

A profile of Specialist Homelessness Services homeless clients 2011-12 to 2014-15

Web report | Last updated: 18 Oct 2016 | Author: AIHW |

Citation

AIHW

Australian Institute of Health and Welfare 2016. A profile of Specialist Homelessness Services homeless clients 2011-12 to 2014-15. Cat. no. WEB 153. Canberra: AIHW. Viewed 22 May 2020, <https://www.aihw.gov.au/reports/homelessness-services/a-profile-of-specialist-homelessness-services-home>

Clients who approach Specialist Homelessness Services (SHS) for assistance do so for a variety of different reasons, but similarly they all have a lack of suitable housing or are facing the prospect of losing their current housing. This web report examines the key characteristics of SHS clients who present to services for assistance in one of three cohorts: rough sleepers, couch surfers, or resident of short-term or emergency accommodation.

Cat. no: WEB 153

Last updated 5/04/2019 v7.0

© Australian Institute of Health and Welfare 2020 

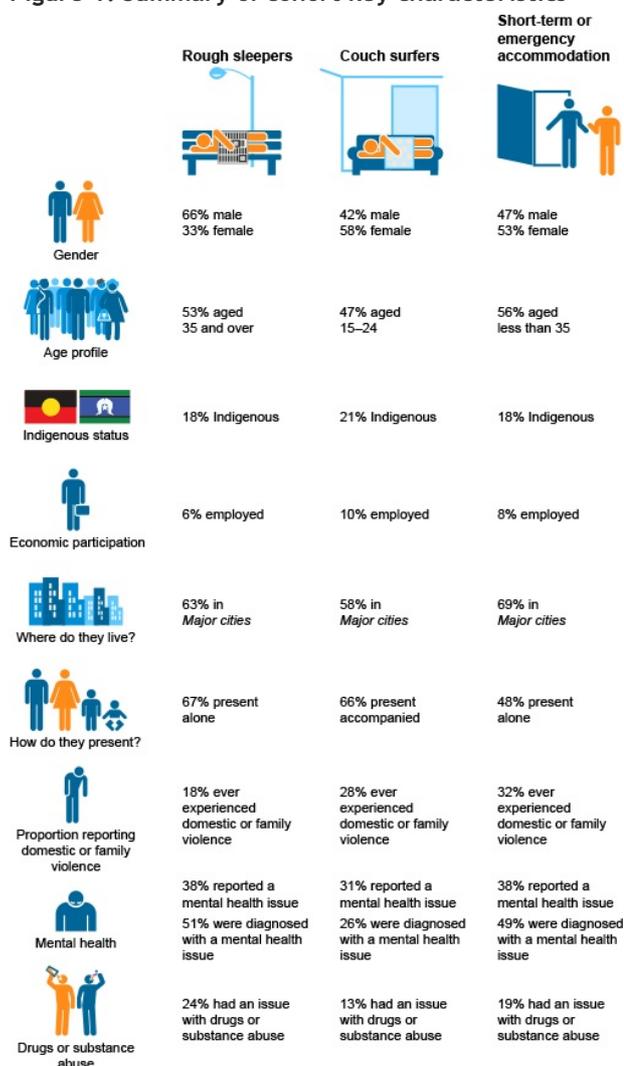
Findings from this report:

- Accommodation provision was the highest need across all cohorts

Summary in cohort

The key characteristics of each of the three cohorts examined in this web report are outlined below.

Figure 1: Summary of cohort key characteristics



Sources: Rough sleepers, Couch surfers, Short-term/emergency clients.

For the period 2011-12 to 2014-15:

Rough sleepers were typically male, aged 35 years or over and located in *Major cities*. When compared with the overall SHSC population rough sleepers were more likely to present to services alone and report a mental health issue or have been diagnosed with a mental health issue. They were less likely to be employed or have experienced domestic and family violence, and were more likely to be Indigenous or to report a drug or substance abuse issue. Rough sleepers mainly sought assistance from SHS due to accommodation or financial issues, particularly housing crisis or financial difficulties.

Couch surfers were typically female, aged less than 25 years, and located in *Major cities*. When compared with the overall SHSC population, couch surfers were less likely to be employed and more likely to be Indigenous. Female couch surfers were most likely to present to services accompanied (by one or more children, with another family member or as part of a group) and were more likely to have experienced domestic or family violence. Male couch surfers were more likely to present alone and to report a drug or substance abuse issue. While accommodation issues are the primary driver for seeking assistance, difficulties with interpersonal relationships including relationship breakdowns and domestic and family violence were the next most common causes for seeking assistance. This may be related to the fact that couch surfers are often young women, and domestic and family violence and family breakdown are key drivers of homelessness among this cohort.

Short-term or emergency accommodation residents were typically female, aged less than 35 years, and located in *Major cities*. When compared with the overall SHSC population, they were less likely to be employed and more likely to be Indigenous. Short-term or emergency accommodation residents were more likely to present to services accompanied, with females more likely to present with one or more children. Females in short-term or emergency accommodation were also more likely to have ever experienced domestic or family violence, while males were more likely to have reported ever having a current mental health issue or have been diagnosed with a mental health issue.

Where to from here?

A more detailed report on the SHS users outlined in these key findings will be released in the first half of 2017.

Last updated 21/08/2017 v16.0

© Australian Institute of Health and Welfare 2020 

Introduction

What is homelessness?

For the purposes of the Specialist Homelessness Services Collection (SHSC), a person is homeless if they are either:

- living in non-conventional accommodation or 'sleeping rough' (including living on the streets, sleeping in parks, squatting, staying in cars or railway carriages, living in improvised dwellings or living in the long grass), or
- in short-term or emergency accommodation due to a lack of other options (including couch surfing or living in a dwelling with no tenure, often rent-free with family and friends for short periods of time) [1].

While couch surfing is considered a subset of those in short-term or emergency accommodation, they are analysed here as a separate cohort due to their demographic differences to rough sleepers and others in short-term or emergency accommodation.

Between 2011-12 and 2014-15, around 43% of all persons presenting to Specialist Homelessness Services (SHS) were assessed as homeless.

There is no one universally agreed definition of homelessness. Rather there are significant complexities in defining homelessness as well as the characteristics of people who might be considered homeless [1]. The Australian Bureau of Statistics (ABS) definition considers homelessness as 'homelessness not 'roof'lessness. It is a lack of one or more of the elements that represent home. These may include a sense of security, stability, privacy, safety and the ability to control one's living space [2]. The ABS definition considers a person as homeless if they lack a suitable accommodation alternative or if their current living arrangement:

- is in a dwelling that is inadequate; or
- has no tenure or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations.

The key homelessness estimates from the 2011 Census state that 105,237 people were homeless on Census night, with a homelessness rate of 49 persons for every 10,000 persons enumerated (up 8% since 2006) [3].

Policy context

The National Affordable Housing Agreement

The National Affordable Housing Agreement (NAHA) aims to ensure that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation. The NAHA is an agreement of the Council of Australian Governments that commenced on 1 January 2009, initiating a whole of government approach to tackling the problem of housing affordability. The NAHA provides approximately \$1.3 billion per annum, of which a portion is allocated by states and territories for homelessness services [4]. The NAHA is supported by the National Partnership Agreements on:

- social housing
- homelessness
- Indigenous Australians living in remote areas.

The National Partnership Agreement on Homelessness

The National Partnership Agreement on Homelessness (NPAH) contributes to the objective of the NAHA that 'all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation' and outlines the roles and responsibilities of the Australian Government and state and territory governments in relation to reducing and preventing homelessness [4].

Funding associated with the NPAH was provided for the period 1 July 2009 to 30 June 2013, with an interim funding arrangement agreed between the Australian and state and territory governments for 2013-14 and 2014-15. Under the 2015-17 NPAH, the Commonwealth Government is providing \$230 million over 2 years, matched by states and territories, to fund frontline homelessness services. In total, funding of nearly \$250 million per year is being directed to around 800 homelessness services around Australia. In providing this level of support, states and territories have exceeded the Commonwealth's contribution. The 2015-17 NPAH retains the commitment by the Commonwealth and states and territories to reduce homelessness through partnerships with business, the not-for-profit sector, and the community sector [4].

The increase in funding for the homelessness sector brought with it an increase in reporting requirements. The introduction of the SHSC in July 2011 replaced the previous Supported Accommodation Assistance Program Data Collection, which was in operation from 1985 to 2011. The SHSC provides information about all people who seek assistance from specialist homelessness agencies, and includes both a client collection and an unassisted person collection.

Scope of this report

This report analyses all unique adult SHS clients (aged 18 and over) and young people (aged 15-17) who presented to SHS alone, who accessed SHS from 1 July 2011 to 30 June 2015.

There were three primary cohorts of interest, including those, who on first presentation to a SHS:

- were identified as 'rough sleepers'.
- were identified as 'couch surfers'.
- were in 'short-term' or 'emergency accommodation'.

There are also a number of other sub-populations of interest. These sub-population have been identified as being particularly vulnerable to homelessness and include: young people (aged 15-24 years) presenting alone, older people (aged 55 years and over), Indigenous clients, clients experiencing domestic and family violence, clients with a drug and/or alcohol issue, and clients with a mental health issue.

While these sub-populations are not investigated here, they will be included in the follow-up detailed report to be released in the first half of 2017. This follow-up report will also provide a more in-depth exploration of pathways and repeat homelessness experiences of these cohorts.

Data source

The source of data for this analysis is the SHSC. It is collected by the AIHW on behalf of SHS agencies. Data span the period from the commencement of the collection on 1 July 2011 to 30 June 2015. As this analysis is focused on the housing outcomes of clients following support, only clients for whom support has ended as at 30 June 2015 and for whom housing status was known at the beginning and end of support have been included.

Results are presented based on adult clients (18 years and over) and young people (aged 15-17 years) who presented alone. Children are excluded as their needs, services and outcomes largely mirror the parent or carer they presented with. The analysis does however look at living situations as the presence of children is likely to impact on the needs, service responses and outcomes for clients.

References

1. Australian Institute of Health and Welfare (AIHW) 2013. Specialist Homelessness Services Collection manual. Cat. No. HOU 268. Canberra: AIHW.
2. Australian Bureau of Statistics (ABS) 2011. ABS Review of Counting the Homeless Methodology. Cat. No. 2050.0.55.002. Canberra: ABS.
3. ABS 2012. ABS Census of Population and Housing: Estimating Homelessness 2011. Cat. No. 2049.0. Canberra: ABS.
4. Department of Social Services (DSS) 2016. [National Affordable Housing Agreement](#). Viewed 10 May 2016

Last updated 17/08/2017 v12.0

© Australian Institute of Health and Welfare 2020 

Couch surfers

For the purposes of the Specialist Homelessness Services Collection (SHSC), a couch surfer is a client who typically moves from household to household intermittently, who is not regarded as being part of the household, and who does not have any form of leased tenure over any accommodation [1].

Couch surfers are usually included as a subset of those clients in short-term or emergency accommodation. For the purposes of this analysis, couch surfers are being examined separately as they are demographically different to the other clients in short-term or emergency accommodation.

Who is couch surfing?

Between 2011-12 and 2014-15, a total of 52,729 clients (12% of all Specialist Homelessness Services (SHS) clients aged 15 and over) were couch surfing upon first presentation to SHS. Per year, this ranged from 15,836 in 2011-12 to 20,839 in 2014-15, peaking at 21,028 in 2013-14.

Typically couch surfers are...

female, aged less than 25 years, unemployed and located in Major cities.

Overview of cohort characteristics

Table CS.1: Characteristics of couch surfers and the SHSC client population

Characteristic	Couch sleepers	SHSC population
Female	58%	61%
Aged 15-24	47%	29%
Indigenous	21%	16%
Employed	10%	13%
Lived in a <i>Major city</i>	58%	64%
Presented alone	34%	36%
Reported having experienced domestic and family violence	28%	35%
Reported a mental health issue	31%	28%
Diagnosed with a mental health issue	44%	22%
Had an issue with drugs or substance abuse	13%	12%

Additionally:

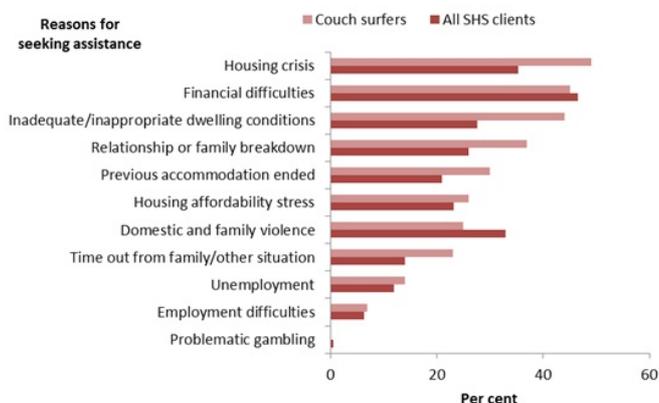
- While the proportion of couch surfers has remained consistent across financial years, the numbers are increasing.
- Almost half (47%) were aged 15-24 years, 23% were aged 25-34 years and 30% were aged 35 years or over. This is younger than the general SHS population where 29% were aged 15-24 years, and 46% were 35 years or over.
- 1 in 5 (21%) were Indigenous, which is higher than both the general SHS population (16%), and the Australian population (3%).
- 1 in 10 (10%) were employed which is lower than the general SHS population (13%).
- More than half (58%) were located in *Major cities*, which is lower than the general SHS population (64%). A further 39% were located in *Inner- or Outer regional areas*.
- 1 in 3 (34%) presented to SHS agencies alone while more than 1 in 4 (28%) presented with one or more children. Male couch surfers were more likely to present alone; female couch surfers were more likely to present with children or other family members.
- Almost 3 in 10 (28%) reported experiencing domestic and family violence, which is lower than in the general SHS population (35%). Around three times as many female couch surfers reported ever experiencing domestic and family violence than male couch surfers.
- Almost 1 in 3 (31%) reported a current mental health issue, higher than the general SHS population (28%). Around 1 in 4 (26%) couch surfers had a diagnosed mental health issue.
- More than 1 in 10 (13%) reported ever having an issue with drugs or substance abuse, in line with the general SHS population (12%). Male couch surfers are almost twice as likely as female couch surfers to report a drug or substance abuse issue.

Reasons for seeking assistance

The most common reasons couch surfers gave for seeking assistance from SHS were (Figure CS.1):

- accommodation issues: including housing crisis (49%), inadequate or inappropriate dwellings conditions (44%), or prior accommodation ending (30%)
- interpersonal relationships: including relationship or family breakdown (37%), domestic and family violence (25%), and time out from family/other situation (23%)
- financial reasons: primarily financial difficulties (45%), housing affordability stress (26%), unemployment (14%), employment difficulties (7%) or problematic gambling (less than 1%).

Figure CS.1: Reasons for seeking assistance, couch surfers and all SHS clients, 2011-2015 (per cent)



Source: [Supplementary data source table](#).

Compared with general SHS clients, couch surfers were less likely to request assistance from SHS for:

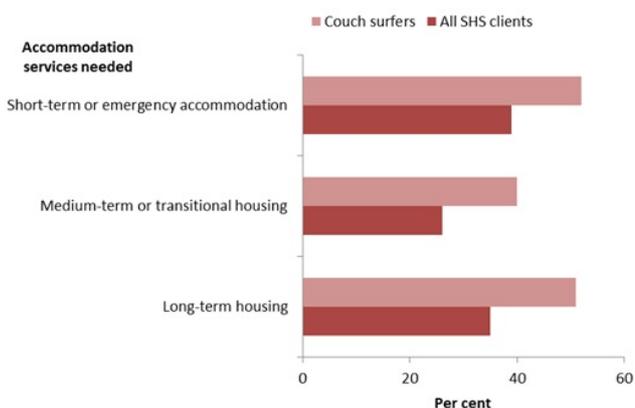
- 'other' issues such as lack of family support or transition from care arrangements (40%, compared with 35% of SHS clients), or
- health reasons (26%; similar to SHS clients at 25%).

What services do couch surfers need and what services are provided?

Couch surfers are most likely to need accommodation services

At the time of presentation to SHS, almost three-quarters (73%) of couch surfers needed assistance with accommodation, compared with just over half (55%) of all SHS clients (Supplementary Tables CS.12; SHS.1). This need was highest for short-term or emergency accommodation and lowest for medium-term or transitional accommodation (Figure CS.2).

Figure CS.2: Accommodation services needed, couch surfers and all SHS clients, 2011-2015 (per cent)



5

Source: [Supplementary data source table](#).

In general, couch surfers were less likely to receive assistance with accommodation when compared with all SHS clients (49% compared with 57%, respectively).

Couch surfers were less likely than SHS clients to receive all forms of accommodation:

- short-term or emergency accommodation (54% compared with 65%)
- medium-term/transitional housing (25% compared with 30%)
- long-term housing (6% compared with 8%).

Difficulties with interpersonal relationships, including family breakdown was listed by more than half of all couch surfers (55%) as a reason for seeking assistance. A lower proportion of couch surfers were identified as needing these services, with around one-in five needing assistance with family relationships (21%) or domestic and family violence (17%).

Couch surfers were equally likely as typical SHS clients aged 15 and over to request assistance with the remaining general services.

Couch surfers are less likely to need assistance with domestic and family violence or assistance in sustaining tenancy

At the time of presentation to SHS, around 1 in 4 (26%) couch surfers needed assistance for health reasons. This is the same rate experienced by SHS clients aged 15 and over. But, couch surfers were less likely than SHS clients to need assistance with:

- domestic and family violence (17% of couch surfers; 27% of SHS clients)
- sustaining tenancy or preventing tenancy failure or eviction (30% of couch surfers; 34% of SHS clients).

It is important to note that these findings relate to all couch surfers, and the needs for males and females are likely to differ. This may be particularly in relation to domestic and family violence, and other relationship issues.

While the needs identified for couch surfers are largely consistent with typical SHS clients, couch surfers are marginally less likely to need assistance with legal services such as:

- legal information (14% of couch surfers; 17% of SHS clients)
- court support (7% of couch surfers; 10% of SHS clients).

Housing pathways for couch surfers

1 in 10 (10%) couch surfers experienced repeat homelessness between 2011-12 and 2014-15. This means that the client transitioned between being homeless, housed and then homeless again at least once during this time.

Female couch surfers were slightly more likely than male couch surfers to experience repeat homelessness over time (11% and 9%, respectively). Between 2011-12 and 2014-15, the number of both males and females who presented to SHS agencies as couch surfers and who have experienced more than one episode of homelessness increased, from 2,748 in 2011-12 to 3,266 in 2014-15, peaking at 4,008 in 2013-14.

This indicates that sustainable housing outcomes may be problematic for this group, particularly for females.

What are the housing outcomes for couch surfers?

More than 2 in 5 (41% or 21,539) clients who first presented to homelessness services as couch surfers remained couch surfing at the end of support. Almost 1 in 3 (29%) clients presenting as a couch surfer ended their support 'housed' (19% ended their support in private rental housing and 10% in public or community housing).

Other housing outcomes for couch surfers who sought assistance from SHS agencies included: transitioning to short term or emergency accommodation (10%), rough sleeping (3%), and ending support in an institutional setting (1%). Despite support periods being closed, the housing outcome for almost 1 in 5 (16%) couch surfers was unknown at the end of their support (Figure CS.3).

Figure CS.3: Housing outcomes, couch surfers, 2011-2015 (per cent)



Source: [Supplementary data source table](#).

Compared with the total couch surfer population, those that ended their support 'housed' were more likely to: be female, have experienced domestic and family violence, have reported experiencing a mental health issue, be located in a *Major city*, and presented to services accompanied by children. They are less likely to present to services alone, or to have experienced repeated episodes of homelessness (Table CS.2).

Table CS.2: Characteristics of 'housed' couch surfers compared with the total couch surfer population

Characteristic	'Housed' couch surfers	Total couch surfer population
Female	66%	58%
Reported having experienced domestic or family violence	34%	28%
Reported having experienced a mental health issue	37%	31%
Presented with one or more children	35%	28%
Located in <i>Major cities</i>	54%	58%
Presented alone	27%	34%

Experienced repeated episodes of homelessness

13%

16%

References

1. Australian Institute of Health and Welfare (AIHW) 2013. Specialist Homelessness Services Collection manual. Cat. No. HOU 268. Canberra: AIHW.

Last updated 31/08/2017 v20.0

© Australian Institute of Health and Welfare 2020 

Rough sleepers

For the purposes of the Specialist Homelessness Services Collection (SHSC), rough sleepers are those with no shelter or who are living in non-conventional accommodation. Non-conventional accommodation includes: living on the streets, sleeping in parks, squatting, staying in cars or railway carriages, living in improvised dwellings or living in the long grass [1].

Who is sleeping rough?

Between 2011-12 and 2014-15, a total of 39,371 clients (9% of all Specialist Homelessness Services (SHS) clients aged 15 years and over) were sleeping rough upon first presentation to SHS. Per year, this ranged from 13,037 in 2011-12 to 15,252 in 2014-15, peaking at 15,683 in 2013-14.

Typically, rough sleepers are...

male, aged 35 years or over, unemployed, presenting to services alone, located in Major cities and reporting that they have a diagnosed mental health issue.

Overview of cohort characteristics

Table RS.1: Characteristics of rough sleepers and the SHSC client population

Characteristic	Rough sleepers	SHSC population
Male	66%	39%
Aged 35 and over	53%	46%
Indigenous	18%	16%
Employed	6%	13%
Lived in a <i>Major city</i>	63%	64%
Presented alone	67%	36%
Reported having experienced domestic and family violence	18%	35%
Reported a mental health issue	38%	28%
Diagnosed with a mental health issue	51%	22%
Had an issue with drugs or substance abuse	24%	12%

Additionally:

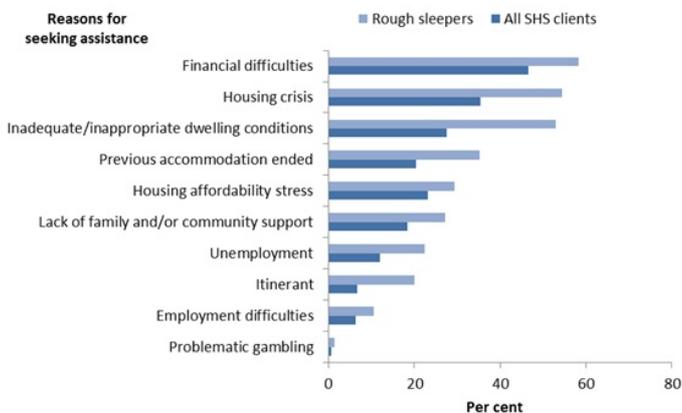
- While the proportion of rough sleepers who were male has remained consistent across financial years, the numbers are increasing.
- More than half (53%) were aged 35 and over compared to less than half (46%) of the general SHS population.
- Indigenous Australians were over-represented in both the rough sleeper cohort (18%) and general SHS population (16%) compared with the general Australian population (3%).
- Very few were employed on first presentation (6%) which is lower than the general SHS population (13%).
- While rough sleepers were mostly located in *Major cities*, 1 in 3 (33%) were located in *Inner regional* and *Outer regional* areas. Only 4% were located in *Remote* and *Very remote* areas.
- 2 in 3 (67%) presented to SHS agencies alone, compared to more than 1 in 3 (36%) of the general SHS population. Male rough sleepers were more likely to present alone (around 80% compared with around 40% for females), while female rough sleepers were more likely to present with one or more children (33% compared with around 10%).
- Around three times as many female rough sleepers reported ever experiencing domestic and family violence than male rough sleepers (around 35% compared with around 9%).
- Almost 2 in 5 (38%) reported a mental health issue, higher than the SHS population (28%). More than half (51%) reported a diagnosed mental health issue (both slightly higher for men than for women).
- Almost 1 in 4 (24%) reported ever having an issue with drugs or substance abuse: more male than female rough sleepers reported ever having an issue with drugs or substance abuse (27% compared with 16%, respectively).

Reasons for seeking assistance

The most common reasons people sleeping rough sought assistance from SHS were (Figure RS.1):

- accommodation issues: including housing crisis (55%), inadequate or inappropriate dwellings conditions (53%), or prior accommodation ending (35%)
- financial reasons: including financial difficulties (58%), housing affordability stress (29%), unemployment (23%), employment difficulties (11%) or problematic gambling (2%)
- 'other' reasons: including a lack of family and/or community support (27%), itinerant (20%), and 'other' unspecified needs (16%).

Figure RS.1: Reasons for seeking assistance, rough sleepers and all SHS clients, 2011-2015



Source: Supplementary data source table.

Rough sleepers were more likely to seek assistance from SHS for accommodation or financial issues than health related issues, but they were still more likely than the SHS client population to seek assistance for health related issues (39% compared with 25%). This was most pronounced for:

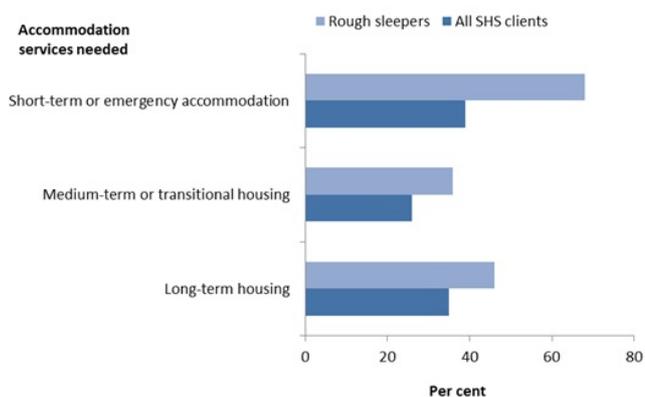
- mental health issues (24% of rough sleepers compared with 15% of SHS clients), and
- problematic alcohol use (12% of rough sleepers compared with 5% of SHS clients).

What services do rough sleepers need and what services are provided?

Rough sleepers are most likely to need accommodation services

At the time of presentation to SHS, more than three-quarters (78%) of rough sleepers needed assistance with accommodation, compared with just over half (55%) of all SHS clients (Supplementary data tables RS.12; SHS.1). This need was highest for short-term or emergency accommodation and lowest for medium-term or transitional housing (Figure RS.2).

Figure RS.2: Accommodation services needed, rough sleepers and all SHS clients, 2011-2015



Source: Supplementary data source table.

In general, rough sleepers were slightly more likely to receive assistance with accommodation when compared with all SHS clients (62% compared with 57%, respectively).

While rough sleepers were equally likely to receive short-term or emergency accommodation as SHS clients (both 65%), they were less likely to receive:

- medium-term/transitional housing (20% compared with 30%), or
- long-term housing (5% compared with 8%).

Rough sleepers were also more likely than typical SHS clients to need assistance with general services such as:

- meals (39% rough sleepers, 23% SHS clients)
- laundry/shower facilities (35% rough sleepers, 19% SHS clients)
- recreation (23% rough sleepers, 15% SHS clients)
- transport (29% rough sleepers, 23% SHS clients).

Rough sleepers were just as likely to receive these services as SHS clients, with more than 90% of all clients who needed these services receiving them.

Rough sleepers are less likely to need assistance with interpersonal relationships

Less than half (45%) of rough sleepers when presenting to specialist homelessness services requested assistance with interpersonal relationships compared with more than half (53%) of all SHS clients aged 15 and over.

Specifically rough sleepers were less likely to require assistance with:

- domestic and family violence (10% rough sleepers, 27% of SHS clients), and
- relationship or family breakdown (15% rough sleepers, 19% of SHS clients).

Rough sleepers were also less likely than SHS clients to need assistance with legal services such as:

- legal information (13% rough sleepers, 17% SHS clients), and
- court support (6% rough sleepers, 10% SHS clients).

Housing pathways for rough sleepers

1 in 10 (10%) rough sleepers experienced repeat homelessness between 2011-12 and 2014-15. This means the client had transitioned between being homeless, housed and then homeless again at least once during this time.

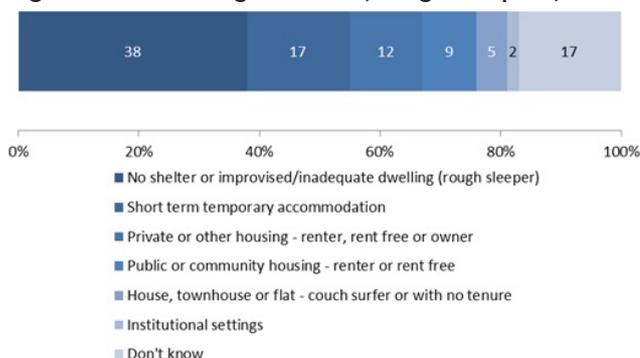
The proportions for both males and females have remained consistent across time, but the numbers of males and females sleeping rough and experiencing repeat episodes of homelessness have increased by 6% since 2011.

What are the housing outcomes for rough sleepers?

Almost 2 in 5 (38% or 15,067) clients who first presented to homelessness services as a rough sleeper remained rough sleeping at the end of support. One in 5 (21%) clients presenting as a rough sleeper ended their support 'housed' (12% ended their support in private rental housing and 9% in public or community housing). A further 1 in 5 (17%) transitioned to short-term or emergency accommodation.

Other housing outcomes for rough sleepers who sought assistance from SHS agencies included: couch surfing (5%), and ending support in an institutional setting (2%). Despite support periods being closed, the housing outcome for almost 1 in 5 (17%) rough sleepers was unknown at the end of their support (Figure RS.3).

Figure RS.3: Housing outcomes, rough sleepers, 2011-2015 (per cent)



Source: Supplementary data source table.

Compared with the total rough sleeper population, those that ended their support 'housed' were more likely to: be female, have experienced domestic or family violence, have reported experiencing a mental health issue, be located in regional areas, present to services accompanied by children, have experienced more than one episode of homelessness (Table RS.2).

Table RS.2: Characteristics of 'housed' rough sleepers compared with the total rough sleeper population

Characteristic	'Housed' rough sleepers	Total rough sleeper population
Female	45%	34%
Reported having experienced domestic or family violence	27%	18%
Reported having experienced a mental health issue	45%	38%
Located in <i>Inner</i> or <i>Outer</i> regional areas	41%	33%
Presented with one or more children	30%	17%
Experienced repeated episodes of homelessness	13%	10%

References

1. Australian Institute of Health and Welfare (AIHW) 2013. Specialist Homelessness Services Collection manual. Cat. No. HOU 268. Canberra: AIHW.

Last updated 31/08/2017 v17.0

© Australian Institute of Health and Welfare 2020 

Short-term or emergency accommodation

For the purposes of the Specialist Homelessness Services Collection (SHSC), short-term or emergency accommodation includes refuges, crisis shelters, couch surfing (in this case examined separately), living temporarily with friends or relatives, insecure accommodation on a short-term basis, emergency accommodation arranged by a specialist homelessness agency (for example, in hotels and motels, bed and breakfast), boarding or rooming house, or transitional housing [1].

Who is in short-term or emergency accommodation?

Between 2011-12 and 2014-15, a total of 47,501 clients, (11% of all Specialist Homelessness Services (SHS) clients aged 15 years and over) were in short-term or emergency accommodation upon first presentation to SHS. Per year, this ranged from 19,487 in 2011-12 to 16,978 in 2014-15.

Typically those in short-term or emergency accommodation are...
female, aged less than 35 years, unemployed and located in Major cities.

Overview of cohort characteristics

Table ST.1: Characteristics of residents of short-term or emergency accommodation and the SHSC client population

Characteristic	Short-term or emergency accommodation	SHSC population
Female	53%	61%
Aged 15-35 years	56%	54%
Indigenous	18%	16%
employed	8%	13%
Lived in a <i>Major city</i>	69%	64%
Presented alone	48%	36%
Reported having experienced domestic and family violence	32%	35%
Reported a mental health issue	38%	28%
Diagnosed with a mental health issue	49%	22%
Had an issue with drugs or substance abuse	19%	12%

Additionally:

- Just over half (53%) of those in short-term or emergency accommodation were female. While the proportions have remained consistent across financial years, the total number of clients have decreased.
- More than half (56%) were aged 15 to 35 years; almost 1 in 4 (23%) were aged 35-44 years, and 1 in 5 (22%) were aged 45 years and over. This is in line with the general SHS population with just over half (54%) aged 15 to 35 years.
- Indigenous Australians were over-represented in both the short-term or emergency accommodation cohort (18%) and general SHS population (16%) compared with the general Australian population (3%).
- Less than 1 in 10 (8%) were employed.
- Almost 7 in 10 (69%) of those in short-term or emergency accommodation were located in a *Major City*, which is higher than the comparable SHS client population (64%). A further 28% were located in *Inner- or Outer Regional* areas.
- Almost half (48%) presented to SHS agencies alone, while 3 in 10 (30%) presented with at least one child. Almost twice as many males presented alone (around 62% compared with around 35%); more than three times as many females presented with one or more children (around 44% compared with around 13%).
- Almost 1 in 3 (32%) reported experiencing domestic and family violence. Just over half (51%) of females reported experiencing domestic and family violence compared with around 11% of males.
- Almost 2 in 5 (38%) reported a current mental health issue; while almost half (49%) reported a diagnosed mental health issue (both slightly higher for males than for females).

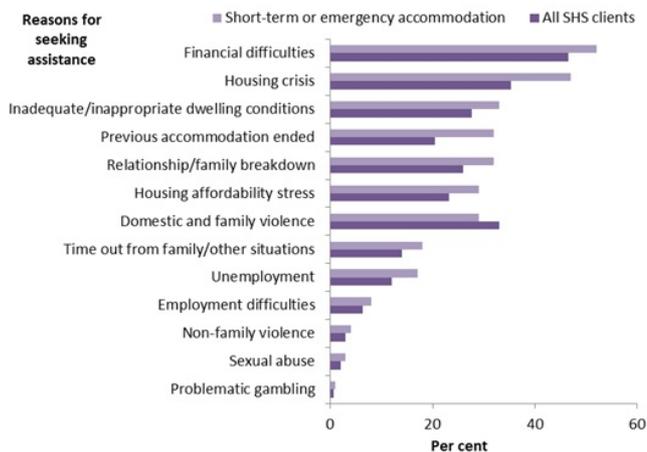
- Almost 1 in 5 (19%) reported ever having an issue with drugs or substance abuse: higher for males than for females (26% compared with 14%).

Reasons for seeking assistance

The most common reasons people in short-term or emergency accommodation sought assistance from SHS were (Figure ST.1):

- accommodation issues: including housing crisis (47%), inadequate or inappropriate dwelling conditions (33%), or prior accommodation ending (32%)
- financial reasons: including financial difficulties (52%), housing affordability stress (29%), unemployment (17%), employment difficulties (8%) or problematic gambling (1%)
- interpersonal relationships: including relationship/family breakdown (32%), domestic and family violence (29%), time out from family/other situation (18%), non-family violence (4%), and sexual abuse (3%, the highest of all three cohorts).

Figure ST.1: Reasons for seeking assistance, short-term or emergency accommodation residents and all SHS clients, 2011-2015 (per cent)



Source: [Supplementary data source table](#).

Clients in short-term or emergency accommodation were more likely to seek assistance from SHS for accommodation or financial issues than health related issues, but they were still more likely than the SHS client population to seek assistance for health related issues (33% compared with 25%). This was most pronounced for:

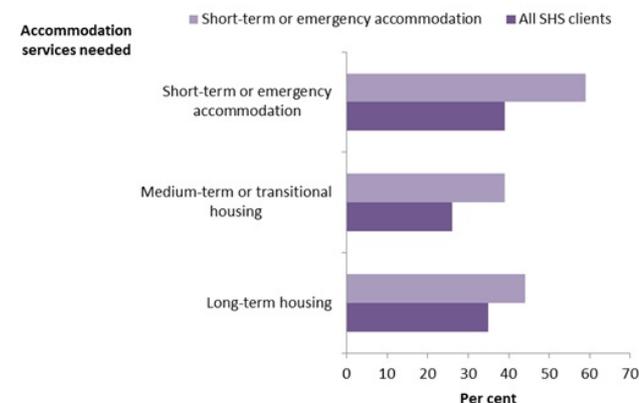
- mental health issues (21% compared with 15% of SHS clients), and
- problematic drug or substance use (11% compared with 7% of SHS clients).

What services do those in short-term or emergency accommodation need and what services are provided?

Clients in short-term or emergency accommodation are more likely to need accommodation services

At the time of presentation to SHS, more than three-quarters (78%) of clients in short-term or emergency accommodation needed assistance with accommodation, compared with just over half (55%) of all SHS clients (Supplementary data tables ST.12; SHS. 1). This need was highest for short-term or emergency accommodation and lowest for medium-term or transitional housing (Figure ST.2).

Figure ST.2: Accommodation services needed, short-term or emergency accommodation residents and all SHS clients, 2011-2015 (per cent)



Source: [Supplementary data source table](#).

In general, short-term or emergency accommodation residents were more likely to receive assistance with accommodation when compared with all SHS clients (72% compared with 57%, respectively).

Those in short-term or emergency accommodation were more likely than SHS clients to receive all forms of accommodation:

- short-term or emergency accommodation (75% compared with 65%)
- medium-term/transitional housing (42% compared with 30%), or
- long-term housing (11% compared with 8%).

Those in short-term or emergency accommodation are also more likely than SHS clients to need assistance with general services such as:

- material aid/brokerage (51% compared with 39% of SHS clients)
- transport (39% compared with 23% of SHS clients)
- meals (38% compared with 23% of SHS clients)
- laundry/shower facilities (34% compared with 19% of SHS clients)

Clients in short-term or emergency accommodation are less likely to need assistance with domestic and family violence

Clients in short-term or emergency accommodation were less likely to request assistance for domestic and family violence (22%) compared with all SHS clients (27%), but a similar proportion required assistance with interpersonal relationships (52% and 53%, respectively).

Housing pathways for clients in short-term or emergency accommodation

Just over 1 in 10 (12%) of those in short-term or emergency accommodation experienced repeat homelessness between 2011-12 and 2014-15. This means that a client had transitioned between being homeless, housed and then homeless again at least once during this time.

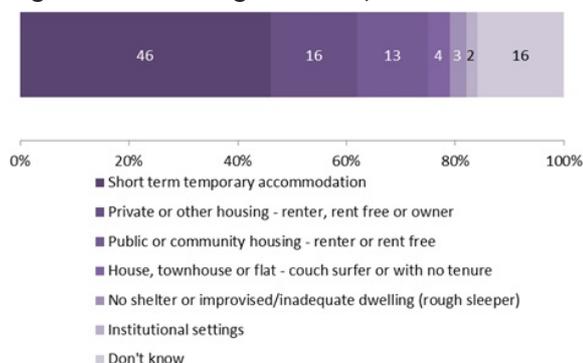
Females in short-term or emergency accommodation were marginally more likely than males to transition between being homeless and being housed between 2011 and 2015. Over the same period, the number of males who present to homelessness services for assistance while in short-term or emergency accommodation who have experienced more than one episode of homelessness increased, but the number of females decreased.

What are the housing outcomes for those in short-term or emergency accommodation?

Almost half (46% or 21,980) of clients who first presented to homelessness services already in short-term or emergency accommodation remained in short-term or emergency accommodation at the end of support. Almost 1 in 3 (29%) clients presenting to SHS in short-term or emergency accommodation ended their support 'housed' (16% ended their support in private rental housing and 13% in public or community housing).

Other housing outcomes for those in short-term or emergency accommodation who sought assistance from SHS agencies included: couch surfing (4%), rough sleeping (3%), and ending support in an institutional setting (2%). Despite support periods being closed, the housing outcome for almost 1 in 5 (16%) clients in short-term or emergency accommodation was unknown at the end of their support (Figure ST.3).

Figure ST.3: Housing outcomes, short-term or emergency accommodation residents, 2011-2015 (per cent)



Source: [Supplementary data source tables](#).

Compared with the total short-term or emergency accommodation population, those that ended their support 'housed' were more likely to: be female, have experienced domestic or family violence, have reported experiencing and been diagnosed with a mental health issue and presented to services accompanied by children (Table ST.2).

Table ST.2: Characteristics of 'housed' short-term or emergency accommodation residents compared with the total short-term or emergency accommodation population

Characteristic	'Housed' short-term or emergency accommodation residents	Total short-term or emergency accommodation population
Female	64%	53%
Reported having experienced domestic or family violence	42%	32%
Reported a mental health issue diagnosed with a mental health issue	43% 49%	38% 37%
Presented with one or more children	41%	30%
Have a drug or alcohol issue	18%	25%

Experience repeated episodes of homelessness	14%	20%
--	-----	-----

References

1. Australian Institute of Health and Welfare (AIHW) 2013. Specialist Homelessness Services Collection manual. Cat. No. HOU 268. Canberra: AIHW.

Last updated 31/08/2017 v22.0

© Australian Institute of Health and Welfare 2020 



Australian Government
Australian Institute of
Health and Welfare

Notes

Data quality statement

[Specialist Homelessness Services Collection 2014-15](#)

Last updated 17/08/2017 v4.0

© Australian Institute of Health and Welfare 2020 



Data

[Data tables: A profile of Specialist Homelessness Services homeless clients 2011-12 to 2014-15](#)

[Download Data tables: A profile of Specialist Homelessness Services homeless clients 2011-12 to 2014-15. Format: XLS 284Kb](#) XLS 284Kb

Last updated 17/08/2017 v1.0

© Australian Institute of Health and Welfare 2020 



Related material

Resources

[Infographic: A profile of Specialist Homelessness Services homeless clients 2011-12 to 2014-15](#)

[Download Infographic: A profile of Specialist Homelessness Services homeless clients 2011-12 to 2014-15. Format: PDF 706Kb](#) [PDF 706Kb](#) [Get text alternative of Infographic: A profile of Specialist Homelessness Services homeless clients 2011-12 to 2014-15. Format: TXT 1Kb](#) [TXT 1Kb](#)

Last updated 17/08/2017 v1.0

© Australian Institute of Health and Welfare 2020 