



Australian Government
Australian Institute of
Health and Welfare

AIHW

People in short-term or emergency accommodation: a profile of Specialist Homelessness Services clients



People in short-term
or emergency
accommodation:
a profile of Specialist
Homelessness
Services clients



The Australian Institute of Health and Welfare is a major national agency whose purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

© Australian Institute of Health and Welfare 2019 

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC BY 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at <www.aihw.gov.au/copyright/>. The full terms and conditions of this licence are available at <<http://creativecommons.org/licenses/by/3.0/au/>>.

ISBN 978-1-76054-488-1 (PDF)

ISBN 978-1-76054-489-8 (Print)

Suggested citation

Australian Institute of Health and Welfare 2019. People in short-term or emergency accommodation: a profile of Specialist Homelessness Services clients. Cat. no. HOU 300. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair

Mrs Louise Markus

Chief Executive Officer

Mr Barry Sandison

Any enquiries about or comments on this publication should be directed to:

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Tel: (02) 6244 1000

Email: info@aihw.gov.au

Published by the Australian Institute of Health and Welfare.

Please note that there is the potential for minor revisions of data in this report.
Please check the online version at <www.aihw.gov.au> for any amendments.

Contents

Summary.....	v
1 Introduction.....	1
Defining homelessness	1
What is short-term or emergency accommodation?.....	2
Profile of clients in short-term or emergency accommodation seeking SHS	3
Different types of clients in short-term or emergency accommodation.....	6
How do people become homeless?.....	7
How do people exit homelessness?.....	8
2 Who seeks help for homelessness?.....	9
Who is in short-term or emergency accommodation?.....	9
Key comparative findings.....	12
3 Persistent service users	16
Who are persistent service users?	16
Why did persistent service users seek assistance?.....	18
What services did persistent service users need?.....	23
What services were provided to persistent service users?	25
What are the gaps in service provision?.....	27
How do persistent service users engage with services?.....	28
What are the housing outcomes for persistent service users?	33
What does this tell us?.....	35
4 Service cyclers	37
Who are service cyclers?.....	37
Why did service cyclers seek assistance?	39
What services did service cyclers need?.....	44
What services were provided to service cyclers?	45
What are the gaps in service provision?.....	48
How do service cyclers engage with services?.....	50
What are the housing outcomes for service cyclers?	54
What does this tell us?.....	56

5	Transitory service users	58
	Who are transitory service users?	58
	Why did transitory service users seek assistance?	60
	What services did transitory service users need?	64
	What services were provided to transitory service users?	66
	What are the gaps in service provision?	68
	How do transitory service users engage with services?	69
	What are the housing outcomes for transitory service users?	71
	What does this tell us?	73
	Appendix A: Background information	75
	Preliminary results	75
	Background to the Housing Journeys project	75
	Defining homelessness	75
	Exiting homelessness	77
	Housing First	78
	Data	78
	Scope of the Housing Journeys project	79
	Aims of the Housing Journeys project	79
	Appendix B: Technical information	80
	Scope and coverage	80
	Data quality and Indigenous Australians	81
	Incomplete data	81
	Key data quality issues, 2011–12	81
	Acknowledgments	82
	Abbreviations	83
	References	84
	List of tables	86
	List of figures	87
	Related publications	89

Summary

On Census night in 2016, around 21,200 Australians were in supported accommodation for the homeless (ABS 2018)—living in hostels for the homeless, night shelters, or refuges. This number has increased over the past decade, from around 17,300 in supported accommodation for the homeless in the 2006 Census. These estimates, derived from the Census, are likely to underestimate the extent of homelessness, and there are no data available to determine the magnitude of the underestimation (ABS 2018).

This report presents, for the first time, a comprehensive analysis of people experiencing homelessness in Australia living in short-term or emergency accommodation, over a 4 year period, using the Specialist Homelessness Services Collection (SHSC).

Those in short-term or emergency accommodation were more likely to be female, aged 15–34, not in the labour force and present alone

As a group, the 20,400 clients in short-term or emergency accommodation who sought the assistance of specialist homelessness services (SHS) upon their first presentation to services in 2011–12, had different demographic characteristics to all other adult SHS clients (136,200). More than half (54% or 11,000) were female compared with 63% (85,800) of other SHS clients; almost half (48% or 9,700) reported they were living alone, compared with 36% (36,900) of other SHS clients, and most (92% or 17,700) were unemployed or not in the labour force, compared with 87% (82,300) of other SHS clients.

Analysis of the service use patterns of clients in short-term or emergency accommodation in 2011–12 revealed 3 cohorts

- **Persistent service users:** 2,900 clients (or 14% of clients in short-term or emergency accommodation) accessed services every financial year from 2011–12 to 2014–15.
- **Service cyclers:** 8,800 clients (or 43% of clients in short-term or emergency accommodation) accessed services in 2 or 3 years of the 4-year period.
- **Transitory service users:** 8,700 clients (or 43% of clients in short-term or emergency accommodation) accessed services in 2011–12 only.

Service use increases with increasingly complex needs

Those in short-term or emergency accommodation showed increasing service use according to their needs or 'vulnerability conditions'. In this analysis, vulnerability is based on whether someone had *ever* reported: a mental health issue, problematic drug and/or alcohol use, and/or domestic or family violence.

Persistent service users had the most complex needs of all cohorts. Almost 3 in 4 (74%) reported a mental health issue, while almost two-thirds (62%) reported at least 2 of the 3 vulnerability conditions.

More than half (54%) of **service cyclers** reported a mental health issue, while 2 in 5 (40%) reported at least 2 of the 3 vulnerability conditions.

Transitory service users were the least likely to report experiencing mental health issues, domestic or family violence and/or problematic drug and/or alcohol use. Less than 1 in 5 (17%) reported at least 2 out of 3 vulnerability conditions.

People in short-term or emergency accommodation most frequently seek accommodation and financial services

Accommodation and financial services were most commonly sought by all 3 cohorts in short-term or emergency accommodation. Younger clients (aged 15–24) in general were more likely than older clients (aged 50 and over) to seek these services.

Those in short-term or emergency accommodation also sought assistance with interpersonal relationships—particularly domestic and family violence. Across all 3 groups of those in short-term or emergency accommodation, females were around 5 times more likely than males to seek assistance with domestic and family violence.

People already in short-term or emergency accommodation were likely to keep receiving it when needed

In this study, all clients first presented to specialist homelessness services in short-term or emergency accommodation. Of these clients, almost 6 in 10 (58%) indicated a need to receive short-term or emergency accommodation. Of these clients with a continued need for this kind of accommodation provision, short-term or emergency accommodation was provided to almost 4 in 5 (79%). Only 1 in 10 (11%) who needed additional short-term or emergency accommodation were not provided or referred to another agency for this service.

Many of those in short-term or emergency accommodation experience positive outcomes following SHS support

Clients in short-term or emergency accommodation approaching SHS agencies for assistance are by definition homeless. Following support around 35% were housed: ranging from 22% of transitory service users to 44% of both persistent service users and service cyclers. Housing outcomes for 1 in 5 (18%) clients were unknown.

- Almost 6 in 10 (59%) persistent service users had repeat periods of homelessness during the 4 years (that is, transitioned from homeless to housed and then to homeless again). Almost half (44%) were housed at the end of support. For more than 1 in 10 (12%) persistent service users accessing support across the 4 years, their housing outcome was unknown.
- Around one-quarter (26%) of service cyclers also experienced repeat episodes of homelessness and almost half (44%) were housed at the end of the study period. For more than 1 in 5 (21%) service cyclers their housing outcome was unknown.
- While only 3% of transitory service users experienced repeat homelessness during their engagement with SHS, more than 1 in 5 (22%) were housed at the end of their support. The housing outcomes for around 1 in 5 (18%) transitory service users was unknown.

Linking data sets could provide more comprehensive information

This analysis reports only on clients accessing services from SHS agencies, and not all of those in short-term or emergency accommodation. It also only reports on findings to 30 June 2015. Linking this data to other sources—for example, information on rent assistance, income support, or social housing—would provide more comprehensive information on a client's circumstances, journey and outcomes, to better inform service responses. In addition, further work on identifying and improving the estimation of homelessness is required to facilitate transparent and reliable measures that will inform effective policy and service responses.

1 Introduction

Many Australians experience events in their lives that may place them at risk of homelessness. On Census night in 2016, more than 116,400 men, women and children in Australia were homeless (ABS 2018). Of these, an estimated 21,200 (18%) were in ‘supported accommodation for the homeless’—that is, they were living in hostels for the homeless, night shelters, or refuges. This is similar to the 2011 Census estimate (21,300 people), and an increase from the 2006 Census estimate (17,300 people) (ABS 2018).

The Specialist Homelessness Services Collection (SHSC) considers people in short-term or emergency accommodation to be experiencing homelessness (AIHW 2017).

Defining homelessness

There is no universally agreed definition of homelessness. For example, the Australian Bureau of Statistics (ABS) defines it as a lack of 1 or more of the elements that represent home—which may include a sense of security, stability, privacy, safety and the ability to control living space (ABS 2012). The literature also refers to 3 types of homelessness based on a cultural definition which identifies shared community standards regarding the minimum level of housing that people have a right to expect:

- primary homelessness, when people lack conventional accommodation, such as living on the streets, sleeping in parks or cars, or squatting in buildings and improvised dwellings for shelter (UNSD 2017; Chamberlain & Mackenzie 2008)
- secondary homelessness, when people are forced to move from one temporary shelter to another; for example, couch surfing (UNSD 2017; Chamberlain & Mackenzie 2008)
- tertiary homelessness, when people live in accommodation that falls below minimum standards; for example, single rooms in private boarding houses without their own bathroom, kitchen or security of tenure (Chamberlain & Mackenzie 2008).

The **SHSC** considers a person to be homeless if they are living in any of the following circumstances:

- non-conventional accommodation or ‘sleeping rough’—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** due to a lack of other options, including: refuges, crisis shelters, living temporarily with friends and relatives, insecure accommodation on a short-term basis, emergency accommodation arranged by a specialist homelessness agency (for example, in hotels, motels and so forth). This aligns closely with the cultural definition of secondary homelessness (AIHW 2017).

What is short-term or emergency accommodation?

For the purposes of the SHSC, short-term or emergency accommodation provision as a service includes:

- refuges
- crisis shelters
- insecure accommodation on a short-term basis
- emergency accommodation arranged by a specialist homelessness agency (for example, in hotels, motels and so forth)
- boarding or rooming house
- transitional housing.

The following short-term accommodation options are not included in the definition of short-term or emergency accommodation:

- hotels, motels, caravan parks and other temporary accommodation used when a person is on holiday or travelling
- custodial and care arrangements, such as prisons and hospitals
- temporary accommodation used by a person while renovating their usual residence or building a new residence (for example, weekenders, caravans).

This definition aligns closely with the cultural definition of secondary homelessness.

Also included in the definition of short-term or emergency accommodation is couch surfing or living temporarily with friends and relatives. This option is not included in this report as ‘couch surfers’ have been examined and reported on separately, see *Couch surfers: a profile of Specialist Homelessness Services clients* (AIHW 2018).

Specialist homelessness services (SHS) deliver a range of services to clients—including crisis short-term or emergency accommodation. People seeking assistance from SHS providers may already be in short-term or emergency accommodation. While short-term or emergency accommodation is important for providing a place for people experiencing temporary crisis situations, research has demonstrated that access to longer term housing support, together with tenant autonomy, are critical features of helping people into ongoing, stable housing of their own (Parsell et al. 2015).

This report shows that long-term housing is difficult to secure for those who are already in short-term or emergency accommodation in Australia—only 17% were provided with long-term housing when they requested it over the 4 year period. On the other hand, 79% were able to continue their tenancy in short-term or emergency accommodation when requested. The unstable nature of this highlights the need for contemporary efforts to end homelessness in Australia.





Profile of clients in short-term or emergency accommodation seeking SHS

Of the more than 20,400 clients who, upon presentation to SHS in 2011–12 were already in short-term or emergency accommodation and seeking help (Table 1):

- over half (54%) were female
- almost one-third (31%) were aged 15–24
- less than 1 in 10 (8%) were employed, while 9 in 10 (92%) were unemployed or not in the labour force
- 10% were enrolled in some form of education
- almost half (47%) *ever* reported experiencing a mental illness, while more than 1 in 3 (37%) *ever* reported a mental health diagnosis
- more than one-third (36%) had *ever* reported they experienced domestic or family violence. Females were more than 4 times as likely to *ever* report that they experienced domestic or family violence than males (57% compared with 13%).









Compared with all other adult SHS clients, those in short-term or emergency accommodation were more likely to *ever* report having a mental health issue or problematic drug and/or alcohol use, as well as repeat episodes of homelessness. The **main reasons** for seeking assistance were accommodation, financial and/or interpersonal relationships.

Table 1: Profile of people in short-term or emergency accommodation and other SHS clients (%)

Characteristic	Adults in short-term or emergency accommodation ^(a) (n=20,400)	Other adult SHS clients ^(a) (n=136,200)
 Male	46%	37%
 Female	54%	63%
 Age	31% aged 15–24 12% aged 50 and over	29% aged 15–24 14% aged 50 and over
 Receive services in <i>Major cities</i>	71%	61%

(continued)

Table 1 (continued): Profile of people in short-term or emergency accommodation and other SHS clients (%)

Characteristic	Adults in short-term or emergency accommodation ^(a) (n=20,400)	Other adult SHS clients ^(a) (n=136,200)
 Indigenous	20%	21%
 Employed	8%	13%
 Education status—enrolled	10%	7%
 Living arrangement—lone person	48%	36%
 <i>Ever</i> reported experiencing domestic and family violence	36%	39%
 <i>Ever</i> reported a mental health issue	47% mental health issue 37% mental health diagnosis	33% mental health issue 26% mental health diagnosis
 <i>Ever</i> reported problematic drug and/or alcohol use	28%	18%
 Experienced repeat homelessness ^(b)	21%	9%

(a) For the purposes of this report, the SHS short-term or emergency accommodation population consists of clients aged 15–17 and presenting alone, and those aged 18 and over, who were in short-term or emergency accommodation on first presentation to a SHS agency between 1 July 2011 and 30 June 2012. The other SHS population includes all clients aged 15–17 and presenting alone, and those aged 18 and over, who also accessed specialist homelessness services between 1 July 2011 and 30 June 2012 but were not in short-term or emergency accommodation on first presentation.

(b) Repeat homelessness refers to clients who had transitioned from being homeless, to housed, and then homeless again at least once during the study period.

Note: Data used in this analysis are unweighted and client counts are likely to be underestimated. Data from this study are not comparable to the published results of weighted data in other reports using SHSC data.

This report presents, for the first time, a comprehensive analysis of Australia's homeless in short-term or emergency accommodation, using longitudinal data from the AIHW's Specialist Homelessness Services Collection (SHSC). It examines the circumstances, experiences, and housing outcomes for adults who were in short-term or emergency accommodation as well as teenagers aged 15–17 presenting alone to SHS seeking services (these clients have been included as they presented to services unaccompanied while in short-term or emergency accommodation, without an established support system in place. As such they are treated as adults). It analyses the service use patterns of those in short-term or emergency accommodation and describes the:

- characteristics of these clients
- reasons they seek assistance
- services provided and unmet demand
- service engagement patterns (days of support, span of support periods, nights of accommodation, number of support periods)
- housing outcomes of these clients.

This report is the third of 3 in the AIHW's Housing Journeys of Homeless Clients Project. The first report focusing on rough sleepers was released in August 2018, while the second report on couch surfers was released in December 2018. For more information on the SHSC and the project, see Appendix A.

Supplementary tables accompanying this release are available at <www.aihw.gov.au> and are referenced throughout this report as Supplementary table S.X.

Specialist Homelessness Services Collection

Specialist Homelessness Services (SHS) assist people who are homeless, or at risk of homelessness, by assessing their needs, providing direct assistance such as emergency accommodation, and referring clients to other services as required. The Specialist Homelessness Services Collection (SHSC) is conducted by the AIHW to monitor the assistance provided and to contribute to the evidence base that shapes policy and service development. Data are provided to the AIHW by around 1,500 homelessness agencies.

The SHSC only includes data on homeless clients or clients at risk of homelessness who presented to services. It therefore does not represent all people who are homeless or who are at risk of homelessness.

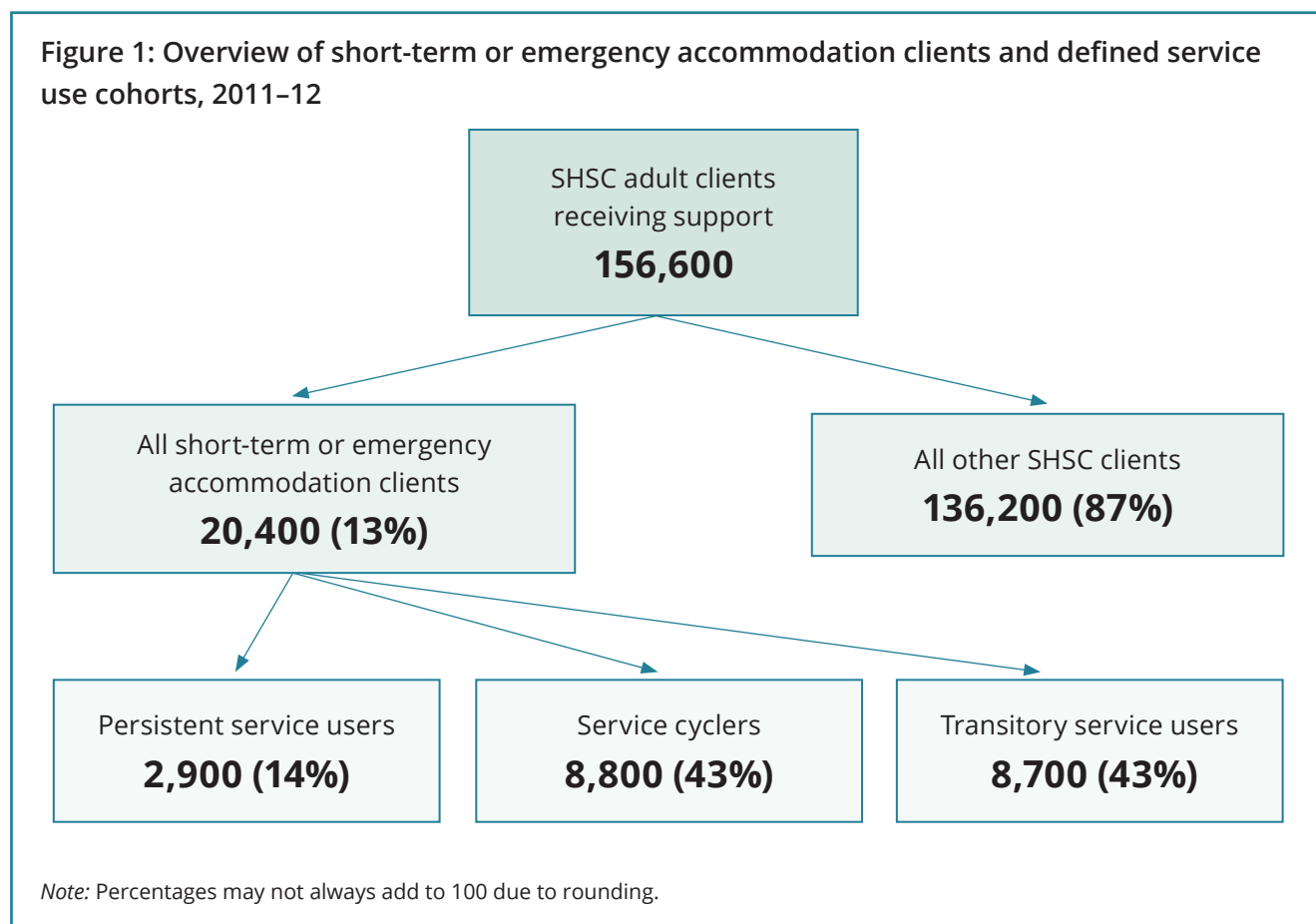
A **support period** is the length of time a client receives services from an SHS agency. It starts on the day a client first receives a direct service and ends when services stop. Clients may receive multiple support periods across time.

Different types of clients in short-term or emergency accommodation

This report focuses on clients who were in short-term or emergency accommodation when first presenting to SHS for assistance between 1 July 2011 and 30 June 2012. It is important to note these clients may have received assistance, including short-term or emergency accommodation, prior to 1 July 2011. Three cohorts of clients in short-term or emergency accommodation were defined based on their service use over the subsequent 3 years (to 30 June 2015).

- **Persistent service users**—clients who had at least 1 support period in each financial year between 1 July 2011 and 30 June 2015.
- **Service cyclers**—clients who had at least 1 support period between 1 July 2011 and 30 June 2012 and at least 1 other support period between 1 July 2012 and 30 June 2015.
- **Transitory service users**—clients who had at least 1 support period between 1 July 2011 and 30 June 2012, but did not receive any support between 1 July 2012 and 30 June 2015.

More than half (57% of persistent service users and service cyclers) sought the help of SHS in more than 1 year over the 4-year period; however only 14% of these clients were assisted in each of the 4 years (persistent service users) (Figure 1).



How do people become homeless?

A key aspect of homelessness research has been to examine how clients become homeless, experience homelessness, and how they exit homelessness. Analysing client pathways is useful in identifying general causes of homelessness—including structural and individual factors—and exits from homelessness (Johnson et al. 2015; Pillinger 2007). It also provides a better understanding of the type of services that are needed across a range of situations.

Structural factors influencing homelessness can include a lack of adequate income and limited access to affordable and available housing (Johnson et al. 2015; Wood et al. 2015). Individual factors cover the personal experiences or circumstances of an individual or household that places them more 'at risk' of becoming homeless. These can include low levels of educational attainment and recent work experience, family and domestic violence, ill health and disability, trauma, and substance misuse (Fitzpatrick et al. 2013).

The Melbourne Institute (using the *Journey's Home* longitudinal data set) found the following individual risk factors associated with homelessness (Bevitt et al. 2015):

- sex (males were more likely to experience homelessness than females)
- age (respondents over 45 were twice as likely to experience homelessness than those aged 15–24)
- Indigenous status (Aboriginal or Torres Strait Islanders were more likely to experience homelessness)
- marital status (singles were more likely to experience homelessness than couples)
- living arrangement (respondents without resident children were more likely to experience homelessness than those with children living with them)
- experience of incarceration (respondents who had ever been incarcerated, including juvenile detention, were more prone to homelessness)
- current circumstances (family breakdown, health problems, employment status, alcohol and drug use, recent incarceration, physical and sexual violence impact on experiences of homelessness).

Chamberlain and Johnson (2011) examined over 4,000 case histories on people experiencing homelessness between 2005 and 2006 and identified 5 typical pathways into adult homelessness:

- housing crisis
- family breakdown
- substance abuse
- mental health
- transitioning from being homeless in youth ('youth to adult').

The length of time that people remained homeless was also examined, classified as short (3 months or less), medium (4–11 months) and long-term (12 months or more). People who entered homelessness through housing crisis or family breakdown had a typical period of homelessness that lasted 3 months or less, while those who had substance abuse or mental health issues typically experienced periods of homelessness that lasted 12 months or more.

The triggers associated with people experiencing homelessness have been found to increase with an individual's age and previous durations of 'rooflessness' and/or episodic homelessness (Pillinger 2007; Ravenhill 2003). Individual factors, such as ill health, trauma and disability, can be both a cause and a consequence of homelessness, including prolonged rough sleeping (Chamberlain & Johnson 2015).

How do people exit homelessness?

Homelessness is a complex issue affecting many Australians. It requires a long-term and systematic effort across agencies, sectors and the community. Governments have committed to the National Housing and Homelessness Agreement (NHHA), which came into effect as of 1 July 2018. The NHHA is designed to improve access to affordable, safe and sustainable housing across the housing spectrum, including to prevent and address homelessness, and to support social and economic participation (Council on Federal Financial Relations 2018).

The *Journeys Home* survey (Bevitt et al. 2015) found several factors to be associated with high rates of exit from homelessness. Males are both more likely to enter homelessness, and less likely to exit than females. In addition, the young (while only slightly more likely to enter homelessness) are much more likely to exit than older respondents, lending weight to the argument that the young are more likely to cycle in and out of homelessness. Respondents with resident children are also more likely to exit homelessness than singles or couples without children living with them. It also appears that family connections are important to both preventing the entry into homelessness as well as assisting individuals out of homelessness. (For further information regarding the Melbourne Institute's research using the *Journeys Home* longitudinal data set, please see Appendix A.)

Ravenhill (2003) also reports that certain events or personal factors can prompt people experiencing homelessness into wanting to exit homelessness. These can include that people: felt they had reached rock bottom; could no longer cope with the rough sleeping lifestyle; had a sudden shock or trauma, or realised that someone cared.

Additional catalysts could be 'doing it for their children' and 'not wanting to be stigmatised for being homeless'. Exiting homelessness is also dependent on the availability of homelessness services (Ravenhill 2003). Access to these services was the most significant issue found in the resettlement process, including access to: advice, crisis accommodation, resettlement help, women's refuges, rehabilitation programs, supported accommodation, and follow-up support.

2 Who seeks help for homelessness?

Clients who approach SHS for assistance do so for a variety of reasons, yet they all share one thing—they lack suitable housing, or are at risk of not being able to maintain their current housing situation. They may be currently homeless, or facing the prospect of losing their housing (at risk of homelessness). It should be noted that most clients seeking assistance from SHS agencies were housed but 'at risk' of becoming homeless. All clients presenting to SHS for assistance while in short-term or emergency accommodation are considered to be homeless.

Who is in short-term or emergency accommodation?

Between 1 July 2011 and 30 June 2012, nearly 156,600 adults presented to a SHS for assistance. Of these, more than 20,400 clients were living in short-term or emergency accommodation upon presentation to SHS.

Of these 20,400 clients:

- over half were female (54%)
- almost 1 in 3 (31%) were aged 15–24, with female clients generally younger:
 - 15–24 years: 35% of all females, 26% of all males
 - 25–49 years: 56% of all females, 58% of all males
 - 50 years and over: 9% of all females, 17% of all males
- 1 in 5 (20%) were Indigenous:
 - 16% of males compared with 24% of females
- fewer than 1 in 10 (8%) were employed, 44% were unemployed and 48% were not in the labour force upon their first presentation to a SHS for assistance during 2011–12
- almost 3 in 4 (71%) were receiving services in *Major cities*:
 - males were more likely to be receiving services in *Major cities* (74% compared with 67% of females)
 - females were more likely to be receiving services in *Remote* or *Very remote* areas (4% compared with 2% of males)
- almost half (48%) reported they were living alone, 29% were living with at least one child:
 - males were more likely to report living alone (63% compared with 34% of females)
 - females were more likely to report living with at least one child (45% compared with 10% of males).

One in 3 (34%) experienced 2 or more vulnerabilities (defined as *ever* reported domestic or family violence, *ever* reported a mental health issue, or *ever* reported problematic drug and/or alcohol use, see Box 1) (Figure 2).

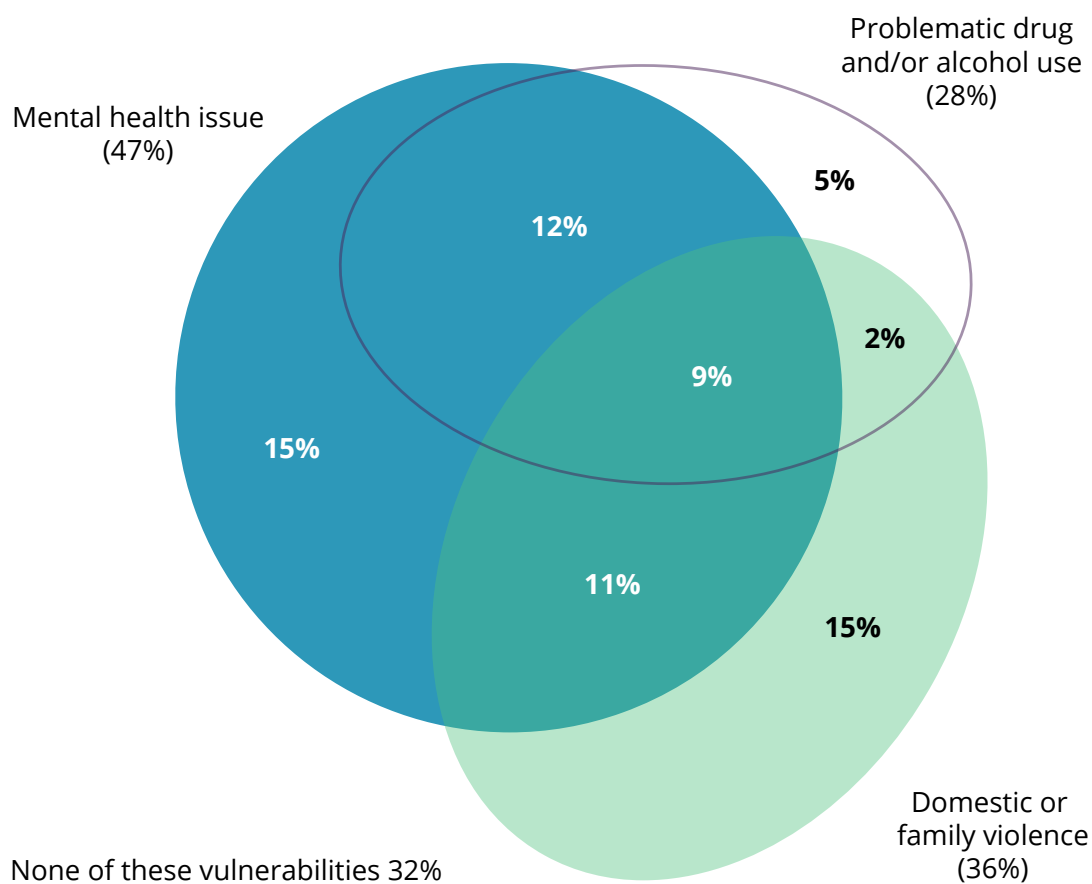
Typically, those in short-term or emergency accommodation are...

female, aged under 35, living alone and receive services in *Major cities*.



Source: A profile of Specialist Homelessness Services homeless clients 2011–12 to 2014–15, available at: <<https://www.aihw.gov.au/reports/homelessness-services/a-profile-of-specialist-homelessness-services-home/contents/summary-in-cohort>>.

Figure 2: Vulnerabilities, all short-term or emergency accommodation clients (%)



Note: Includes all clients in short-term or emergency accommodation presenting to SHS agencies for assistance between 1 July 2011 and 30 June 2015.

2

Who seeks help for homelessness?

Specifically:

- More than 1 in 3 (36%) clients *ever* reported experiencing domestic or family violence:
 - more than one-third (34%) who *ever* reported experiencing domestic or family violence were aged under 25, compared with 6% of those who were aged 50 and over
 - female clients were more than 4 times as likely as males to *ever* report experiencing domestic or family violence (57% compared with 13%).
- Nearly half (47%) identified as having a current mental health issue:
 - overall, males were more likely than females to *ever* report having a mental health issue (49% compared with 45%).
- Almost 2 in 5 (37%) *ever* reported having a mental health diagnosis:
 - higher for males than for females (40% compared with 34%).
- Over 1 in 4 (28%) identified as *ever* reporting problematic drug and/or alcohol use:
 - males were more likely than females (37% compared with 20%).

Box 1: Ever flags

In terms of the SHSC, an 'ever' flag is generated if a particular reason, need or service is *ever* reported.

'Ever' reported domestic or family violence

Clients are counted as experiencing domestic or family violence if during any support period within the study period they nominated 'domestic and family violence' as a reason for seeking assistance, or if during any support period they required and/or were either provided or referred domestic or family violence assistance.

'Ever' reported a mental health issue

Clients are identified as having a current mental health issue if they provided any of the following information:

- at the beginning of a support period they were receiving assistance for mental health issues
- the referral source to SHS was a mental health service
- they reported mental health issues as a reason for seeking assistance
- their dwelling type prior to presenting to an agency for assistance was a psychiatric hospital or unit
- they had been in a psychiatric hospital or unit in the past 12 months
- at some stage during their support period a need for mental health services was identified.

'Ever' reported problematic drug and/or alcohol use

Clients are identified as having problematic drug and/or alcohol use if they provided any of the following information at the beginning of support or in any support period during the reporting period:

- their dwelling type was rehabilitation
- formal referral source to SHS was a drug and alcohol service
- during support they required drug/alcohol counselling
- they had been in a rehabilitation facility/institution in the last 12 months
- they had reported 'problematic drug or substance abuse' or 'problematic alcohol use' as a reason for seeking assistance or main reason for seeking assistance.

Key comparative findings

As outlined in Chapter 1, this report analysed 3 groups of short-term or emergency accommodation clients, based on their service use patterns: persistent service users, service cyclers, and transitory service users.

Demographics

There are some notable observations in the 3 service user cohorts (Table 2):

- The majority of short-term or emergency accommodation clients in all 3 cohorts were female.
- Persistent service users were more likely than either service cyclers or transitory service users to be Indigenous (26%, 21% and 17%, respectively).
- Very few clients were employed across all cohorts, although transitory service users were twice as likely to be employed when compared with persistent service users (10% compared with 5%).

2

Who seeks help for homelessness?

Table 2: Summary of short-term or emergency accommodation cohort demographics, (%)

		Persistent service users (n=2,934)	Service cyclers (n=8,793)	Transitory service users (n=8,719)	All short-term or emergency accommodation clients (n=20,446)	All other SHSC clients (n=136,240)
Sex	Male	47.5	45.9	46.6	46.4	37.0
	Female	52.5	54.1	53.4	53.6	63.0
Age	15–24	29.2	30.9	31.2	30.8	28.8
	25–34	26.0	25.4	25.1	25.4	25.2
	35–44	25.6	24.1	22.4	23.6	23.5
	45–54	14.1	13.2	13.2	13.3	14.0
	55–64	3.9	4.7	5.7	5.0	5.7
	65+	1.2	1.5	2.6	1.9	2.7
Indigenous status	Indigenous	25.6	21.4	16.8	20.1	20.6
	Non-Indigenous	74.4	78.6	83.2	79.9	79.4
Employment status	Employed	5.1	6.9	9.9	8.0	12.6
	Unemployed	42.8	44.4	43.9	44.0	37.9
	Not in labour force	52.1	48.6	46.2	48.1	49.4

(continued)

Table 2 (continued): Summary of short-term or emergency accommodation cohort demographics, (%)

		Persistent service users (n=2,934)	Service cyclers (n=8,793)	Transitory service users (n=8,719)	All short-term or emergency accommodation clients (n=20,446)	All other SHSC clients (n=136,240)
Location	<i>Major city</i>	75.5	70.1	69.3	70.5	61.0
	<i>Inner regional</i>	11.3	15.9	16.3	15.4	24.6
	<i>Outer regional</i>	9.7	11.1	11.4	11.0	10.7
	<i>Remote</i>	3.2	2.4	2.7	2.6	2.7
	<i>Very remote</i>	0.2	0.5	0.4	0.4	1.0
Living arrangements	Lone person	51.1	47.1	47.4	47.8	35.6
	One parent with child(ren)	20.4	24.1	22.8	23.0	25.5
	Couple with child(ren)	6.1	5.8	6.1	6.0	12.8
	Couple without child(ren)	5.2	5.0	4.8	4.9	7.0
	Other family	4.9	5.8	6.4	5.9	11.5
	Group	12.2	12.2	12.6	12.4	7.6

Notes

1. All client demographics, apart from Indigenous status, are based on the first support period in 2011–12. A client is considered Indigenous if, at any time within the reporting period, they identified as being of Aboriginal and/or Torres Strait Islander origin.
2. Data are unweighted and based on a select cohort group; therefore, client counts are not comparable to weighted data in other SHSC publications.
3. Not stated or unknown responses are excluded from percentage calculations.

Additional vulnerabilities

Compared with other SHS clients, those in short-term or emergency accommodation were (Table 3):

- more likely to *ever* report a mental health issue or a mental health diagnosis, most pronounced for persistent service users
- more likely to *ever* report problematic drug and/or alcohol use.

When comparing vulnerabilities across the service user cohorts (Table 3):

- persistent service users were more likely than all other cohorts to *ever* report:
 - domestic or family violence (49%, compared with 40% for service cyclers and 28% for transitory service users)
 - a mental health issue (74%, compared with 54% for service cyclers and 30% for transitory service users)

- a mental health diagnosis (63%, compared with 43% for service cyclers and 22% for transitory service users)
- problematic drug and/or alcohol use (51%, compared with 32% for service cyclers and 15% for transitory service users).
- transitory service users were the least likely cohort to report these vulnerabilities.

Table 3: Summary of short-term or emergency accommodation cohort vulnerabilities, (%)

		Persistent service users (n=2,934)	Service cyclers (n=8,793)	Transitory service users (n=8,719)	All short-term or emergency accommodation clients (n=20,446)	All other SHSC clients (n=136,240)
Domestic and family violence	<i>Ever reported</i>	49.0	39.9	28.4	36.3	38.8
	<i>Not reported</i>	51.0	60.1	71.6	63.7	61.2
Mental health issue	<i>Ever reported</i>	74.3	53.6	30.0	46.5	33.1
	<i>Not reported</i>	25.7	46.4	70.0	53.5	66.9
Mental health diagnosis	<i>Ever diagnosed</i>	63.0	42.8	21.8	36.8	25.8
	<i>Not diagnosed</i>	25.6	30.4	26.0	27.8	22.8
	<i>Don't know/missing</i>	11.5	26.7	52.2	35.4	51.4
Problematic drug and/or alcohol use	<i>Ever reported</i>	50.8	31.7	15.3	27.5	17.5
	<i>Not reported</i>	49.2	68.3	84.7	72.5	82.5

Reasons for seeking assistance

While not all people in short-term or emergency accommodation present to services for the same reason, the most common reasons for seeking assistance across all short-term or emergency accommodation cohorts was due to accommodation or financial difficulties.

Notably, higher proportions of persistent service users presented with multiple reasons or needs than service cyclers or transitory service users.

The key difference between male and female clients in short-term or emergency accommodation was that females consistently reported domestic and family violence as a reason for seeking assistance; at a level 5 times higher than males (52% compared with 10%).

Service use

Service engagement across a 4-year period was the underlying basis for the 3 cohort descriptions. There are distinct differences evident across the groups:

- the majority of persistent service users (67%) received over 365 days of support across the 4-year period, with 39% of clients having 10 or more support periods
- almost 2 in 5 (39%) service cyclers received between 91 and 365 days of support over the 4-year period, with less frequent contact with agencies apparent (59% had 1–3 support periods)
- over half (53%) of all transitory service users received between 1 and 30 days of support, with 77% of clients having only 1 support period.

The temporary nature of homelessness for transitory service users suggest that some of these clients face relatively temporary issues that SHS are able to assist with or that they themselves are able to resolve. It is important to note for this group, however, that around 1 in 5 of these clients were housed at the end of support (22%), but that there was a substantial proportion for whom the homelessness status last reported was unknown (18%). Linkage to other data sets would greatly improve our understanding of the outcomes for this cohort.

The demand for accommodation services was high for all 3 service user cohorts. The common characteristic of these SHS clients was that they were in short-term or emergency accommodation when they first presented in 2011–12. The rate of not receiving accommodation increased with lowering service engagement: from 4% for persistent service users to 7% of service cyclers and 13% of transitory service users not receiving accommodation.

While accommodation services were supplied to a large proportion (80%) of those in short-term or emergency accommodation in some form, it is important to note that the largest gap in service delivery remains long-term housing solutions.

Housing outcomes

Housing outcomes looks at a client's situation at the end of their last closed support period within the study period; for example, up to 30 June 2015. Also of interest is repeat homelessness (where a client transitions from homeless, to housed, to homeless again). Overall, around 1 in 5 (21%) clients in short-term or emergency accommodation experienced repeat episodes of homelessness. Persistent service users were the most likely to experience repeat homelessness (59%), compared with 26% of service cyclers and 3% of transitory service users.

Following engagement with agencies, more than 1 in 3 (35%) clients in short-term or emergency accommodation were housed (outside of short-term or emergency accommodation). This was highest for persistent service users and service cyclers (both 44%), and lowest for transitory service users (22%). Service cyclers had the largest proportion of clients whose housing outcomes were unknown at the end of the reporting period (21%).

Three in 10 (29%) persistent service users were in ongoing support at the end of the study period, consistent with their high frequency of engagement and high level of support (days of support). In contrast, only 6% of service cyclers remained in ongoing support at the end of the study.

3 Persistent service users

Key findings

Persistent service users are those clients who had at least 1 support period in each financial year between 1 July 2011 and 30 June 2015. This cohort comprised 2,900 clients and was the smallest of the three cohorts.

Consistent with the broader group of those in short-term or emergency accommodation:

- most clients were aged 15–34
- the majority of persistent service users were female
- most received services in *Major cities* and reported that they lived alone
- the most common reasons for seeking assistance were related to accommodation or financial difficulties, and younger clients were more likely to report these reasons than older clients
- persistent service users were most likely to receive short-term or emergency accommodation rather than medium or long-term accommodation. Females were more likely to receive medium or long-term accommodation than males
- male persistent service users (compared with females) were more likely to receive mental health or drug and alcohol services.

Persistent service users, when compared with service cyclers and transitory service users, were more likely to:

- ever report a mental health issue
- experience at least 2 of the 3 vulnerability conditions (domestic or family violence, mental health issue, problematic drug and/or alcohol use)
- receive some form of accommodation and have greater numbers of support periods per person over the study period
- experience repeat episodes of homelessness.

When persistent service users first sought assistance in 2011–12, all clients were experiencing homelessness. By 2014–15, more than 2 in 5 (44%, or 1,300) persistent service users were housed, including 27% (or 800) in public or community housing. A similar proportion (44%, or 1,300) were homeless, including 32% (or 930) of clients living in short-term or emergency accommodation, 7% (or 210) rough sleeping and 5% (or 150) couch surfing. The housing situation of more than 1 in 10 (12%, or 350 clients) was unknown.

Who are persistent service users?

There were around 2,900 persistent service users in 2011–12. Persistent service users presented to SHS agencies for assistance in each year of the reporting period (2011–12 to 2014–15). That is, they presented to an agency for assistance at least once between 1 July 2011 and 30 June 2012, 1 July 2012 and 30 June 2013, 1 July 2013 and 30 June 2014, and 1 July 2014 and 30 June 2015. It is important to note that some of these clients may have received assistance prior to 1 July 2011 and may have continued receiving assistance beyond 30 June 2015.



Of the 2,900 persistent service users in 2011–12:



Over half were **female** (53%).



Over half (55%) were aged **15–34**, with females generally younger than males:

- 15–24 years: 36% of females, 22% of males
- 25–49 years: 57% of females, 63% of males
- 50 years and over: 7% of females, 15% of males.



More than **one-quarter** (26%) were **Indigenous**: 18% of males compared with 33% of females.



5% were **employed**, 43% were unemployed and 52% were not in the labour force upon presentation to a SHS for assistance in 2011–12.



9% were **enrolled** in some form of **education**.



More than **half** (51%) were **living alone**, **27%** were **living with at least one child**:

- males were more likely to report living alone (68% compared with 36% females)
- females were more likely to report living with at least one child (44% compared with 7% of males).



3 in 4 (76%) were receiving services in **Major cities**:

- males were more likely to be receiving services in *Major cities* (81% compared with 71% of females)
- females were more likely to be receiving services in *Regional areas* (25% compared with 16% of males).



Almost half (49%) *ever* reported having **experienced domestic or family violence**:

- females were much more likely to *ever* report experiencing domestic or family violence (74% compared with 22% for males).



Almost 3 in 4 (74%) *ever* reported **having a mental health issue**:

- males were more likely than females to *ever* report having a mental health issue (77% compared with 72%).

Almost two-thirds (63%) *ever* reported **having a mental health diagnosis**:

- higher for males than for females (68% compared with 59%).



Over **half** (51%) *ever* reported **problematic drug and/or alcohol use**:

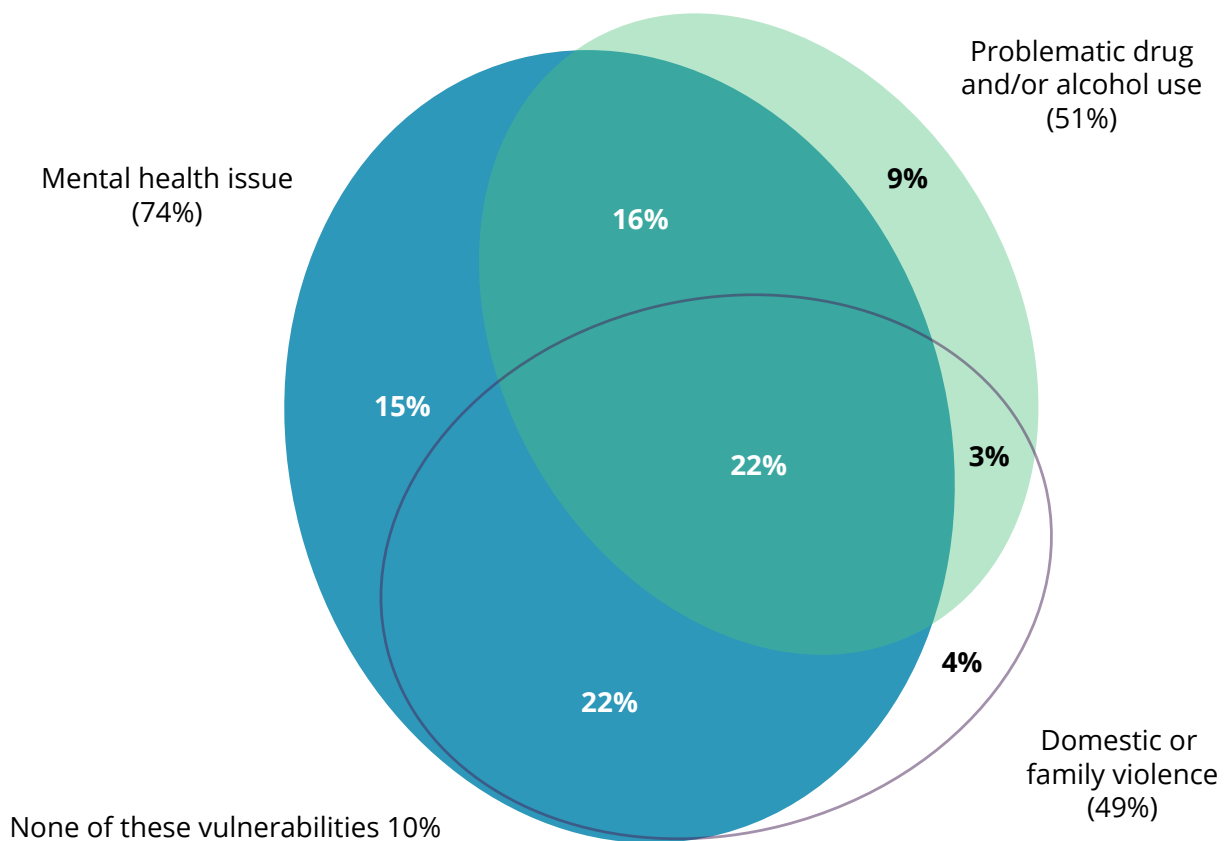
- higher for males than for females (63% compared with 40%).

Notes

1. Percentages may not always add to 100 due to rounding.
2. All client demographics, except for Indigenous status, are based on the first support period in 2011–12. A client is considered Indigenous if, at any time within the reporting period, they identified as being of Aboriginal and/or Torres Strait Islander origin.
3. For further information on *ever* experiencing domestic or family violence, *ever* reporting a mental health issue or *ever* reporting problematic drug and/or alcohol use see Box 1: 'Ever flags'.
4. Data are unweighted and based on a select cohort group; therefore, client counts are not comparable to weighted data in other SHSC publications.

Overall, almost 3 in 4 (74%) persistent service users *ever* reported experiencing a mental health issue, while almost half (49%) *ever* reported experiencing domestic or family violence. Over 1 in 5 (22%) experienced **all three** vulnerability conditions (defined as *ever* experiencing domestic or family violence, *ever* reporting a mental health issue, or *ever* reporting problematic drug and/or alcohol use), while around 6 in 10 (62%) experienced **two or more** vulnerability conditions. Just 1 in 10 persistent service users (10%) reported none of these conditions (Figure 3).

Figure 3: Vulnerabilities, persistent service users (%)



Note: Includes all persistent service users 2011–12 to 2014–15.

Why did persistent service users seek assistance?

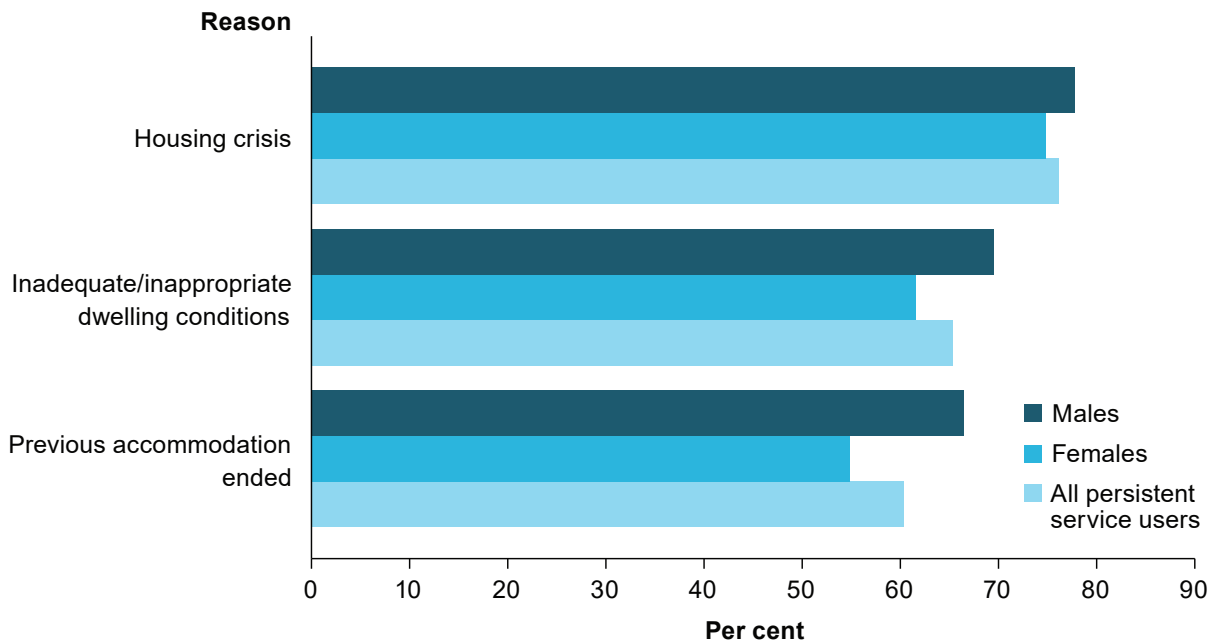
When approaching SHS agencies for assistance, clients may identify a number of reasons for seeking assistance. These reasons can highlight the risk factors associated with homelessness, and can be grouped into several broad categories covering: financial issues, accommodation, interpersonal relationships, health/medical, and 'other' reasons.

Persistent service users may have identified any of these reasons at any point of contact with SHS agencies across the 4-year study. They may have identified the same reason on more than one occasion, however, it is only captured once in the reporting. The reasons analysed here refer to **all** reasons for seeking assistance. The high proportions of persistent service users reporting many of the reasons (higher than other cohorts) reflects the numerous challenges and situations experienced by this cohort in support of their journey through homelessness.

Persistent service users most commonly sought assistance for accommodation issues

The majority of persistent service users presenting to services sought assistance for accommodation issues (90%). More specifically, clients sought assistance for housing crisis (76%), inadequate or inappropriate dwelling conditions (65%) or because their previous accommodation had ended (60%) (Figure 4).

Figure 4: Accommodation issues key reason for seeking assistance, persistent service users (%)



Source: Supplementary table S.REASONS.11.

Younger clients (aged 15–24) were more likely than **older clients** (aged 50 and over) to seek assistance for:

- housing crisis (78% compared with 63%)
- inadequate or inappropriate dwelling conditions (67% compared with 58%)
- prior accommodation ending (66% compared with 50%).

Indigenous clients were more likely than **non-Indigenous clients** to seek assistance for:

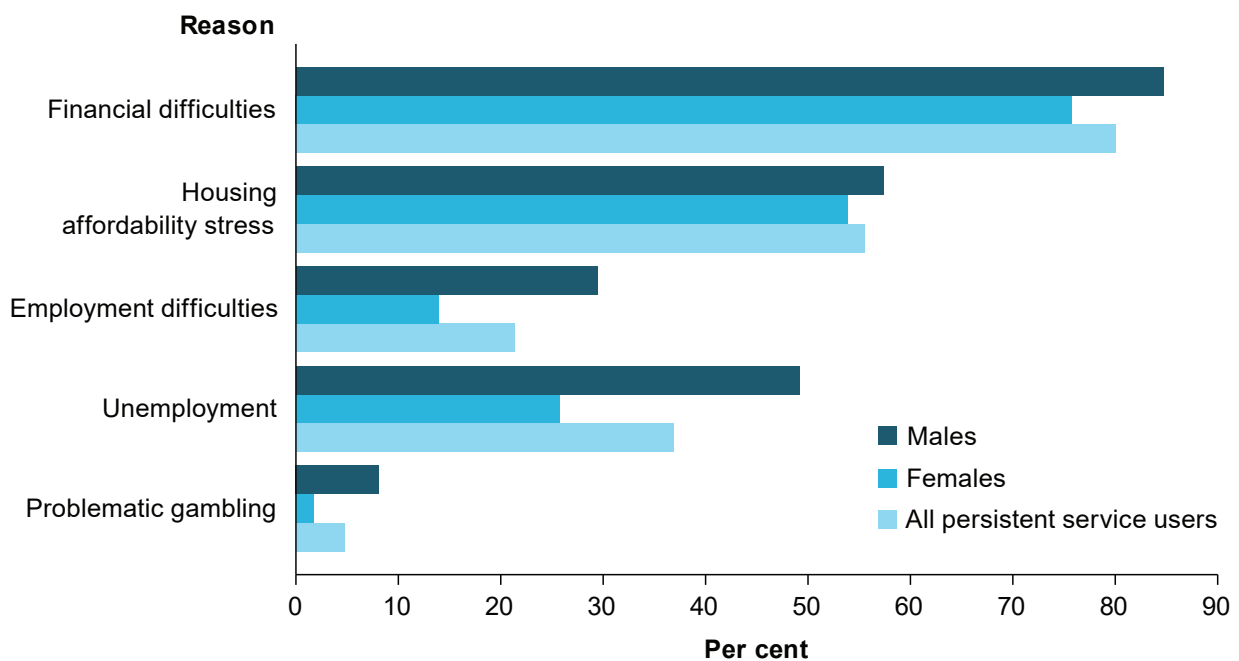
- housing crisis (81% compared with 75%)
- inadequate or inappropriate dwelling conditions (73% compared with 63%).

Persistent service users also sought assistance with financial issues and interpersonal relationships

Almost 9 in 10 (87%) persistent service users also sought assistance from SHS agencies with financial issues (Figure 5). The key reasons were:

- financial difficulties (80%)
- housing affordability stress (56%)
- unemployment (37%).

Figure 5: Financial issues as a reason for seeking assistance, persistent service users (%)



Source: Supplementary table S.REASONS.11.

Employment difficulties (21%) and problematic gambling (5%) were less likely to be cited as a reason for seeking assistance and males were more likely to report these reasons than females.

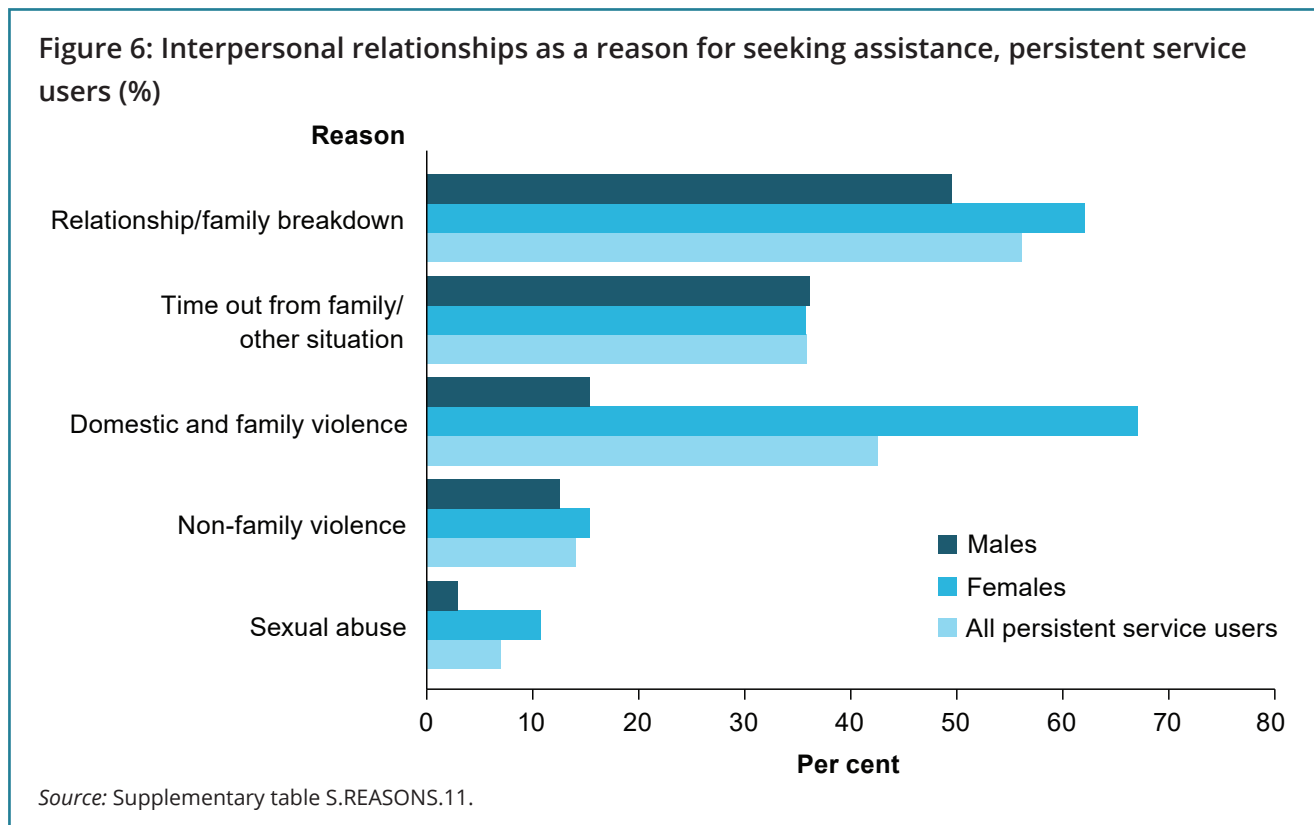
Young clients (aged 15–24) were more likely than **older clients** (aged 50 and over) to seek assistance for:

- housing affordability stress (60% compared with 45%)
- employment difficulties (25% compared with 19%).

Indigenous clients were more likely than **non-Indigenous clients** to seek assistance for unemployment (41% compared with 36%).

Almost 3 in 4 (74%) persistent service users also sought assistance from SHS agencies with interpersonal relationships (Figure 6). The key reasons were:

- relationship/family breakdown (56%)
- domestic and family violence (43%)
- time out from family/other situation (36%).



Females were more likely than males to report almost all aspects of interpersonal relationships as a reason for seeking assistance, with the largest differences for domestic and family violence and sexual abuse:

- domestic and family violence: 67% of females, 15% of males (females almost 5 times more likely than males)
- relationship/family breakdown: 62% of females, 50% of males
- sexual abuse: 11% of females, 3% of males (females almost 4 times more likely than males).

Younger clients (aged 15–24) were more likely than **older clients** (aged 50 and over) to seek assistance for all aspects of interpersonal relationships, including:

- relationship/family breakdown (74% compared with 28%)
- time out from family/other situation (48% compared with 25%)
- domestic and family violence (53% compared with 14%).

Indigenous clients were more likely than **non-Indigenous clients** to seek assistance for all aspects of interpersonal relationships, including:

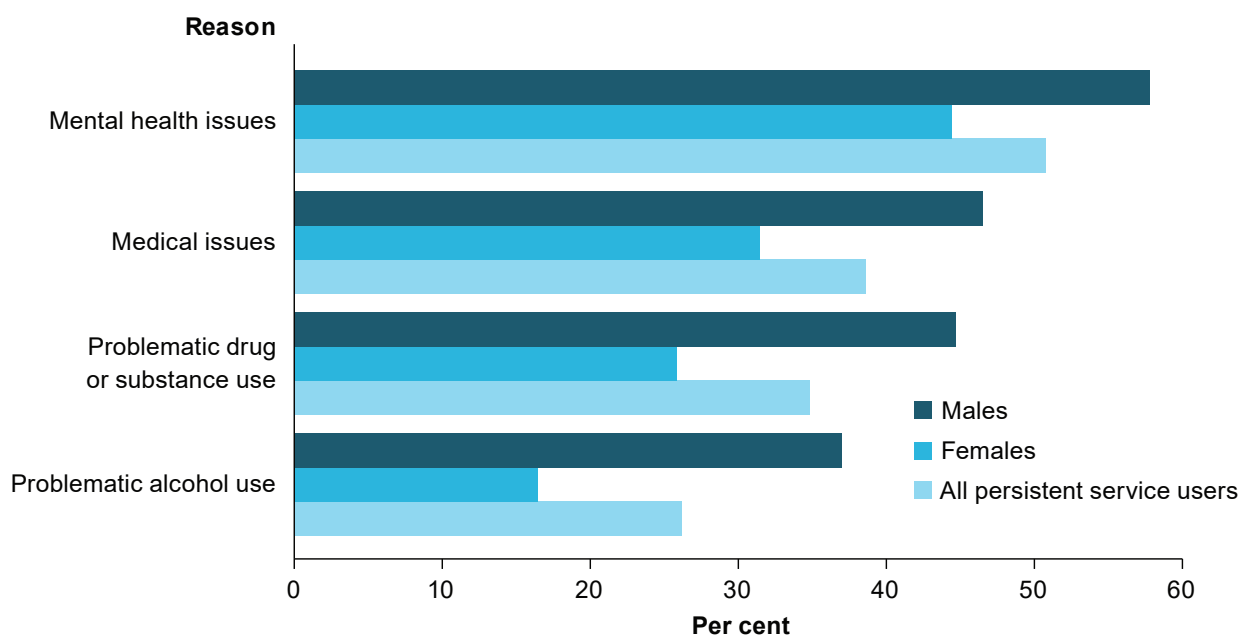
- time out from family/other situation (48% compared with 32%)
- relationship/family breakdown (61% compared with 55%)
- domestic and family violence (57% compared with 38%).

Health reasons for persistent service users to seek assistance

Persistent service users also sought assistance for issues categorised as 'health/medical' reasons. Seven in 10 (70%) persistent service users approached SHS agencies for assistance with health issues (Figure 7). The key reasons were:

- mental health issues (51%)
- medical issues (39%)
- problematic drug or substance use (35%).

Figure 7: Health/medical issues as a reason for seeking assistance, persistent service users (%)



Source: Supplementary table S.REASONS.11.

Males were more likely than females to seek assistance from SHS agencies for health/ medical issues (80% compared with 61%).

Older clients (aged 50 and over) were more likely than **younger clients** (aged 15–24) to seek assistance for almost all health issues. **Young clients** were more likely than **older clients** to seek assistance for problematic drug or substance use (30% compared with 22%).

Indigenous clients were more likely than **non-Indigenous clients** to seek assistance for problematic alcohol use (34% compared with 24%).

Non-Indigenous clients were more likely than **Indigenous clients** to seek assistance for mental health issues (53% compared with 45%).

What services did persistent service users need?

While the focus of SHS support is on providing stable housing or assisting clients to remain housed, agencies provide or refer clients to many other services targeting underlying barriers to sustainable housing. These services range from basic support and assistance such as meals, shower facilities, laundry and transport, through to more complex and specialist services such as health and medical services and professional or legal services.

Persistent service users presented to SHS agencies at least once in each financial year of the reporting period (2011–15) and may have reported multiple needs in each support period, or the same need may have been identified on multiple occasions.

Persistent service users are highly likely to need accommodation provision

Accommodation is the service and assistance type most commonly requested by persistent service users, with almost all clients (92%) needing this service. Persistent service users most commonly requested long-term housing (77%), followed by medium-term/transitional housing (76%) and short-term or emergency accommodation (72%).

Younger clients (aged 15–24) were more likely than older clients (aged 50 and over) to need all types of accommodation, including:

- continuation of provision of short-term or emergency accommodation (75% compared with 54%)
- medium-term/transitional housing (83% compared with 62%)
- long-term housing (83% compared with 65%).

Indigenous clients were more likely than non-Indigenous clients to need all types of accommodation provision, most notably:

- continuation of provision of short-term or emergency accommodation (85% compared with 69%)
- long-term housing (81% compared with 75%).

Persistent service users also needed assistance to sustain housing tenure, with almost 8 in 10 (79%) persistent service users requiring this assistance.

Persistent service users also need 'general services'

Virtually all clients (2,930 out of 2,934) needed at least 1 'general service'. For persistent service users, the most common of these were advice/information (100%), other basic assistance (98%) advocacy/liaison (95%) and material aid/brokerage (89%). Almost 8 in 10 clients also needed transport and financial information (both 76%).

Males were more likely than females to need:

- laundry/shower facilities (57% compared with 48%)
- meals (64% compared with 58%)
- recreation (56% compared with 51%).

Females were more likely than males to need:

- assistance for domestic/family violence (62% compared with 12%)
- family/relationship assistance (65% compared with 40%)
- child care (23% compared with 2%).



Young clients (aged 15–24) were more likely than older clients (aged 50 and over) to need general services relating to:

- assistance to obtain/maintain government allowance (61% compared with 36%)
- legal information (59% compared with 34%)
- assertive outreach (63% compared with 44%).

Indigenous clients were more likely than non-Indigenous clients to need general services relating to:

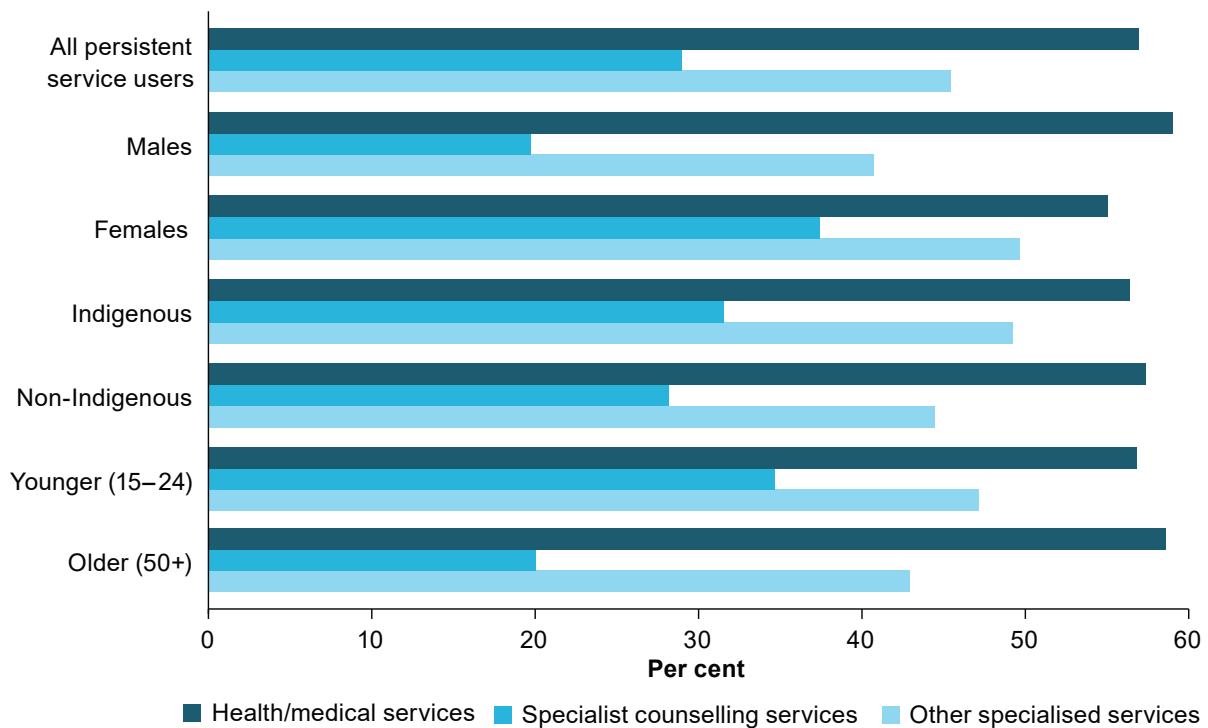
- assistance for domestic/family violence (51% compared with 34%)
- meals (70% compared with 58%)
- laundry/shower facilities (61% compared with 49%).

Persistent service users also need ‘other’ specialist services, as well as mental health and drug/alcohol services

‘Other’ specialist services includes health/medical services, specialist counselling services, and other specialised service. Almost 3 in 4 (71%) persistent service users needed at least 1 of these services (Figure 8):

- almost 3 in 5 (57%) needed health/medical services
- almost half (45%) needed ‘other’ specialised services
- almost 1 in 3 (29%) needed specialist counselling services.

Figure 8: Needs—other specialist services, persistent service users (%)



Source: Supplementary table S.PSU NEEDS.12.

Persistent service users also required assistance for drug/alcohol issues (32%). Of these, there were a higher proportion of males (41% compared with 24% females) and Indigenous clients (35% compared with 31% non-Indigenous clients) (Supplementary table S.PSU NEEDS.12).

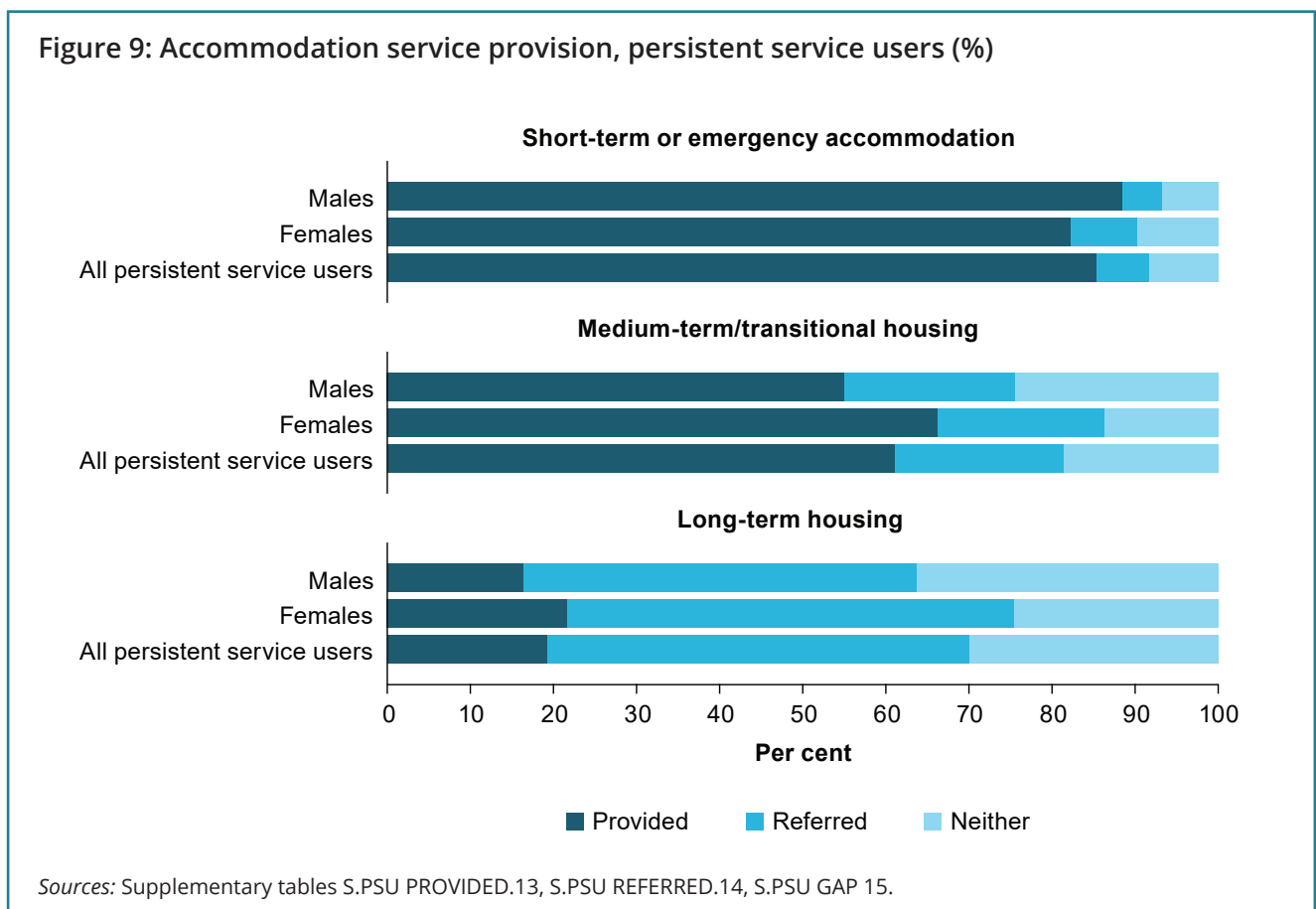
What services were provided to persistent service users?

Services available to clients range from the direct provision of accommodation, such as a bed in a shelter, to specialised services such as counselling or legal support. Either the agency provides these services directly to the client, or if the agency is unable to provide the service directly, they may refer the client to another service.

Persistent service users were most likely to continue to be provided with short-term or emergency accommodation

More than 9 in 10 (91%) persistent service users were provided with some form of accommodation when they approached a SHS agency for accommodation assistance. Of these clients (Figure 9):

- 72% needed continued provision of short-term or emergency accommodation, and it was provided to 85% of those needing this service
- 76% needed medium-term/transitional housing, provided to 61% of those needing this service
- 77% needed long-term housing, provided to 19% of those needing this service.



Female persistent service users were more likely than male persistent service users to receive medium-term/transitional housing (66% compared with 55%).

Younger (aged 15–24) persistent service users were more likely than older clients to be provided with medium-term/transitional housing (68% compared with 58%). However, long-term housing was provided more often to older clients than younger clients (28% compared with 20%).



Non-Indigenous clients were more likely than Indigenous clients to be provided with medium-term/transitional housing (63% compared with 55%). Indigenous clients were slightly more likely than non-Indigenous clients to be provided with long-term housing (21% compared with 18%).

The need for 'assistance to sustain housing tenure' was also commonly required by this cohort. This assistance can include mediation and liaison services with roommates or real estate agents and reflects the assistance provided by SHS in the transition from homelessness to becoming housed. Of those persistent service users who needed this assistance (79%), 94% received it.

Male persistent service users were more likely to be provided with drug/alcohol counselling and mental health services

Of those persistent service users who needed drug/alcohol counselling, males (71%) were more likely to be provided this service than females (60%). Male persistent service users also had a higher provision of mental health services (70% compared with 59%) (Table 4).

Table 4: Drug and alcohol counselling and mental health services provided by SHS to those clients who needed that service, persistent service users, by sex (%)

Service		
Drug and alcohol counselling	71%	60%
Mental health	70%	59%
Psychological services	49%	45%
Psychiatric services	55%	39%
Mental health services	68%	58%

Notes

1. Base is those clients who identified a need for these services.
2. Data are unweighted and based on a select cohort group; therefore, client counts are not comparable to weighted data in other SHSC publications.

Provision of general services

Virtually all persistent service users (2,930 out of 2,934 clients) required at least 1 general service. The most common services needed by persistent service users and commonly provided to those needing the service include:

- advice/information: needed by 100%, provided to 100% of those needing this service
- advocacy/liaison: needed by 95%, provided to 100% of those needing this service
- transport: needed by 76%, provided to 98% of those needing this service
- meals: needed by 61%, provided to 98% of those needing this service
- material aid/brokerage: needed by 89%, provided to 98% of those needing this service
- laundry/shower facilities: needed by 52%, provided to 98% of those needing this service.



Female persistent service users were more likely than males to be provided with assistance for domestic or family violence (94% females compared with 76% males), assistance for trauma (85% compared with 82%), and educational assistance (83% compared to 81%).

Non-Indigenous persistent service users were more likely than Indigenous persistent service users to be provided assistance for: legal information (88% compared with 83%), education assistance (83% compared with 78%), and training assistance (75% compared with 70%).

Referral of services

The SHSC also collects referral information from an agency. This is a referral for the client to attend an alternative service provider and includes where that service provider accepts the client for an appointment or interview. Of those persistent service users who needed an accommodation service, the most frequently referred service was long-term housing (51%).

Of persistent service users, Indigenous clients were more likely than non-Indigenous clients to be referred for medium-term/transitional housing (26% compared with 19%).

What are the gaps in service provision?

As described earlier, clients receiving support from specialist homelessness services often identify as needing a wide range of services. Unmet needs are the services that a client identified as needing in a particular support period, but were either not provided or not referred to a different agency for the service.

The largest gap in accommodation service provision for persistent service is meeting long-term housing needs

The need for any accommodation is high for persistent service users (92%). This high level of need, combined with the extended period of time persistent service users are engaged with services, it is perhaps unsurprising that the proportion of persistent service users not provided or referred some form of accommodation overall is low (4%).

Despite this, almost one-third of persistent service users who identified a need for long-term housing were not provided or referred for this housing solution during 2011–15 (Table 5 and Figure 9).

Table 5: Accommodation services not provided or referred to clients who identified a need, persistent service users, by sex (%)

	All persistent service users	Male	Female
All accommodation types	4%	4%	3%
Short-term or emergency accommodation	8%	7%	10%
Medium-term or transitional housing	19%	24%	14%
Long-term housing	30%	36%	25%

Notes

1. Base is those clients who identified a need for these services.
2. Data are unweighted and based on a select cohort group; therefore, client counts are not comparable to weighted data in other SHSC publications.


Younger clients (aged 15–24) were more likely than older clients (aged 50 and over) to have a gap in service provision for long-term housing (30% not provided or referred, compared with 23%).

The service gap was greater for non-Indigenous than Indigenous persistent service users needing long-term housing (31% not provided or referred compared with 26% Indigenous persistent service users).

The gap in service delivery for mental health services was low for persistent service users

Less than 1 in 7 persistent service users did not receive assistance or a referral for mental health services overall (13%) (Table 6).

Table 6: Mental health services not provided or referred, persistent service users, by sex (%)



	All persistent service users	Male	Female
Mental health services overall	13%	9%	15%
Psychological services	23%	22%	23%
Psychiatric services	23%	22%	23%
Mental health services	15%	11%	18%

Notes

1. Base is those clients who identified a need for these services.
2. Data are unweighted and based on a select cohort group; therefore, client counts are not comparable to weighted data in other SHSC publications.

Females were less likely than males to be provided with or receive a referral for mental health services overall: 91% of males were provided with or received a referral for mental health services (a gap of 9%) while 85% of females were provided with or received a referral for mental health services (a gap of 15%).

Younger persistent service users (aged 15–24) were less likely than older clients (aged 50 and over) to be provided with or receive a referral for mental health services overall: 87% of younger clients were provided with or received a referral for mental health services (a gap of 13%); while 92% of older clients were provided with or received a referral for mental health services (a gap of 8%).

Indigenous persistent service users were less likely than non-Indigenous clients to be provided with or receive a referral for mental health services overall: 83% of Indigenous clients were provided with or received a referral for mental health services (a gap of 17%); while 89% of non-Indigenous clients were provided with or received a referral for mental health services (a gap of 11%).

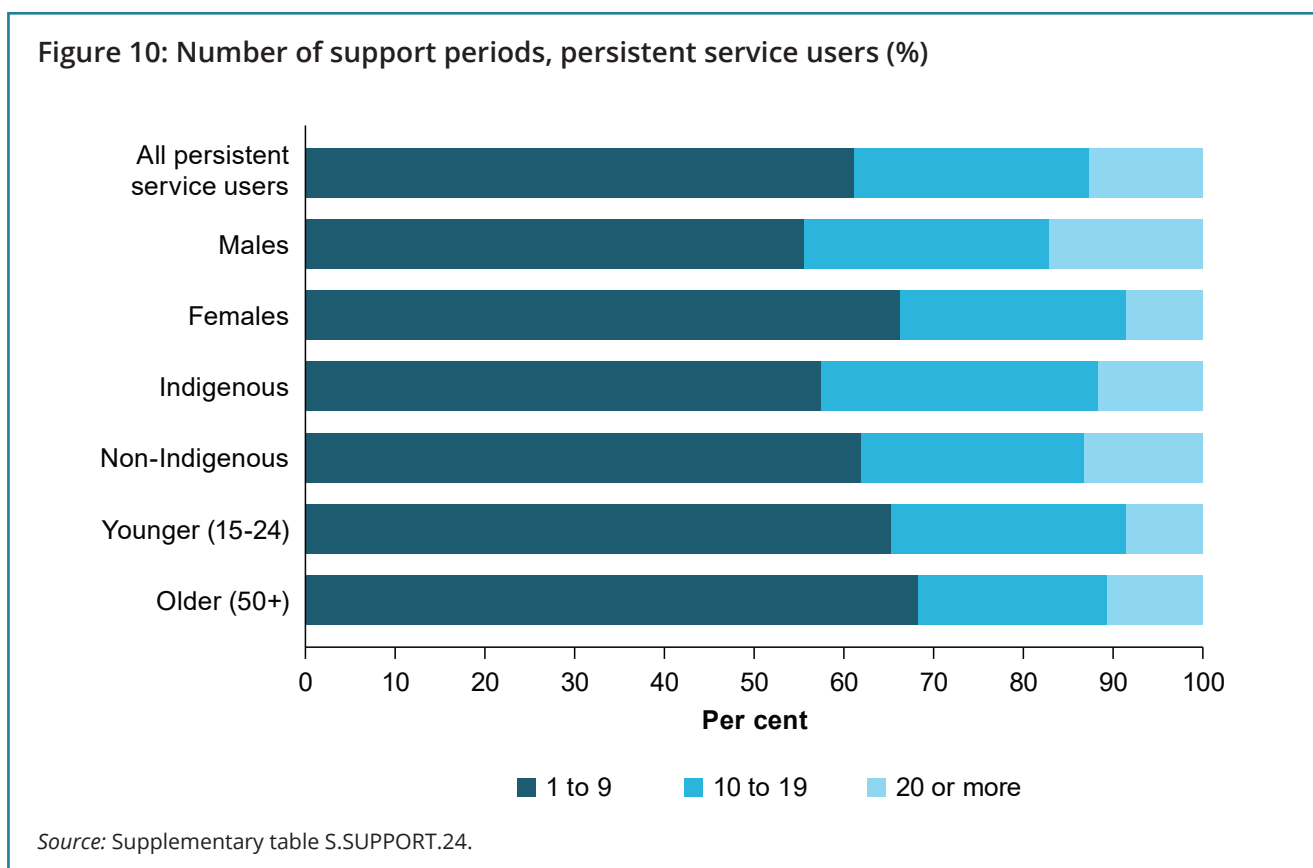
How do persistent service users engage with services?

There is no single measure to assess the level of service engagement by a client, instead a number of proxy measures provide information on engagement with SHS including the: number of support periods a client receives, length of those support periods, days of support and nights of accommodation. In doing so the impact that higher levels of support (or contact) have on the housing outcomes for clients can be inferred.

Number of support periods

Across the 4 years to 30 June 2015, there were 2,900 persistent service users and these clients received almost 32,000 support periods during this time. Of these, male persistent service users received 17,500 support periods in total, compared with 14,400 for female persistent service users.

Persistent service users were more likely to have more frequent contact (higher numbers of support periods per person) than all clients in short-term or emergency accommodation, with almost 2 in 5 (39%) persistent service users having 10 or more support periods (Figure 10), compared with 9% of all clients in short-term or emergency accommodation. The higher number of support periods per client for persistent service users is, in part, due to this cohort accessing SHS for assistance in more than 1 financial year of the reporting period.



Female persistent service users were more likely to have fewer support periods in total across the 4-year reporting period, with 66% of females with 1–9 support periods, compared with 56% for males. Comparatively, almost 2 in 5 (17%) male persistent service users had 20 or more support periods, compared with 9% of female persistent service users.

Older clients (aged 50 and over) had fewer support periods across the 4 years of the reporting period, compared with younger clients (aged 15–24). Over 1 in 5 (22%) older persistent service users received 1–2 support periods, compared with 11% of younger persistent service users.

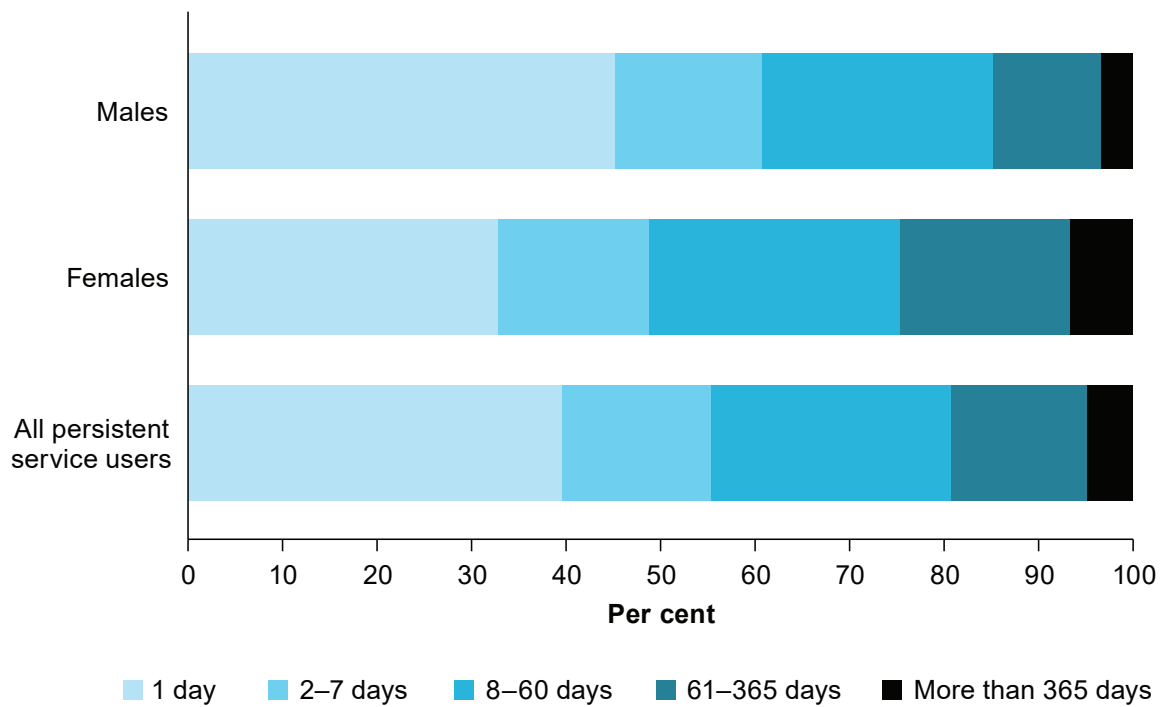
Non-Indigenous clients were more likely to have received 1–9 support periods than Indigenous clients (62% compared with 57%). However, Indigenous clients were more likely to receive 10–19 support periods (31% compared with 25% for non-Indigenous clients).



Length of support periods

Of the 32,000 support periods that were provided to persistent service users across the 4 years of the reporting period, over half (55%) lasted between 1 and 7 days. For males, over 3 in 5 (61%) support periods were for 7 days or less, compared with 49% for females. Comparatively, almost 1 in 5 (19%) support periods for females lasted more than 90 days, compared with just over 1 in 10 (11%) for males (Figure 11).

Figure 11: Length of support period, persistent service users, by sex (%)

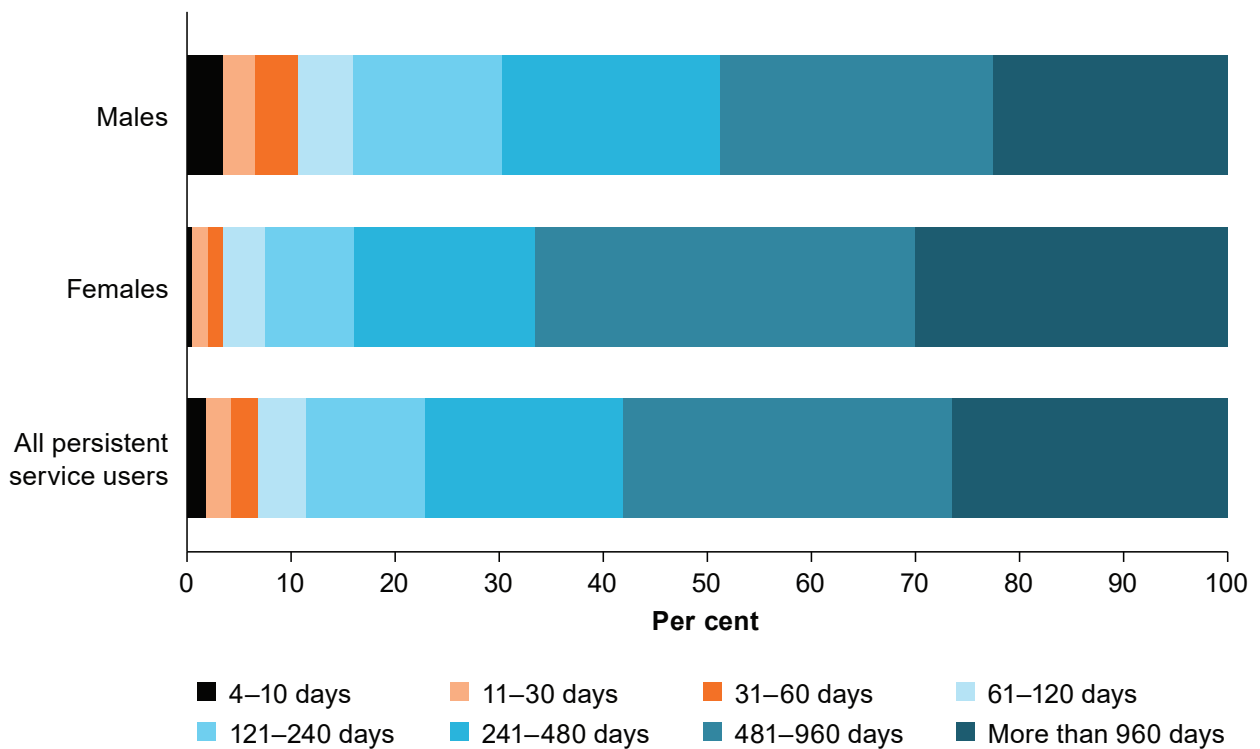


Source: Supplementary table S.SUPPORT.25

Days of support

Two-thirds (67%) of persistent service users received 365 days of support or more (or 1 year or more) across the 4-year reporting period, with 26% receiving more than 960 days of support. Females were more likely to receive a higher number of days of support than males (Figure 12). It is important to note that these days of support may not be consecutive, they may occur at any point (support period) over the 4 years of the study.

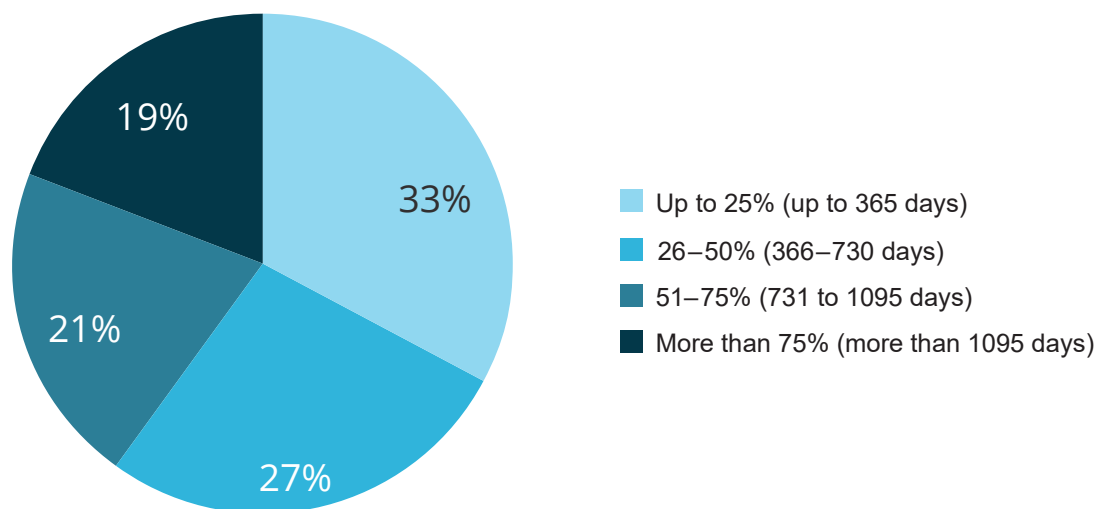
Figure 12: Number of days client received support, persistent service users (%)



Source: Supplementary table S.SUPPORT.25.

One-third (33%) of all persistent service users spent up to one-quarter (for example, up to 365 days) of the reporting period in support, while another 27% spent between one-quarter and one-half of the reporting period in support. Almost 1 in 5 (19%) persistent service users spent more than 75% of time in support (Figure 13).

Figure 13: Proportion of time spent in support, persistent service users (%)

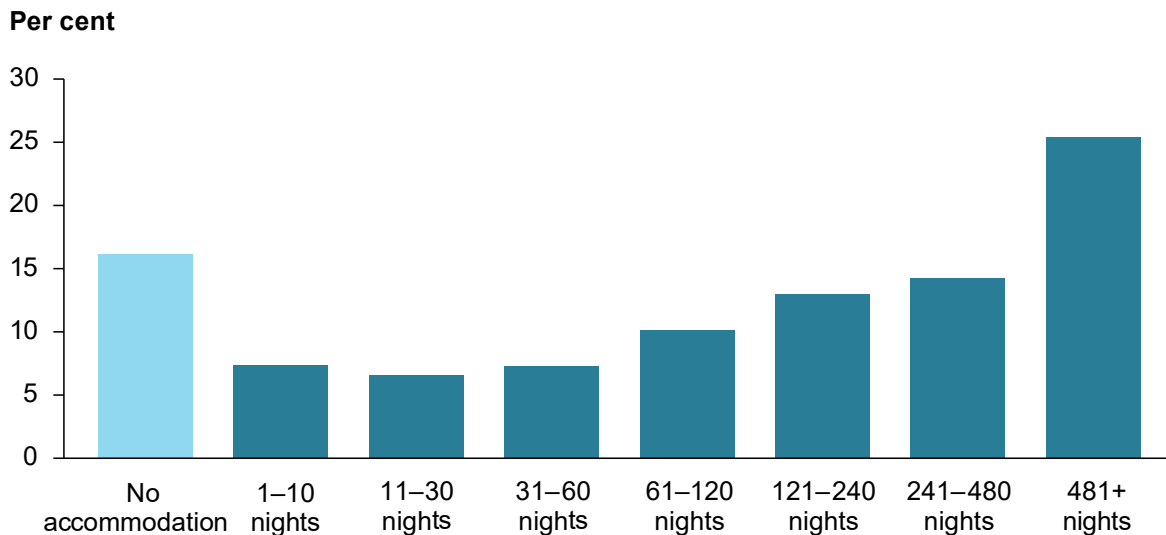


Source: Supplementary table S.SUPPORT.25.

Nights of accommodation

While 9 in 10 (92%) persistent service users identified a need for accommodation services, almost 1 in 5 (16%) did not receive any nights of accommodation. A further 7% received 1–10 nights of accommodation. The majority (53%) of persistent service users received 121 nights or more of accommodation (or 4 months or more) over the 4 years (Figure 14).

Figure 14: Nights of accommodation, persistent service users (%)



Source: Supplementary table S.SUPPORT.25.

A higher proportion of male persistent service users did not receive any accommodation (19%), compared with female persistent service users (14%). Male persistent service users were also more likely to receive accommodation in each of the 4 years (31%) than female persistent service users (25%).

A higher proportion of older clients (aged 50 and over) than younger clients (aged 15–24) did not receive any accommodation (30% compared with 13%). However, older clients were more likely to receive more accommodation nights, with 20% receiving 961 or more, compared with 11% of younger clients. Older clients were also more likely to receive accommodation in each of the 4 years (32%) than younger clients (27%).

Non-Indigenous persistent service users were more likely than Indigenous persistent service users to not receive any nights of accommodation across the 4-year reporting period (18% compared with 12%).

The majority of persistent service users (61%) received at least 1 night of short-term or emergency accommodation. In comparison, less than half (46%) received any nights of accommodation in medium-term/transitional housing, and 14% in long-term housing.

More than 1 in 4 (28%) persistent service users received accommodation in each of the 4 years of the reporting period, while 16% received accommodation in only one.





What are the housing outcomes for persistent service users?

The housing outcomes presented here consider the changes in a client’s situation from the beginning of their first support period to the end of the reporting period, 30 June 2015. Clients may also have had a number of changes in their housing situation over the course of the 4 years of the reporting period. The data presented here do not reflect changes within the reporting period; instead, they compare the client’s housing situation at the start of their first period of support during 2011–12 to their housing situation at the end of the study period, 30 June 2015. Almost 1 in 3 (29%) persistent service users were in ongoing support at the end of the study period, much higher than other short-term or emergency accommodation cohorts.

Repeat episodes of homelessness

Almost 3 in 5 (59%) persistent service users experienced repeat episodes of homelessness between 2011–12 and 2014–15 (Table 7). This means the client had transitioned from being homeless, to housed, and then homeless again at least once during this time. This is significant as it highlights the ‘journey’ component to exiting homelessness.

Table 7: Repeat episodes of homelessness, persistent service users (%)

Persistent service users	
 Repeat homelessness	59% experienced repeat homelessness
 sex	59% of males experienced repeat homelessness 59% of females experienced repeat homelessness
 Indigenous status	68% of Indigenous clients experienced repeat homelessness 56% of non-Indigenous clients experienced repeat homelessness
 Age	67% of clients aged 15–24 experienced repeat homelessness 47% of clients aged 25 and over experienced repeat homelessness

What is the housing situation at the end of the last closed support period for persistent service users?

At the beginning and end of each support period, a SHS agency records the housing situation of clients. To determine a client's housing situation, 3 aspects are considered: dwelling type, housing tenure, and the conditions of occupancy.

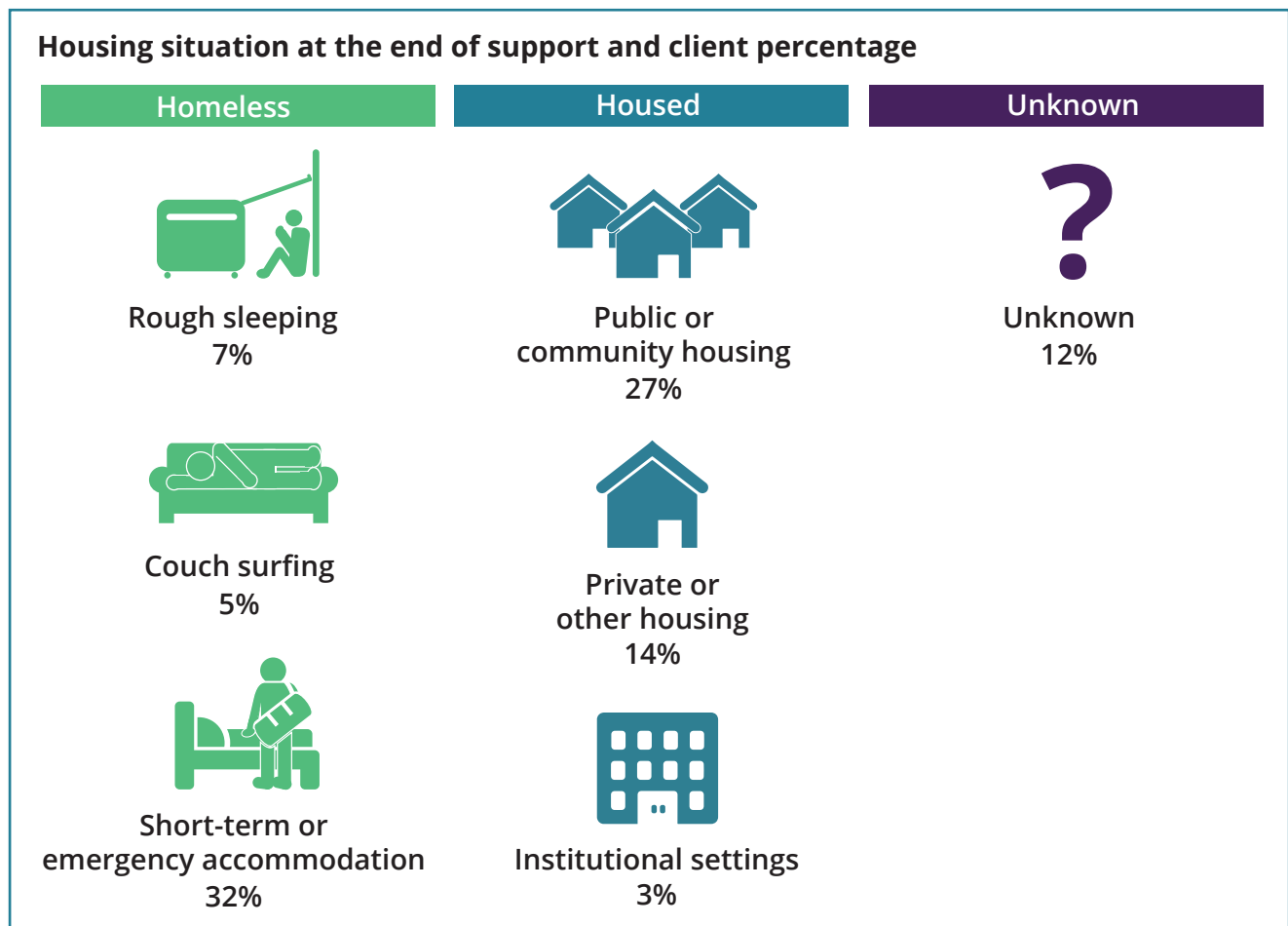
At the start of the study period, all clients were homeless. At the end of the study period, 29% of persistent service users were in ongoing SHS support (about 5 times higher than any other short-term or emergency accommodation cohort), while the remainder had ended their latest support period.

Looking at the end of the last closed support period of all persistent service users:

- over 2 in 5 (44%, or 1,300) persistent service users were housed:
 - 27% (or 800 clients) in public or community housing
 - 14% (or 400 clients) in private or other housing
 - 3% (or <100 clients) in institutional settings.
- a similar proportion (44%, or 1,300) of persistent service users were homeless:
 - 7% (or 200) with no shelter or improvised dwelling (rough sleeper)
 - 32% (or 900) in short-term or emergency accommodation
 - 5% (or 150) couch surfing or no tenure.

Overall, the housing situation of 12% (or 350) of persistent service users was unknown at the end of support (Table 8).

Table 8: Housing outcomes at the end of the last closed support period, persistent service users



- Female persistent service users were more likely than males to be housed at the end of their last closed support period (52% compared with 36%). One in 3 females (33%) were living in public or community housing and 17% in private or other housing at the end of support. In comparison, male persistent service users were more likely than females to be homeless at the end of their last closed support period (54% compared with 35%). Almost 2 in 5 males (37%) were in short-term or emergency accommodation at the end of their support.
- Younger clients (aged 15–24) were less likely than older clients (aged 50 and over) to be homeless at the end of support (41% compared with 45%). Almost 1 in 3 (29%) younger clients were in short-term or emergency accommodation at the end of support. Younger and older persistent service users were equally likely to be housed at the end of support (both at 47%). Older clients were more likely than younger clients to be in public or community housing (33% compared with 25%), though less likely to be in private or other housing (10% compared with 19%).
- Overall, there was little difference in housing outcomes between Indigenous and non-Indigenous persistent service users.

What does this tell us?

Persistent service users were the smallest of the 3 cohorts, accounting for 14% (or 2,900 clients) of those in short-term or emergency accommodation in 2011–12. The majority were female, aged 15–34 and living alone. Highlighting the complex needs of this cohort, almost two-thirds (62%) experienced at least 2 of the 3 vulnerability conditions: domestic or family violence, mental health issue, or problematic drug and/or alcohol use.

As with all cohorts in this study population, accommodation was the key reason that persistent service users sought assistance from SHS. Younger persistent service users were more likely to need accommodation than older persistent service users, and additional short-term or emergency accommodation was most commonly provided to these clients.

Repeat episodes of homelessness were common in the persistent service user cohort, with almost 3 in 5 (59%) clients experiencing homelessness more than once during the reporting period. That is, they had transitioned from homelessness to being housed to homelessness again at least once in the 4 years of the reporting period. This highlights the ‘journey’ nature of exiting homelessness for many persistent service users, which is characterised by the difficulties faced by this cohort to secure long-term housing outcomes.

At the start of the study period (2011–12) all those in short-term or emergency accommodation were ‘homeless’. By the end of 2014–15, when persistent service users had engaged with SHS over a period of at least 4 years, over 2 in 5 (44%) were housed. However, engagement with SHS does not mean an immediate end to homelessness, and 44% of this cohort remained homeless at the end of the study period.

The housing outcome for 12% of persistent service users was unknown at the end of the reporting period. It is possible that these clients re-engaged with SHS agencies and sought further assistance after 30 June 2015.



Case study 1: Persistent service user

Jess*, 23, looks around the room. There is a poster on the wall—it's bright and cheery; something Jess has not felt for a very long time. She is 5 months pregnant, doesn't have a job, and 2 days ago a friend brought her here—to a women's refuge—after her boyfriend gave her a 'talking to' with his fists. She is terrified that he will find her, just as he did twice before, but the other women have assured her that she is safe. It is not a feeling that she is used to.

Jess knows she has to find a more permanent home for her and her baby. Tomorrow, she is going to see a SHS agency. She has sought help a few times before, but always ended up back with her boyfriend. This time she is hoping the outcome will be different, and that the agency will be able to help her find secure, long-term housing.

* This case story is not based on an actual person. It is based on de-identified data collated from the SHSC. It is intended to present an example of a 'typical' persistent short-term or emergency accommodation service user; it is not the intention of the AIHW to stereotype homelessness clients.



4 Service cyclers

Key findings

Service cyclers are clients who had a least 1 support period between 1 July 2011 and 30 June 2012 and at least 1 other support period between 1 July 2012 and 30 June 2015. This cohort comprised 8,800 clients and was similar in size to the transitory service user cohort.

Consistent with the broader group of those in short-term or emergency accommodation:

- most service cyclers were aged 15–34
- the majority of service cyclers were female
- most were receiving services in *Major cities* and reported they were living alone
- the most common reasons for seeking assistance were related to accommodation or financial issues, and younger clients were more likely to report accommodation reasons for seeking assistance
- short-term or emergency accommodation was more likely than medium or long-term housing to be provided; and more commonly provided to males than females. Younger clients (aged 15–24) were most likely to be provided with medium-term/transitional housing than older clients (aged 50 and over)
- male service cyclers (compared with females) were more likely to need and be provided with mental health or drug and alcohol services.

Service cyclers were less likely than persistent service users yet more likely than transitory service users to:

- experience 2 or 3 of the 3 vulnerability conditions (domestic or family violence, mental health issue, problematic drug and/or alcohol use)
- receive some form of accommodation. Yet over 1 in 3 who identified a need for long-term accommodation were not provided with, or referred to another agency, for this housing solution
- have more frequent contact with SHS (higher numbers of support periods per person)
- receive at least 1 night of accommodation
- experience repeat episodes of homelessness.

When service cyclers first sought assistance in 2011–12, all clients were experiencing homelessness. By the end of their last closed support period, more than 2 in 5 (44%, or 3,800) were housed, including almost 1 in 4 (23%, or 2,000) in public or community housing, and almost 1 in 5 (19%, or 1,700) in private or other housing. Over 1 in 3 (36%, or 3,100) were homeless, including over 1 in 4 (26%, or 2,200) living in short-term or emergency accommodation, 5% (or around 400) rough sleeping and 5% (or almost 500) couch surfing. The housing situation of over 1 in 5 (21%, or 1,800) was unknown.

Who are service cyclers?

There were around 8,800 service cyclers in 2011–12. Service cyclers presented to SHS agencies for assistance in the first financial year of the reporting period (2011–12) and again at least once by 30 June 2015. That is, they presented to an agency for assistance at least once between 1 July 2011 and 30 June 2012, and at least once more between 1 July 2012 and 30 June 2015, but did not appear in each financial year of the reporting period.

Of the 8,800 service cyclers clients in 2011–12:



Over half were **female** (54%)



Almost one-third (31%) were aged **15–24**, with males generally older than females:

- 15–24 years: 24% of males, 37% of females
- 25–49 years : 59% of males, 56% of females
- 50 years and over: 16% of males, 8% of females.



Over 1 in 5 (21%) were **Indigenous**: 17% of males compared with 25% of females.



7% were **employed**, 44% were unemployed and 49% were not in the labour force upon their first presentation to a SHS for assistance in 2011–12.



7 in 10 (70%) were receiving services in **Major cities**:

- males were more likely than females to be receiving services in *Major cities* (74% compared with 67%)
- females were more likely than males to be receiving services in *Regional* areas (29% compared with 25%).



Almost half (47%) were **living alone**, **30%** were **living with at least one child**:

- males were more likely than females to report they were living alone (64% compared with 33%)
- females were more likely than males to report they were living with at least one child (47% compared with 10%).



4 in 10 (40%) *ever* reported having **experienced domestic or family violence**:

- females were much more likely to ever report experiencing domestic or family violence (62% compared with 14% of males).



More than half (54%) *ever* reported **having a mental health issue**:

- overall, males were more likely than females to ever report having a mental health issue (57% compared with 51%).

Over **2 in 5** (43%) *ever* reported **having a mental health diagnosis**:

- higher for males than for females (47% compared with 39%).



Almost one-third (32%) *ever* reported **problematic drug and/or alcohol use**.

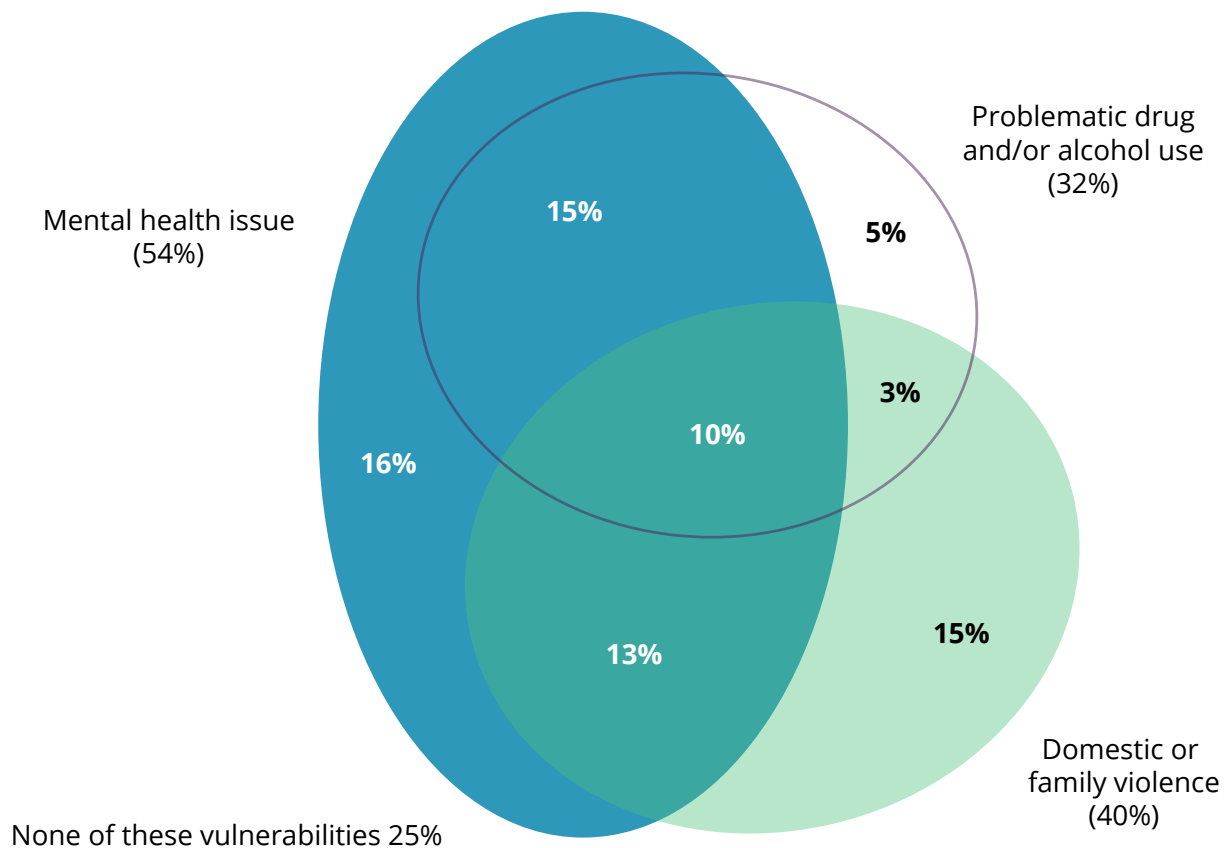
- higher for males than females (43% compared with 22%).

Notes

1. Percentages may not always add to 100 due to rounding.
2. All client demographics, except for Indigenous status, are based on the first support period in 2011–12. A client is considered Indigenous if, at any time within the reporting period, they identified as being of Aboriginal and/or Torres Strait Islander origin.
3. For further information on *ever* experiencing domestic or family violence, *ever* reporting a mental health issue or *ever* reporting problematic drug and/or alcohol use please see Box 1: *Ever* flags.
4. Data are unweighted and based on a select cohort group; therefore, client counts are not comparable to weighted data in other SHSC publications.

Mental health was the most frequently reported vulnerability by service cyclers with over half reporting this issue (54%). Two in 5 (40%) service cyclers experienced **two or more** vulnerability conditions (defined as *ever* reporting domestic or family violence, *ever* reporting a mental health issue, or *ever* reporting problematic drug and/or alcohol use) (Figure 15). One-quarter of service cyclers (25%) reported none of these vulnerabilities compared with 10% of persistent service users.

Figure 15: Vulnerabilities, service cyclers (%)



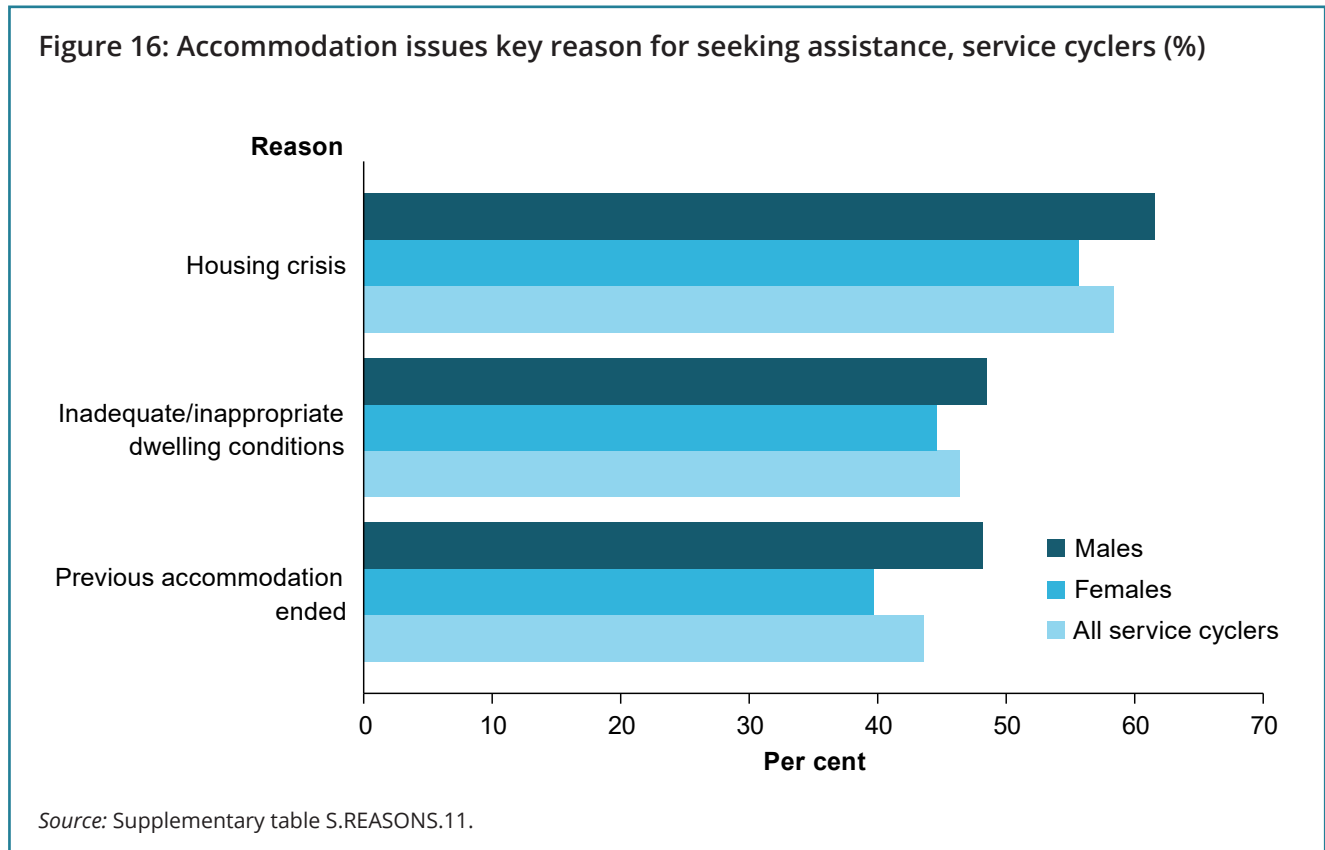
Note: Includes all service cyclers 2011–12 to 2014–15.

Why did service cyclers seek assistance?

When approaching SHS agencies, clients may identify a number of reasons for seeking assistance. It is important to note that, as with persistent service users, service cyclers may have identified any of these reasons at any point of contact with SHS agencies across the 4 year period in this study. They may have identified the same reason on more than one occasion, however, it is only captured once in the reporting period. The reasons analysed here refer to **all** reasons for seeking assistance. It is also important to note the impact that increased frequency of contact for service cyclers may have had on the reporting of reasons for seeking assistance, likely increasing the range of reasons reported.

Service cyclers most commonly sought assistance for accommodation issues

As with other cohorts in short-term or emergency accommodation, the most common reason service cyclers sought assistance from SHS agencies was for accommodation issues (80%), more specifically, for housing crisis (58%), inadequate or inappropriate dwelling conditions (46%) or previous accommodation ending (44%) (Figure 16).



4

Service cyclers

Male service cyclers were more likely than female service cyclers to report all types of accommodation issues as a reason for seeking assistance (83%, compared with 77%).

Young clients (aged 15–24) were more likely than **older clients** (aged 50 and over) to seek assistance for:

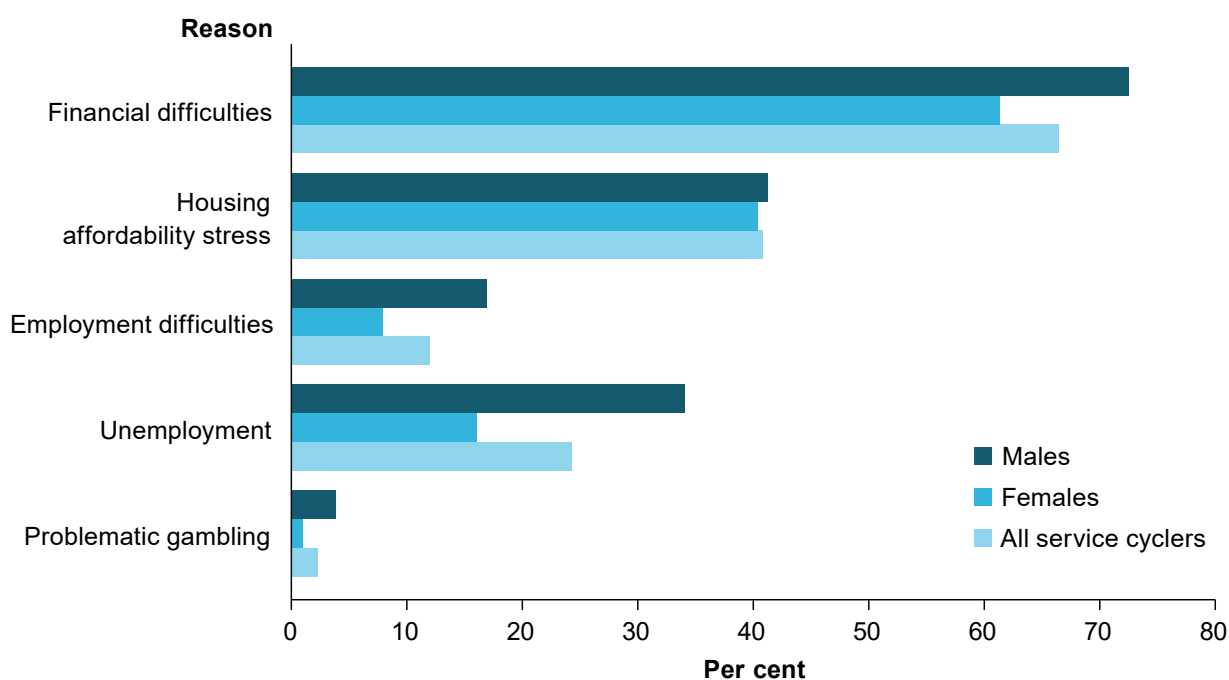
- housing crisis (59% compared with 54%)
- prior accommodation ending (47% compared with 37%).

Indigenous clients were more likely than **non-Indigenous clients** to seek assistance for inadequate or inappropriate dwelling conditions (54% compared with 45%).

Service cyclers also sought assistance for financial issues

Three-quarters (75%) of service cyclers also sought assistance from SHS agencies for financial issues. Financial difficulties were the highest reported reason for seeking assistance (66%) followed by housing affordability stress (41%) (Figure 17).

Figure 17: Financial issues as a reason for seeking assistance, service cyclers (%)



Source: Supplementary table S.REASONS.11.

While unemployment (24%), employment difficulties (12%) and problematic gambling (2%) were less likely than financial difficulties or housing affordability stress to be cited as a reason for seeking assistance, males were around twice as likely to report these reasons as females.

Young clients (aged 15–24) were more likely than **older clients** (aged 50 and over) to seek assistance for:

- unemployment (25% compared with 20%)
- employment difficulties (13% compared with 7%).

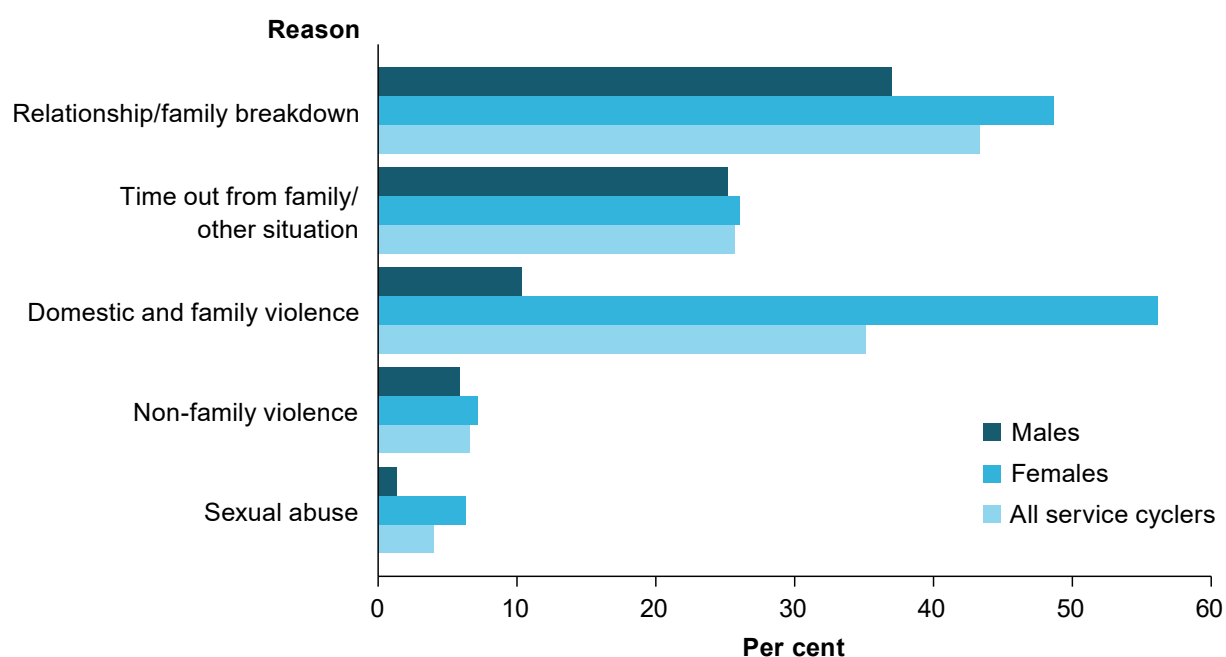
Older clients were more likely than **younger clients** to seek assistance for financial difficulties (66% compared with 60%).

Non-Indigenous clients were more likely than **Indigenous** clients to seek assistance for financial difficulties (69% compared with 64%).

Service cyclers also sought assistance for issues with interpersonal relationships

Overall, almost 2 in 3 (64%) service cyclers sought assistance with interpersonal relationships (compared with 74% of persistent service users). The most common reason was for relationship/family breakdown (43%) (Figure 18).

Figure 18: Interpersonal relationships as a reason for seeking assistance, service cyclers (%)



Source: Supplementary table S.REASONS.11.

Female service cyclers were more likely than male service cyclers to report all aspects of interpersonal relationships as a reason for seeking assistance from SHS agencies. While 62% of females *ever* reported experiencing domestic or family violence, 56% reported this as a reason for seeking assistance (compared with 10% of males).

4

Service cyclers

Young clients (aged 15–24) were more likely than **older clients** (aged 50 and over) to seek assistance for:

- relationship/family breakdown (59% compared with 23%)
- time out from family/other situation (37% compared with 17%)
- domestic and family violence (39% compared with 16%).

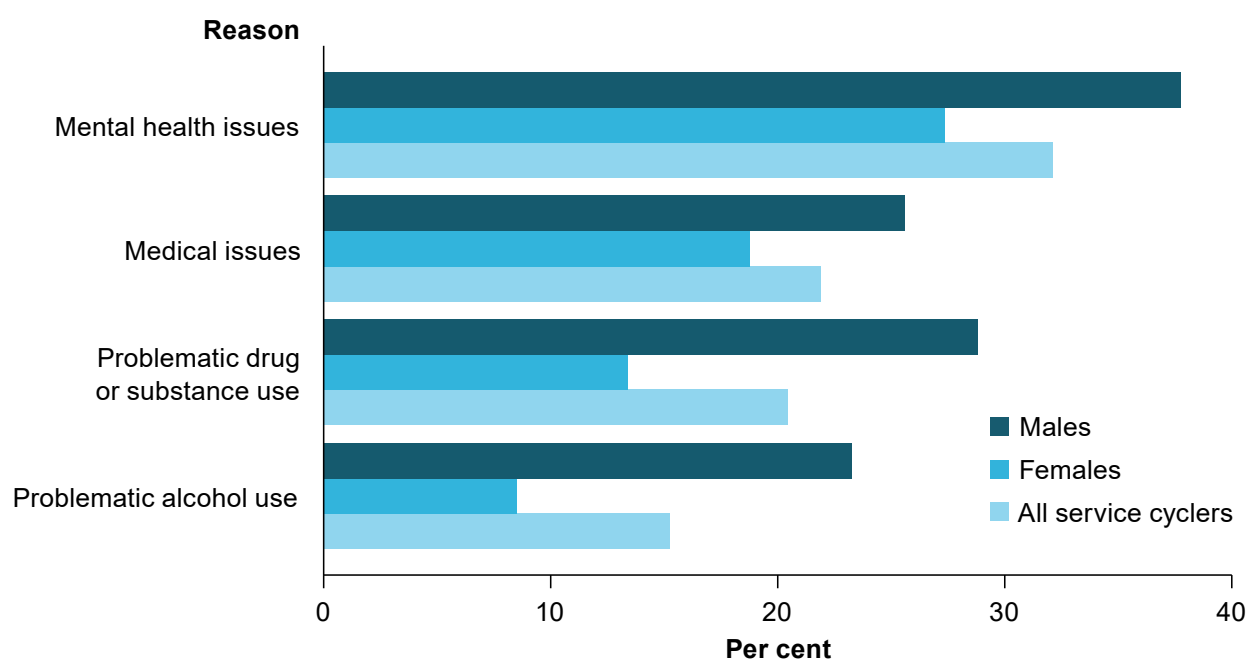
Indigenous clients were more likely than **non-Indigenous clients** to seek assistance for:

- domestic and family violence (45% compared with 33%)
- time out from family/other situation (34% compared with 24%).

Other reasons for service cyclers to seek assistance

Service cyclers also sought assistance for issues categorised as ‘health/medical’ or ‘other’ reasons. Half (50%) of service cyclers approached SHS agencies for assistance with health or medical issues (lower than for persistent service users at 70%) (Figure 19).

Figure 19: Health/medical issues as a reason for seeking assistance, service cyclers (%)



Source: Supplementary table S.REASONS.11.

Males were more likely than females to report all health/medical issues as a reason for seeking assistance from a SHS agency, with the greatest difference reported for problematic drug and/or substance use (29% for males, compared with 13% for females).

Older clients (aged 50 and over) were more likely than **younger clients** (aged 15–24) to seek assistance for:

- mental health issues (34% compared with 27%)
- medical issues (38% compared with 14%)
- problematic alcohol use (17% compared with 10%).

Younger clients were more likely than **older clients** to seek assistance for problematic drug or substance abuse (17% compared with 12%).

Indigenous clients were more likely than **non-Indigenous clients** to seek assistance for problematic alcohol use (18% compared with 15%).

Non-Indigenous clients were more likely than **Indigenous clients** to seek assistance for mental health issues (35% compared with 24%).

What services did service cyclers need?

While the focus of SHS support is on providing stable housing or assisting clients to remain housed, other services are offered that target underlying barriers to sustainable housing. These services range from basic support and assistance through to more complex and specialist services such as health and medical services and professional or legal services.

Service cyclers are most likely to need accommodation provision

Accommodation was the service most commonly requested by service cyclers, with almost 9 in 10 (87%) needing this service. Service cyclers most commonly requested continuation of provision of short-term or emergency accommodation (63%), while over 3 in 5 (61%) needed long-term housing. Over half (57%) of service cyclers reported a need for medium term/transitional housing.

Males were more likely to need continuation of provision of short-term or emergency accommodation (66% compared with 61% of females). Females were more likely to need medium-term/transitional housing (60% compared with 54% of males) and long-term housing (64% compared with 57% of males).

While service cyclers in general had a high need for accommodation services, younger service cyclers (aged 15–24) were more likely to need assistance with accommodation than older service cyclers (aged 50 and over) (90% compared with 79%). Continuation of provision of short-term or emergency accommodation was requested more frequently by younger service cyclers (62% compared with 56% of older clients), followed by medium term/transitional housing (66% compared with 46%). Long-term housing was again most commonly requested by younger clients (63% compared with 58% of older clients).

Indigenous clients were more likely than non-Indigenous clients to need all types of accommodation provision, notably continuation of short-term or emergency accommodation (75% compared with 61%).

Service cyclers also needed assistance to sustain housing tenure, with over half (56%) of service cyclers requiring this assistance.

'General services' are also commonly needed by service cyclers

As with other cohorts in short-term or emergency accommodation, virtually all service cyclers (8,722 out of 8,793 clients or 99%) needed at least 1 service classified as a 'general service'. For service cyclers, the most common of these were advice/information (96%), advocacy/liaison (83%), and material aid/brokerage (70%). Over half of all service cyclers also needed: transport (57%), financial information (54%), and living skills/personal development (51%).

Males were more likely than females to need:

- meals (54% compared with 46%)
- laundry/shower facilities (48% compared with 39%).

In comparison, females were more likely than males to need:

- assistance for domestic/family violence (48% compared with 7%)
- family/relationship assistance (48% compared with 26%)
- legal information (39% compared with 28%).

4

Service cyclers

Younger service cyclers (aged 15–24) were more likely than older service cyclers (aged 50 and over) to need general services relating to:

- family/relationship assistance (50% compared with 22%)
- educational assistance (40% compared with 12%)
- employment assistance (34% compared with 13%).

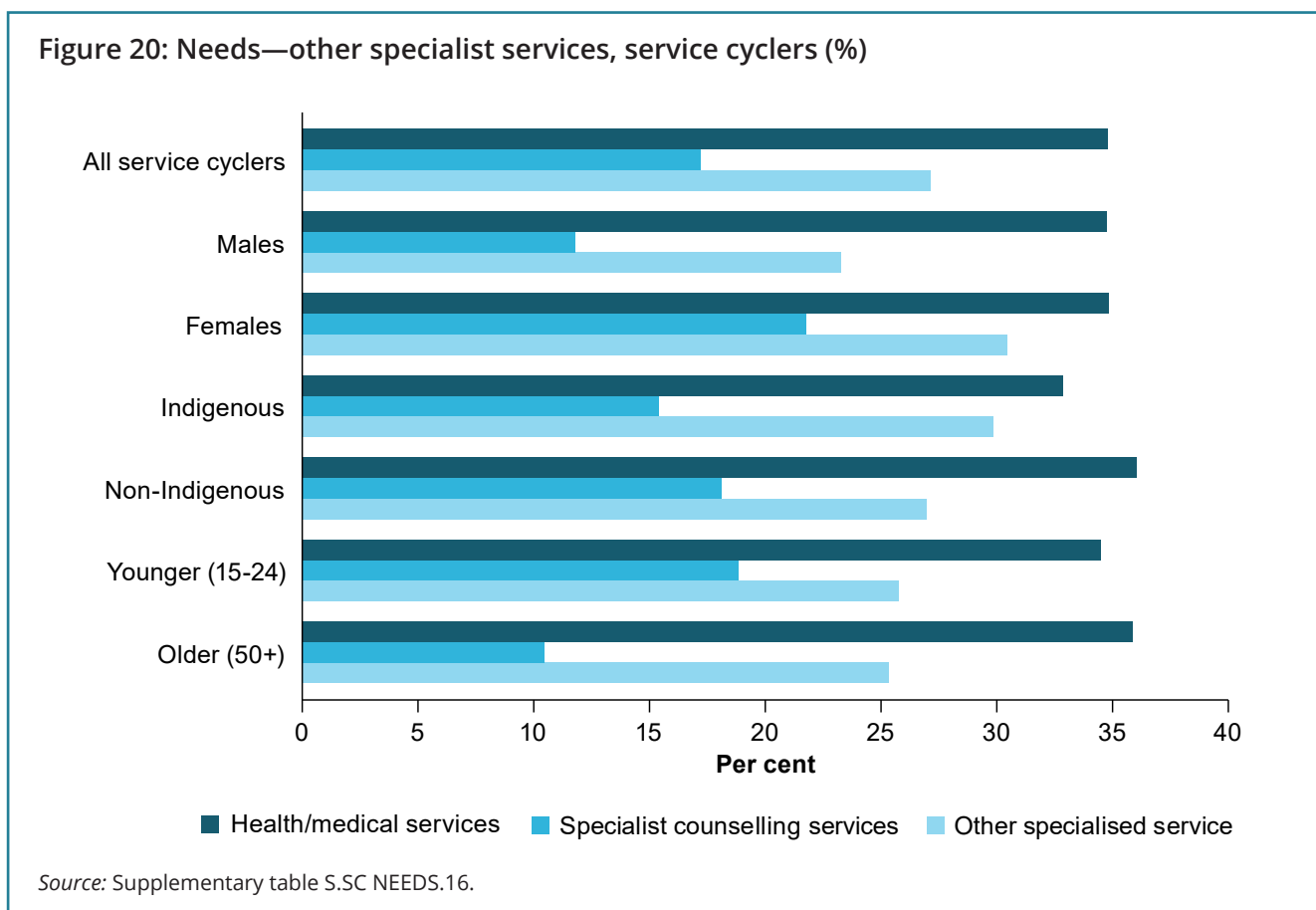
Indigenous service cyclers were more likely than non-Indigenous service cyclers to need general services relating to:

- transport (66% compared with 55%)
- laundry/shower facilities (51% compared with 42%)
- assistance for domestic/family violence (36% compared with 28%).

Service cyclers also need ‘other’ specialist services

‘Other’ specialist services includes health/medical services, specialist counselling services and other specialised services. Almost half (49%) of all service cyclers needed at least 1 of these services (Figure 20):

- over 1 in 3 (35%) needed health/medical services
- around 1 in 4 (27%) needed other specialised services
- almost 1 in 5 (17%) needed specialist counselling services.



Female service cyclers were more likely than male service cyclers to need specialist counselling services (22% compared with 12%) and other specialised services (30% compared with 23%).

A greater proportion of younger service cyclers needed specialist counselling (19% compared with 11% of older service cyclers).

What services were provided to service cyclers?

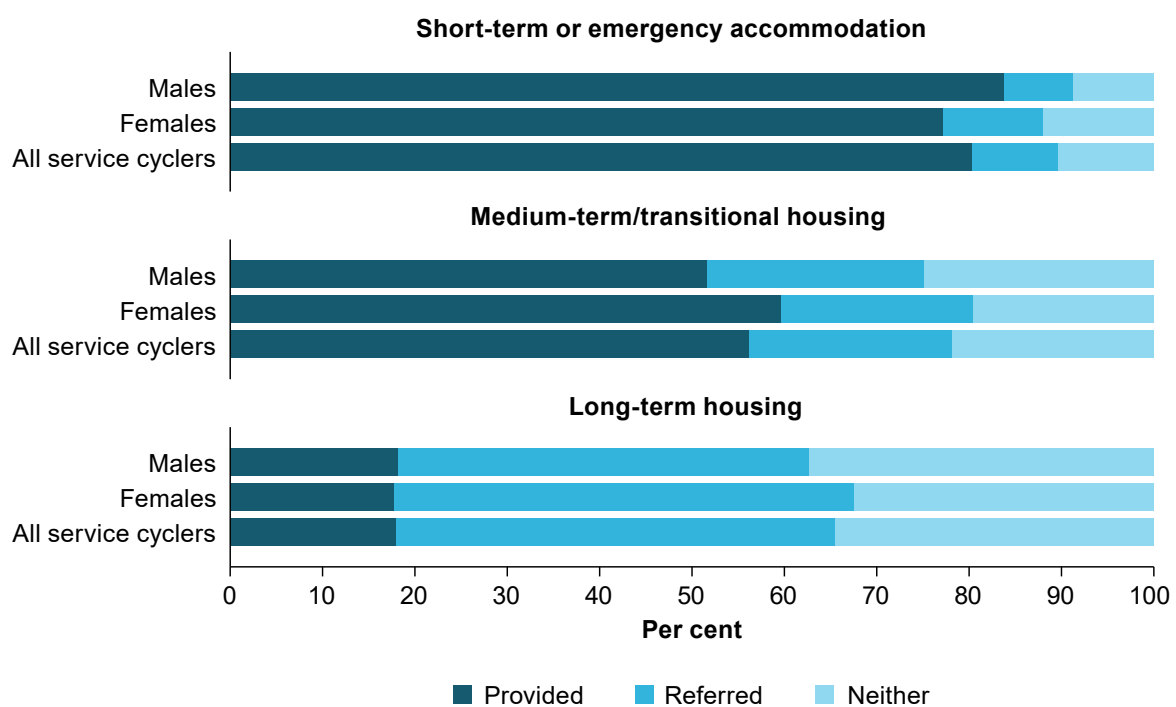
Services available to clients range from providing accommodation, such as a bed in a shelter, to specialised services such as counselling or legal support. The agency may provide these services directly to clients, or if they are unable to provide assistance, they may refer them to another service.

Service cyclers were more likely to continue to be provided with short-term or emergency accommodation

Around 9 in 10 (87%) service cyclers identified a need for accommodation when they approached a SHS agency for assistance. Of these clients (Figure 21):

- 63% needed continued provision of short-term or emergency accommodation; and it was provided to 80% of those who needed it
- 57% needed medium-term/transitional housing, provided to 56% of those who needed it
- 61% needed long-term housing, provided to 18% of those who needed it.

Figure 21: Accommodation service provision, service cyclers (%)



Sources: Supplementary tables S.SC PROVIDED.17, SC REFERRED.18, SC GAP.19.

Of those who needed accommodation, male service cyclers were more likely than female service cyclers to continue receiving short-term or emergency accommodation (84% compared with 77%). In comparison, females were more likely to receive medium term/transitional housing (60% compared with 52% of males).

Younger service cyclers (aged 15–24) who needed accommodation were more likely than older service cyclers (aged 50 and over) to be provided medium-term/transitional housing (62% compared with 49%), while older clients were more likely to continue to be provided with short-term or emergency accommodation (81% compared with 76%).



Non-Indigenous service cyclers were more likely than Indigenous service cyclers to be provided with medium-term/transitional housing (58% compared with 47%).

Around half (56%) of service cyclers needed assistance to sustain housing tenure. This assistance can take the form of mediation or liaison services with housemates and/or real estate agents. Of those clients who needed this assistance (56% or 4,900 clients), 89% received it.

Male service cyclers were more likely to be provided with drug and alcohol counselling and mental health services

Of those service cyclers who identified a need for drug or alcohol counselling, males (59%) were more likely to be provided this service than females (49%). Male service cyclers, compared with female service cyclers, also had a higher provision of mental health services (62% compared with 53%) (Table 9).

Table 9: Drug and alcohol counselling and mental health services provided by SHS, service cyclers, by sex (%)

Service		
Drug and alcohol counselling	69%	49%
Mental health	62%	53%
Psychological services	48%	43%
Psychiatric services	51%	40%
Mental health services	62%	52%

Notes

1. Base is those clients who identified a need for these services.
2. Data are unweighted and based on a select cohort group; therefore, client counts are not comparable to weighted data in other SHSC publications.

Provision of general services

Almost all service cyclers (99%, or 8,722 clients) required at least 1 service categorised as a 'general service'. The 5 most common services needed and commonly provided include:

- advice/information: needed by 96%, provided to 100% of those who needed it
- advocacy/liaison on behalf of client: needed by 83%, provided to 99% of those who needed it
- laundry/shower facilities: needed by 43%, provided to 98% of those who needed it
- meals: needed by 49%, provided to 97% of those who needed it
- transport: needed by 57%, provided to 97% of those who needed it.

Males were more likely than females to be provided with assistance for the retrieval/storage/removal of personal belongings (96% compared with 89%). Females were more likely than males to be provided with assistance for domestic or family violence (91% females compared with 74% males), and assistance for trauma (83% compared with 78%).

Older service cyclers (aged 50 and over) were more likely than younger service cyclers (aged 15–24) to receive assistance for domestic/family violence (93% compared with 85%) and assistance for trauma (84% compared with 79%).

Non-Indigenous service cyclers were more likely than Indigenous service cyclers to be provided assistance for educational assistance (82% compared with 75%).

Referral of service

Along with information about a client's needs and the provision of services, the SHSC also collects information about referrals from an agency. This is a referral for the client to attend an alternative service provider and includes information on whether that service accepts the client for an appointment or an interview. Of all service cyclers who needed assistance from SHS agencies, the most frequently referred service was for long-term housing (48%). This was followed by professional legal services (39%), psychological services (34%), and psychiatric services (30%).

What are the gaps in service provision?

Clients receiving support from SHS agencies often identify as needing a wide range of services. Some needs arise more than once in a support period and this makes it difficult to assess (from the available data) the extent to which needs have been met. Unmet needs are the services that a client identified as needing but either did not receive from that service or they were not referred to another agency for the service.

The largest gap in service provision for service cyclers is for long-term housing




The need for accommodation was high for service cyclers (87%). This high level of need combined with the extended period of time service cyclers are engaged with services, it is perhaps unsurprising that the proportion of service cyclers not provided or referred some form of accommodation overall is low (7%). Despite this, over 1 in 3 (35%) service cyclers who identified a need for longer term accommodation were not provided with or were referred to an agency for these housing solutions.

The overall service gap in accommodation was similar for male service cyclers and female service cyclers. There were differences, however, in the type of accommodation needed (Table 10 and Figure 21).

4

Service cyclers

Table 10: Accommodation services not provided or referred to clients who identified a need, service cyclers, by sex (%)

	 All service cyclers		
All accommodation types	7%	7%	8%
Short-term or emergency accommodation	10%	9%	12%
Medium-term/ transitional housing	22%	25%	20%
Long-term housing	35%	37%	32%

Notes

1. Base is those clients who identified a need for these services.
2. Data are unweighted and based on a select cohort group; therefore, client counts are not comparable to weighted data in other SHSC publications.




Younger service cyclers (aged 15–24) were more likely than older service cyclers (aged 50 and over) to have a gap in service provision for long-term housing (36% not provided or referred, compared with 26%) and short-term or emergency accommodation (14% compared with 9%).

Of those Indigenous and non-Indigenous service cyclers needing accommodation, the service gap was greater for those needing medium-term/transitional housing (25% of Indigenous service cyclers were neither provided nor referred, compared with 21% of non-Indigenous service cyclers).

There is also a gap in service delivery for some mental health services for service cyclers

Less than 1 in 5 (15%) service cyclers did not receive assistance or a referral for mental health services overall (Table 11).

Table 11: Mental health services not provided or referred, service cyclers, by sex (%)

	 All service cyclers		
Mental health services overall	15%	13%	18%
Psychological services	21%	22%	21%
Psychiatric services	24%	21%	28%
Mental health services	17%	13%	21%

Notes

1. Base is those clients who identified a need for these services.
2. Data are unweighted and based on a select cohort group; therefore, client counts are not comparable to weighted data in other SHSC publications.

Overall, a relatively low proportion of male service cyclers did not receive assistance or a referral for mental health services overall (13%), compared with female service cyclers (18%).

How do service cyclers engage with services?

There is no single measure to assess the level of service engagement by a client, instead a number of proxy measures provide information on engagement with SHS including: the number of support periods a client receives, the length of those support periods, the days of support and the nights of accommodation. In using these proxies, the impact that higher levels of support (or contact) have on the housing outcomes of clients can be inferred.

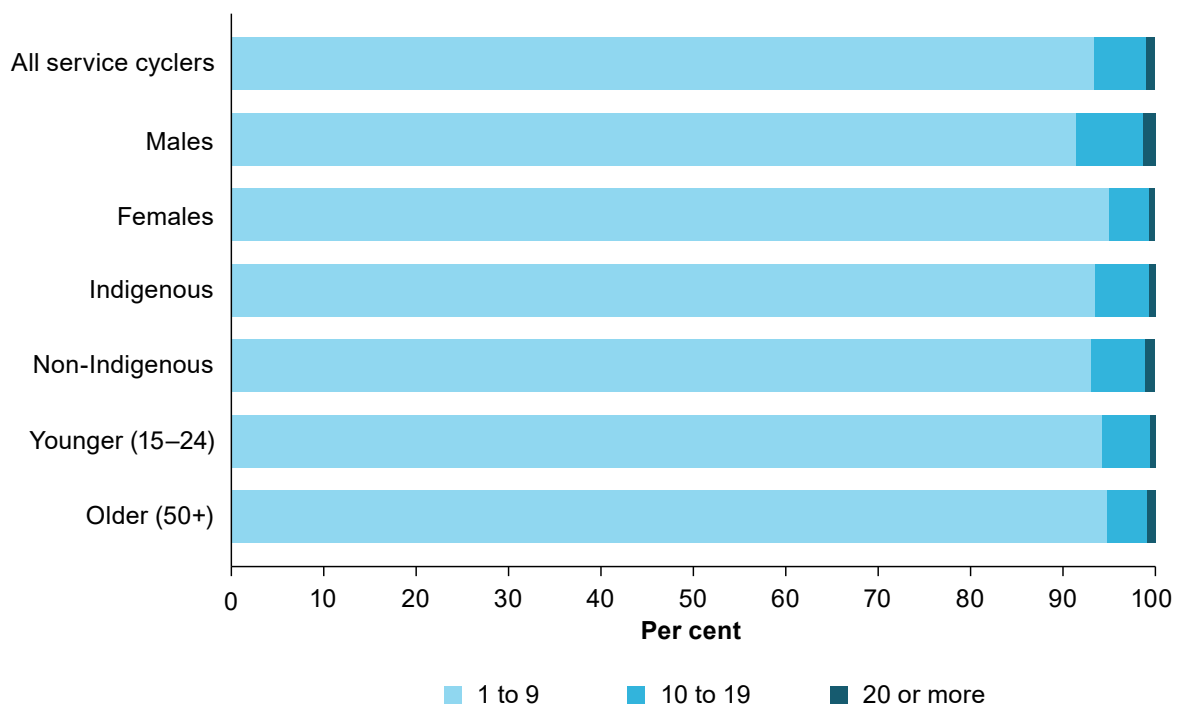
Number of support periods

Across the 4 years to 30 June 2015, there were 8,800 service cyclers and these clients received about 35,800 support periods during this time. Of these, male service cyclers received 17,800 support periods in total, similar to 18,000 for female service cyclers.

Service cyclers were more likely to have more frequent contact (higher numbers of support periods per person) than transitory service users, yet much lower than persistent service users. Over one-quarter (29%) of service cyclers had 5 or more support periods, compared with 73% of persistent service users and only 2% of transitory service users. The higher number of support periods per client for persistent service users and service cyclers is, in part, due to these cohorts accessing SHS for assistance in more than 1 financial year of the reporting period.

The vast majority of service cyclers (93%) had between 1 and 9 support periods over the 4 years of the study. About 1 in 20 (6%) had 10–19 support periods, and very few (1%) had more than 20 support periods (Figure 22).

Figure 22: Number of support periods, service cyclers (%)



Source: Supplementary table S.SUPPORT.24.

Female service cyclers were more likely to have fewer support periods in total across the 4 year reporting period, with 74% of females having 1–4 support periods, compared with 67% for males.

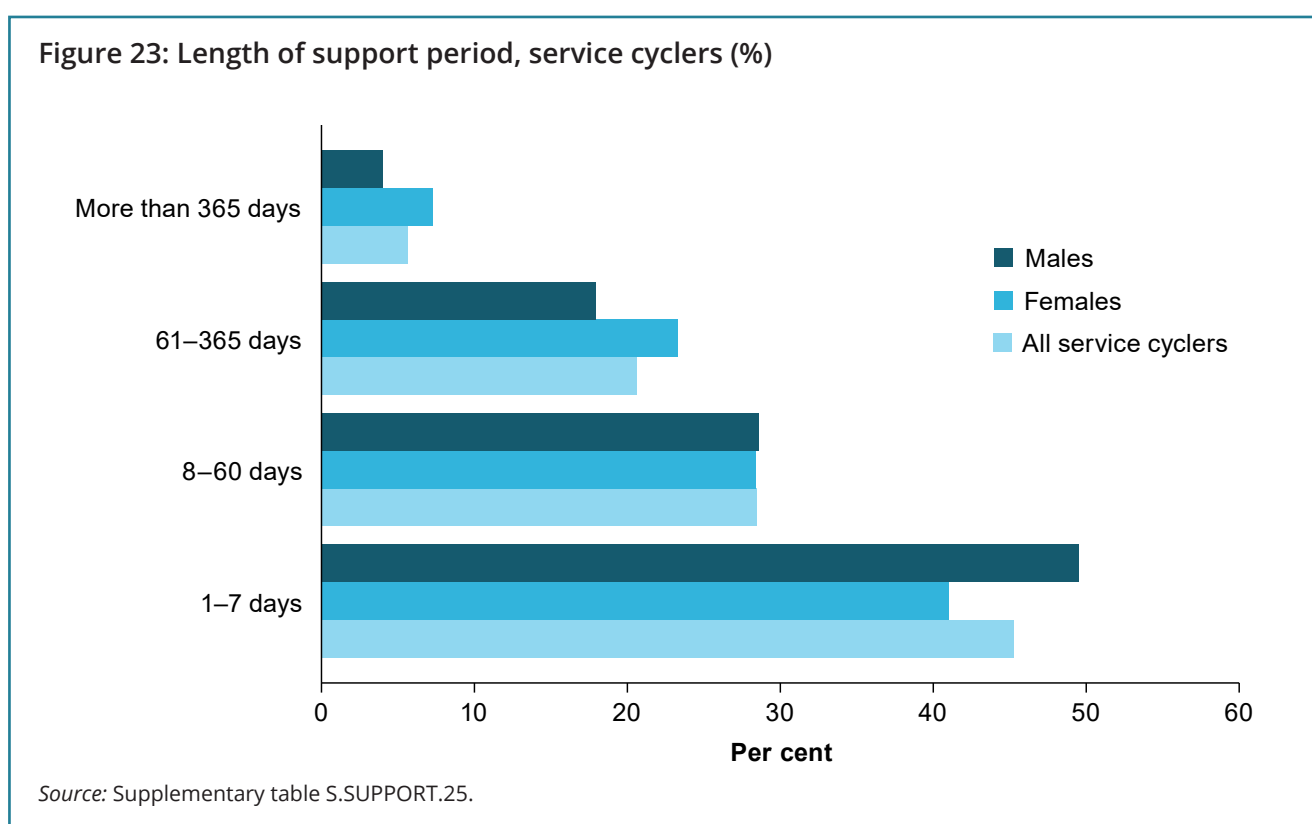
Comparatively, almost 1 in 10 (9%) male service cyclers had 10 or more support periods, compared with 5% of female service cyclers.

Older service cyclers (aged 50 and over) were more likely than younger service cyclers (aged 15–24) to have just 1 support period across the 4 years of reporting (22% compared with 17%).

Non-Indigenous clients were more likely to have received only 1 support period than Indigenous clients (16% compared with 10%).

Length of support periods

Of the 35,800 support periods for service cyclers, almost half (45%) lasted between 1 and 7 days. For males, half (50%) of support periods were for 7 days or less, compared with 41% for females. Almost 1 in 3 (31%) support periods for females lasted more than 90 days, compared with 22% for males (Figure 23).

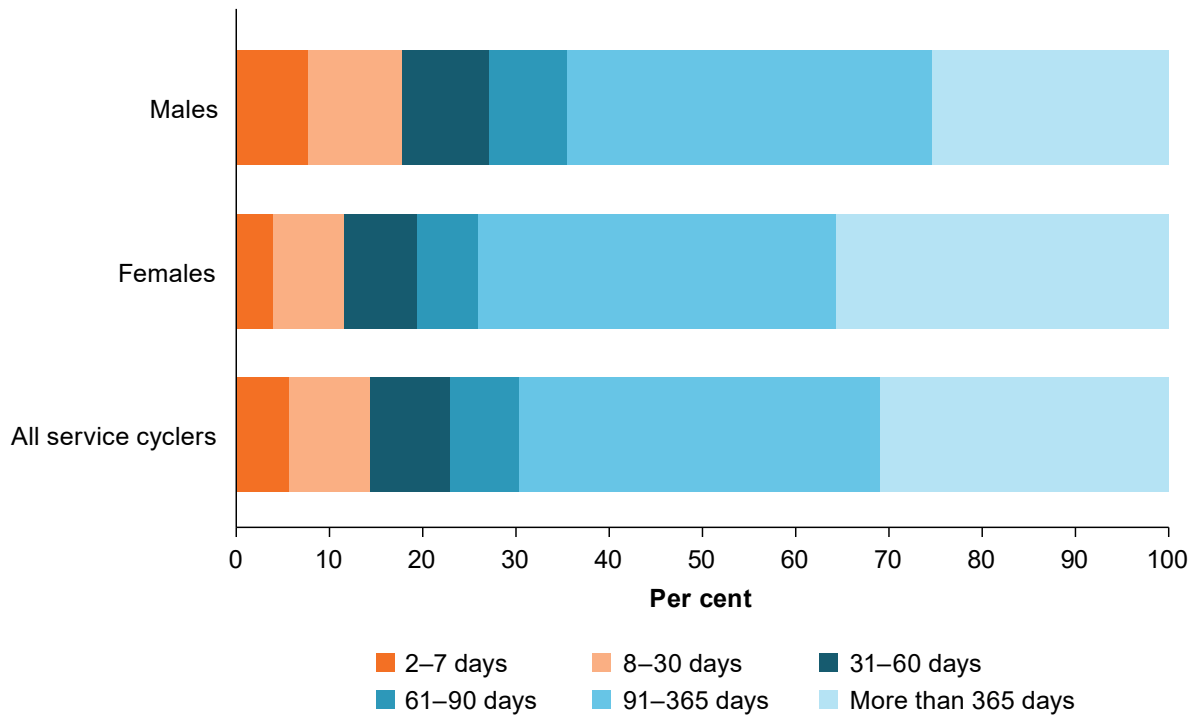


Older service cyclers (aged 50 and over) were more likely than younger service cyclers (aged 15–24) to have just 1 day of support during the 4 years of reporting (35% compared with 23%).

Days of support

Almost 2 in 5 (39%) service cyclers received between 91 and 365 days of support across the 4-year reporting period, and almost 1 in 3 (31%) service cyclers received more than 365 days of support or more (or 1 year or more). Females were more likely to receive a higher number of days of support than males (Figure 24). It is important to note that these days of support may not be consecutive, they may occur at any point (support period) over the 4 years of the study.

Figure 24: Number of days client received support, service cyclers (%)



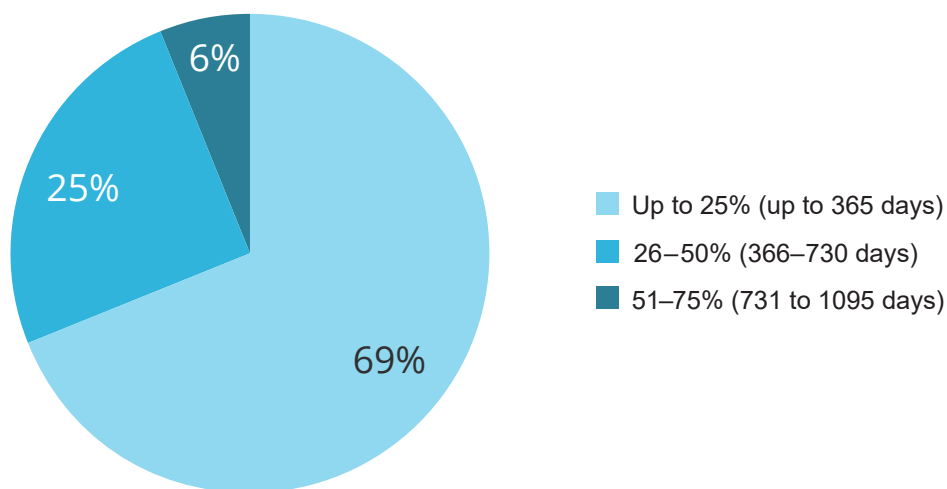
Source: Supplementary table S.SUPPORT.25.

More than two-thirds (69%) of all service cyclers spent up to one-quarter (for example, up to 365 days) of the reporting period in support, while another 25% spent between one-quarter and one-half of the reporting period in support. Less than 1 in 10 (6%) service cyclers spent between 50% and 75% of time in support (Figure 25).

4

Service cyclers

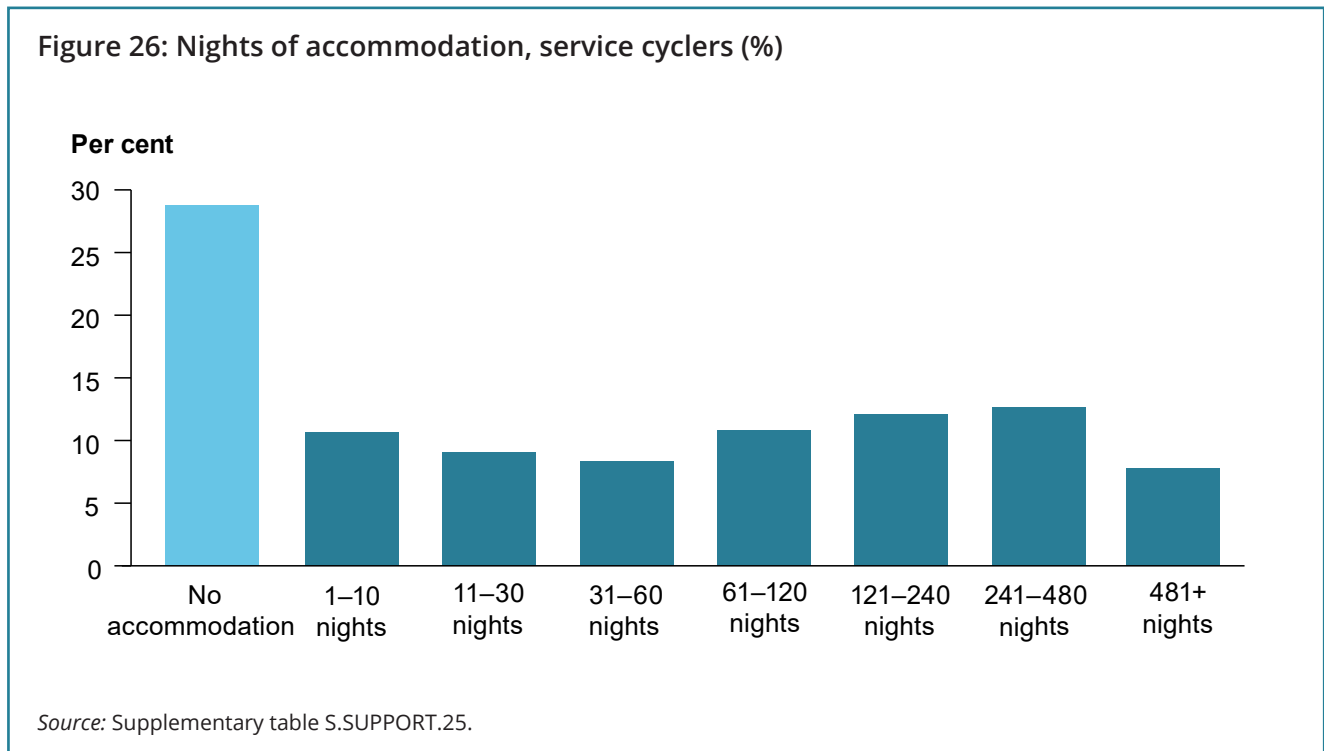
Figure 25: Proportion of time spent in support, service cyclers (%)



Source: Supplementary table S.SUPPORT.25.

Nights of accommodation

Over 1 in 10 (11%) service cyclers received 1–10 nights of accommodation only. More than 2 in 5 (44%) service cyclers received between 31 and 480 nights of accommodation (or 1 and 16 months in total) over the 4-year study period (Figure 26).



A higher proportion of female service cyclers than male service cyclers received 241 or more nights of accommodation (23% compared with 17%).

Older service cyclers (aged 50 and over) were more likely than younger service cyclers (aged 15–24) to not receive any nights of accommodation (38% compared with 26%).

Non-Indigenous service cyclers were more likely than Indigenous service cyclers not to receive any accommodation across the 4-year reporting period (29% compared with 23%). However, non-Indigenous service cyclers tended to receive more accommodation nights than Indigenous service cyclers (22% compared with 15%, respectively, for 241 nights or more).

Half of all service cyclers (50%) received at least 1 night of short-term or emergency accommodation. In comparison, less than one-third (31%) received any nights of accommodation in medium-term/transitional housing, and 9% received any nights of accommodation in long-term housing.

One in 10 (10%) service cyclers received accommodation in 3 of the 4 years of the reporting period, while a further 32% received accommodation in 2 of the 4 years.





What are the housing outcomes for service cyclers?

The housing outcomes presented here look at changes in a client’s situation from the beginning of their first support period to the end of the reporting period, 30 June 2015. The number and length of support periods varied among clients, and the total number of days in support spanned from as few as 2 to as many as 1,096. Clients may have had few support periods relatively long in length, while others may have had more support periods of a shorter duration. Others may have had a combination of both. Clients may also have had a number of changes in their housing situation over the course of the 4 years of the reporting period. The data presented here do not reflect changes within the reporting period; instead, they compare the client’s housing situation at the start of their first period of support during 2011–12 to their housing situation at the end of the study period, 30 June 2015.

Repeat episodes of homelessness

Over one-quarter (26%) of service cyclers experienced repeat episodes of homelessness between 2011–12 and 2014–15 (Table 12). This means the client had transitioned from being homeless, to housed and then homeless again at least once during this time. This highlights the ‘journey’ component to exiting homelessness for many clients.

Table 12: Repeat episodes of homelessness, service cyclers (%)

Service cyclers	
 Repeat homelessness	26% experienced repeat homelessness
 sex	26% of males experienced repeat homelessness 26% of females experienced repeat homelessness
 Indigenous status	32% of Indigenous clients experienced repeat homelessness 25% of non-Indigenous clients experienced repeat homelessness
 Age	32% of clients aged 15–24 experienced repeat homelessness 20% of clients aged 50 and over experienced repeat homelessness

What is the housing situation at the end of the last closed support period for service cyclers?

At the beginning and end of each support period, the housing situation of the client is recorded. To determine a client's housing situation, 3 aspects are considered: dwelling type, housing tenure, and the conditions of occupancy.

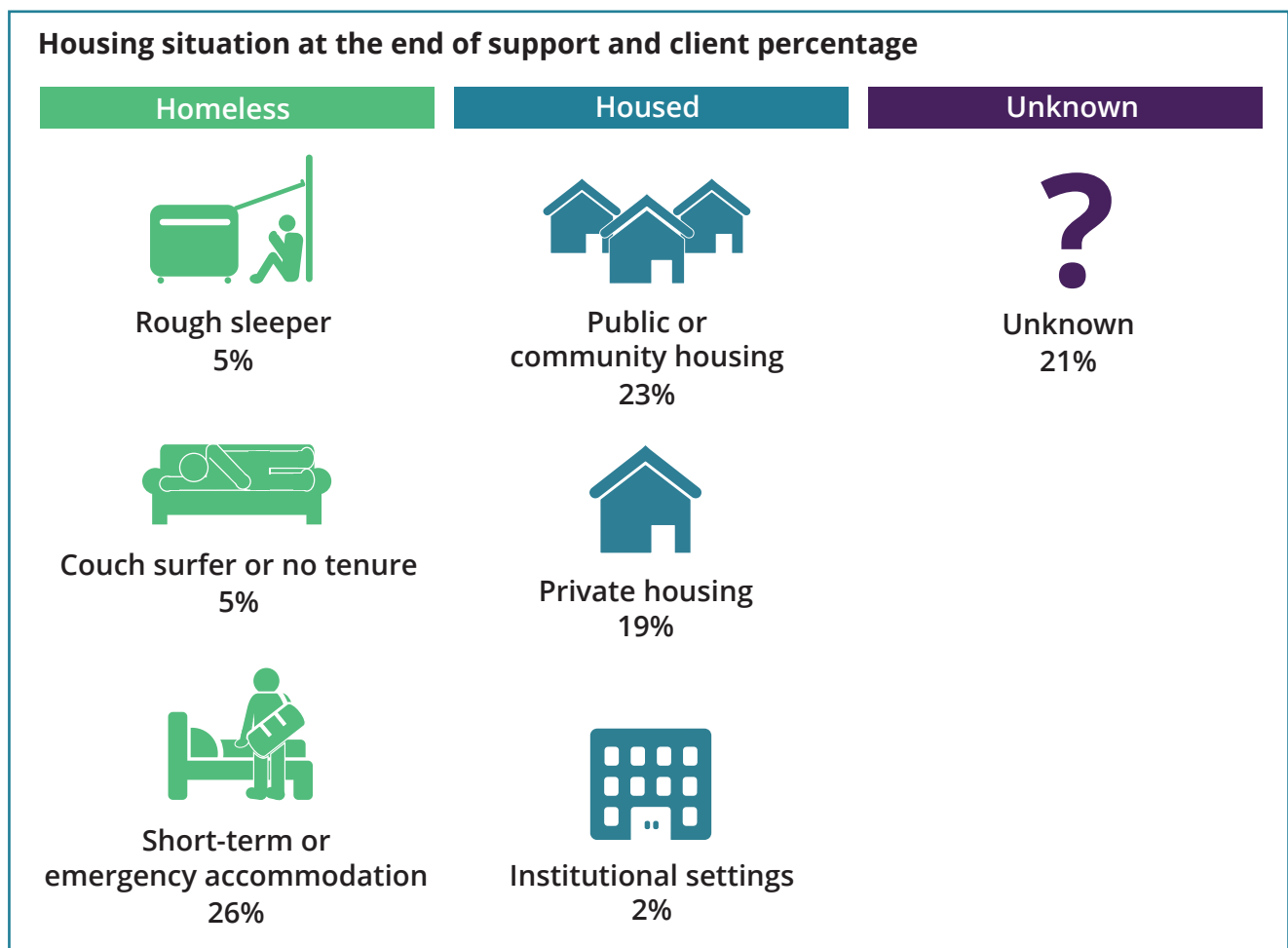
At the start of the study period, all clients were homeless. At the end of the study period, 30 June 2015, 6% of service cyclers were in ongoing SHS support, much lower than persistent service users (29%).

Looking at the end of the last closed support period of all service cyclers:

- over 2 in 5 (44%, or 3,800) service cyclers were housed:
 - 23% (or 2,000) were living in public or community housing
 - 19% (or 1,700) were in private or other housing
 - 2% (or 200) were living in an institutional setting.
- more than 1 in 3 (36%, or 3,100) service cyclers were homeless:
 - 5% (or 430) had no shelter (rough sleeping) or in an improvised dwelling
 - 26% (or 2,200) were living in short-term or emergency accommodation
 - 5% (or 470) were couch surfing or with no tenure.

For about one-fifth (21%, or 1,800) of service cyclers, their housing situation was unknown (Table 13).

Table 13: Housing outcomes at the end of the last known support period, service cyclers



- Female service cyclers were more likely than males to be housed at the end of their last closed support period (50% compared with 36%). More than 1 in 4 females (27%) were living in public or community housing and 22% were living in private or other housing. Male service cyclers, on the other hand, were more likely than females to be homeless at the end of their last closed support period (44% compared with 28%). Almost 1 in 3 (32%) males were in short-term or emergency accommodation and 8% were sleeping rough or in an improvised dwelling at the end of their support.
- Younger service cyclers (aged 15–24) were equally likely as older clients (aged 50 and over) to be housed at the end of their support (45% compared with 44%). Older clients were more likely than younger clients to be in public or community housing (30% compared with 20%), though less likely to be in private or other housing (12% compared with 24%).
- Overall, there was little difference in housing outcomes between Indigenous and non-Indigenous service cyclers.

What does this tell us?

The service cycler cohort was similar in size to the transitory service users cohort, accounting for just over 4 in 10 (43%) of all those in short-term or emergency accommodation. Similar to persistent service users and transitory service users, the majority of service cyclers were female, aged 15–34 and were living alone. Around 4 in 10 (40%) service cyclers experienced at least 2 of the 3 vulnerability conditions: domestic or family violence, mental health issue, or problematic drug and/or alcohol use, compared with around 3 in 5 (62%) persistent service users and less than 1 in 5 (17%) transitory service users.

As with other cohorts in short-term or emergency accommodation, accommodation was the key reason that service cyclers sought assistance from SHS—primarily housing crisis or inadequate or inappropriate dwelling conditions. Younger service cyclers were more likely to report these reasons than older service cyclers. Despite the highest need for service cyclers being accommodation, over one-quarter (29%) did not receive any nights of accommodation during the reporting period; almost double that of persistent service users.

Repeat episodes of homelessness were lower for service cyclers than for the persistent service user cohort, but still notable. Over one-quarter (26%) of service cyclers experienced homelessness more than once during the reporting period. That is, they had transitioned from homelessness to being housed to homelessness again at least once in the 4 years of the reporting period. This is compared to almost 3 in 5 (59%) persistent service users and only 3% for transitory service users. This again highlights the ‘journey’ nature of exiting homelessness for many short-term or emergency accommodation clients.

At the start of the study period (2011–12) all those in short-term or emergency accommodation were considered to be ‘homeless’. By the end of their last known support period, when service cyclers had engaged with SHS for a period of between 2 and 3 years, more than 2 in 5 (44%) were housed. However, engagement with SHS does not mean an immediate end to homelessness, and over one-third (36%) of this cohort remained homeless at the end of the study period. The housing outcome for over 1 in 5 (21%) service cyclers was unknown at the end of the reporting period. It is possible that these clients re-engaged with SHS agencies and sought further assistance after 30 June 2015.

Case study 2: Service cycler

Natalie*, 34, looks at the collection of bills on the table and tears well in her eyes. She has been unemployed on and off for 2 years because she was 'too unreliable'. She had wanted to protest every time one of her bosses said this, but she knew that they were right. She had missed too many days because she had been too 'down' to get out of bed. Over the 2 years, she had been in and out of hostels, crisis shelters and boarding houses because she could never get enough money together for something more permanent. She is definitely not where she thought she would be at this stage of her life, and wonders if the cycle of homelessness and packing her bags will ever end.

Natalie is still kicking herself for messing up last time she had sought help from a SHS agency—they had found her a public housing place, but she never moved in. To this day, she doesn't know why she didn't.

* This case story is not based on an actual person. It is based on de-identified data collated from the SHSC. It is intended to present an example of a 'typical' short-term or emergency accommodation service cycler; it is not the intention of the AIHW to stereotype homelessness clients.

5 Transitory service users

Key findings

Transitory service users are clients who had at least 1 support period between 1 July 2011 and 30 June 2012, but did not receive any support between 1 July 2012 and 30 June 2015. This cohort comprised 8,700 clients and was equal in size to service cyclers.

Consistent with the broader group of those in short-term or emergency accommodation:

- most transitory service users were aged 15–34
- the majority of transitory service users were female
- most were receiving services in *Major cities* and reported they were living alone
- the most common reason for seeking assistance was for accommodation issues
- males were more likely than females to seek assistance for financial difficulties, including unemployment
- females were more likely than males to report interpersonal relationships as a key reason for seeking assistance, including domestic and family violence.

Transitory service users, when compared with persistent service users and service cyclers were:

- less likely to *ever* report having a mental health issue, problematic drug and/or alcohol use or experiencing domestic or family violence
- less likely to receive accommodation: where 3 in 4 needed accommodation, over 1 in 10 of these clients did not receive any accommodation services
- more likely to have only 1 support period: over one-quarter of clients received only 1 day of support, and 37% received 10 days or fewer
- least likely to receive any nights of accommodation.

When transitory service users first sought assistance in 2011–12, all clients were experiencing homelessness. Within 1 year, 22% (or 1,900) of this cohort were assisted into housing and in the following 3 years none of these clients returned to SHS for assistance. The majority of the transitory service user cohort remained homeless (60%, or 5,200) with the housing situation of almost 1 in 5 (18%, or 1,600) unknown.

Who are transitory service users?

There were around 8,700 transitory service users in 2011–12. Transitory service users are those clients who presented to SHS agencies for assistance in only the first financial year of the study. That is they presented to an agency for assistance at least once between 1 July 2011 and 30 June 2012, and did not present again prior to 30 June 2015.

Of the 8,700 transitory service users in 2011–12:



Over half (53%) were female.



Almost 6 in 10 (56%) were aged 15–34, with males generally older than females:

- 15–24 years: 28% of males, 34% of females
- 25–49 years: 54% of males, 56% of females
- 50 years and over: 18% of males, 10% of females.



Almost 2 in 10 (17%) were Indigenous:
14% of males compared with 22% of females.



1 in 10 (10%) were employed, 44% were unemployed and 46% were not in the labour force.



7 in 10 (69%) received services in Major cities:

- males were more likely than females to receive services in *Major cities* (73% compared with 66%)
- females were more likely than males to receive services in *Regional areas* (29% compared with 26%).



Almost half (47%) were living alone, 29% were living with at least one child:

- males were more likely to report living alone (61% compared with 36% of females)
- females were more likely to report living with at least one child (44% compared with 12% of males).



28% ever reported having experienced domestic or family violence:

- females were almost 6 times as likely as males to *ever* report experiencing domestic or family violence (46% compared with 8%)
- 6 in 10 (60%) of those who *ever* reported experiencing domestic or family violence were under the age of 35, 8% were aged 50 years and over.



3 in 10 (30%) ever reported having a mental health issue.

More than 1 in 5 (22%) ever reported having a mental health diagnosis:

- similar for males (22%) and females (21%).



15% ever reported problematic drug and/or alcohol use:

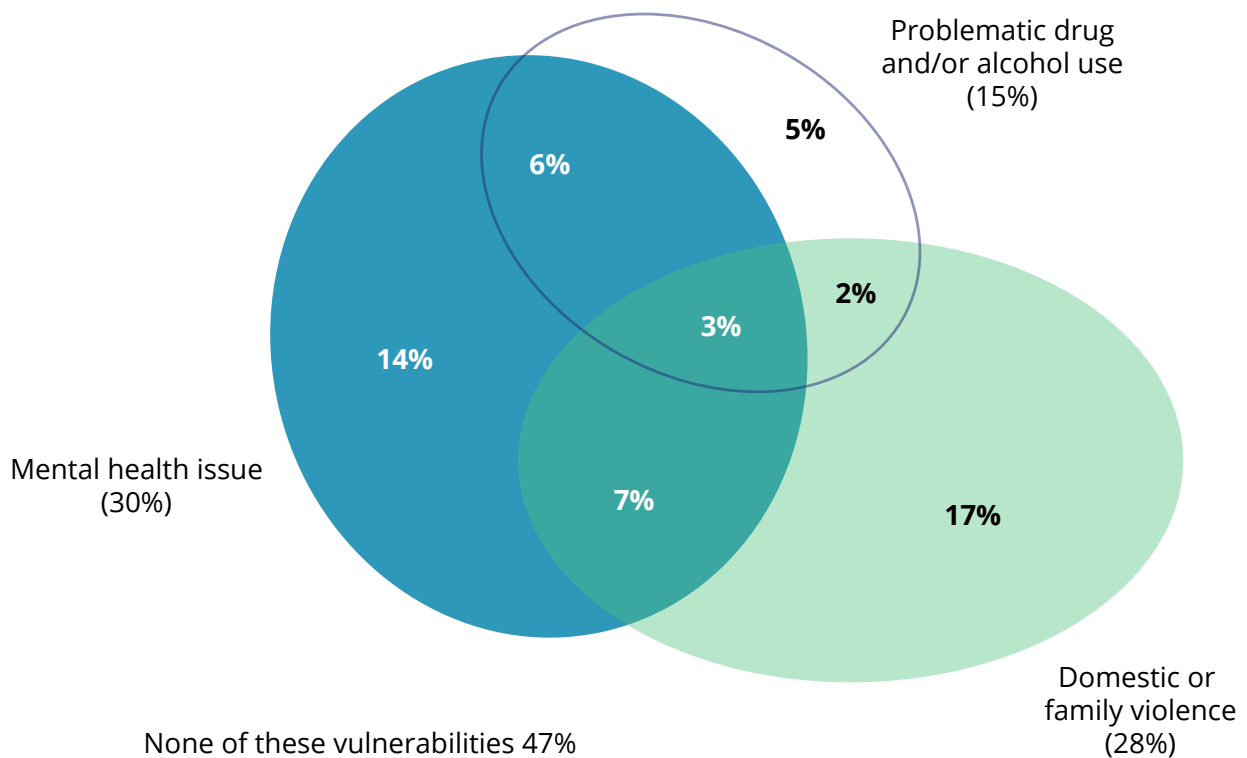
- higher for males than females (21% compared with 10%).

Notes

1. Percentages may not always add to 100 due to rounding.
2. All client demographics, except for Indigenous status, are based on the first support period in 2011–12. A client is considered Indigenous if, at any time within the reporting period, they identified as being of Aboriginal and/or Torres Strait Islander origin.
3. For further information on *ever* experiencing domestic or family violence, *ever* reporting a mental health issue or *ever* reporting problematic drug and/or alcohol use please see Box 1: *Ever* flags.
4. Data are unweighted and based on a select cohort group; therefore, client counts are not comparable to weighted data in other SHSC publications.

The most common self-reported vulnerability for transitory service users was mental health (30%). Less than 1 in 5 (17%) transitory service users experienced **two or more** vulnerabilities (defined as *ever* experiencing: domestic or family violence, a mental health issue, or an issue with drugs or substance abuse). A large proportion (47%) reported none of these vulnerabilities (Figure 27). This is consistently highly than for persistent service users (10%) and service cyclers (25%).

Figure 27: Vulnerabilities, transitory service users (%)



Note: Includes all transitory service users 2011–12.

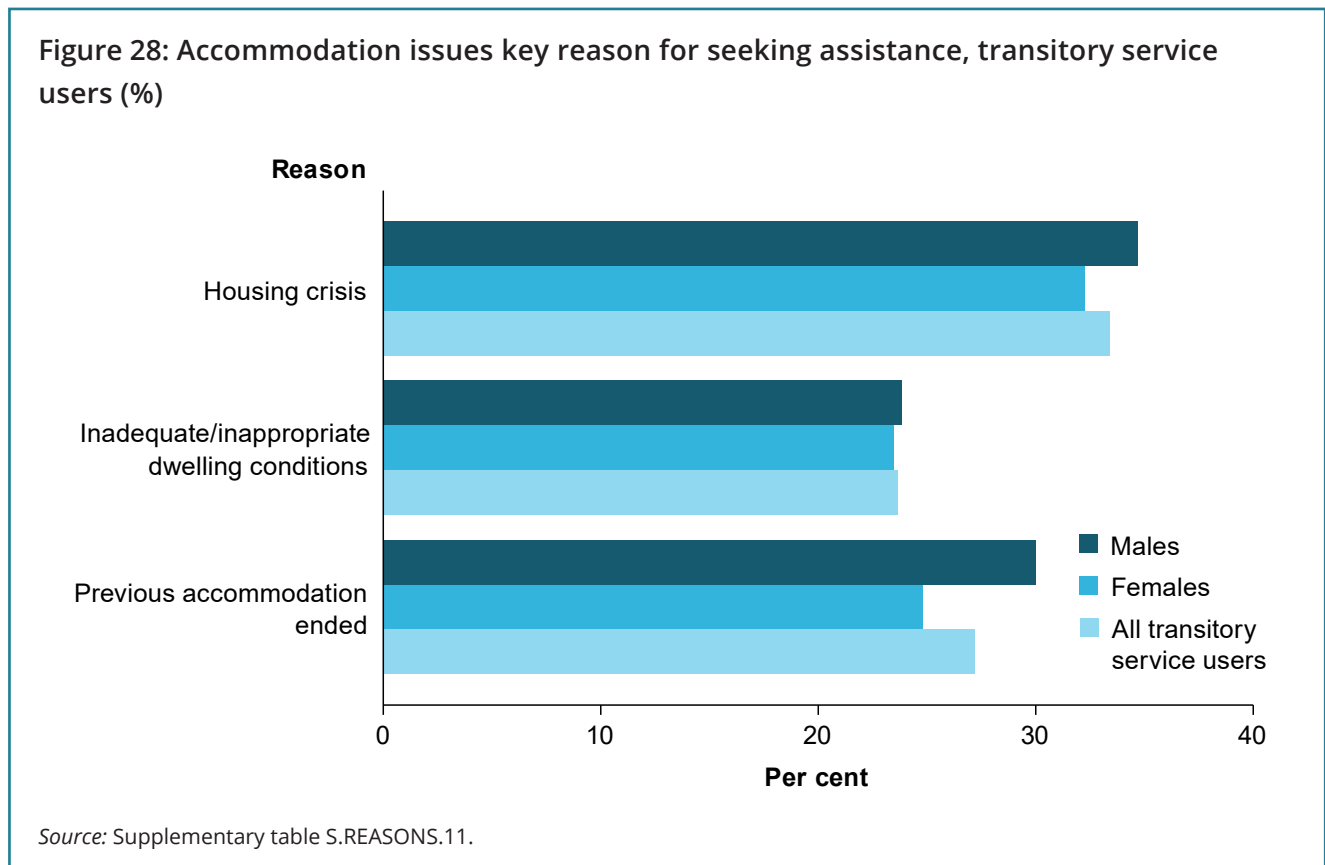
Why did transitory service users seek assistance?

5

Transitory service users may have identified a number of reasons for seeking assistance from SHS agencies in 2011–12, either in 1 or more support period. In general, there were lower proportions of transitory service cyclers reporting accommodation, financial issues or interpersonal relationship reasons than other short-term or emergency accommodation cohorts.

Transitory service users most commonly sought assistance for accommodation or financial issues

Accommodation issues were the most common reason for transitory service users to seek assistance from SHS agencies (59%). More specifically, clients sought assistance due to housing crisis (33%), inadequate or inappropriate dwelling conditions (24%), and the end of previous accommodation (27%) (Figure 28).



Male transitory service users were more likely than female transitory service users to seek assistance due to accommodation issues (62% compared with 56%). Most notably, 30% of male clients sought assistance because their previous accommodation had ended, compared with 25% of female clients.

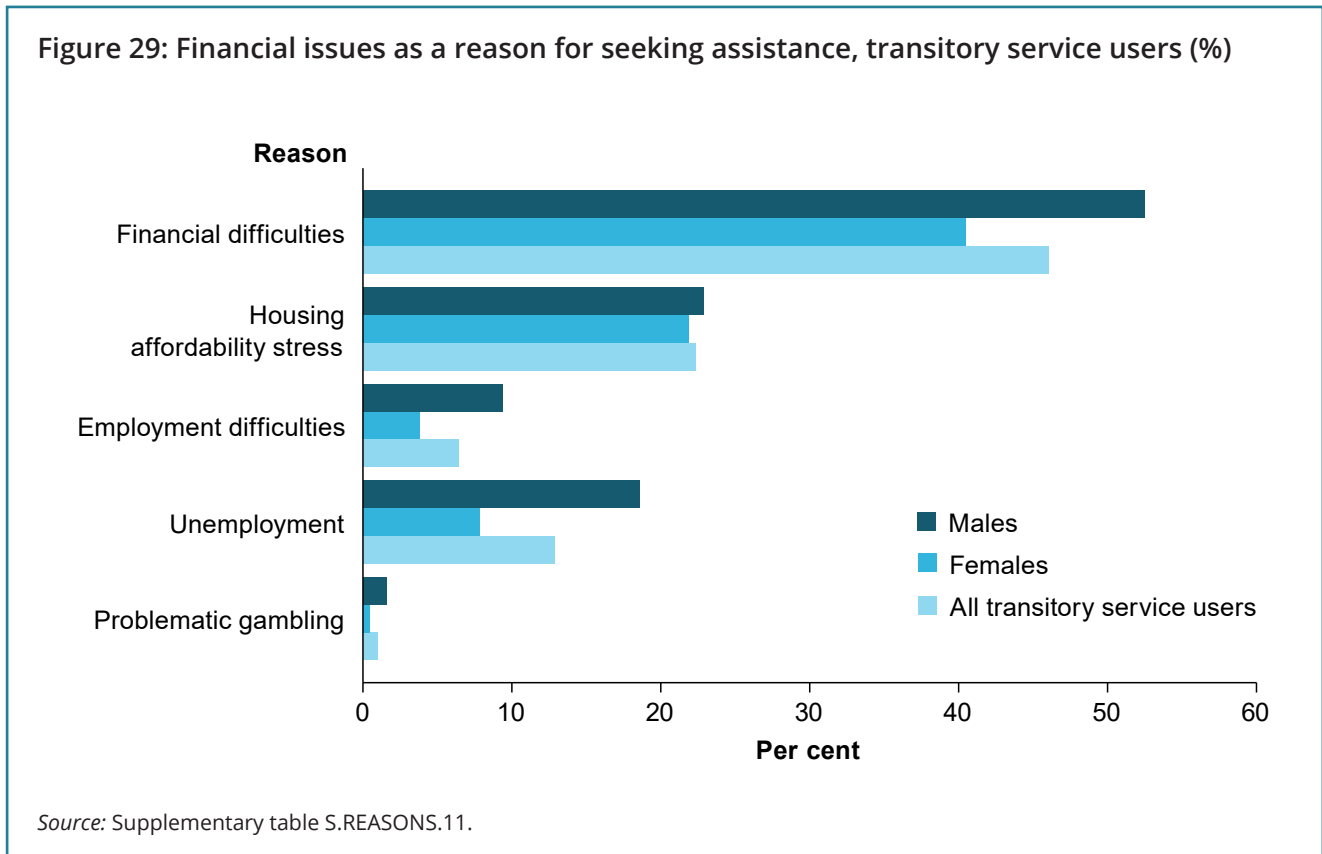
The proportions of **younger clients** (aged 15–24) and **older clients** (aged 50 and over) who sought assistance for accommodation issues were similar across accommodation categories.

Overall, **non-Indigenous clients** were more likely than **Indigenous clients** to seek assistance for all types of accommodation issues.

Over half (55%) of transitory service users sought assistance from SHS agencies for financial problems. Financial difficulties (46%) and housing affordability stress (22%) were the most common financial reasons for seeking assistance (Figure 29).

Interpersonal relationships were another common reason transitory service users sought assistance

Just over half (52%) of all transitory service users sought assistance from SHS agencies because of interpersonal relationships. One in 3 transitory service users sought assistance from SHS agencies because of relationship/family breakdown (33%), followed by domestic and family violence (21%) (Figure 29).



Overall, male transitory service users were more likely than female transitory service users to seek assistance for financial reasons (63% compared with 49%). This included financial difficulties (53% compared with 41%) and unemployment (19% compared with 8%).

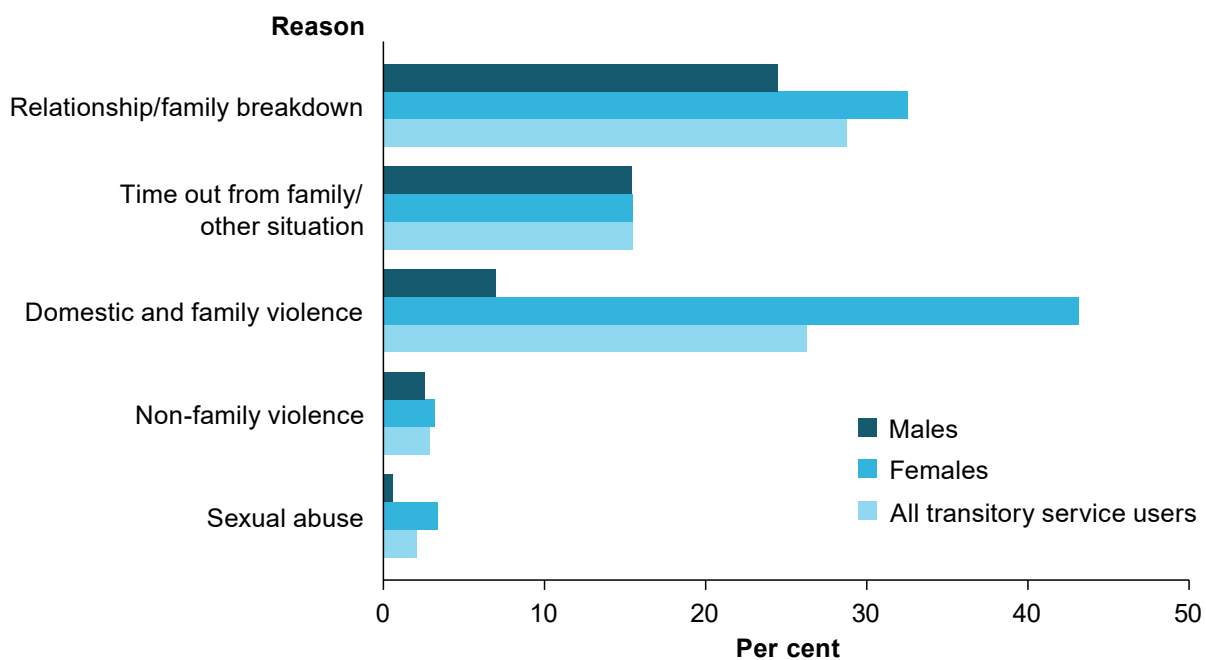
Older clients (aged 50 years and over) were more likely than **younger clients** (aged 15–24) to seek assistance for financial difficulties (54% compared with 39%).

Non-Indigenous clients were more likely than **Indigenous clients** to seek assistance for financial difficulties (49% compared with 42%).

Transitory service users also sought assistance due to issues with interpersonal relationships

Overall, half (50%) of transitory service users sought assistance with interpersonal relationships. Relationship/family breakdown (29%) was the most common reason, followed by domestic and family violence (26%) (Figure 30).

Figure 30: Interpersonal relationships as a reason for seeking assistance, transitory service users (%)



Source: Supplementary table S.REASONS.11.

Female transitory service users were more likely than male transitory service users to seek assistance for interpersonal relationships (63% compared with 35%). While 46% of females *ever* reported experiencing domestic or family violence, 43% reported this as a reason for seeking assistance (compared with 7% for males).

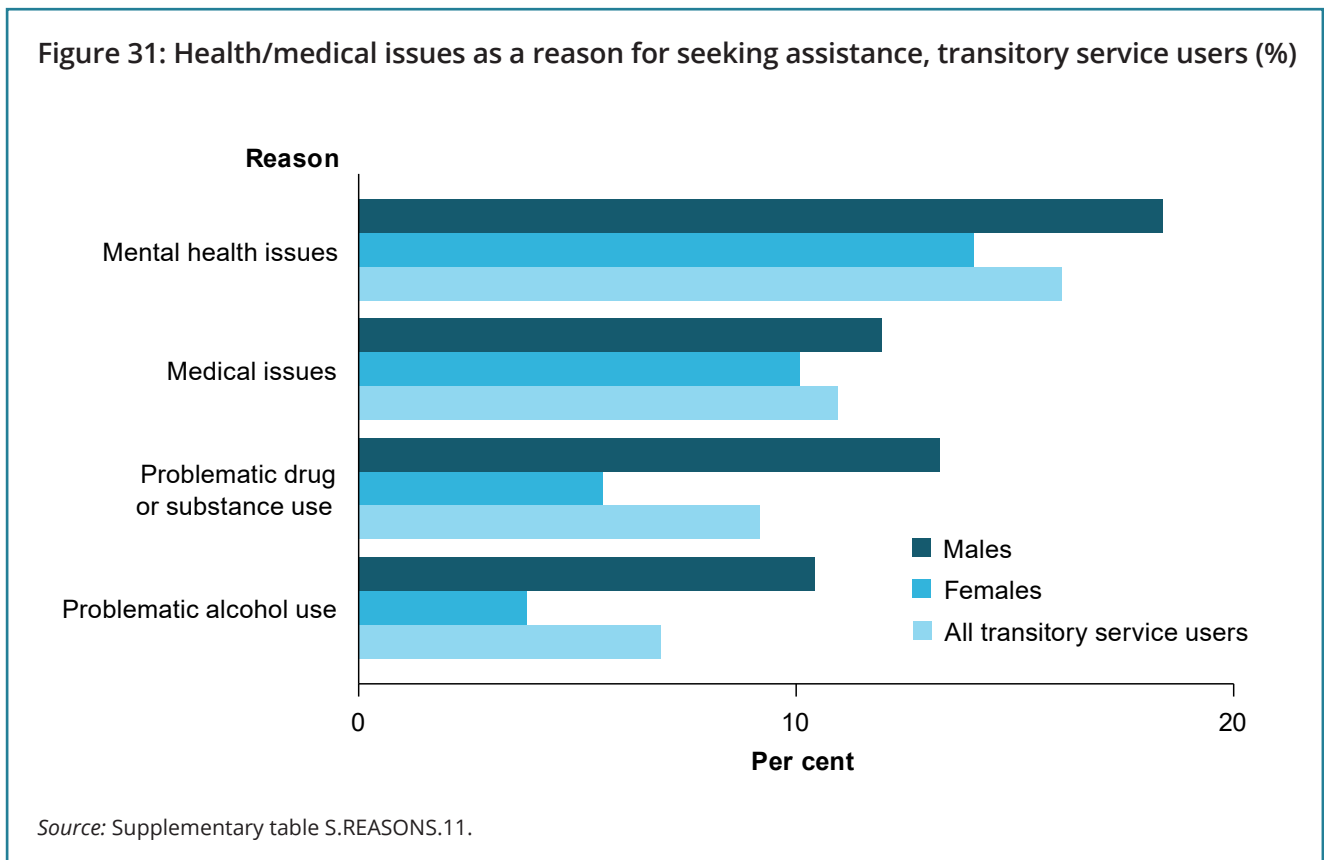
Overall, **young clients** (aged 15–24) were more likely than **older clients** (aged 50 and over) to seek assistance for interpersonal relationships, including:

- relationship/family breakdown (41% compared with 19%)
- time out from family/other situation (24% compared with 12%)
- domestic and family violence (25% compared with 15%).

Overall, **Indigenous clients** were more likely than **non-Indigenous clients** to seek assistance for interpersonal relationships, including domestic and family violence (31% compared with 26%).

Other reasons for transitory service users to seek assistance

Transitory service users also sought assistance for issues categorised as health/medical or 'other' reasons. Over one-quarter (28%) of transitory service users sought assistance from SHS agencies for health/medical issues. This included mental health issues (16%) and medical issues (11%) (Figure 31).



Male transitory service users were more likely than female transitory service users to seek assistance from SHS agencies for most health/medical reasons, with the greatest difference seen for reasons of problematic drug and/or alcohol use (13% for males, compared with 6% for females).

Older clients (aged 50 years and over) were more likely than **younger clients** (aged 15–24) to seek assistance for health issues, including medical issues (24% compared with 6%).

Overall, **non-Indigenous clients** were more likely than **Indigenous clients** to seek assistance for health issues, including assistance for mental health issues (18% compared with 10%).

What services did transitory service users need?

While the focus of SHS support is on providing stable housing or assisting clients to remain housed, agencies offer many other services targeting underlying barriers to sustainable housing.

Although transitory service users only presented to SHS agencies in the first year of the reporting period (2011–12) these clients may have reported multiple needs within 1 or several support periods.

Transitory service users are most likely to need services related to accommodation provision

As with other cohorts in short-term or emergency accommodation, the need for any accommodation was high, with almost 3 in 4 (71%) transitory service users needing accommodation. Continuation of provision of short-term or emergency accommodation was requested most frequently (49%), followed by long-term housing (34%). Medium term/transitional housing was requested by around 1 in 3 (31%) transitory service users.

Females were more likely than males to need long-term housing (38% compared with 30%), while younger transitory service users (aged 15–24) were more likely than older transitory service users (aged 50 and over) to need medium-term/transitional housing (37% compared with 26%).

Indigenous transitory service users were more likely than non-Indigenous transitory service users to need accommodation (79% compared with 71%), including continued short-term or emergency accommodation (58% compared with 49%).

Transitory service users also needed assistance to sustain housing tenure, with almost one-quarter (24%) requiring this assistance.

‘General services’ are also commonly needed by transitory service users

The majority of transitory service users (95% or 8,200 clients) needed at least 1 ‘general service’, the most common of these being advice/information (78%), advocacy/liaison (52%) and material aid/brokerage (40%). Around one-third of transitory service users needed meals (32%), transport (31%) and laundry facilities (30%).

Males were more likely than females to need:

- meals (35% compared with 30%)
- laundry/shower facilities (32% compared with 27%).

Females were more likely than males to need:

- advocacy/liaison on behalf of client (57% compared with 46%)
- assistance for domestic/family violence (30% compared with 3%)
- family/relationship assistance (26% compared with 13%).

Young clients (aged 15–24) were more likely than older clients (aged 50 and over) to need general services relating to:

- living skills/personal development (36% compared with 19%)
- family/relationship assistance (26% compared with 12%)
- educational assistance (17% compared with 4%).

Indigenous clients were more likely than non-Indigenous clients to need general services relating to:

- transport (41% compared with 31%)
- meals (40% compared with 32%)
- laundry/shower facilities (37% compared with 29%).

Transitory service users needed access to 'other' specialist services

One-quarter (25%) of transitory service users required access to 'other' specialist services. This included access to health/medical services (15%), specialist counselling services (8%) and other specialised services (12%).

Female transitory service users were more likely than male transitory service users to need 'other' specialist services overall (28% compared with 22%), including health/medical services (17% compared with 14%).

What services were provided to transitory service users?

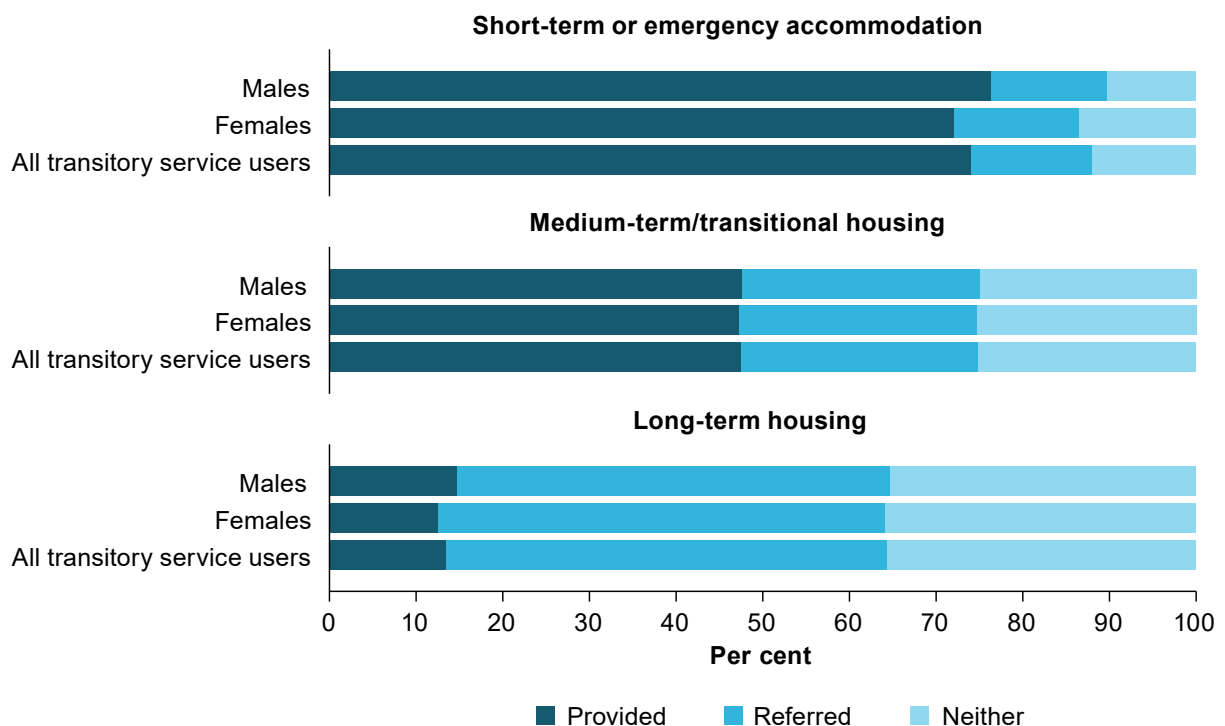
Services available to clients range from the direct provision of accommodation to specialised services such as counselling or legal support. Agencies may provide these services directly to clients, or they may refer them to another service.

Transitory service users were most likely to continue to be provided with short-term or emergency accommodation

Almost 3 in 4 (71%) transitory service users identified a need for accommodation services. Of these clients (Figure 32):

- 49% needed continued provision of short-term or emergency accommodation, it was provided to 74% of those who needed it.
- 31% needed medium-term/transitional housing, provided to 48% of those who needed it.
- 34% needed long-term housing, provided to 14% of those who needed it.

Figure 32: Accommodation service provision, transitory service users (%)



Sources: Supplementary tables S.TSU PROVIDED.21, TSU REFERRED.22, TSU GAP.23.

Overall, older clients (aged 50 and over) were more likely than younger clients (aged 15–24) to be provided with accommodation (72% compared with 67%), most notably for the continued provision of short-term or emergency accommodation (76% compared with 70%).

Almost one-quarter (24%) of transitory service users needed assistance to sustain housing tenure (which can include mediation and liaison services with roommates and real estate agents). Of those clients who needed it, 86% were provided with this service.

Males were most likely to be provided with mental health and ‘other’ specialised services

Of those transitory service users who identified a need for services relating to mental health, male transitory service users were more likely to receive these services than females (52% compared with 45%).

Of those who needed ‘other’ specialist services, male transitory service users were more likely than female transitory service users to receive these services (74% compared with 67%). This included health/medical services (64% compared with 53%) and specialist counselling services (62% compared with 47%).

Provision of general services

The majority (95% or 8,200 clients) of transitory service users needed at least 1 general service. Overall, clients who needed these services were also likely to receive these services. The highest service provision included:

- laundry/shower facilities: needed by 30%, provided to 99% of those who needed it
- advice/information: needed by 78%, provided to 98% of those who needed it
- advocacy/liaison on behalf of client: needed by 52%, provided to 96% of those who needed it
- meals: needed by 32%, provided to 97% of those who needed it
- transport: needed by 31%, provided to 95% of those who needed it
- recreation: needed by 23%, provided to 95% of those who needed it.

Of those clients who needed a service:

- males were more likely than females to be provided with assistance for the retrieval/storage/removal of personal belongings (96% compared with 89%)
- females were more likely than males to be provided with assistance for domestic or family violence (91% females compared with 77%), court support (78% compared with 66%), and assistance to obtain/maintain government allowance (85% compared with 77%)
- older (aged 50 and over) transitory service users were more likely than younger (aged 15–24) transitory service users to be provided assistance for domestic/family violence (92% compared with 84%)
- non-Indigenous transitory service users were more likely than Indigenous transitory service users to be provided assistance for court support (78% compared with 63%) and financial information (87% compared with 79%).

Referral of services

For transitory service users, the most frequently referred accommodation service was long-term housing, with 51% of clients who needed this type of accommodation referred to an alternative service provider. Additionally, more than one-quarter (27%) of clients who needed medium-term/transitional housing and 14% of clients who needed short-term or emergency accommodation were referred to another service.

What are the gaps in service provision?




Clients receiving support from SHS agencies often identify as needing a wide range of services. Some needs arise more than once in a support period and this makes it difficult to assess (from the available data) the extent to which needs have been met. Unmet needs are the services that a client identified as needing but either did not receive from that service or they were not referred to another agency for the service. Transitory service users accessed support within 2011–12 only, therefore their needs are also assessed within this time period.

The largest gap in service provision for transitory service users was for long-term housing

Similar to other cohorts in short-term or emergency accommodation, transitory service users were most likely to need accommodation services (71%), however, over 1 in 10 (13%) of these clients were neither provided nor referred to another agency for assistance during 2011–12. Transitory services users were less likely than persistent service users and service cyclers to receive accommodation. This unmet need varied across accommodation types (Table 14 and Figure 32).

Younger clients (aged 15–24) were more likely than clients aged 25 and over to have an unmet need for accommodation services (32% compared with 30%). Over half of younger clients who needed long-term housing (55%) did not receive these services (Table 14).

Table 14: Accommodation services not provided or referred by clients who identified a need, transitory service users, by age (%)

	 All transitory service users	 Aged 15–24	 50 years and over
All accommodation types	13%	16%	12%
Short-term or emergency accommodation	12%	16%	10%
Medium-term/ transitional housing	25%	29%	21%
Long-term housing	36%	41%	31%

Notes

1. Base is those clients who identified a need for these services.
2. Data are unweighted and based on a select cohort group; therefore, client counts are not comparable to weighted data in other SHSC publications.

How do transitory service users engage with services?

As stated earlier, a support period refers to the time a client receives services from an agency, beginning on the day a client first receives a service from an agency, and ending on the day the client last received services from an agency (AIHW 2017).

Number of support periods

In 2011–12, there were 8,700 transitory service users, and these clients received about 12,100 support periods during this time. Of these, females had around 6,400 (53%) support periods, compared with around 5,700 (47%) for males.

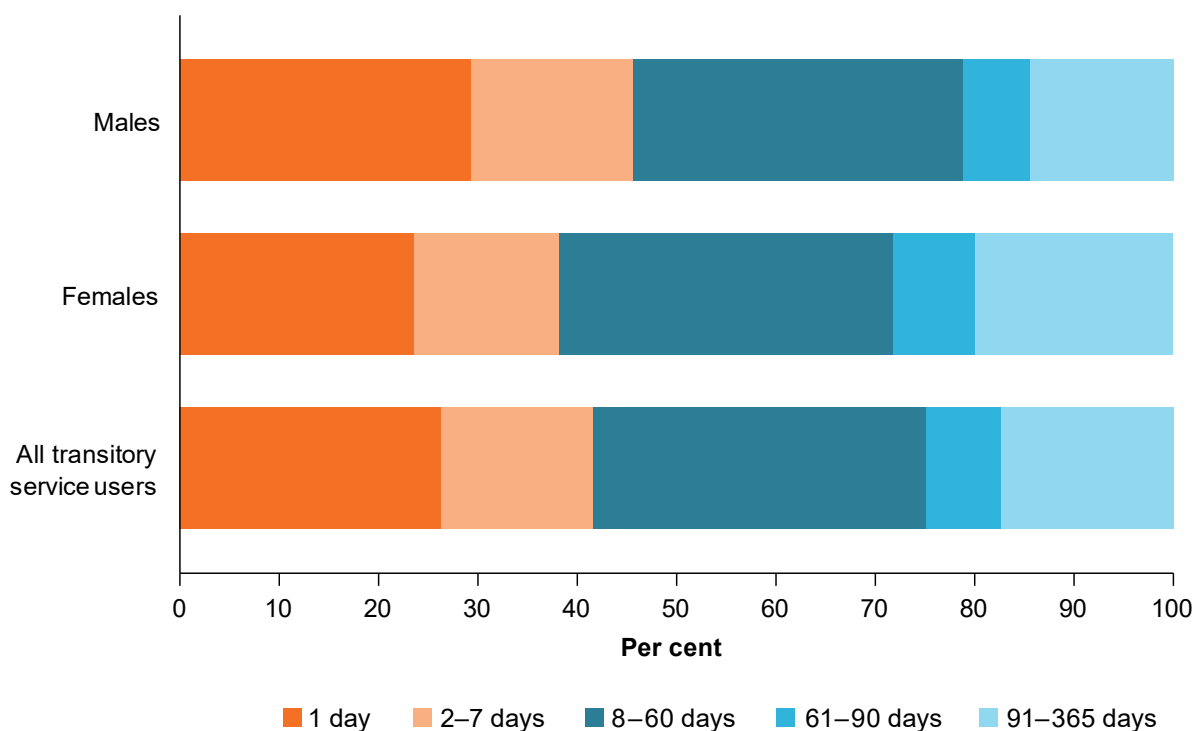
More than three-quarters (77%) of transitory service users had only 1 support period between 1 July 2011 and 30 June 2012. Almost 1 in 7 (15%) had 2 support periods and 1 in 20 (5%) had 3 support periods. Only a small proportion had 4 or more support periods (3%).

Length of support periods

More than one-quarter (26%) of all support periods for transitory service users were for 1 day only, and almost half (49%) of all support periods spanned 2–60 days (Figure 34).

Males were more likely than females to have 1 day of support only (29% compared with 24%), whereas females were more likely to have between 91–365 days of support (20% compared with 14% of males) (Figure 33).

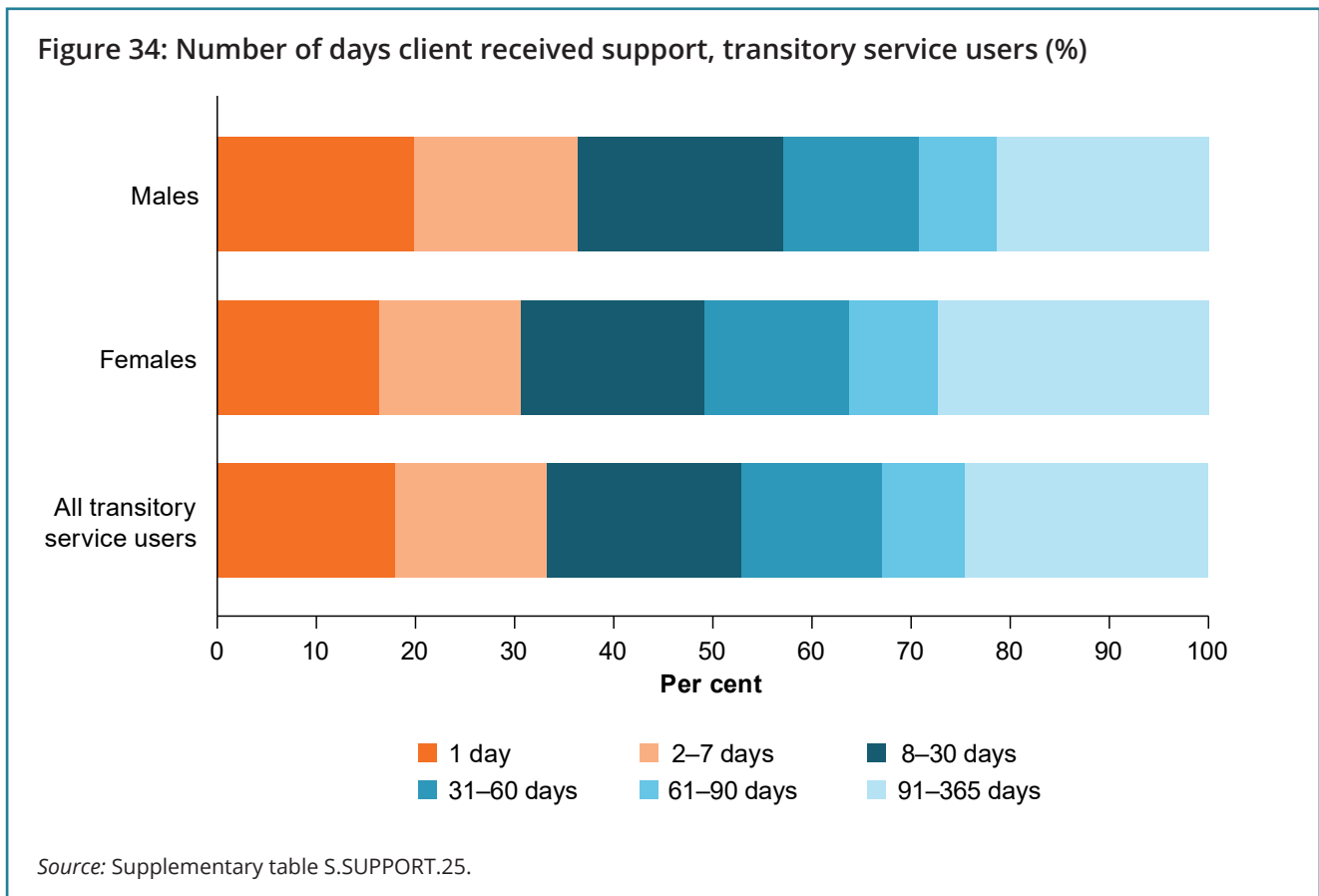
Figure 33: Length of support period, transitory service users, by sex (%)



Source: Supplementary table S.SUPPORT.25.

Days of support

The majority of transitory service users (76%) received up to 90 days of support, and over half (53%) received between 1 and 30 days of support. Females were more likely than males to receive between 91 and 365 days of support (27% compared with 21%) (Figure 34).

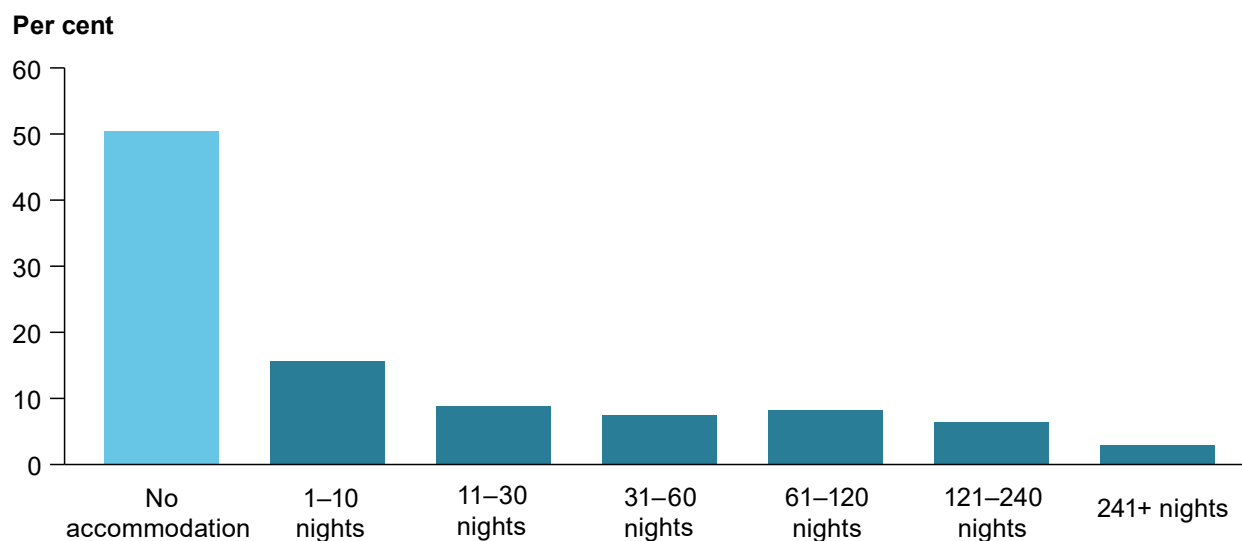


Older transitory service users (aged 50 and over) were more likely than younger clients (aged 15-24) to receive just 1 day support (21% compared with 15%). This was also the case for non-Indigenous and Indigenous clients (17% compared with 14%).

Nights of accommodation

Of all transitory service users, half (50%) did not receive any nights of accommodation. This is much higher than the proportion for persistent service users (16%) and service cyclers (29%). Almost 1 in 5 (16%) transitory service users received up to 10 nights of accommodation, and 34% received more than 10 nights of accommodation (Figure 35).

Figure 35: Nights of accommodation, transitory service users (%)



Source: Supplementary table S.SUPPORT.25.

Non-Indigenous transitory service users were more likely to not receive any nights of accommodation compared with Indigenous transitory service users (50% compared with 44%, respectively).

What are the housing outcomes for transitory service users?

The housing outcomes of clients are based on their last support period wherein the agency ‘closed’ the support. Most transitory clients only had 1 support period (77%) in 2011–12, so for these clients their housing situation at the end of support is accessed from a single engagement with a SHS agency.

Repeat episodes of homelessness

For transitory service users, only 3% reported transitioning from being homeless, to housed and then homeless again at least once during 2011–12. This is perhaps not surprising given the time and/or contact frequency requirements of this measure (see Appendix B for details) combined with the very low number of support periods and total days of support for this cohort.

What is the housing situation at the end of the last closed support period for transitory service users?

At the beginning and end of each support period, a SHS agency records the housing situation of clients. To determine a client’s housing situation, 3 aspects are considered: dwelling type, housing tenure, and the conditions of occupancy.

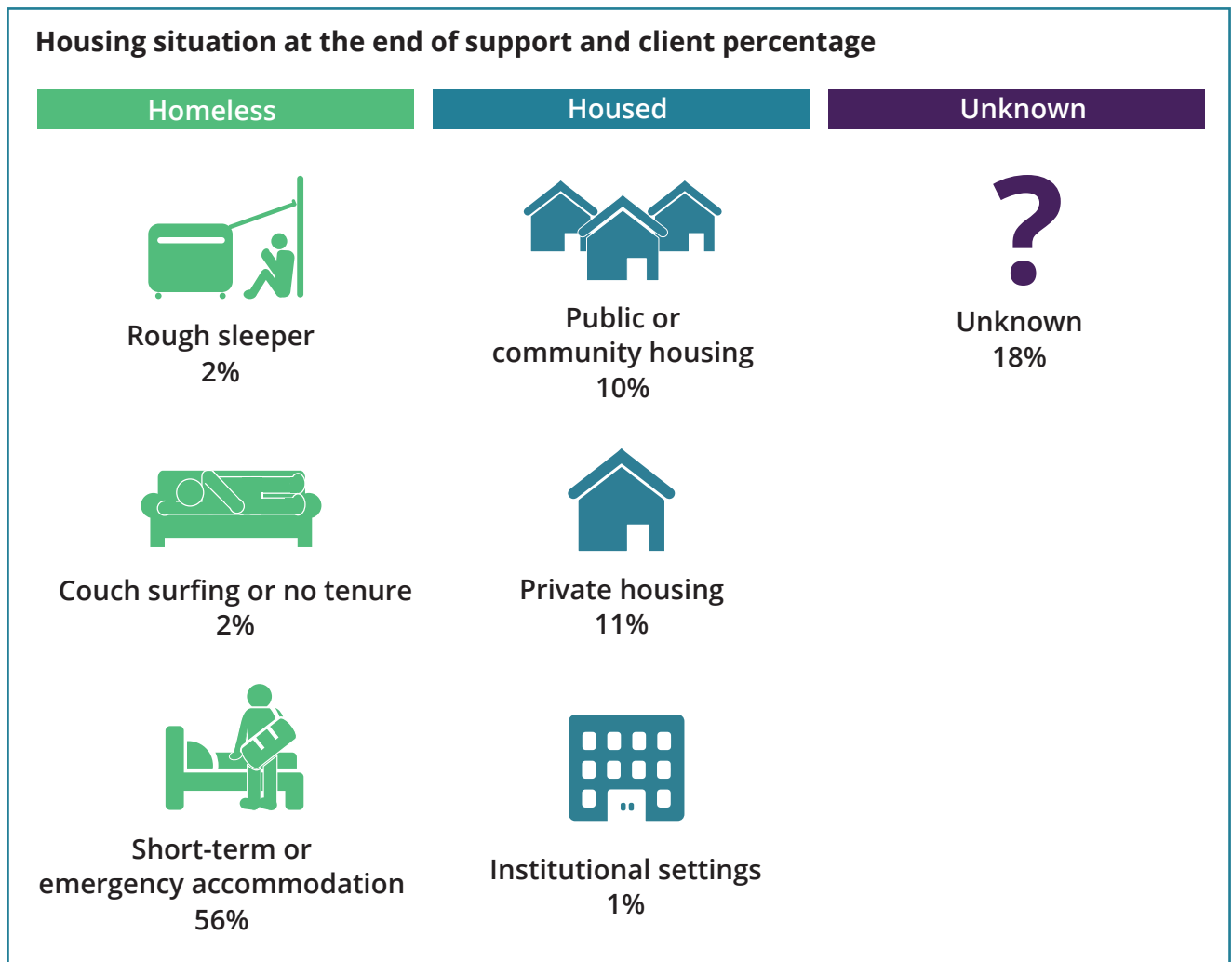
At the start of the study period, all clients were homeless. Looking at the end of the last closed support period of all transitory service users:

- 22% (or 1,900 clients) of transitory service users were housed:
 - 11% (or almost 1,000) were in private or other housing
 - 10% (or almost 900) were living in public or community housing
 - 1% (or <100) were in an institutional setting.

- 3 in 5 (60%, or 5,200) transitory service users remained homeless:
 - 2% (or 150) had no shelter (rough sleeping) or in an improvised dwelling
 - 56% (or 4,900) were in short-term or emergency accommodation
 - 2% (or 200) were couch surfing or with no tenure.

The housing situation for almost 1 in 5 (18%, or 1,600) transitory service users was unknown at the end of their last closed support period (Table 15). Linkage to other data sets may provide further information on the housing outcomes of transitory service users.

Table 15: Housing outcomes at the end of last closed support, transitory service users



- Male transitory service users were more likely than female transitory service users to be homeless at the end of their last closed support period (67% compared with 54%), with most males continuing to be in short-term or emergency accommodation (62%).
- Comparatively, female transitory service users were more likely than male transitory service users to be housed at the end of their last closed support period (27% compared with 16%), with 13% of females in public or community housing and 14% in private accommodation.
- Older transitory service users (aged 50 and over) were more likely to remain homeless, compared with younger transitory service users (aged 15–24) (64% compared with 58%), with 61% of older clients in short-term or emergency accommodation.

What does this tell us?

Transitory service users accounted for 43% of all those in short-term or emergency accommodation in this study group. Overall, transitory service users had a small number of support periods, with the majority of these clients receiving support for up to 30 days in 2011–12. This is consistent with the literature that suggests most people who experience homelessness do so for a short period of time (Reynolds 2008).

Of all clients in short-term or emergency accommodation, almost half (47%) of transitory service users did not report experiencing any of the 3 vulnerability conditions (mental health issues, domestic or family violence and/or problematic drug and/or alcohol use). Less than 1 in 5 (17%) of this cohort reported experiencing at least 2 of these 3 vulnerability conditions, compared with almost two-thirds (62%) of persistent service users and 2 in 5 (40%) service cyclers.

Transitory service users sought assistance from SHS agencies over a shorter period than other cohorts and they were more likely to report being homeless at the end of support (60% compared with 44% for persistent service users and 36% for service cyclers). The housing outcome of almost 1 in 5 (18%) transitory service users was unknown at the end of their last support period. While the majority of transitory service users (71%) needed accommodation, which is lower than other cohorts in short-term or emergency accommodation, they were less likely than other cohorts to receive accommodation (13%).

Beyond receiving support from SHS agencies, the housing journey of these clients cannot be followed further, therefore it is not possible to determine how long these clients remained homeless or how many more found longer-term housing after support ended. With the future availability of SHSC longitudinal data sets over longer periods of time and the potential to integrate the SHSC with other administrative data sets, the outcomes of these clients may be better understood.

Case study 3: Transitory service user

Adam*, 41, loved his job working outdoors, which is why he didn't take the promotion that would have put him behind a desk all day. In hindsight, it was the wrong decision for him. He now has no job and no house. He was forced to move to a cheaper house when he could no longer afford the rent, and then had to move even further out of the city when rent on that house went up. He left his job a month ago because he could no longer tolerate the 2-hour commute every morning and night. For the past 2 weeks, he has been living in hostels and motels while trying to find another job.

He had been in a similar position when he first moved to the city 4 years ago. That time, a SHS agency helped him with some temporary accommodation, but was unable to offer anything long-term. After a series of short-term stays in various places, he got a job and, eventually, was able to rent a house. Adam is hoping he will be able to get back to that soon.

* This case story is not based on an actual person. It is based on de-identified data collated from the SHSC. It is intended to present an example of a 'typical' short-term or emergency accommodation transitory service user; it is not the intention of the AIHW to stereotype homelessness clients.

Appendix A: Background information

Specialist Homelessness Services (SHS) assist people who are homeless, or at risk of homelessness, by assessing their needs, providing direct assistance and/or referring clients to other services as required. The Specialist Homelessness Services Collection (SHSC) began on 1 July 2011, replacing the previous Supported Accommodation Assistance Program (SAAP) National Data Collection, which collected data from homelessness agencies from 1996 to 2011. The SHSC is designed to enable monitoring of the assistance provided to people who are either homeless or who are at risk of homelessness, and to contribute to the evidence base that shapes policy and service development.

The primary objective of the current project is to create a greater understanding of the use of specialist homelessness services by cohorts of vulnerable people as well as their circumstances and experiences throughout the process. Also examined are the housing outcomes of cohorts of homeless clients and the characteristics of those clients.

Preliminary results

The preliminary results of this study are outlined in the web report *A profile of Specialist Homelessness Services homeless clients 2011–12 to 2014–15* (AIHW 2016). This web report provided a summary of the key cohorts of interest (rough sleepers, couch surfers and clients in short-term or emergency accommodation) and covered basic demographic details, reasons for seeking assistance, what services were needed, what services were provided, and, housing outcomes for clients.

Background to the Housing Journeys project

Defining homelessness

There is no one universally agreed definition of homelessness, rather there are significant complexities in both defining homelessness as well as the characteristics of people who might be considered homeless. Commonly referred to definitions of homelessness include the statistical definition developed by the Australian Bureau of Statistics (ABS), the United Nations definition of homelessness, and the cultural definition of homelessness, developed by Chamberlain and Mackenzie (2008).

The Australian Bureau of Statistics (ABS) statistical definition of homelessness

The ABS definition of homelessness is informed by an understanding of homelessness as ‘homelessness’ not ‘rooflessness’. Homelessness is a lack of one or more of the elements that represents home—which may include a sense of security, stability, privacy, safety and the ability to control living space (ABS 2012).

In brief, the ABS definition states that when a person does not have suitable accommodation alternatives they are considered homeless 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.



It is important to note that people who lack one or more of these elements are not necessarily defined as homeless. While homelessness is not a choice, some people may choose to live in situations that mirror homelessness for a variety of reasons, these people are not included in homelessness counts (ABS 2012).

The United Nations (UN) definition of homelessness

The United Nations identifies homeless people within two broad categories:

- Primary homelessness (or 'rooflessness') which includes persons living on the streets or without a shelter or living quarters; and
- Secondary homelessness which may include persons:
 - with no usual place of residence who move frequently between various types of accommodation (including dwellings, shelters or other living quarters);
 - persons usually resident in long-term 'transitional' shelters or similar arrangements for the homeless; and
 - persons living in private dwellings but reporting 'no usual address' on their census form (UNSD 2017).

Mackenzie and Chamberlain's cultural definition of homelessness

The definition of homelessness widely used in the homelessness sector is that developed by Chamberlain and Mackenzie (2008). According to this definition, people are considered homeless when they live in accommodation that falls below a community's minimum standards. This definition comprises three categories capturing the diversity of the homelessness experience:

- Primary homelessness—when people don't have conventional accommodation. For example, sleeping rough or in improvised dwellings such as sleeping in a car.
- Secondary homelessness—when people are forced to move from one temporary shelter to another. For example, moving between emergency accommodation and refuges. This includes 'couch surfing' which is when someone 'crashes' at the home of a friend or relative.
- Tertiary homelessness—when people live in accommodation that falls below minimum standard; for example, single rooms in private boarding houses without their own bathroom, kitchen or security of tenure.

SHSC clients considered to be homeless

For the purposes of the SHSC, clients are considered to be homeless if they are living in any of the following circumstances:

- No shelter or improvised dwelling—including where the dwelling type is no dwelling, street, park, in the open, in a motor vehicle, improvised building/dwelling, caravan, cabin, boat or tent, or tenure type is renting or living rent-free in a caravan park.
- House, townhouse or flat (couch surfing or living with no tenure)—tenure type is no tenure, or conditions of occupancy are living with relatives rent-free, couch surfing.
- Short-term or emergency accommodation—dwelling type is boarding/rooming house, emergency accommodation, hotel, motel, bed and breakfast; or tenure type is renting or living rent-free in boarding/rooming house, emergency accommodation or transitional housing.

These categories align as closely as possible with the ABS statistical definition of homelessness outlined above. However, it is important to note two key areas where alignment with the ABS statistical definition may not occur:

- The ABS statistical definition includes people living in severely crowded dwellings and as no specific question on crowding is included in the SHSC, this group cannot be separately identified (AIHW 2018).
- Those who chose to live in situations that mirror homelessness (for example, students living in halls of residence, people who are travelling, or who may be living in a shed while their house is being built) are excluded from ABS homelessness counts. If people in these circumstances present to specialist homelessness agencies for assistance they are defined as homeless or as being at risk of homelessness depending on how they report their current housing situation.

Exiting homelessness

The Melbourne Institute (using the Journeys Home longitudinal data set) employed statistical modelling techniques to test whether people's exits from homelessness were influenced by the length of time they had been homeless (Codd-Clark et al. 2014). Two definitions of homelessness were used for modelling:

- Cultural homelessness (including people couch surfing and living in caravans, cabins, hostels, boarding houses, hotels and motels)
- Literal homelessness (sleeping rough, squatting or emergency accommodation).

The modelling concluded that exit rates out of cultural homelessness initially increase, peaking at the 4 to 6 month period, then decline over time, while exits out of literal homelessness peak at the 7 to 9 month period. The modelling also found that the duration people are homeless is influenced by their personal circumstances—sex, age, labour force participation and education.

Just as there are 'triggers' for entering homelessness, there are also events which can act as catalysts to prompt long-term homeless (specifically rough sleepers) into wanting to exit homelessness (Ravenhill 2003). These can include that people: felt they had reached rock bottom, could no longer cope with the rough sleeping lifestyle, had a sudden shock or trauma, or realised that someone cared. Additional catalysts could be 'doing it for their children' and 'not wanting to be stigmatised for being homeless'. Further research using the Journey's Home longitudinal data set examined relationships between structural factors, individual characteristics and homelessness. One study used modelling to determine the impact of different factors on an individuals' entry into or exit out of homelessness (Johnson et al. 2015). In regards to exits out of homelessness, there were several groups where exiting homelessness was less likely than for other demographic groups. The key findings indicated that:

- men are more likely to enter homelessness, and less likely to exit
- there are higher rates of older people being homeless, due to their low rates of exit
- people who are married or in a de facto relationship are less likely to become homeless, but if they do, they are also less likely to exit homelessness (Johnson et al. 2015).

Homeless individuals who hadn't engaged in the 'homeless culture' and had maintained a connection to mainstream society are more likely to exit homelessness and stay housed in the long-term if they can secure and afford housing (Ravenhill 2003).



Housing availability and affordability are two structural factors to exiting homelessness and ties into the role different types of housing have in preventing the reoccurrence of homelessness. Due to the lack of affordable housing and long waiting lists for public housing, people often end up living in transitional and emergency accommodation for long periods of time, and sometimes, when the transitional accommodation runs out, return to being homeless. Even if permanent housing is available, sometimes it is not suitable for the individual, due to its quality or location and preventing reoccurrence of homelessness is then compromised (Johnson 2006).

Housing First

Housing First is a homeless assistance approach that prioritises providing permanent housing to people experiencing homelessness, and is an alternative to providing short-term or emergency housing (AHURI 2018). Beginning in the USA in the 1990s, the model has been taken up by several European countries, Canada, and more recently in New Zealand and parts of Australia—there are currently programs operating in Sydney, Melbourne and Brisbane (AHURI 2018).

A Housing First approach has the potential to benefit both homeless families and individuals with any degree of service needs. The flexible and responsive nature of a Housing First approach allows it to be tailored to help anyone. As such, a Housing First approach can be applied to prevent homelessness for a household who may become at risk due to a temporary crisis.

However, as with many housing models, implementation of Housing First programs in Australia are not without their challenges. In addition to shortages in housing supply, some research has suggested the potential for insufficient connections between housing, health and community organisations to deliver ongoing support services to tenants (Parsell et al. 2015).

Supportive housing models such as Housing First can help examine how the linkage between housing and other services can help achieve multiple and diverse objectives, such as improving the conditions and lives of people who are homeless, and at risk of homelessness.

Data presented in this report is limited to clients presenting to SHS for assistance and does not cover all of those in short-term or emergency accommodation or all those who are experiencing homelessness. Data used in this analysis are unweighted and client counts are likely to be underestimated. Data from this study are not comparable to the published results of weighted data in other reports using SHSC data.

Data

The source of data for this analysis is the Specialist Homelessness Services Collection (SHSC) conducted by the AIHW. Data spans the period from the commencement of the collection on 1 July 2011 to the 30 June 2015 (a period of 4 years).

It is important to note that the SHSC only includes data on those homeless clients or clients at risk of homelessness that presented to services for assistance. It does not represent all of those who are homeless or at risk of homelessness.

All statistics are based on unique adult clients (aged 18 and above) and young people (aged 15–17) presenting alone to SHS for assistance (these clients have been included as they presented to services unaccompanied while sleeping rough, without an established support system in place. As such they are treated as adults).

Scope of the Housing Journeys project

This report is the third in a three-part series of reports, which examine the Housing Journeys of 3 primary populations of homeless clients. For the purposes of these reports, analysis was restricted to those clients who first presented to SHS agencies for assistance between 1 July 2011 and 30 June 2012.

Each report will focus on one of these populations:

- those who identified as 'rough sleepers' on presentation to a SHS agency in 2011–12
- those who identified as 'couch surfing' on presentation to a SHS agency in 2011–12
- those who were in 'short-term or emergency accommodation' on presentation to a SHS agency in 2011–12.

These cohorts were further divided into 3 sub-groups to identify clients of interest:

- Persistent service users: clients who had at least one support period in each financial year between 1 July 2011 and 30 June 2015
- Service cyclers: clients who had at least one support period between 1 July 2011 and 30 June 2012 and at least one other support period between 1 July 2012 and 30 June 2015
- Transitory service users: clients who had at least one support period between 1 July 2011 and 30 June 2012, and did not receive support in any following financial year.

Aims of the Housing Journeys project

The focus of the overall analysis is on developing an understanding of:

- characteristics of persistent service users, transitory service users, and service cyclers
- the reasons clients in these cohorts seek assistance
- the services provided to clients (as well as the services not provided—for example, unmet needs)
- the intensity of support (for example, days of support, span of support periods, nights of accommodation, number of support periods)
- the housing outcomes for clients in these cohorts at the end of their support.

Housing Journeys aims to improve the knowledge of SHSC clients in terms of demographics, personal circumstances (including housing circumstance, living arrangements and reasons for seeking assistance), service provision (identified needs, length of support and services not provided) and outcomes.



Appendix B: Technical information

Scope and coverage

The Specialist Homelessness Services Collection (SHSC) was established on 1 July 2011 and collects data from SHS agencies funded by state and territory governments to respond to or prevent homelessness. The collection does not include all people experiencing homelessness and those at risk of homelessness, rather it captures those who seek assistance from a SHS agency. A person becomes a 'client' once they receive services from the agency.

The aim of this study is to examine the characteristics and experiences of clients who were in short-term or emergency accommodation on first presentation to a specialist homelessness agency between 1 July 2011 and 30 June 2012. Therefore, clients who appeared in the SHSC for the first time after 1 July 2012 are not included in the study group for this report. Three cohorts of clients in short-term or emergency accommodation were selected based on their level of service engagement over the subsequent 3 financial years (to 30 June 2015). Table B1 provides an overview of the possible patterns of service use by cohort across the study period.

Table B1: Short-term or emergency accommodation cohorts by patterns of service use 2011–12 to 2014–15

Short-term or emergency accommodation cohort	Financial year support from specialist homelessness services was received			
	2011–12	2012–13	2013–14	2014–15
Persistent service users	✓	✓	✓	✓
Service cyclers	✓	✓	✗	✗
	✓	✓	✓	✗
	✓	✓	✗	✓
	✓	✗	✓	✗
	✓	✗	✓	✓
Transitory service users	✓	✗	✗	✗

All data in this report are based on unique adult clients (aged 18 and above) and young people (aged 15–17) presenting alone to SHS agencies for assistance.

Data on accommodation or support provided before 1 July 2011 are not available; therefore the length of support and accommodation may be underestimated for clients who were already receiving support at the beginning of the reporting period for this study. Similarly, some clients may have continued to receive SHS support beyond 30 June 2015 but this information is not within the scope of this report.

Data quality and Indigenous Australians

A client is considered Indigenous if, at any time between 1 July 2011 and 30 June 2015, they identified as being of Aboriginal and/or Torres Strait Islander origin. Data about Indigenous Australians are affected by a number of issues, the most common being the under identification of Indigenous people. This may happen when:

- people are not asked about their Indigenous status
- people are asked but in an inconsistent way
- information about a person's Indigenous status is recorded inaccurately.

Under-identification can vary across time and between jurisdictions. In the SHSC, information on Indigenous status is only provided with explicit consent to report this information. Indigenous status was not reported for 7% of the short-term or emergency accommodation population from this study.

Incomplete data

Not all in-scope agencies submit data, and not all information sought from SHS clients is answered. This means data may not be completely representative of people receiving specialist homelessness services. How much this affects the representativeness of the data depends on how much information is missing, and how those people whose information was not collected are distributed among the study group. An imputation strategy has not been applied to correct for missing or incomplete data, therefore all SHSC data used for this analysis are unweighted.

Further information can be found in the SHSC data quality statements available on the AIHW Metadata Online Registry (METeOR) for each reporting year.

- 2014–15 Specialist Homelessness Services Collection Data Quality Statement <<http://meteor.aihw.gov.au/content/index.phtml/itemId/626455>>
- 2013–14 Specialist Homelessness Services Collection Data Quality Statement <<http://meteor.aihw.gov.au/content/index.phtml/itemId/593778>>
- 2012–13 Specialist Homelessness Services Collection Data Quality Statement available in Appendix A of the 2012–13 national data report <<http://www.aihw.gov.au/publication-detail?id=60129545629>>
- 2011–12 Specialist Homelessness Services Collection Data Quality Statement available in Appendix B of the 2011–12 national data report <<http://www.aihw.gov.au/publication-detail?id=60129542549>>.

Key data quality issues, 2011–12

The clients in this study first appeared in the SHSC between 1 July 2011 and 30 June 2012. Analysis of the 2011–12 SHSC data identified some data quality issues. In particular, 90% of SHS agencies returned support period data in 2011–12, although many did not return data for all 12 months. This response rate has increased over time in 2014–15, 96% of agencies returned data for each month where they were expected to participate.

In 2011–12, the rate of invalid/'don't know'/missing responses was high for a number of data items. Data completeness has improved each year and this is important to consider when making comparisons between the cohorts within the study group as they differ based on the number of years for which specialist homelessness services were accessed.



Acknowledgments

This report was prepared by the staff of the Housing and Homelessness Reporting and Development Unit of the Australian Institute of Health and Welfare.

We are grateful to the Department of Social Services and the state and territory departments responsible for the delivery of specialist homelessness services for funding the Specialist Homelessness Services Collection and for working with us to conduct the collection.

We are especially appreciative of all homelessness agencies and their clients for their participation in the data collection, making research of this nature possible.

Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
SHS	Specialist Homelessness Services
SHSC	Specialist Homelessness Services Collection

References

- ABS (Australian Bureau of Statistics) 2012. Information paper—a statistical definition of homelessness. ABS cat. no. 4922.0. Canberra: ABS.
- ABS 2018. Census of Population and Housing: estimating homelessness, 2016. ABS cat. no. 2049.0. Canberra: ABS.
- AHURI (Australian Housing and Urban Research Institute) 2018. What is the housing first model and how does it help those experiencing homelessness? Melbourne: Australian Housing and Urban Research Institute Limited. Viewed 18 August 2018.
<<https://www.ahuri.edu.au/policy/ahuri-briefs/what-is-the-housing-first-model>>.
- AIHW (Australian Institute of Health and Welfare) 2016. A profile of Specialist Homelessness Services homeless clients 2011–12 to 2014–15. Canberra: AIHW. Viewed 10 August 2018,
<<https://www.aihw.gov.au/reports/homelessness-services/a-profile-of-specialist-homelessness-services-home/contents/summary-in-cohort>>.
- AIHW 2017. Specialist Homelessness Services Collection manual. Cat. no. HOU 268. Canberra: AIHW.
- AIHW 2018. Couch surfers: a profile of Specialist Homelessness Services clients. Cat. no. HOU 298. Canberra: AIHW.
- Bevitt A, Chigavarzira A, Herault N, Johnson G, Moschion J, Scutella R. 2015. Complete findings from Waves 1 to 6. Journeys Home research report no. 6. Melbourne: Melbourne Institute of Applied Economic and Social Research.
- Chamberlain C & Mackenzie D 2008. Counting the homeless 2006. ABS cat. no. 2050.0. Canberra: ABS.
- Chamberlain C & Johnson G 2011. Pathways into adult homelessness. *Journal of Sociology* 49: 1. doi.org/10.1177/1440783311422458.
- Cobb-Clark D, Herault N, Scutella R & Tseng Y. 2014. A journey home: what drives how long people are homeless? IZA Discussion Papers no. 8495.
- Council on Federal Financial Relations 2018. National Housing and Homelessness Agreement. Canberra: The Treasury.
- Fitzpatrick S, Bramley G & Johnsen S 2013. Pathways into multiple exclusion homelessness in seven UK cities. *Urban Studies* 50: 1.
- Johnson G 2006. On the Move: a longitudinal study of pathways in and out of homelessness. Melbourne: RMIT University.
- Johnson G, Scutella R, Tseng Y & Wood G 2015. Entries and exits from homelessness: a dynamic analysis of the relationship between structural conditions and individual characteristics. AHURI final report no. 248. Melbourne: Australian Housing and Urban Research Institute.
- Parsell C, Moutou O, Lucio E & Parkinson S 2015. Supportive housing to address homelessness. AHURI final report no. 240. Melbourne: Australian Housing and Urban Research Institute Limited. Viewed 28 July 2018. <<https://www.ahuri.edu.au/research/final-reports/240>>.

Pilinger J 2007. Homeless pathways: developing effective strategies to address pathways into, through and out of homelessness. Dublin: Focus Ireland.

Ravenhill M 2003. The culture of homelessness: an ethnographic study. London: London School of Economics. PhD Thesis.

Reynolds F 2008. To examine programs that assist vulnerable and complex chronically homeless people. Churchill Fellowship Report. February 2008.

UNSD (United Nations Statistical Division) 2017. Number of homeless persons per 100,000 population indicator. Viewed 18 March 2018.

<<http://www.ohchr.org/Documents/Issues/Housing/homelessness.pdf>>.

Wood G, Batterham D, Cigdem M & Mallet S 2015. The structural drivers of homelessness in Australia 2001–11. AHURI final report no. 238. Melbourne: Australian Housing and Urban Research Institute.

List of tables

Table 1:	Profile of people in short-term or emergency accommodation and other SHS clients (%).....	3
Table 2:	Summary of short-term or emergency accommodation cohort demographics, (%).....	12
Table 3:	Summary of short-term or emergency accommodation cohort vulnerabilities, (%)	14
Table 4:	Drug and alcohol counselling and mental health services provided by SHS to those clients who needed that service, persistent service users, by sex (%)	26
Table 5:	Accommodation services not provided or referred to clients who identified a need, persistent service users, by sex (%).....	27
Table 6:	Mental health services not provided or referred, persistent service users, by sex (%).....	28
Table 7:	Repeat episodes of homelessness, persistent service users (%).....	33
Table 8:	Housing outcomes at the end of the last closed support period, persistent service users	34
Table 9:	Drug and alcohol counselling and mental health services provided by SHS, service cyclers, by sex (%).....	47
Table 10:	Accommodation services not provided or referred to clients who identified a need, service cyclers, by sex (%).....	49
Table 11:	Mental health services not provided or referred, service cyclers, by sex (%)	49
Table 12:	Repeat episodes of homelessness, service cyclers (%).....	54
Table 13:	Housing outcomes at the end of the last known support period, service cyclers	55
Table 14:	Accommodation services not provided or referred by clients who identified a need, transitory service users, by age (%).....	68
Table 15:	Housing outcomes at the end of last closed support, transitory service users	72
Table B1:	Short-term or emergency accommodation cohorts by patterns of service use 2011-12 to 2014-15	80

List of figures

Figure 1: Overview of short-term or emergency accommodation clients and defined service use cohorts, 2011–12	6
Figure 2: Vulnerabilities, all short-term or emergency accommodation clients (%).....	10
Figure 3: Vulnerabilities, persistent service users (%).....	18
Figure 4: Accommodation issues key reason for seeking assistance, persistent service users (%).....	19
Figure 5: Financial issues as a reason for seeking assistance, persistent service users (%)	20
Figure 6: Interpersonal relationships as a reason for seeking assistance, persistent service users (%).....	21
Figure 7: Health/medical issues as a reason for seeking assistance, persistent service users (%).....	22
Figure 8: Needs—other specialist services, persistent service users (%)	24
Figure 9: Accommodation service provision, persistent service users (%).....	25
Figure 10: Number of support periods, persistent service users (%).....	29
Figure 11: Length of support period, persistent service users, by sex (%).....	30
Figure 12: Number of days client received support, persistent service users (%).....	31
Figure 13: Proportion of time spent in support, persistent service users (%).....	31
Figure 14: Nights of accommodation, persistent service users (%).....	32
Figure 15: Vulnerabilities, service cyclers (%).....	39
Figure 16: Accommodation issues key reason for seeking assistance, service cyclers (%)	40
Figure 17: Financial issues as a reason for seeking assistance, service cyclers (%).....	41
Figure 18: Interpersonal relationships as a reason for seeking assistance, service cyclers (%)	42
Figure 19: Health/medical issues as a reason for seeking assistance, service cyclers (%)	43
Figure 20: Needs—other specialist services, service cyclers (%).....	45
Figure 21: Accommodation service provision, service cyclers (%).....	46
Figure 22: Number of support periods, service cyclers (%).....	50
Figure 23: Length of support period, service cyclers (%)	51
Figure 24: Number of days client received support, service cyclers (%).....	52
Figure 25: Proportion of time spent in support, service cyclers (%).....	52
Figure 26: Nights of accommodation, service cyclers (%).....	53
Figure 27: Vulnerabilities, transitory service users (%).....	60

Figure 28: Accommodation issues key reason for seeking assistance, transitory service users (%)	61
Figure 29: Financial issues as a reason for seeking assistance, transitory service users (%).....	62
Figure 30: Interpersonal relationships as a reason for seeking assistance, transitory service users (%)	63
Figure 31: Health/medical issues as a reason for seeking assistance, transitory service users (%)	64
Figure 32: Accommodation service provision, transitory service users (%)	66
Figure 33: Length of support period, transitory service users, by sex (%).....	69
Figure 34: Number of days client received support, transitory service users (%)	70
Figure 35: Nights of accommodation, transitory service users (%)	71


Related publications

This report, *People in short-term or emergency accommodation: a profile of Specialist Homelessness Services clients*, is the third in a 3-part series of the Housing Journeys Project. The editions published subsequently can be downloaded for free from the AIHW website.

Supplementary tables relating to this report were published separately online as *People in short-term or emergency accommodation: a profile of Specialist Homelessness Services clients—Supplementary tables*.

The following AIHW publications relating to homelessness might also be of interest:

- AIHW 2018. *Couch Surfers: a profile of Specialist homelessness services clients*. Cat. no. HOU 298. Canberra: AIHW.
<<https://www.aihw.gov.au/reports/homelessness-services/couch-surfers-a-profile-of-specialist-homelessness/contents/table-of-contents>>.
- AIHW 2018. *Sleeping rough: a profile of Specialist homelessness services clients*. Cat. no. HOU 297. Canberra: AIHW.
<<https://www.aihw.gov.au/reports/homelessness-services/sleeping-rough-profile-shs-clients/contents/table-of-contents>>.
- AIHW 2018. *Specialist homelessness services annual report 2017–18*. Canberra: AIHW.
<<https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/contents>>.
- AIHW 2016. *A profile of Specialist Homelessness Services homeless clients 2011–12 to 2014–15*. Canberra: AIHW.
<<https://www.aihw.gov.au/reports/homelessness-services/a-profile-of-specialist-homelessness-services-home/contents/summaryin-cohort>>.
- AIHW 2016. *Exploring drug treatment and homelessness in Australia: 1 July 2011 to 30 June 2014*. Cat. no. CSI 23. Canberra: AIHW.
- AIHW 2016. *Domestic and family violence and homelessness 2011–12 to 2013–14*. Canberra: AIHW.
<<https://www.aihw.gov.au/reports/domestic-violence/domestic-family-violence-homelessness-2011-12-to-2013-14/contents/summary>>.



Short-term or emergency accommodation is a service provided for the homeless, and those at risk of homelessness. This report explores the circumstances, experiences and housing outcomes of clients in short-term or emergency accommodation who sought assistance from specialist homelessness services between 1 July 2011 and 30 June 2015.

Based on service use patterns across a 4-year period, this comprehensive analysis highlights the diversity and the complexities of the short-term or emergency accommodation population.

aihw.gov.au



Stronger evidence,
better decisions,
improved health and welfare

