

Australian Institute of Health and Welfare

## Australia's welfare **2017**

# 6.2 Homelessness

Homelessness can profoundly affect a person's health (mental and physical), their education and employment opportunities and their ability to participate fully in social and community life.

On Census night in 2011, more than 105,000 men, women and children in Australia were estimated to be homeless (see Glossary for a definition of 'homeless'). This figure included people who were in supported accommodation for the homeless, in temporary accommodation, in severely crowded dwellings (those requiring 4 or more extra bedrooms to accommodate them adequately) and people who were 'sleeping rough'. More than half of these people were male (56%). The majority were aged under 35 (60%, compared with 46% in the general population), 1 in 5 (20%) were in supported accommodation and about 1 in 15 (6.4%) were 'sleeping rough' (ABS 2012).

The rate of homelessness in 2011 was 48.9 people for every 10,000 population. This is an increase of 8.2%, from 45.2 people per 10,000 population in 2006. The estimated number of homeless Australians is expected to rise in the 2016 Census, as the enumeration strategy and methodology used will better capture this population.

Governments across Australia fund a range of services called specialist homelessness services (SHS) to support people who are homeless or at imminent risk of homelessness (Box 6.2.1).

#### Box 6.2.1: Specialist homelessness services

A number of factors can not only lead to homelessness, but become barriers to ending it. These include domestic violence, diagnosed mental health issues, drug and/or alcohol issues, and release from custodial settings (for example, an adult correctional facility, youth detention or correctional centres, and immigration centres). SHS are geared to meeting the particular needs of these clients.

This article provides an overview of the characteristics of people who access SHS, with more detailed analysis presented for people experiencing mental ill health and leaving custody, as captured by the Specialist Homelessness Services Collection.

**Specialist homelessness services**—These services are delivered by non-government organisations. They include agencies that specialise in delivering services for specific groups (such as young people, Indigenous people or people experiencing family and domestic violence). They also include agencies that provide more generic services to people facing housing crises. Currently, people experiencing family and domestic violence are the single biggest client group within the Collection (38% of all clients) (for more information, see Chapter 2.7 'Family, domestic and sexual violence').

**Specialist Homelessness Services Collection**—This national data collection, conducted by the AIHW, contains data collected by homelessness agencies funded under the National Affordable Housing Specific Purpose Payment and the National Partnership Agreement on Homelessness. These data include information on clients receiving the services, the assistance they requested and outcomes achieved. National data from 5 collection years are now available.





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More than 800,000 Australians were supported by homelessness agencies between 2011–12 and 2015–16. In 2015–16 alone, 279,196 clients were supported, representing 1 in 85 Australians (1.2% of the total population).

### Characteristics of clients

### Age and sex

Of clients who sought assistance from homelessness services in 2015–16:



• 6 in 10 were female (59%, or almost 166,000)



• 1 in 6 were children under the age of 10 (16%, or nearly 46,000 clients); there were similar numbers of boys and girls



• nearly 3 in 10 clients were aged under 18 (28%, or nearly 79,000); about half were female (40,000)



 clients aged 25–34 made up the largest age group (19%); 7 in 10 (68%) were female



• about 12,000 older women (55 and over) sought services, a 52% increase since 2011–12



• most commonly, clients were living in single-parent families (34%) when they sought support.

### Clients with a current mental health issue

The Australian Government's national approach to reducing homelessness identifies untreated mental health as one of the main pathways into homelessness, and has given priority to this vulnerable group (COAG 2009).

Specialist homelessness agencies support many people with mental health issues, providing a range of health, housing and general services. Clients with a current mental health issue (see Glossary for a definition of clients with a current mental health issue) make up the fastest growing client group in the SHS population. Increased rates of identification, greater community awareness and reduced stigma about mental health have all potentially driven the increase in self-identification and reporting of mental illness among SHS clients. On average, this client group has grown at a rate of 13% per year since 2011–12 (Table 6.2.1). The increase has been faster for females, growing at an average rate of 14% per year since 2011–12. The equivalent growth rate for males over this period was 11%.

The rate of service use by clients with a mental health issue has increased 50% in 5 years, from 20 people per 10,000 population in 2011–12 to 30 people in 2015–16.

Similar to the general SHS population, the majority of clients with a current mental health issue were female (58%) in 2015-16.







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	2011-12	2012-13	2013-14	2014-15	2015-16
Number of clients	44,835	48,599	56,281	63,062	72,364
% of all clients	19.0	19.9	22.2	24.7	25.9
Rate (per 10,000 population)	20.1	21.4	24.3	26.9	30.4

Table 6.2.1: SHS clients with a current mental health issue, 2011–12 to 2015–16

*Note:* Rates are crude rates based on the Australian estimated resident population as at 30 June of the reference year.

### Clients leaving custodial arrangements

People who leave custodial settings are seen to be at increased risk of homelessness and they are also less likely to exit homelessness (Johnson et al. 2015). Being able to secure stable housing may reduce the likelihood of their reoffending (Australian Government 2008).

The number of clients who had recently left custodial settings grew, on average, by 11% each year between 2011–12 and 2015–16 (Table 6.2.2). The growth rate is higher for females (15%) than males (10%). In part, at least, this rise is a response to programs that connect people leaving custody with SHS services. The vast majority of clients are leaving adult prisons (84% in 2015–16); another 15% left youth centres.

The rate of service use has also increased for people who have recently left custodial settings, from 2.3 people per 10,000 population in 2011–12 to 3.3 people in 2015–16. However, despite increasing rates of service use, fewer clients in this group are receiving accommodation than before (45% in 2011–12 and 38% in 2015–16). As well, people who are given accommodation stay fewer nights. (The median nights of accommodation per client has fallen from 31 in 2011–12 to 26 in 2015–16.)

The majority of clients who had recently left custodial settings in 2015–16 were male (77%), with most males aged between 25 and 44 (58%).

	2011-12	2012-13	2013-14	2014-15	2015-16
Number of clients	5,132	6,399	6,756	6,866	7,804
% of all clients	2.2	2.6	2.7	2.7	2.8
Indigenous (%)	24	23	23	25	27
Rate (per 10,000 population)	2.3	2.8	2.9	2.9	3.3

#### Table 6.2.2: SHS clients leaving custodial arrangements, 2011-12 to 2015-16

Notes

1. Rates are crude rates based on the Australian estimated resident population as at 30 June of the reference year.

2. Indigenous proportions include only clients where Indigenous status is known, and consent given. About 10% of clients each year were excluded on these basis.







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#### What is missing from the picture?

To help governments and homelessness service providers to better focus their delivery of services, more information is needed on pathways in and out of homelessness as well as on the longer term outcomes of service users. More information is also needed on individuals who use services across sectors. The AIHW is actively contributing to this knowledge and understanding of clients who use multiple services—such as drug and alcohol treatment services, as well as child protection services and youth justice—by carrying out data linkage projects.

#### Where do I go for more information?

For more information about SHS in Australia, see reports available online at: <u>www.aihw.gov.au/homelessness-publications/</u>. The report *Specialist homelessness services* 2015–16 and other recent publications are available for free download.

#### References

ABS (Australian Bureau of Statistics) 2012. Census of population and housing: estimating homelessness, 2011. ABS cat. no. 2049.0. Canberra: ABS.

Australian Government 2008. The road home: a national approach to reducing homelessness. Australian Government White Paper. Canberra: Commonwealth of Australia.

COAG (Council of Australian Governments) 2009. National Partnership Agreement on Homelessness. Canberra: Commonwealth of Australia.

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. Australian Housing and Urban Research Institute (AHURI) final report no. 248. Melbourne: AHURI.



