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Australian Institute of  
Health and Welfare

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# Specialist homelessness service usage and receipt of income support for people transitioning from out-of-home care

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Young people who are, or have been, in out-of-home care (OOHC), such as foster, relative/kinship or residential care, face greater vulnerability and a higher risk of experiencing poor outcomes in key areas important to wellbeing. These areas include housing, education, employment, and involvement in the criminal justice system. This may reflect the significant life disruptions that led to their placement in care, wider exposure to disadvantage and trauma during their childhood, the quality, security and stability of their placements, and the lack of family and support networks to assist their transition from OOHC to independence (Mendes and McCurdy 2019; FaHCSIA 2011).

There is a need for reliable national data on outcomes and service use of young people leaving care, to inform the development of appropriate programs and policies that provide support as they transition to independence and move through key life stages. Such an investigation requires linking multiple administrative data sets. Since 2018, the AIHW has been working with state and territory partners to build a linked data asset to explore welfare service use leading up to and after leaving care. The first phase of this work was focused on linking historical OOHC data provided by all states and territories (except Queensland) to income support and other payments data (AIHW 2021a, AIHW 2022a).

The two previous reports from this linked data asset were focussed only on receipt of income support and other payments leading up to and after leaving care, thereby reporting on one indicator of life circumstances (those experiencing financial disadvantage due to their employment outcomes). However, including data collections that capture housing outcomes would provide a more in depth understanding of the life circumstances and challenges experienced by young people leaving care, given that almost 1 in 3 experience homelessness at some stage in their first year after leaving care (McDowall 2020).

Key findings:  
The OOHC study population was:



8 times as likely to receive income support or access specialist homelessness services (SHS) from 2011-2021 as the overall Centrelink-SHS population



more likely to receive both income support and access SHS if they were females, primarily in residential care, or had a higher number of OOHC placements



more likely to start receiving SHS support before age 18 (48%) compared to the overall SHS population (35%)



more likely to access SHS for longer than the overall SHS population

AIHW

In 2022, the AIHW linked the Specialist Homelessness Services Collection (SHSC) to the above-mentioned linked data asset. This report, using the enhanced linked data asset, explores levels of housing disadvantage and the degree to which young people who have been in care require income support and support from specialist homelessness services (see Appendix for further details on the linked data asset). The support provided by Specialist Homelessness Services (SHS) are not limited to just housing and accommodation services; a range of other specialist services are provided to clients, such as mental health, family/domestic violence, financial, and drug and alcohol support. The main reason (and all reasons) for seeking support is also recorded by SHS agencies (see Glossary for further details on all terms used in this report). Against this backdrop, this report will continue to build the evidence base regarding the levels of disadvantage faced by care leavers, across multiple dimensions of their lives, in key transition years into adulthood.

## Summary

Understanding the extent of a person's service usage, and the different types of services they are engaging with, can provide insights into their level of need and life circumstances at the time of support. To date, this project has explored the patterns of income support receipt of young people transitioning from out-of-home care (OOHC). It has shown the OOHC study population (defined as young people born between 1 July 1990 and 30 June 2001, who had at least one OOHC placement lasting 7 or more days) were more likely to receive income support across all ages from 16 to 30, and for longer periods of time, compared to the Australian population of the same age (AIHW 2021a, AIHW 2022a). It also found that the OOHC study population repeatedly moved in and out of income support into their late 20's, while for the Australian population of the same age, income support receipt was for shorter periods of time (associated with key life stages such as pursuing further education or training or starting a family), rather than ongoing support.

Focusing on the type of payments received can provide further insights into a recipient's life circumstances at the time of receipt. For example, payment receipt might suggest that someone is struggling to secure ongoing or sufficient employment, unable to work due to caring responsibilities or disability, or undertaking studies. Analysis from the previous reports highlighted a decline in overall income support receipt between ages 16 to 30, which was driven by a decline in receipt of student and unemployment payments. However, parenting, housing, and disability related payments increased steadily up to the age of 30. This reflects the changing needs and circumstances of people who have left care as they get older.

Building on these findings, this report has shown that 9 in 10 (89%) of the OOHC study population received either Specialist Homelessness Services (SHS) support or income support at some point in the observation period (2011–2021). It further highlighted that the OOHC population were far more likely (8.1 times as likely) to receive both SHS and income support compared with the overall Centrelink-SHS population<sup>1</sup> of the same age (46% vs 5.7%). This may reflect the financial vulnerability of SHS clients or that through engaging with one service, a client becomes more aware of, and better connected with, other services. Indeed, one of the specific services that SHS agencies provide is support to obtain and maintain government allowances.

The OOHC study population also tended to receive SHS support from younger ages (often whilst still in care) and for longer periods of time, compared to the overall SHS population. This includes housing and accommodation services, but also a range of other specialist services. The OOHC study population who received SHS support were more likely to be in need of every specialist service type – particularly drug and alcohol, family, mental health and disability services – compared with the overall SHS population. This reflects their complex needs and multiple disadvantages.

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<sup>1</sup> The overall Centrelink-SHS population includes people who received an income support or other payment in their own right as well as those known to Centrelink through a relative's application, and/or people receiving SHS services. It is likely that the vast majority of people from the Australian population in our age range of interest are captured in this population. See the Appendix for more details.

This report goes some way in helping to understand the pathways of young people as they transition from OOHC into adulthood. The findings presented in this report, however, do not imply causation between a child's time in OOHC and their subsequent receipt of income support or support from SHS agencies. These children may be affected by complex circumstances that contribute to their placement in OOHC, and which may also influence their need for further services. Further, the characteristics of children who experience OOHC are quite different to those of other populations of the same age, which may influence receipt of income support based on eligibility requirements for these payments (see Appendix for further details). These factors should be taken into consideration when drawing inferences in relation to the OOHC study population and other populations of the same age.

Note some of the analysis in this report examines service usage across the entire observation period, from 2011-2021. For these analyses, each person in the population will be counted once. Other analyses, including where results are presented by age, examine service usage within a particular year. In these cases, people are counted at each age they received a service within the observation period, and may be counted at more than one age. See the Appendix, and the footnotes for each figure, for more detail on the methodology used in this report.

## Key findings

### Services received by the OOHC study population

#### **OOHC study population 8 times as likely to receive both income support and SHS services from 2011-2021**

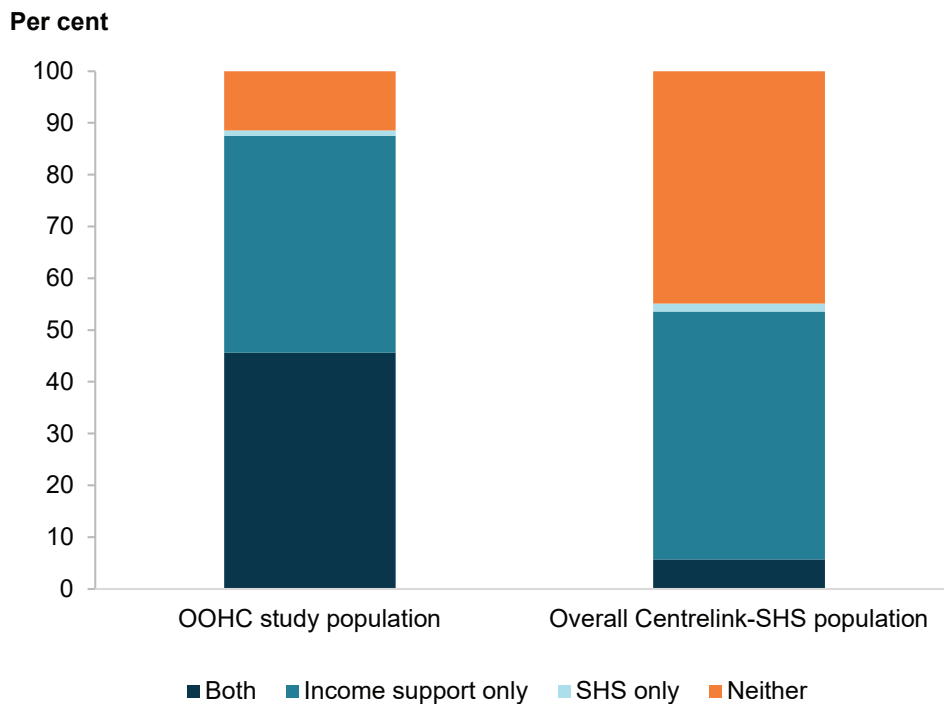
Many children with OOHC experiences are affected by complex circumstances – such as exposure to disadvantage, vulnerability and trauma – that contribute not only to their placement in OOHC, but also to their need for further services and elevated levels of service usage later in life. To build an understanding of the multiple needs and disadvantages faced by the OOHC study population, this study has examined young people who accessed multiple service types as they transitioned into adulthood.

It found higher levels of both income support receipt and specialist homelessness services (SHS) support for the OOHC study population as compared to the overall Centrelink-SHS population. Of the 44,100 people in the OOHC study population, 89% received income support and/or SHS at some point in the observation period (July 2011- June 2021). Almost 1 in 2 received both income support and SHS (46%), with 43% receiving just one of these services (42% received only income support and 1% received only SHS), while 11% received neither.

The OOHC study population was 8.1 times as likely to receive both income support and SHS support as the overall Centrelink-SHS population (46% compared with 5.7%, respectively). They were also 6.5 times as likely to receive SHS support as the overall Centrelink-SHS population (47% and 7.2%, respectively).

Note income support receipt and SHS usage may not have occurred at the same time, but rather at some time over the observation period.

**Figure 1: Proportion of each population receiving different service types at any point in the observation period, 2011-2021**



**Notes**

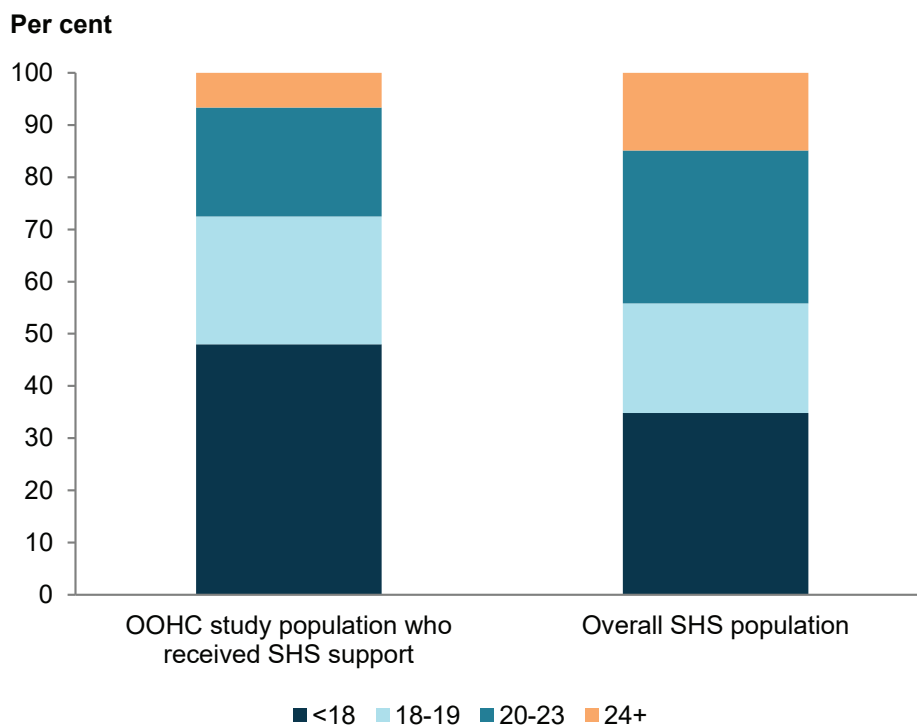
1. The figures present data for whether someone has received each service type at any point in the observation period (2011-2021). Income support receipt and SHS support may not be at the same time.
2. Income support includes payments received by people who were aged 16-30 in the observation period, and SHS support includes support received by people who were aged 11-30 in the observation period.
3. The overall Centrelink-SHS population includes people who received an income support or other payment in their own right as well as those known to Centrelink through a relative's application, and/or people receiving SHS services. It is likely that the vast majority of people from the Australian population in our age range of interest are captured in this population. See the Appendix for more details.

Source: Supplementary Table 1.

**OOHC study population more likely to start receiving services from younger ages**

A relatively large proportion of the OOHHC study population had their first interaction (within the observation period) with an SHS agency before reaching 18 compared with the overall SHS population. Almost 1 in 2 (48%) of the 20,600 people in the OOHHC study population who received SHS were under 18 at the start of their first support period, compared with 35% of the overall SHS population, as shown in Figure 2. This suggests that the OOHHC population are more likely to be in need of, or connected with, housing support (and other specialist support areas, discussed later) at younger ages than the overall SHS population of the same age.

**Figure 2: Age at start of first support period within the observation period, by population, 2011-20**



Note: The figure presents data for the OOHC study population who received SHS at some point in the observation period (2011-2021), and for the overall SHS population who received support in the observation period.

Source: Supplementary Table 2.

Understanding the types of support received by the OOHC study population whilst still in care provides important insights into the challenges and support required by young people who are still in care. Of those who left care aged 17 or over, around 1 in 4 (25%) received SHS for the first time when they were aged 16 or younger (see Supplementary Table 11). Additionally, previous reporting found that almost half of the OOHC population (45%) received their first income support payment before their final exit from care (AIHW 2021a).

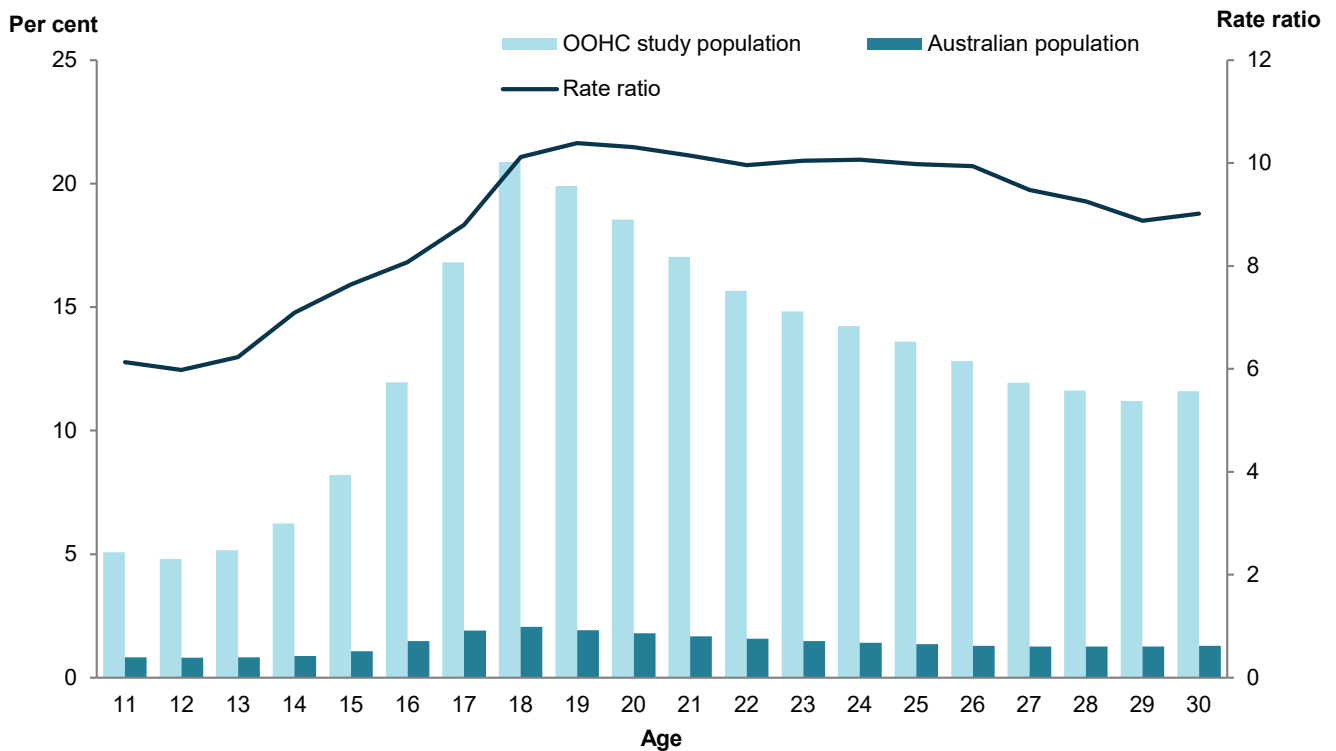
### **OOHC study population more likely to receive SHS support than the Australian population, and support is most common at age 18**

The OOHC study population had much higher proportions receiving SHS support across all ages compared to the Australian population over the observation period (2011-2021). From ages 18-30, SHS access was between 9 to 10 times as high for the OOHC study population – 11-21% compared with 1.3-2.1% for the Australian population of the same age.

Age 18 was the most common age to receive SHS for both the OOHC study population and the Australian population (21% and 2.1%, respectively; Figure 3). There was a steep increase in the proportion of the OOHC study population receiving services from ages 15 to 18 (which is a key period of transition from care) – more than doubling from 8.2% to 21% between these ages. A similar pattern was also observed in previous reports, whereby the OOHC study population was most likely to receive income support at ages 18 and 19 (AIHW 2022a).

The higher proportion of the OOHC study population accessing SHS support, particularly at ages 18 and 19, may indicate that people exiting care have additional support needs and experience particular challenges when transitioning to independence. It is well established in the literature that young care leavers are often adjusting to independence without a support network, and with additional barriers such as poor mental health, disabilities or developmental delays (Mendes and McCurdy 2019; FaHCSIA 2011; Campo 2016). Given this, by the end of 2022, all Australian states and territories had some form of extended care in place up to the age of 21 for young people leaving care (Mendes 2023). Previously support had been provided up to age 18. Note that the OOHC data provided to the AIHW for this project was prior to the introduction of extended care models.

**Figure 3: Proportion of population receiving SHS support at ages 11 to 30, 2011-2021**



Notes:

1. The denominator is the total number of people in the OOHC study population and Australian population observed at the given age between 2011-2021.
2. Service received at each age is calculated according to whether someone received a specialist homelessness service in the financial year in which they turned each age.
3. Rate ratio is calculated by dividing the proportion of the OOHC study population receiving SHS support at each age by the proportion of the Australian population receiving support at each age. It provides an indication of how common SHS support is in the OOHC study population relative to the Australian population.

Source: Supplementary Table 3.

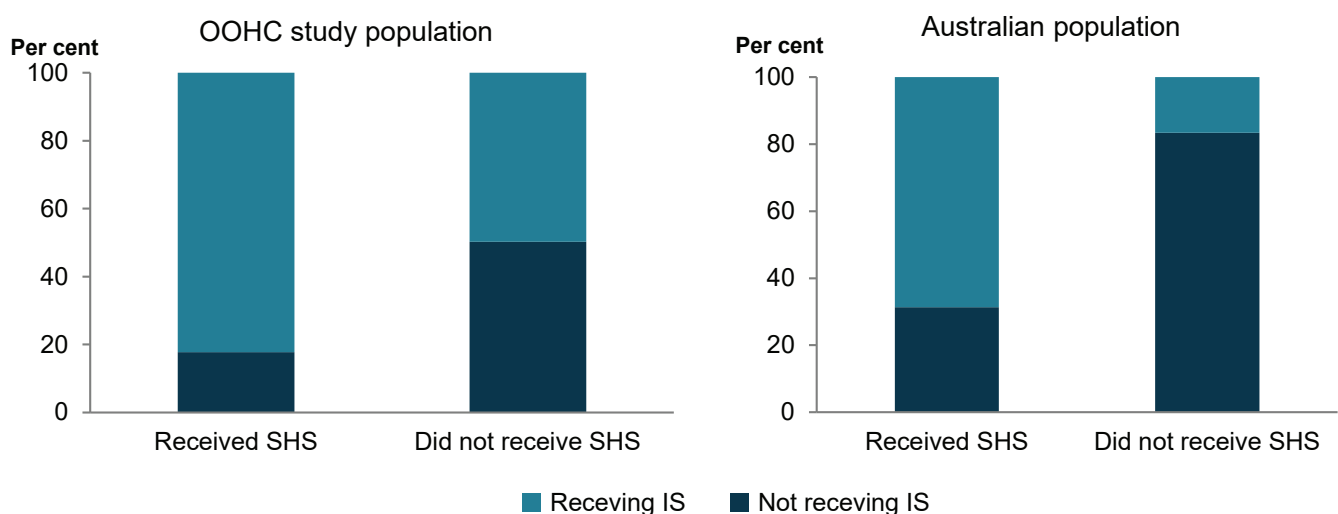
## Receipt of income support higher for those receiving SHS support

As noted earlier, the number and types of services a person is receiving in the same year can provide insights into their level of need or disadvantage. On average, 4 in 5 (82%) of the OOHHC study population who received SHS support at ages 16-30 also received income support in the same financial year. This is considerably higher than people not receiving SHS support, where on average half (50%) received income support in the same year. This difference was steepest at ages 16 and 17, where income support receipt for people receiving SHS support was around twice as high as those not receiving SHS support (see Supplementary Table 4).

These findings reflect that SHS agencies are playing a role (including providing a specific service) in connecting clients with the social security system (and vice versa), for example, by increasing awareness of available payments, helping them to navigate the system, or providing support to submit a claim. In addition, the high receipt of both income support payments and SHS support among the OOHHC study population could be an indication of multiple levels of disadvantage and a higher degree of financial stress or instability. Note this analysis does not consider whether SHS support or income support was received first, rather whether they were both received in the same financial year.

The pattern of increased income support for people who also receive SHS support is observed to a much greater extent for the Australian population, than for the OOHHC study population, as shown in Figure 4. In the Australian population, among people who received SHS support, 69% received income support in the same financial year - 4 times as high as those who did not receive SHS (17%). This larger difference in income support receipt between those receiving and not receiving SHS support in the Australian population compared with the OOHHC study population is likely due to income support receipt already being high in the OOHHC study population, regardless of SHS usage. As mentioned above, the high likelihood of receiving income support among the OOHHC study population may reflect their need for further services given their complex circumstances in childhood (such as exposure to disadvantage, vulnerability and trauma), or because they are better connected with the social security system from a young age, given their eligibility for certain payments whilst still in care (such as student payments).

**Figure 4: Proportion of population receiving SHS support by whether or not they received income support in the same year, 2011-202**



Note: The proportion of each population receiving income support has been averaged across ages 16-30 for clients receiving SHS support, and for clients not receiving SHS support.

Source: Supplementary Table 4.

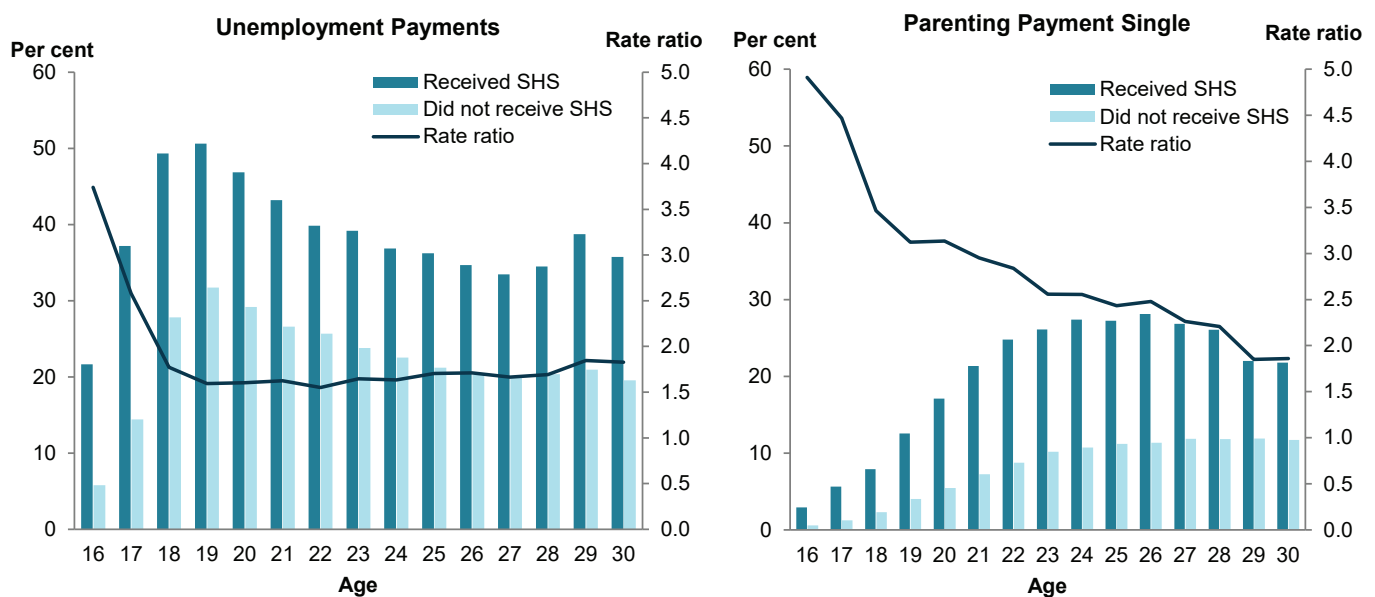


## OOHC study population receiving SHS support more likely to receive unemployment and parenting payments than people not receiving SHS support

Exploring the types of income support payments provided to people receiving homelessness services can provide important insights into their life circumstances at the time of receipt. For example, it might suggest that someone is struggling to secure ongoing or sufficient employment (JobSeeker payment), undertaking studies (student payments), caring for young children and unable to work enough hours (parenting payments), or living with a disability that prevents them from working enough hours (Disability Support Pension).

In the OOHC study population, the distribution of payment types at each age differed depending on whether they received or did not receive SHS support. As shown in Figure 5, receipt of Parenting Payment Single for people who received SHS between age 16 and 30 was between 1.9 and 4.9 times as high compared with people who did not receive SHS support. This difference was particularly marked in teenage years (16-19) – 3.1 to 4.9 times as high for people who received compared to people who didn't receive SHS support (on average 7.3% compared with 2.0% for those aged 16–19). A similar pattern was also observed for those receiving unemployment payments – 1.6 to 3.7 times as high from age 16-30, and twice as high for people who received SHS support in their teenage years compared with those who did not receive SHS support (on average 40% and 20%, respectively for 16–19 age group).

**Figure 5: OOHC study population's receipt of unemployment or parenting payments by whether or not they received SHS support at ages 16-30, 2011-2021**



**Notes:**

1. Income support receipt and SHS support may not be at the same time.
2. Income support receipt refers to proportion of the OOHC study population who received that type of income support payment (ISP) at the end of the financial year (at 30 June) in which they turned each year of age over the observation period (2011-2021).
3. SHS support refers to the proportion of the OOHC SHS population who had a least one support period at any point in the financial year they were each age over the observation period (2011-2021).
4. Rate ratio is calculated by dividing the proportion of people who received SHS support and a payment type at each age by the proportion of people who did not receive SHS support and received the same payment at each age.

Source: Supplementary Table 4.



Overall DSP and student payment receipt was similar for people who received SHS support and people who did not (see Supplementary Table 4). Student payment receipt was slightly higher at ages 16 and 17 for people who received SHS support (24% on average for people who received SHS support compared with 15% for people who did not), but receipt of student payments between ages 18-30 was similar for those who received SHS support and those who did not, both declining to around 4% on average.

## Homelessness services needed

### **Greater need for mental health, family, disability, and drug and alcohol services in the OOHC study population**

As mentioned above, SHS clients can receive multiple specialist services from an SHS agency (or multiple SHS agencies) depending on their needs<sup>2</sup>. For the OOHC study population who received SHS support, the most needed services were 'general' services, which included for example material aid/brokerage, advice/information, and advocacy/liaison on behalf of the client. The next most needed services were housing-related services; specifically short-term (67%), medium-term (63%) and long-term (68%) accommodation services, and assistance for a client to remain in their housing (58%). There were a range of other specialist services also commonly required by the OOHC study population who received SHS support – family/domestic violence (38%), mental health (30%), and family (28%) services.

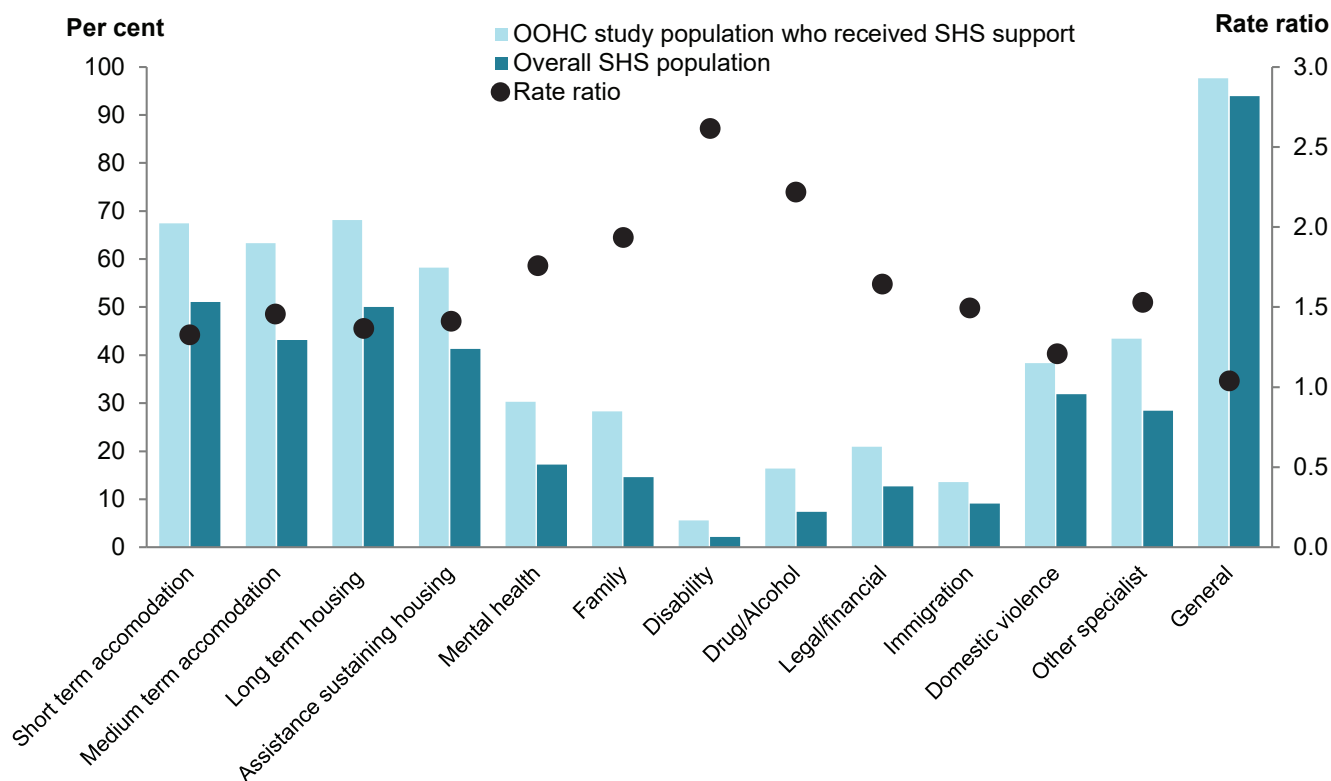
While the proportion of the OOHC study population needing housing or accommodation services was higher than the overall SHS population of a comparable age (1.3 to 1.5 times as high), the need for mental health, family, disability and drug and alcohol services was even more common (1.8 to 2.6 times as high), as shown in Figure 6.

The higher levels of need across all service types for the OOHC study population highlights that people with OOHC experiences face multiple disadvantages across different dimensions of their lives. These results are consistent with other studies that have shown that young people with experience of OOHC “come from highly disadvantaged families characterised by poverty, relationship breakdown, substance abuse, violence, disability and mental illness” (Mendes et al. 2011 in Campo 2016).

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<sup>2</sup> Refer to the [SHSC metadata](https://meteor.aihw.gov.au/content/689342) for a comprehensive list of the specialist services provided by SHS agencies at <<https://meteor.aihw.gov.au/content/689342>>

**Figure 6: Specialist homelessness services needed at any point in the observation period by the OOHC study population who received SHS support, 2011-2021**



Note: Rate ratio is calculated by dividing the proportion of the OOHC study population who received SHS support and who needed a particular specialist service by the proportion of the overall SHS population who needed the same specialist service. It provides an indication of how common the need is for types of specialist services in the OOHC study population relative to the overall SHS population of comparable age.

Source: Supplementary Table 5.

## Main reasons for accessing homelessness services

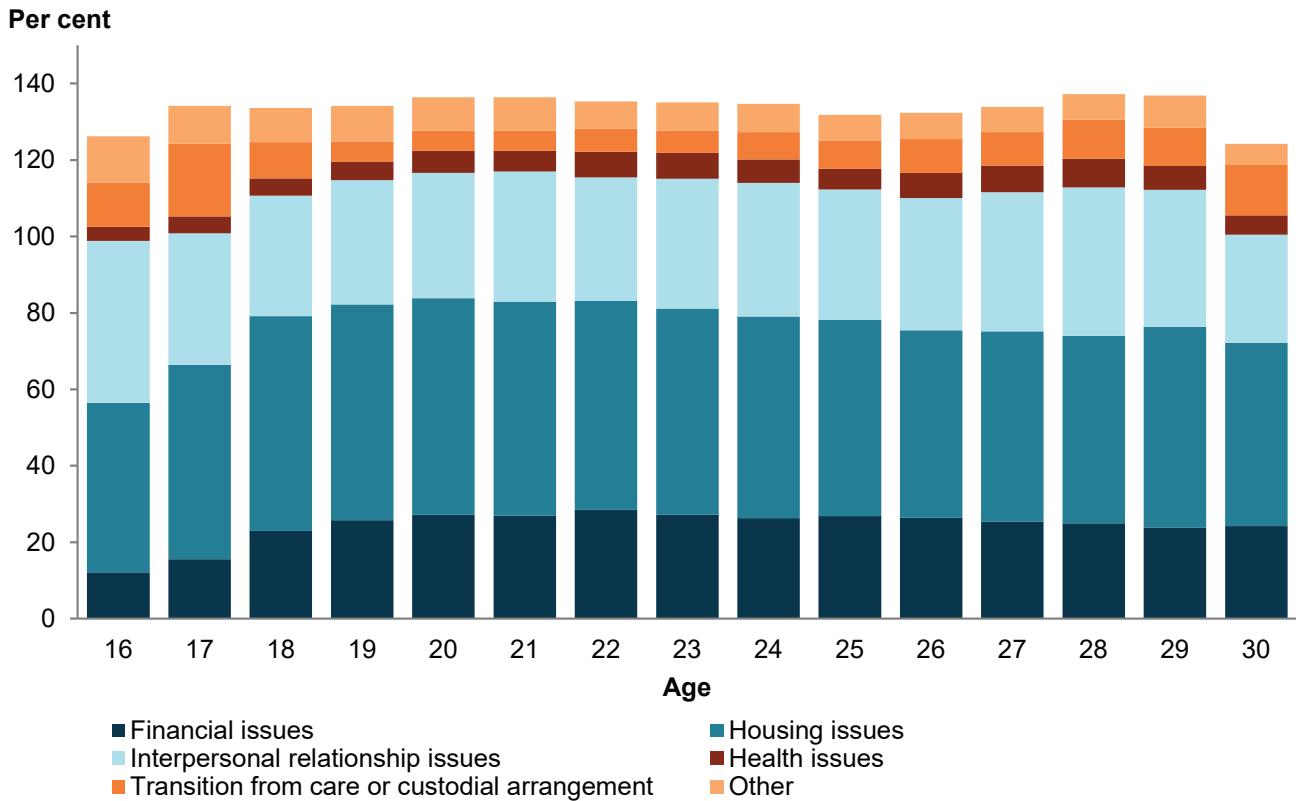
### Interpersonal relationship issues more common at age 16 than any other age

Clients may report various reasons for presenting to SHS agencies, which may shed light on their life circumstances at the time. This section presents the main reason reported by a client each time they sought support, and includes clients who started at least one support period at each age, by the age they were at the start of that support period.

Consistent with the previous section, housing issues were the most commonly reported main reason for seeking support for the OOHC study population from ages 16 to 30 – on average accounting for 52% of clients. The next most common reason was interpersonal relationship issues (34% on average), followed by financial issues (24% on average). However, this overall pattern did vary with age, with interpersonal relationship issues being particularly common for clients who started support periods at age 16 – accounting for almost half (42%) of the OOHC study population. As shown in Figure 7, this proportion then generally declined to between 31% and 39% from ages 18 to 29, and dropped further at age 30 (to 28%). This pattern is similar for the overall SHS population, with proportions reporting interpersonal relationship issues ranging from 33-41% from age 18-30. See Box 1: Snapshot on family and domestic violence for more detail on family and domestic violence in the SHSC.

Transition from care or custodial arrangements was reported as a main reason for 10-19% of people who started at least one support period at ages 16-18 for the OOHHC study population. At ages 16-18, this was primarily people transitioning from care arrangements. However, from age 19 onwards this was driven by people transitioning from custodial arrangements (see Supplementary Table 6).

**Figure 7: OOHHC study population receiving SHS support, by main reason at start of support, at ages 16-30, 2011-2021**



**Notes**

1. Age is derived using the age an individual was at the start of the support period. Note that start date of support was imputed to be the first of the month, as SHSC data included month and year only.
2. People may have multiple support periods at each age, and therefore can be recorded for more than one main reason at each age; this is why the percentages sum to over 100%. If they start multiple support periods at the same age, with the same main reason, they will only be recorded once against that main reason at that age.
3. The denominator for this table is the total number of people who started at least one SHS support period at each age.

Source: Supplementary Table 6.

**Females more likely to receive SHS support than males, and primarily need accommodation and family/domestic violence services**

Previous reporting from the ABS has shown that males are more likely to be homeless than females, making up 56% of people experiencing homelessness (ABS 2021). However, women are more likely to seek support from SHS or other community services (AIHW 2022; AIHW 2022b). This may reflect that women are often caring for dependent children and unwilling to ‘sleep rough’ on the street (possibly due to safety concerns and fear of violence or abuse; see for example Australian Human Rights Commission). It should be noted that not all SHS clients are experiencing homelessness; they may also be at risk of homelessness. Further, clients may include both children and adults, presenting to SHS services alone or with others.

Consistent with previous research, this project also found a higher proportion of females than males from the OOHHC study population received SHS support at some point in the observation period; 53% compared to 40% (see Supplementary Table 10 and Table 5).

An exploration of SHS support in the OOHC study population by sex reveals that female clients were more likely than males to need almost all service types (except for disability and drug/alcohol services, where need for these services was similar between males and females). The difference between males' and females' need for services was particularly notable for family/domestic violence services, where the proportion of females needing these services was 2.6 times as high as for males (53% and 20%, respectively). Similarly, for family services, it was 2.1 times as high for females than males (37% compared to 17%; see Box 1 for more information on family and domestic violence in the SHSC). Indeed, one of the key functions of SHS agencies is to provide a crisis response option for women and children who have been forced to leave their homes due to violence (Flanagan et al. 2019).

Previous reporting showed that females from the OOHC study population were also more likely than males to receive income support, driven primarily by parenting payments, many of which were received in their teenage years. It suggested that the OOHC study population was therefore at an increased risk of being single teenage mothers compared with the Australian population, and that the OOHC study population, in particular young females, may have specific support needs as they transition into adulthood (AIHW 2022a). The relatively larger proportion of females from the OOHC study population receiving parenting payments and also receiving SHS (as compared to the Australian population) sheds further light on the complex support needs of many of these young mothers.

## Duration of support from services

### **The OOHC study population receive homelessness services for longer than the overall SHS population**

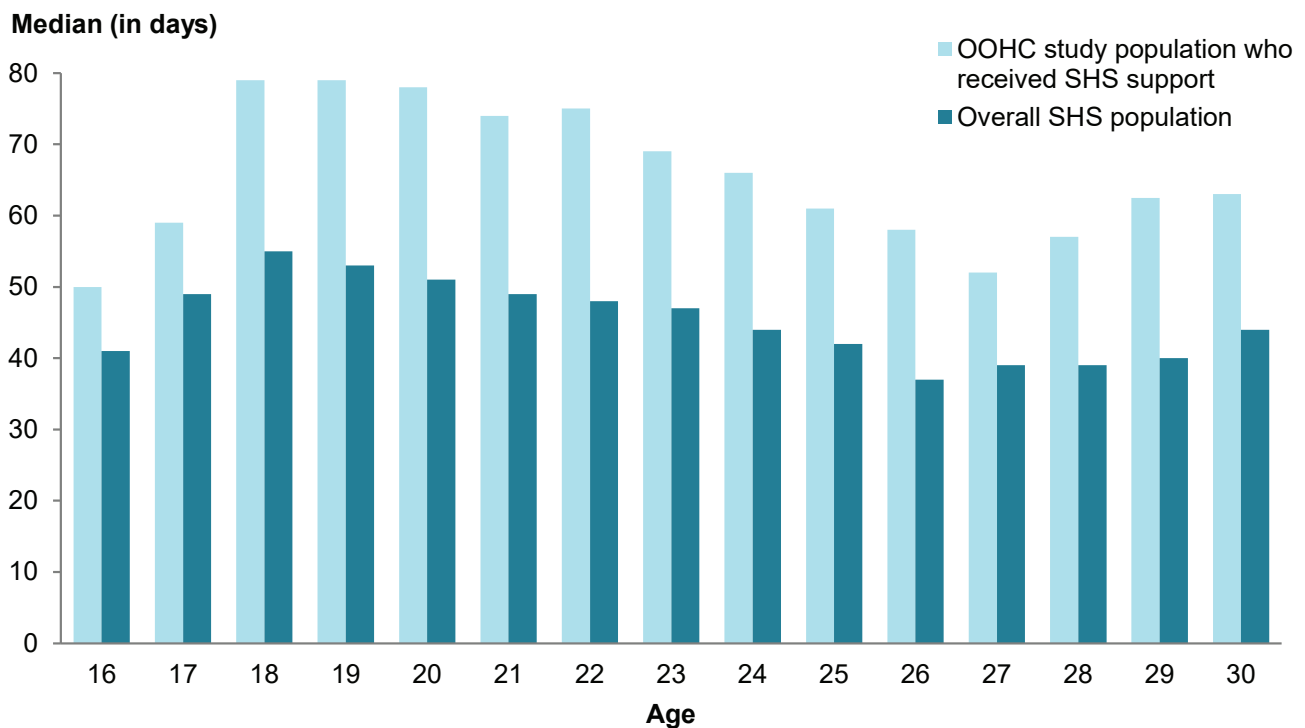
The OOHC study population who received SHS were more likely to have a greater number of days of support compared with the overall SHS population, with a median of 52-79 days at ages 18-30 compared with 37-55 days for the overall SHS population.

Fewer days of support were required at ages 16 and 17 (median of 50 and 59 days for OOHC population and 41 and 49 days for the overall SHS population), while more days of support were required at key transition ages (age 18-20) for both populations. Duration of support tended to be longest at age 18 – median of 79 days for the OOHC study population and 55 for the overall SHS population.

This project has previously examined the duration of income support receipt to explore whether the OOHC study population was more likely to be entrenched in the social security system or in a cycle of under- or unemployment. Consistent with the relatively long duration of SHS support, the proportion receiving income support for 6 or more years was 5 times as high as the Australian population (AIHW 2022a). Therefore, not only is there a higher proportion of the OOHC study population receiving additional services compared with the overall SHS population, they are also engaging with those services for longer periods of time.

Further, SHS clients who also received income support in the same year tended to have longer periods of support than clients who did not also receive income support. For the OOHC study population who received both SHS and income support in the same year, the median number of days of support ranged from 53-80 days (for those aged 16–30). For clients who did not receive income support in the same year, the median number of days of support ranged from 27-63 days. This pattern is similar for the overall SHS population (ranging from 43-64 days for people who received income support, and 22-37 days for people who did not).

**Figure 8: Median number of days of SHS support at ages 16-30, by population, 2011-2021**



Note: For each age, only those who received specialist homelessness services at that age are included, i.e those with a count of zero days are excluded from the median.

Source: Supplementary Table 7.

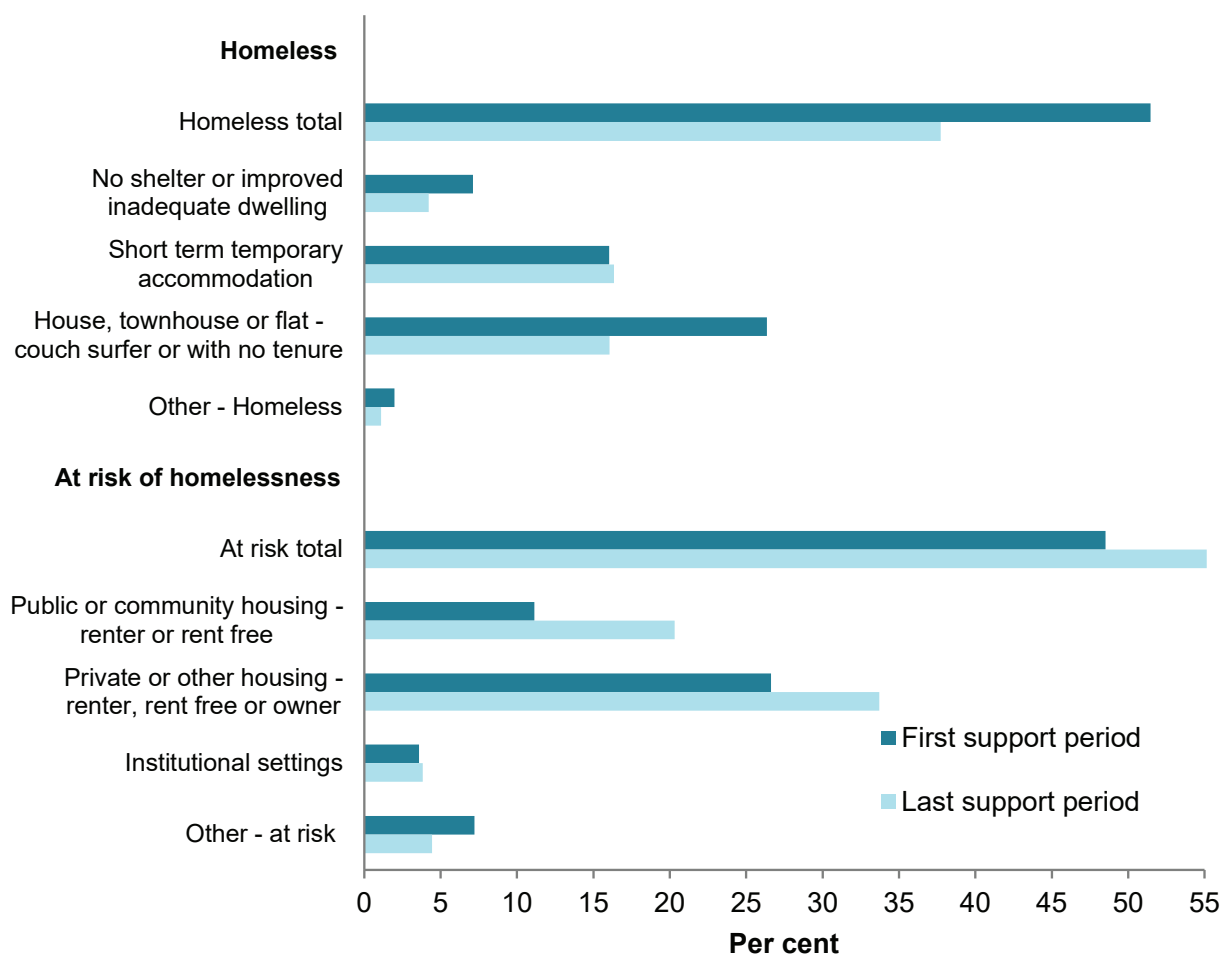
## 1 in 4 of the SHS population are couch surfers when they first present, but are less likely to be homeless following SHS support

The analysis in this report highlighted there are positive housing outcomes from interactions with specialist homelessness services in both the OOHHC and SHS populations, which can be observed by comparing the characteristics of clients when they first and last presented for support.

Overall, for the OOHHC study population receiving SHS support (for whom a housing status was recorded), 51% were homeless at the start of their first support period, and 38% were homeless at the end of their support (or their last recorded housing status if support was ongoing). As shown in Figure 9 below, for people who were homeless, there was a decline in the proportion of the OOHHC study population who were couch surfing or had no tenure, from 26% to 16%, between the start and end of support (or their last recorded housing status if support was ongoing). Meanwhile, there was an increase in the overall proportion who were at risk of homelessness; this included an increase in people in public or community housing (from 11% to 20%) and in private or other housing (from 27% to 34%).

Similar patterns were observed for the overall SHS population of comparable age, although the OOHHC study population who received SHS support was slightly less likely to move into private housing arrangements following their last support compared with the overall SHS population (34% compared with 42% of the overall SHS population; see Supplementary Table 8).

**Figure 9: Proportion of OOHc study population who received SHS support with each housing status, as recorded at first and last support period within the observation period, 2011-2021**



**Notes**

1. This figure presents data on the OOHc study population who received SHS support at some point in the observation period (2011-2021). Note however the SHSC includes limited information on support periods that took place before the observation period began on 1 July 2011. The results presented for first support periods may include some of this information.
2. For clients with one support period only, information for both their 'First' and 'Last' will be taken from the same support period (but different timepoints).
3. Information for 'first' support period is collected at the start of first recorded support; information for 'last' support is collected at the end of last recorded support (for clients with closed support) or from the last month of the reporting period (for clients without closed support).
4. All housing status' fall into either the 'homeless' or 'at risk' category. In this figure, the sum of the homeless and at risk totals will not equal the total OOHc study population who received SHS support due to some suppressed categories.

Source: Supplementary Table 8.

## Box 1: Snapshot on family and domestic violence (FDV)

Family and domestic violence is the main reason women and children leave their homes in Australia (AHURI 2022). Comprehensive national data on family and domestic violence in Australia, however, is lacking. One key function of Specialist Homelessness Services is to offer crisis support for people who have left their homes due to violence, and information on these experiences is captured within the SHSC. This collection therefore goes some way to filling the data gap around family and domestic violence in Australia, and some exploratory analysis was undertaken as part of this project to better understand the FDV experiences of the OOHHC study population.

Many people who experience FDV do not seek support from any services (ABS 2017). Of those who do seek support, SHS is just one type of service that people may engage with, either by itself or in combination with other services. As FDV experience is only identified through SHS data for this report, it will likely underestimate the total FDV experience of the OOHHC study population.

The OOHHC study population who received SHS support and had experiences of FDV are referred to in this box as the OOHHC-FDV cohort. The overall SHS population who had experiences of FDV are referred to as the FDV cohort, which is used as a comparison point for the OOHHC-FDV cohort (the OOHHC-FDV cohort is a subset of the FDV cohort). People from the overall SHS population without FDV experiences are referred to as the non-FDV cohort.

Note that FDV clients may include children and adults, presenting to SHS agencies alone or with others. See the Appendix for more detail on how the FDV population has been defined, and how this differs to other AIHW reporting.

### Key findings

- **Just under half of the OOHHC study population who received SHS had experienced FDV.** For the OOHHC study population, 8,900 (43%) of all those who had received SHS support had experienced FDV (the OOHHC-FDV cohort), and 75% of these clients were female. This compares with 37% of the overall SHS population; the FDV cohort, of whom 80% were female.
- **The OOHHC-FDV cohort tended to receive SHS support from younger ages** – 54% of the OOHHC-FDV cohort received SHS for the first time while aged 17 or under, compared with 36% of the FDV cohort. This may reflect that people from the OOHHC study population experience vulnerable living arrangements from younger ages. Note, this analysis is not able to discern whether FDV was experienced before, during or after a person's time in care, nor whether it was the reason for an OOHHC placement.
- **The FDV cohort tended to receive support from SHS agencies for longer periods of time than other clients** – 1 in 4 (25%) had received SHS support for over one year (not necessarily continuously), and 15% had 11 or more support periods, compared with 11% and 2.9% for the non-FDV cohort. The OOHHC-FDV cohort were even more likely to receive SHS support for longer periods of time; almost 1 in 2 (49%) received SHS support for over one year, and 35% had 11 or more support periods. Overall, duration of income support receipt in the observation period was similar for the FDV and non-FDV cohorts, however a slightly larger proportion of the FDV cohort had been receiving income support for 7-10 years (32% of FDV cohort, compared with 24% of non-FDV cohort). This proportion was even higher for the OOHHC-FDV cohort, where almost 1 in 2 (46%) had received income support for 7-10 years in the observation period.



- **Clients with FDV experiences were more than twice as likely to receive Parenting Payment Single.** The FDV cohort were more likely to have received Parenting Payment Single than the non-FDV cohort (35% compared with 17%, respectively, had received this payment at the end of a financial year). This, together with the fact that 4 in 5 of the FDV cohort are females, suggests these clients are more likely to be single mothers with young children.
- **The OOHC-FDV cohort was 1.7 times as likely to need accommodation services as the non-FDV cohort.** On average, 78% of the OOHC-FDV cohort was in need of short, medium or long-term accommodation, compared with 45% of the non-FDV cohort.
- **The OOHC-FDV cohort was 4–7 times as likely to need family, disability, drug and alcohol, legal/financial services as the non-FDV cohort.** The OOHC-FDV cohort was 6.7 times as likely to need family services (48% vs 7.1%), 6.4 times as likely to need disability services (8.6% vs 1.3%), 5.1 times as likely to need drug and alcohol services (25% vs 5.0%) and 4.3 times as likely to need legal/financial services (33% vs 7.8%), as the non-FDV cohort. The OOHC study population who did not have FDV experiences (the OOHC-non-FDV cohort) was slightly more likely than the overall non-FDV cohort to need these specialist services, but less likely than the OOHC-FDV cohort.

Source: Supplementary Tables 9a and 9b.

## Differences in OOHC characteristics for those receiving SHS and income support

This section explores whether specific OOHC characteristics for the OOHC study population are associated with their receipt of income support and SHS. Note the findings presented here do not imply causation between a young person's time in OOHC and their subsequent receipt of services. These young people may be affected by complex circumstances that contribute to their placement in OOHC but may also influence their need for further services. As shown in Figure 10, people from the OOHC study population most likely to receive SHS services and receive income support were:

**People who had primarily been in residential care.** Around 2 in 3 (66%) of this group received both income support and SHS support, compared with 41% of people who were primarily in foster care and 45% each for people primarily in relative(s)/kinship care, and other care types.

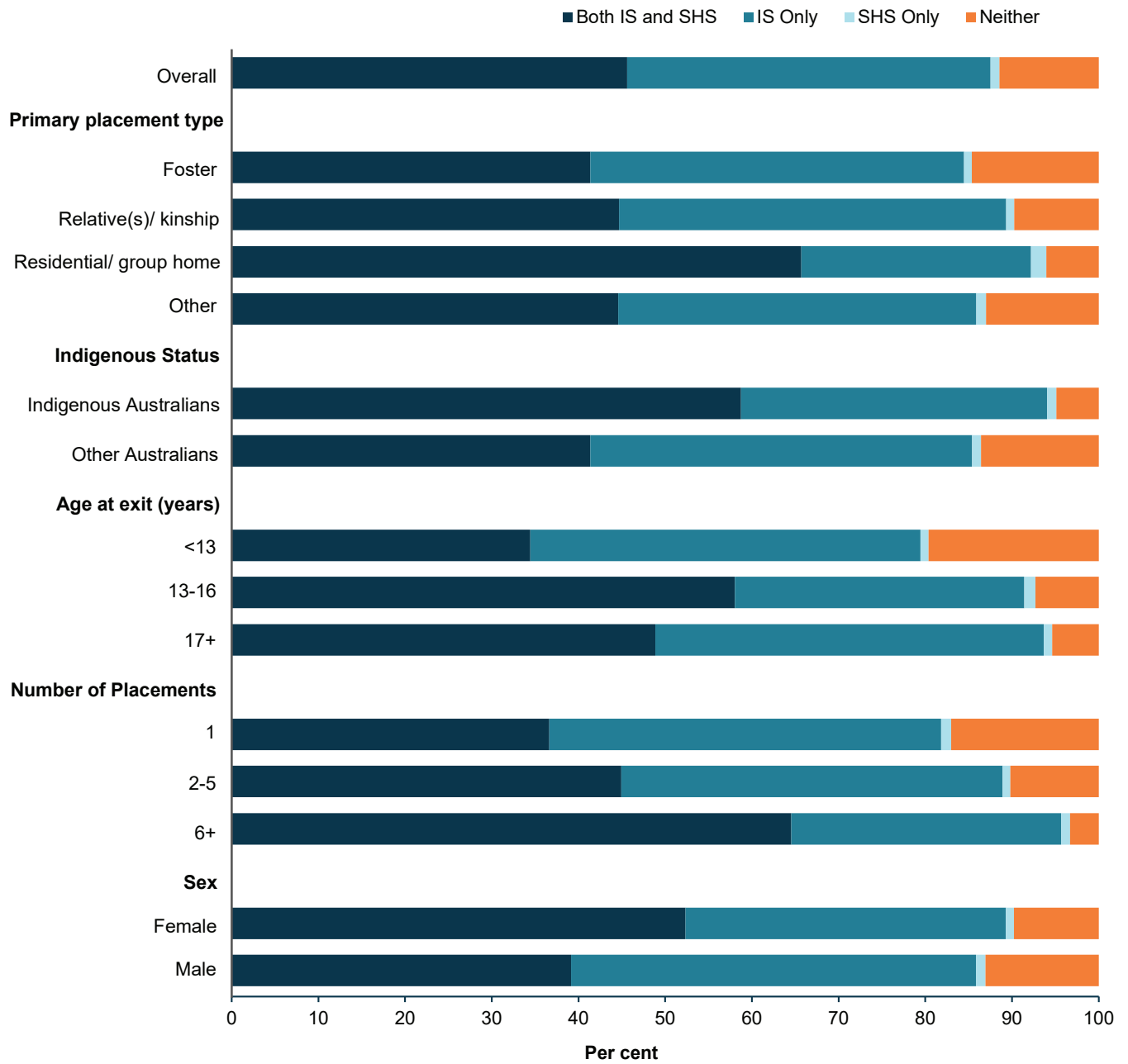
**First Nations people.** The proportion of people who identified as of Aboriginal and Torres Strait Islander origin (referred to as First Nations) receiving SHS and income support was 59%. The relevant proportion for other Australians was 41%.

**People who exited care at 13-16.** This group had the highest SHS and income support receipt (58%) followed by people who exited care aged 17-18 (49%) and then people who exited aged under 13 (34%). Previous reporting showed receipt of parenting payments and unemployment payments was highest for those exiting care aged 12-16, and generally income support receipt was higher for those exiting care aged 13 and over (AIHW 2022a).

**People with a higher number of placements in care.** The proportion who received SHS and income support increased with increasing number of placements, from 37% for people with 1 placement, to 45% for 2-5 placements, and 65% for 6 or more placements.

**Females** – more than half (52%) of females received SHS and income support compared with 39% of males. See section above for more detail on SHS receipt by sex.

**Figure 10: Income support and SHS support received by the OOHC study population at any point within the observation period, by OOHC characteristics, 2011-2021**



Notes:

1. This figure presents data for whether someone has received each service type at any point in the observation period (2011-2021). Income support receipt and SHS support may not be at the same time.
2. Income support includes payments received by people who were aged 16-30 in the observation period, and SHS support includes support received by people who were aged 11-30 in the observation period.

Source: Supplementary Table 10.

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# Appendix

## Overview of methodology

A brief overview of the data sources and methods used in this study are presented below. For more information refer to Chapter 2: Methods and Appendix in the AIHW 2021 report (AIHW 2021a).

## Data sources

The data linked in this study were:

- **OOHC data** from all state and territory government departments responsible for child protection (except Queensland), which included young people born between 1 July 1990 and 30 June 2001 who had been in OOHC. This time period was chosen to ensure that the OOHC study population included only those with a full placement history (i.e., reached the age of 18) at the time the OOHC data was provided to the AIHW in 2019.
- **Centrelink data** from the Department of Social Services (DSS) data asset Data Over Multiple Individual Occurrences (DOMINO) on income support and other payment receipt between 2007 and 2021. Note the observation period ends on 30 June 2021.
- **The Specialist Homelessness Services collection (SHSC)** comprises data from homelessness agencies funded under the National Housing and Homelessness Agreement. For more information on homelessness services, see AIHW 2022d.

Note that the observation period for this report is 2011-2021, whereas previous reports as part of this project have used an observation period of 2007-2021 (AIHW 2021a, AIHW 2022a). This reduced observation period in this report reflects that the SHSC began in July 2011.

It should be noted that there were different follow up periods depending on the child's year of birth. People born in the earlier birth cohorts (i.e., 1990-91) are observed up to the age of 30 in 2021, whereas those born in later birth cohorts (i.e., 2000-01) will only be observed up to the age of 20 in 2021. This means that certain ages are not observed in particular financial years. For example, there is no one from the OOHC study population aged 16-19 in 2021, as the youngest birth cohort included is 2000-01 (who turn 20 in 2021).

This approach also means that people in different birth cohorts will be observed at a common age in different financial years. For example, people born in 1990-91 turn 21 in 2011-12, while those born in 1991-92 turn 21 in 2012-13. For this reason, changes in eligibility requirements that are related to age will affect each birth cohort differently (see *Factors influencing income support receipt* below for further details).

Note there is a program "Leaving Care Housing and Support program" in Victoria that supports around 300-400 people who are leaving out-of-home care. These people are connected with specialist homelessness services, to prepare them for independent living including finding and managing independent housing, and to prevent homelessness. People who accessed SHS support through this program have been excluded from the analysis, as their use of homelessness services is not necessarily an indication of need or hardship.

## OOHC study population

OOHC provides alternative accommodation for children who are unable to live with their families due to the need for a more protective environment, when parents are incapable of providing adequate care, when alternative accommodation is needed during times of conflict, or when parents/carers need respite.

The OOHC study population for this project was created by linking the above data sets to include around 44,100 young people, born between 1990 and 2001, who had at least one OOHC placement (lasting 7 or more days) from all states and territories except Queensland. These placements have been grouped into four categories for this report, including foster care, kinship care, residential/group care and other care arrangements. These groupings are based on the 2018-19 Child Protection National Minimum Data Set, and 'other' care arrangements may include, for example, placements in disability services, hospitals, boarding schools or independent living arrangements.

Unlike other AIHW OOHC reporting which records counts of young people in care at a point in time (such as 30 June 2021), this study captures all young people who have been recorded as having an OOHC placement at some point between 1 July 1990 and 30 June 2019, when the data was supplied. Note that the OOHC data provided to the AIHW for this project was prior to the introduction of extended care models.

Note the definition of OOHC used in this study differs from those used in other AIHW publications, due to differences in the data supplied (longitudinal historical OOHC population), policy changes over time, and the focus of the analysis. The counts and client characteristics of the OOHC study population are therefore not directly comparable with the annual child protection service activity reporting (as reported in AIHW 2022e *Child Protection Australia*).

## Linkage methods

These data sources were linked together using a key-based linkage method, with Statistical Linkage Keys (581).

The linkage of DOMINO to the OOHC study population was undertaken first. Post codes were also used in this linkage to help identify links across these datasets. A preliminary linkage was also completed using the Medicare Consumer Directory (MCD) to improve linkage quality. Overall, 96% of the OOHC study population was linked to DOMINO.

The SHSC was linked to DOMINO separately, with a linkage rate of 88%. Links between the SHSC and the OOHC study population were identified through links in DOMINO.

## Comparator populations

Patterns of Specialist Homelessness Services (SHS) support and income support receipt – service types received, homelessness services needed, main reasons for SHS support, duration of SHS support, and types of payments received – were examined for various populations to quantify whether young people who have been in OOHC have different experiences from national comparator populations of the same age.



The national comparator populations used in this report include:

**Australian population:** Individuals in the age range of interest as derived from the Australian Bureau of Statistics (ABS) Estimated Resident Population data.

**Overall Centrelink-SHS population:** Individuals born between 1 July 1990 and 30 June 2001 from the linked and unlinked DOMINO and SHSC populations. The overall Centrelink-SHS population includes people who received an income support or other payment in their own right as well as those known to Centrelink through a relative's application, and/or people receiving SHS services. It is likely that the vast majority of people from the Australian population in our age range of interest are captured in this population.

**Overall SHS population:** All individuals in the SHSC (ie. those who accessed SHS services from 2011-2021) born between 1 July 1990 to 30 June 2001. This comparator allows an analysis of any differences in the characteristics of homelessness service usage between populations, rather than focusing on the differences between those who accessed a service and those who didn't. Note, this includes people from the SHS population who did not link to DOMINO.

## Defining the FDV population

In Box 1, experience of family and domestic violence (FDV) is defined as SHS clients:

- who at some point in the observation period (2011-2021) needed, were provided with, or referred to a FDV service by an SHS agency, and/or
- who had at least one support period at some point within the observation period where the main reason for seeking support was FDV.

Note, due to the data available for this report, the scope of FDV clients is narrower than that used in other AIHW reporting. For example, the [SHS annual report](#) also includes the referral source and all reasons (not just the main reason) to identify people with experiences of family and domestic violence – these items were not included in the linked data asset for this project. It is also worth noting that the counts in this report may include both victims and perpetrators of FDV, as the data item to disaggregate these was not available for this project. However, as reported elsewhere by the AIHW, among SHS clients needing assistance for family and domestic violence, the vast majority require victim support services as opposed to perpetrator support services (AIHW 2023 forthcoming).

## Factors influencing income support receipt

Over the past two decades there have been notable demographic, social, and economic shifts, as well as changes within the social security system for how payments are administered, which have influenced trends and patterns in the receipt of income support.

Over the observation period of our study (1 July 2011–30 June 2021), there have been specific changes to the eligibility criteria for payments, including changes to income test thresholds and qualifying age for payments, tightening of eligibility criteria for Disability Support Pension (DSP), and enhanced activity testing (including mutual obligation requirements that take into account the recipients age, assessed work capacity, and whether they are a carer of a dependent child).

The most notable of these changes for our study population was a change in 2012, whereby students aged 16 to 17 were no longer eligible for Youth Allowance unless they were classified as independent, were living away from home, or were already receiving Youth Allowance.

These changes, combined with labour market conditions over this period, may have implications for comparability of the results across birth cohorts and especially for recent care leavers. This should be considered when interpreting the results in this report. For further details on policy changes up to 2016, see Appendix C in initial report (AIHW 2021a).

Some additional policy changes have occurred beyond 2016 including:

- JobSeeker payment replaced Newstart Allowance in March 2020 becoming the main unemployment payment for those aged 22 and over.
- Consolidation of JobSeeker with several other payments (such as Sickness Allowance and Bereavement Allowance)
- Short term changes to unemployment payments in response to the COVID-19 pandemic such as, waiving asset tests and waiting periods between March 2020 and September 2020, and suspension of mutual obligation requirements between March and June 2020
- Family Tax Benefits (FTB) have had several changes between 2016–2020 including to immunisation requirements, exemptions, and eligibility.

Refer to Department of Social Services [Descriptions of payments and benefits](#) for further information on policy changes as well as the Australia's Welfare 2021 article: [Impact of COVID-19 on employment and income support in Australia](#) (DSS 2022, AIHW 2021b).

# Glossary

**at risk of homelessness:** Person who is at risk of losing their accommodation or are experiencing one or more factors or triggers that can contribute to homelessness. Risk factors include financial or housing affordability stress, inadequate or inappropriate dwelling conditions, previous accommodation ended, child abuse, family, sexual and domestic violence, and relationship or family breakdown.

**client:** A person who receives a service from a specialist homelessness agency, with the intention of responding to, or preventing, homelessness. A client can be of any age, must directly receive a service and not just be a beneficiary of a service, and can be a child who presents with an adult and directly receives a service.

**Disability Support Pension:** Means-tested income support payment for people aged 16 and over but under age pension age (at claim) who have reduced capacity to work (i.e., unable to work for 15 hours or more per week at or above the relevant minimum wage), because of their disability.

**homelessness:** There is no single definition of homelessness. For the purpose of the SHSC a person is defined as homeless if they are living in either: non-conventional accommodation or 'sleeping rough', or short-term or emergency accommodation due to a lack of other options.

Non-conventional accommodation (primary homeless) is defined as: living on the streets, sleeping in parks, squatting, staying in cars or railway carriages, living in improvised dwellings or living in the long grass. This definition aligns closely with the cultural definition of primary homelessness.

Short-term or emergency accommodation (secondary homeless) includes: refuges, crisis shelters, couch surfing or no tenure, living temporarily with friends and relatives, insecure accommodation on a short-term basis, or emergency accommodation arranged by a specialist homelessness agency (for example, in hotels, motels and so forth). This definition aligns closely with the cultural definition of secondary homelessness.

**income support payment:** Sub-category of benefits paid by the Australian Government which are regular payments that assist with the day-to-day costs of living.

**parenting payment:** A means-tested income support payment for principal carers, recognising the impact that caring for young children can have on a parent's capacity to undertake full-time employment. See also Parenting Payment Single and Parenting Payment Partnered.

**Parenting Payment Partnered:** A means-tested income support payment for partnered parents until their youngest child turns 6.

**Parenting Payment Single:** A means-tested income support payment for single parents where the youngest child is aged under 14.

**reasons for seeking support (main reasons):** SHS clients can report many different reasons for seeking assistance and SHS agencies record these reasons according to the client's perspective of why they requested assistance. This analysis focuses on the client's main reason for seeking assistance, although they may report multiple reasons (not included in this report). Refer to the [metadata](https://meteor.aihw.gov.au/content/506234) <<https://meteor.aihw.gov.au/content/506234>> for more information on main reason codes included in the SHSC.

**specialist homelessness agency:** Receives government funding to deliver specialist homelessness services to clients.

**specialist homelessness service (SHS):** Assistance provided by a specialist homelessness agency to a client with the aim of responding to or preventing homelessness.

**specialised services** refer to assistance that can be provided only by a person with formal, specialised training in that area of assistance. Different types of homelessness services may be required depending on a person's needs, and a client may receive multiple service types during their support.

**specialist homelessness services needed:** The type of service/s an individual was identified as needing at some point in the observation period (2011-2021). Refer to the [metadata](https://meteor.aihw.gov.au/content/689342) <<https://meteor.aihw.gov.au/content/689342>> for further details on what types of services are included in the SHSC.

**student payments:** The range of government payments available to support people who are studying or undertaking an apprenticeship. In this report, the focus is on means tested income support payments, including Youth Allowance (Student or Australian Apprentices), ABSTUDY (Living Allowance) and Austudy (for people aged 25 and over).

**support period:** The period of time for which a client receives services from a specialist homelessness agency.

**unemployment payment:** Benefit or payment available to working age people (aged 16 and over but under the Age Pension qualifying age) looking for work or earning under the income threshold, including the Youth Allowance (other), the JobSeeker Payment and the Newstart Allowance (which ceased 20 March 2020).

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