the majority (more than 50% of clients where housing situation and SA4 was known) of clients in 60 SA4 regions.
- The highest proportion of clients presenting experiencing homelessness was in Perth - Inner (74% or 1,300 clients); the highest proportion of clients presenting at risk of homelessness was in Sydney - Inner South West (79% or 2,000 clients).

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Service geography

On this page

Key findings: Clients of SHS agencies, by remoteness area, 2021-22

Number of clients

Major cities	162,732
Inner regional	62,070
Outer regional	30,999
Remote and Very remote	16,893

Most SHS clients were supported by services in Major cities.

The rate of SHS clients in **Remote/Very remote** areas was **3.9 times higher** than in Major cities

Median nights of accommodation

provided to clients supported in:

Major cities	47
Inner regional	45
Outer regional	21
Remote and Very remote	5

Request for accommodation

Accommodation requests met:

Remote and Very remote areas 89%
Major cities 52%
Outer regional areas 48%
Inner regional areas 38%

Main reason for seeking assistance
Family and domestic violence

Major cities	28%
Inner regional	24%
Outer regional	26%
Remote and Very remote	35%

Housing outcomes

Proportion of clients with known housing situation and closed support who were homeless:

Remote and Very remote areas 28%
Major cities 44%
Inner regional areas 46%
Outer regional areas 46%

Access to services can become increasingly difficult the further away a client is from a major city (ABS 2018). For Specialist Homelessness Services (SHS), state and territory systems for the assessment, intake, referral and ongoing case management of SHS clients vary, ranging from agency-based to centralised management models (PC 2022).

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, where the service was received, that is, the profile of clients receiving support as provided by services in specific areas. Clients can access services in more than one remoteness area, however, for the purpose of the analysis, clients are assigned to one remoteness area based on the SHS agency where they first sought support during 2021–22. The 2016 Australian Statistical Geography Standard (ASGS) (ABS 2018) is used to classify agencies by remoteness area based on the location details of each agency (see Technical information).

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.

In 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 otherwise stated.

Specialist homelessness services across urban and remote areas

In 2021–22, clients receiving assistance from SHS agencies in urban and remote areas had different characteristics:

- The proportion of clients (with known housing situation) who were experiencing homelessness at first presentation was lower among the clients receiving support from services in *Remote and very remote* areas (28%) compared with *Major cities* (44%) (Supplementary table REG.5).
- The median length of accommodation received by clients of services in *Major cities* was 47 nights, compared with 5 nights in *Remote and very remote* areas (Supplementary table REG.7).
- More than 9 in 10 clients (92%) receiving services in remote areas identified as Aboriginal or Torres Strait Islander (Supplementary table INDIGENOUS.6)
- Almost 1 in 5 clients (19%) in *Remote and very remote* areas were 0–9 years of age (Supplementary table REG.2).
- Almost 9 in 10 (86%) SHS clients born overseas received support from SHS agencies located in *Major cities* (Supplementary table CLIENTS.6).

- Of clients with a current mental health issue (around 85,200 clients), almost 2 in 3 (64%) received support from SHS agencies in *Major cities* and over 1 in 4 (26%) in *Inner regional* areas (Supplementary table CLIENTS.44).
- Clients who have experienced family and domestic violence (around 107,700 clients) mainly received support from SHS agencies in *Major cities* (62%) and around 1 in 5 (21%) in *Inner regional* areas (Supplementary table CLIENTS.44).
- The most common main reasons clients sought assistance in the various remoteness areas (Supplementary table REG.1) were:
  - *Major cities:* family and domestic violence (28%), followed by housing crisis (20%)
  - *Inner* and *Outer regional* areas: family and domestic violence (24% and 26% respectively) and housing crisis (23% and 21% respectively)
  - *Remote and very remote* areas: family and domestic violence (35%) and inadequate or inappropriate dwelling conditions (8.2%).

Figure REG.1: Service use patterns for SHS clients by remoteness area, 2017-18 to 2021-22

This interactive bar graph shows service use patterns by remoteness areas between 2017-18 and 2021-22. The graph presents data for the median number of days clients received support from SHS agencies, the average number of support periods per client, the median number of nights accommodated, and the proportion of clients receiving accommodation. Across all five years, clients in inner regional areas had the highest median number of support days, and clients in remote and very remote areas had the lowest median number of support days.
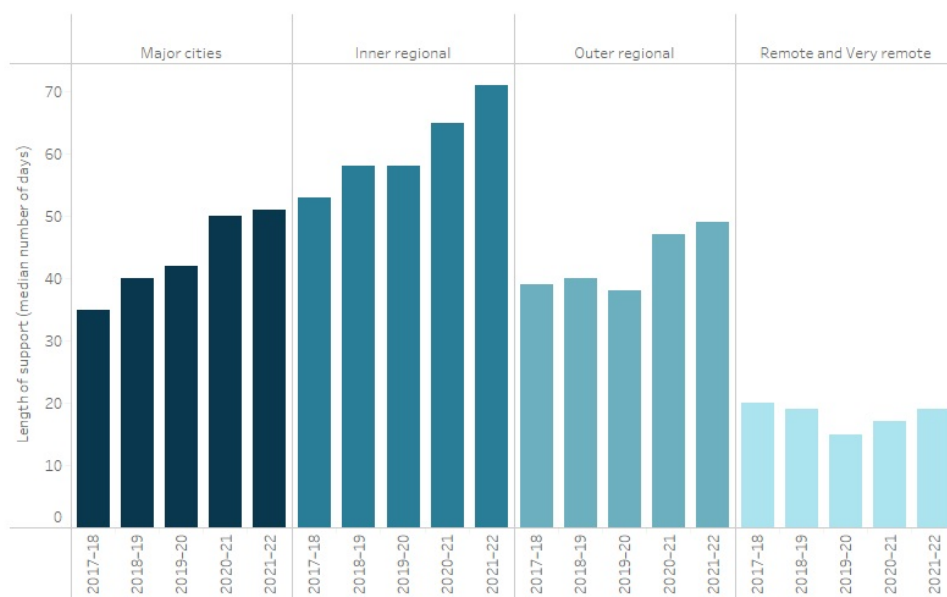
Source: Specialist Homelessness Services Collection. Supplementary table REG.7.

Some key geographically based service trends between 2017-18 and 2021-22 include:

- Taking into account population differences, agencies in remote areas consistently had the highest rate of SHS clients. The rate of SHS clients receiving services located in *Remote and very remote* areas was 3.9 times as high as the rate in *Major cities* in 2021-22, up from 2.7 times in 2017-18 (Historical data table HIST.REG).
- Over the period, SHS clients in *Inner regional* areas received the longest amount of support (71 median number of days in 2021-22). This was around 3.7 times longer than in *Remote and Very remote* areas (19 median days) (Supplementary table REG.7).

Services needed and provided

In 2021-22 (Figure REG.2, Supplementary table REG.4):

- Around 9 in 10 (88%) requests for accommodation were met by services in *Remote and very remote* areas, while clients of services in *Major cities* and *Inner regional* areas were less likely to receive accommodation (52% and 38% provided, respectively).
  - Referral rates for accommodation were lowest in *Remote and very remote* areas (3.0) compared with all other remoteness areas (*Outer regional* 16%; *Inner regional* 16%; *Major cities* 17%).
- The need for short-term or emergency accommodation was highest for clients of SHS agencies in more remote areas: *Major cities* 36%, *Inner regional* areas 43%, *Outer regional* areas 44%, and *Remote and very remote* areas 58%.
- Around half of clients of *Inner regional* services (51%) needed long-term housing compared with 38% in *Major cities*.
- Clients in *Remote and very remote* areas were more likely to receive short-term or emergency accommodation (93%) than those in *Major cities* (61%) and *Inner regional* (43%) areas.
- Need for mental health services was higher among clients of services in *Major cities* (10%) and *Inner regional* areas (8.1%) than those in *Outer regional* areas (5.6%) and *Remote and very remote* areas (2.3%).

Figure REG.2: Clients by services needed, by provision status, by remoteness area, 2021-22

This interactive horizontal bar graph shows services needed by provision status and by remoteness area. Long term housing was the most needed accommodation provision service in major cities and the least provided. Short term or emergency accommodation was the most commonly provided accommodation service across remoteness areas.

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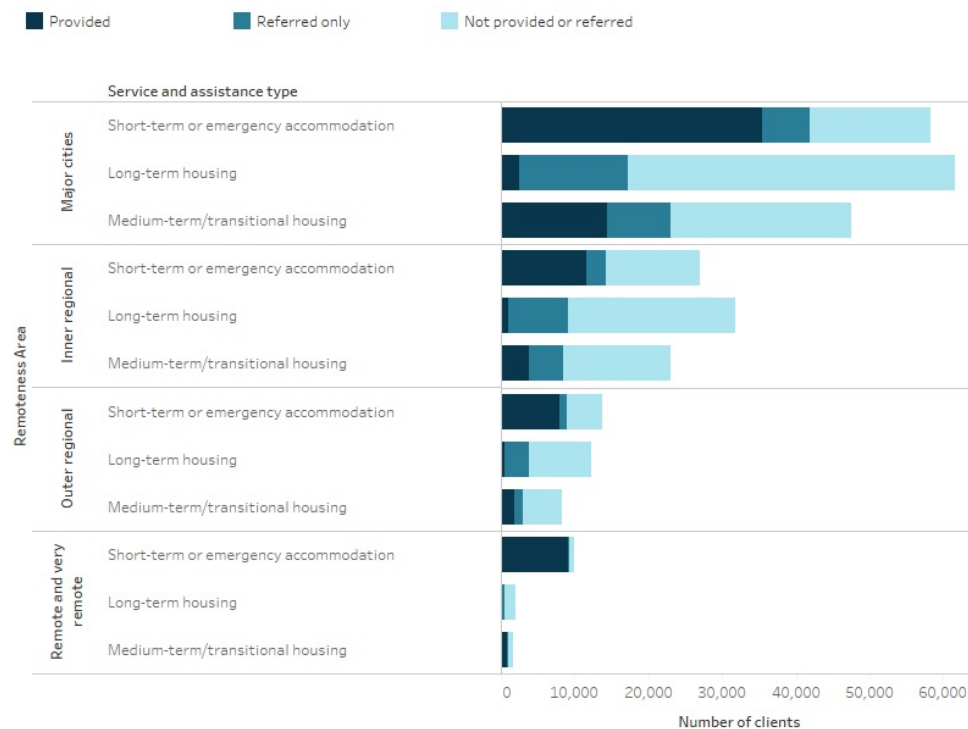
Notes:
1. Group is a count of unique clients within all categories in the service and assistance group. A client may request multiple services and assistance types; therefore the sum of the categories is not equal to the group total.
2. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison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

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

Outcomes at the end of support

Outcomes presented here describe the change in clients' housing situation between the start and end of support during 2021–22. Data are 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.

Many clients had long periods of support or even multiple support periods during 2021–22. 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 support period in 2021–22 is compared with the end of their last support period in 2021–22. A proportion of these clients may have sought assistance prior to 2021–22, and may again in the future.

- Clients of services in *Major cities* (46%) were the most likely to be housed in private or other housing at the end of support.
- Clients of *Inner regional* areas were most likely to improve or maintain their housing situation following SHS assistance with 65% housed at the end of support, 10 percentage points higher from the beginning of support.
- Clients accessing services in *Outer regional* areas were the least likely to end support in housing (including institutions) (63%); a similar proportion presented to SHS agencies experiencing homelessness (46%) compared to clients accessing services in *Inner regional* areas (46%) and *Major cities* (44%).
- Clients accessing agencies in *Remote and very remote* areas were most likely to report living in public or community housing (62%) at the beginning of their support than clients in other areas. Three-quarters of clients (75%) were in housing at the end of support.

Figure REG.3: Clients with closed support, by remoteness area, by housing situation at the beginning and end of support, 2021-22

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short term accommodation, public/community housing, private housing and institutional settings) of clients with closed support periods at first presentation and at the end of support, by remoteness area. The diagram shows clients' housing situation journey from start to end of support. Most clients started and ended support in private or other housing.

Housing situation at the start of support
- ● All clients
- ○ At risk
- ○ Homeless
- ○ Not stated/other

Remoteness area
- ● Major cities
- ○ Inner regional
- ○ Outer regional
- ○ Remote and very remote

Housing situation at the end of support

10,203 (10.2%)
No shelter or improvised/inadequate dwelling

6,419 (6.6%)
No shelter or improvised/inadequate dwelling

13,970 (14.0%)
House, townhouse or flat - couch surfer or with no tenure

9,536 (9.8%)
House, townhouse or flat - couch surfer or with no tenure

19,745 (19.8%)
Short term temporary accommodation

17,332 (17.8%)
Short term temporary accommodation

10,670 (10.7%)
Public or community housing - renter or rent free

16,377 (16.8%)
Public or community housing - renter or rent free

40,722 (40.8%)
Private or other housing - renter, rent free or owner

44,583 (45.7%)
Private or other housing - renter, rent free or owner

4,432 (4.4%)
Institutional settings

3,348 (3.4%)
Institutional settings

19,278
Not stated/other

21,425
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 REG.5.

In 2021–22, 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 56,000 clients) (Supplementary table REG.5):
- Around 33,000 clients maintained private housing at the end of support.
- Around 8,800 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (around 43,900 clients):
- Around 13,000 clients ended support in short term accommodation.
- Around 7,900 ended support in private housing.
- Around 7,700 clients were couch surfing at the end of support.

References

Australian Bureau of Statistics (2018). *Australian Statistical Geography Standard (ASGS): Volume 5 – Remoteness structure*, ABS website.

Productivity Commission (2022) Part G Housing and homelessness, Section 19: Homelessness Services, *Report on Government Services 2022*, PC website.

Unmet demand for specialist homelessness services

On this page

- Overview
- Unassisted requests for services
- Clients' unmet need for services
- References

Specialist homelessness services (SHS) in Australia supported, on average, an estimated 71,000 people each day in 2021–22. 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 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).

For those that 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 request over time and between states and territories. See Technical information for more information.

Unassisted requests for services

Key findings – Unassisted requests for services

- In 2021–22, on average, there were nearly 300 unassisted requests per day (UNASSISTED.1); a total of around 105,000 unassisted requests for 2021–22 (HIST.UNASSISTED), which was around 8,900 less than in 2020–21 (114,000).
- Almost two-thirds (63%) unassisted requests involved short-term or emergency accommodation and nearly one-quarter (22%) 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.
- The majority of unassisted requests were for females (65%) similar to 2020–21 (HIST.UNASSISTED).

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

Unassisted requests for services are instances where a person requests assistance 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 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.

See Technical information for more information on measuring unassisted requests in the SHSC.

Unassisted requests for services 2021–22

Across Australia, there were around 105,000 unassisted requests in 2021–22.

- On average, there were nearly 300 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% unassisted requests were from females aged 25–34 whereas for males the most common age group was 0–9 (23%), that is, most likely male children presenting as part of a family group.
- The majority (85%) of unassisted requests from 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 decreased from 114,000 requests in 2020–21 to 105,100 in 2021–22 (Historical data table HIST.UNASSISTED). The decrease in unassisted requests was primarily due to decreases in Victoria and Tasmania. 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 59% in 2021–22 while the proportion of unassisted requests from single parents decreased (38% to 34% respectively).

Analysis of how often an unassisted person requested assistance and how many were SHS clients at some point during the 2021–22 year can only be examined and understood where the statistical linkage key (SLK) was complete and valid (around 53% of all unassisted requests).

Of the valid data, in 2021–22 on average each unassisted person approached an agency 1.6 times (Historical data table HIST.UNASSISTED). Around half (48%) of people with a valid SLK were also clients and received services at some point during the year, similar to 2020–21 (47%). The service use experience for the remaining 52% 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 2021–22:

- The majority (63%) of daily unassisted requests involved 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 108 unassisted requests from females for short-term or emergency accommodation per day compared with 59 for males.
  - Nearly one-quarter (22%) of daily unassisted requests involved housing or accommodation other than short-term or emergency accommodation.
- Unassisted requests on average most commonly came from people presenting alone (194 instances per day) or single people with children (approximately 56 instances) (Supplementary table UNASSISTED.5).
- 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 164,400 SHS clients (60%) identified a need for accommodation services in 2021–22 and this service was provided to half of these clients (around 83,200 clients or 51%) (CLIENTS.24).
- The ability of agencies to provide certain specialist services was similar to the previous year. For example, in 2021–22, around 36% of mental health service requests were neither provided nor referred (CLIENTS.24), remaining steady from 2020–21 (36%).

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 40% (or 108,800 clients) needed short-term or emergency accommodation; nearly 64,100 (59%) of those requesting this service were provided with assistance.
- Around 107,700 clients (40%) identified a need for long-term housing; about 3.8% (nearly 4,100 clients) of these clients 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 long-term accommodation was substantial (71% or nearly 77,000 clients) and highlights the complexity of SHS agencies assisting clients to find suitable long-term housing.

Figure UNMET.1: Clients with unmet need for accommodation and housing assistance services, 2021-22
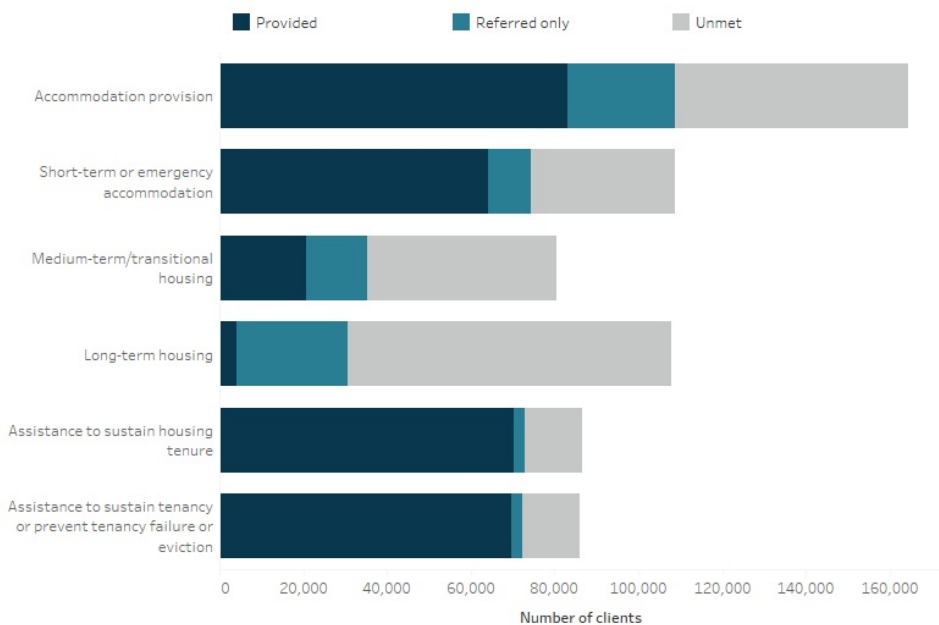
Notes:

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 nearly 211,300 clients who needed advice/information, 98% were provided assistance, and of the 145,700 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 professional legal services (2.8% or nearly 7,700 clients), the level of unmet need (26%) was substantial. This may be because of the specialist skills required to provide legal services 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 35% neither provided nor referred these services.
- Many of those identifying a need for disability services (1.6% needed this service, 37% not provided or referred) or drug and alcohol services (3.0% needed, 37% not provided or referred) did not have their needs met.
- Immigration and cultural services, needed by 6.3% of SHS clients (nearly 17,200 people), were provided for most requiring them (85%).

Figure UNMET.2: Clients with unmet needs for specialised services (grouped), 2021-22
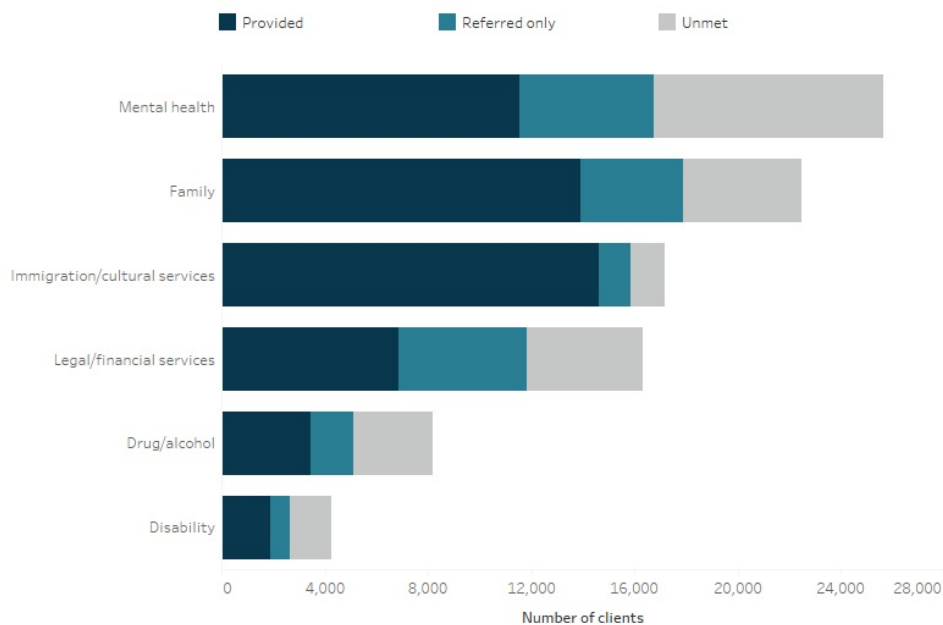
Legend: Provided | Referred only | Unmet

Categories (top to bottom): Mental health, Family, Immigration/cultural services, Legal/financial services, Drug/alcohol, Disability

X-axis: Number of clients (0, 4,000, 8,000, 12,000, 16,000, 20,000, 24,000, 28,000)

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

Clients who have experienced family and domestic violence

On this page

- Key findings
- 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, 2021-22

Around **108,000** SHS clients (or 39% of all clients) in 2021–22 were **clients who have experienced family and domestic violence**

Housing outcomes
Proportion of clients homeless:

Start of support — 39% Homeless

End of support — 29% Homeless

Selected vulnerabilities
Proportion of clients that:

Had mental health issues — 41%

Had alcohol and drug issues — 11%

Clients may have one or any combination of vulnerabilities.

One parent with children was the most common living arrangement

One parent with child/ren — 46,471
Lone person — 20,171
Other family — 11,820

The rate of clients who have experienced family and domestic violence receiving SHS support was **41.9 per 10,000** nationally in 2021–22

3 in 5 (62%) had previously been assisted by a SHS agency at some point since July 2011.

66,562 Returning clients
41,121 New clients

Family and domestic violence affects people of all ages, genders and backgrounds, but it predominantly affects women and children (AIHW 2022). In Australia, 1 in 6 women (17% or 1.6 million) and 1 in 16 men (6% or 548,000) have experienced physical or sexual violence from a current or previous cohabiting partner since the age of 15 (ABS 2017). Approximately 2.5 million Australian adults (13%) experienced abuse during their childhood; the majority knew the perpetrator and experienced multiple incidents of abuse (ABS 2017).

Family and domestic violence is the main reason women and children leave their homes in Australia (AHURI 2021). SHS agencies provide a crisis response service for people who have to leave their home due to violence, yet data suggests that the pathway into stable, secure, long-term housing is challenging (Flanagan et al. 2019). SHS clients who have experienced family and domestic violence made up 39% of Specialist Homelessness Services (SHS) clients in 2021–22 (Supplementary data table CLIENTS.39). Since 2011–12, the number of SHS clients who have experienced family and domestic violence increased by an annual average of 3.1% (Historical data table HIST.FDV).

In February 2019, the Australian Government announced $72.6 million for the Safe Places package to provide safe places for people affected by family and domestic violence. Safe Places was designed to provide new or expanded emergency and crisis accommodation for women and children experiencing family and domestic violence. The program aimed to build up to 760 safe places and assist up to 6,300 people escaping family and domestic violence each year (DSS 2020). 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 720 new accommodation places and support an additional 2,880 people annually (The Commonwealth of Australia 2022).

In March 2021, the Parliamentary inquiry into family, domestic and sexual violence 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 for emergency accommodation for people who use violence (perpetrators) 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 affirms that safe, affordable and accessible housing is key to ending violence against women and children (DSS 2022). Response objective 3 of the national plan is focussed on housing, specifically "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, which came into effect on 1 July 2018 (CFFR 2018) (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. However, for 2021-22, separation of the victim and perpetrator service information is not provided due to data quality concerns that are common in early years following implementation. For more information, see Technical information.

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 2021-22 SHS Data Quality Statement.

In 2021–22 (Supplementary table FDV.1 and Historical table HIST.FDV):

- SHS agencies assisted around 108,000 clients (of any age) who experienced family and domestic violence, equating to 39% of all SHS clients.
- There was a decrease in the number of SHS clients who had experienced family and domestic violence (around 8,500 SHS clients) compared with 2020-21.
- The rate of SHS clients who experienced family and domestic violence was 41.9 per 10,000 population, a decrease from 47.4 in 2016-17.

Although the number of clients who had experienced family and domestic violence decreased between 2020-21 and 2021-22, since the start of the SHS collection in July 2011 the number of clients increased by an annual average of 3.1% (Historical data table HIST.FDV).

Client characteristics

Figure FDV.1: Key demographics, SHS clients who have experienced family and domestic violence, 2021-22

Key demographics, SHS clients who have experienced family and domestic violence, 2021-22

This interactive image describes the characteristics of around 108,000 clients who have experienced family and domestic violence and received SHS support in 2021-22. Most clients were female, aged 25-44 years. More than a quarter were Indigenous. Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Most were at risk of homelessness at the start of support. Most were in major cities.

In 2021–22, around **108,000** clients who have experienced family and domestic violence received support from specialist homelessness services.

Age and sex

Age groups (top to bottom): 65+, 55–64, 45–54, 35–44, 25–34, 18–24, 15–17, 10–14, 0–9. Male / Female

A total of **25,537 males (24%)** and **82,146 females (76%)** received support from SHS agencies.

Indigenous status

Indigenous clients: 28,091
Non-Indigenous clients: 73,409
Not stated: 6,183

Just over one-quarter (**28%**) of clients identified as Indigenous.

States and territories

NSW 26,259; Vic 45,999; Qld 13,511; WA 10,128; SA 5,238; Tas 1,741; ACT 1,505; NT 4,784

○ Clients (number)
○ Clients (per 10,000 ERP)

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

New clients: 41,121
Returning clients: 66,562

66,562 (62%) of **107,683** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness

	2017–18	2018–19	2019–20	2020–21	2021–22
At risk	58,352	64,754	65,967	65,091	59,397
Homeless	37,181	37,911	39,397	38,020	36,570

■ Homeless ■ At risk

In 2021–22, **59,397 (62%)** of clients were at risk of homelessness at the start of support.

Remoteness area

Major cities: 66,252
Inner regional: 22,483
Outer regional: 12,084
Remote: 3,687
Very remote: 3,177

The majority of clients who have experienced family and domestic violence (**62%**) were in major cities.

Presenting unit and Living arrangements

In 2021–22, clients who experienced family or domestic violence most commonly presented to a specialist homelessness agency for support alone (57% or almost 61,300 clients), or as a single parent with child/ren (40% or more than 43,100 clients) (Supplementary table CLIENTS.42).

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 to reduce the likelihood of a long-term experience/risk of homelessness (Kaleveld et al. 2018).

In 2021–22, of the almost 107,700 clients who experienced family and domestic violence and stated their living arrangement at the beginning of SHS support (Supplementary table CLIENTS.43):

- Nearly half (48% or almost 46,500 clients) were living as a single parent with one or more children
- Approximately 21% (or around 20,200 clients) were living alone
- Approximately 11,800 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 2021–22 (Supplementary table CLIENTS.40):

- Of the 107,700 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.
- Of the new clients, 44% (18,100 clients) were aged under 18, 51% were aged 18–54, and 5.4% were aged 55 and over. By contrast, of the returning clients, fewer (around 19,100 clients or 29%) were under 18.

Selected vulnerabilities

People who experience family and domestic violence may experience other vulnerabilities that may make them more prone to experiencing homelessness, such as 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, 2021-22

This interactive bar graph shows the number of SHS clients who have experienced family and domestic violence also experiencing additional vulnerabilities, including having a current mental health issue and problematic drug and/or alcohol use. The graph shows both the number of clients experiencing a single vulnerability only, as well as combinations of vulnerabilities, and presents data for each state and territory.

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.45.

In Australia, in 2021–22, of the around 84,400 clients who have experienced family and domestic violence, around 7,500 had both of the additional selected vulnerabilities.
- 11% clients reported experiencing problematic drug or alcohol use.
- 40% clients had a current mental health issue.

Service use patterns

In 2021–22, SHS clients who had experienced family and domestic violence received a median of 66 days of support, up from 43 days in 2017–18, an average of 2.0 support periods per client, and a median of 33 nights of accommodation (Supplementary table CLIENTS.46).

Main reasons for seeking assistance

In 2021–22, of those SHS clients who experienced family and domestic violence:

- Approximately 68% identified family and domestic violence as the main reason for seeking SHS services, while a further 8.7% 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 (75%)
  - housing crisis (6.3%)
  - financial difficulties (both 3.4%).
- For clients presenting as homeless, the most common main reasons for seeking assistance were:
  - family and domestic violence (51%)
  - housing crisis (14%)
  - inadequate or inappropriate dwelling conditions (10%).

Services needed and provided

In 2021–22, 75,000 (70%) 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, 2021-22

This interactive stacked horizontal bar graph shows the services needed by clients who have experienced family and domestic violence and their provision status. Advice/information was the most needed and most provided service. Long term housing was the least provided by need.
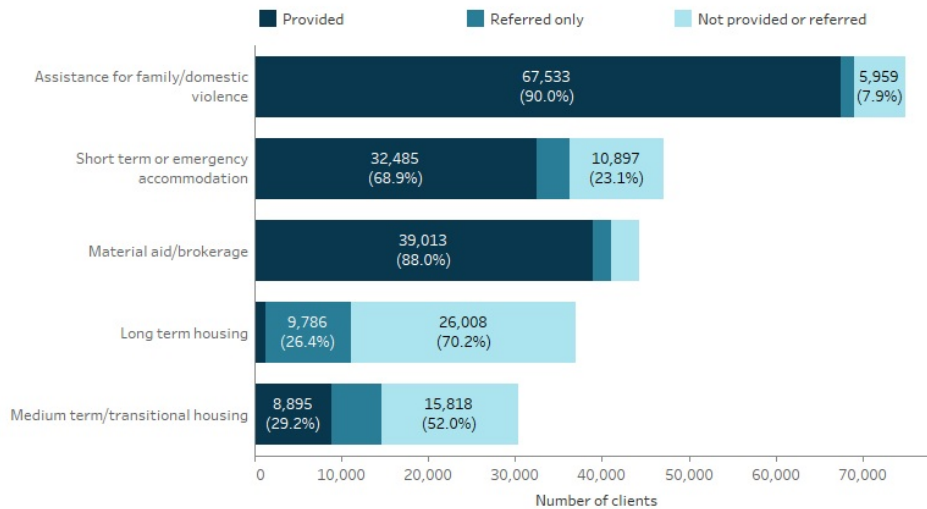
■ Provided ■ Referred only ■ Not provided or referred

Assistance for family/domestic violence	67,533 (90.0%) 5,959 (7.9%)
Short term or emergency accommodation	32,485 (68.9%) 10,897 (23.1%)
Material aid/brokerage	39,013 (88.0%)
Long term housing	9,786 (26.4%) 26,008 (70.2%)
Medium term/transitional housing	8,895 (29.2%) 15,818 (52.0%)

Number of clients (0, 10,000, 20,000, 30,000, 40,000, 50,000, 60,000, 70,000)

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 2021–22, clients who experienced family and domestic violence needed:
• short-term or emergency accommodation (44% or around 47,200), with 69% of those needing this service receiving this service.
• assistance for family/domestic violence (70% or around 75,000 clients), with 90% receiving this service.
• material aid/brokerage (41% or around 44,300 clients), with 88% receiving this service.
• long-term housing (34% or around 37,100 clients), with 3.4% 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 2021–22 is compared with the end of their last period of support in 2021–22. 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 2021–22, around 23,400 clients (39%) were experiencing homelessness at the start of support; 12,100 (20%) were in short-term temporary accommodation (Supplementary table FDV.3).

By the end of support, many clients who experienced family and domestic violence 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 FDV.4):

• More than 2 in 5 (42% or 8,900 clients) clients who experienced family and domestic violence and who were experiencing homelessness at the start of support were housed; and one-quarter were living in private rental accommodation (5,300 clients or 25%).
• For those at risk of homelessness, almost 9 in 10 (30,800 clients or 89%) were housed; mostly in private rental accommodation (21,200 clients or 61%).

Figure FDV.4: Housing situation for clients who have experienced family and domestic violence with closed support, 2021-22

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short term accommodation, public/community housing, private housing and institutional settings) of clients who have experienced family and domestic violence with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most clients started and ended support in private or other housing.

Visualisation not available for printing

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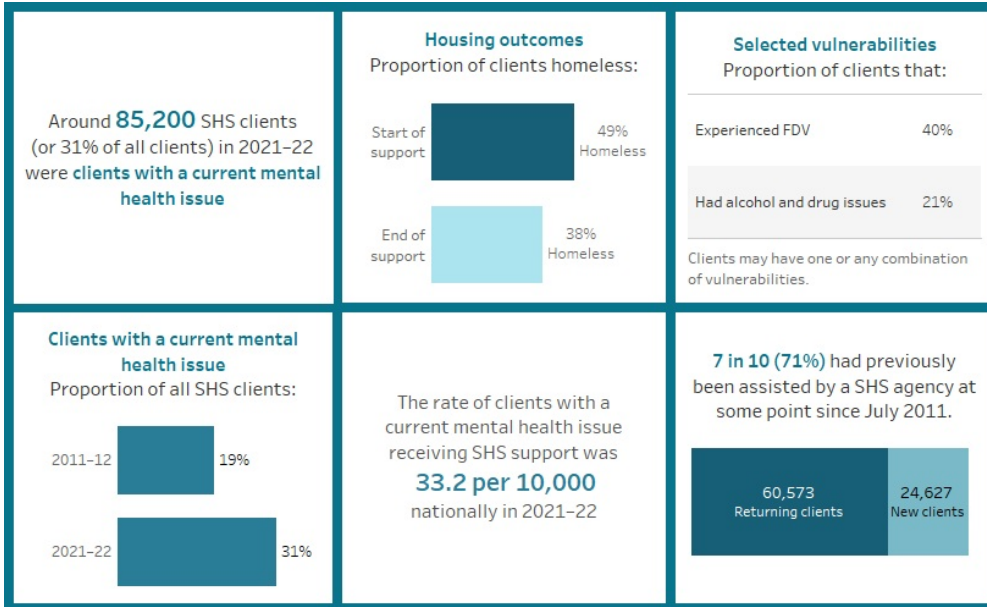

Clients with a current mental health issue

On this page

- Key findings
- Client characteristics
- Service use patterns
- Main reasons for seeking assistance
- Housing situation and outcomes
- References

Key findings: Clients with a current mental health issue, 2021-22

Around **85,200** SHS clients (or 31% of all clients) in 2021–22 were **clients with a current mental health issue**

Housing outcomes
Proportion of clients homeless:

Start of support — 49% Homeless

End of support — 38% Homeless

Selected vulnerabilities
Proportion of clients that:

Experienced FDV — 40%

Had alcohol and drug issues — 21%

Clients may have one or any combination of vulnerabilities.

Clients with a current mental health issue
Proportion of all SHS clients:

2011-12 — 19%

2021-22 — 31%

The rate of clients with a current mental health issue receiving SHS support was **33.2 per 10,000** nationally in 2021–22

7 in 10 (71%) had previously been assisted by a SHS agency at some point since July 2011.

60,573 Returning clients | 24,627 New clients

Mental health is fundamental to the health and wellbeing of individuals, their families, and the population at large (Schulz and Sherwood 2008; WHO 2018). 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 2018). Conversely, a mental illness is a "clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities" (DHAC 2012).

The term 'mental health issues' captures the entire range of mental health problems and as such, clients with a current mental health issue are a diverse group, as each person may have different symptoms and circumstances.

Mental health issues are common in Australia. In 2021, 1 in 5 (21%) Australians (aged 16-85) experienced a mental health condition within the past year. People with mental health issues are especially vulnerable to experiencing homelessness (Brackertz et al. 2020). The environmental stresses that often come with experiencing housing instability or homelessness can trigger, exacerbate, or magnify mental health issues (Johnson & Chamberlain 2016). Symptoms of mental illnesses that increase psychological distress and impair decision-making in everyday life can contribute to worse health outcomes, reduced support, and experiences of financial hardship, as well as homelessness (Brackertz et al. 2018; Johnstone et al. 2016; Kaleveld et al. 2018; Walter et al. 2016). In this way, mental health issues can contribute to entering – and maintaining – homelessness, while experiencing homelessness itself can lead to mental health issues.

People with a history of homelessness (2 in 5 or 39%) experience mental health conditions at a rate almost double of that of the general population (21%) (ABS 2022). Also, people with a mental health issue are more likely to experience homelessness (Nilsson et al 2019).

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

Figure MH.1: Key demographics, SHS clients with a current mental health issue, 2021-22

This image describes the characteristics of around 85,200 clients with a current mental health issue and received SHS support in 2021-22. Most clients were female, aged 18-44. Less than a quarter were Indigenous. Victoria had the greatest number of clients and Tasmania had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Half were at risk of homelessness at the start of support. Most were in major cities.
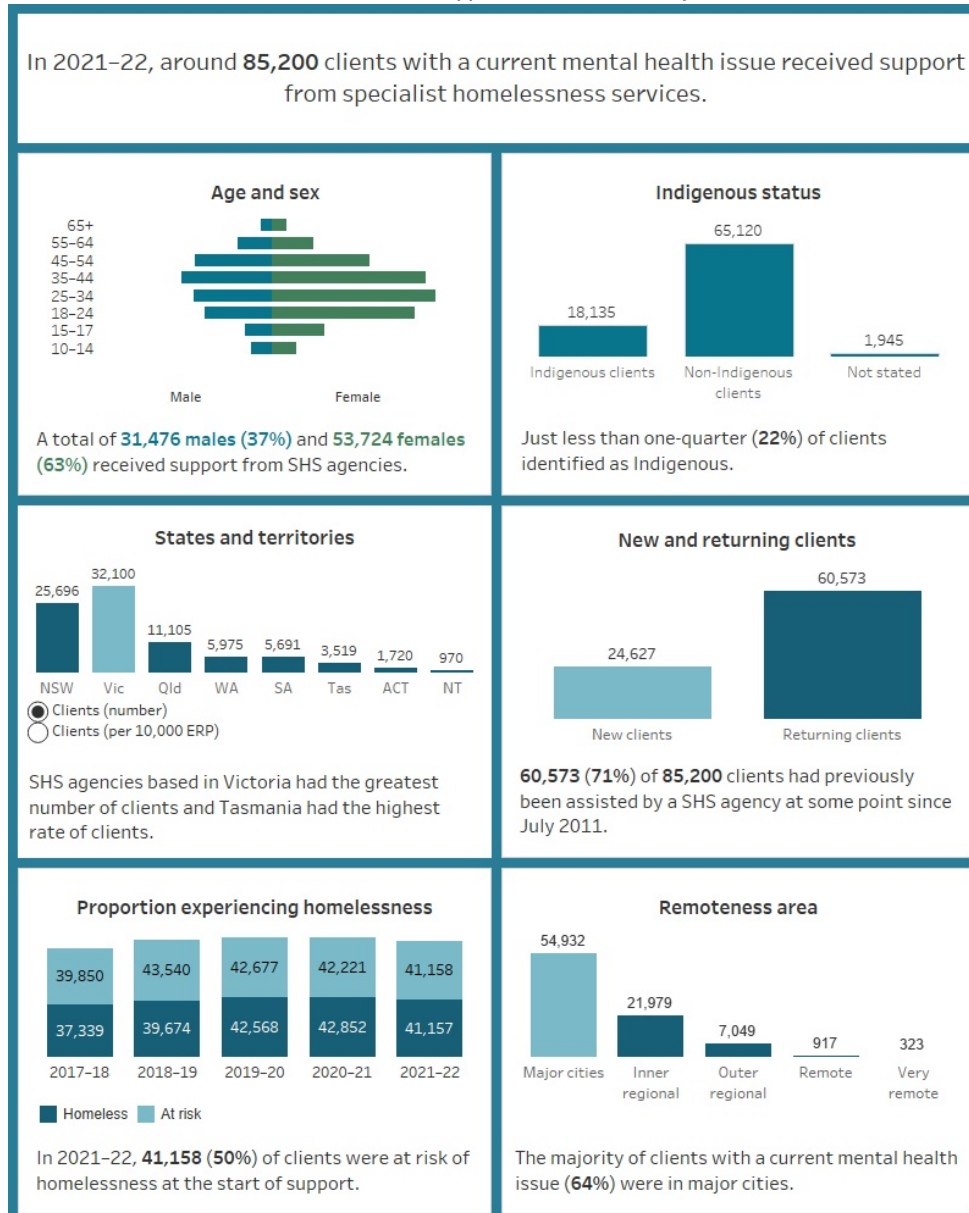
Living arrangements and presenting unit type

Of the 85,200 clients with a current mental health issue in 2021-22, most clients presented to a SHS agency alone (81% or 69,100 clients) and lived alone at the beginning of support (47% or 39,000 clients). Around one-quarter of clients were living as a single parent with child/ren (24%) (Supplementary tables CLIENTS.42 and CLIENTS.43).

Labour force status

Around 9 in 10 clients with a current mental health issue were not working in a paid job (87% or 65,800 clients) in 2021-22. More than half (54%) of clients were looking for work (that is, unemployed) and one-third (33%) were not in the labour force. Only around 1 in 10 clients (13%) 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 2021-22 (Supplementary table CLIENTS.45). Given clients with a current mental health issue also 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, 2021-22

The interactive bar graph shows proportions of clients with a current mental health issue also experiencing additional vulnerabilities, including experiencing family and domestic violence and problematic drug and/or alcohol use. The graph shows both the number of clients experiencing a single vulnerability only, as well as combinations of vulnerabilities, and presents data for each state and territory.
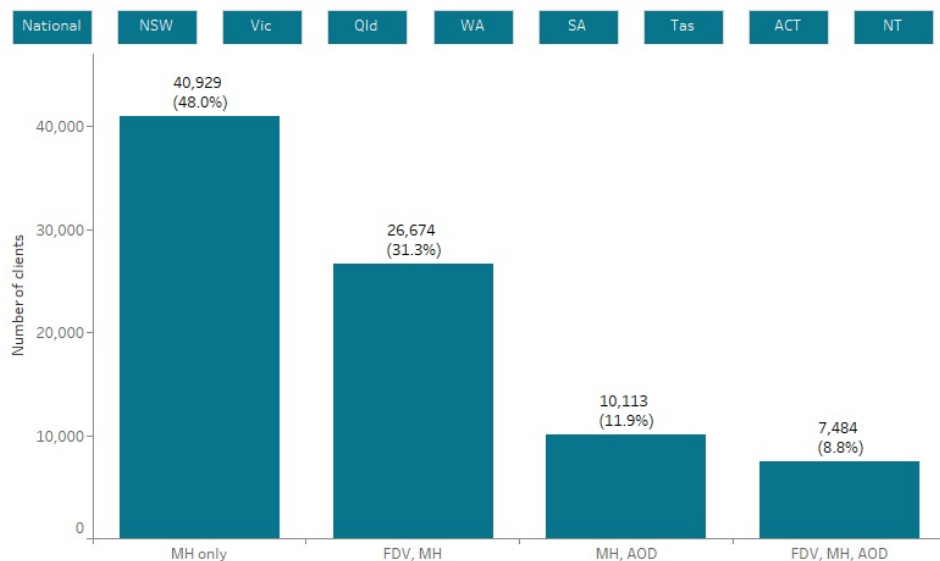
Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

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.45.

In Australia, in 2021–22, of the around 85,200 clients with a current mental health issue, around 7,500 had both of the additional selected vulnerabilities.
- 40% 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 2021-22 increased to a median of 90 days from 85 days in 2020-21. Similarly, the median number of nights accommodated increased to 51 nights in 2021-22 from 48 nights in 2020-21 (Supplementary table CLIENTS.46).

Changes over time since 2011-12

The number of clients with a current mental health issue receiving assistance from SHS agencies has increased at a faster rate than any other client group since the collection began in July 2011. Both the number and proportion of clients with a current mental health issue have also for the most part increased with each successive year.

Between 2011-12 and 2021-22 (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 6.7% with each year; an annual change around 3 times higher than that for all SHS clients (1.4%) 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 33.2.

New or returning clients

In 2021-22, among SHS clients with a current mental health issue (Supplementary table CLIENTS.40):

- 7 in 10 (71% or 60,600 clients) were returning clients, that is, returning clients received assistance from a SHS agency in the past (from 2011 onwards).
- 3 in 10 (29% or 24,600 clients) were new to SHS agencies.

Main reasons for seeking assistance

In 2021-22, 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 (4.1% or 3,500 clients). Instead, the main reasons for seeking assistance were for (Supplementary table MH.5):

- housing crisis (21% or 18,200 clients)
- family and domestic violence (19% or 16,500 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. For 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 (25% or 10,100) (Supplementary table MH.6).

Services needed and provided

In 2021–22, most clients with a current mental health issue needed assistance with accommodation provision (70%), though other common assistance sought included general and financial advice and advocacy. Assistance with accessing mental health services was also relatively common, with more than one-quarter (27% or 23,000) of clients with a current mental health issue needing assistance with mental health-based services (Supplementary table MH.2). Specifically:

- 25% (21,000 clients) needed mental health services; 45% (9,500 clients) of these clients were provided with this type of service.
- 9.1% (almost 7,800 clients) identified a need for psychological services; 31% (2,400 clients) of these clients had this need met.
- 5.9% (5,100 clients) identified a need for psychiatric services; 34% (1,700 clients) of these clients had this need met.

Figure MH.3: Clients with a current mental health issue, by services needed and provided, 2021-22

This interactive stacked horizontal bar graph shows the services needed by clients with a current mental health issue and their provision status. Advice/information and assistance to sustain tenancy or prevent tenancy failure or eviction were the most provided services. Long term housing was the least provided service.
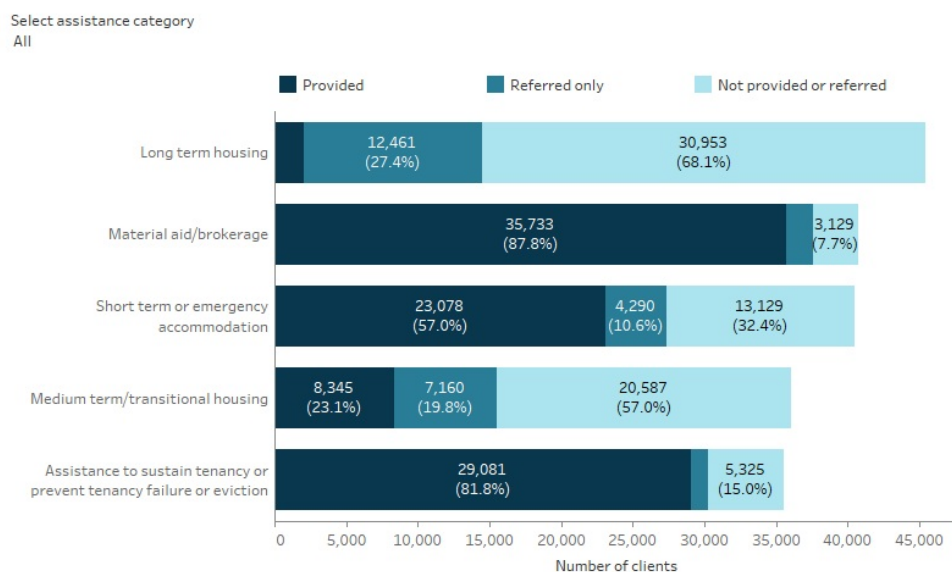
Notes:
1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.
2. 'Short-term accommodation' includes temporary and emergency accommodation.
Source: Specialist Homelessness Services Collection. Supplementary table MH.2.

In 2021–22, clients with mental health issues needed:
- short-term or emergency accommodation (48% or around 40,500), with 57% of those needing this service receiving this service.
- assistance for family/domestic violence (25% or around 21,600 clients), with 83% receiving this service.
- material aid/brokerage (48% or around 40,700 clients), with 88% receiving this service.
- long-term housing (53% or around 45,500 clients), with 4.5% 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 2021–22 is compared with the end of their last period of support in 2021–22. As such, this information does not cover any changes to their housing situation during their support period.

In 2021–22, half (49% or 26,000 clients) of clients with a current mental health issue were experiencing homelessness at the start of support; around 6,300 (12%) 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 (62% or 30,300 clients) were living in stable accommodation, such as public or community housing or private housing.
- More than one-third (37% or 8,700 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, 2021-22

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short-term accommodation, public/community housing, private housing and institutional settings) of clients with a current mental health issue with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most started and ended support in private housing.

Housing situation at the start of support

Housing situation at the end of support

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

6,334 (12.0%)
No shelter or improvised/inadequate dwelling

9,244 (17.5%)
House, townhouse or flat - couch surfer or with no tenure

10,420 (19.7%)
Short term temporary accommodation

5,769 (10.9%)
Public or community housing - renter or rent free

18,313 (34.6%)
Private or other housing - renter, rent free or owner

2,874 (5.4%)
Institutional settings

3,965
Not stated/other

4,002 (7.8%)
No shelter or improvised/inadequate dwelling

6,560 (12.9%)
House, townhouse or flat - couch surfer or with no tenure

8,960 (17.6%)
Short term temporary accommodation

9,346 (18.3%)
Public or community housing - renter or rent free

20,308 (39.8%)
Private or other housing - renter, rent free or owner

1,851 (3.6%)
Institutional settings

5,892
Not stated/other
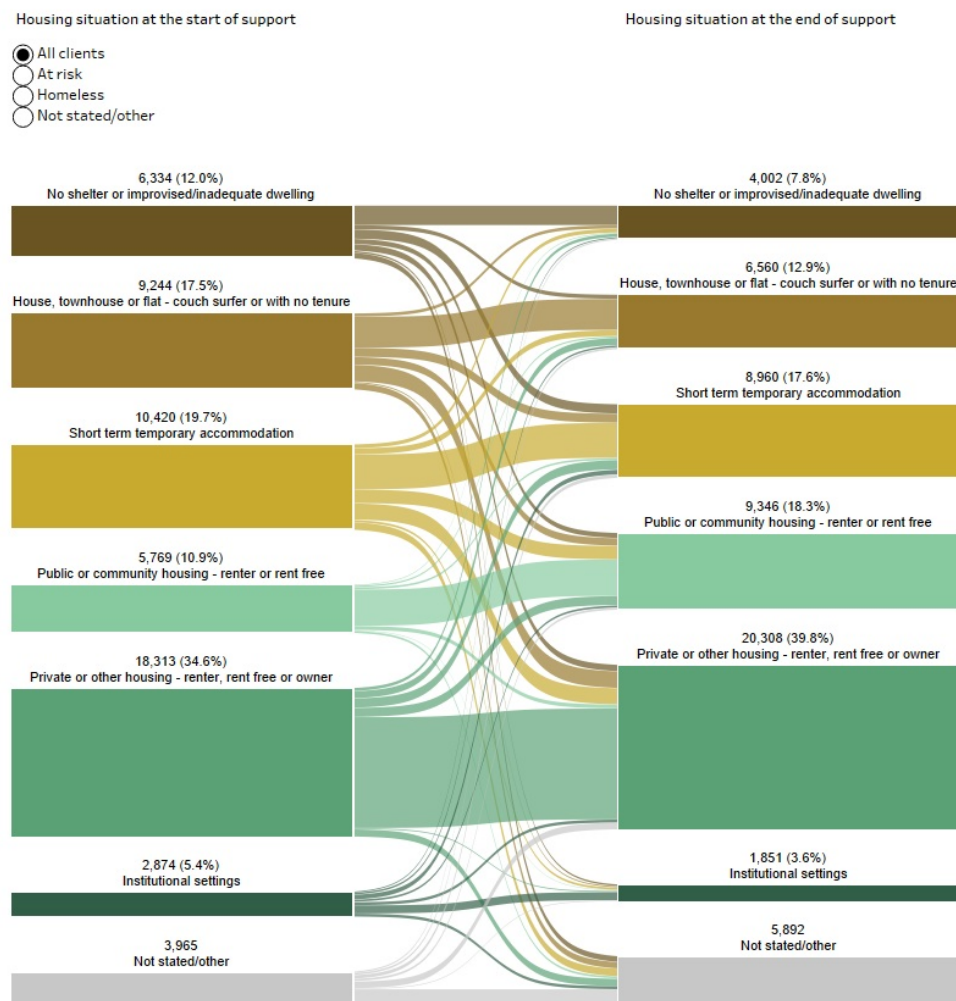
Note:
1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).
Source: Specialist Homelessness Services Collection. Supplementary table MH.3.

In 2021–22, around 56,900 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 13,800 clients maintained private housing at the end of support.
- Around 4,500 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 26,000 clients):
- Around 6,600 clients ended support in short term accommodation.
- Around 4,800 ended support in private housing.
- Around 5,100 clients were couch surfing at the end of support.

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Indigenous clients

On this page

Key findings: Indigenous SHS clients, 2021-22
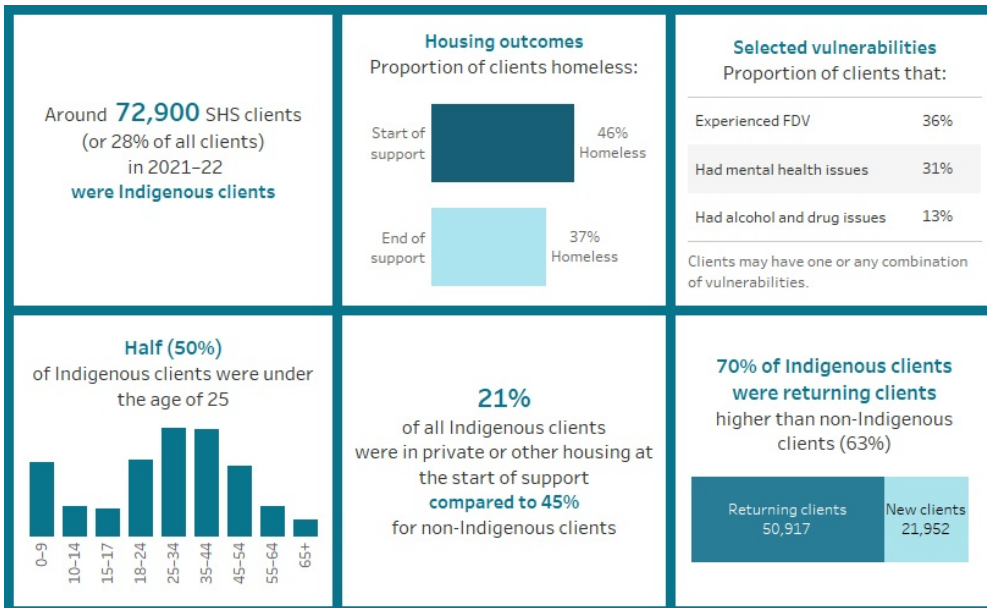
A safe, secure home with working facilities is a key support for the good health and wellbeing of Aboriginal and Torres Strait Islander people. Historically, Indigenous Australians have been over-represented among people experiencing homelessness and among those seeking assistance with housing.

Aboriginal and Torres Strait Islander people make up around 3.2% of the Australian population (ABS 2022a) yet they made up around 20% (23,437 persons) of the estimated number of people experiencing homelessness on Census night in 2016 (ABS 2018) and over one-quarter or 28% of the clients (an estimated 72,900 clients) assisted by specialist homelessness services (SHS) in 2021–22. Not having affordable, secure and appropriate housing can further compound the social exclusion and disadvantage experienced by some Indigenous people (AIHW 2021).

Severe overcrowding as a form of homelessness is particularly prevalent in Indigenous families and communities. Indigenous Australians are more than 3 times as likely to live in overcrowded conditions than non-Indigenous Australians (AIHW 2021) 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. The inquiry recommended greater inclusion of Indigenous Australian 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 highlight the effectiveness and appropriateness of Aboriginal community-controlled housing services, and recommended the development of a national integrated approach to housing and homelessness services for Indigenous Australians, co-designed with Indigenous community-controlled organisations and grounded in the principle of self-determination.

The 2020 National Agreement on Closing the Gap includes the socio-economic outcome that Aboriginal and Torres Strait Islander people can secure appropriate, affordable housing that is aligned with their priorities and need (COAG 2022). Under this outcome, by 2031, the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing will increase to 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 a joined up approached between the Commonwealth, states and territories and Aboriginal 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.

Aboriginal and Torres Strait Islander 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 Australians (AIHW 2019).

Over 314,100 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 been steadily increasing over this time, most notably (Historical data table HIST.INDIGENOUS):

- Changes in the number of Indigenous clients over time may 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 8.3% (35,600 clients) in 2011–12 to 3.4% (16,200 clients) in 2021–22.
- The rate of service use by Indigenous clients increased from 753.8 clients per 10,000 Indigenous people in 2017–18 to 798.7 in 2021–22.
- The ratio between the rate of Indigenous SHS clients compared with non-Indigenous clients has increased, from 8.8 in 2017–18 to 10.1 in 2021–22.
- The total number of Indigenous clients who received support from SHS agencies increased by an average rate of 5.3% annually over the 11 years to 2021–22, 3 times that of non-Indigenous clients (1.6% over the same period).

Client characteristics

Figure INDIGENOUS.1: Key demographics, Indigenous SHS clients, 2021-22

This interactive image describes the characteristics of around 72,900 Indigenous clients who received SHS support in 2021–22. Most clients were female, aged 18–34. The number of Indigenous clients has been increasing, while 'not stated' has decreased. New South Wales had the greatest number of Indigenous clients and Victoria had the highest rate of Indigenous clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. More than half were at risk of homelessness at the start of support. Around a third of Indigenous clients received SHS support in major cities, while most non-Indigenous clients received support in major cities.
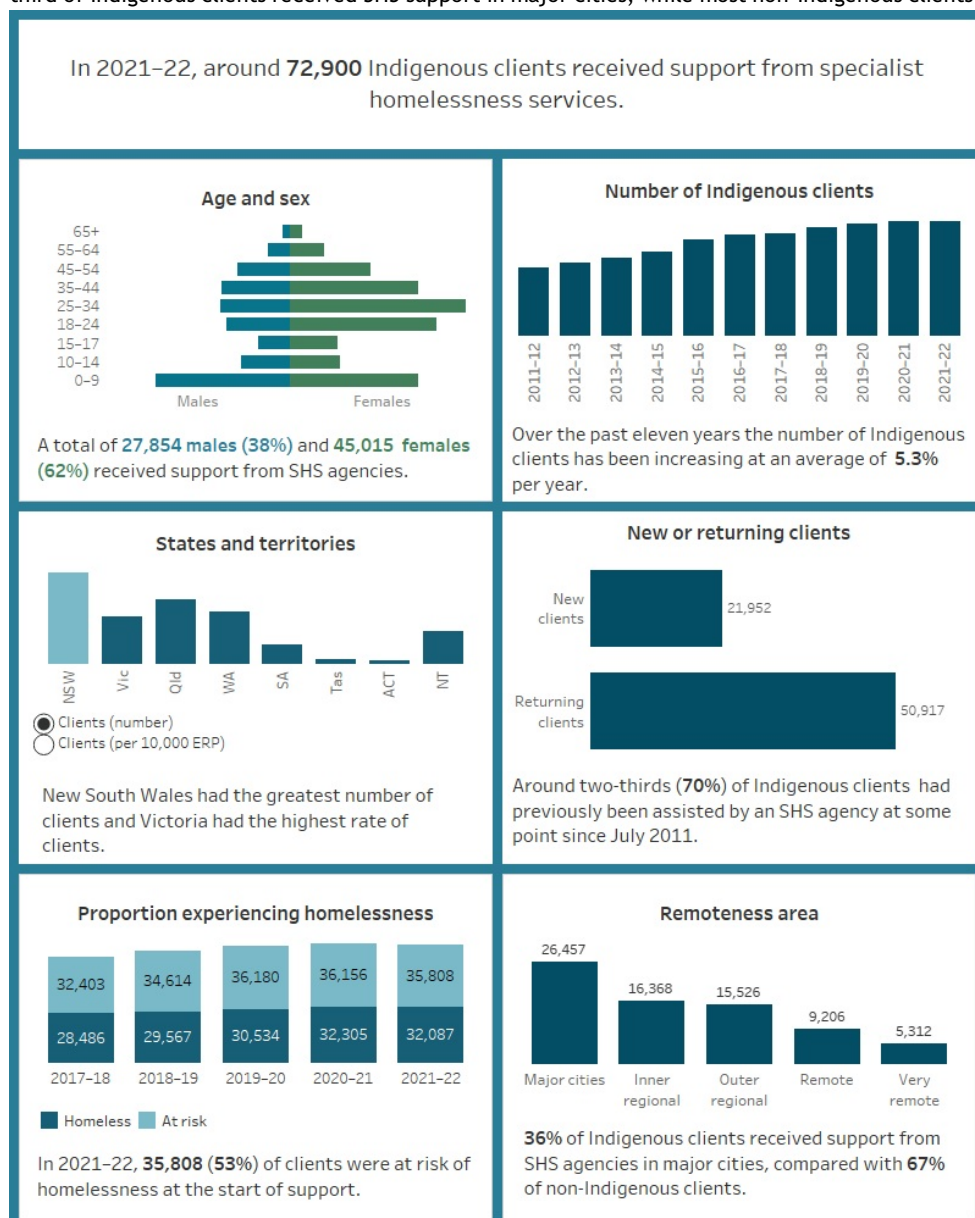
Presenting unit

In 2021-22, over half of the Indigenous clients presenting to a SHS agency presented alone (58% or almost 42,300 clients) and a further 32% (or almost 23,500 clients) presented as a single parent with child/ren (Supplementary table INDIGENOUS.9).

Living arrangements

In 2021-22, at the beginning of support (Supplementary table INDIGENOUS.10):

- Indigenous clients (34% or about 23,900 clients) were most likely living as a single parent with child(ren).
- One in 4 (around 18,400 or 26%) Indigenous clients were living alone.
- A further 18% (or around 12,200) 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.45).

- Less than half (44% or around 25,600) Indigenous clients did not experience any of the selected vulnerabilities, which was higher than the rate for all SHS clients (39%).
- Indigenous clients had a higher rate of reported problematic drug and alcohol use (13% compared with 10% for all SHS clients), a similar rate of Indigenous clients reported experiencing family and domestic violence (36% compared with 37%), and a lower proportion of Indigenous clients reported experiencing a mental health issue (31% compared with 37%).

Figure INDIGENOUS.2: Indigenous clients, by selected vulnerability characteristics, 2021-22

This interactive bar graph shows the number of Indigenous SHS clients also experiencing additional vulnerabilities, including family and domestic violence, having a current mental health issue and problematic drug and/or alcohol use. The graph shows both the number of clients experiencing a single vulnerability only, as well as combinations of vulnerabilities, and presents data for each state and territory.

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.45.

In Australia, in 2021–22, of the around 58,100 Indigenous clients, around 2,400 had all three of the selected vulnerabilities.
- 36% of clients experienced family and domestic violence.
- 13% of clients reported experiencing problematic drug or alcohol use.
- 31% of clients had a current mental health issue.

Service use patterns

The median length of support received by Indigenous clients increased to 57 days in 2021-22, up from 48 days in 2017-18. The average number of support periods per client was 1.8 in 2021-22. The proportion of clients receiving accommodation decreased from 41% in 2017-18 to 39% in 2021-22, while the median number of nights accommodated decreased from 20 in 2017-18 to 17 in 2021-22 (Supplementary table CLIENTS.46).

New or returning clients

In 2021-22, around 70% of Indigenous clients were returning clients (that is, those 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%). Around one-third of Indigenous clients were new clients (30%) (Supplementary table INDIGENOUS.7).

Main reasons for seeking assistance

The 3 most common main reasons why Indigenous clients sought assistance from SHS agencies in 2021–22 were (Supplementary table INDIGENOUS.8):

- family and domestic violence (24% or 17,100 clients)
- housing crisis (19% or 13,700 clients)
- inadequate or inappropriate dwelling conditions (13% or almost 9,300 clients).

Services needed and provided

In 2021–22, 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 37,200) needed short-term or emergency accommodation, higher than the proportion of non-Indigenous clients (37% or 68,400). Two-thirds of Indigenous clients who needed short-term or emergency accommodation received this support (63%); a higher proportion than non-Indigenous clients (56%).

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 (22% compared with 6.6%) and transport (25% compared with 12%).

Figure INDIGENOUS.3: Indigenous clients, by services needed and provided, 2021–22

This interactive stacked horizontal bar graph shows the services needed by Indigenous clients and their provision status. Advice/information was the most needed and most provided service. Long term housing was the least provided service.
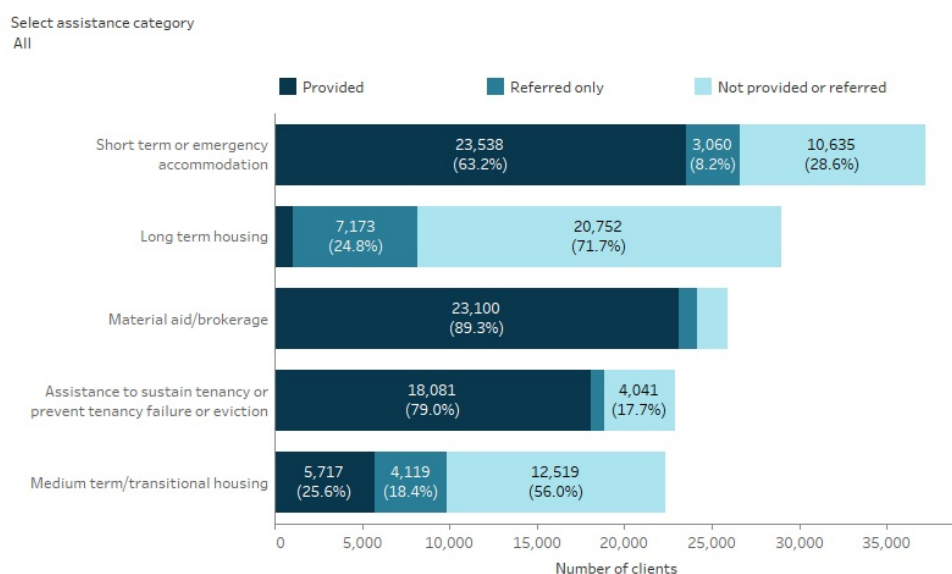
Notes:
1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.
2. 'Short-term accommodation' includes temporary and emergency accommodation.
Source: Specialist Homelessness Services Collection. Supplementary table Indigenous.3.

In 2021–22, Indigenous clients needed:
- short-term or emergency accommodation (51% or around 37,200), with 63% of those needing this service receiving this service.
- assistance for family/domestic violence (26% or around 19,000 clients), with 90% receiving this service.
- material aid/brokerage (36% or around 25,900 clients), with 89% receiving this service.
- long-term housing (40% or around 28,900 clients), with 3.5% receiving this service.

Housing situation and outcomes

In 2021–22, at the beginning of the first support period, more than half (53%) of clients whose Indigenous status was known presented to services at risk of homelessness, while less than half (47%) were experiencing homelessness. These proportions have remained consistent since 2017-18 (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 2021–22 is compared with the end of their last period of support in 2021–22. As such, this information does not cover any changes to their housing situation during their 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 (8.8%), while non-Indigenous clients were about twice as likely to be in private or other housing (45%) compared with Indigenous clients (21%).
- At the end of support, Indigenous clients were about 2.6 times as likely to be in public or community housing (38%) compared with non-Indigenous clients (15%), while non-Indigenous clients were about twice as likely to be in private or other housing (50%) compared with Indigenous clients (23%).
- At the end of support, fewer Indigenous clients were known to be homeless, decreasing from 46% 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 38%).

Figure INDIGENOUS.4: Housing situation for Indigenous clients with closed support, 2021-22

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short-term accommodation, public/community housing, private housing and institutional settings) of Indigenous clients with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most clients started and ended support in public housing.
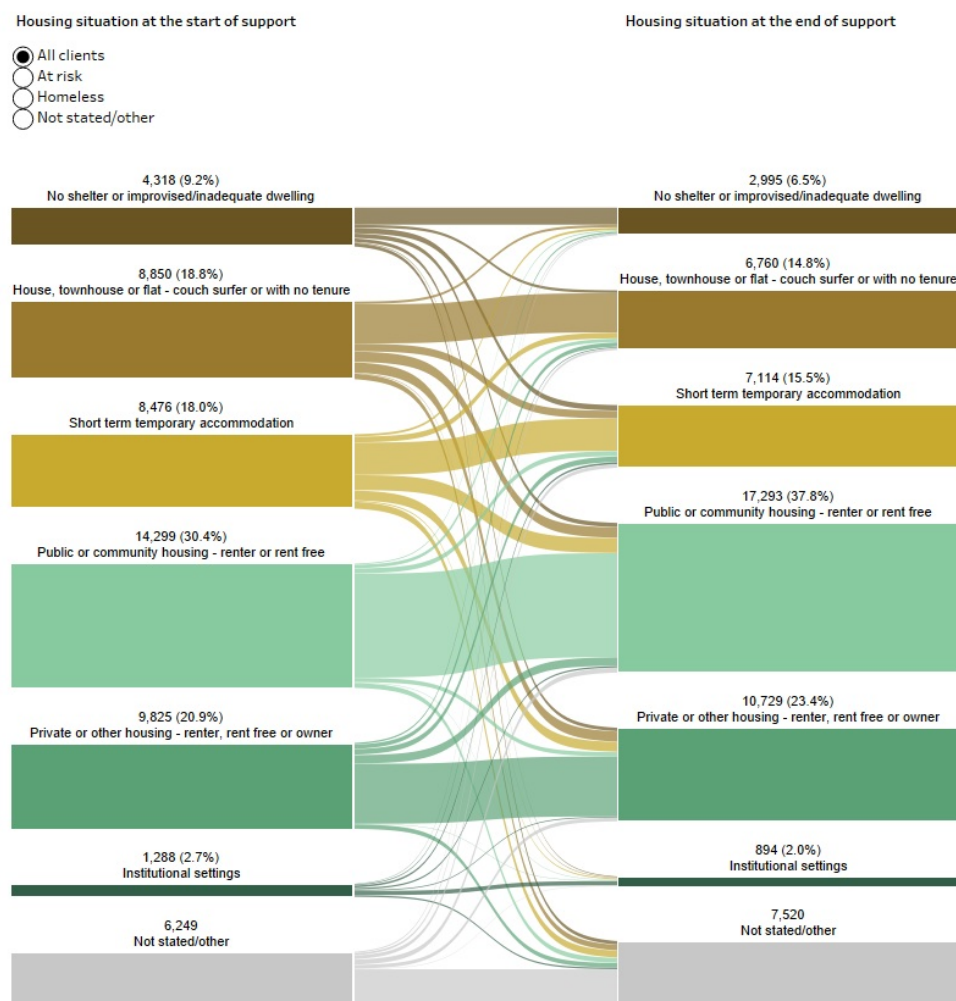
Note:
1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).
Source: Specialist Homelessness Services Collection. Supplementary table Indigenous.4.

In 2021–22, around 53,300 Indigenous clients had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 25,400 clients) (Supplementary table INDIGENOUS.5):
- Around 7,000 clients maintained private housing at the end of support.
- Around 12,100 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 21,700 clients):
- Around 5,300 clients ended support in short term accommodation.
- Around 2,700 ended support in private housing.
- Around 5,500 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 2022.

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

Australian Bureau of Statistics (2018) *Census of Population and Housing: Estimating homelessness*, ABS website, accessed 26 September 2022.

Australian Institute of Health and Welfare (2021) *Indigenous housing*, AIHW website.

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

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Clients with disability

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- Key findings
- Client characteristics
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- Main reasons for seeking assistance
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- References

Key findings: Clients with disability, 2021-22
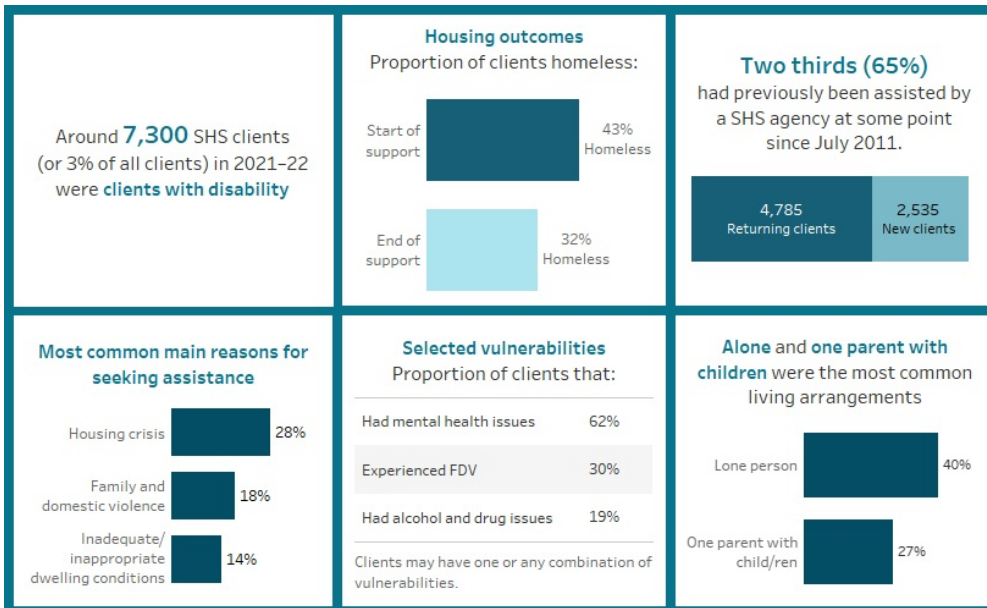
Disability is widespread across the Australian population, with 1 in 6 Australians having some form of disability (ABS 2019). As such, people with disability are a diverse group encompassing people across all socioeconomic and demographic groups (AIHW 2020). A disability is any limitation, restriction or impairment restricting everyday activities, be it physical, intellectual, sensory or psychosocial (ABS 2019). About 5% of Australia's homeless population are people with a profound or severe disability (ABS 2018).

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 living with a disability. The term 'severe or profound core activity limitation' is used to refer to this subgroup of people living with disability in the report.

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, 2021-22

This interactive image describes the characteristics of around 7,300 clients with disability who received SHS support in 2021–22. Most clients were aged 0-9. A quarter were Indigenous. Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Most started support at risk of homelessness. Most were in major cities.

In 2021–22, around **7,300** clients with disability received support from specialist homelessness services.

Age and sex

A total of **3,661 males (50%)** and **3,659 females (50%)** received support from SHS agencies.

Indigenous status

Indigenous clients	1,722
Non-Indigenous clients	5,296
Not stated	302

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

States and territories

NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1,787	2,966	959	413	843	192	89	192

⦿ Clients (number)
○ Clients (per 10,000 ERP)

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

New clients	Returning clients
2,535	4,785

4,785 (65%) of **7,320** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness

	2017–18	2018–19	2019–20	2020–21	2021–22
At risk	3,995	3,660	3,554	3,625	3,784
Homeless	3,393	3,078	2,866	2,989	3,101

■ Homeless ■ At risk

In 2021–22, **3,784 (55%)** of clients were at risk of homelessness at the start of support.

Remoteness area

Major cities	Inner regional	Outer regional	Remote	Very remote
4,953	1,536	578	193	60

The majority of clients with disability (**68%**) 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 of peak of almost 11,000 clients (3.8%) by 2016-17. Between 2014-15 and 2019-20 the number declined to around 6,700 clients. For the most recent two financial years, the number of clients with disability has increased again, to 7,000 in 2020-21and 7,300 clients in 2021-22 (Supplementary table HIST.DIS).

Presenting unit type and Living arrangements

Of the 7,300 clients living with disability, most clients sought assistance from a SHS agency alone (65% or 4,800 clients) or with child/ren (25% or 1,800 clients) (Supplementary table CLIENTS.42). At the start of support, clients were most commonly living alone (40% or 2,900 clients) or as a single parent with child/ren (27% or 1,900) (Supplementary table CLIENTS.43).

Selected vulnerabilities

Clients with disability may face other vulnerabilities, alongside their disability. In 2021-22, almost 3 in 4 (72% or around 4,100) 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.45) (Figure DIS.2).

Figure DIS.2: Clients with disability, by selected vulnerability characteristics, 2021-22

The interactive bar graph shows the number of clients with severe or profound disability also experiencing additional vulnerabilities, including having a current mental health issue and problematic drug and/or alcohol use. The graph shows both the number of clients who experiencing a single vulnerability only, as well as combinations of vulnerabilities, and presents data for each state and territory.

National | NSW | Vic | Qld | WA | SA | Tas | ACT | NT

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.45.

In Australia, in 2021–22, of the around 5,700 clients with disability, around 355 had all three of the selected vulnerabilities.

- 30% of clients experienced family and domestic violence.
- 18% of clients reported experiencing problematic drug or alcohol use.
- 62% 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 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 National Disability Insurance Scheme. 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 2021–22, almost 11,300 clients were NDIS participants (Supplementary table CLIENTS.17).

Of the 7,300 SHS clients with disability, 2,400 (33%) 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 increased in 2021–22 to a median of 92 days, up from 80 days in 2018–19. The median number of nights accommodated also increased, up from 50 in 2018–19 to 61 in 2021–22 (Supplementary table CLIENTS.46).

New or returning clients

Compared with all SHS clients, clients with disability were more likely to have received SHS assistance at some point since the collection began in 2011 (65% compared with 63% for all SHS clients). In 2021–22, more than 1 in 3 (35% or 2,500) clients with disability were new clients (Supplementary table CLIENTS.2 and CLIENTS.40).

Main reasons for seeking assistance

In 2021–22, the most common reasons for seeking assistance among clients with disability were (Supplementary tables DIS.5 and DIS.6):

- housing crisis (28% or 2,000 clients); most common for clients experiencing homelessness (30% or 900 clients) and those at risk of homelessness (27% or around 1,000 clients)
- family and domestic violence (18% or 1,300 clients)
- inadequate or inappropriate dwellings conditions (14% or around 1,000 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) (Supplementary table DIS.2) (Figure DIS.3).

Figure DIS.3: Clients with disability, by services needed and provided, 2021-22

This interactive stacked horizontal bar graph shows the services needed by clients with severe or profound disability and their provision status. Advice/information was the most needed and the most provided service. Long term housing was the least provided.
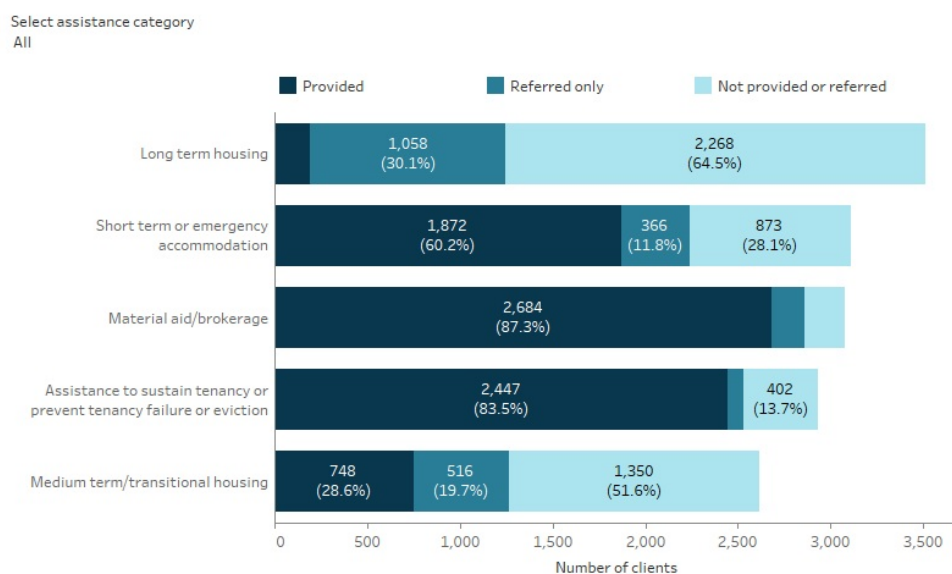
Notes:
1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.
2. 'Short-term accommodation' includes temporary and emergency accommodation.
Source: Specialist Homelessness Services Collection. Supplementary table DIS.2.

In 2021–22, clients with disability needed:
- short-term or emergency accommodation (43% or around 3,100), with 60% of those needing this service receiving this service.
- assistance for family/domestic violence (21% or around 1,500 clients), with 87% receiving this service.
- material aid/brokerage (42% or around 3,100 clients), with 87% receiving this service.
- long-term housing (48% or around 3,500 clients), with 5.4% receiving this service.

In 2021–22 (Supplementary tables CLIENTS.24 and DIS.2) (Figure DIS.3):

- Clients with disability were more likely to need help with living skills/personal development (24%), health/medical services (18%) and assistance for trauma (16%) than the general SHS population (17%, 9.0% and 12% respectively).
- Almost 1 in 5 clients (18% or around 1,400) needed health/medical services. Most (78% or around 1,100) of these clients either received the services or were referred elsewhere for services.
- Over 1 in 5 clients (21% or 1,500) needed assistance for family and domestic violence and 87% (or about 1,400) of clients with these identified needs were provided with assistance and 3.3% (51 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 2021–22 is compared with the end of their last period of support in 2021–22. 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 57%) than experiencing homelessness (1,900 or 43%). Among those experiencing homelessness, most were living in short-term temporary accommodation (20%) or were couch surfing (13%) (Supplementary table DIS.3).

By the end of support, more clients with disability who were at risk of homelessness (88% or 2,100 clients) were housed than those experiencing homelessness (43% or 740 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 53%); short-term temporary accommodation for those experiencing homelessness (480 or 28%) (Supplementary table DIS.4) (Figure DIS.4).

Figure DIS.4: Housing situation for clients with disability with closed support, 2021-22

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short term accommodation, public/community housing, private housing and Institutional settings) of clients with sever or profound disability with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most started and ended support in private housing.

Housing situation at the start of support

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

Housing situation at the end of support

445 (10.2%)
No shelter or improvised/inadequate dwelling

563 (12.9%)
House, townhouse or flat - couch surfer or with no tenure

892 (20.4%)
Short term temporary accommodation

603 (13.8%)
Public or community housing - renter or rent free

1,574 (35.9%)
Private or other housing - renter, rent free or owner

304 (6.9%)
Institutional settings

431
Not stated/other

283 (6.7%)
No shelter or improvised/inadequate dwelling

385 (9.0%)
House, townhouse or flat - couch surfer or with no tenure

673 (15.8%)
Short term temporary accommodation

1,008 (23.7%)
Public or community housing - renter or rent free

1,668 (39.2%)
Private or other housing - renter, rent free or owner

238 (5.6%)
Institutional settings

557
Not stated/other
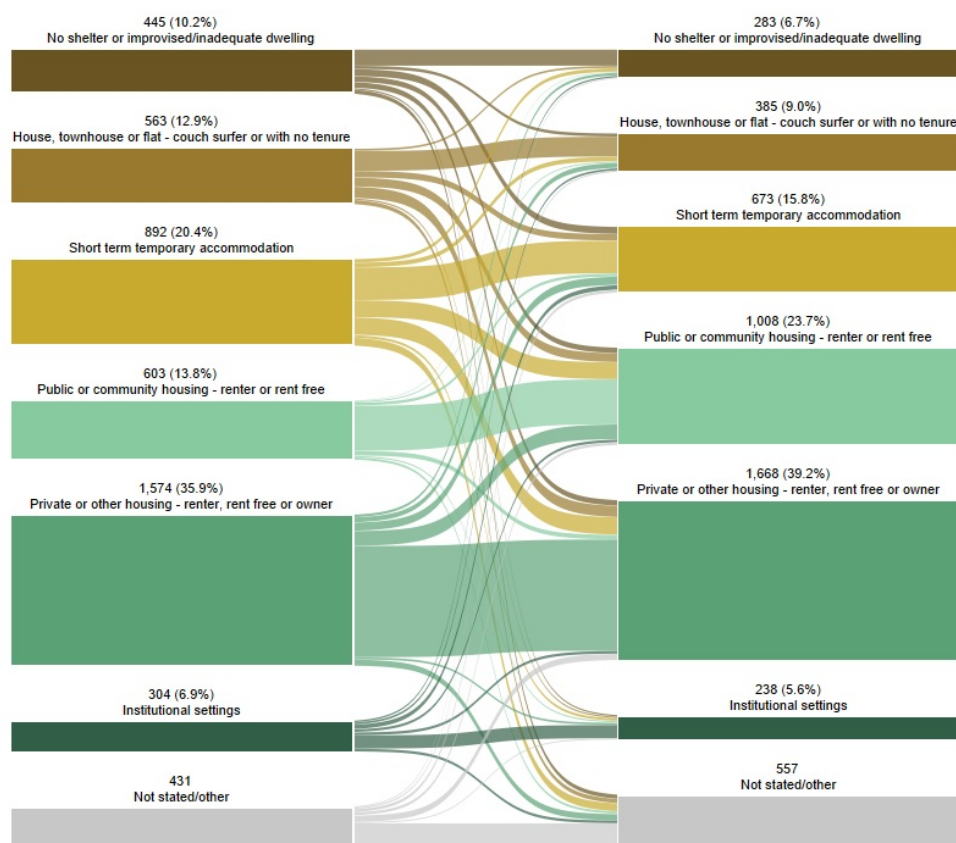
Note:
1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).
Source: Specialist Homelessness Services Collection. Supplementary table DIS.3.

In 2021–22, around 4,800 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 1,200 clients maintained private housing at the end of support.
- Around 475 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (1,900 clients):
- Around 485 clients ended support in short term accommodation.
- Around 355 ended support in private housing.
- Around 285 clients were couch surfing at the end of support.

For more information on people with disability, see People with disability in Australia, AIHW.

References

Australian Bureau of Statistics (2019) *Disability, Ageing and Carers, Australia: Summary of Findings, 2018*, ABS website, accessed 05 September 2022.

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Young people presenting alone

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- Client characteristics
- Service use patterns
- Main reasons for seeking assistance
- Housing situation and outcomes
- References

Key findings: Young people presenting alone, 2021–22

Around **39,300** SHS clients (or 14% of all clients) in 2021–22 were **young people presenting alone**

Most common main reasons for seeking assistance

Housing crisis (e.g. eviction) — 19%
Family and domestic violence — 16%
Relationship/family breakdown — 12%

The rate of young people presenting alone receiving SHS support was **15.3 per 10,000** nationally in 2021–22

Selected vulnerabilities
Proportion of clients that:

Had mental health issues — 48%
Experienced FDV — 35%
Had alcohol and drug issues — 13%

Clients may have one or any combination of vulnerabilities.

72% of young people presenting alone **were not enrolled in any form of education or training** at the start of support

Three out of five (61%) had previously been assisted by a SHS agency at some point since July 2011.

23,991 Returning clients
15,309 New clients

The disruptive effect of experiencing homelessness during one's youth can have many far-reaching effects (Heerde and Patton 2020). Disruptions to education and transition to employment can harm future job opportunities and potential earnings, while disruptions to social life can harm social networks. Harsh living conditions can leave young people traumatised and at greater risk of experiencing persistent homelessness (Scutella et al. 2012). These far-reaching impacts are often unique to young people's experience of homelessness, as many have not yet developed the skills required for independent living.

Youth homelessness often stems from difficult home lives and challenging family relationships (Gaetz et al. 2016; Kalemba 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 (Kalemba 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).

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, 2021–22

This interactive image describes the characteristics of around 39,300 young people presenting alone who received SHS support in 2021–22. Most clients were female, aged 18–24 years. Around a third were Indigenous. New South Wales had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Half were experiencing homelessness at the start of support. Most were in major cities.

In 2021–22, around **39,300 young people presenting alone** received support from specialist homelessness services.

Age and sex

18–24	
15–17	

Male   Female

A total of **13,496 males (34%)** and **25,804 females (66%)** received support from SHS agencies.

Indigenous status

11,721	25,691	1,888
Indigenous clients	Non-Indigenous clients	Not stated

Around one-third **(31%)** of young people identified as Indigenous.

States and territories

12,911	11,884	5,603	2,762	3,056	1,399	716	1,414
NSW	Vic	Qld	WA	SA	Tas	ACT	NT

◉ Clients (number)
◯ Clients (per 10,000 ERP)

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

New and returning clients

15,309	23,991
New clients	Returning clients

23,991 (61%) of **39,300** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness

18,899	20,011	19,707	19,245	17,780
20,280	20,568	20,328	20,382	19,502
2017–18	2018–19	2019–20	2020–21	2021–22

■ Homeless ■ At risk

In 2021–22, **17,780 (48%)** young people were at risk of homelessness at the start of support.

Remoteness area

23,623	9,330	4,570	1,313	464
Major cities	Inner regional	Outer regional	Remote	Very remote

The majority of young people presenting alone **(60%)** were in major cities.

Young people presenting alone (39,300 clients) were the fourth largest SHS client group in 2021–22, making up around 14% of all SHS clients (Supplementary Table CLIENTS.39).

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.

Figure YOUNG.2: Young people presenting alone, by selected vulnerability characteristics, 2021–22

This interactive bar graph shows the number of clients also experiencing additional vulnerabilities, including having a current mental health issue, problematic drug and/or alcohol use, or experiencing family and domestic violence. The graph shows both the number of clients experiencing a single vulnerability only, as well as combinations of vulnerabilities, and presents data for each state and territory.

National | NSW | Vic | Qld | WA | SA | Tas | ACT | NT

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.45.

In Australia, in 2021–22, of the around 39,300 young people presenting alone, around 2,100 had all three of the selected vulnerabilities.
- 35% of young people experienced family and domestic violence.
- 13% of young people reported experiencing problematic drug or alcohol use.
- 48% of young people had a current mental health issue.

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 2021-22 (Supplementary table CLIENTS.46):

- The average number of support periods per client has remained at 1.9 support periods.
- The median number of nights accommodated has stayed between 43 (in 2019-20) to 46 (in 2021-22) nights.
- The proportion of clients receiving accommodation has remained around 31%.
- The length of support (median number of days) has increased to 62 days in 2021-22, from 49 days in 2017-18.

Main reasons for seeking assistance

In 2021-22, 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 (16% or 6,200 clients)
- relationship/family breakdown (12% or 4,700 clients).

Young people experiencing homelessness at first presentation identified housing crisis (22%, compared with 15% of clients at risk) or inadequate or inappropriate dwelling conditions (16%, compared with 8.3% at risk) as the main reason for seeking assistance more commonly than those at risk of homelessness (Supplementary table YOUNG.6). Family and domestic violence (19%, 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 the overall SHS population in 2021-22, 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 the overall SHS population to request services including (Supplementary tables YOUNG.2, CLIENTS.24):

- living skills/personal development (33%, compared with 17%), with 92% receiving this service
- educational assistance (18%, compared with 8%), with 74% receiving this service
- employment assistance (18%, compared with 5.9%), with 72% receiving this service
- training assistance (12%, compared with 3.7%), with 70% receiving this service.

Figure YOUNG.3: Young people presenting alone, by services needed and provided, 2021-22

This interactive stacked horizontal bar graph shows the services needed by young people presenting alone and their provision status. Advice/information was the most needed and most provided service. Long term housing was the least provided service.

■ Provided   ■ Referred only   ■ Not provided or referred

Long term housing	3,994 (22.2%)		13,285 (73.9%)
Short term or emergency accommodation	8,676 (50.5%)	1,924 (11.2%)	6,592 (38.3%)
Medium term/transitional housing	4,011 (24.6%)	2,924 (18.0%)	9,352 (57.4%)
Material aid/brokerage	12,274 (86.2%)	1,345 (9.4%)	
Assistance to sustain tenancy or prevent tenancy failure or eviction	10,584 (81.8%)	2,056 (15.9%)	

Number of clients
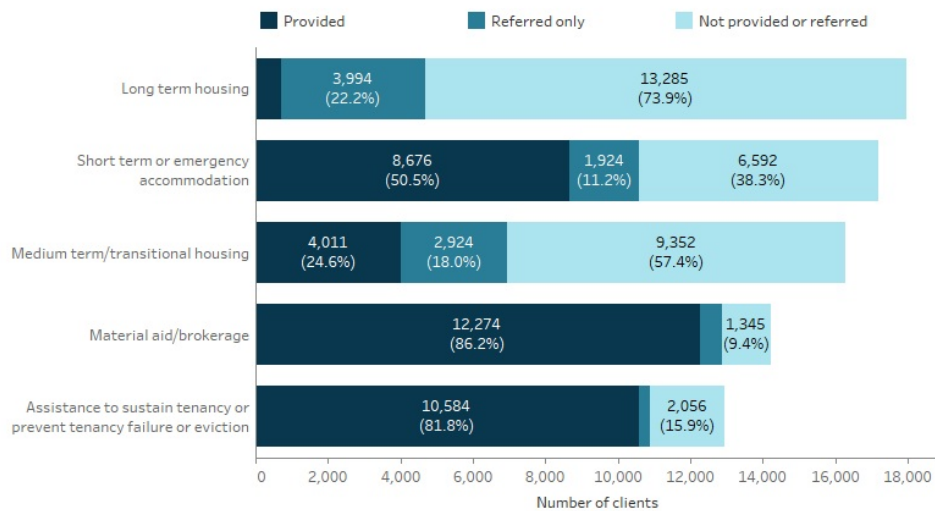
Notes:
1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.
2. 'Short-term accommodation' includes temporary and emergency accommodation.
Source: Specialist Homelessness Services Collection. Supplementary table YOUNG.2.

In 2021–22, young people presenting alone needed:
- short-term or emergency accommodation (44% or around 17,200), with 51% of those needing this service receiving this service.
- assistance for family/domestic violence (19% or around 7,500 clients), with 79% receiving this service.
- material aid/brokerage (36% or around 14,200 clients), with 86% receiving this service.
- long-term housing (46% or around 18,000 clients), with 3.9% 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 2021–22 is compared with the end of their last period of support in 2021–22. As such, this information does not cover any changes to their housing situation during their support period.

For young people presenting alone in 2021–22, around 13,200 clients (54%) were experiencing homelessness at the start of support; 6,900 (28%) were couch surfing. By the end of support, 58% of clients 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 (33% or 4,000 clients) of young people presenting alone who were experiencing homelessness at the start of support were housed.
- Almost one-quarter were living in private rental accommodation (2,900 clients or 24%).
- 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 61%).

Figure YOUNG.4: Housing situation for young people presenting alone with closed support, 2021-22

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short-term accommodation, public/community housing, private housing and institutional settings) of young people presenting alone with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most clients started and ended support in private housing or other housing.

Visualisation not available for printing

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Children on care and protection orders

On this page

Key findings: Children on a care and protection order, 2021-22

Around **39,300** SHS clients (or 14% of all clients) in 2021–22 were **young people presenting alone**

Most common main reasons for seeking assistance

- Housing crisis (e.g. eviction) — 19%
- Family and domestic violence — 16%
- Relationship/family breakdown — 12%

The rate of young people presenting alone receiving SHS support was **15.3 per 10,000** nationally in 2021–22

Selected vulnerabilities
Proportion of clients that:

Had mental health issues — 48%
Experienced FDV — 35%
Had alcohol and drug issues — 13%

Clients may have one or any combination of vulnerabilities.

72% of young people presenting alone **were not enrolled in any form of education or training** at the start of support

Three out of five (61%) had previously been assisted by a SHS agency at some point since July 2011.

23,991 Returning clients | 15,309 New clients

Care and protection orders (CPOs) are legal orders or arrangements that place partial or all responsibility for a child's welfare with child protection agencies. In Australia, state and territory governments are responsible for statutory child protection. Their respective departments work with children and families to protect them from abuse, neglect or other harm (AIHW 2022).

Between 2016–17 to 2020–21, the rate of children on care and protection orders increased – from 9.9 per 1,000 children at 30 June 2017 to 10.9 per 1,000 children at 30 June 2021 (AIHW 2022). Of the 61,700 children on care and protection orders at 30 June 2021, most were living in home-based care (67%), with relatives/kinship care (39%) and foster care (27%) 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 agencies 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.

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 as children as child protection authorities (MICAH Projects 2016).

Linked data has been used to describe the characteristics of children and young people who received both child protection (an investigated notification, care and protection order or out-of-home care) and specialist homelessness services (SHS) (AIHW 2016). Compared with children who accessed only SHS, children who accessed 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 2020-21.*

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
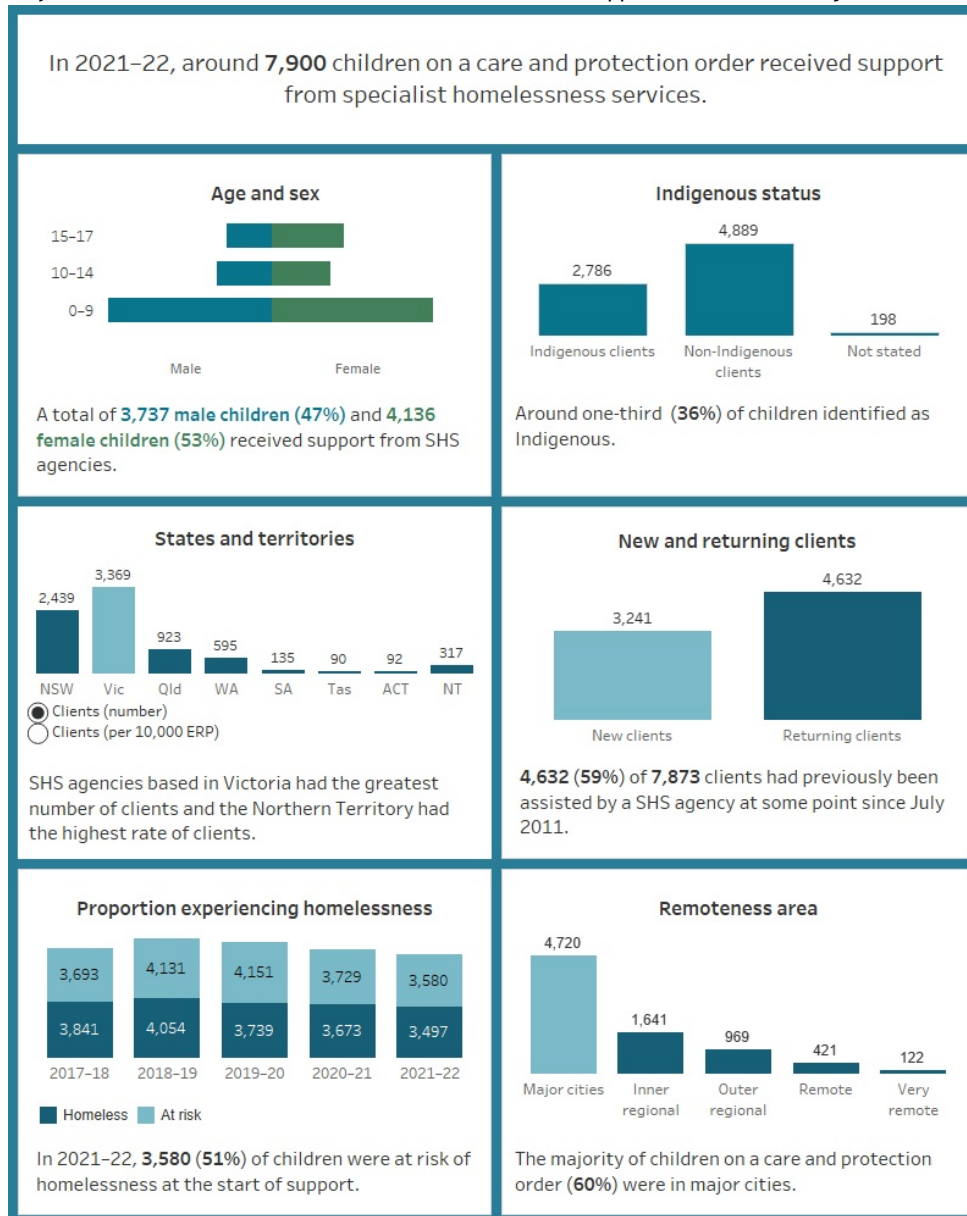- other living arrangements
- parents, or

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

This interactive image describes the characteristics of around 7,900 children on a care and protection order who received SHS support in 2021-22. Most clients were aged 0-9 years. More than a third were Indigenous. Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Half were at risk of homelessness at the start of support. Most were in major cities.

In 2021–22, around **7,900** children on a care and protection order received support from specialist homelessness services.

Age and sex

15–17	
10–14	
0–9	
Male	Female

A total of **3,737 male children (47%)** and **4,136 female children (53%)** received support from SHS agencies.

Indigenous status

4,889

2,786

198

Indigenous clients | Non-Indigenous clients | Not stated

Around one-third **(36%)** of children identified as Indigenous.

States and territories

2,439	3,369	923	595	135	90	92	317
NSW	Vic	Qld	WA	SA	Tas	ACT	NT

○ Clients (number)
○ Clients (per 10,000 ERP)

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

4,632

3,241

New clients | Returning clients

4,632 (59%) of **7,873** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness

3,693	4,131	4,151	3,729	3,580
3,841	4,054	3,739	3,673	3,497
2017–18	2018–19	2019–20	2020–21	2021–22

■ Homeless ■ At risk

In 2021–22, **3,580 (51%)** of children were at risk of homelessness at the start of support.

Remoteness area

4,720	1,641	969	421	122
Major cities	Inner regional	Outer regional	Remote	Very remote

The majority of children on a care and protection order **(60%)** were in major cities.

Care arrangement type

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

Figure CPO.2: Children on care and protection orders, by placement type, 2021-22

This interactive stacked bar graph shows children on a care and protection order by placement type and age group. The most common care arrangement was with parents, followed by kinship care, other living arrangements, foster care, residential care, independent living, family group home and other home-based care.
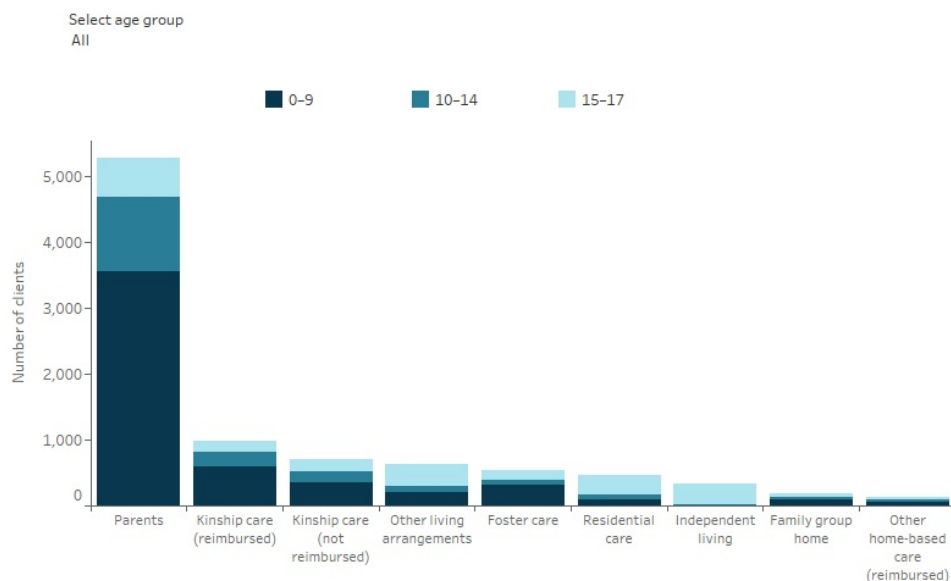
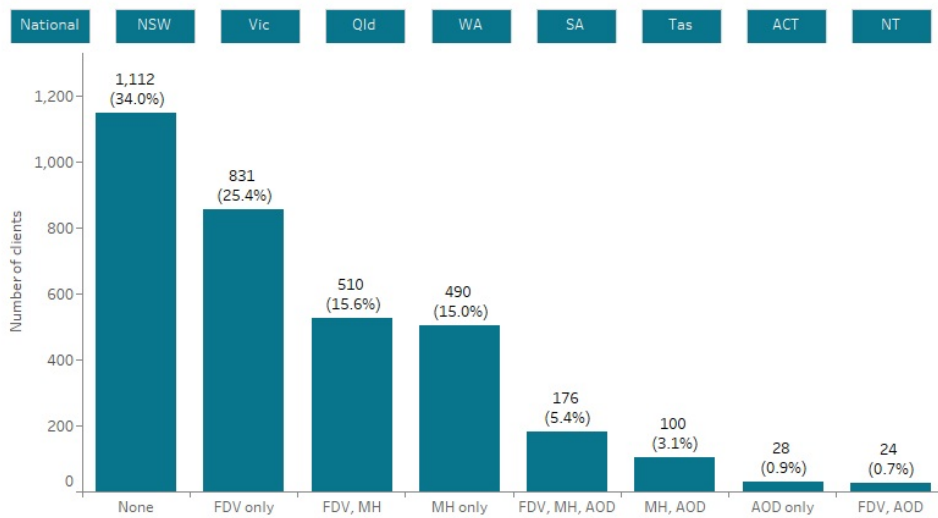*Source:* Specialist Homelessness Services Collection. Supplementary table CPO.7.

- The most common care arrangement among children on a CPO was parents (67% or around 5,300 children), followed by relative(s) or kin (21% or around 1,700 clients) (Supplementary table CPO.7).
- Most clients aged 0–9 had parents as their care arrangement (77% or around 3,600 children), followed by relative(s) or kin (21% or around 940 children).
- Among clients aged 15–17, similar proportions had parents (35% or over 580 clients), kinship carers (21% or around 345), independent living (19% or around 320 clients) and other living arrangements (21% or around 344 clients) as care arrangements.

Selected vulnerabilities

Children on a CPO 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, 2021-22

This interactive bar graph shows the number of children on a care and protection order also experiencing additional vulnerabilities, including experiencing family and domestic violence, having a current mental health issue and problematic drug and/or alcohol use. The graph shows both the number of clients experiencing a single vulnerability only, as well as combinations of vulnerabilities, and presents data for each state and territory.

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.45.

In Australia, in 2021–22, of the around 3,300 children on a CPO who were aged 10 and over, around 175 had all three of the selected vulnerabilities.
- 47% of children experienced family and domestic violence.
- 10% of children reported experiencing problematic drug or alcohol use.
- 39% of children had a current mental health issue.

Service use patterns

Over the 5 years to 2021–22, the median length of support for children on care and protection orders increased from 97 days in 2017–18 to 113 days in 2021–22. 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 2021–22.

The proportion of clients receiving accommodation decreased from 51% in 2017–18 to 47% in 2021–22, while the median number of nights accommodated increased from 66 in 2017–18 to 93 in 2021–22 (Supplementary table CLIENTS.46).

New or returning clients

Around 3 in 5 of the children on a CPO (59% or around 4,600 clients) were returning clients (Supplementary table CLIENTS.40) having received assistance from a SHS agency at some point since the collection began in July 2011. Returning clients were more likely than new clients to be aged 10-17 (42%, compared with 40%), conversely new clients were more likely to be aged 0-9 years (60% compared with 58% of returning clients).

Main reasons for seeking assistance

In 2021–22, the most common main reasons for seeking assistance among children on a CPO were (Supplementary table CPO.5):

- family and domestic violence (38% or over 2,900 clients)
- housing crisis (19% or around 1,500 clients)
- inadequate or inappropriate dwelling conditions (9.3% or over 700 clients).

Family and domestic violence was the most common main reason for seeking assistance for both homeless and at risk children on a CPO, though the proportion was much higher for children at risk (47% or nearly 1,700 clients, compared with 26% or just over 900) (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, 2021-22

This interactive stacked horizontal bar graph shows the services needed by children on a care and protection order and their provision status. Advice/information was the most needed and most provided service. Long term housing was the least provided service.

Legend: ■ Provided ■ Referred only ■ Not provided or referred

Short term or emergency accommodation	2,468 (72.8%)	706 (20.8%)
Material aid/brokerage	2,817 (87.1%)	270 (8.3%)
Assistance for family/domestic violence	2,907 (92.6%)	
Medium term/transitional housing	1,441 (52.0%) · 331 (11.9%)	1,001 (36.1%)
Long term housing	772 (27.9%)	1,913 (69.1%)

Number of clients
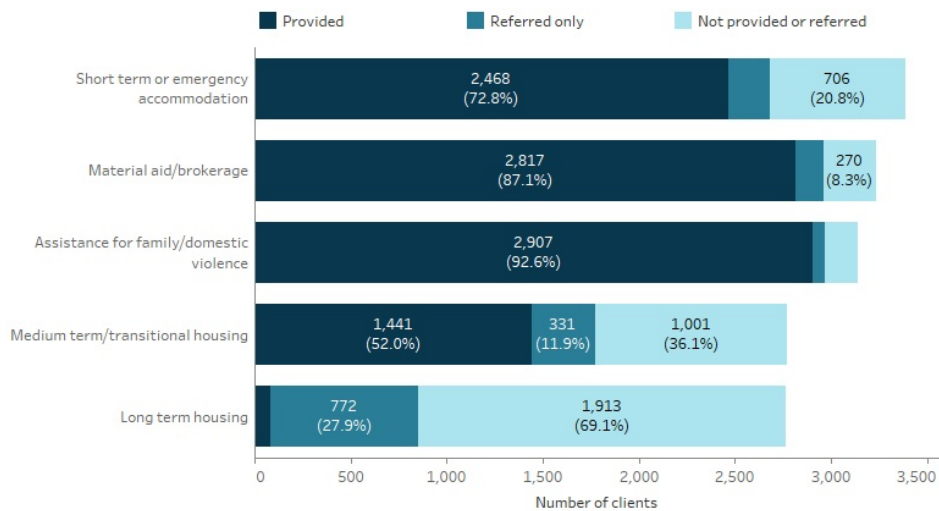
Notes:
1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.
2. 'Short-term accommodation' includes temporary and emergency accommodation.
Source: Specialist Homelessness Services Collection. Supplementary table CPO.2.

In 2021–22, children who were on a care and protection order needed:
• short-term or emergency accommodation (43% or around 3,400), with 73% of those needing this service receiving this service.
• assistance for family/domestic violence (40% or around 3,100 clients), with 93% receiving this service.
• material aid/brokerage (41% or around 3,200 clients), with 87% receiving this service.
• long-term housing (35% or around 2,800 clients), with 3.0% 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 (23%, compared with 4.6%), with 74% receiving this service
- assistance for family/domestic violence (40%, compared with 28%), with 93% receiving this service
- advocacy/liaison on behalf of the client (65%, compared with 54%), with 97% receiving this service
- family/relationship assistance (24%, compared with 13%), with 81% receiving this service
- transport (24%, compared with 15%), 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 2021–22 is compared with the end of their last period of support in 2021–22. 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 2021–22, around 2,000 children (49%) were experiencing homelessness at the start of support. Of these, 1,100 (27%) were in short-term temporary accommodation (Figure CPO.3, 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):

- More than 2 in 5 (41% or 780 clients) children on a care and protection order who were experiencing homelessness at the start of support were housed.
- More than 1 in 5 were living in private rental accommodation (410 clients or 22%).
- For those at risk of homelessness, almost 9 in 10 (1,700 clients or 85%) were housed; mostly in private rental accommodation (1,100 clients or 54%).

Figure CPO.5: Housing situation for children on a care and protection order with closed support, 2021-22

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short-term accommodation, public/community housing, private housing and institutional settings) of children on a care and protection order with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most started and ended support in private housing.

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

2,256 (16.8%)
No shelter or improvised/inadequate dwelling

1,371 (11.0%)
No shelter or improvised/inadequate dwelling

2,540 (18.9%)
House, townhouse or flat - couch surfer or with no tenure

1,972 (15.8%)
House, townhouse or flat - couch surfer or with no tenure

3,128 (23.3%)
Short term temporary accommodation

2,816 (22.5%)
Short term temporary accommodation

1,613 (12.0%)
Public or community housing - renter or rent free

2,622 (21.0%)
Public or community housing - renter or rent free

2,263 (16.9%)
Private or other housing - renter, rent free or owner

2,723 (21.8%)
Private or other housing - renter, rent free or owner

1,608 (12.0%)
Institutional settings

996 (8.0%)
Institutional settings

926
Not stated/other

1,834
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 2021–22, 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 5,500 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 (over 7,900 clients):
• Around 2,000 clients ended support in short term accommodation.
• Around 970 ended support in private housing.
• Around 1,500 clients were couch surfing at the end of support.

References

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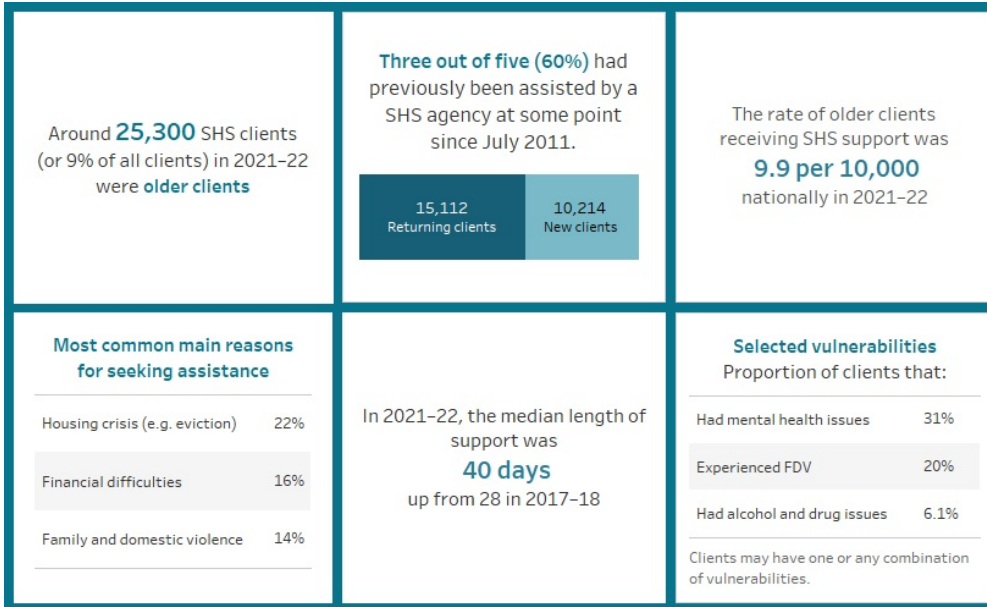
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Older clients

On this page

- Key findings
- Client characteristics
- Service use patterns
- Main reasons for seeking assistance
- Housing situation and outcomes
- References

Key findings: Older clients, 2021-22

Around **25,300** SHS clients (or 9% of all clients) in 2021–22 were **older clients**

Three out of five (60%) had previously been assisted by a SHS agency at some point since July 2011.

| 15,112 Returning clients | 10,214 New clients |

The rate of older clients receiving SHS support was **9.9 per 10,000** nationally in 2021–22

Most common main reasons for seeking assistance

Housing crisis (e.g. eviction)	22%
Financial difficulties	16%
Family and domestic violence	14%

In 2021–22, the median length of support was **40 days** up from 28 in 2017–18

Selected vulnerabilities
Proportion of clients that:

Had mental health issues	31%
Experienced FDV	20%
Had alcohol and drug issues	6.1%

Clients may have one or any combination of vulnerabilities.

Australia's homeless population has aged rapidly. In 2006, about 12,500 people experiencing homelessness were aged 55 or older, increasing to about 14,600 in 2011 and about 18,700 in 2016 (ABS 2018a). The trend highlights the growing homelessness problem over time among Australia's ageing population.

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, with around one per cent of rental listings in Australia being considered affordable (rent costs less than 30% of their income) for a single person and couple on the age pension (Anglicare Australia 2022; AIHW 2022). Although Commonwealth Rent Assistance assist many older people with the costs of renting, more than 2 in 5 older people receiving this payment were considered to be in rental stress. Without affordable housing, many more older Australians may be at risk of or experience homelessness.

For some older people experiencing homelessness, homelessness has been an on and off – or ongoing – feature of their lives. With some entering homelessness again in later life, and others ageing into later life while homeless (Peteresen et al. 2014). For these older people, negative experiences (such as mental health issues, addiction, and prison time) and lifelong struggles were often common to their pathways into homelessness (Petersen et al. 2014).

Yet for other older people, this was not the case. Instead, 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 setback – such as the breakdown of a marriage, loss of a job, the death of a partner or the development of an illness – and 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). Health problems are far more common among older people experiencing homelessness (Om et al. 2022; Nilsson et al. 2018). The harsh living conditions and reduced access to healthcare that often comes with homelessness can trigger, magnify or worsen 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).

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 over 30% between 2011 and 2016 to about 6,900 older women (ABS 2012, ABS 2018). 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, 2021-22

This interactive image describes the characteristics of around 25,300 older clients who received SHS support in 2021-22. Most were female, aged 55-64. Around one fifth were Indigenous. Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Most were at risk of homelessness at the start of support. Most were in major cities.
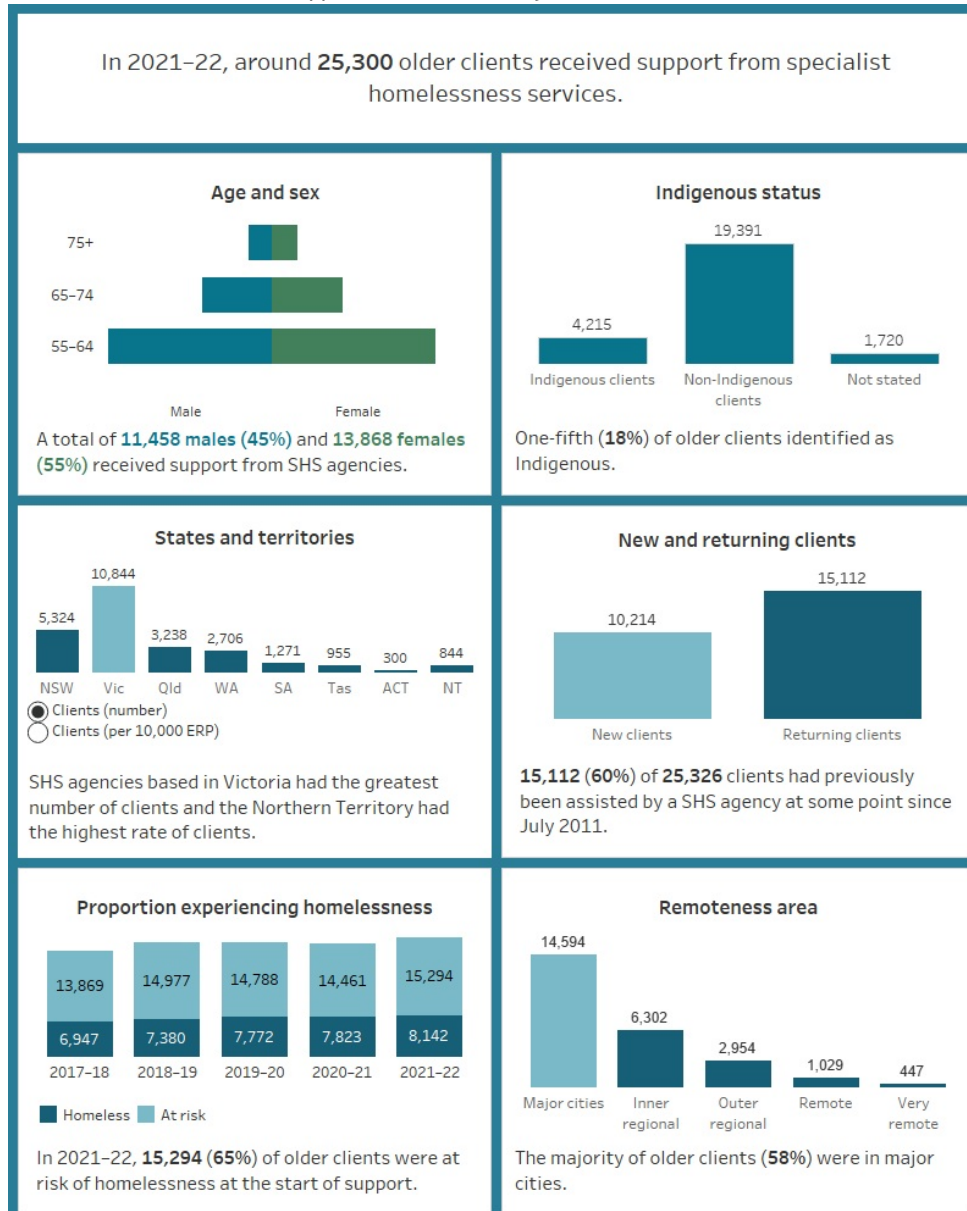
The number of clients aged 55 and over has risen by over 11,000 clients in the decade to 2021-22, from 14,300 clients in 2011-12 to 25,300 clients in 2021-22.

In 2021-22 (Historical table HIST.OLDER):

- Older clients accounted for around 1 in 10 (9.3%) 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 9.9 in 2021-22.

Labour force

Almost all older clients (93%) were not working in a paid job in 2021-22 (Supplementary table OLDER.7). There were more clients not in the labour force (51%) than unemployed (41%).

Living arrangements

In 2021–22, of the almost 25,300 older clients with known living arrangement upon presentation to a SHS agency (Supplementary table CLIENTS.43):

- Most (14,300 clients) were living alone; higher for males (71% of older male clients) than females (54%).
- Around 1 in 10 (12% or 2,900 clients) were living with other family.

Selected vulnerabilities

The majority of older clients (54% or 13,700) 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.45).

Figure OLDER.2: Older clients, by selected vulnerability characteristics, 2021-22

This interactive bar graph shows the number of older clients also experiencing additional vulnerabilities, including family and domestic violence, having a current mental health issue and problematic drug and/or alcohol use. The graph shows both the number of clients who experiencing a single vulnerability only, as well as combinations of vulnerabilities, and presents data for each state and territory.
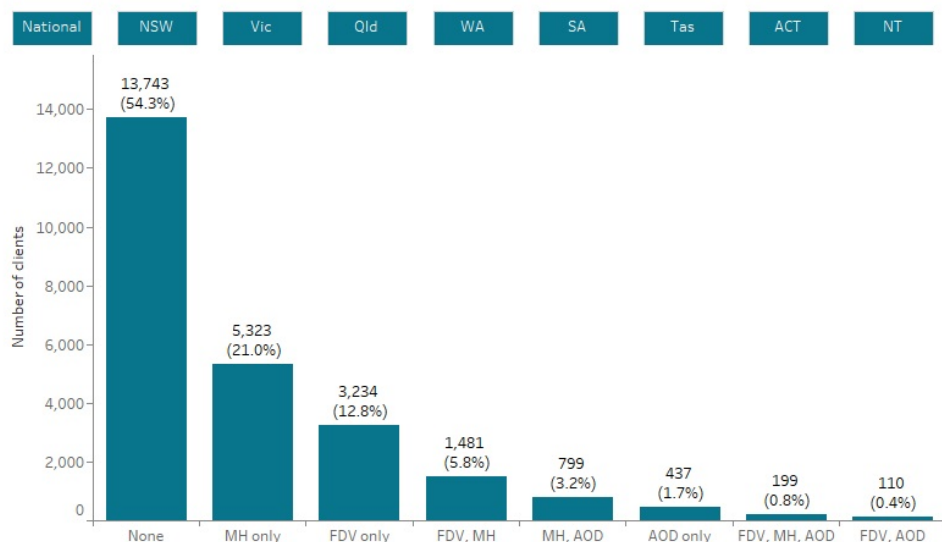
Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

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.45.

In Australia, in 2021–22, of the around 25,300 older clients, around 200 had all three of the selected vulnerabilities.
- 20% of older clients experienced family and domestic violence.
- 6.1% of older clients reported experiencing problematic drug or alcohol use.
- 31% of older clients had a current mental health issue.

Service use patterns

The length of support older clients received increased in 2021-22 to a median of 40 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 proportion of clients receiving accommodation increased from 16% of older clients in 2017-18 to 19% in 2021-22, while the median number of nights accommodated decreased slightly to 28 nights (Supplementary table CLIENTS.46).

New or returning clients

Around 60% (or 15,100 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.40). Most returning clients (68%) were aged 55-64. Of new clients, 57% were aged 55-64.

Main reasons for seeking assistance

The top 3 main reasons older clients sought assistance from SHS agencies in 2021-22 were (Supplementary table OLDER.5):

- housing crisis (22% or 5,400 clients)
- financial difficulties (16% or 3,900)
- family and domestic violence (14% or 3,600).

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 (25% or over 2,000 clients)
  - inadequate or inappropriate dwelling conditions (24% or 1,900)
  - housing affordability stress (9.4% or 770).
- For those at risk of homelessness:
  - housing crisis (22% or 3,400 clients)
  - financial difficulties (17% or 2,600)
 - family and domestic violence (16% or 2,400).

Services needed and provided

In 2021–22, over half (51% or 13,000) of older SHS clients needed accommodation; 37% of these clients were provided with some type of accommodation assistance and 22% were referred to another agency for this type of support. Demand was highest for long-term accommodation (39% or 9,900 needed long-term accommodation), though only 8.1% of older clients who needed it received it. By contrast, of the quarter (27%) of older clients who needed short-term accommodation, more than half (51%) received it (Figure OLDER.3, Supplementary table OLDER.2).

Other services most commonly needed by older clients during 2021–22 were:

- assistance to sustain tenancy or prevent tenancy failure or eviction (33%), with 82% provided this assistance
- material aid/brokerage (32%), with 88% provided this assistance
- financial information (18%), with 83% provided with assistance.

Figure OLDER.3: Older clients, by services needed and provided, 2021-22

This interactive stacked horizontal bar graph shows the services needed by older clients and their provision status. Advice/information was the most needed and most provided service. Long term housing was the least provided service.
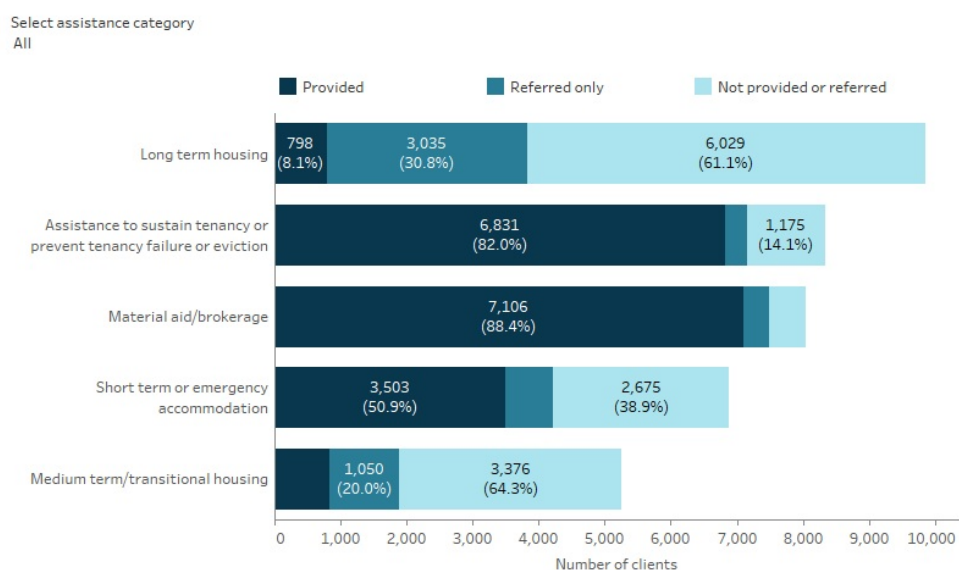
Notes:
1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'
2. 'Short-term accommodation' includes temporary and emergency accommodation.
Source: Specialist Homelessness Services Collection. Supplementary table OLDER.2.

In 2021–22, older clients needed:
- short-term or emergency accommodation (27% or around 6,900), with 51% of those needing this service receiving this service.
- assistance for family/domestic violence (14% or around 3,600 clients), with 90% receiving this service.
- material aid/brokerage (32% or around 8,000 clients), with 88% receiving this service.
- long-term housing (39% or around 9,900 clients), with 8.1% receiving this service.
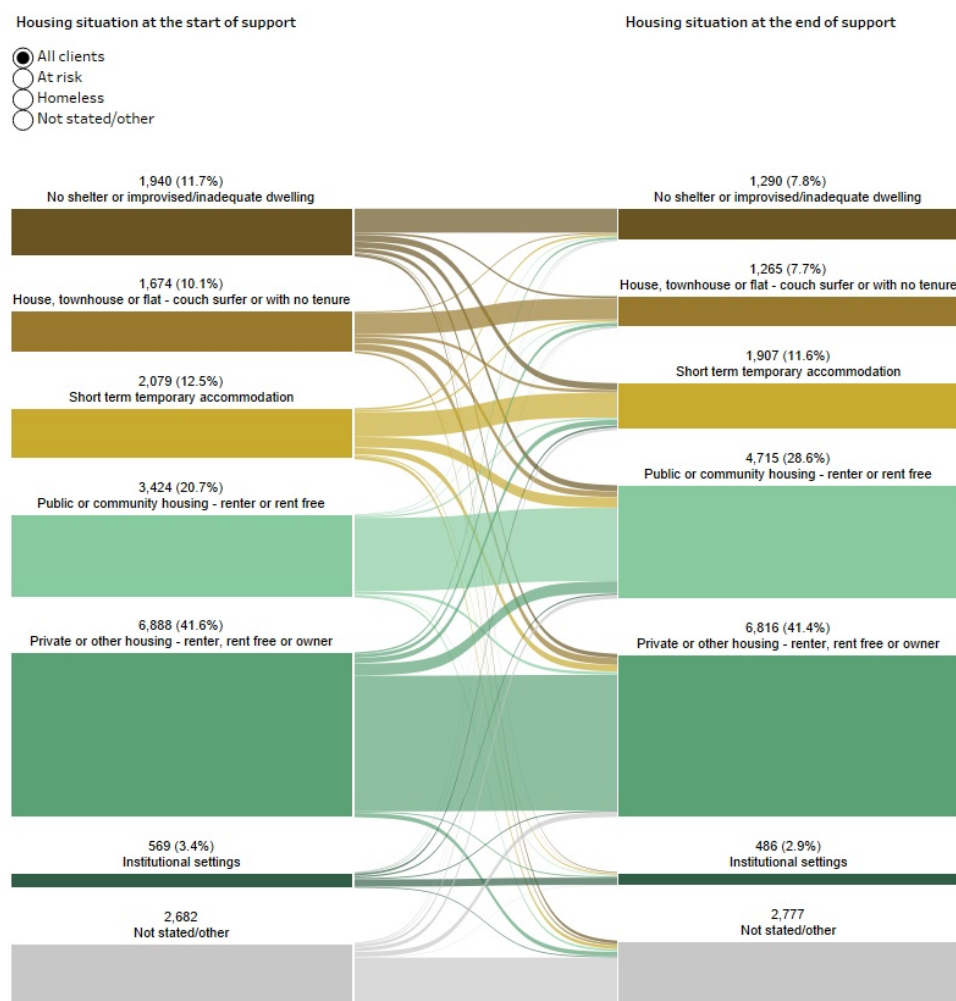
Housing situation and outcomes

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 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 2021–22 is compared with the end of their last period of support in 2021–22. As such, this information does not cover any changes to their housing situation during their support period.

More than one-third (34% or 5,700 clients) of older clients were experiencing homelessness at the start of support; 2,100 (13%) were in short-term temporary accommodation and 1,900 (12%) had no shelter or were in an improvised/inadequate dwelling (Supplementary table OLDER.3).

By the end of support, fewer older clients were known to be experiencing homelessness (27%). Instead, most older clients (73%) were living in stable accommodation by the end of support in 2021–22, 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, 2021-22

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short term accommodation, public/community housing, private housing and Institutional settings) of older clients with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most clients started and ended support in private housing.

Housing situation at the start of support

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

Housing situation at the end of support

Start of support	End of support
1,940 (11.7%) No shelter or improvised/inadequate dwelling	1,290 (7.8%) No shelter or improvised/inadequate dwelling
1,674 (10.1%) House, townhouse or flat - couch surfer or with no tenure	1,265 (7.7%) House, townhouse or flat - couch surfer or with no tenure
2,079 (12.5%) Short term temporary accommodation	1,907 (11.6%) Short term temporary accommodation
3,424 (20.7%) Public or community housing - renter or rent free	4,715 (28.6%) Public or community housing - renter or rent free
6,888 (41.6%) Private or other housing - renter, rent free or owner	6,816 (41.4%) Private or other housing - renter, rent free or owner
569 (3.4%) Institutional settings	486 (2.9%) Institutional settings
2,682 Not stated/other	2,777 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 2021–22, around 19,300 older clients had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 10,900 clients) (Supplementary table OLDER.3):
- Around 5,700 older clients maintained private housing at the end of support.
- Around 3,100 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 5,700 older clients):
- Around 1,400 older clients ended support in short term accommodation.
- Around 730 ended support in private housing.
- Around 1,000 older clients were couch surfing at the end of support.

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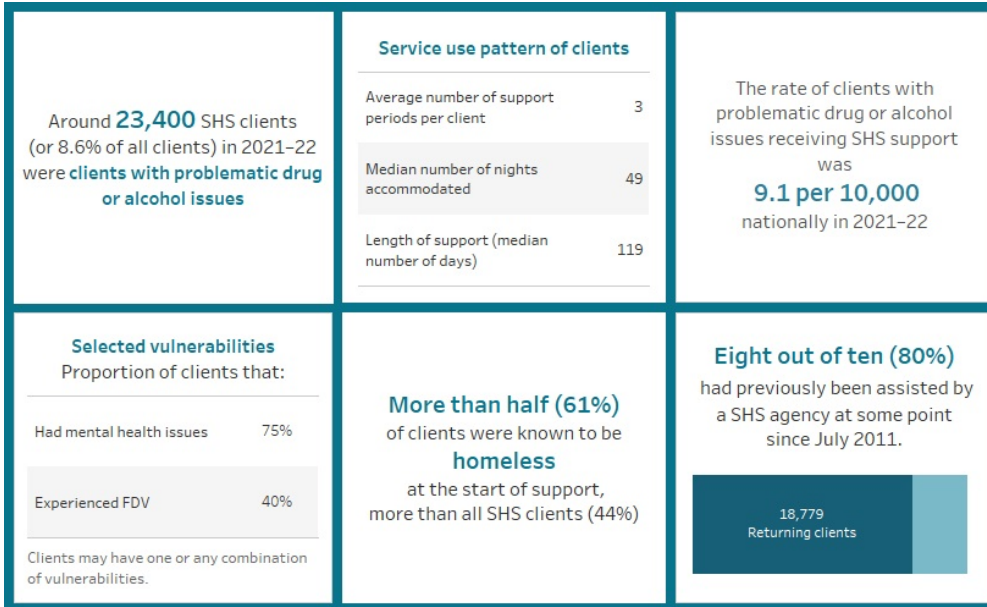

Clients with problematic drug and/or alcohol use

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, 2021-22

Around **23,400** SHS clients (or 8.6% of all clients) in 2021–22 were **clients with problematic drug or alcohol issues**

Service use pattern of clients

Average number of support periods per client	3
Median number of nights accommodated	49
Length of support (median number of days)	119

The rate of clients with problematic drug or alcohol issues receiving SHS support was **9.1 per 10,000** nationally in 2021–22

Selected vulnerabilities
Proportion of clients that:

Had mental health issues	75%
Experienced FDV	40%

Clients may have one or any combination of vulnerabilities.

More than half (61%) of clients were known to be **homeless** at the start of support, more than all SHS clients (44%)

Eight out of ten (80%) had previously been assisted by a SHS agency at some point since July 2011.

18,779 Returning clients

There is a strong association between problematic alcohol or other drug use and experiences of homelessness (AIHW 2022). Problematic drug and/or alcohol use can be a pathway into homelessness or develop while experiencing homelessness (Robinson 2014; Johnson & Chamberlain 2008). It can lock people into homelessness and compound the effects of limited service engagement and increased social isolation.

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 2022). The Journeys Home project identified that people were more likely to have risky levels of alcohol and drug use, the longer they were homeless (Scutella et al. 2014).

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 homeless 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.

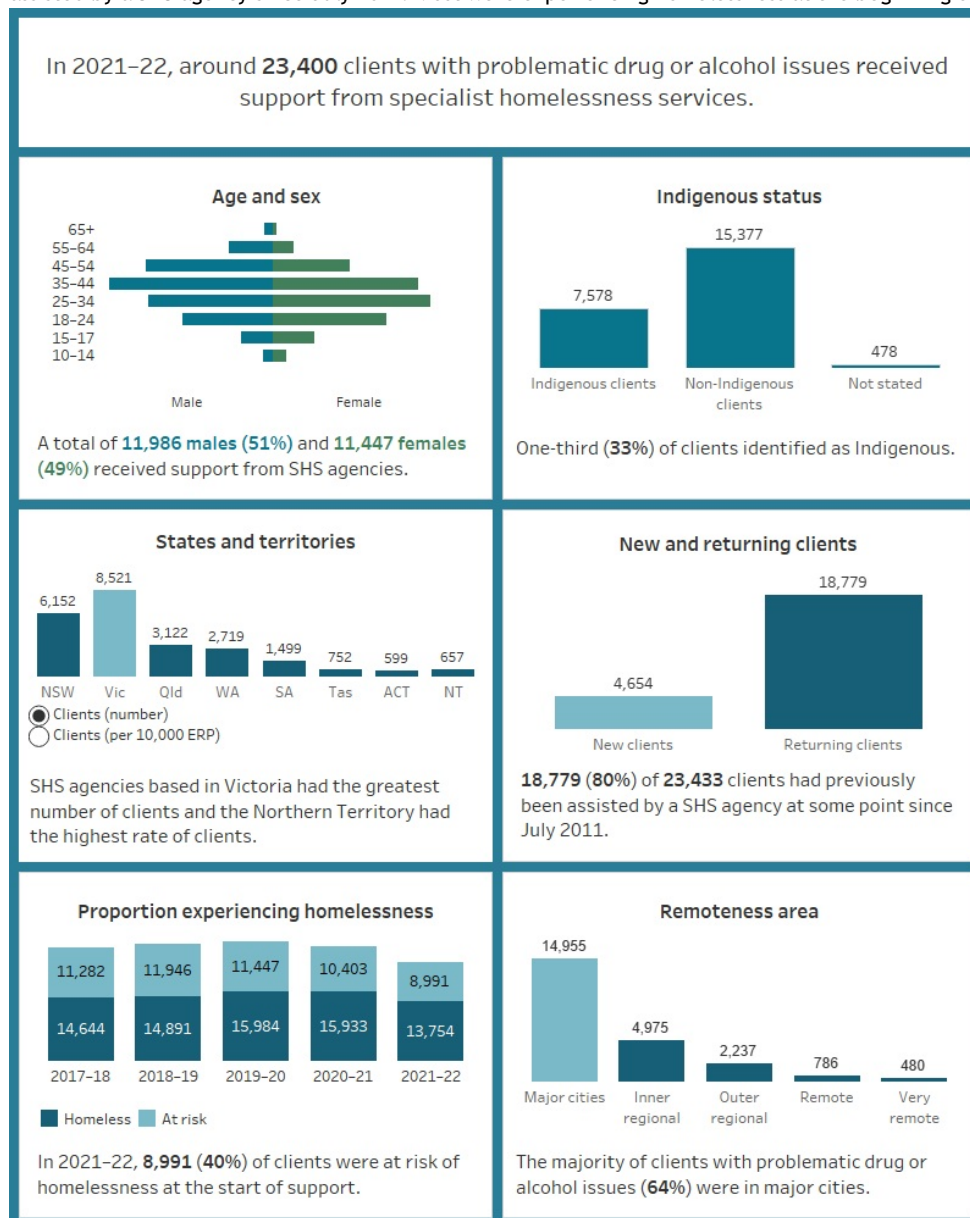For more information see Technical notes.

In 2021–22:

- SHS agencies assisted more than 23,400 clients (aged 10 and over) with problematic drug and/or alcohol use, a decrease from around 27,200 in 2020-21 (Historical data table HIST.SUB).
- Clients with problematic drug and/or alcohol use represented 8.6% of all SHS clients. (Supplementary table CLIENTS.39).

Client characteristics

Figure SUB.1: Key demographics, clients with problematic drug and/or alcohol use, 2021-22

This interactive image describes the characteristics of the approximately 23,400 clients with problematic drug and/or alcohol use and received SHS support in 2021-22. The majority of clients were male, aged 25-44. A third were Indigenous. Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Most were experiencing homelessness at the beginning of support. Most were in major cities.

In 2021–22, around **23,400** clients with problematic drug or alcohol issues received support from specialist homelessness services.

Age and sex

A total of **11,986 males (51%)** and **11,447 females (49%)** received support from SHS agencies.

Indigenous status

7,578 — Indigenous clients
15,377 — Non-Indigenous clients
478 — Not stated

One-third (**33%**) of clients identified as Indigenous.

States and territories

6,152 — NSW
8,521 — Vic
3,122 — Qld
2,719 — WA
1,499 — SA
752 — Tas
599 — ACT
657 — NT

○ Clients (number)
○ Clients (per 10,000 ERP)

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

4,654 — New clients
18,779 — Returning clients

18,779 (80%) of **23,433** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness

	2017–18	2018–19	2019–20	2020–21	2021–22
At risk	11,282	11,946	11,447	10,403	8,991
Homeless	14,644	14,891	15,984	15,933	13,754

■ Homeless ■ At risk

In 2021–22, **8,991 (40%)** of clients were at risk of homelessness at the start of support.

Remoteness area

14,955 — Major cities
4,975 — Inner regional
2,237 — Outer regional
786 — Remote
480 — Very remote

The majority of clients with problematic drug or alcohol issues (**64%**) were in major cities.

Presenting unit and Living arrangements

Most clients (89% or nearly 20,800) 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.42). A further 7.3% (or around 1,700) of clients who were single with one or more children, which was much lower than the rate for all SHS clients (27%).

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 2021-22 (Supplementary table CLIENTS.10):

- About 61% (or around 13,800) clients with problematic drug and/or alcohol use were living alone at the beginning of SHS support (Supplementary table CLIENTS.43), higher than the proportion for all SHS clients (32%) and other client groups, such as clients with disability (40%) and clients with a current mental health issue (47%).
- Comparatively fewer clients with problematic drug and/or alcohol use were living as one parent with child(ren) (11% or 2,600 compared with 34% of all SHS clients) (Supplementary table CLIENTS.10 and CLIENTS.43).

Selected vulnerabilities

Most clients with problematic drug and/or alcohol use face 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, 2021-22

The interactive bar graph shows proportions of clients with problematic drug and/or alcohol use also experiencing additional vulnerabilities, including having a current mental health issue and problematic drug and/or alcohol use. The graph shows both the number of clients experiencing a single vulnerability only, as well as combinations of vulnerabilities, and presents data for each state and territory.
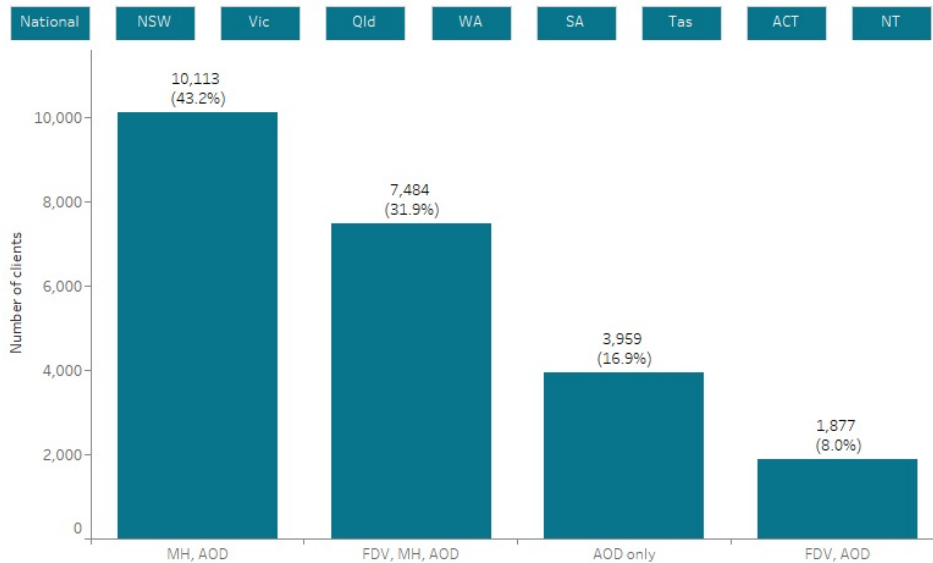
Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

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.45.

In Australia, in 2021–22, of the around 23,400 clients with problematic drug and/or alcohol use, around 7,500 had both of the additional selected vulnerabilities.
• 40% of clients experienced family and domestic violence.
• 75% of clients had a current mental health issue.

Service use patterns

The length of support provided to clients with problematic drug and/or alcohol use increased in 2021-22 to a median of 119 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 to 3.0 in 2021-22.

The proportion of clients receiving accommodation has also been relatively stable at 50% in 2021-22, while the median number of nights accommodated increased from 40 in 2017-18 to 49 in 2021-22 (Supplementary table CLIENTS.46).

New or returning clients

In 2021–22 (Supplementary table CLIENTS.40):

• Clients with problematic drug and/or alcohol use were more likely to have received SHS services in the past (80% or almost 18,800 clients) than be new clients (20% or more than 4,600). That is, more clients 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 (80%) 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 2021–22, 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 (13%, compared with 27%).

Few clients (4.1%) with problematic drug and/or alcohol use reported substance use issues as the main reason for seeking SHS assistance.

Services needed and provided

In 2021–22, 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, 2021-22

This interactive stacked horizontal bar graph shows the services needed by clients with problematic drug and/or alcohol use and their provision status. Advice/information was the most needed and most provided service. Long term housing was the least provided service.
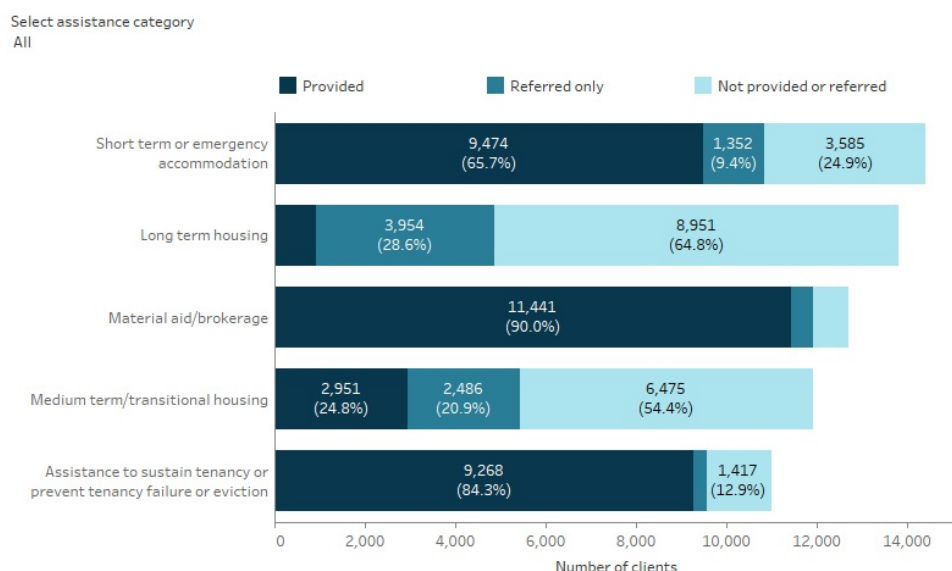
Notes:
1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.
2. 'Short-term accommodation' includes temporary and emergency accommodation.
Source: Specialist Homelessness Services Collection. Supplementary table SUB.2.

In 2021–22, clients with problematic drug and/or alcohol use needed:
- short-term or emergency accommodation (62% or around 14,400), with 66% of those needing this service receiving this service.
- assistance for family/domestic violence (24% or around 5,700 clients), with 79% receiving this service.
- material aid/brokerage (54% or around 12,700 clients), with 90% receiving this service.
- long-term housing (59% or around 13,800 clients), with 6.6% 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 2021–22 is compared with the end of their last period of support in 2021–22. 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 2021–22, over half (59% or 7,900 clients) were experiencing homelessness at the start of support; nearly 2,300 (17%) had no shelter or were in an improvised/inadequate dwelling. By the end of support, 51% of clients were housed (Supplementary table SUB.3).
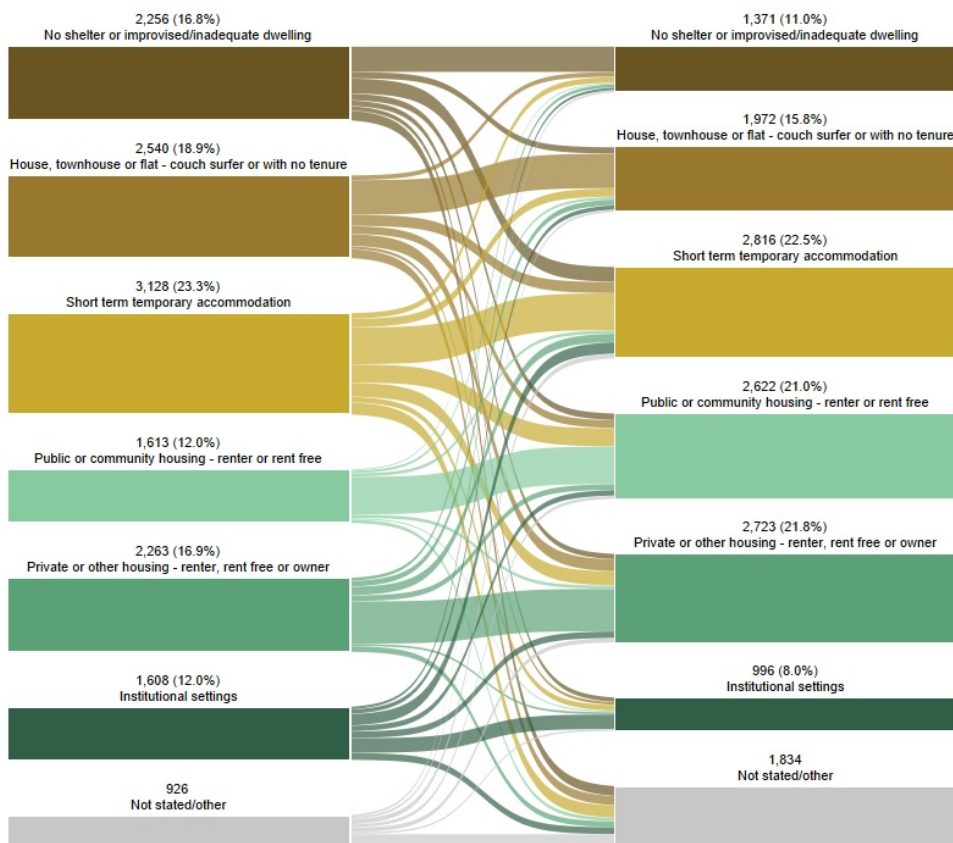
Figure SUB.4: Housing situation for clients with problematic drug or alcohol issues with closed support, 2021-22

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short term accommodation, public/community housing, private housing and Institutional settings) of clients with problematic drug and/or alcohol use with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most started and ended support experiencing homelessness, in short term accommodation.

Housing situation at the start of support

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

Housing situation at the end of support

2,256 (16.8%)
No shelter or improvised/inadequate dwelling

1,371 (11.0%)
No shelter or improvised/inadequate dwelling

2,540 (18.9%)
House, townhouse or flat - couch surfer or with no tenure

1,972 (15.8%)
House, townhouse or flat - couch surfer or with no tenure

3,128 (23.3%)
Short term temporary accommodation

2,816 (22.5%)
Short term temporary accommodation

1,613 (12.0%)
Public or community housing - renter or rent free

2,622 (21.0%)
Public or community housing - renter or rent free

2,263 (16.9%)
Private or other housing - renter, rent free or owner

2,723 (21.8%)
Private or other housing - renter, rent free or owner

1,608 (12.0%)
Institutional settings

996 (8.0%)
Institutional settings

926
Not stated/other

1,834
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 2021–22, 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 5,500 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 (over 7,900 clients):
- Around 2,000 clients ended support in short term accommodation.
- Around 970 ended support in private housing.
- Around 1,500 clients were couch surfing at the end of support.

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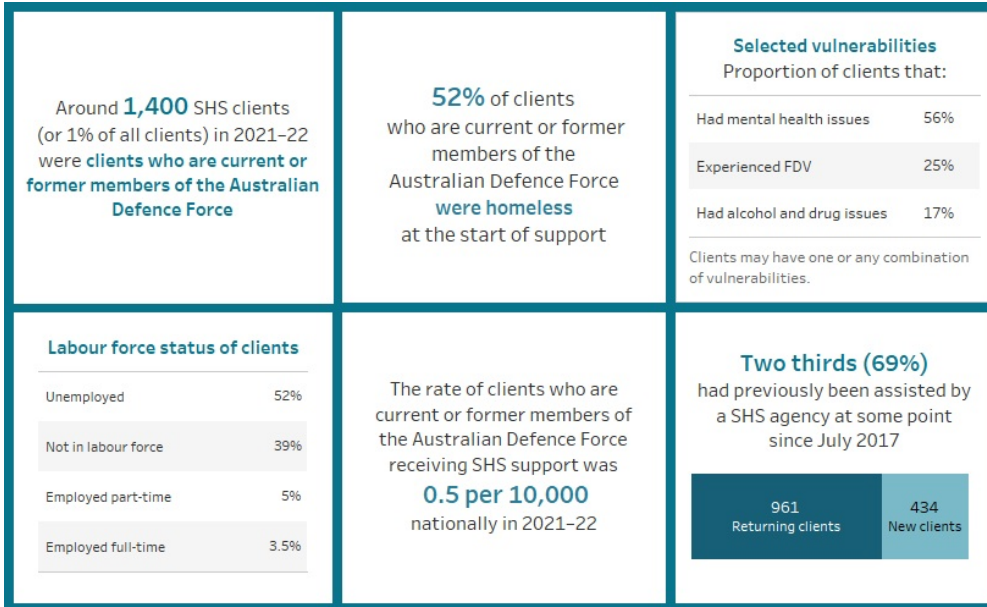
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Clients who are current or former members of the Australian Defence Force

On this page

- Key findings
- Client characteristics
- Service use patterns
- Main reasons for seeking assistance
- Housing situation
- References

Key findings: SHS clients who are current or former members of the ADF, 2021-22

Around **1,400** SHS clients (or 1% of all clients) in 2021–22 were **clients who are current or former members of the Australian Defence Force**

52% of clients who are current or former members of the Australian Defence Force **were homeless** at the start of support

Selected vulnerabilities
Proportion of clients that:

Had mental health issues	56%
Experienced FDV	25%
Had alcohol and drug issues	17%

Clients may have one or any combination of vulnerabilities.

Labour force status of clients

Unemployed	52%
Not in labour force	39%
Employed part-time	5%
Employed full-time	3.5%

The rate of clients who are current or former members of the Australian Defence Force receiving SHS support was **0.5 per 10,000** nationally in 2021–22

Two thirds (69%) had previously been assisted by a SHS agency at some point since July 2017

961 Returning clients | 434 New clients

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 2021, there were 60,330 permanent current serving ADF members (Defence 2021). In addition, there were estimated to be around 613,300 living veterans, including all living persons who have ever served in the ADF either full-time or as reservists (DVA 2021).

Some permanent serving ADF personnel have access to 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, insurances and other benefits and discounts (Defence 2022).

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 was 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 7.7% in 2021-22.

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.

In 2021–22 (Supplementary table CLIENTS.39):

- SHS agencies assisted almost 1,400 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.

Client characteristics

Figure ADF.1: Key demographics, SHS clients who are current or former members of the ADF, 2021-22

This interactive image describes the characteristics of the approximately 1,400 clients who are former or current member of the ADF who received SHS support in 2021-22. The majority of clients were male, aged 35-54. Most were unemployed. Victoria had the most clients and Tasmania had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2017. More than half were experiencing homelessness at the start of support. Most were living alone.
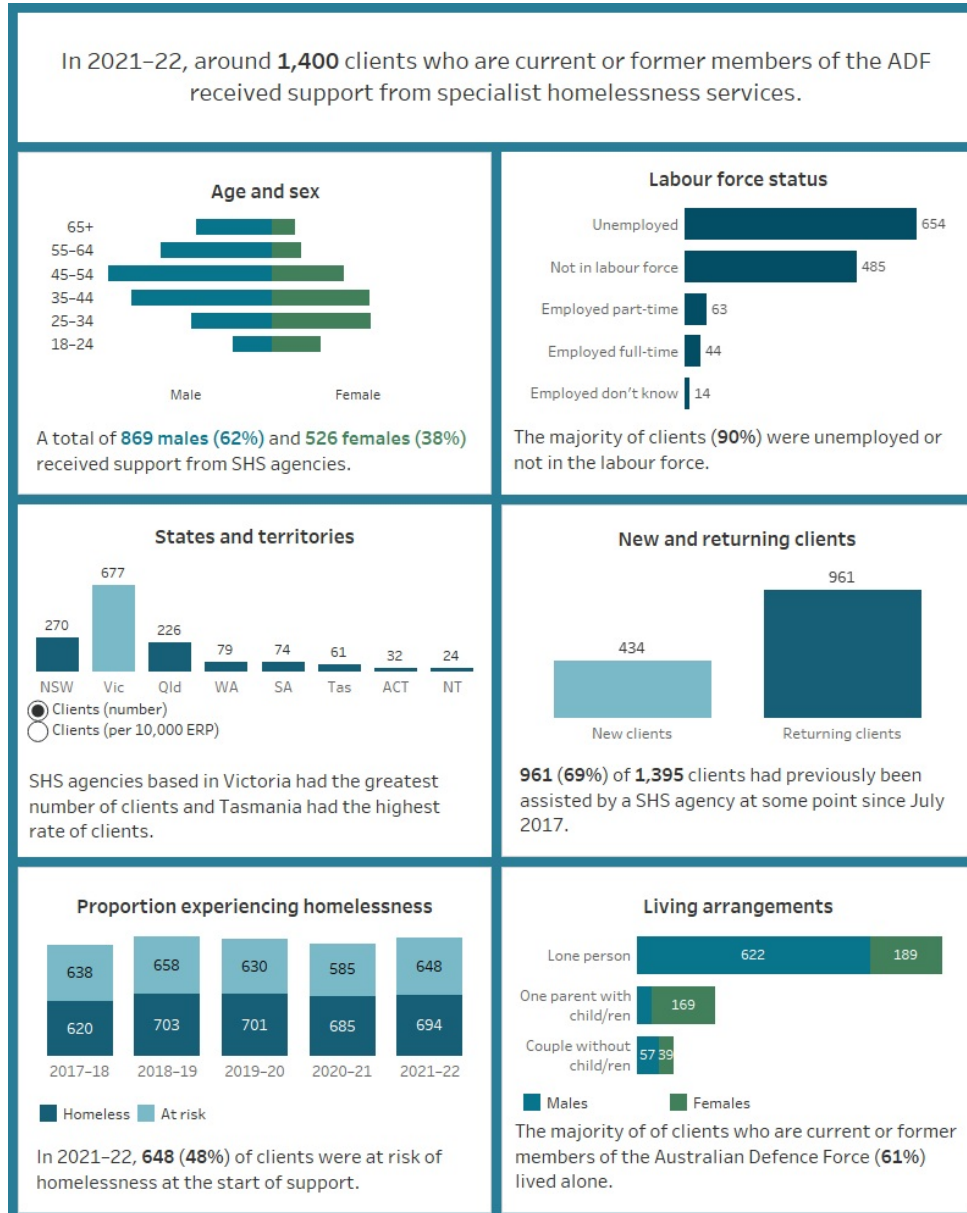
Labour force status

In 2021–22, the majority of clients (52% or 650 clients) who identified as current or former members of the ADF with known labour force status were unemployed, while two-fifths of clients (38% or 485 clients) were not in the labour force. Fewer than 1 in 10 clients (8.5%) were employed when they first presented to a SHS agency (Supplementary table ADF.6).

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.

Figure ADF.2: Clients who identified as current or former members of the ADF, by selected vulnerability characteristics, 2021-22
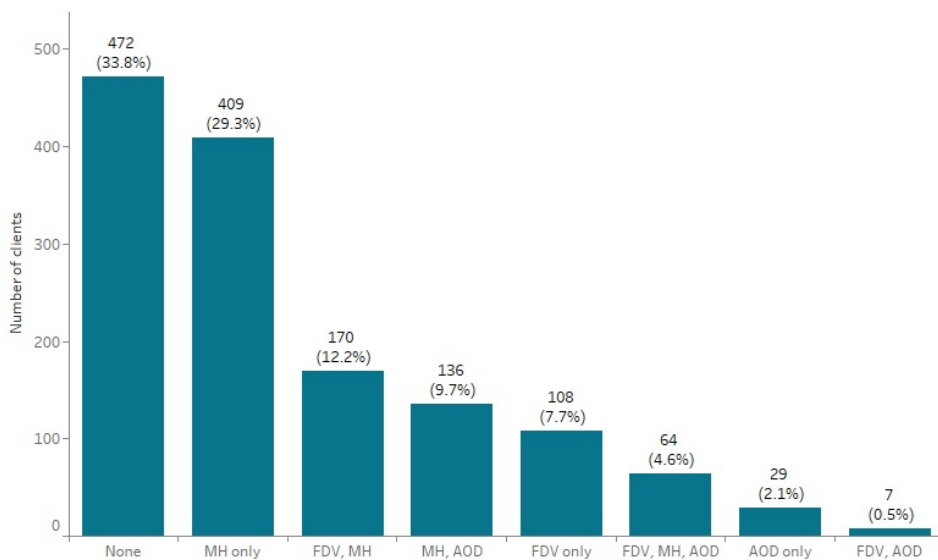
Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

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.45.

In Australia, in 2021–22, of the around 1,400 clients who are current or former members of the Australian Defence Force, 64 had all three of the selected vulnerabilities.
- One-quarter (25%) of clients experienced family and domestic violence.
- One in 6 (17%) of clients reported experiencing problematic drug or alcohol use.
- Over half (56%) of clients had a current mental health issue.

Service use patterns

The length of support for clients who identified as current or former members of the ADF received increased from a median of 53 days of support in 2017-18 to 63 days in 2021-22. These clients had an average of 2.8 support periods per client in 2021-22.

The proportion of clients receiving accommodation increased from 36% in 2017-18 to 39% in 2021-22 for a median of 29 nights per client in 2021-22 (Supplementary table CLIENTS.46).

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 1.9% annually over the 5 years from 1,300 clients in 2017-18 to 1,400 in 2021-22 (Supplementary table HIST.ADF). The number of female veterans increased by an average of 4.4% per year over the period, compared with 0.5% for males. This compares to an average decrease of 1.4% per year between 2017-18 and 2021-22 for all SHS clients (Supplementary table HIST.CLIENTS).

New and returning clients

Around one-third of clients who identified as current or former members of the ADF in 2021-22 were new (31% or 435 clients), less than the proportion of new clients within the total SHS population (37%) (Supplementary tables CLIENTS.2 and CLIENTS.40). One in 5 new clients were aged 35-44 years (22%), and an additional 1 in 5 (21%) were aged 45-54 years.

Around 960 (69%) clients returned to SHS agencies for assistance in 2021-22. Males were more likely to be aged 45-54 (29% or around 170 clients), while females were more likely to be aged 35-44 (27% around 105).

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 2021-22 (Supplementary tables ADF.4 and ADF.5):

- The main reason for seeking assistance was housing crisis (23% or around 325 clients), followed by inadequate or inappropriate dwelling conditions (14% or 200 clients). This is generally consistent with most other SHS clients in 2021-22.
- Clients currently experiencing homelessness and those at risk of homelessness identified housing crisis as the main reason for seeking assistance (25% or around 175 clients and 21% or almost 140 clients respectively).
- Clients at risk of homelessness were more likely to report family and domestic violence as a main reason for seeking assistance (18%) than clients presenting as homeless (6.2%).
- For clients whose main reason for seeking assistance was not housing crisis, clients at risk of homelessness were more likely to report financial difficulties as a main reason for seeking assistance (16%) than clients presenting as homeless (9.1%).

Services needed and provided

In 2021-22, the provision of support services to clients varied based on their identified need on presentation (Figure ADF.3, Supplementary table ADF.2):

- Advice/information was most likely to be needed by clients (87% or around 1,200 clients) and was provided to 99% of those who needed it.
- Two-thirds (67%) clients needed accommodation and it was provided to 59% of those who needed it.

Compared with the general SHS population, clients who identified as current or former members of the ADF were more likely to need:

- advocacy liaison (67% compared with 53% in the general SHS population)
- material aid/brokerage (49% compared with 36%)
- assistance to sustain tenancy or prevent tenancy failure or eviction (44% compared with 32%).

Figure ADF.3: Clients who identified as current or former members of the Australian Defence Force: services needed and provided, 2021–22

The bar graph shows the number of SHS clients who identified as current or former members of the ADF also experiencing additional vulnerabilities, including experiencing family and domestic violence, having a current mental health issue and problematic drug and/or alcohol use. The graph shows both the number of clients experiencing a single vulnerability only, as well as combinations of vulnerabilities.

Select assistance category
All
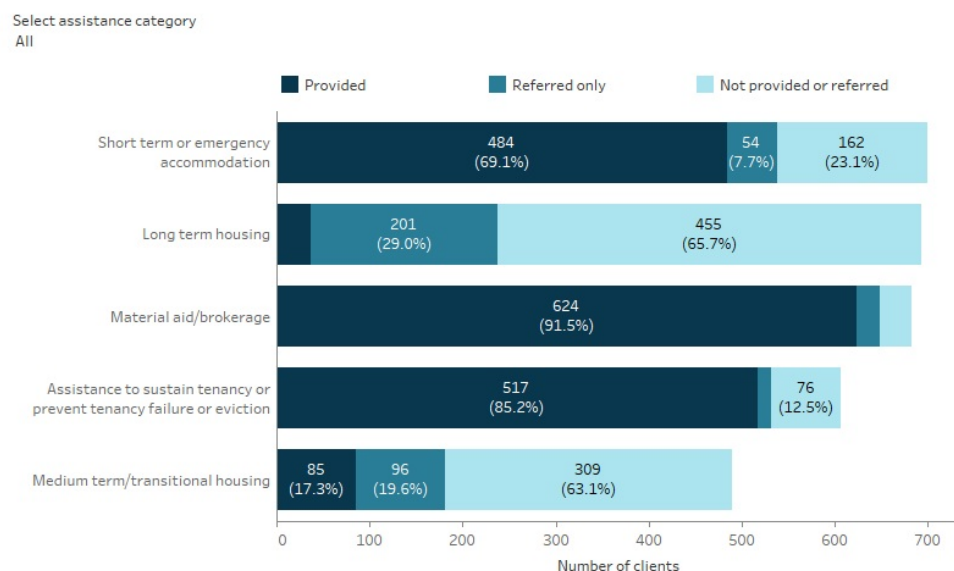
Notes:
1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.
2. 'Short-term accommodation' includes temporary and emergency accommodation.
Source: Specialist Homelessness Services Collection. Supplementary table ADF.2.

In 2021–22, clients who are current or former members of the Australian Defence Force needed:
- short-term or emergency accommodation (50% or around 700), with 69% of those needing this service receiving this service.
- assistance for family/domestic violence (15% or around 210 clients), with 91% receiving this service.
- material aid/brokerage (49% or around 680 clients), with 92% receiving this service.
- long-term housing (50% or around 690 clients), with 5.3% receiving this service.

Housing situation

In 2021–22, 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 (52%) were experiencing homelessness (compared with 44% of the general SHS population):
  - 20% (around 270 clients) were in short-term or emergency accommodation (compared with 17% of the general SHS population)
  - 17% (230 clients) were rough sleeping (compared with 8.6% of the general SHS population).
- Just under half (48%) presented to services at risk of homelessness (compared with 56% of the general SHS population):
  - 29% were in private or other housing (compared with 31% of the general SHS population)
  - 9.2% were in public or community housing (compared with 12% of the general SHS population).

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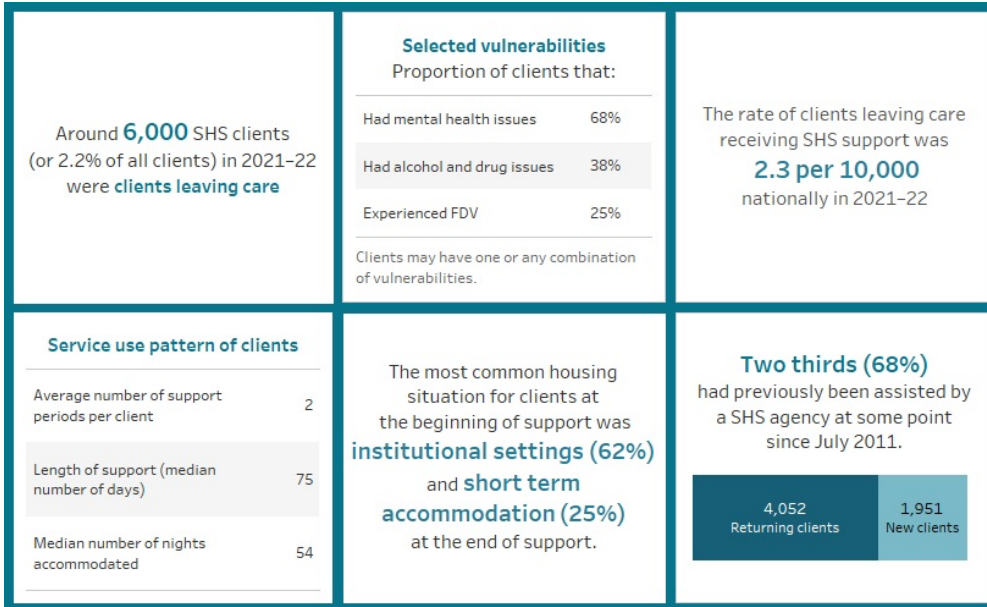
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Clients leaving care

On this page:

- Key findings
- Client characteristics
- Service use patterns
- Main reasons for seeking assistance
- Housing situation and outcomes
- References

Key findings: Clients exiting care, 2021-22

Around **6,000** SHS clients (or 2.2% of all clients) in 2021–22 were **clients leaving care**

Selected vulnerabilities
Proportion of clients that:

Had mental health issues	68%
Had alcohol and drug issues	38%
Experienced FDV	25%

Clients may have one or any combination of vulnerabilities.

The rate of clients leaving care receiving SHS support was **2.3 per 10,000** nationally in 2021–22

Service use pattern of clients

Average number of support periods per client	2
Length of support (median number of days)	75
Median number of nights accommodated	54

The most common housing situation for clients at the beginning of support was **institutional settings (62%)** and **short term accommodation (25%)** at the end of support.

Two thirds (68%) had previously been assisted by a SHS agency at some point since July 2011.

4,052 Returning clients | 1,951 New clients

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 2020–21, around 3,900 young people aged 15–17 were discharged from out-of-home care in Australia (AIHW 2022), 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
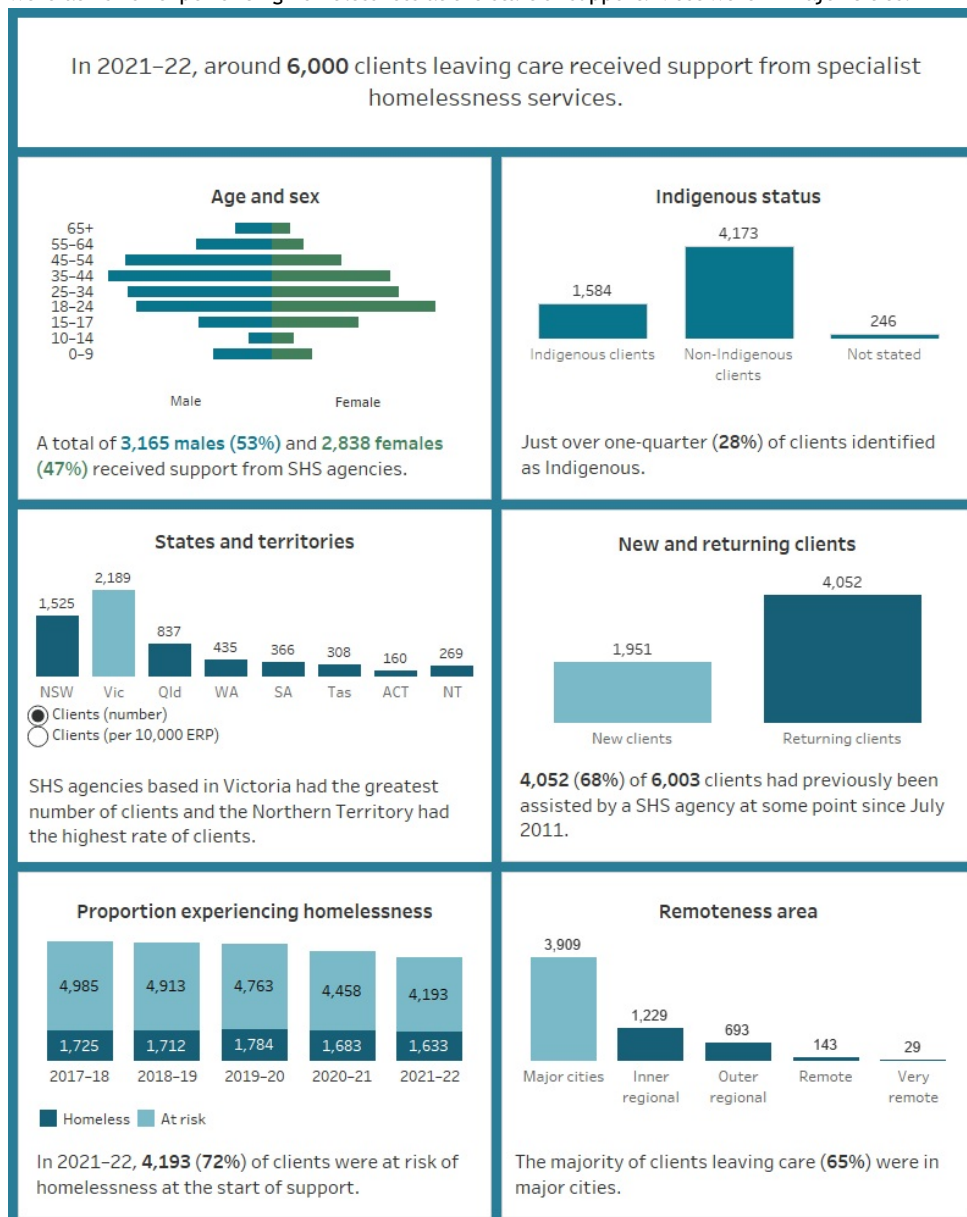
In 2021–22 (Supplementary table LCARE.1 and Historical data table HIST.LCARE):

- SHS agencies assisted around 6,000 clients leaving care, equating to 2.2% of all SHS clients in 2021-22.
- There were around 315 fewer SHS clients leaving care compared with 2020-21; the number of SHS clients leaving care has steadily decreased since the peak of around 7,100 clients in 2016-17.
- The rate of SHS clients leaving care was 2.3 per 10,000 population, a decrease from 2.9 in 2016-17

Client characteristics

Figure LCARE.1: Key Demographics, SHS Clients leaving care, 2021-22

This interactive image describes the characteristics of around 6,000 clients leaving care who received support in 2021–22. Most clients were male, aged 18-44. Just over a quarter were Indigenous. Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Most were at risk of experiencing homelessness at the start of support. Most were in major cities.

In 2021–22, around **6,000** clients leaving care received support from specialist homelessness services.

Age and sex

A total of **3,165 males (53%)** and **2,838 females (47%)** received support from SHS agencies.

Indigenous status

1,584 — Indigenous clients
4,173 — Non-Indigenous clients
246 — Not stated

Just over one-quarter (**28%**) of clients identified as Indigenous.

States and territories

NSW 1,525; Vic 2,189; Qld 837; WA 435; SA 366; Tas 308; ACT 160; NT 269

○ Clients (number)
○ Clients (per 10,000 ERP)

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

New clients 1,951; Returning clients 4,052

4,052 (68%) of **6,003** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness

	2017–18	2018–19	2019–20	2020–21	2021–22
At risk	4,985	4,913	4,763	4,458	4,193
Homeless	1,725	1,712	1,784	1,683	1,633

In 2021–22, **4,193 (72%)** of clients were at risk of homelessness at the start of support.

Remoteness area

Major cities 3,909; Inner regional 1,229; Outer regional 693; Remote 143; Very remote 29

The majority of clients leaving care (**65%**) were in major cities.

Dwelling type at beginning of support

In 2021-22, of the 6,000 SHS clients who were leaving care and stated their dwelling type at the beginning of support (Supplementary table LCARE.7):

- Around 1,700 clients (28%) were living in independent housing (house/townhouse/flat).
- More than 1,000 (18%) were staying in a psychiatric hospital or unit.

- Almost 1,000 (17%) were staying in a hospital (excluding psychiatric).

New or returning clients

In 2021–22, of the 6,000 SHS clients leaving care (Supplementary table CLIENTS.40):

- Around 33% (2,000 clients) were new to SHS services and 68% (more than 4,000 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 650 clients) of the clients under 18 were returning clients while nearly 69% (around 820 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 (67% of males, compared with 68% 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, 2021-22

The interactive bar graph shows the number of SHS clients leaving care also experiencing additional vulnerabilities, including family and domestic violence, having a current mental health issue and problematic drug and/or alcohol use. The graph shows both the number of clients experiencing a single vulnerability only, as well combinations of vulnerabilities, and presents data for each state and territory.
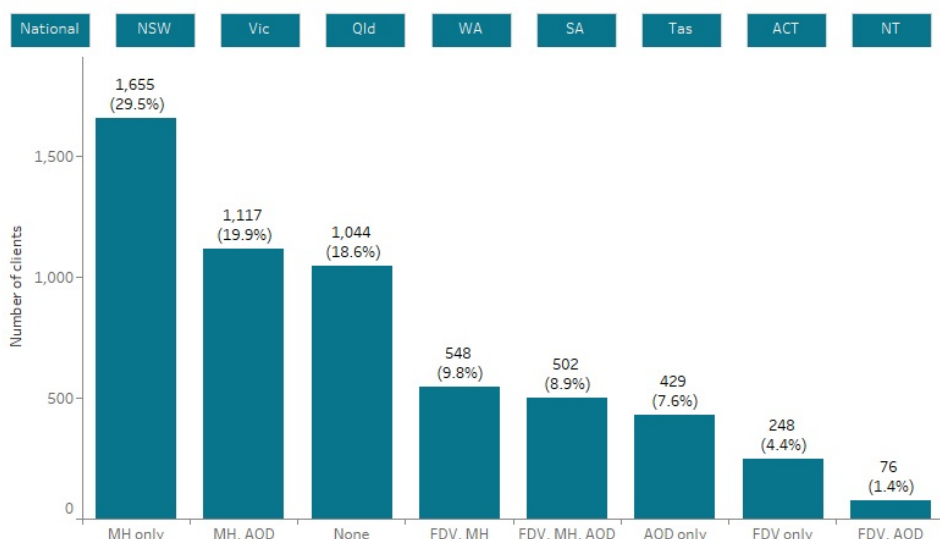
Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

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.45.

In Australia, in 2021–22, of the around 5,600 clients leaving care, around 500 had all three of the selected vulnerabilities.
- 24% of clients experienced family and domestic violence.
- 38% of clients reported experiencing problematic drug or alcohol use.
- 68% of clients had a current mental health issue.

Service use patterns

The median length of support clients leaving care received in 2021–22 was 75 days, an increase from 63 days in 2017–18. The average number of support periods was 2.0 per client. The proportion of clients receiving accommodation was 46% for a median of 54 nights of accommodation (Supplementary table CLIENTS.46).

Main reasons for seeking assistance

In 2021–22, the main reasons for seeking assistance among clients leaving care were (Supplementary table LCARE.5):

- housing crisis (16% or about 950 clients)
- transition from other care arrangements (13% or nearly 780 clients)
- inadequate or inappropriate dwelling conditions (10% or around 600 clients).

Clients leaving care who were at risk of homelessness at first presentation were more likely to identify mental health issues (9.9% of those at risk, compared with 4.6% experiencing homelessness) and family and domestic violence (9.0%, compared with 5.9% 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 (20%, compared with 9.8% at risk) or transition from foster care and child safety residential placements (12%, compared with 5.0% at risk) as the main reason for seeking assistance.

Services needed and provided

Similar to the overall SHS population, clients leaving care needed general services which were mostly always provided by SHS agencies including advice/information, advocacy/liaison on behalf of client and other basic assistance.

Clients leaving care were more likely than all SHS clients to need services including (Supplementary tables LCARE.2, CLIENTS.24):

- living skills/personal development (31%, compared with 17%), with 93% receiving this service
- transport (24%, compared with 15%), with 90% receiving this service
- assistance with challenging social/behavioural problems (21%, compared with 11%), with 87% receiving this service
- mental health services (approximately 18%, compared with 8.5%), with 59% receiving this service and a further 16% referred
- health/medical services (18%, compared with 9.0%), with 66% receiving this service and a further 19% referred.

Figure LCARE.3: Clients leaving care, by services needed and provided, 2021-22

This interactive stacked horizontal bar graph shows the services needed by clients leaving care and their provision status. Advice/information was the most needed service and provided to the most clients. Long term housing was the least provided service.
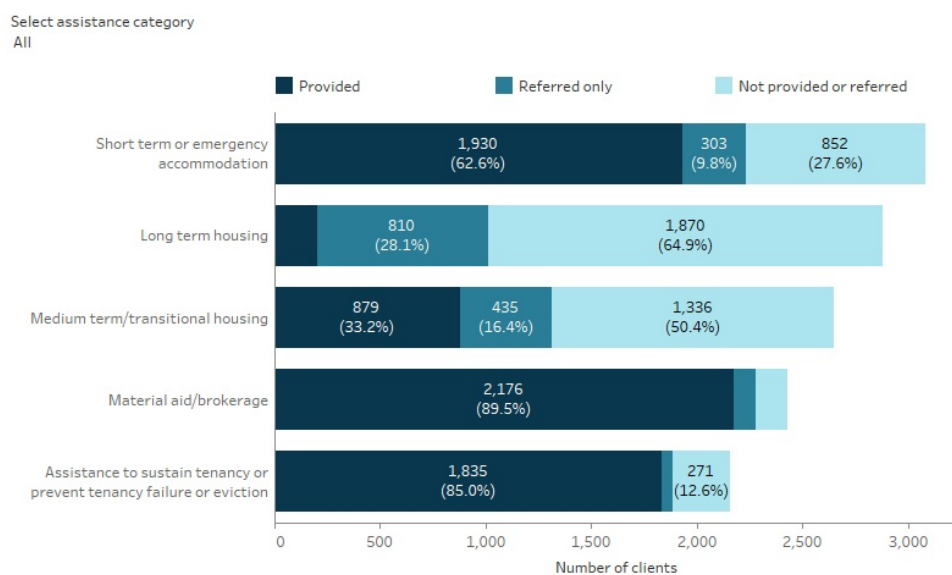
Notes:
1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.
2. 'Short-term accommodation' includes temporary and emergency accommodation.
Source: Specialist Homelessness Services Collection. Supplementary table LCARE.2.

In 2021–22, clients leaving care needed:
- short-term or emergency accommodation (51% or around 3,100), with 63% of those needing this service receiving this service.
- assistance for family/domestic violence (14% or around 810 clients), with 82% receiving this service.
- material aid/brokerage (41% or around 2,400 clients), with 90% receiving this service.
- long-term housing (48% or around 2,900 clients), with 7.0% 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 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 2021-22 is compared with the end of their last period of support in 2021-22. 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. The most common housing situation for clients leaving care at both the beginning and end of SHS support was institutional settings; more than 2,400 clients (62%) at the beginning and around 850 clients (24%) 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 and/or proportion 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 2021-22, around 980 clients (25%) were experiencing homelessness at the start of support; around 580 (15%) were in short-term temporary accommodation (Supplementary table LCARE.3).
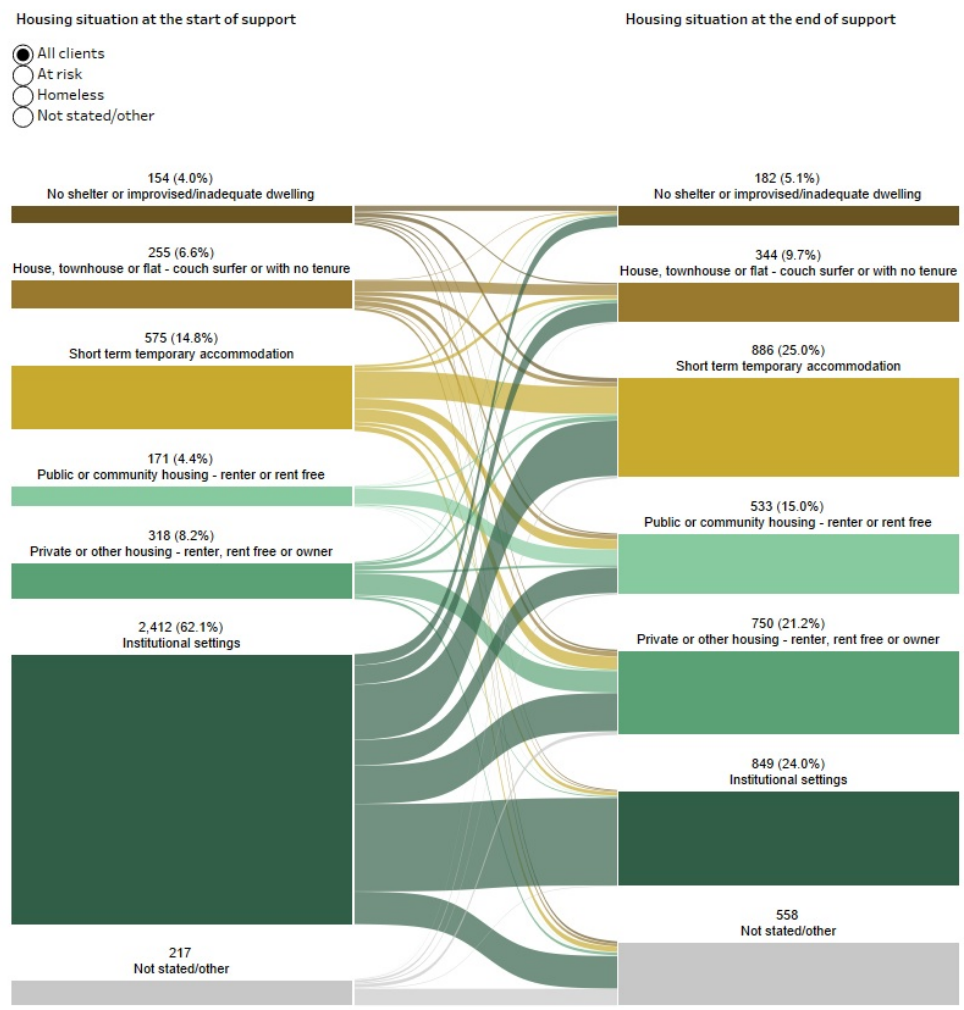
By the end of support, of clients with a known housing situation at the start and end of support (Supplementary table LCARE.4):

- More than one-third (36%) of clients were housed in either public, community, private or other housing.

- One-quarter (25%) of clients either remained in or transitioned into short-term temporary accommodation.

Figure LCARE.4: Housing situation for clients leaving care with closed support, 2021-22

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short-term accommodation, public/community housing, private housing and institutional settings) of clients leaving care with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most started support in institutional settings. Most ended support in either institutional settings or private housing.

Housing situation at the start of support | Housing situation at the end of support

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

154 (4.0%)
No shelter or improvised/inadequate dwelling

182 (5.1%)
No shelter or improvised/inadequate dwelling

255 (6.6%)
House, townhouse or flat - couch surfer or with no tenure

344 (9.7%)
House, townhouse or flat - couch surfer or with no tenure

575 (14.8%)
Short term temporary accommodation

886 (25.0%)
Short term temporary accommodation

171 (4.4%)
Public or community housing - renter or rent free

533 (15.0%)
Public or community housing - renter or rent free

318 (8.2%)
Private or other housing - renter, rent free or owner

750 (21.2%)
Private or other housing - renter, rent free or owner

2,412 (62.1%)
Institutional settings

849 (24.0%)
Institutional settings

217
Not stated/other

558
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 2021–22, around 4,100 clients leaving care had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 2,900 clients) (Supplementary table LCARE.3):
- Around 190 clients maintained private housing at the end of support.
- Around 135 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just over 980 clients):
- Around 320 clients ended support in short term accommodation.
- Around 175 ended support in private housing.
- Around 140 clients were couch surfing at the end of support.

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Clients exiting custodial arrangements

On this page

- Key findings
- Client characteristics
- Service use patterns
- Main reasons for seeking assistance
- Housing situation and outcomes
- References

Key findings: Clients exiting custodial arrangements, 2021-22

Around **9,000** SHS clients (or 3.3% of all clients) in 2021–22 were **clients exiting custodial arrangements**	**Housing outcomes** Proportion of clients homeless: Start of support 31% Homeless; End of support 35% Homeless	The rate of clients exiting custodial arrangements receiving SHS support was **3.5 per 10,000** nationally in 2021–22
Selected vulnerabilities Proportion of clients that: Had mental health issues 44%; Had alcohol and drug issues 27%; Experienced FDV 15%. Clients may have one or any combination of vulnerabilities.	Around **4 in 5 (78%) clients exiting custody were male** in contrast with 40% of all SHS clients	**Just under three-quarters (72%)** had previously been assisted by a SHS agency at some point since July 2011. 6,521 Returning clients; 2,479 New clients

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 1 in 3 homeless in the 30 days prior to being incarcerated (AIHW 2019). More than one-quarter (27%) of surveyed women in prisons were in short-term or emergency accommodation in the 30 days prior to being incarcerated (AIHW 2020).

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 2021 there were 42,970 prisoners in Australian prisons, a 5% increase from 30 June 2020 (ABS 2021). More than half (54%) of prison dischargees expected to be homeless upon release, with 44% of prison dischargees planning to stay in short-term or emergency accommodation (AIHW 2019). 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 2021–22 (Supplementary tables EXIT.1 and HIST.EXIT):

- There were around 9,000 SHS clients who exited custodial arrangements, equating to 3.3% of all SHS clients.
- There were an additional 115 SHS clients exiting custodial arrangements compared with 2020–21.

Client characteristics

Figure EXIT.1: Key demographics, SHS Clients exiting custodial arrangements, 2021-22

This interactive image describes the characteristics of around 9,000 clients existing custodial arrangements who received SHS support in 2021-22. Most clients were male. Around a third were Indigenous. Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Most were at risk of homelessness at the start of support. Most were in major cities.

In 2021–22, around **9,000 clients exiting custodial arrangements** received support from specialist homelessness services.

Age and sex

Age	
65+	
55–64	
45–54	
35–44	
25–34	
18–24	
15–17	
10–14	

Male Female

A total of **7,036 males (78%)** and **1,964 females (22%)** received support from SHS agencies.

Indigenous status

Indigenous clients	Non-Indigenous clients	Not stated
2,408	5,867	725

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

States and territories

NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1,773	4,815	893	425	583	232	143	212

◉ Clients (number)
○ Clients (per 10,000 ERP)

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

New clients	Returning clients
2,479	6,521

6,521 (73%) of **9,000** clients had previously been assisted by a SHS agency at some point since July 2011.

Proportion experiencing homelessness

	2017–18	2018–19	2019–20	2020–21	2021–22
At risk	5,414	6,634	6,170	5,641	5,913
Homeless	2,744	2,781	3,108	3,079	2,925

■ Homeless ■ At risk

In 2021–22, **5,913 (67%)** of clients were at risk of homelessness at the start of support.

Remoteness area

Major cities	Inner regional	Outer regional	Remote	Very remote
6,042	1,810	950	175	23

The majority of clients exiting custodial arrangements (**67%**) were in major cities.

Labour force status

In 2021–22, the majority of clients exiting custodial arrangements were not in the labour force (52%). More than two-fifths (46%) were unemployed (that is, seeking work) and only 2.5% were employed (Supplementary table EXIT.7).

Of the clients with known labour force status, female clients were more likely to be employed part-time (2.0% of all female clients) than males (1.0%) and females (47%) were also more likely to be unemployed than males (45%).

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 2021–22, of the 9,000 clients exiting custodial arrangements, more than half (53%) reported experiencing one or more vulnerabilities (Supplementary table CLIENTS.45), lower than all SHS clients (61%). Around 2 in 5 (43% or around 3,900 clients) reported a current mental health issue, as a single vulnerability or in combination with other vulnerabilities.

Figure EXIT.2: Clients existing custodial arrangements, by selected vulnerability characteristics, 2021-22

This interactive bar graph shows the number of SHS clients exiting custodial arrangements also experiencing additional vulnerabilities, including family and domestic violence, having a current mental health problem and problematic drug and/or alcohol use. The graphs shows both the number of clients experiencing a single vulnerability only, as well as combinations of vulnerabilities, and presents data for each state and territory.
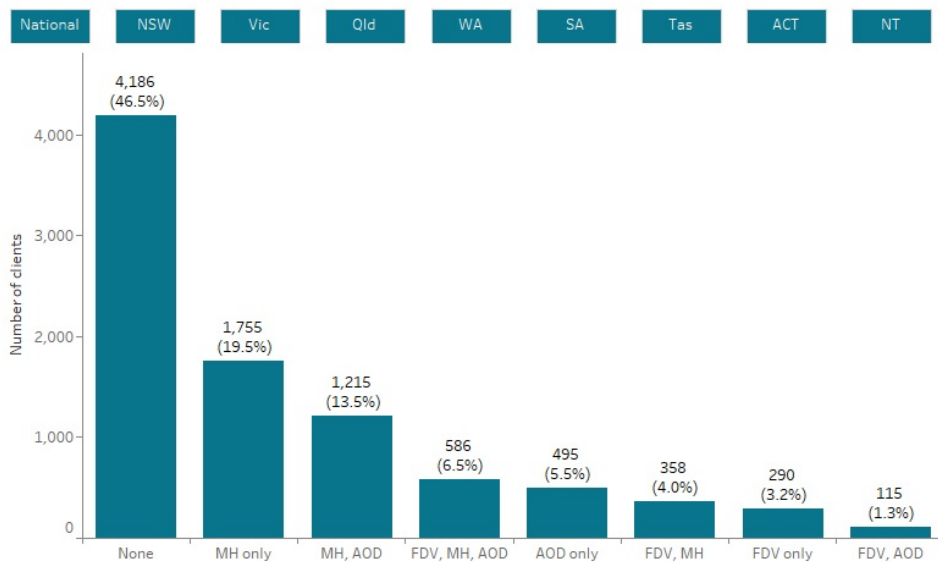
Key - FDV: Family and domestic violence; MH: current mental health issue; AOD: Problematic drug or alcohol use.

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.45.

In Australia, in 2021–22, of the around 9,000 clients exiting custodial arrangements, around 590 had all three of the selected vulnerabilities.

- 15% of clients experienced family and domestic violence.
- 27% of clients reported experiencing problematic drug or alcohol use.
- 43% clients had a current mental health issue.

Service use patterns

On average, clients exiting custodial arrangements received a median of 47 days of support in 2021–22, down from 48 days in 2020–21. The average number of support periods per client was 2.0 support periods per client in 2021–22. The proportion of clients receiving accommodation was 38% with a median of 21 nights per client (Supplementary table CLIENTS.46).

New or returning clients

In 2021–22 (Supplementary table CLIENTS.40):

- Of the 9,000 clients exiting custodial arrangements, 28% (around 2,500 clients) were new to SHS agencies and 72% (more than 6,500 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 (9.2%, compared with 3.9% of returning clients).
- While female clients comprised 22% of all clients exiting custodial arrangements, a higher proportion of females were returning clients (76%, compared with 71% males).

Main reasons for seeking assistance

In 2021–22, the main reasons for seeking assistance among clients exiting custodial arrangements were (Supplementary table EXIT.5):

- transition from custodial arrangements (68% or 6,100 clients)
- housing crisis (6.7% or about 600 clients)
- inadequate or inappropriate dwelling conditions (5.4% 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 (79%, compared with 45% experiencing homelessness) (Supplementary table EXIT.6).

Clients exiting custodial arrangements who were experiencing homelessness at first presentation were more likely to report housing crisis (12%, compared with 3.7% at risk) or inadequate or inappropriate dwelling conditions (12%, compared with 2.3% 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 (17%, compared with 11%), with 85% receiving this service
- drug/alcohol counselling (9.1%, compared with 3.0%), with 39% receiving this service
- employment assistance (9.2%, compared with 5.9%), with 71% receiving this service.

Figure EXIT.3: Clients exiting custodial arrangements, by services needed and provided, 2021-22

This interactive stacked horizontal bar graph shows the services needed by clients exiting custodial arrangements and their provision status. Advice/information was the most needed service and the most provided service. Long term housing was the least provided service.
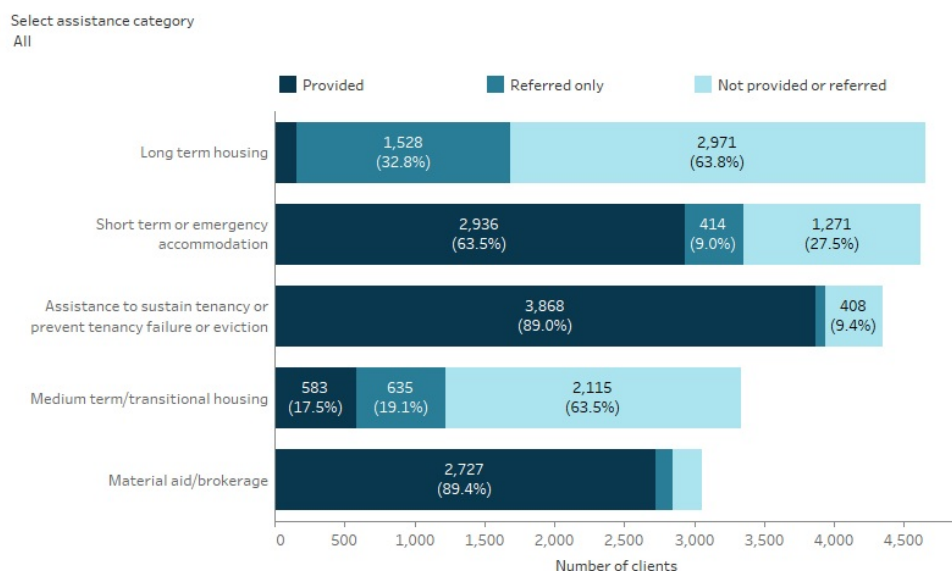
Select assistance category
All

Legend: Provided | Referred only | Not provided or referred

Long term housing: 1,528 (32.8%) Referred only; 2,971 (63.8%) Not provided or referred

Short term or emergency accommodation: 2,936 (63.5%) Provided; 414 (9.0%) Referred only; 1,271 (27.5%) Not provided or referred

Assistance to sustain tenancy or prevent tenancy failure or eviction: 3,868 (89.0%) Provided; 408 (9.4%) Referred only

Medium term/transitional housing: 583 (17.5%) Provided; 635 (19.1%) Referred only; 2,115 (63.5%) Not provided or referred

Material aid/brokerage: 2,727 (89.4%) Provided

X-axis: Number of clients (0 to 4,500)

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 2021–22, clients exiting custodial arrangements needed:
• short-term or emergency accommodation (51% or around 4,600), with 64% of those needing this service receiving this service.
• assistance for family/domestic violence (7% or around 660 clients), with 70% receiving this service.
• material aid/brokerage (34% or around 3,100 clients), with 89% receiving this service.
• long-term housing (52% or around 4,700 clients), with 3.4% 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 2021–22 is compared with the end of their last period of support in 2021–22. As such, this information does not cover any changes to their housing situation during their support period.

In 2021–22, for clients exiting custodial arrangements (Supplementary table EXIT.3):

• More than one-third (35%) of clients were experiencing homelessness at the end of support, an increase from 31% 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 1,300 clients).
• Among clients leaving institutional settings, the number living in public or community housing increased by about 450 clients at the end of support and the number of clients living in private or other housing increased by almost 350 clients.

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, 2021-22

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short-term accommodation, public/community housing, private housing and institutional settings) of clients exiting custodial arrangements with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most started and ended support in institutional settings.

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

447 (6.7%)
No shelter or improvised/inadequate dwelling

333 (5.4%)
No shelter or improvised/inadequate dwelling

499 (7.4%)
House, townhouse or flat - couch surfer or with no tenure

589 (9.6%)
House, townhouse or flat - couch surfer or with no tenure

1,166 (17.4%)
Short term temporary accommodation

1,256 (20.4%)
Short term temporary accommodation

155 (2.3%)
Public or community housing - renter or rent free

609 (9.9%)
Public or community housing - renter or rent free

289 (4.3%)
Private or other housing - renter, rent free or owner

643 (10.5%)
Private or other housing - renter, rent free or owner

4,159 (61.9%)
Institutional settings

2,722 (44.2%)
Institutional settings

814
Not stated/other

251
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 2021–22, around 7,000 clients exiting custodial arrangements had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 4,600 clients) (Supplementary table EXIT.3):
• Around 175 clients maintained private housing at the end of support.
• Around 110 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just over 2,100 clients):
• Around 680 clients ended support in short term accommodation.
• Around 215 ended support in private housing.
• Around 360 clients were couch surfing at the end of support.

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Technical notes

Key data quality information: Specialist Homelessness Services Collection, 2021–22

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 2021–22 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%, and in 2021–22 this was 0.5%. 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.

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 for 2021–22. This merging of Sex = Other clients with Female clients has not caused any impact on the validity of Female clients for 2021–22 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 this data is 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.
- Alternatively, 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.

Case management: 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.

Unmet need: 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.

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.

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.

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 victim and perpetrator services has not been widely reported in 2021–22. This is 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.

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 2021–22, 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 2021–22, 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 this data for 2021–22. 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 2021–22, 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 2021–22 SHSC data can be found in the Explanatory notes in the Supplementary tables and the SHSC 2021–22 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.

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 2021–22, there was a 13% decrease in the total number of Victorian homelessness clients and a 19% 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

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.

Tasmania

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.

Technical notes

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.

2021–22 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 rent free
- 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 any 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 but there is not enough information to classify them as homeless.

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 2016a). 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 2016b). The latest available version of the RA indicator (from the 2016 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 2016 Australian Statistical Geography Standard (ASGS), developed by the ABS (ABS 2016c).

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 2021–22, approximately 9% 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 2021–22. 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 2021–22, regardless of the number of months over which this need was recorded, or the number of times during 2021–22 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 2021–22.

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 2021–22, 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

A client is considered as Indigenous if, in any support period in 2021–22, they identified as being of Aboriginal and/or Torres Strait Islander origin.

In the SHSC, information on Indigenous status is only provided with explicit client consent to report this information. Indigenous status was not reported for 5.9% of clients in 2021–22.

Clients born overseas

A client is identified as overseas-born, if in the majority of support periods in 2021–22, 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 6.9% of clients in 2021–22.

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 47% of the unmet requests for service in 2021-22. 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.

Technical notes

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 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 2021–22 data were calculated using the preliminary ERP at 30 June 2021.

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 Aboriginal and Torres Strait Islander 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 Australian 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 = ((Pn/Po)^(1/n) -1) x 100

where:

Pn= value in the later time period

Po= value in the earlier time period

n = number of years between the 2 time periods.

Technical notes

Concept	Definition
Accommodation services	**Accommodation services** include 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. Aboriginal 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 2012). 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	**Measuring disability 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	**General services** 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 homeless 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 <u>Data presentation and derivations</u> section. The ABS definition of homelessness for estimates derived from the Census of Population and Housing can be found in ABS catalogue 2049.0 (ABS 2016a).
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 Australian 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 2022).
Other support services	**Other support services** refer 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)	**Specialist homelessness service(s)** is 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	**Stable housing**, for the purpose of the SHSC, 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.

Technical notes

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

Technical notes

Australian Bureau of Statistics (2012) *Census data quality statement: core activity need for assistance*, ABS, Canberra.

Australian Bureau of Statistics (2016a) *Census of population and housing: Estimating homelessness methodology, 2016*, ABS, Canberra:.

Australian Bureau of Statistics (2016b) *Australian Statistical Geography Standard (ASGS): Volume 5 – Remoteness Structure July 2016*, ABS, Canberra.

Australian Bureau of Statistics (2016c) *Australian Statistical Geography Standard (ASGS): Volume 1 – Main structure and Greater Capital City Statistical Areas July 2016*, ABS, Canberra.

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, Canberra.

Australian Institute of Health and Welfare (2022a) *Specialist Homelessness Services: monthly data*, AIHW, Canberra.

Australian Institute of Health and Welfare (2022b) *Technical Paper: Alignment of the Specialist Homelessness Services Collection (SHSC) and the ABS Census definitions of homelessness*, AIHW, Canberra.

National Disability Insurance Scheme (2022) *Am I eligible*, NDIS website, accessed 4 October 2022.

National Housing and Homelessness Agreement 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.

The data visualisation shows an interactive display of data for the NHHA Performance 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". All data are presented for the period 2018–19 to 2021–22, by state and NHHA client cohort groups. Two line charts are shown for Indicator (h): People experiencing persistent homelessness, and People returning to homelessness. Two line charts are shown for Indicator (i): People that avoided homelessness – client level, and People that avoided homelessness – service level, by sex. Data are available in the file available for download on this webpage.

NHHA National Performance Indicators

| Australia | NSW | Vic | Qld | WA | SA | Tas | ACT | NT |

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.

People experiencing persistent homelessness
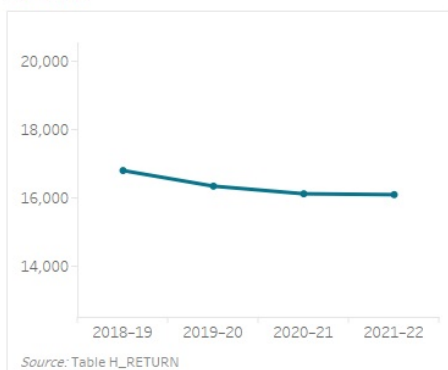**Australia**

Source: Table H_PERSISTENT
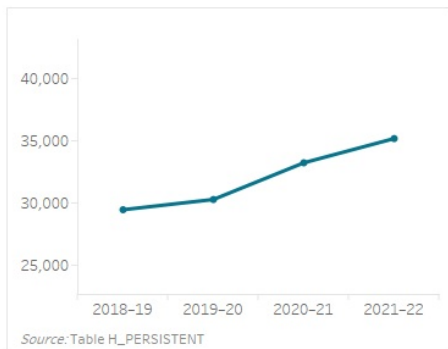
In Australia, in 2021–22, there were **35,200** people experiencing persistent homelessness; a **5,700** client increase since 2018–19.

People that avoided homelessness – client level
Australia

■ All clients ■ Females ■ Males
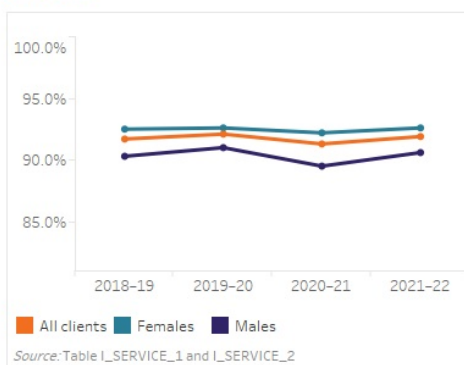*Source:* Table I_CLIENT_1 and I_CLIENT_2
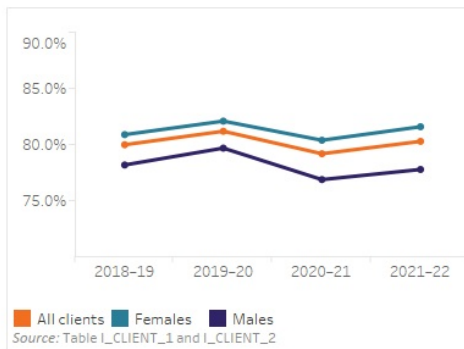
In Australia, in 2021–22, **80.3%** (or **54,600**) people who were at risk of homelessness avoided homelessness; a **0.3** percentage point increase since 2018–19.

People returning to homelessness
Australia

Source: Table H_RETURN

In Australia, in 2021–22, there were **16,100** people that returned to homelessness after a period of more secure housing; a **700** client decrease since 2018–19.

People that avoided homelessness – service level
Australia

■ All clients ■ Females ■ Males
Source: Table I_SERVICE_1 and I_SERVICE_2

In Australia, in 2021–22, **91.9%** (or **144,000**) people who were at risk of homelessness avoided homelessness at the service level; a **0.2** percentage point increase since 2018–19.

Source data: SHS indicator data tables 2021-22

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.

Indicator (h) Persistent homelessness:

Describes the number of SHS clients who have been homeless for more than 7 months over a 24-months study period, that is, 30% of the study period. The homeless months do not need be consecutive. Clients must have at least one support period with a homeless housing status during the specific financial year, e.g. 2021–22. 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 was continuously homeless over the entire period.

For example, for the 2021–22 financial year:

- A client is in scope if they have at least one support period between July 2021 and June 2022.
- If the in-scope client's final support month is September 2021, then their monthly housing statuses are assessed back over 24-month period from September 2021 (i.e., October 2019 to September 2021) 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 2021–22 financial year:

- A client is in scope if they have at least one support period with a monthly housing status of homeless between July 2021 and June 2022.
- If the in-scope client's last homeless month is September 2021, then their monthly housing statuses are assessed back over 24-month period from September 2021 (i.e., October 2019 to September 2021) 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 2021 to 31 December 2021, if a client's first at-risk support period commenced on 20 August 2021 then the follow up period would commence on 20 August 2021 and end on 20 February 2022.

Example nomenclature for date/s

Date/s	Nomenclature

1 Jul 2021 to 31 Dec 2021	In scope period
20 Aug 2021	Example, First recorded in scope 'At risk' support period
20 Aug 2021 to 20 Feb 2022	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 (DOC, 230kB)

National Housing and Homelessness Agreement: Indicator (i) - Supplementary technical document (DOC, 330kB)

On any given day infographics

Data

Notes

Amendments

09 May 2023 - Incorrect data, should be 'fourth largest'.

Data quality statement

Specialist Homelessness Services Collection, 2021–22

Report editions

Newer releases

- Specialist homelessness services annual report 2022-23 |
  Web report | 12 Dec 2023

This release

Specialist homelessness services annual report 2021-22 | 08 Dec 2022

Previous releases

- 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

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