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Australian Institute of Health and Welfare



Homelessness:

clearer picture,

better future

Specialist homelessness services

2013–14



Australian Government

**Australian Institute of
Health and Welfare**

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

Specialist homelessness services

2013–2014

Australian Institute of Health and Welfare
Canberra

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Acknowledgments

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

Abbreviations

ABS	Australian Bureau of Statistics
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
CPO	Care and Protection Order
DSS	Department of Social Services
NAHA	National Affordable Housing Agreement
NDIS	National Disability Insurance Scheme
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

Summary

This report is the third annual report on the clients of specialist homelessness services across Australia. In that time, specialist homelessness services agencies have supported more than half a million Australians who have been homeless or at imminent risk of losing their housing. This report focusses on the clients of those agencies in 2013–14 and examines key changes that have occurred over the last three years.

In 2013–14 an estimated 254,000 Australians accessed specialist homelessness services – an increase of 4% from 2012–13.

- The numbers of clients increased in all states and territories except for New South Wales, and ACT, which recorded slight decreases. Victoria accounted for 76% of the national increase in clients.

There was an increase in the proportion of males who were at risk of homelessness when they first sought support.

- The proportion of male clients who were at risk of homelessness when presenting increased from 43% of male clients in 2012–13 to 48% in 2013–14.

More clients sought support for assistance to maintain their housing tenure

- 32% of clients in 2013–14 were identified as needing assistance to sustain tenancy or prevent tenancy failure or eviction, up from 28% in 2011–12.
- The proportion of clients who identified housing affordability related issues (financial difficulties, rents too high or housing crisis) as the main reason for seeking support remained steady at 36% in 2013–14.

The number of people seeking help for domestic and family violence increased

- An estimated 84,774 adults and children (33% of all clients) sought assistance as a result of experiencing family or domestic violence. This was an increase of 9% from 2012–13, including an increase of 14% in the number of children experiencing family or domestic violence.

An estimated 26,655 clients had a long term health condition or disability that restricted their everyday activities

- New data collected in 2013–14 also revealed that 38% of these clients had a disability or long term health condition and needed assistance with self-care, mobility or communication.

1 Introduction

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

This report describes:

- the people who received assistance from specialist homelessness agencies in 2013–14, the assistance they received and their changes in housing and other circumstances
- trends in characteristics of clients, the services they receive and their outcomes
- the people who requested services in 2013–14 but were not provided with support during the year.

Data describing clients who have a disability and need support with core activities are presented for the first time.

The data in this publication are compiled from the Specialist Homelessness Services Collection (SHSC), which is conducted by the Australian Institute of Health and Welfare (AIHW).

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

1.1 The policy framework for reducing homelessness

Many Australians experience events in their life that may place them at risk of homelessness. It is estimated that around 44% of low-income households experience affordability issues due to rental stress (paying more than 30% of their income on rent) (ABS 2013b), and around 1 in 6 women have experienced some form of domestic and family violence in their lifetime, putting them at risk of homelessness (ABS 2013d).

In the 2011 Census, 105,000 Australians were classified as homeless. This figure includes people in supported accommodation for the homeless, people in temporary accommodation, those 'sleeping rough' and people living in severely crowded dwellings (those that required 4 or more extra bedrooms to accommodate the residents) (ABS 2012a).

Responses to homelessness are funded under the National Affordable Housing Agreement (NAHA). The NAHA is supported by a number of number of partnership agreements, one of which is directed specifically at issues of homelessness – The National Partnership Agreement on Homelessness (NPAH). The NPAH contributes to the NAHA outcome that 'people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion' and outlines the roles and responsibilities of the Australian Government and state and territory governments in relation to reducing and preventing homelessness. Funding associated with the NPAH was provided for the period 1 July 2009 and 30 June 2013, with an interim funding arrangement agreed between the Australian and state and territory

governments for 2013–14. In 2014–15, the Australian government has committed further funding of \$115 million under the NPAH, which has been matched by states and territories.

The Australian Government has also announced a White Paper on the Reform of the Federation which will seek to review roles and responsibilities between the federal and state and territory governments. The White Paper will include an examination of the roles and responsibilities of governments in relation to housing and homelessness, among other things, and is likely to be a key policy document shaping the future of housing and homelessness policy in Australia. The White Paper is due to be delivered by the end of 2015.

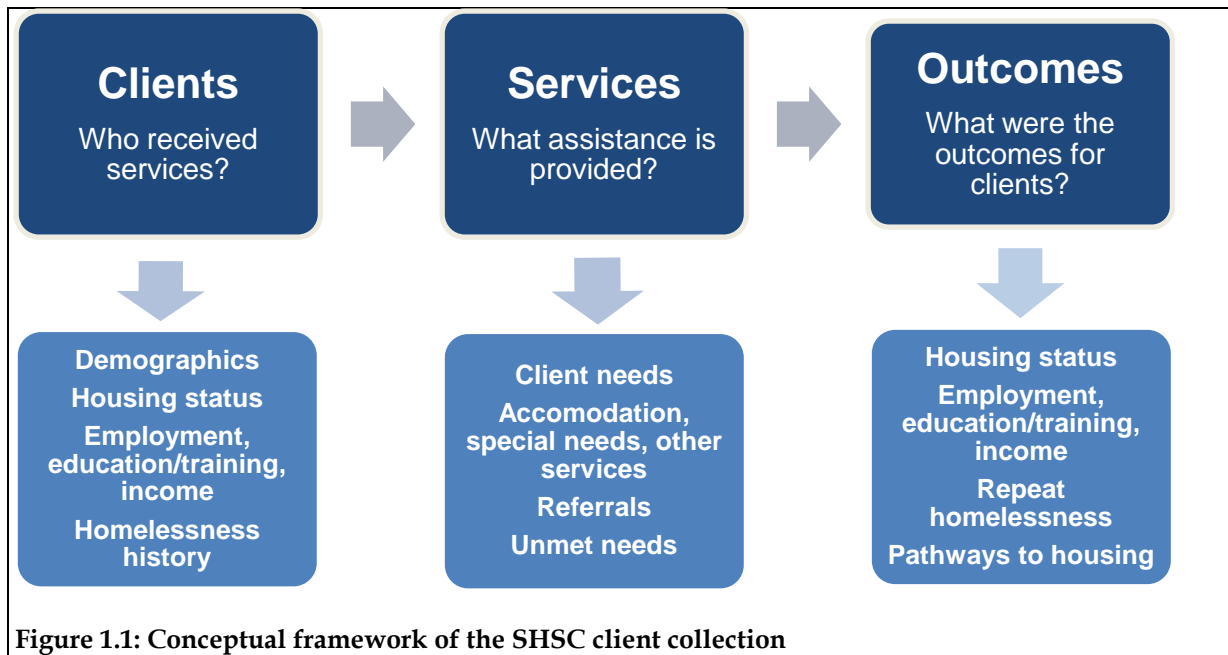
1.2 About the Specialist Homelessness Services Collection

The SHSC began on 1 July 2011. The collection has been designed to collect data from homelessness agencies that are funded under the NAHA and the NPAH. State and territory departments identify agencies that are expected to participate in data collection. These agencies vary widely in terms of the services they provide and the service delivery frameworks they use. These 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. Data are collected about the characteristics and circumstances of clients when they first present at an agency. Further data—on assistance received and circumstances—are collected at the end of every month in which the client receives services and when contact with the client has ceased.

In 2013–14, there were around 1,500 agencies that provided data for the SHSC.

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



The data collected by agencies are based on periods of support provided to clients. These support periods vary in terms of their duration, the number of contacts between Specialist Homelessness Services (SHS) workers and clients and the reasons support ends. Some support periods are relatively short (and are likely to have begun and ended in 2013–14) and others are much longer—many of these might have been ongoing from the previous year, or were still ongoing at the end of 2013–14.

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

Because some agencies may not submit client data for all months in the reporting period, and the SLK data may not be available for all clients and unassisted people, data are adjusted to account for this non-response.

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

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

Further information about the collection and information about the quality of the data obtained through the SHSC for 2013–14 is available in the Data Quality Statement (Appendix A). Further information about the imputation methodology applied to these data can be found in Appendix B.

1.3 About this report

This report is the third annual report from the SHSC. It provides information about clients of specialist homelessness agencies who were assisted in 2013–14 and the support they received. It also presents trends from the 3 years of the collection.

In this report:

- Chapter 2 provides a profile of clients assisted by specialist homelessness agencies and the support services needed and were provided in 2013–14. This chapter includes an introduction on key trends over the past 3 years.
- Chapter 3 investigates outcomes that were achieved for clients' in relation to housing circumstances and other characteristics of interest.
- Chapter 4 presents some information about clients with disability (following the introduction of new disability questions into the collection).
- Chapter 5 presents data on people who requested assistance from a specialist homelessness agency but did not receive the assistance they sought.

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

On any given day, across Australia:



Note: The data on any given day is calculated on average clients per day of SHSC agencies during 2013–14, for a given condition. This is calculated by summing the number of clients with a support period open meeting the condition for each day of the year. The set of daily sums is then averaged across the year.

2 Clients, services and outcomes

Specialist homelessness services agencies provide services to a range of clients in various varying situations. Some clients are already homeless when they seek support while others may be at risk of losing their homes. The threat of homelessness can come about for a variety of reasons including:

- financial or housing crises (affordability issues)
- domestic or family violence or family breakdown
- socioeconomic disadvantage (unemployment, mental health issues, problematic drug and alcohol use).

Agencies provide a wide range of services to assist those who are homeless or at risk, ranging from general support and assistance to immediate or crisis accommodation. This chapter outlines the characteristics of all clients assisted by specialist homelessness agencies in 2013–14, describes their needs for assistance and the services they received. It also provides some key trends for the 3 years from 2011–12 (the start of the SHSC) to 2013–14.

2.1 At a glance—trends over time

Between 2011–12 and 2013–14, specialist homelessness agencies provided support to over half a million clients. The estimated number of clients assisted by specialist homelessness agencies each year has increased from 236,000 in 2011–12 to 254,000 in 2013–14. This represents an average annual growth rate of 3.7%. Because SHSC data provides a measure of the service response, increases in client numbers generally reflect the increased availability and accessibility of services rather than any change in the underlying level of homelessness in Australia.

In general, the characteristics of clients, the main reasons for seeking support and the services provided to clients have remained relatively stable over the 3 years. There have, however, been some notable changes:

- An increase in the proportion of clients identifying ‘housing crisis’ as the main reason for seeking assistance from 13% in 2011–12 to 16% in 2013–14.
- An increase in the proportion of clients who were identified as needing assistance to sustain tenancy or prevent tenancy failure or eviction, from 28% in 2011–12 to 32% in 2013–14.
- An increase in the proportion of females who were homeless on presentation from 36% of females in 2012–13 to 38% in 2013–14, and a decrease in the proportion of males who were homeless on presentation from 57% of males in 2012–13 to 50% in 2013–14.
- An increase in those ending support in some form of private housing from 39% in 2011–12 and 2012–13, to 42% in 2013–14. This may also be related to the rise in those clients who began support while at-risk because it is easier for agencies to support a client to remain in their housing than to obtain housing.

Trends in SHSC clients: at a glance

	2011–12	2012–13	2013–14
Number of clients	236,429	244,176	254,001
Housing situation at the beginning of first support period (all clients)	44% were homeless 56% were at risk	46% were homeless 54% were at risk	45% were homeless 55% were at risk
Living arrangement	Lone person (31%) Sole parent (31%) Couple with child/children (13%) Other family (12%) Couple without children (5%) Other group (7%)	Lone person (32%) Sole parent (31%) Couple with child/children (13%) Other family (12%) Couple without children (6%) Other group (7%)	Lone person (30%) Sole parent (33%) Couple with child/children (13%) Other family (11%) Couple without children (5%) Other group (7%)
Main reasons for seeking assistance	Domestic and family violence (25%) Financial difficulties (15%) Housing crisis (13%)	Domestic and family violence (23%) Financial difficulties (16%) Housing crisis (15%)	Domestic and family violence (24%) Financial difficulties (15%) Housing crisis (16%)
Proportion receiving accommodation	36% (82 days)	36% (81 days)	34% (82 days)
Reasons support period ended (Top 3)	Client's immediate needs met/case management goals achieved (48%) No longer requested assistance (31%) Lost contact (10%)	Client's immediate needs met/case management goals achieved (53%) No longer requested assistance (28%) Lost contact (10%)	Client's immediate needs met/case management goals achieved (53%) No longer requested assistance (28%) Lost contact (10%)
Most common housing situation after support	Private housing (39%) Social housing (20%) Short-term accommodation (20%)	Private housing (39%) Social housing (21%) Short-term accommodation (19%)	Private housing (42%) Social housing (21%) Short-term accommodation (17%)
Average length of support	79 days	84 days	81 days
Achievement of case management goals	All goals met (22%) Some goals met (69%) No goals met (10%)	All goals met (22%) Some goals met (71%) No goals met (7%)	All goals met (19%) Some goals met (75%) No goals met (6%)

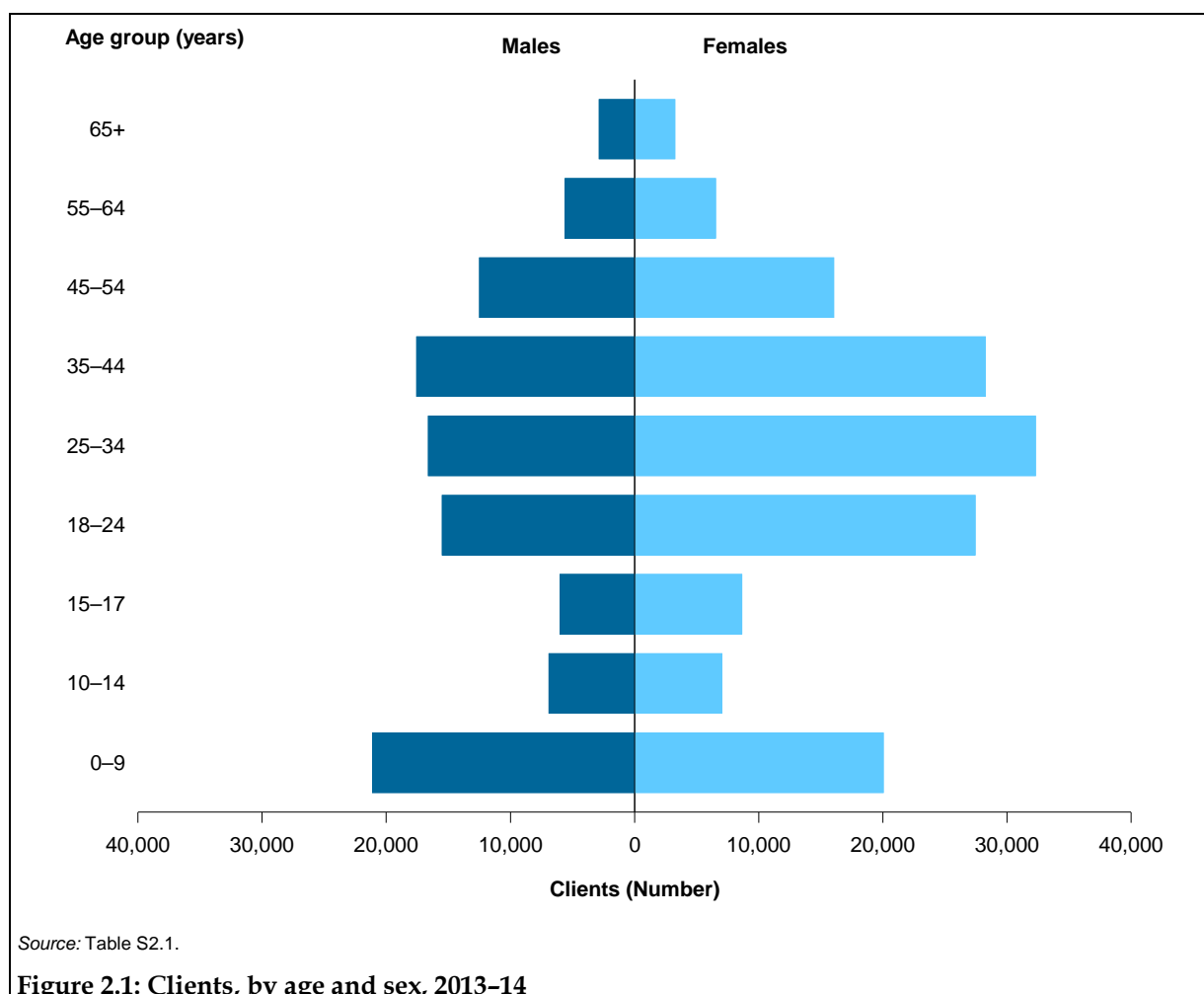
2.2 Characteristics of clients

In 2013–14, specialist homelessness agencies provided assistance to an estimated 254,001 clients, which is equivalent to 110 clients per 10,000 Australians (Table S2.1). This represents a small increase since 2012–13, from 108 clients per 10,000.

Age and sex

- The majority (59%) of clients in 2013–14 were female (almost 150,000 clients) and 41% were male. This was a rate of 129 per 10,000 females in the Australian population receiving specialist homelessness services and 91 per 10,000 males.
- More than one-quarter of clients were aged under 18 (just under 70,000 clients) and 16% were aged under 10 (around 41,000 clients). Over half of all clients were aged 18–44 (54%) with the largest group being 25–34 years (19%) (Figure 2.1).

- Females aged 18–24 years continue to have the highest rates of service use, at 250 per 10,000 females.



Indigenous status

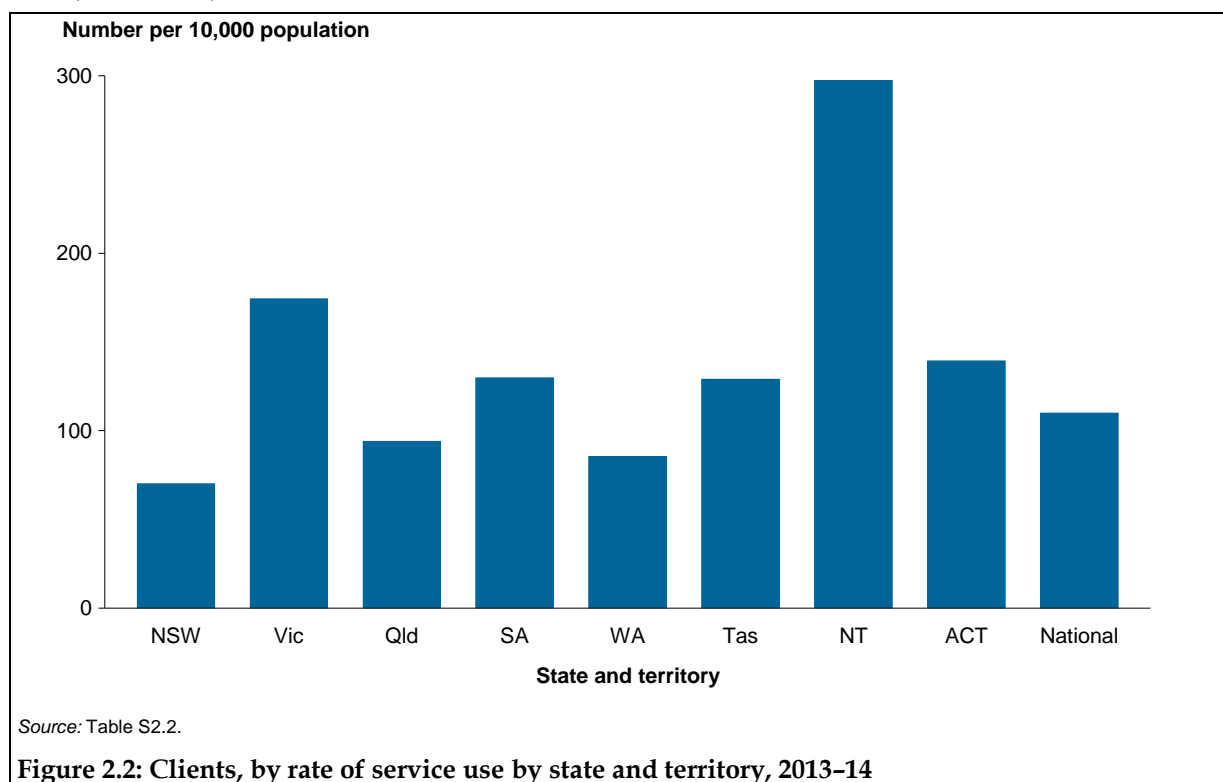
- Aboriginal and Torres Strait Islander people continue to be over-represented among specialist homelessness services clients, with almost one-quarter (23%) of clients who provided information on the Indigenous status identified as being of Aboriginal and/or Torres Strait Islander origin. In comparison, 3% of the population identify as Aboriginal and Torres Strait Islanders (ABS 2014).
- Further information about Indigenous clients can be found in Chapter 3.

State and territory of clients

- The largest number of clients was in Victoria (99,892), followed by New South Wales (51,786) and Queensland (43,751) (Table S2.2).
- Victoria accounted for the majority (76%) of the increase in the total number of clients between 2012–13 and 2013–14. Of these new clients in Victoria, most were seeking assistance for domestic and family violence. This increase may reflect added capacity to assist people who were homeless or at risk of homelessness due to family violence. In

2013–14, Victoria also showed a higher proportion of 1-day support periods (23% of all support periods, compared with the national proportion of 16%).

- The highest rates of estimated service use occurred in the Northern Territory (where there were 297 clients per 10,000 people), Victoria (174 clients per 10,000 people) and the Australian Capital Territory (139 clients per 10,000 people) (Figure 2.2).
- Females had higher rates of service use than males in all states and territories. The Northern Territory had the most pronounced difference between males and females, where 414 per 10,000 females received services compared with 192 per 10,000 males (Table S2.2).

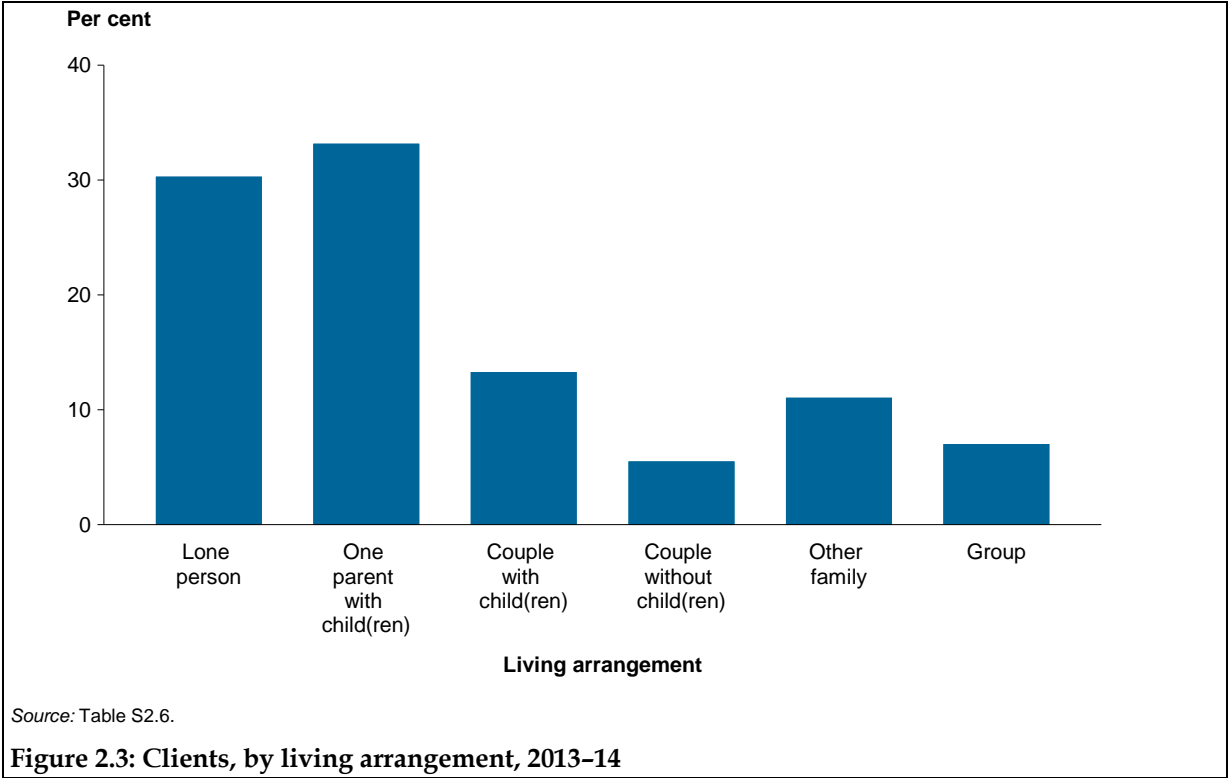


Country of birth

- Most clients of specialist homelessness agencies were born in Australia (84%) (Table S2.3). This proportion is higher than the broader Australian population, of whom 72% are born in Australia (ABS 2013c).
- Of those clients who were born overseas and reported their country of birth, the most common country of birth was New Zealand (13%) (Table S2.4). Just over one-third (34%) of clients who were born overseas had arrived in Australia between 2010 and 2014 (Table S2.5).

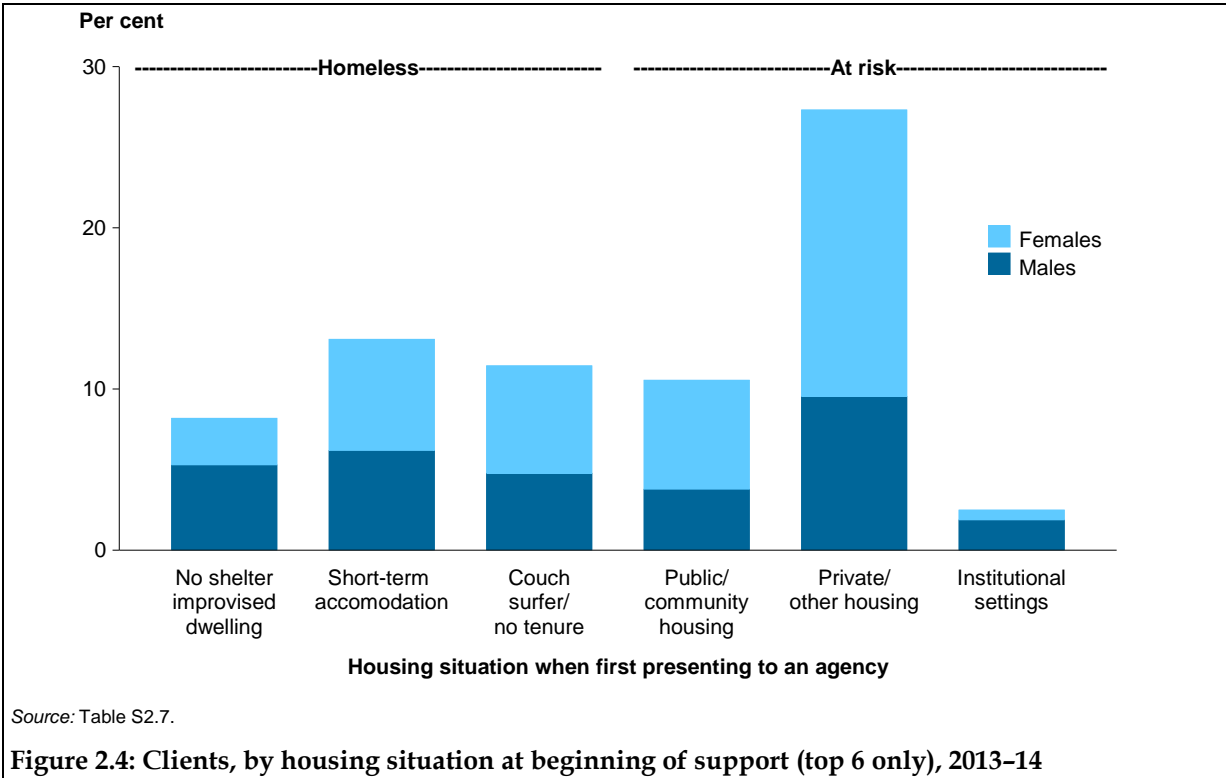
Living arrangements

- ‘One parent with 1 or more children’ was the most common living arrangement (33%), followed by ‘lone persons’ (30%) and couples with a child or children (13%) (Figure 2.3).



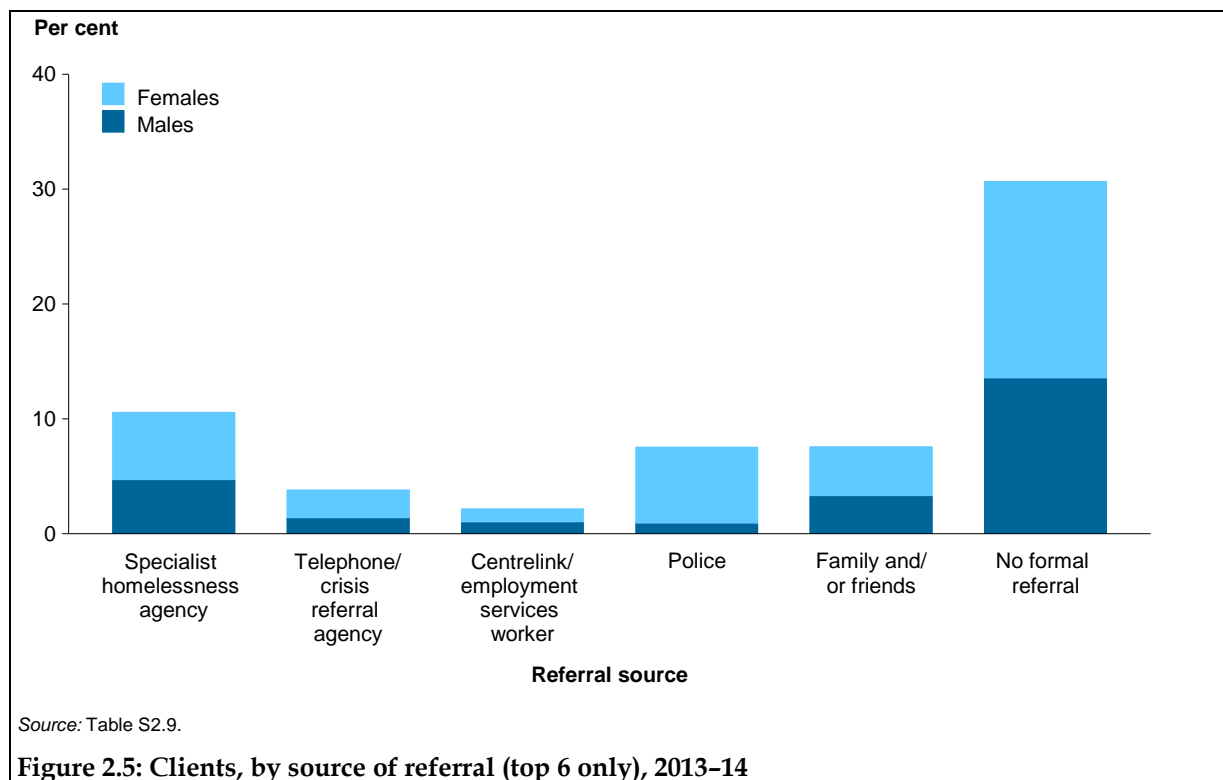
Housing situation

- Among those who provided sufficient information to determine their housing circumstances at the beginning of their first support period in 2013–14 (73% of clients), 45% were homeless and 55% were classified as at risk of homelessness (Figure 2.4).
- For those clients who first presented to an agency reporting no shelter/improvised dwelling ('rough sleepers'), 44% were sleeping in no dwelling, either on the street, park or out in the open and just over 1 in 5 were sleeping in a car (22%).



Source of referral

- In 2013–14, 66% of clients were formally referred to a specialist homelessness agency.
- Figure 2.5 shows that the most common referral source was by a specialist homelessness agency or outreach worker (11%), followed by family or friends (8%) or the police (8%).



Main source of income

- A high proportion of clients aged 15 and over received some form of government payment at the time they sought support. The most common government payments were Newstart Allowance (26%), Parenting Payment (20%) and Disability Support Pension (18%).
- A total of 8% of clients reported having no income.

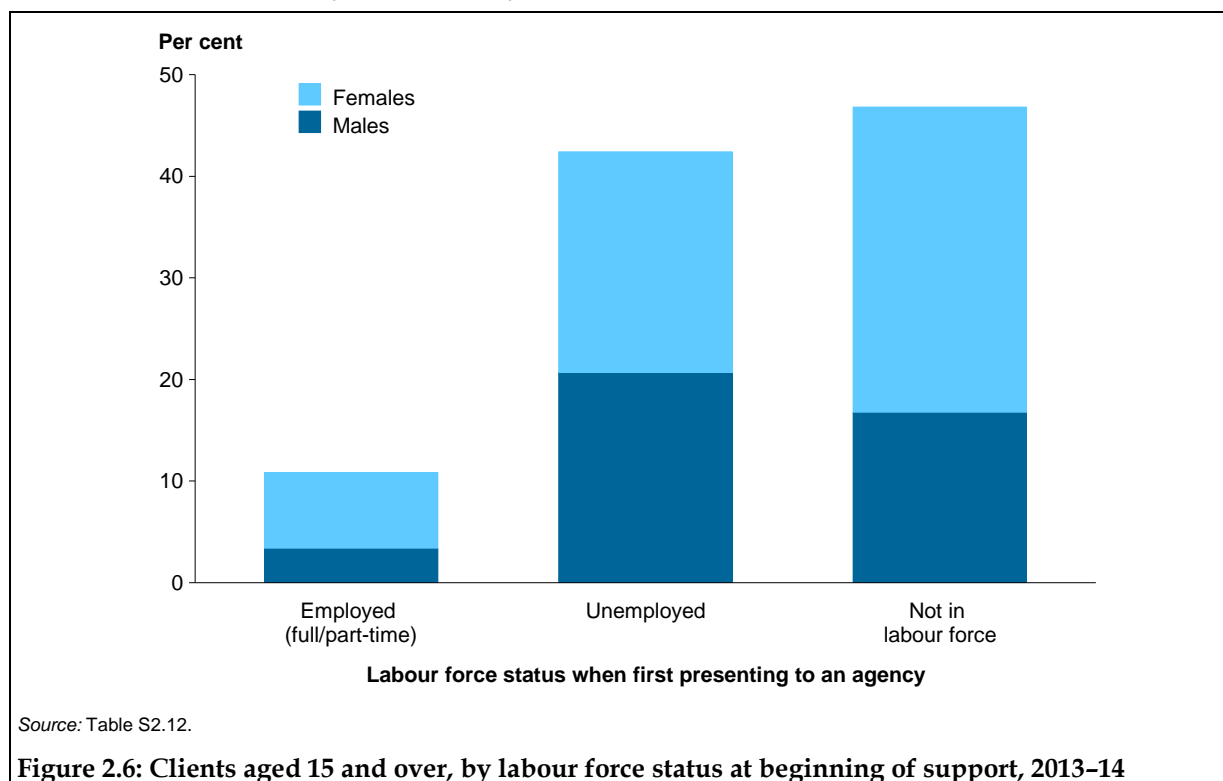
Education

- Fourteen per cent (14%) of clients aged 5–14 were not enrolled in education – the largest proportion were aged between 5 and 6 (44%).
- Half (50%) of young people aged 15–24 were enrolled in education.
- Among those clients aged over 25, 4% were enrolled in some form of education – mostly vocational education or training.
- Twenty-six per cent of clients aged 15–24 were not in some form of education or employment.

Labour force

- The proportion of clients not in the labour force at the beginning of support in 2013–14 was similar to that of clients in 2012–13 (47% and 48%, respectively) (Figure 2.6).
- Eleven per cent of clients were employed at the beginning of support, 2 out of 3 of who were employed on a part-time basis.

- The main differences between male and female clients was that females were more likely to report not being in the labour force (51% females and 41% males); however, females were also more likely to be employed than males (13% compared with 8%).



2.3 Clients' needs for assistance and services provided

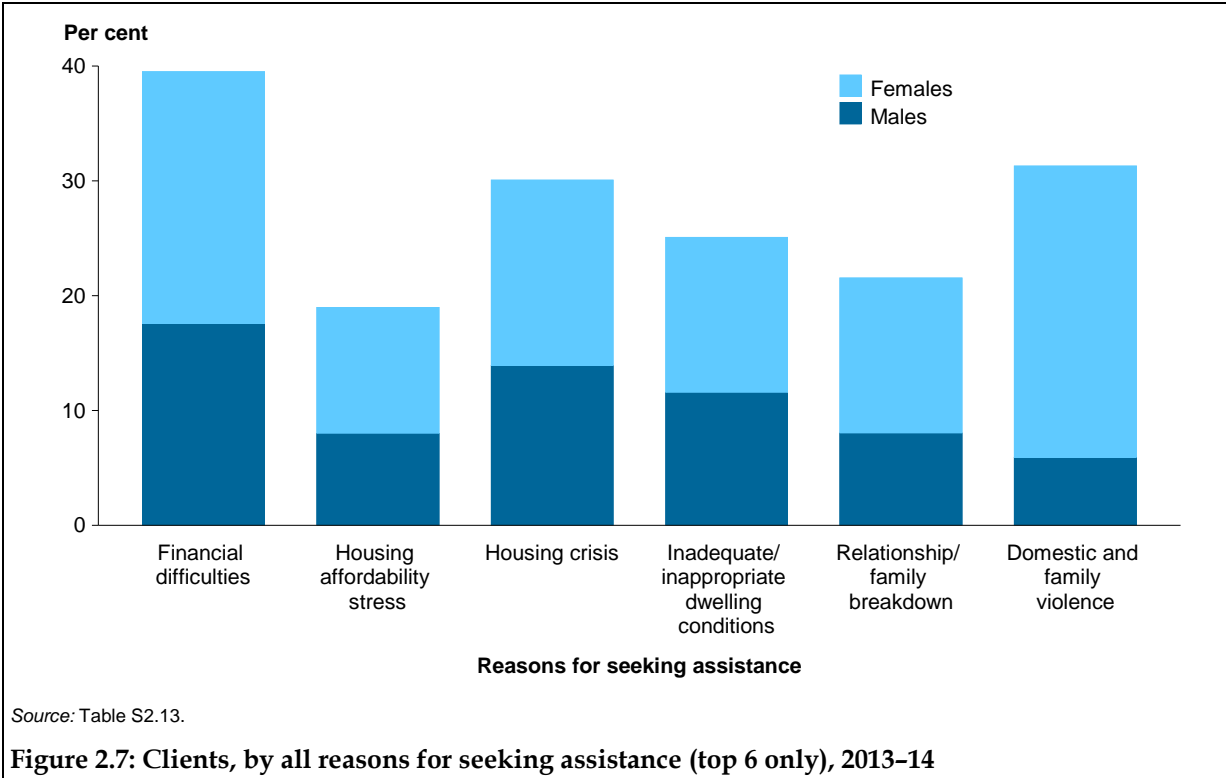
Specialist homelessness agencies provide a wide range of services to people who are at risk of, or experiencing, homelessness. In the SHSC, information is captured about clients' needs for services from 2 perspectives:

- The client's reasons for seeking assistance are captured at the start of support – both *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.

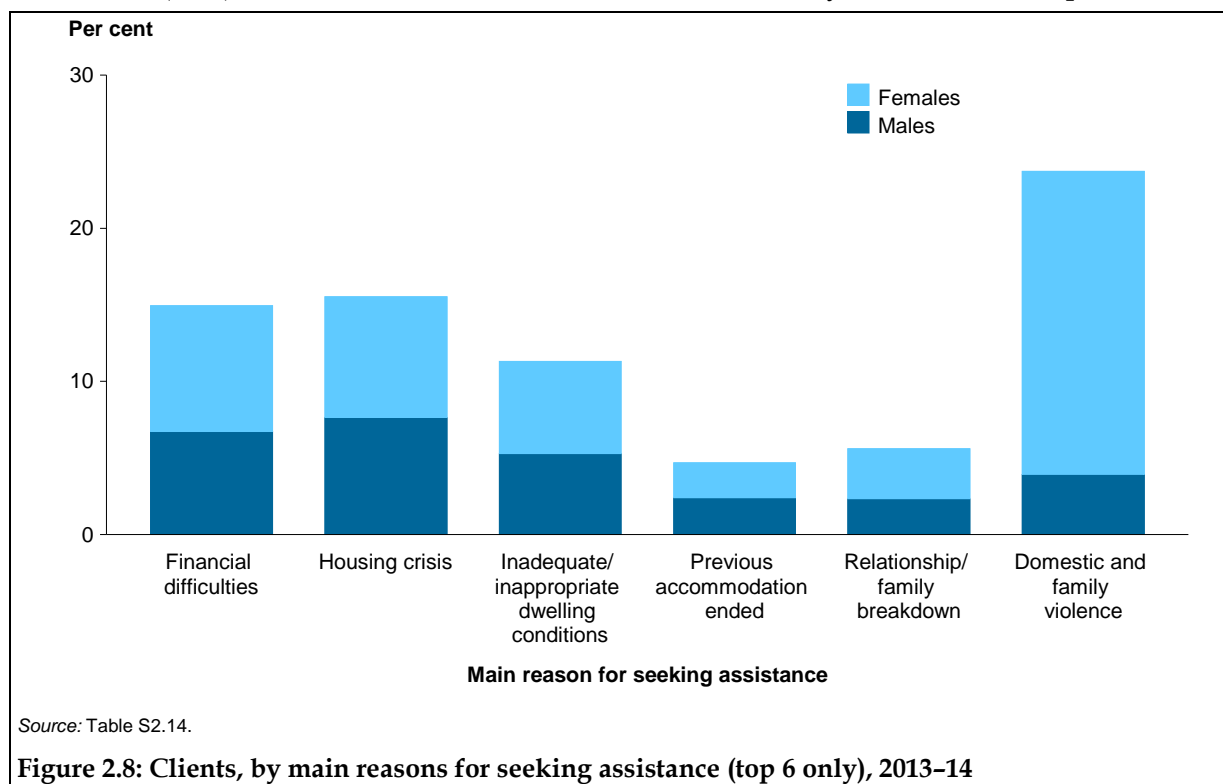
Appendix B provides more information about how clients' needs for assistance are captured in the SHSC, and also how information is reported on the extent to which these needs are met. Services provided to meet client needs range from the direct provision of accommodation, such as a bed in a shelter, to specialised services such as financial counselling. These services are generally either provided by the agency or referred to another service. For information about unmet need see Chapter 5.

Reasons for seeking assistance

- Almost 60% of clients identified housing affordability or financial difficulties as a reason for seeking assistance. Housing crisis was identified by 30% of clients (Figure 2.7).
- Domestic and family violence or relationship/family breakdown was identified as a reason for seeking assistance for 53% of clients.
- All reasons for seeking assistance show how common health issues are among the client group. Mental health, medical issues or problematic substance use were recorded as one of the reasons for seeking assistance for 20% of clients.
- Lack of family or community support was also one of the reasons for seeking support for 16% of clients.

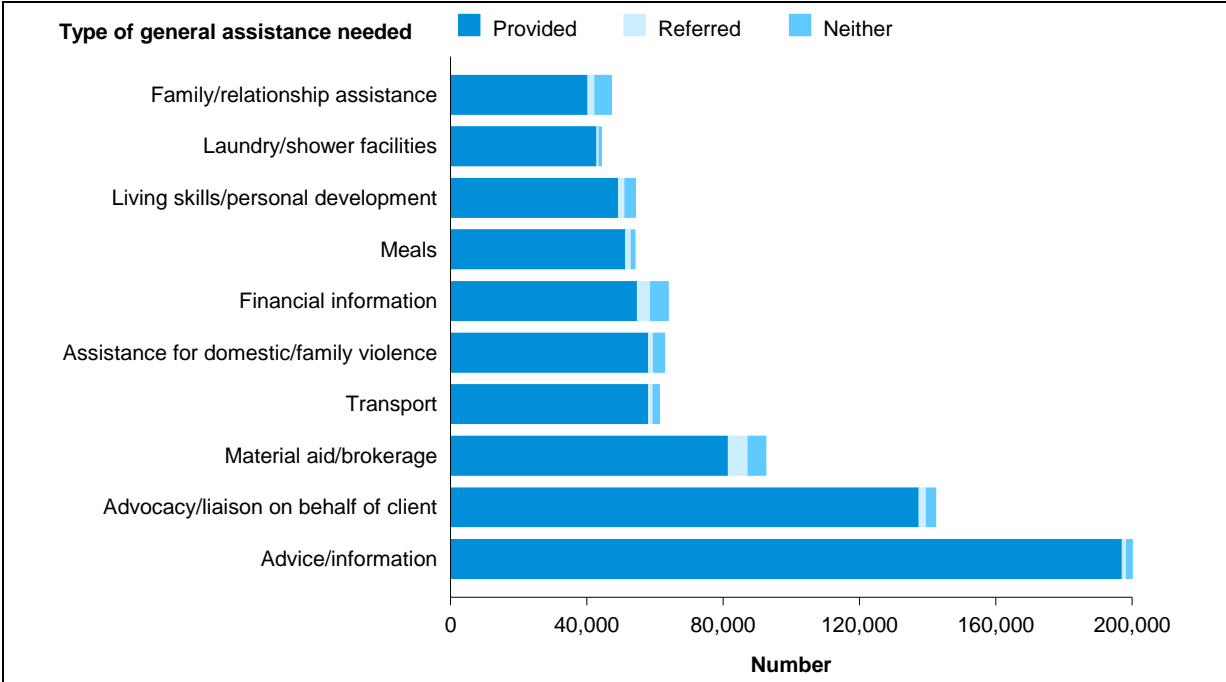


- While clients can identify a number of reasons for seeking assistance, agencies also record the *main* reason for seeking assistance. Domestic and family violence was identified as the main reason for seeking assistance (Figure 2.8) for nearly one-quarter of clients (24%). For more information on domestic and family violence see Chapter 3.



General support and assistance

- Some types of assistance provided by SHS agencies can be described as ‘general support and assistance’ (as opposed to more specialised services). These include advice and information, material aid, meals and living skills.
- Out of all assistance needed by clients, advice and information continued to be the most common, identified as a need by 79% in 2013–14; followed by 56% clients needing advocacy and liaison and 36% of clients for material aid/brokerage (Figure 2.9).
- Advice/information and advocacy/liaison was provided directly by the agency for almost all clients who needed them. This differs from some specialised services (such as material aid/brokerage and financial information) for which clients were more often referred to another agency.



Source: Table S2.15.

Figure 2.9: Clients, by most needed general services and service provision status (top 10 only), 2013–14

Housing/ accommodation services

Housing and accommodation services provided by agencies include:

- short-term or emergency accommodation
- medium-term/transitional housing
- long-term housing
- Assistance to sustain tenancy or prevent tenancy failure or eviction.

Overall, 55% of clients were identified as having a need for accommodation – of those, 63% were provided with accommodation by the agency, 13% were referred to another agency and 24% were neither provided with assistance or referred. These clients are discussed further in Chapter 5 in unassisted requests for assistance.

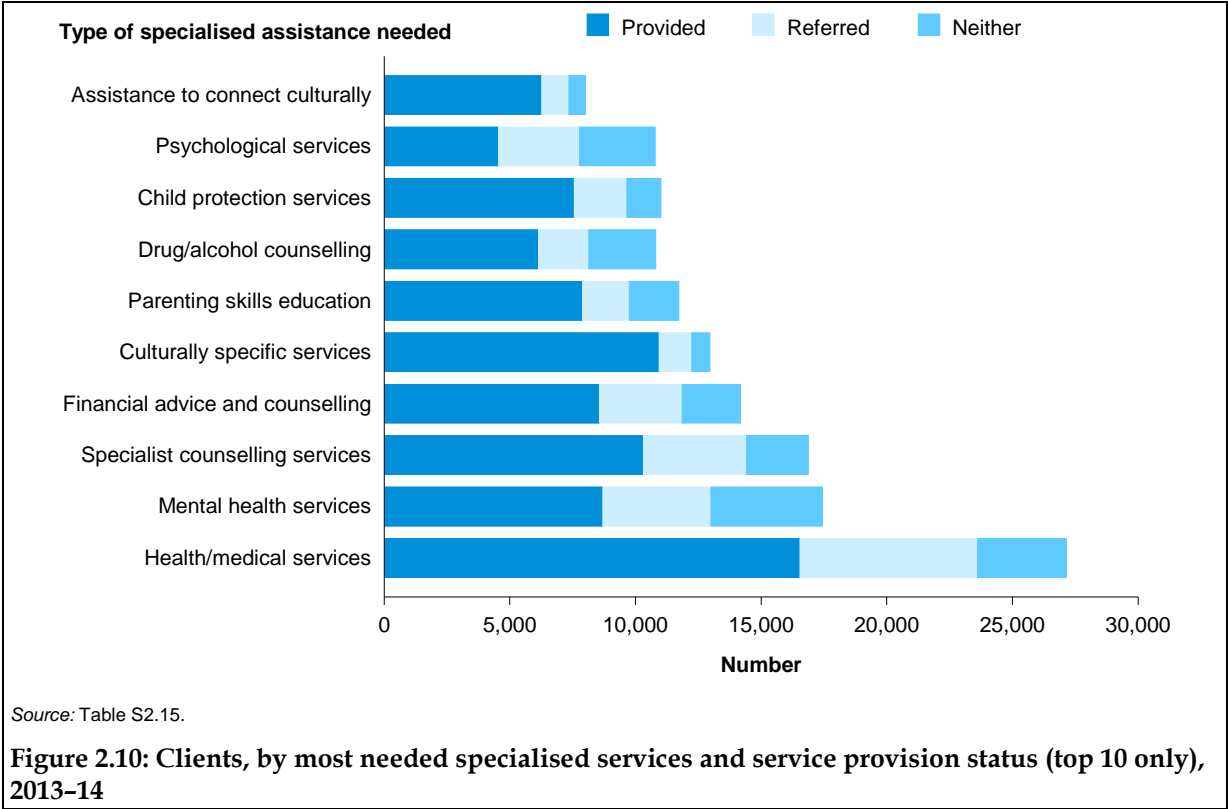
Almost 7 million nights of accommodation were provided in 2013–14, with an average of 82 nights for those who were accommodated (median accommodation length was 35 nights). Total nights may represent more than 1 period of accommodation during 2013–14 (Table S2.16) (see Appendix B for information on how length of accommodation is calculated). Most of the accommodation nights were in medium-term housing (57%) followed by short-term (36%) and long-term housing (7%).

Assistance to sustain tenancy/ prevent eviction was needed by 32% of clients at some stage during their support period in 2013–14. This group includes those who were still housed when they approached an SHS and were supported to remain in the same house. It also includes those who identified a need for accommodation, were assisted to secure new accommodation and then supported to sustain that housing.

- Most clients (84%) received assistance to sustain housing directly from the specialist homelessness agency.
- There was an increase in the proportion of clients needing assistance to sustain tenancy between 2011–12 and 2013–14 – from 28% to 32%.

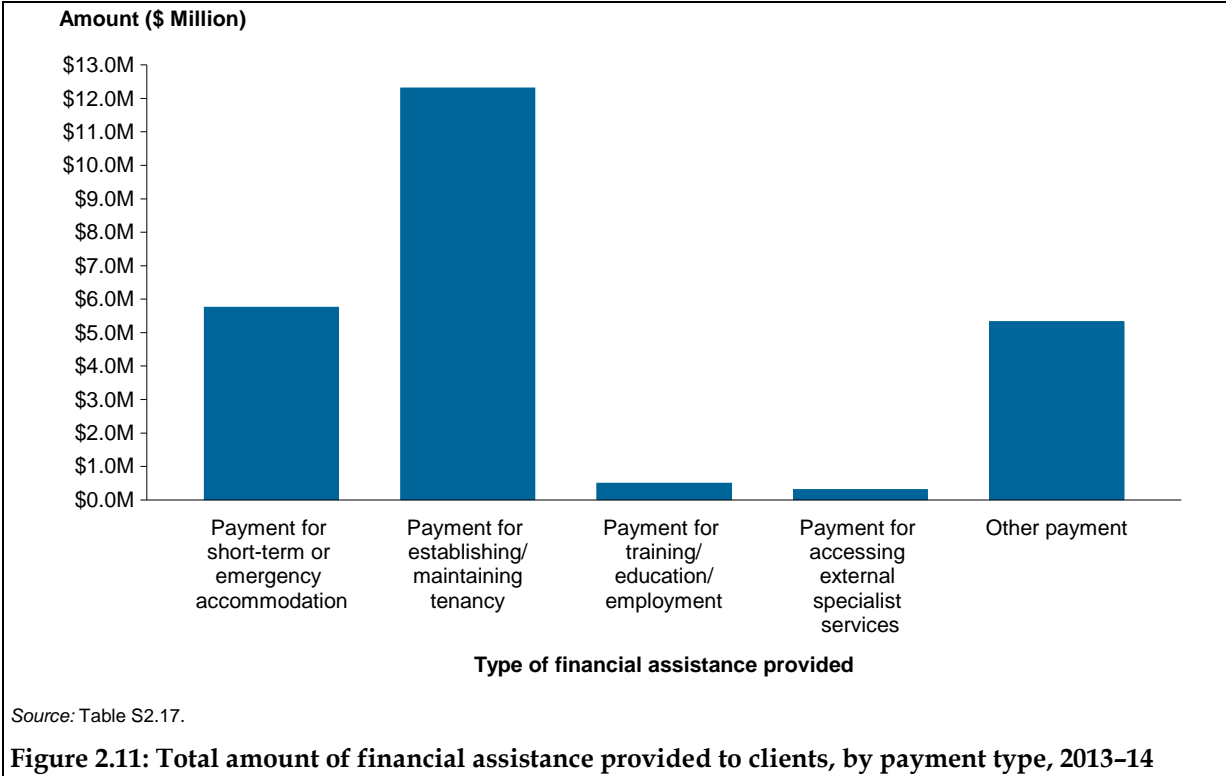
Specialised services

- The most common specialised service required was health/medical services – identified as a need for over 1 in 10 clients (11%) and this was also the most often referred (26%) (Figure 2.10).
- There has been little change in the most common specialised services needed and provided over the last 3 years.



Financial assistance

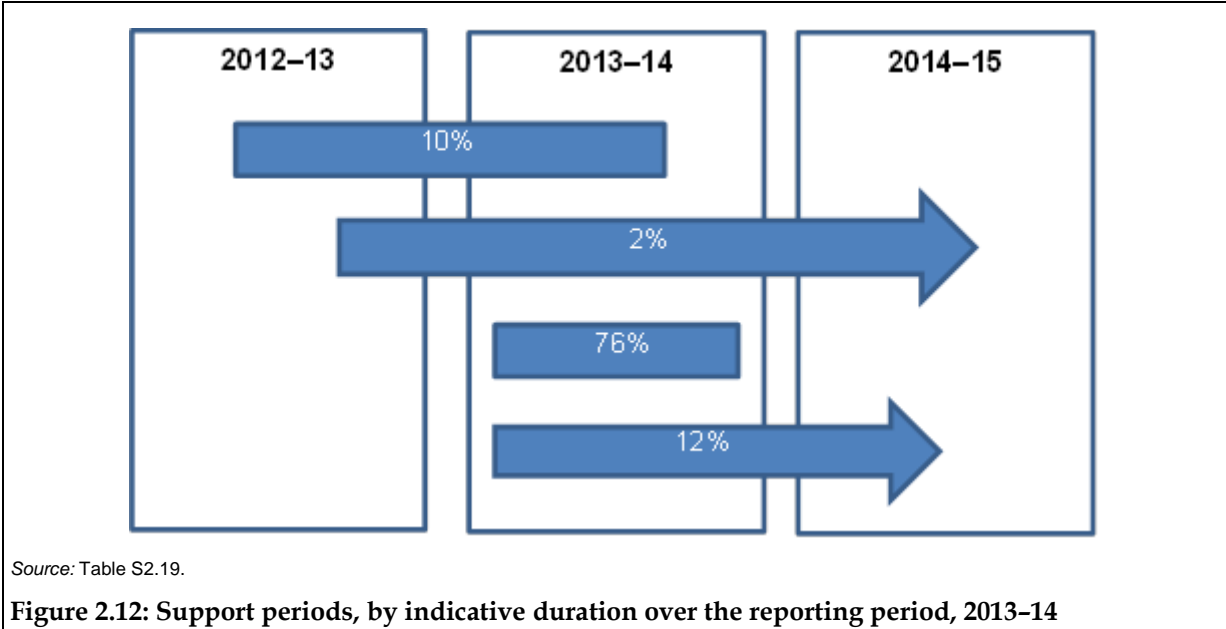
- A total of \$24.2 million in financial assistance was provided to clients in 2013-14 (Figure 2.11), a decrease of around \$3.3 million since the previous financial year. Around half of the financial assistance was used to assist clients to establish or maintain a tenancy. This is consistent with funding patterns in 2012-13. The average amount of assistance in this category was \$582 per client who received financial assistance.
- Payments for short-term accommodation and 'other' purposes each made up around 22-23% of the total.
- Financial assistance for training/education/employment and accessing external specialised services was quite uncommon – around 2% or less of financial assistance was provided for these purposes.



2.4 Support periods

Data collected by agencies are based on support periods, or episodes of assistance provided to clients (see Appendix B for explanation). Clients may have had more than 1 support period in 2013–14, either with the same agency at different times, or with different agencies.

- In 2013–14, clients assisted by homelessness agencies were supported in 427,930 support periods. This is an increase from the number of support periods provided in 2012–13 (412,614) and the 388,766 support periods provided in 2011–12.
- The majority of clients in 2013–14 had only 1 support period (70%), while 18% had 2 support periods, 6% had 3 periods and 7% had 4 or more. The number of support periods per client is consistent with the previous year.
- The majority of support periods opened and closed in 2013–14 (76% of clients), an additional 12% of support periods opened during the year and remained open on 30 June 2014 and only 2% of clients remained supported throughout the entire year (Figure 2.12).

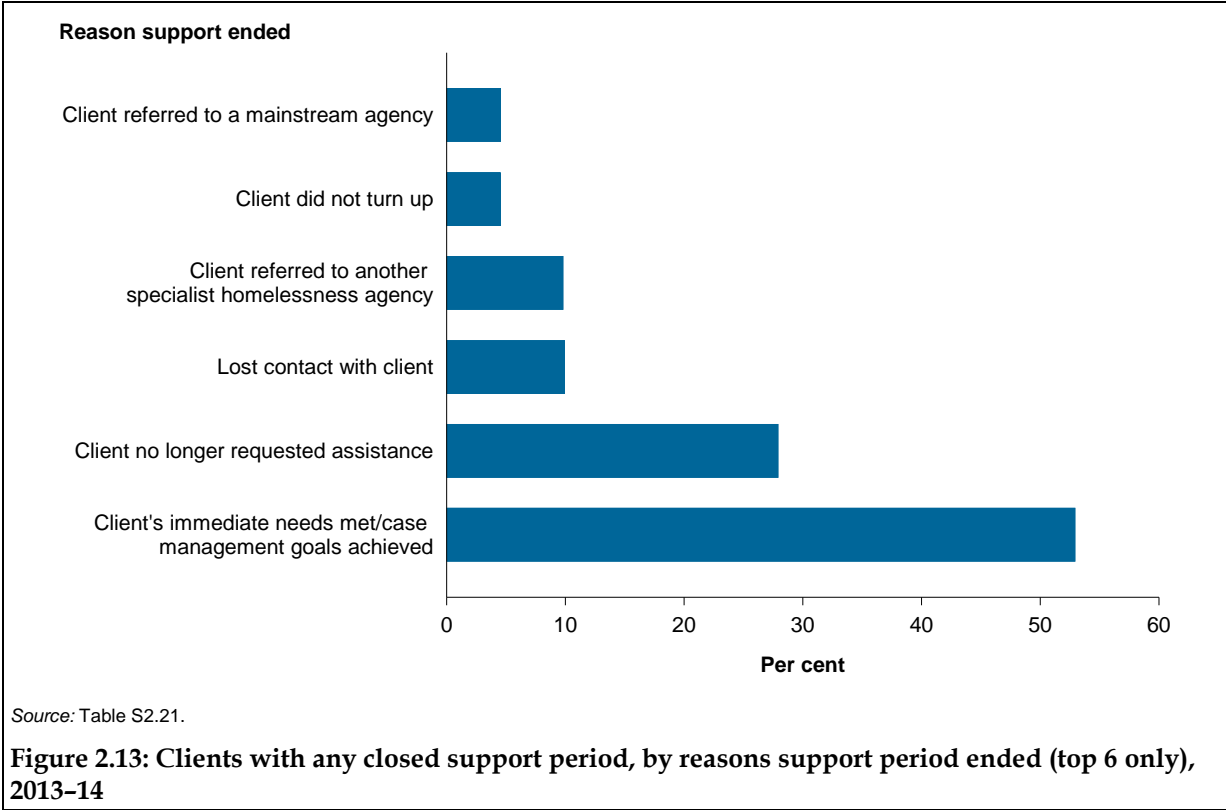


Number of days clients received support

- In 2013–14, clients were supported for an average of 81 days in total, either as consecutive days or over multiple periods of support. The median number of support days in 2013–14 was 33 days.
- Males and females received a similar length of support on average (82 days for females and 80 days for males).
- More than one-quarter (28%) of clients received 5 or less support days during the year; the same proportion received support for 6–45 days. Fifteen per cent of clients received over 180 days of support during 2013–14.

Reasons that support periods ended

- Around half of support periods ended in 2013–14 because the client’s immediate needs were met or case management goals were achieved (53%).
- A further 28% ended because clients no longer requested assistance. Losing contact with the client led to the end of support in 10% of periods; and another 10% closed because the client was referred to another specialist homelessness agency (Figure 2.13).



2.5 Outcomes following support

This section focuses on clients who ceased receiving support in the year – their support periods had closed and they did not have ongoing support at the end of the year. The outcomes presented here are changes in clients’ situations with reference to the start and end of support. Many clients had long periods of support or multiple support periods during the year and they may have had a number of changes over the course of their support (for example, their housing situation may change a number of times during support). These changes within a support period are not reflected here.

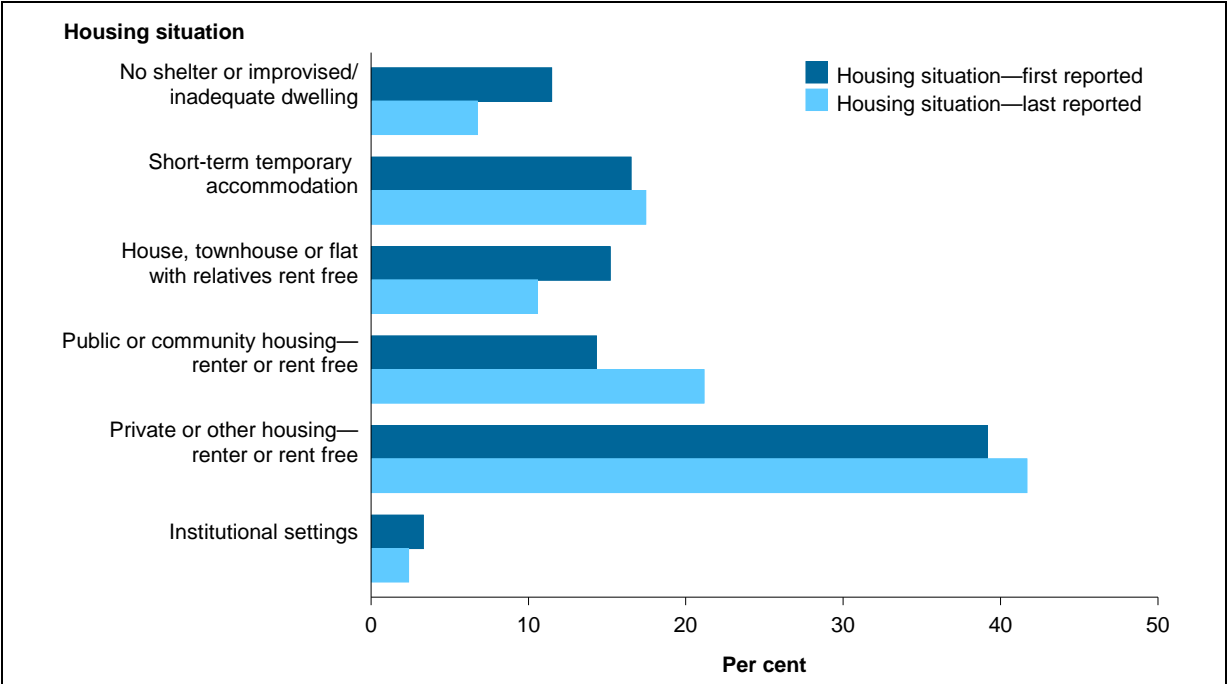
Clients with ‘closed support’ accounted for 72% of all clients assisted in 2013–14. A proportion of these clients may seek assistance again in 2014–15.

Housing outcomes

Analyses here use 3 aspects of client’s housing situations to look at changes in their housing circumstances. Dwelling type, housing tenure and the conditions of occupancy are all relevant when considering a client’s housing situation. Box 2.3 describes in detail how housing situation categories are derived for this analysis.

In 2013–14, the proportion of clients who were considered homeless reduced from 43% at the start of support to 35% at the time of their last contact with the agency. Most of this reduction was due to a large decrease in clients with either no shelter or living in improvised dwellings (from 12% to 7%) and in clients living in a house, townhouse or flat as a ‘couch surfer’ with no tenure (from 15% to 11%).

In comparison, there was an increase in some forms of tenure over the course of support, including a large increase in clients living in public or community housing (from 14% to 21%) (Figure 2.14). These trends demonstrate that by the end of support, many clients have achieved or progressed towards more stable housing.



Source: Table S2.22.

Figure 2.14: Clients with closed support, by housing situation at beginning of support and at end of support (top 6 only), 2013–14

Other outcomes for clients

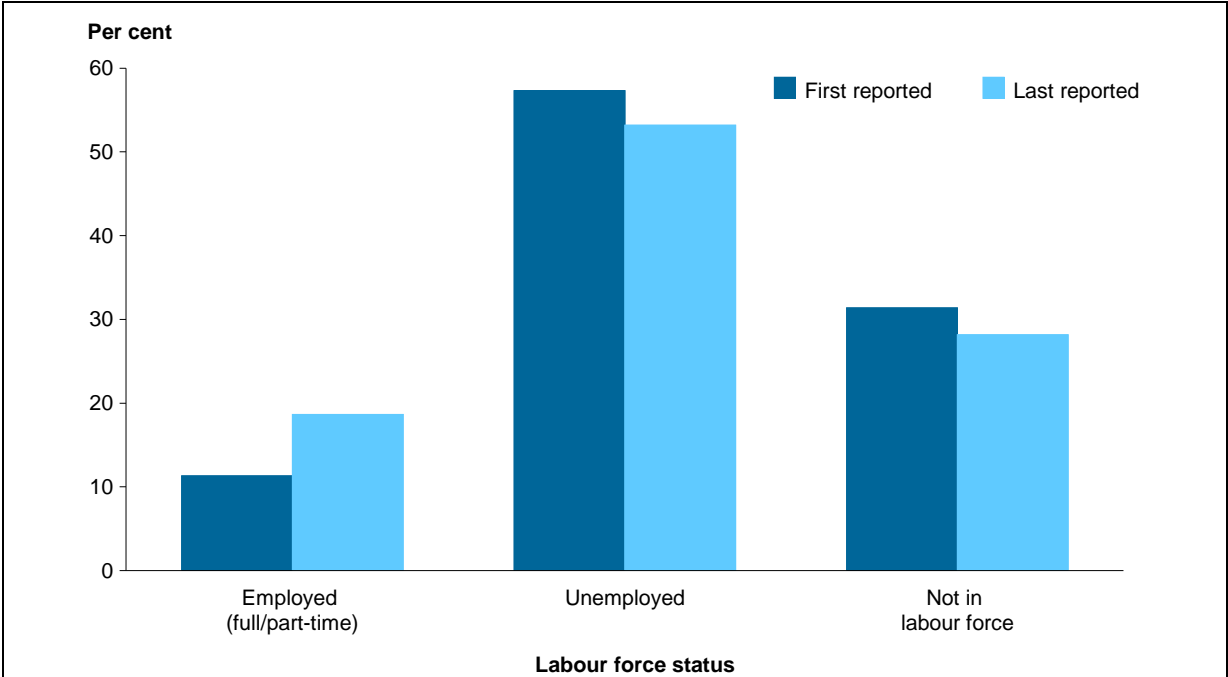
Specialist homelessness agencies may support clients in a number of areas to reduce their vulnerability to homelessness. The outcomes outlined in this report are changes in educational enrolment status, labour force status and main source of income.

Education

- For clients with closed support, there was a small increase in the proportion of clients enrolled in education/training, from 19% at the beginning of support to 21% at the end of support.
- Among those who also had an identified need for support relating to education or training assistance, 40% were enrolled in education/training at the beginning of support, and this increased to 43% at the end of support.

Labour force status

- Figure 2.15 shows a small decrease in the proportion of clients (who had an identified need for employment assistance) who were unemployed following support (53% down from 57% at the beginning of support).
- Among those clients who had an identified need for employment assistance, the proportion of clients who were employed at the end of their support period increased from 11% to 19%).

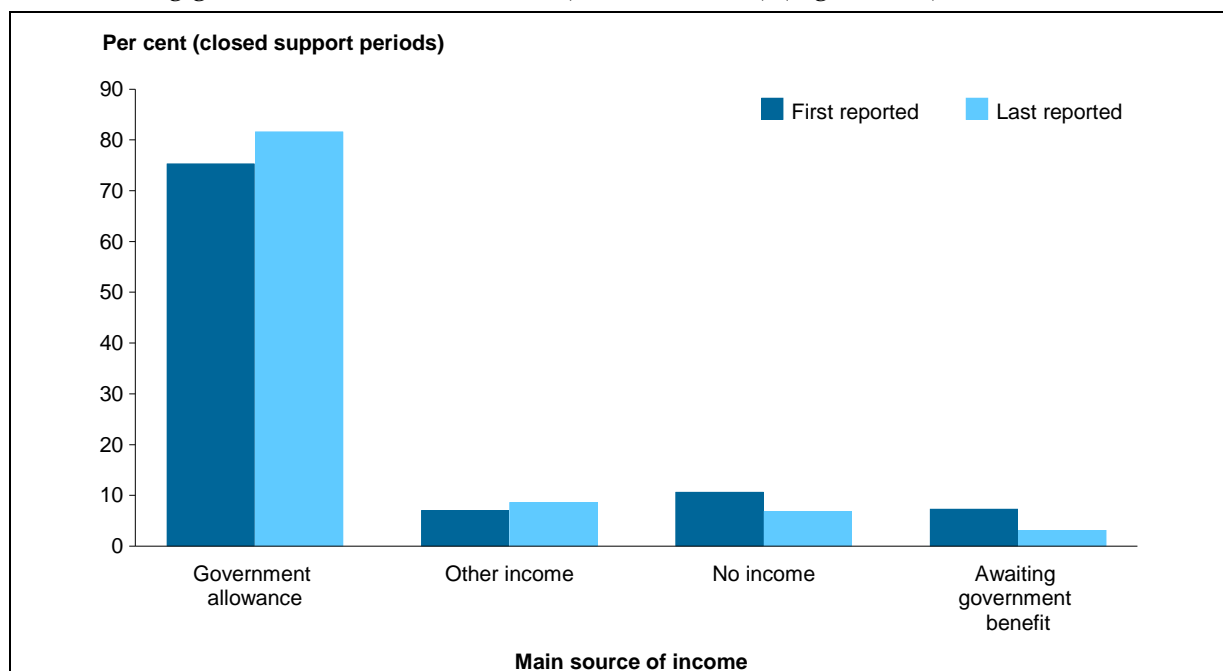


Source: Table S2.24.

Figure 2.15: Clients in closed support periods who needed support relating to employment, by labour force status at beginning of support and at end of support, 2013-14

Income

- SHS agencies often provide services to clients aged 15 and over needing assistance to obtain/maintain a government allowance or employment assistance.
- Of those who needed assistance, the proportion of clients reporting having a main income source of a government payment or allowance increased from 75% at the start of support to 82% at the end of support.
- There was a reduction in those with no income (from 11% to 7%) and the proportion awaiting government benefits halved (from 7% to 3%) (Figure 2.16).



Source: Table S2.25.

Figure 2.16: Clients in closed support periods and who needed assistance relating to securing an income, by main source of income at beginning of support and at end of support, 2013-14

Achievement of case management goals

Case management plans enable agency workers to assist a client to work towards agreed goals. In some cases, support periods are too short to allow for a case management plan; in other cases, a client may decline to have a case management plan. Case management approaches can differ from jurisdiction to jurisdiction and over time as policy and practices change.

- For those clients with closed support, 63% had a case management plan – 50% in their own right, and 13% were part of another client’s case management plan. Among those who had a plan in their own right, 75% achieved some of their case management goals, 19% achieved all their goals and 6% achieved none (Table S2.26).
- Of the 37% of clients with closed support who did not have a case management plan, the most common reason given for not having one was that the service episode was too short (74%), while 11% did not agree to having a case management plan.

3 Comparison of key client groups

3.1 Who are the key client groups?

This chapter examines client groups that are of special policy interest and have been selected based on specific characteristics that contribute to homelessness, the need for services, and/or the ability to access services. This chapter covers the following client groups:

- Indigenous clients
- clients in remote and regional areas
- young people presenting alone
- older clients
- clients who have experienced domestic and family violence
- clients with a current mental health issue
- clients exiting care and custodial arrangements.

Information about client groups reported in the 2012–13 SHSC annual report including families and children are not included in this analysis; however, data for each of these groups is available in supplementary tables online at <www.aihw.gov.au>.

3.2 Indigenous clients

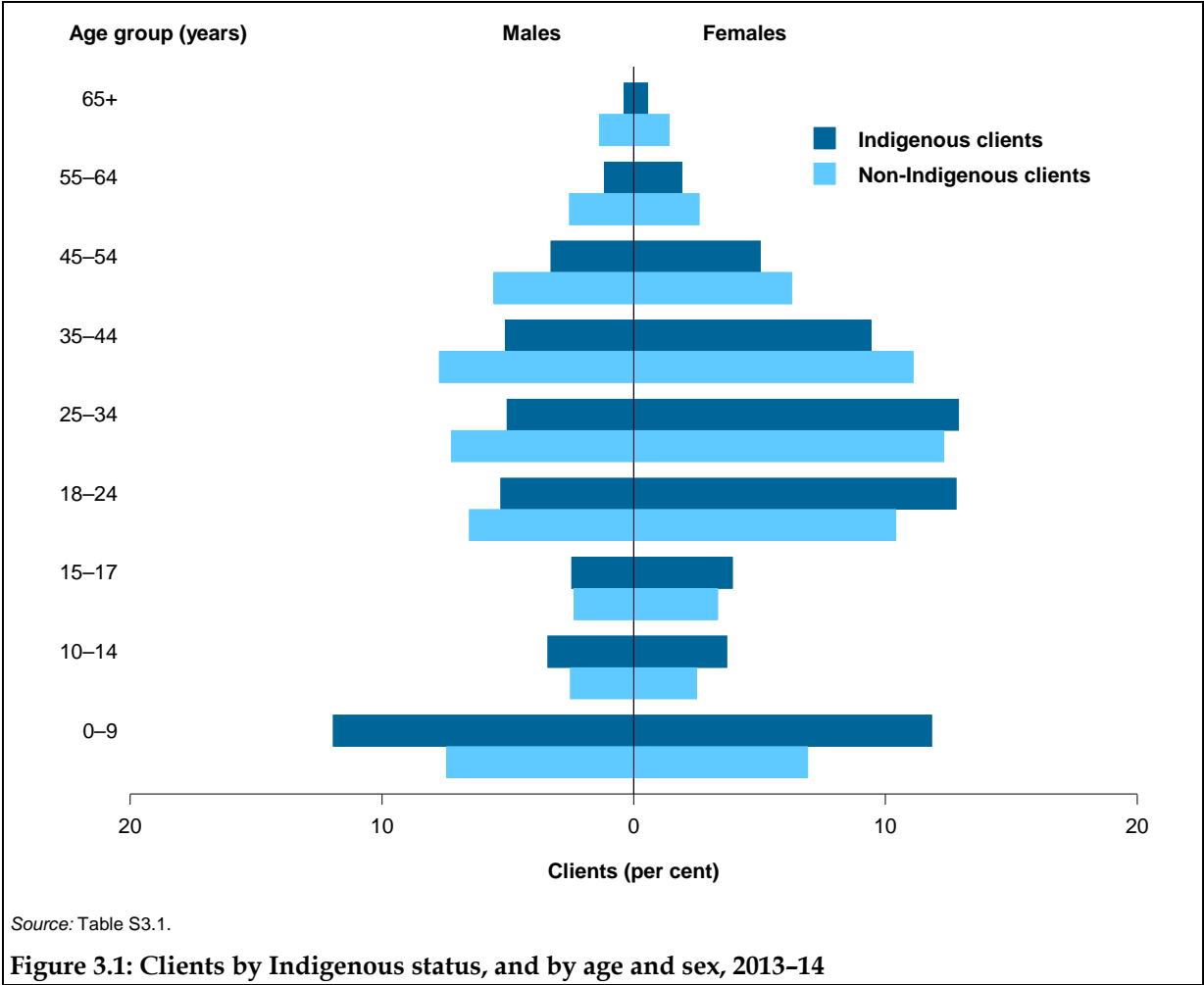
Aboriginal and Torres Strait Islander people make up 3% of the Australian population yet continue to be over-represented in both the national homeless population and as users of specialist homelessness services (see Chapter 2 and ABS 2012a). Indigenous people represented 23% of those accessing specialist homelessness services in 2013–14: an estimated 58,420 clients. This represents an increase of 6% of clients compared with the previous year.

Indigenous clients: at a glance

	Indigenous	Non-Indigenous
Number of clients (and proportion of all clients)	Estimated 58,420 (23%)	Estimated 195,581 (77%)
Living arrangement	Lone person (23%) Sole parent (35%) Couple with children (14%) Couple without children (4%) Other family group (22%)	Lone person (33%) Sole parent (32%) Couple with children (13%) Couple without children (5%) Other family group (17%)
Main reasons for seeking assistance	Domestic and family violence (22%) Inadequate or inappropriate dwelling conditions (15%) Housing crises (14%)	Domestic and family violence (21%) Housing crises (17%) Financial difficulties (16%)
Housing situation at the beginning of first support period (all clients)	47% were homeless 53% were at risk	43% were homeless 57% were at risk
Proportion receiving accommodation (and median length of accommodation for those accommodated)	48% (37 days)	40% (72 days)
Average length of support (and median)	127 days (73 days)	130 days (71 days)
Number of support periods (and average number of support periods per client)	Estimated 98,424 (1.6)	Estimated 329,506 (1.7)
Proportion of a client group who had a case management plan	54%	50%
Achievement of all case management goals	20%	23%

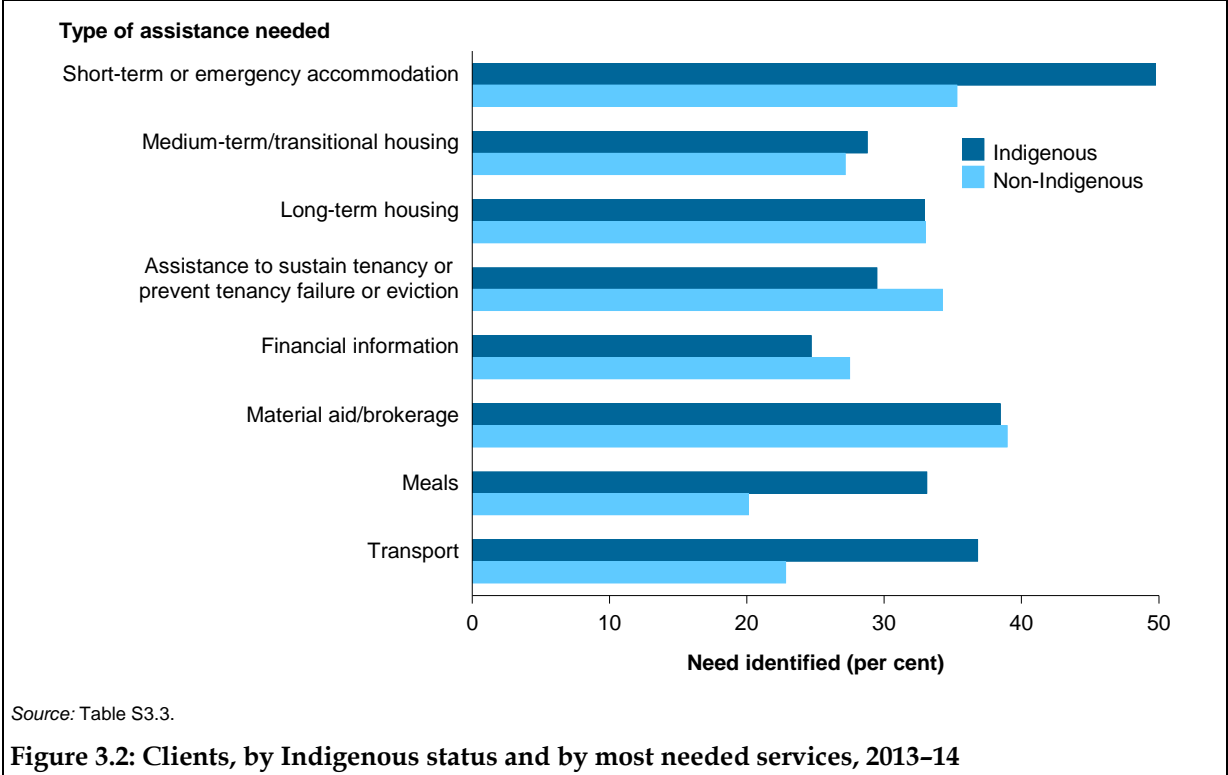
Age and sex

- The age and sex profile of Indigenous clients when compared with non-Indigenous clients was younger overall (24% were children aged 0-9) and more likely to be female (62%) (Figure 3.1).



Services needed and provided

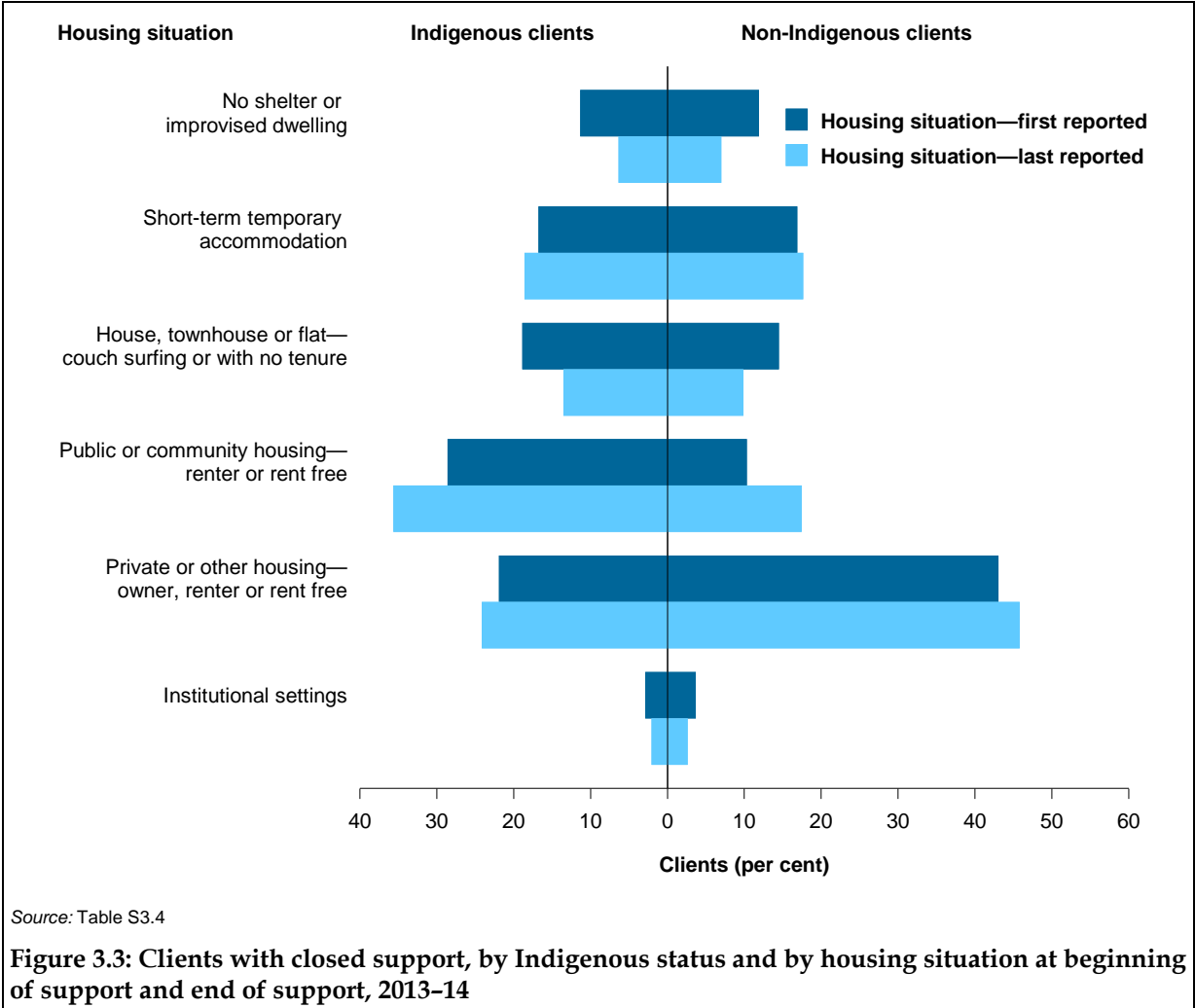
- For Indigenous clients, the most common assistance needed was for short-term or emergency accommodation (50%) (compared with 35% for non-Indigenous clients).
- Apart from short-term or emergency accommodation assistance, meals and transport, the proportion of other accommodation based needs was broadly similar between Indigenous and non-Indigenous clients (Figure 3.2).



Housing outcomes

For Indigenous clients with closed support periods:

- The most common housing situation at the start of support was public or community housing for Indigenous clients (29%) compared with private or other housing for non-Indigenous clients (43%)
- The most common housing outcome at the end of support for Indigenous clients was public or community housing (36%) followed by private tenure (24%) (See Figure 3.3). The most common housing outcomes at the end of support for non-Indigenous clients were private rental (46%) and short-term temporary accommodation (17%).
- The housing outcomes are similar to those reported in 2012-13.



3.3 Clients in regional and remote areas

Access to services can become increasingly difficult the farther away a client is from a major city. This section examines differences in client characteristics and service needs according to location. Similar to previous reports, for the purposes of the analysis, clients have been ascribed a geographical location based on the location of the agency from which they first received assistance in 2013–14. Agencies have been classified by remoteness area based on the ABS remoteness structure (ABS 2012c) using the location details of each agency.

Clients by geographic area: at a glance

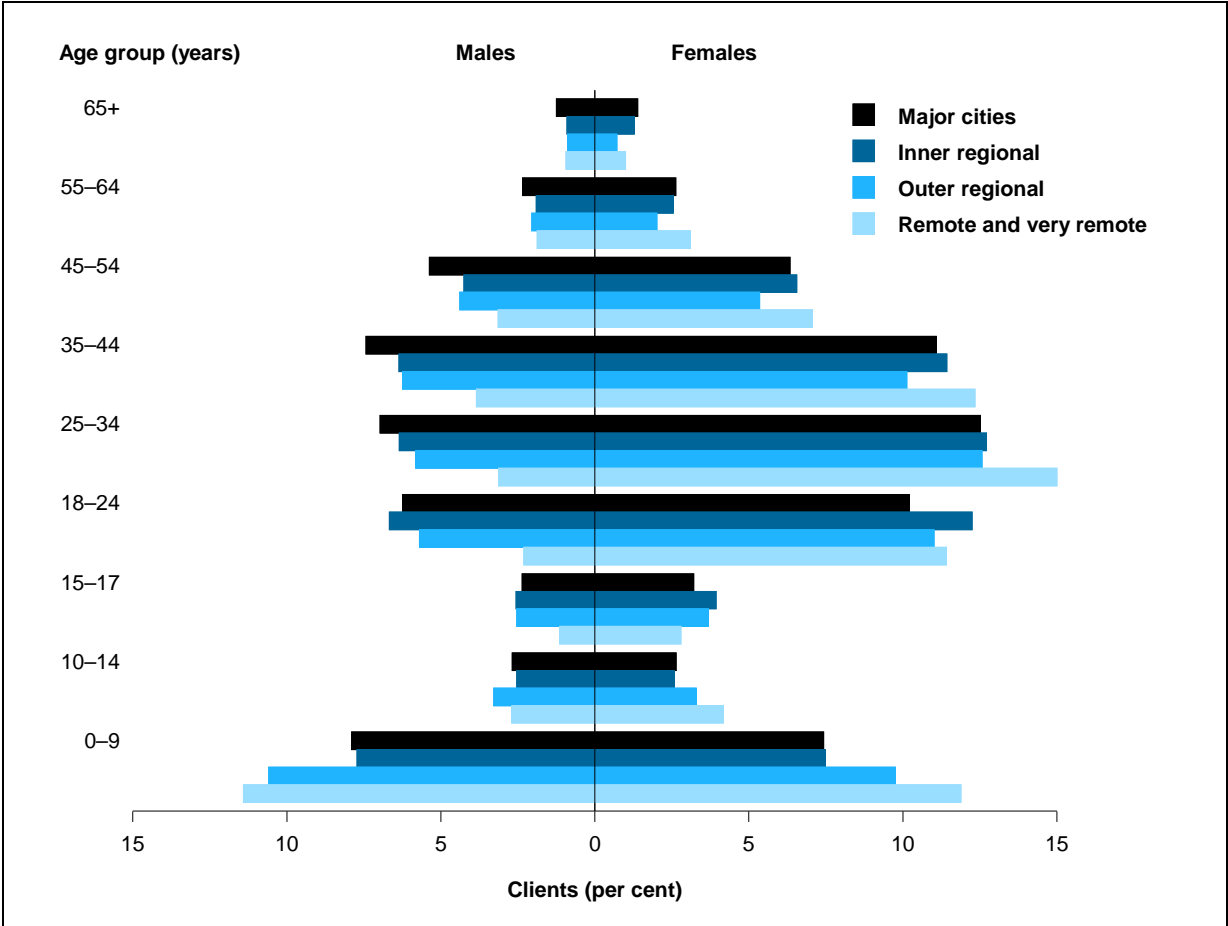
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote/ Very remote</i>
Number of clients (and proportion of all clients)	159,877 (63%)	55,510 (22%)	26,784 (11%)	11,831 (5%)
Indigenous status	Indigenous (14%) Non-Indigenous (86%)	Indigenous (21%) Non-Indigenous (79%)	Indigenous (47%) Non-Indigenous (53%)	Indigenous (87%) Non-Indigenous (13%)
Living arrangement	Lone person (32%) Sole parent (33%) Couple with children (13%) Couple without children (5%) Other family group (17%)	Lone person (28%) Sole parent (35%) Couple with children (14%) Couple without children (6%) Other family group (18%)	Lone person (29%) Sole parent (35%) Couple with children (14%) Couple without children (6%) Other family group (16%)	Lone person (15%) Sole parent (25%) Couple with children (19%) Couple without children (7%) Other family group (34%)
Main reasons for seeking assistance	Domestic and family violence (24%) Housing crisis (16%) Financial difficulties (15%)	Domestic and family violence (23%) Financial difficulties (17%) Housing crisis (14%)	Domestic and family violence (22%) Inadequate or inappropriate dwelling conditions (15%) Housing crisis (14%)	Domestic and family violence (32%) Inadequate or inappropriate dwelling conditions (12%) Financial difficulties (8%)
Housing situation at the beginning of first support period (all clients)	44% were homeless 56% were at risk	42% were homeless 58% were at risk	48% were homeless 52% were at risk	34% were homeless 66% were at risk
Proportion receiving accommodation (and median length of accommodation for those accommodated)	32% (49 nights)	29% (38 nights)	44% (20 nights)	63% (33 days)
Average length of support (and median)	83 days (31)	81 days (42)	71 days (31)	72 days (21)
Number of support periods (and average number of support periods per client)	263,720 (1.6)	82,889 (1.5)	38,883 (1.5)	16,770 (1.4)
Proportion of a client group who had a case management plan	39%	43%	47%	44%
Achievement of all case management goals	29%	16%	22%	28%

A large proportion of clients accessing specialist homelessness services lived in *Major cities* (63%). This is slightly smaller than that of the broader Australian population where 70% of people live in *Major cities* (AIHW analysis of the ABS 2011 Census). Client groups that were more likely to access specialist homelessness services in 2013–14 in *Major cities* were persons born overseas (87%) and persons with a current mental health issue (69%)

A higher proportion of clients of homelessness services in 2013–14 were located in *Remote/Very remote* areas (5%) compared with the general population (2%). Almost 9 out of 10 clients in *Remote/Very remote* areas were Indigenous (87%).

Age and sex

- In all remoteness areas, there were more females than male clients (Figure 3.4). The proportion of females increased as remoteness increased. Females represented 57% of clients in *Major cities* compared with 70% of clients in *Remote/Very remote* areas.
- Clients aged between 25 and 34 represented the single largest age group across all remoteness areas in 2013–14 (between 18% and 20%).
- The proportion of younger children (aged 0–9) generally increased with remoteness: from 15% of clients in *Major cities* to 23% of clients in *Remote/Very remote* areas.

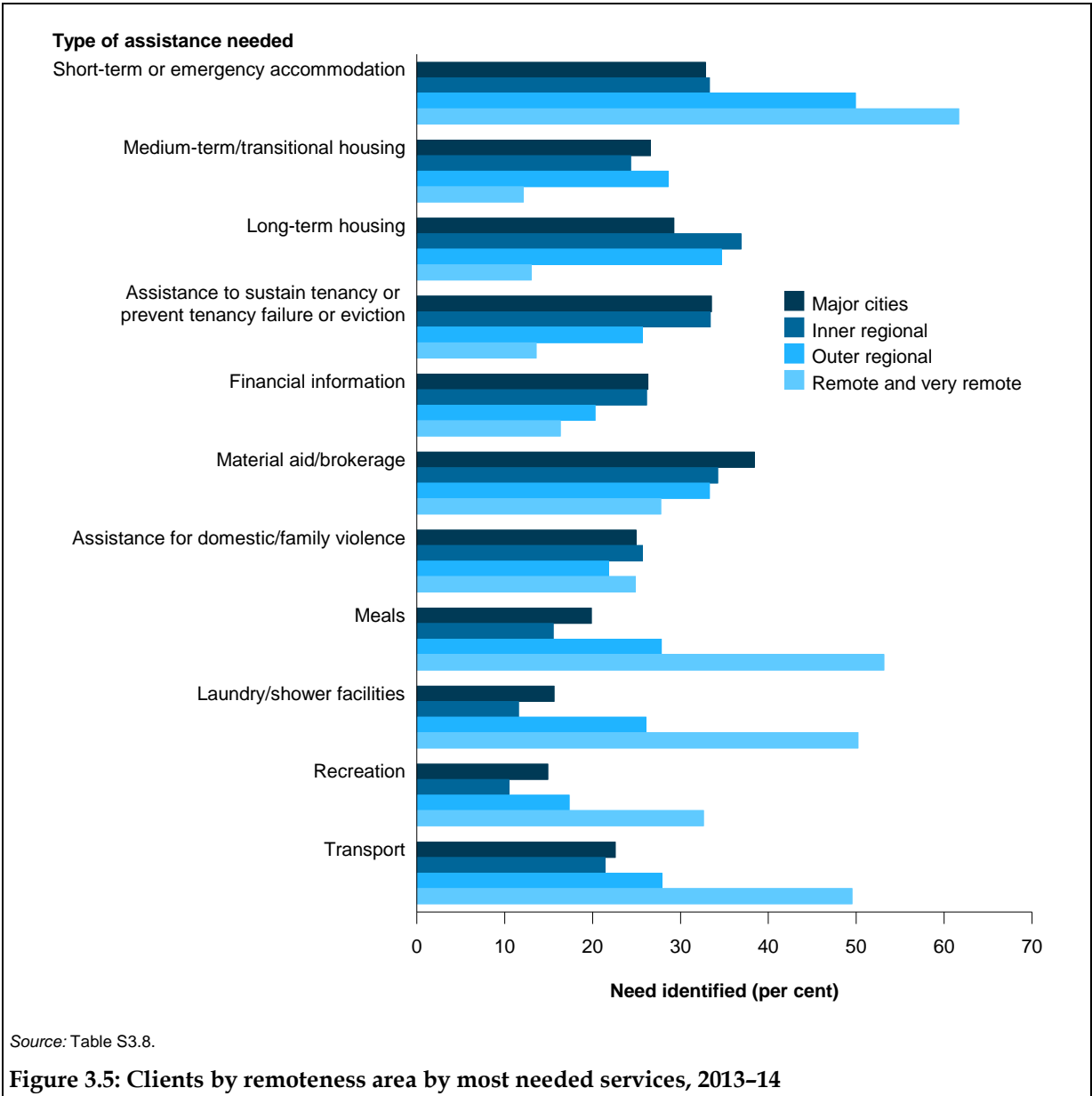


Source: Table S3.6.

Figure 3.4: Clients, by remoteness area and by age and sex, 2013–14

Services needed and provided

- Clients accessing services in *Major cities* were more likely to be assessed as needing general services such as meals (20%) and laundry/shower facilities (16%) than those accessing services in *Inner regional* areas (Figure 3.5).
- Trends for clients accessing services in *Inner regional* areas were generally similar to those in *Major cities*. However, a higher proportion of clients accessing services in *Inner regional* areas were likely to need long-term housing (37% compared with 29% in *Major cities*).

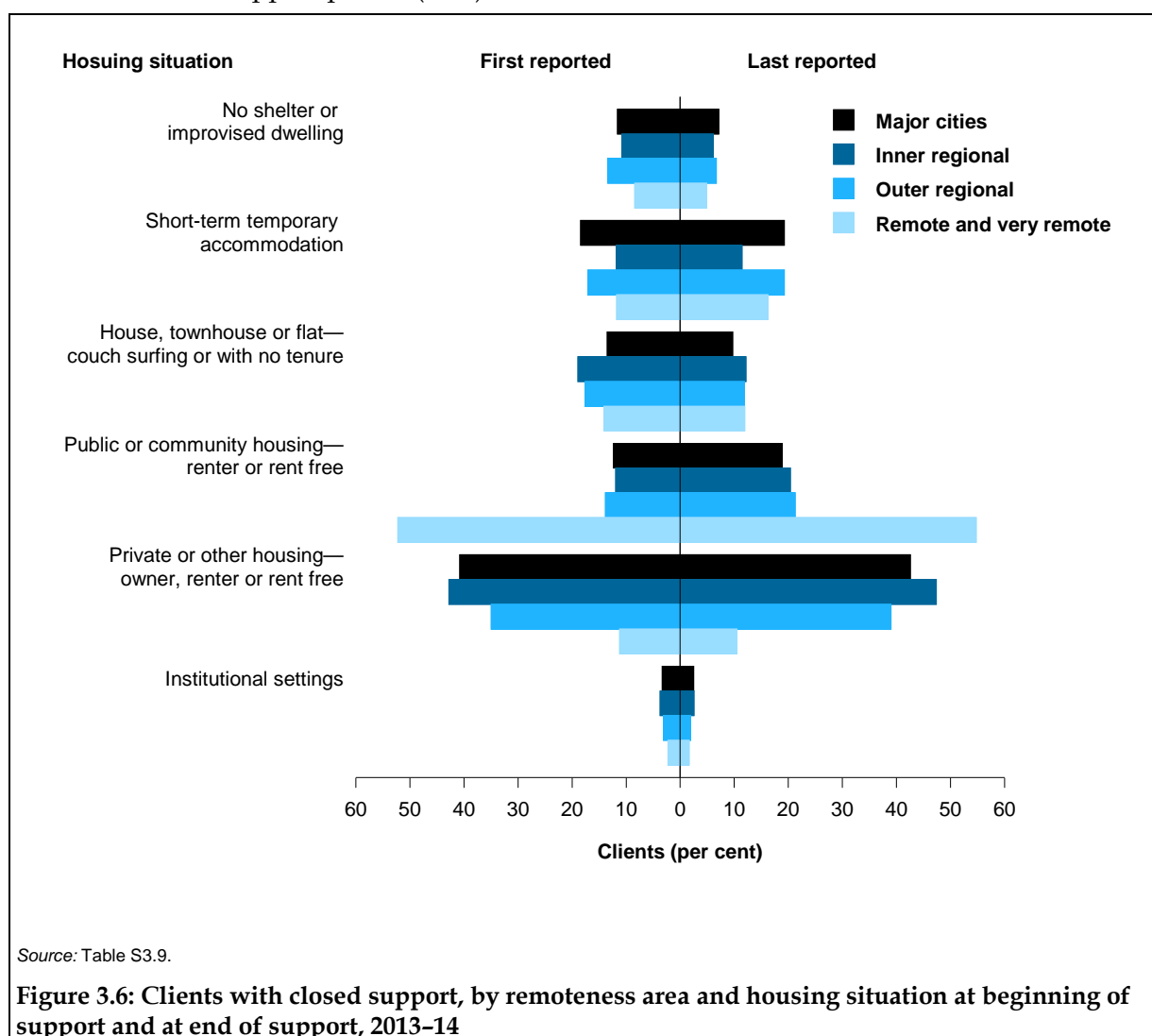


- A higher proportion of clients accessing agencies located in *Remote/Very remote* areas were assessed with more needs compared with other areas, including for short-term or emergency accommodation (62%) or meals (53%).
- The majority of clients accessing agencies in *Remote/Very remote* areas for accommodation needs were likely to receive it (with 93% of those clients who needed short-term or emergency accommodation receiving it).

- The likelihood of receiving accommodation decreased as remoteness decreased, with clients accessing agencies in *Major cities* less likely to receive accommodation (decreasing to 66% for short-term or emergency accommodation).

Housing outcomes

- Those clients accessing agencies in *Remote/Very remote* areas were more likely to first report living in public or community housing (52%).
- A total of 64% of clients accessing services in *Major cities* were likely to report being housed at the end of their support period, with most living in private or other housing as a renter or rent free (43%) (Figure 3.6).
- *Inner regional* clients were the most likely to be classified as housed at the end of their support period (70%) and clients in *Outer regional* areas were the least likely (62%).
- Clients in *Outer regional* areas were also the least likely to be classified as housed at the start of their support period (52%).



3.4 Young people presenting alone

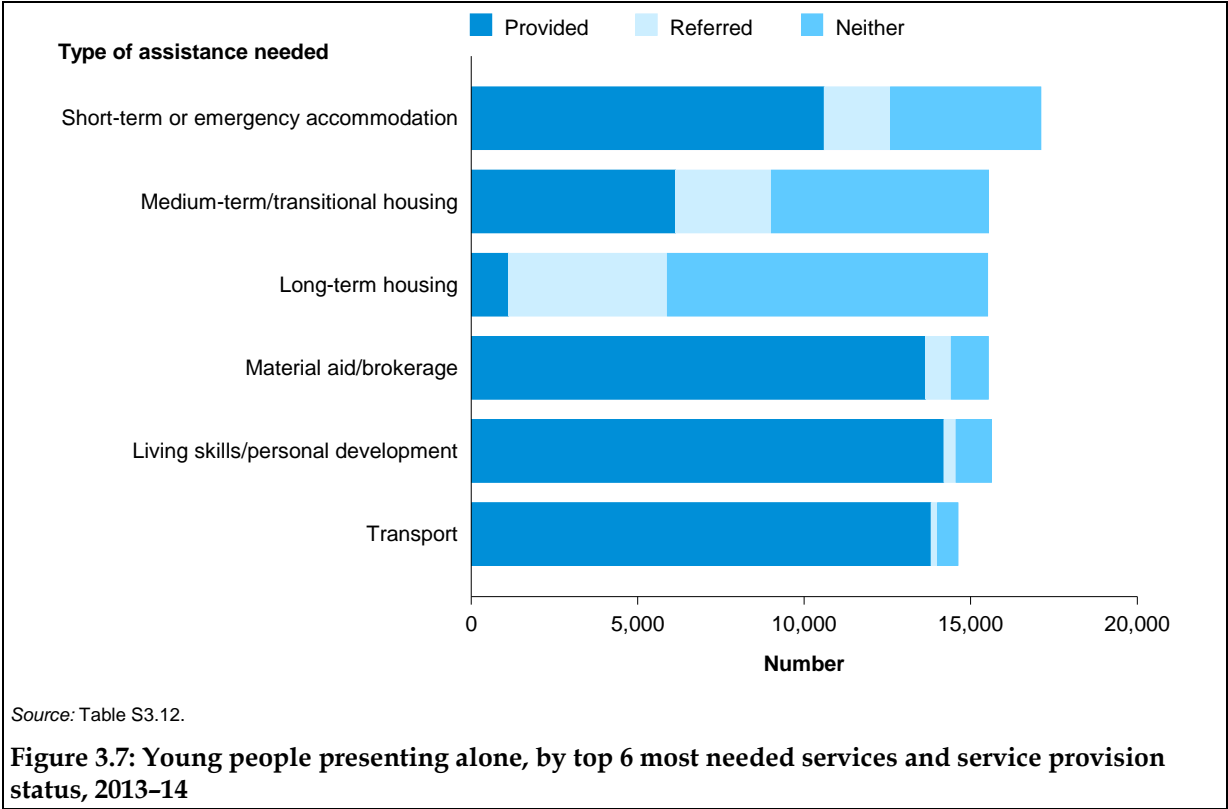
- In 2013–14, 17% of all clients (44,414 people) accessing specialist homelessness services were young people (aged 15–24) who presented alone.
- The majority of young people presenting alone were female (63%) and 78% were aged between 18 and 24.

Young people presenting alone: at a glance:

Number of clients (and proportion of all clients)	44,414 (17%)
Living arrangement	Lone person (38%) Sole parent (16%) Couple with children (8%) Couple without children (7%) Other family group (31%)
Main reasons for seeking assistance	Housing crises (16%) Domestic/family violence (15%) Inadequate or inappropriate dwelling conditions (13%) Relationship/family breakdown (13%)
Housing situation at the beginning of first support period (all clients)	54% were homeless 46% were housed/at risk
Proportion receiving accommodation (and median length of accommodation for those accommodated)	43% (69 days)
Number of support periods (and average number of support periods per client)	76,157 (1.7)
Average length of support (and median)	148 days (89)
Proportion of a client group who had a case management plan	57%
Achievement of all case management goals	15%

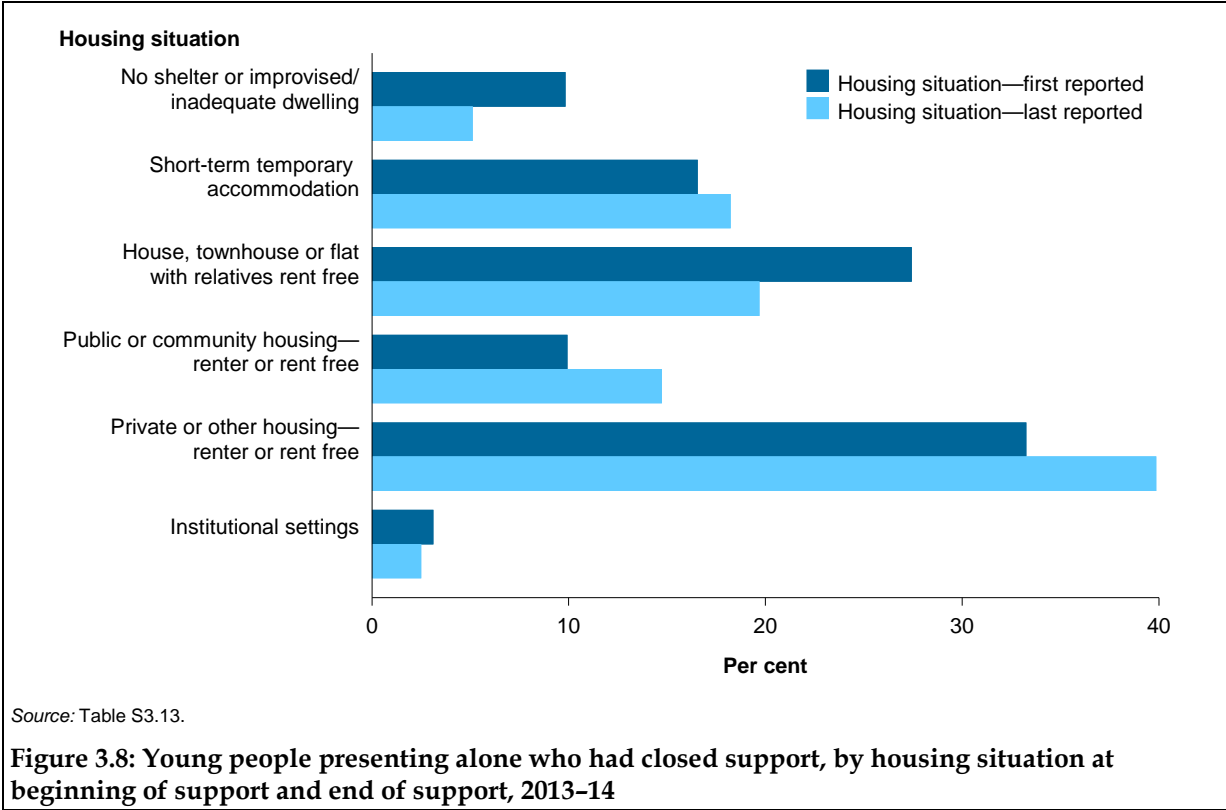
Services needed and provided

- For young people presenting alone, the most common needs identified were accommodation related, including short-term or emergency accommodation (39% or over 17,000 clients), medium-term/transitional housing and long-term accommodation (both 35%) (Figure 3.7).
- Only 7% of young persons presenting alone with an identified need for long-term housing were provided assistance.
- Compared with the overall SHSC population, young people presenting alone were more likely to be identified as needing assistance with living skills/personal development (35% compared with 21%) education (19% compared with 9%), employment (16% compared with 7%) and training (13% compared with 5%).
- The need for these services was unmet in some cases (17% for education, 22% for employment and 20% for training assistance).



Housing outcomes

- For young people presenting alone who had closed support periods the rate of homelessness declined from 54% at the beginning of support to 43% at the end of support (Figure 3.8).
- The most common housing outcomes for young people presenting alone was in private or other housing (as a renter, rent free or owner) (40%) – an increase from 33% at the beginning of support.
- At the beginning of support, 27% of young people who presented alone were ‘couch surfing’ or staying in housing with no tenure. This reduced to 20% by the end of support.



3.5 Older clients

People aged 55 or older comprised 7% of all clients (18,182 people) of specialist homelessness services in 2013–14.

- Older clients are more likely than the broader SHSC population to be male (46% compared with 41% of all clients). This group had a much larger proportion of lone persons compared with younger age groups.
- Of older clients, two-thirds were aged 55–64 (67%) and the remaining one-third was 65 or over.
- Only 4% of Indigenous clients were aged over 55 compared with 8% of non-Indigenous clients.
- Older clients were less likely to be homeless on presentation than younger clients. For example, 34% of clients aged 55 and over were homeless on presentation compared with 42% of the broader SHS population.
- For older clients, the most common main reasons reported for seeking assistance were for financial difficulties (21%) followed by domestic and family violence (17%) and housing crises (14%).

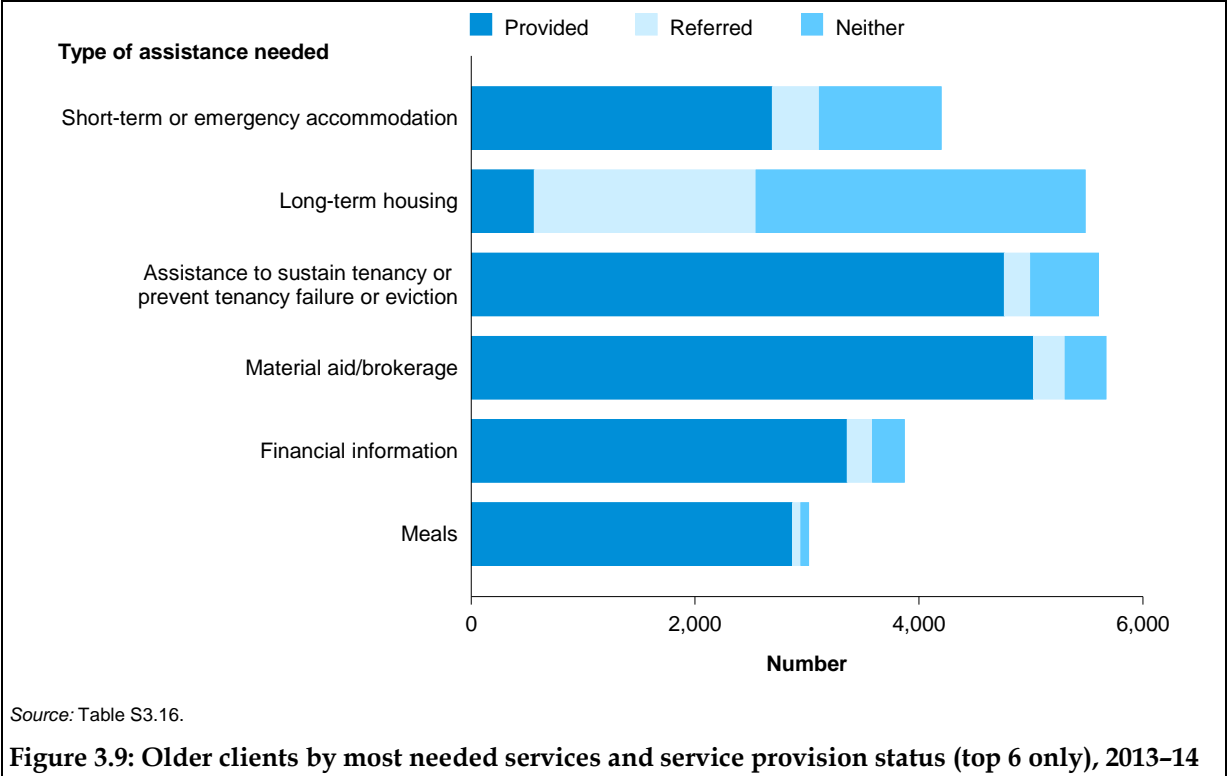
Older clients: at a glance

Number of clients (and proportion of all clients)	18,182 (7%)
Living arrangement	Lone person (60%) Sole parent (8%) Couple with child/children (4%) Couple without children (11%) Other family group (17%)
Main reasons for seeking assistance	Financial difficulties (21%) Domestic and family violence (17%) Housing crises (14%)
Housing situation at the beginning of first support period (all clients)	34% were homeless 66% were housed/at risk
Proportion receiving accommodation (and median length of accommodation for those accommodated)	27% (75 nights)
Number of support periods (and average number of support periods per client)	26,731(1.5)
Average length of support (and median)	117 days (52 days)
Proportion of a client group who had a case management plan	46%
Achievement of all case management goals	35%

Services needed and provided

The most common assistance needed among older clients was for:

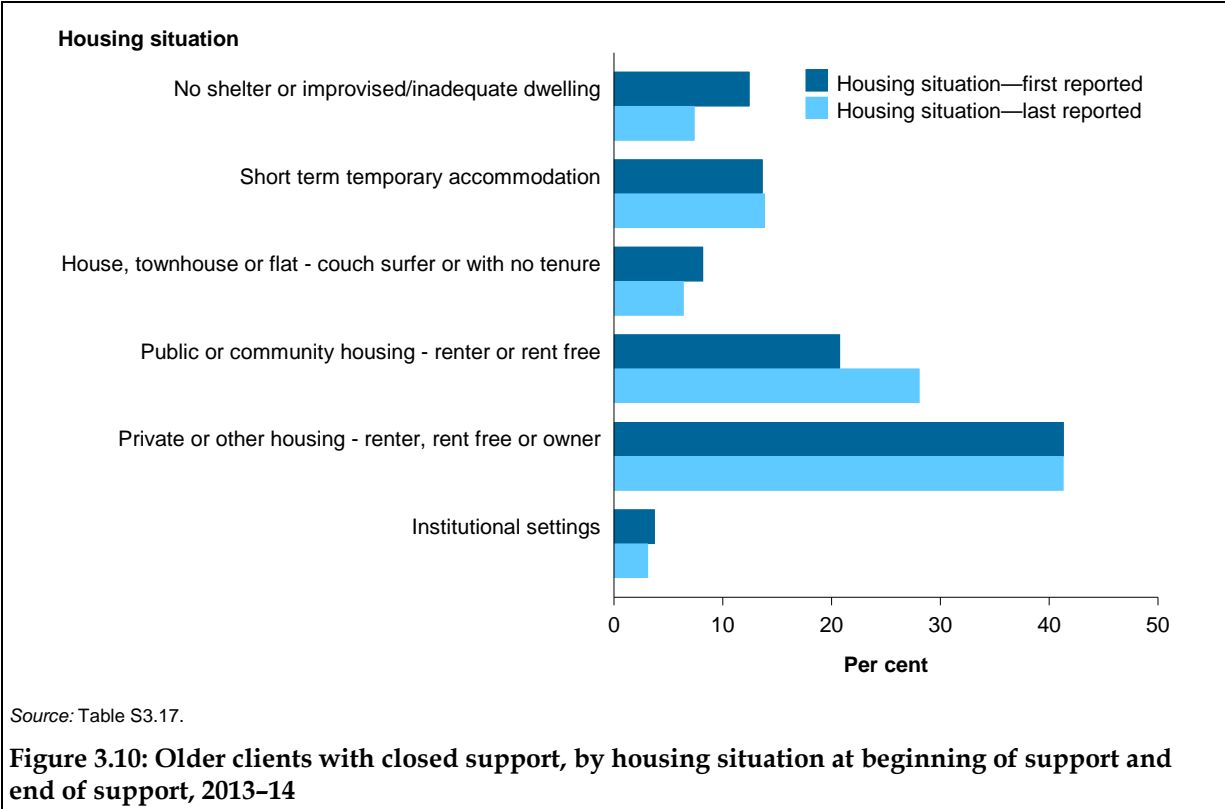
- material aid/brokerage (31%)
- assistance to sustain tenancy or prevent tenancy failure or eviction (31%)
- long-term housing (30%)
- short-term or emergency accommodation (23%) (Figure 3.9).



Housing outcomes

The most common housing outcomes for older clients with closed support periods were in:

- public or community housing (28%) – an increase from 21% at the beginning of support (Figure 3.10)
- no shelter or improvised/inadequate dwelling (12% at beginning of support) – this reduced to 7% at the end of support.



3.6 Clients who have experienced domestic and family violence

Domestic and family violence is the main reason for women and children to leave their homes in Australia (Spinney 2012) and was one of the most common main reason clients have for seeking assistance (see Chapter 2). Appendix B provides information on how the SHSC defines clients who have experienced domestic and family violence.

In 2013–14, 33% of all people requesting assistance from specialist homelessness agencies were escaping domestic or family violence (84,744 clients). There were almost 7,000 more clients seeking assistance for domestic and family violence in 2013–14 than 2012–13. This is largely due to an increase in the proportion of clients in Victoria seeking assistance (accounting for 72% of the increase in all clients seeking assistance for domestic and family violence). The highest proportion of clients requesting assistance for domestic and family violence were living as a single parent (with a child or children) household (46%) and at risk of homelessness when first presenting for support (60%).

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

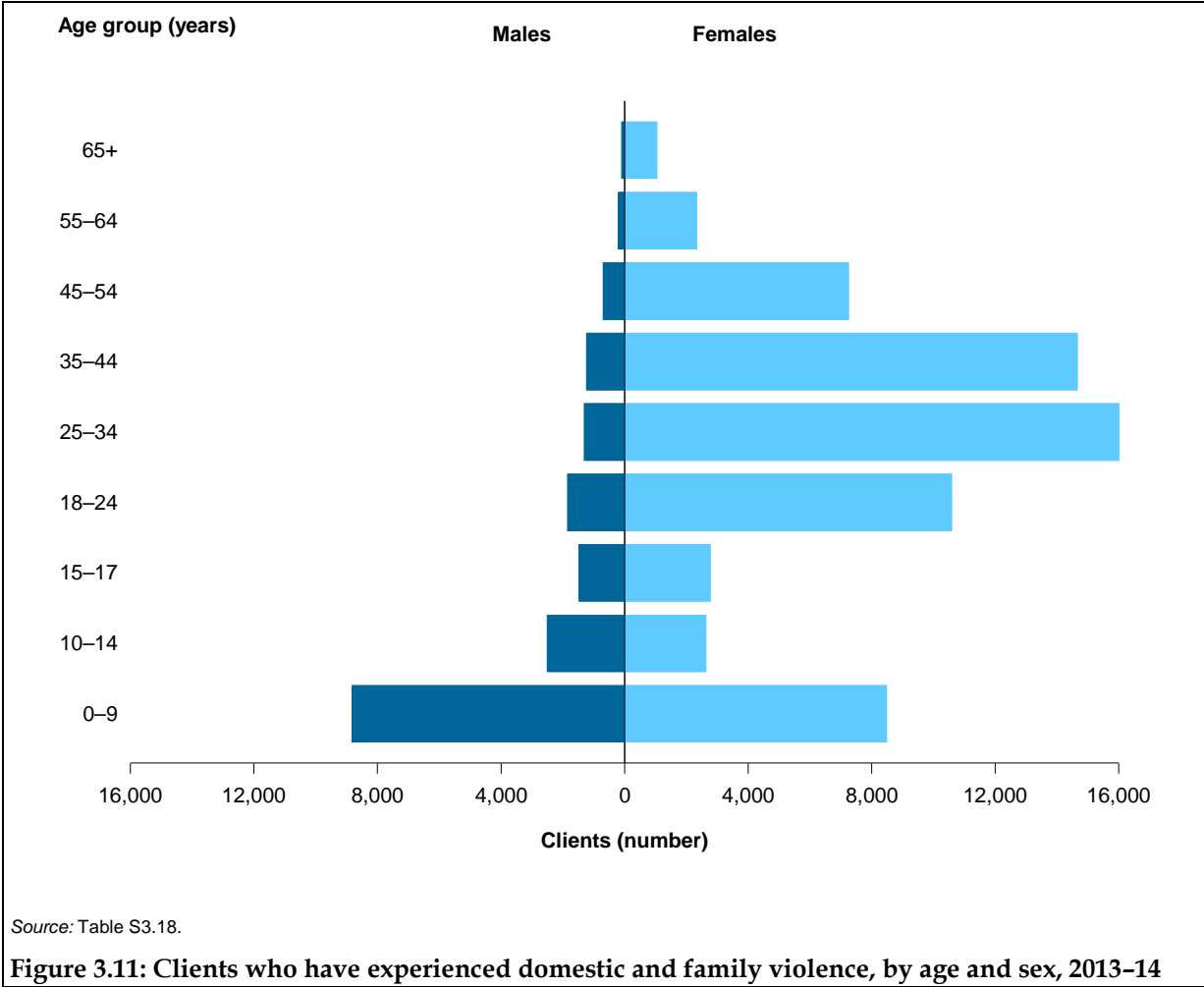
Number of clients (and proportion of all clients)	84,774 (33%)
Living arrangement	Lone person (18%) Sole parent (46%) Couple with child/children (14%) Couple without children (5%) Other family group (17%)
Main reasons for seeking assistance	Domestic and family violence (70%) Housing crisis (7%) Inadequate or inappropriate dwelling conditions (5%)
Housing situation at the beginning of first support period (all clients)	40% were homeless 60% housed/at risk
Proportion receiving accommodation (and median length of accommodation for those accommodated)	44% (61 nights)
Number of support periods (and average number of support periods per client)	150,205 (1.8)
Average length of support (and median)	141 days (83 days)
Proportion of a client group who had a case management plan	53%
Achievement of all case management goals	18%

Age and sex

The majority of clients of specialist homelessness services who were escaping domestic and family violence were females and children. In particular:

- Females aged 15 and over accounted for 66% of this group.
- Children aged 14 and under accounted for an additional 26%.
- Males aged 15 and older accounted for 8% of the client group.

Among children (0–14 years), there were similar numbers of boys and girls (Figure 3.11).

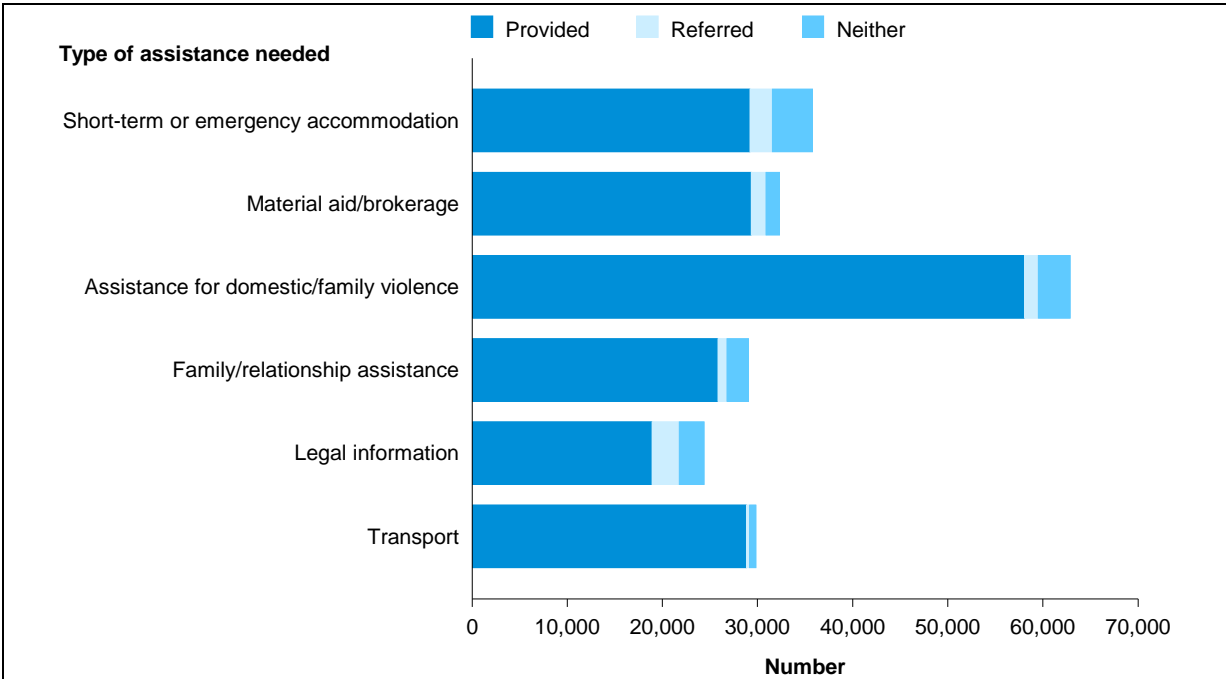


Services needed and provided

As expected, clients escaping domestic and family violence were most commonly recorded as needing assistance for domestic/family violence (74%). The next most common services that were identified as a need for assistance were (Figure 3.12):

- short-term or emergency accommodation (42%)
- material aid/brokerage (38%)
- transport (35%)
- family/relationship assistance (34%)
- financial information (28%).

Of the persons identified as needing assistance for domestic and family violence, 92% were provided assistance.



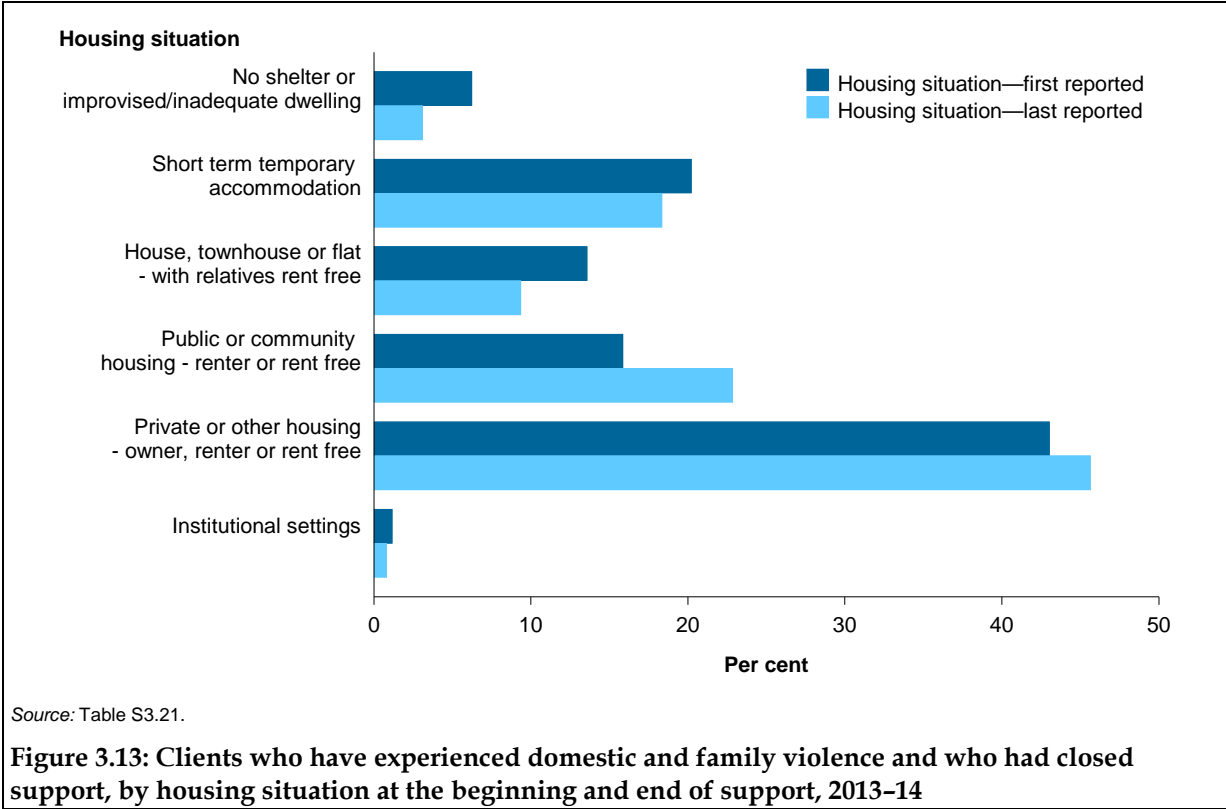
Source: Table S3.20.

Figure 3.12: Clients who have experienced domestic and family violence, by top 6 most needed services and service provision status, 2013–14

Housing outcomes

Of clients with closed support periods who experienced domestic and family violence, 60% were at risk at the start of support, with most (43%) were living in private rental accommodation (either as a renter or rent free). As indicated in Figure 3.13, the housing outcomes for those clients who had experienced domestic or family violence showed that the proportion that were homeless decreased to 31% (from 40% at the beginning of their support). This was particularly evident for those living in a house/townhouse or flat with no tenure (14% down to 9% after support).

The largest improvement in housing situation at the end of support was for clients in public or community housing – up from 16% at the start of support to 23% at the end of support.



3.7 Clients with a current mental health issue

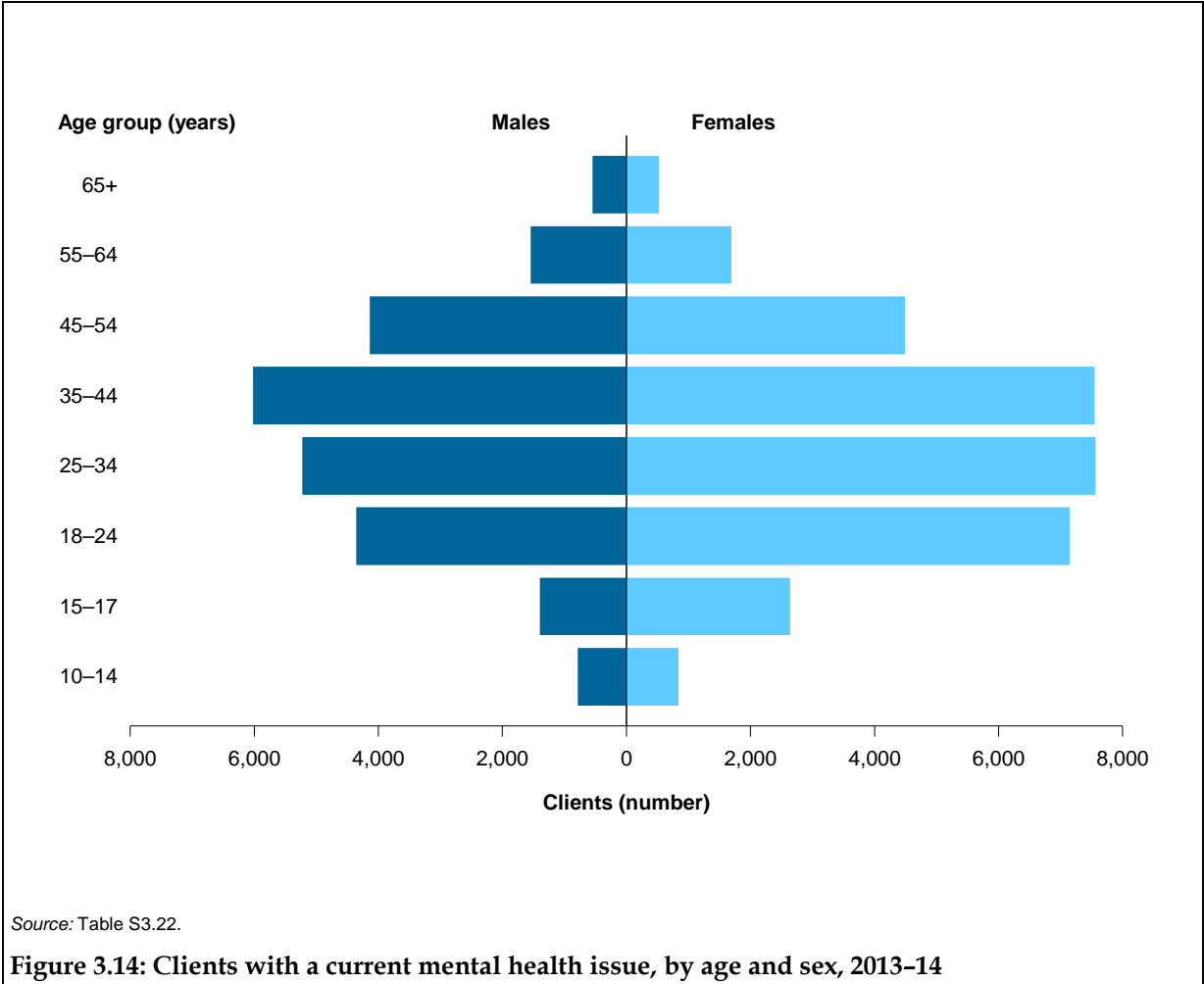
In 2013–14, 22% of people who received assistance from a specialist homelessness agency were identified as having a current mental health issue (56,281 – an increase from 48,599 in 2012–13). Analysis of the data shows that this apparent increase reflects an improvement in data quality for this question. The proportion of the clients that reported that they were homeless at first presentation also decreased from 58% in 2012–13 to 51% in 2013–14.

Clients with a current mental health issue: at a glance

Number of clients (and proportion of all clients)	56,281 (22%)
Living arrangement	Lone person (48%) Sole parent (22%) Couple with child/children (7%) Couple without children (5%) Other family group (18%)
Main reasons for seeking assistance	Housing crisis (18%) Domestic and family violence (15%) Financial difficulties (12%)
Housing situation at the beginning of first support period (all clients)	51% were homeless 49% were at risk
Proportion receiving accommodation (and median length of accommodation for those accommodated)	46% (66 days)
Number of support periods (and average number of support periods per client)	128,752 (2.3)
Average length of support (and median)	151 days (93 days)
Proportion of a client group who had a case management plan	62%
Achievement of all case management goals	21%

Age and sex

Similar to the broader SHSC population, the majority of clients with a current mental health issue were female (57%). The highest proportion of clients with a current mental health issue, were aged between 25 and 44 (47%) (Figure 3.14).



Services needed and provided

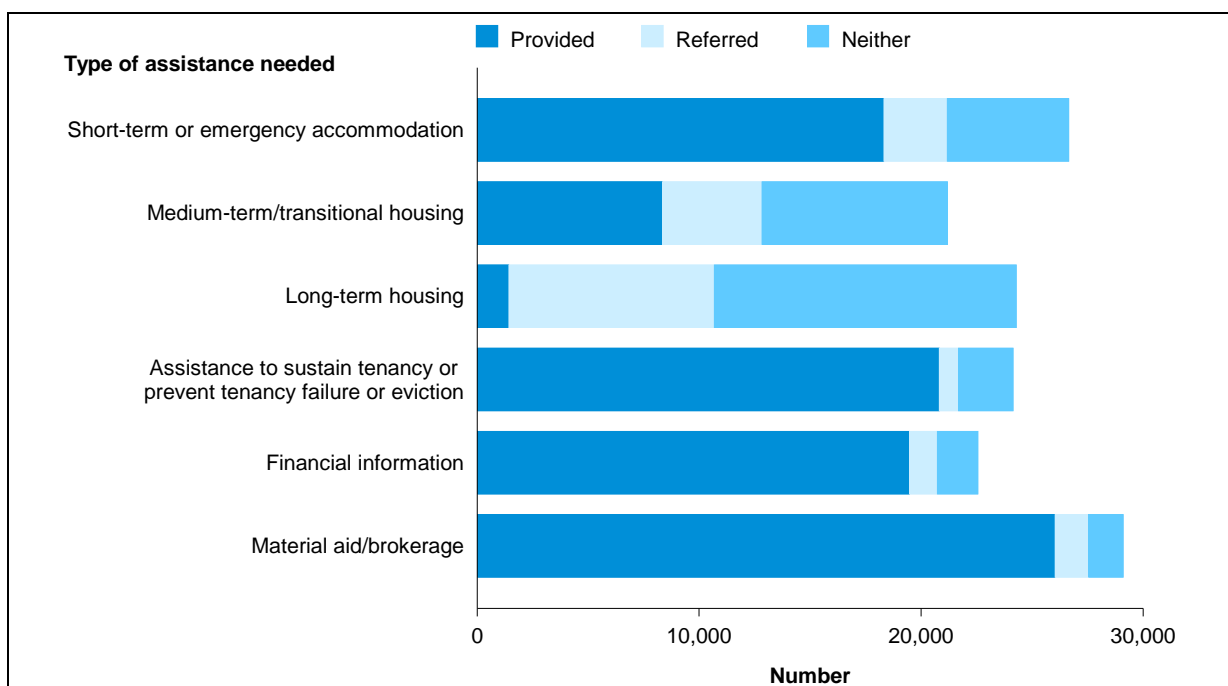
Of those clients with a current mental health issue, almost 20,000 clients needed mental health based services with:

- twenty-eight per cent identified a need for mental health services
- seventeen per cent identified a need for psychological services
- eight per cent identified a need for psychiatric services.

A high proportion of clients with a current mental health issue also identified as needing (and were provided with):

- material aid/brokerage (52% or over 29,000 clients) and 89% were provided assistance
- short-term emergency accommodation (47% or almost 27,000 clients) and 69% were provided assistance
- financial information (40% or almost 23,000 clients) and 86% were provided assistance
- transport (37%) and 94% were provided assistance (see Figure 3.15).

Figure 3.15 also shows that clients with a current mental health issue had lower rates of assistance provided for those needing long-term housing (6% or just over 1,400 clients) or medium-term/transitional housing (39% or around 8,300 clients).



Source: Table S3.24.

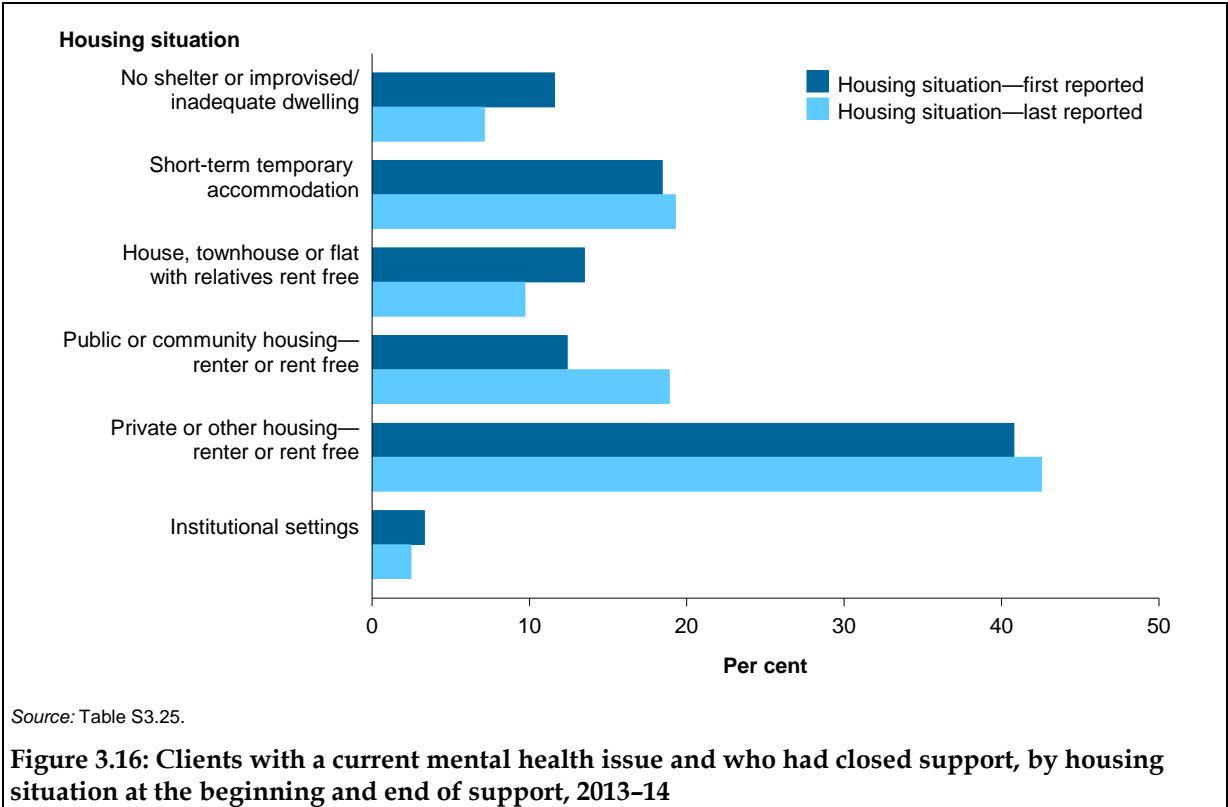
Figure 3.15: Clients with a current mental health issue, by most needed services and service provision status (top 6 only), 2013-14

Housing outcomes

For clients with a current mental health issue and who had closed support, 51% were homeless at the beginning of support, compared with 41% who were homeless at end of support. Improvement was particularly evident for clients who first presented with having no shelter or improvised/inadequate dwelling, with 16% of clients with this housing situation at the beginning of support compared with 9% at the end of their support.

Most clients were housed at the end of support with (Figure 3.16):

- thirty-four per cent in private rental (increased from 31%)
- twenty-one per cent in public/community housing (an increase from 13%).



3.8 Clients leaving care

Those who are not in stable accommodation after leaving care are particularly vulnerable to homelessness. Clients are identified as leaving care if in their first support period during the reporting period (either the week before or at the beginning of the support period):

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

In 2013–14, 5,573 clients or 2% of specialist homelessness service clients were identified as leaving care. Of clients leaving care, almost 1 in 5 was leaving a psychiatric hospital (19%), with the next most common being clients leaving rehabilitation (18%) or hospital (15%). The definition of clients leaving care (for the purposes of the SHSC) also includes those seeking assistance for transitioning care (27% of clients).

The majority of those clients leaving care in 2013–14 were males (56%) and 20% of the male clients were aged 25–34 years. Female clients tended to be younger with 1 in 4 aged 18–24 (25%).

Clients leaving care: at a glance

Number of clients (and proportion of all clients)	5,573 (2%)
Living arrangement	Lone person (57%) Sole parent (11%) Couple with child/children (3%) Couple without children (2%) Other family group (27%)
Main reasons for seeking assistance	Housing crisis (13%) Transition from other care arrangements (13%) Transition from foster care and child safety residential placements (9%)
Proportion receiving accommodation (and median length of accommodation for those accommodated)	55% (66 nights)
Number of support periods (and average number of support periods per client)	9,548 (1.7)
Average length of support (and median)	158 days (103)
Proportion of a client group who had a case management plan	64%
Achievement of all case management goals	14%

Services needed and provided

- The services most commonly needed by clients exiting care were short-term or emergency accommodation (49%), transport (44%) and material aid/brokerage (43%).
- Similar to 2012–13, the above services were provided at least 70% of the time, apart from medium-term/transitional housing, which was provided just under half the time (48%). Long-term housing was also commonly identified as a need for this client group (37%), but this was only able to be provided to 8% of those clients who needed it.

Housing outcomes

- For those clients with closed support periods and leaving care, over half (53%) were living in institutional settings at the beginning of their support (Table S3.29).
- Almost one-third (31%) of clients exiting care were classified as homeless at the beginning of their support period, with the majority that were homeless living in short-term temporary accommodation (58%).
- For clients who had left care, there was an increase in the proportion who were homeless at the end of their support (41%). This increase is likely due to the number of clients who were in institutional settings at the beginning of their support period. The proportion of clients who were in institutional settings decreased from 53% to 22%.

3.9 Clients exiting custodial arrangements

This section highlights findings in relation to clients who have recently exited custodial settings, including correctional facilities, youth justice detention centres and immigration detention centres. People who exit custodial settings (such as correctional facilities) are recognised as being at increased risk of homelessness. The ability to secure stable housing may reduce the likelihood of reoffending (Australian Government 2008).

Children aged under 10 years cannot be charged with a criminal offence in any jurisdiction in Australia. The age in which children are processed within the youth justice system varies between jurisdictions, with the majority using an upper age limit of 17 (the exception is Queensland where it is 16). Also, some jurisdictions including Victoria allow for continuation of their sentence through the youth justice system due to the age at which the offence was committed or due to their vulnerability or immaturity (AIHW 2014b).

- In 2013–14, 6,756 clients (3% of all clients of specialist homelessness clients) were identified as clients exiting from a custodial setting.
- The majority of clients who exited custodial settings in 2013–14 were male (79%) and aged between 25 and 44 (60%).

Clients exiting custodial arrangements: at a glance

Number of clients (and proportion of all clients)	6,756 (3%)
Living arrangement	Lone person (68%) Sole parent (5%) Couple with child/children (2%) Couple without children (2%) Other family group (23%)
Main reasons for seeking assistance	Transition from custodial arrangements (59%) Housing crisis (8%) Inadequate or inappropriate dwelling conditions (5%)
Proportion receiving accommodation (and median length of accommodation for those accommodated)	44% (39 nights)
Number of support periods (and average number of support periods per client)	11,481 (1.8)
Average length of support (and median)	129 days (75)
Proportion of a client group who had a case management plan	48%
Achievement of all case management goals	16%

Services needed and provided

- Of those with an identified need for short-term or emergency housing (40%), almost 3 out of 4 (74%) were provided it. Similarly, 92% of the clients leaving care needing assistance to sustain tenancy or prevent tenancy failure or eviction received this assistance.
- Clients leaving custodial care were more likely to need assistance with drug/alcohol counselling (13%) than all homeless clients (4%).

Housing outcomes

- At the beginning of support, the majority of clients exiting custodial care were living in institutions (64%), short-term or emergency accommodation (11%) or town or flat – ‘couch surfer’ or with no tenure (8%).
- The proportion of clients exiting custodial arrangements who reported living in institutional settings decreased to 44% at the end of support.

3.10 Children on a care and protection order

Care and protection orders (CPOs) are legal orders or arrangements that place some responsibility for a child’s welfare with child protection departments. They are intended to provide support and assistance to children and young people to protect them from abuse, neglect and other harm, or where their parents are unable to provide adequate care or protection (AIHW 2014a).

- In 2013–14, there were an estimated 2,205 children on a CPO that received assistance from specialist homelessness agencies.

- CPO clients were more likely to be female (57%) and most clients were aged between 15 and 17 (52%). Children aged between 0 and 9 comprised the next highest client group (31%).

Children on a care and protection order: at a glance

Number of clients (and proportion of all clients)	2,205 (1%)
Presenting unit type	59% presented alone 41% presented in a family group <1% presented in an 'other group'.
Main reasons for seeking assistance	Relationship/family breakdown (15%) Transition from foster care and child safety residential placements (13%) Domestic and family violence (11%)
Proportion receiving accommodation (and median length of accommodation for those accommodated)	52% (62 nights)
Number of support periods (and average number of support periods per client)	3,162 (1.4)
Average length of support (and median)	160 days (104)
Proportion of a client group who had a case management plan	61%
Achievement of all case management goals	12%

Services needed and provided

The most common services identified for children on a CPO were (Table S3.36):

- transport (48%)
- living skills/personal development (46%)
- short-term or emergency accommodation (45%)
- medium-term/transitional housing (39%).

CPO clients were more likely than other clients to be identified as needing assistance with transport and living skills than other SHS clients. Also, CPO clients needing assistance for short-term or emergency accommodation (45%) were also more likely to receive assistance for it (75%) than all SHS clients (69%).

Housing outcomes

The most common form of housing at the beginning of support for clients on a CPO (who had closed support) was private or other housing (renter, rent free or owner) (29%), followed by short-term or emergency accommodation (27%).

At the end of support, clients on a CPO were most likely to be housed (55%) and living in:

- private or other housing (renter, rent free or owner) (30%)
- public or community housing (24%).

4 Clients with a disability

The 2012 Survey of Disability, Ageing and Carers (SDAC) estimates that almost 1 in 5 Australians have a disability. This estimate includes all those with any disability including mild and severe disabilities (ABS 2013a). The extent to which disability restricts a person's activities and housing options varies. People with a disability often have lower incomes and many households with a person with a disability live in housing stress (AHURI 2013). People with physical disabilities can also find it difficult to secure accommodation with appropriate modifications. Those with psychiatric disability may experience housing instability due to periods in hospital and/or behaviour-related issues (AHURI 2013). Women with disability are more likely to experience domestic violence than other women (Healey et al. 2013).

Recent research has added to the evidence that people with a disability are more at risk of homelessness than other Australians (Beer et al. 2012). This research constructed an Index of Relative Homelessness Risk based on variables such as cash flow problems, evictions, low income and housing costs. People with learning and intellectual disabilities were most at risk according to the research, and mental illness, which for some people is associated with disability, was a significant risk factor.

The link between disability and housing difficulty is complex. For many people, mental and physical ill health is directly linked to unstable housing and homelessness. There is also evidence that certain groups, including those with disability, experience social and economic inequalities that restrict their options and participation (McLoughlin & Carey 2013).

Homeless people with disability can experience compounded disadvantage. For example, people with cognitive disability may have difficulty achieving sustainable housing due to limited accommodation for their specific needs and the need for them to be proactive when engaging with service providers (Dyer et al. 2009). Researchers have also noted that different disability groups receive different types of housing support – leading to greater levels of disadvantage within particular disability groups (Beer et al. 2012).

Support for people with disability to maintain stable housing is provided both within mainstream services (including SHS) and by disability-specific services. The introduction of the National Disability Insurance Scheme (NDIS) aims to maintain the role of mainstream housing assistance and homelessness services for people with disability. The NDIS will supplement housing services already available by funding supports such as home modifications or assisting with extra housing costs specifically due to disability (NDIS 2014).

4.1 Measuring disability in the SHSC

The need to know how well government services are meeting the needs of people with a disability led to the AIHW's development of a disability indicator. This indicator is designed to provide for more consistent identification of clients with disability in government services data collections, which are not specifically focused on disability.

From July 2013, disability questions have been included in the SHSC. These questions collect data about the extent to which long-term health conditions and disabilities may restrict a person's everyday activities in 3 life areas: self-care, mobility and communication (See Box 4.1 for details). The questions are asked of all clients.

Box 4.1: 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).

The disability questions have been designed to align with the concept of 'core activity limitation' and levels of disability that are used in ABS data collections. However, estimates of total SHS clients with disability collected by the SHSC are not directly comparable with prevalence estimates of disability in the general population produced by the ABS. The latter are based on a more comprehensive data collection instrument.

The SHSC questions are designed to identify people with limitations and/or needs for assistance in different life areas, and demarcate them from people without limitations and/or needs for assistance. This then allows for analysis of the availability and appropriateness of homelessness services for this group of clients. The indicator is intended for broad application in community services collections, allowing for comparable information about people with disability across a range of government services.

The disability indicator represents a major improvement in terms of information available from the SHSC about disability. Previously information about disability did not provide for consistent identification of clients with disability. Clients with a disability could only be identified based on their responses to questions such as: whether the client had been in a disability support institution in the last 12 months; their main source of income was the Disability Support Pension; and whether they received physical or intellectual disability support services from the SHS. The new information about disability is collected for all clients and is based on actual limitations and/or needs for assistance that the clients has. It also provides more information to service providers about issues that may be relevant to the housing needs of clients – for example, whether they have difficulty with self-care or mobility.

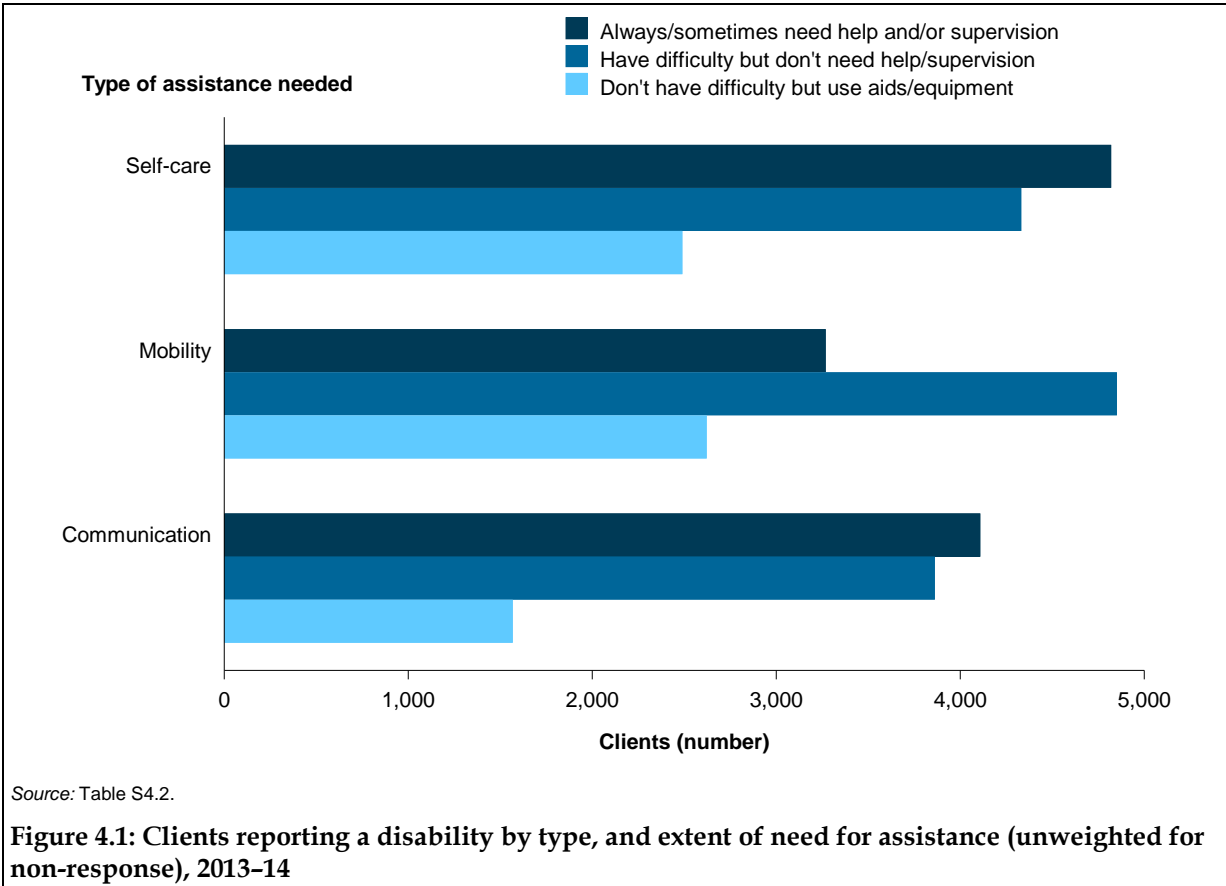
Based on client data where disability status is known, an estimated 26,655 clients (10.5% of all clients) had a disability which they require varying levels of assistance for as defined in Box 4.1).

Figure 4.1 shows the extent of clients' need for assistance with core activities such as self-care, mobility and/or communication. The categories presented in Figure 4.1 are not mutually exclusive as a client can have more than one need for assistance across a range of core activities. Of those clients who reported a disability:

- 26% reported that they needed assistance with self-care
- 27% reported that they have difficulty but don't need assistance with mobility
- 23% needed assistance with communication.

Analysis of the level of assistance of required for clients reporting a disability (irrespective of the type of core activity) showed that (Table S4.1):

- 38% always or sometimes needed assistance with either self-care, mobility or communication
- 43% 'have difficulty but don't need assistance' with either self-care, mobility or communication
- 19% did not have difficulty but used aids/equipment with self-care, mobility or communication.



4.2 Clients who require assistance for a disability

The results presented in this chapter refer to clients who answered that they ‘always/sometimes need help and/or supervision’ with self-care, mobility or communication. Clients who reported they ‘have difficulty but don’t need help or supervision’ and/or ‘don’t have difficulty, but use aids/equipment’ are not included in these analyses (see Box 4.2).

- An estimated 10,160 clients reported they ‘always/sometimes need help and/or supervision due to a long-term health condition or disability’ in 2013–14. This represents 4% of all clients where disability status was known.

This is the first year that data from the disability questions in the SHSC has been collected. Response rates for these questions in 2013–14 varied between jurisdictions and were initially low at around 50%, but this has improved over the year. Overall, 32% of clients provided no responses to this question. Estimates are based on the proportion of clients where the disability question was answered. Response rates increased throughout the year – although the rate did not increase proportionately with the decrease in ‘not known’ responses (it decreased slightly) because those clients who did not have a disability accounted for the majority of the increased response rate. Reporting in the last quarter of the year is likely to be more indicative of the true level of disability among SHS clients. This data indicates a rate of 9.5% of all clients had some difficulty with core activities such as self-care, mobility or communication. Four per cent of all clients always or sometimes needed help and/or supervision with core-activities.

Box 4.2: Disability as a ‘core activity need for assistance’

The definition used to identify clients with a 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 2012b). The SHSC takes a similar approach in gathering information from clients of specialist homelessness services about disability.

The results presented in this chapter refer to clients who reported that they ‘always/sometimes need help or supervision’ with self-care, mobility or communication for any support period during in 2013–14.

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 needing assistance with disability for analyses.

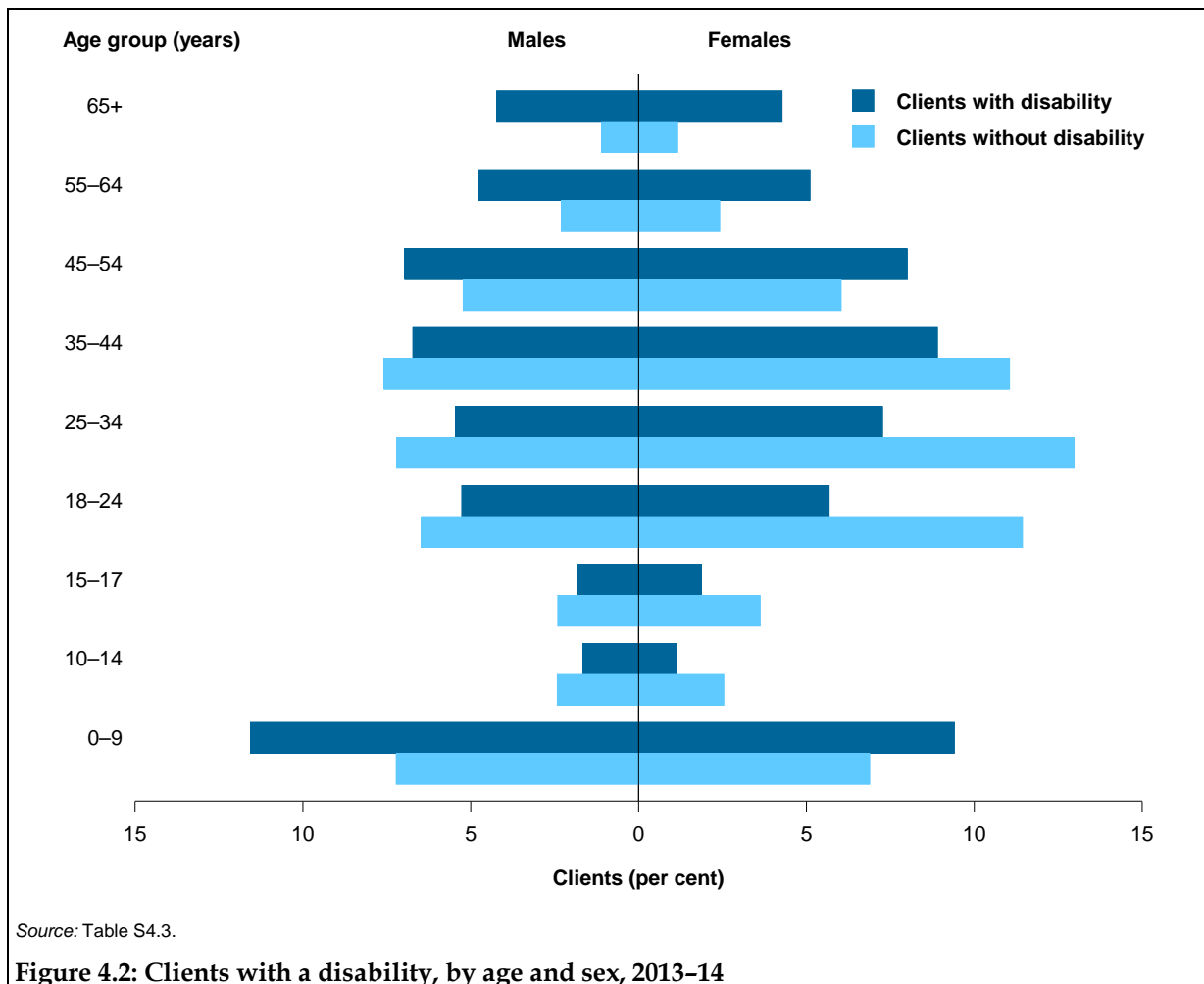
Clients who require assistance for disability: at a glance 2013–14

	Require assistance for a disability
Number of clients (and proportion of all clients)	Estimated 10,160 (4%)
Living arrangement	Lone person (37%) Sole parent (26%) Couple with child/children (10%) Couple only (7%) Other (20%)
Main reasons for seeking assistance	Housing crisis (18%) Inadequate or inappropriate dwelling conditions (15%) Domestic and family violence (14%)
Housing situation at beginning of first support period (all clients)	42% were homeless 58% were housed/at risk
Proportion of client group who received accommodation (and median length of accommodation for those accommodated)	42% (58 nights)
Average length of support (and median)	121 days (68)
Number of support periods (and average number of support periods per client)	16,382 (2.3)
Proportion of client group who had a case management plan	50%
Achievement of all case management goals	18%

Demographics

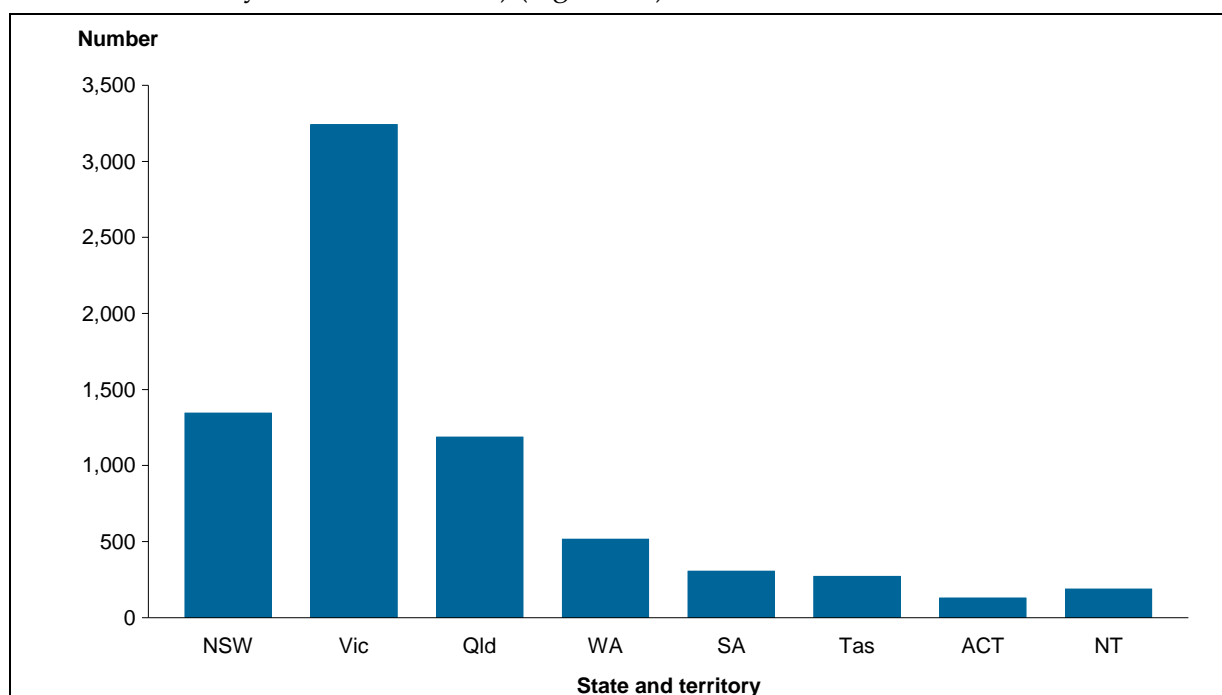
Of the clients reporting a need for help with a disability in 2013–14:

- One in 5 clients (21%) needing help for a disability were young children aged between 0 and 9 (Figure 4.2). There was also a higher proportion of persons aged over 55 with a disability requiring help (18%).
- Just under half (42%) of clients needing help for disability were homeless at the beginning of their first support period (compared with 45% of all clients).
- Seventeen per cent of clients were Indigenous (compared with 23% of all clients).
- The majority of clients accessed services in *Major cities* (65%) followed by *Inner regional areas* (22%).
- A larger proportion were living in alone (37%) compared with all clients (30%).
- Five per cent of these clients were identified as in need of physical disability services and 4% in need of intellectual disability services. About one-half of the identified need for disability services was met (47%).
- Clients in this group are supported on average for 121 days (median 68 days).



State and territory

- Almost half of these clients accessed services in Victoria (45%). This was followed by New South Wales (19%) and Queensland (17%).
- Most states and territories had similar proportions of clients with disability – between 3% and 4%.
- Victoria had the highest number of clients with a disability (3,241 or 5% of clients where their disability status was known) (Figure 4.3).



Source: Table S4.4.

Figure 4.3: Clients with a disability, by state and territory (unweighted for non-response), 2013-14

Main source of income

Of clients (aged 15 and over who required assistance for their disability), 90% reported that their main source of income was a government payment, in particular:

- Disability Support Pension (52%) (compared with 18% of all clients)
- New Start Allowance (14%) (compared with 26% of all clients)
- Age Pension (8%)
- Department of Veteran Affairs Disability Pension (3%) (compared with 1% of all SHS clients).

A larger proportion of male clients (55%) reported that their main source of income was from the Disability Support Pension, compared with females (48%).

Clients who require assistance for a disability were less likely to report their main source of income as the parenting payment (7% compared to 20% of all SHS clients).

Employment status/educational status

- Of clients aged 15 and over who reported they needed help/and or supervision, the majority were not in the workforce (68%). A further 29% were unemployed.
- Only 3% of these clients were employed. In comparison, 11% of SHS clients overall are employed.
- Eighty-five per cent of clients in this group were not enrolled in education. Of those aged 5–14, 16% were not enrolled in education and 67% of those aged 15–24 were not enrolled.

Source of referral

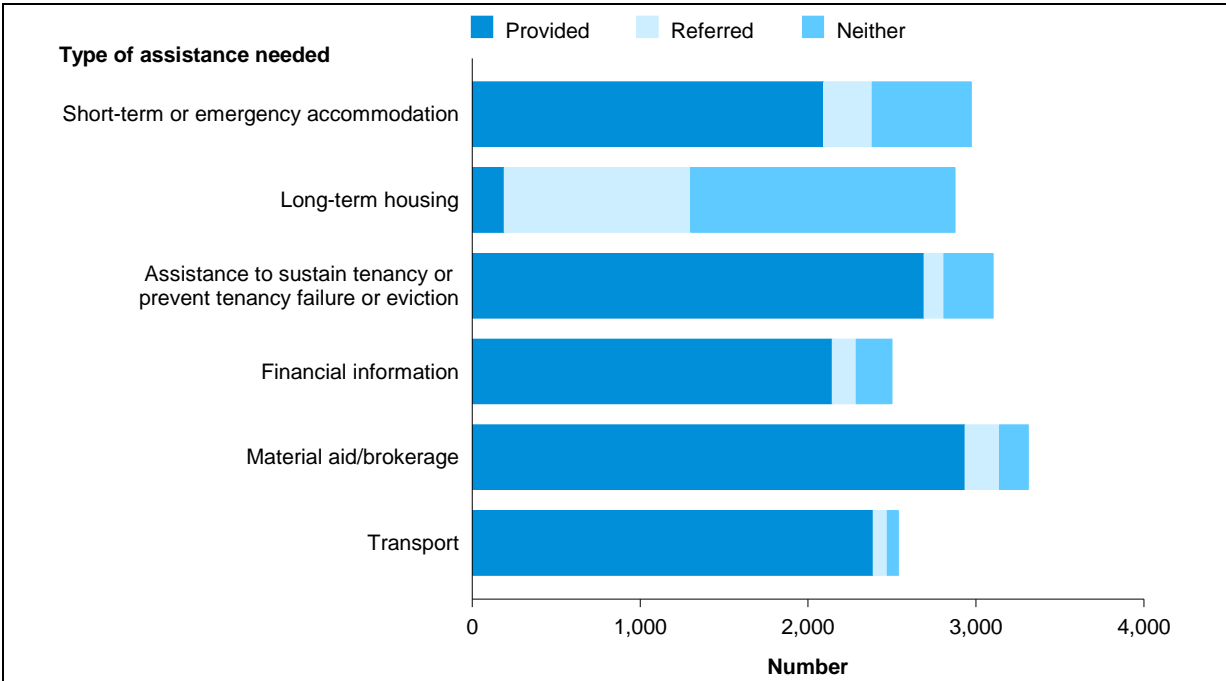
- Similar to other SHSC clients, most of these clients seek support without a formal referral (30%). The most common formal referral is made by another (government/non-government) agency (17%), followed by a specialist homelessness agency/outreach worker (12%) and 8% were referred by family and/or friends.
- Clients who needed help/and or supervision were less likely to be referred to homelessness services by police (3%) than other homelessness clients (8%).

Reasons for seeking assistance

- Apart from accommodation, the most common main reasons this group of clients had for seeking assistance related to difficulties with interpersonal relationships (21%).
- Ten per cent of the group reported the main reason they had sought assistance was for health-related issues.

Services needed and provided

- For clients who needed help/and or supervision the most common assistance needed was for material aid/brokerage (47%), followed by ‘assistance to sustain tenancy or prevent tenancy failure or eviction’ (44%), short-term or emergency accommodation (43%) and long-term housing (Figure 4.4).
- Most of these identified needs were provided: 89% of the need for material aid/brokerage; 87% of the need for assistance to sustain tenancy or prevent tenancy failure or eviction; and 70% of the need for short-term or emergency accommodation.
- Only 5% of these clients were identified as in need of physical disability services and 4% in need of intellectual disability services. About one-half of the identified need for disability services were met (47%).
- One in 5 (20%) of clients were identified in need of mental health-related services and 1 in 4 (25%) were identified in need of health/medical services. Over half of these identified needs were provided—64% of health/medical services and 54% of mental health related services.



Source: Table S4.5.

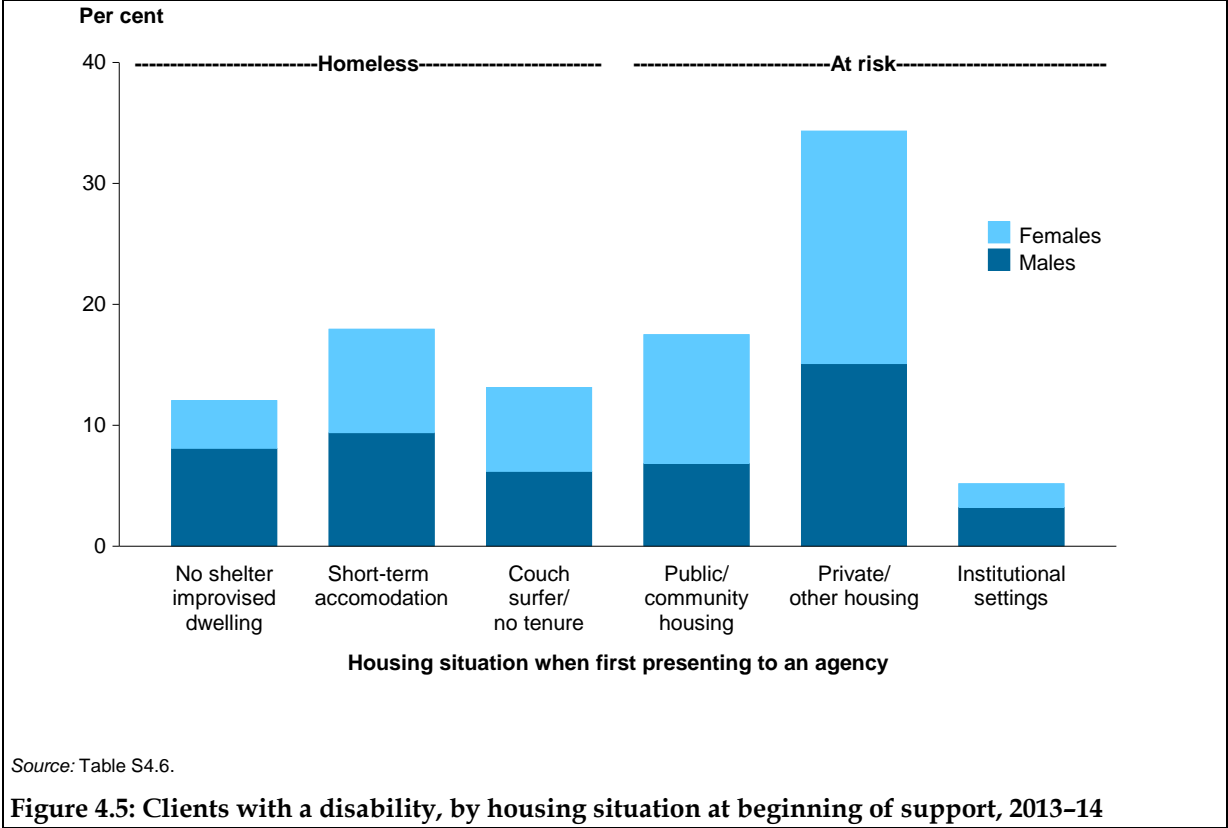
Figure 4.4: Clients with a disability, by most needed services and service provision status (top 6 only) (unweighted for non-response), 2013-14

Previous experience of homelessness

- Five per cent of clients who reported they needed help/and or supervision indicated they had experienced an episode of homelessness in the month before they commenced support.
- Just over half (51%) indicated they had experienced an episode of homelessness in the 12 months before support.

Housing situation at the start of support

- Just over two-fifths (42%) of all clients with a disability were homeless when they started support (Figure 4.5).
- Almost one third (32%) of clients with a disability were living in private housing at the start of their support, followed by short-term accommodation (17%).



Housing and other outcomes

- Of those clients with a disability who had closed support, 41% were homeless at the start of support and this decreased to 33% by the end of support (Table S4.7).
- Of all clients with a disability and closed support, 38% were housed in private housing and 27% were housed in public or community housing.
- Data for this group indicates that clients’ labour force status and educational enrolment status is not changed after receiving support from SHS.
 - For instance, the proportions of these clients unemployed or not in the labour force remain unchanged at the end of support (28% unemployed, 69% not in the labour force).
- Of those clients who needed help/and or supervision and were identified as needing assistance to obtain government allowance, there was a decrease in the proportion with no income (9% to 5%) and a reduction in those awaiting government benefit (6% to 2%).

5 Unmet demand for specialist homelessness services

Specialist homelessness agencies in Australia provide assistance to many people each day. In 2013–14, an average of 56,517 people were supported each day. However, there were also people who approached agencies who could not be offered any assistance. These people may have approached several agencies or return to the same agency another day. The average number of instances of unmet requests for assistance each day in 2013–14 was 423.

This chapter presents information on unmet demand from 2 perspectives:

- *unassisted requests* relate to people who are not able to be offered any assistance by the SHS agency
- *unmet need* captures those clients who had some, but not all, of their needs met.

The SHSC captures only limited information about unassisted requests for assistance, because it is not always appropriate for specialist homelessness agencies to collect the same level of detailed information as they would if they took the person on as a client.

Unassisted requests for assistance: at a glance

	Unassisted requests	All assisted clients
Number	154,429	254,001
Sex	61% female 39% male	59% female 41% male
Living arrangement	Lone person (68%) Sole parent (29%) Couple with child/children (0%) Couple without children (2%) Other group (2%)	Lone person (30%) Sole parent (33%) Couple with child/ children (13%) Couple without children (5%) Other group (19%)
Main reasons for seeking assistance	Short-term or emergency accommodation (65%)	Accommodation (49%) Interpersonal relationships (49%)

5.1 Unassisted requests for assistance

An instance where no assistance is given to a person who approaches a service is referred to as ‘unassisted requests for service’. There may be a range of reasons why an agency cannot assist a person. For example, the person may be seeking a specialised service not offered by that particular agency or the agency may not have the capacity to provide assistance at that time. The person may not be in the target group for the agency. These people may be referred to another agency for assistance, but the SHSC does not currently capture this activity. See Appendix B for information on the way in which unassisted requests for services are measured in the SHSC.

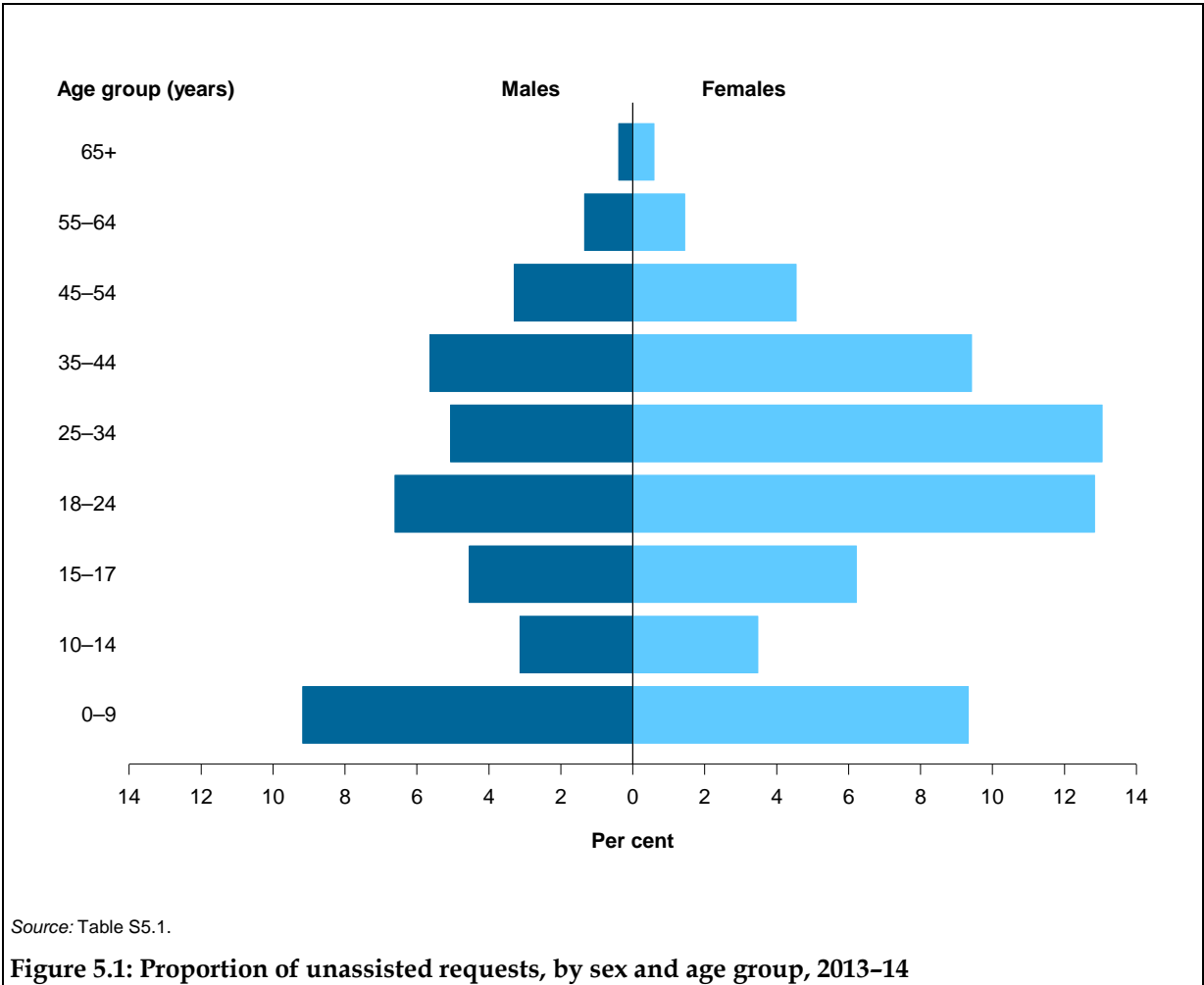
Analysis of how often a person requested assistance and how many later became clients of specialist homelessness agencies can only be undertaken where the SLK was completed (about half of all requests). Similar to 2012–13, of these, on average, each person who was not assisted approached an agency 1.4 times – only 14% later went on to become a client and

receive services during the year. The outcomes for the other 86% are not known – they may have received assistance from a non-SHS service, used their own support networks or continued to experience unstable housing.

The number of unassisted requests for services

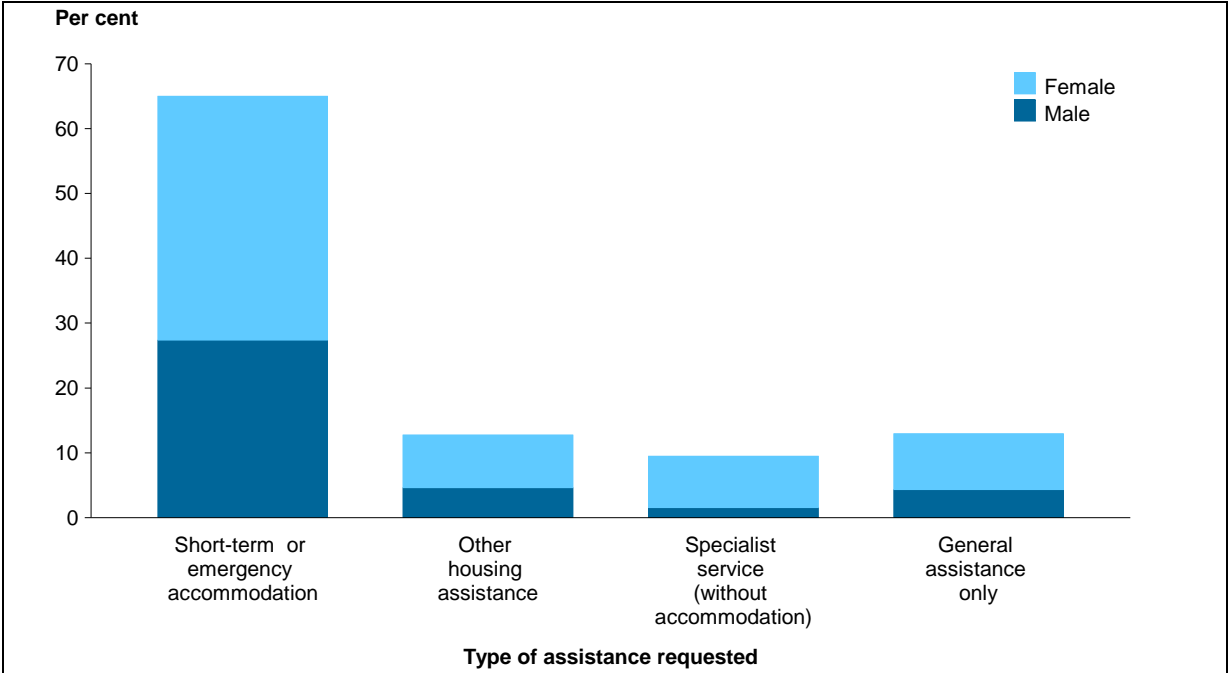
In 2013–14, there were an estimated 154,429 requests for service where an agency was not able to provide any assistance (Table S5.2). This equates to an average 423 requests per day that could not be met (Table S5.4). On average, about 258 daily unassisted requests (or 61% of all requests) were made by females, and 165 (39%) by males. This reflects the overall service user population, which is predominantly female.

- Figure 5.1 shows that 1 in 4 unassisted requests for services were females aged between 18 and 24 (26%).
- The daily average number of requests is similar to 2012–13 (slight increase of 2%).
- The proportion of requests from females and males and age groups has not changed.
- Excluding children aged 0–14 years, the majority of requests from single persons with children were from females (77%) and most of these were aged between 18 and 34 (63% of single females).



What services were requested?

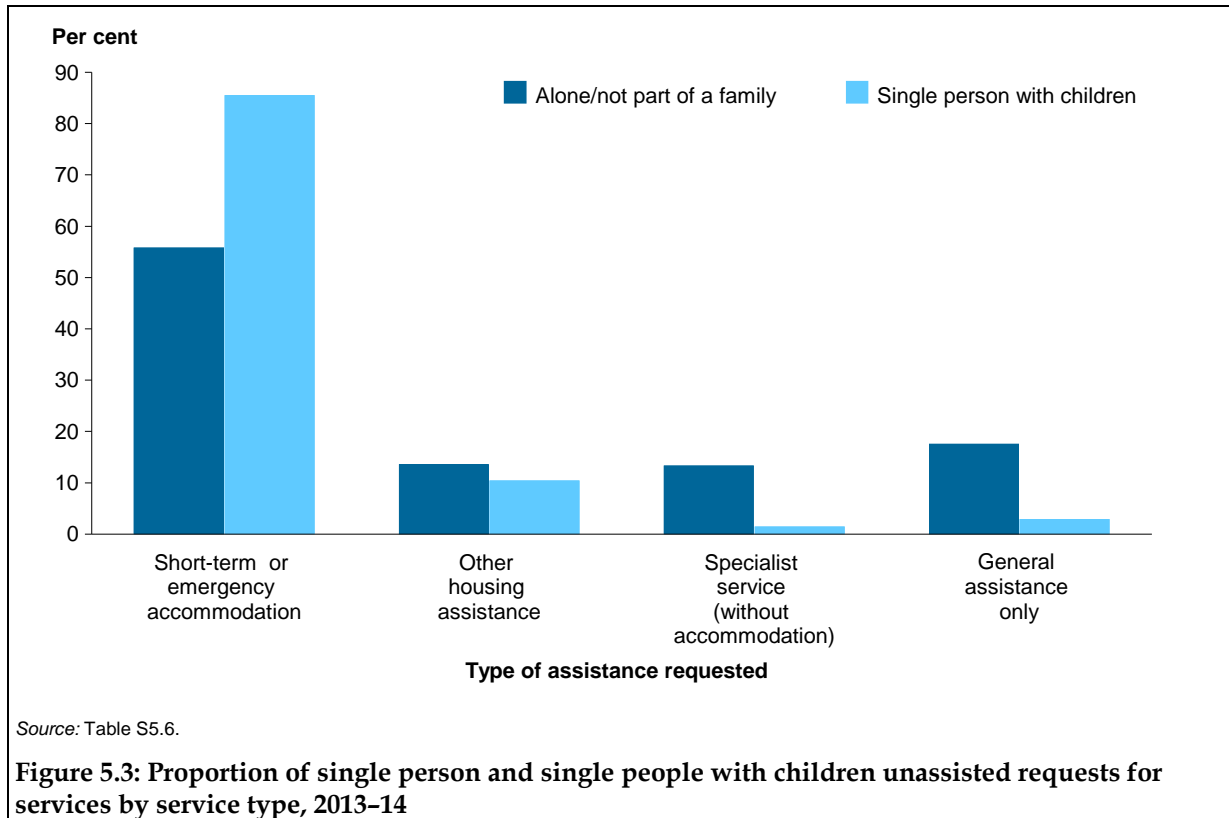
- Almost 80% of average daily unassisted requests included a need for some type of accommodation support: either short-term/emergency accommodation or other type of housing assistance.
- Figure 5.2 shows that the majority of unassisted daily accommodation requests related to short-term or emergency accommodation (65%). Females are more likely to have unmet requests for short-term or emergency accommodation (58%) than males (42%).



Source: Table S5.5.

Figure 5.2: Services requested as proportion of daily unassisted requests, by sex, 2013-14

- Ninety-six per cent of daily unassisted requests for services from single persons with their children were for accommodation needs, compared with 70% for single persons without children (Figure 5.3).



- Most commonly, agencies reported that they could not meet requests for accommodation because there was no accommodation available at the time of the request (58% of unmet requests for accommodation) (Table S5.7).

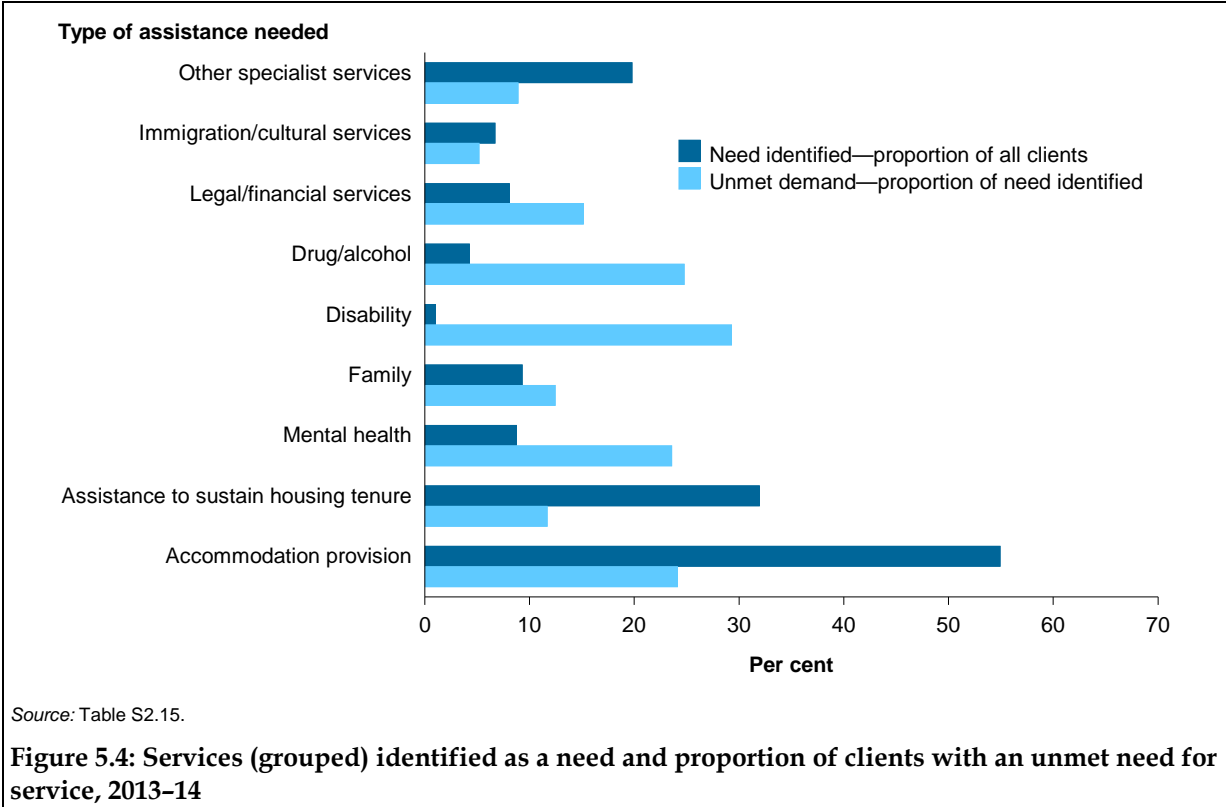
5.2 Unmet need for services

Clients receiving support from specialist homelessness services are often identified as needing 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 they have been met. In this section, each client need and the services to meet that need is only identified once in each support period.

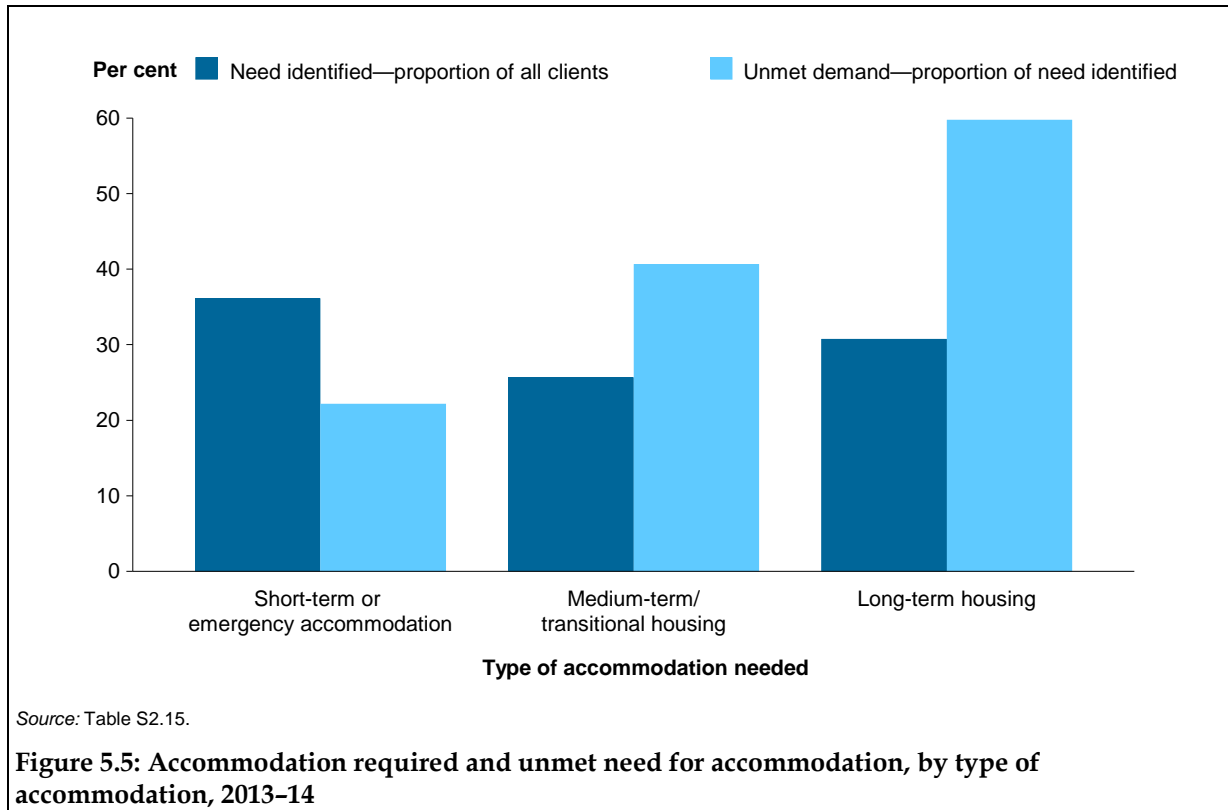
Some services that met client needs were provided to a significant proportion of clients. For example, more than half of clients had their need for advocacy/liaison met, and more than one-third received material brokerage.

Other services were less commonly provided, because fewer clients had needs identified in those areas. For example, problem gambling counselling was required by less than 1% of clients. Among those clients who did require gambling counselling, the level of unmet need was substantial – around 25% at the end of support. This may be related to the specialist skills required to provide gambling counselling and limited availability within the SHS agencies and services clients may be referred to.

Figure 5.4 shows the level of need for broad groups of services and the proportion of unmet needs for those service groups. The most common need was for accommodation. In 2013–14, 55% of all clients needed at least 1 type of accommodation service.



- Clients needing long-term accommodation were the least likely to receive it, with 31% of clients identifying it as a need, but only 6% of these clients provided with the service (Figure 5.5).
- Clients who needed short-term or emergency accommodation (36%) were more likely to get assistance (69%) than other forms of accommodation.



Appendix A: 2013–14 Specialist homelessness services collection data quality statement

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, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.

Data Quality Statements are developed for each data set and made available on the AIHW Metadata Online Registry (METeOR). For further information see the AIHW website <www.aihw.gov.au>, or METeOR <<http://meteor.aihw.gov.au>>.

The 2013-14 Specialist Homelessness Services Collection Data Quality Statement is available from <<http://meteor.aihw.gov.au/content/index.phtml/itemId/593778>>.

Appendix B: Data derivations for 2013–14 SHSC

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 aligned to those clients whose housing circumstances meet the specific criteria described below. Clients who did not provide sufficient information to make this assessment are excluded.

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

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

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

- No shelter or improvised dwelling: includes where dwelling type is no dwelling/street/park/in the open, motor vehicle, improvised building/dwelling, caravan, cabin, boat 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 transitional housing.
- House, townhouse or flat (couch surfing or with no tenure): tenure type is no tenure; or conditions of occupancy are living with relatives fee free, couch surfing.

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

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

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

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
- 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.

Identifying and meeting service needs

Identifying clients' needs for a service

The SHSC collects information on the needs of clients during their period of support from a specialist homelessness agency. Although this information is collected at the beginning of a support period, updated at the end of each month a client is supported and again at the end of each support period, each individual need is only recorded once in any collection month. For these analyses, a client need for a service is recorded if the client needed that service at any time in 2013–14. 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 2013–14, regardless of the number of months over which this need was recorded, or the number of times during 2013–14 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 (other specialist homelessness agencies or other organisations) that can provide those services. This information is also collected in the SHSC and is considered an important form of assistance that agencies provide, although it is not possible to know if these referrals resulted in the provision of services.

All information on services that are provided, whether referred or not, are recorded in the same way as service needs. That is, a service is recorded as provided if the client was provided that type of assistance at any time in 2013–14.

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. Further information about unmet needs can be found in Chapter 5 of the report.

Indigenous clients

A client is considered as Indigenous if, at any time in 2013–14, they identified as being of Aboriginal and/or Torres Strait Islander origin.

In the SHSC, information on Indigenous status is only provided with the explicit client consent to report this information. Aboriginal and Torres Strait Islander was not reported for 15% of clients in 2013–14.

Calculating total length of accommodation (and total length of support)

To calculate accommodation and support length, every night (for length of accommodation) or day (for length of support) the client received support or accommodation in 2013–14 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.

Young people presenting alone

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

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

Older people

Older people are defined as clients aged 55 or older.

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

Clients who had experienced domestic and family violence

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

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

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

Clients with a current mental health issue

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

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

This analysis does not include clients aged under 10.

Clients who were exiting custodial arrangements

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

- their dwelling type was: adult correctional facility, youth or juvenile justice detention centre 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 detention centre, or adult correctional facility.

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

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

Clients on a care and protection order

Clients have been identified as being on a care and protection order if they were aged under 18 and, at any time in a support period that was active in 2013–14, the agency provided a valid response to the question 'If the client is under the age of 18 and has a care or protection order, what was their care arrangements?' (either in relation to the client's status a week before presenting or when presenting).

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

Unassisted requests for services are measured

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 53% of the unmet requests for service. Without a valid SLK, it is not possible to identify whether a person requested the same service more than once from the same agency or from different agencies on different days. Similarly, people who received services at a later date, thus becoming clients, cannot be identified where a valid SLK is not available.

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Related publications

Other reports from the AIHW Housing, Homelessness and Drugs Group:

- AIHW (Australian Institute of Health and Welfare) 2012. Specialist homelessness services collection: first results (September quarter 2011). Cat. no. HOU 262. Canberra: AIHW.
- AIHW 2012. Specialist homelessness services Collection: December quarter 2011. Cat. no. HOU 263. Canberra: AIHW.
- AIHW 2012. Specialist homelessness services Collection: March quarter 2012. Cat. no. HOU 265. Canberra: AIHW.
- AIHW 2012. Specialist homelessness services 2011–12. Cat. no. HOU 267. Canberra: AIHW.
- AIHW 2013. Specialist homelessness services: July–December 2012. Cat. no. HOU 270. Canberra: AIHW.
- AIHW 2013. Specialist homelessness services 2012–13. Cat. no. HOU 273. Canberra: AIHW.
- AIHW 2014. Homelessness among Indigenous Australians. Cat. no. IHW 133. Canberra: AIHW.
- AIHW 2014. Housing circumstances of Indigenous households: tenure and overcrowding. Cat. no. IHW 132. Canberra: AIHW.
- AIHW 2014. Housing outcomes for groups vulnerable to homelessness: 1 July 2011 to 31 December 2013. Cat. no. HOU 274. Canberra: AIHW.
- AIHW 2014. Housing assistance in Australia 2014. Cat. no. HOU 275. Canberra: AIHW.

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



This is the third annual report of the Specialist Homelessness Services Collection. Over the past three years, agencies have supported more than half a million Australians who were homeless or at risk of homelessness.

In 2013-14, specialist homelessness services assisted around 254,000 clients, a 4% increase from the previous year.

The report describes the clients that have received specialist homelessness support, the assistance they sought and were provided, and the outcomes achieved for those clients. For the first time, data about clients with a disability are included in the report.

