

# Chapter

# 7



## Homelessness

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# 7 Homelessness

## At a glance

### Who is homeless?

- People who are homeless may: have no shelter; or be living in a dwelling that is inadequate, has no tenure or only short tenure, or does not allow them to have space for social relations. This includes people living in severely crowded conditions.
- The ABS 2011 Census identified an estimated 105,200 people (1 in 204 Australians) who were homeless on Census night, 56% of whom were male. Seventeen per cent were aged under 12 and one-quarter (26%) were aged 45 and over.
- Of those identified as homeless on Census night, 39% were living in severely crowded conditions, 20% were in supported accommodation for the homeless, 6% were staying in improvised dwellings, tents or sleeping out, and the remainder were staying in boarding houses, staying temporarily with other households, or in other temporary lodgings.
- One in 20 Indigenous Australians were considered homeless, with three-quarters (75%) of these living in severely crowded dwellings.

### Getting assistance

- Specialist homelessness services helped an estimated 229,200 people who were homeless or at risk of homelessness in 2011–12. Most clients (56%) were considered at risk of homelessness when they first received support in that year, while the rest were already homeless.
- In contrast to the homeless population identified through the Census, the majority (59%) of people supported by specialist homelessness agencies were female. Nearly one-fifth (19%) of all clients were aged under 12, and a further 13% were aged 12–18. More than one-fifth (22%) of clients were Indigenous.
- The reasons most commonly given by clients for seeking assistance related to interpersonal relationships (reported by 51% of clients in 2011–12), particularly 'domestic and family violence'.
- Clients may need a number of different types of services. Most (92%) needed some kind of general assistance and support, 60% needed accommodation assistance, 28% needed assistance to sustain a tenancy or prevent tenancy failure or eviction, and 34% needed some kind of specialised service (such as health or medical services, or specialist counselling).
- In 2011–12, an estimated 374 requests per day for assistance from specialist homelessness agencies were not met.

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## 7.1 Introduction

Homelessness can result from a number of causes—violence or conflict in the home, substance use or mental health problems, job loss or long-term unemployment, housing crises arising from limited availability of affordable housing, or from a combination of issues. For some people, homelessness is a one-off occurrence; for others, it is a prolonged experience that may be interspersed with periods of being housed. The experience of homelessness can also vary—from sleeping on the streets (with no shelter) or moving regularly between temporary situations (such as staying with friends or in supported accommodation), to living in other situations that are inadequate to support a person’s full participation in family and community life.

### The effects of homelessness

Homelessness can have profound effects on people: on their mental and physical health, on schooling and employment experiences, and more broadly on their inclusion in social and civic opportunities.

Homelessness, particularly long-term or recurring homelessness, is often associated with a range of other negative personal and social outcomes. The Journeys Home study—a longitudinal study of factors affecting housing stability—found that Department of Human Services (DHS) clients who received income support payments and who were identified as homeless or at high risk of homelessness often cycled in and out of homelessness. They were also more likely than the general population to have:

- experienced trauma (and particularly sexual assault) in adulthood or as a child
- a diagnosed mental health or physical illness
- experience of substance use, incarceration and unemployment
- lower levels of education (Chigavazira et al. 2013; Scutella 2012).

Further, AIHW research has shown that young people who come through care and protection and juvenile justice systems are at much greater risk of homelessness (AIHW 2012a).

In relation to children’s experiences of homelessness, research has identified detrimental consequences of homelessness on aspects of children’s development, including physical and emotional health and education, as well as social and community connectedness (Keys 2009; Kirkman et al. 2010; Rafferty & Shinn 1991). Further, children who experience homelessness are more likely to become homeless adults, indicating the intergenerational impact of homelessness (Chamberlain & MacKenzie 2008; d’Addio 2007; MacKenzie & Chamberlain 2003).

Homelessness can result in ongoing negative health effects for the person and the longer people are homeless, the more their physical and psychological health is damaged (Johnson et al. 2008; van Doorn 2005). For example, when compared with the general Australian population, homeless Australians are more likely to report respiratory conditions, gastrointestinal complaints, mental illness and poorer oral health (Kermode et al. 1998; Parker et al. 2011).

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In addition to the long-term personal and social costs of homelessness for individuals, there is a cost to society. A number of recent Australian studies have highlighted that homeless people have frequent and costly interactions with emergency health services and the criminal justice system compared with the general population. Joffe et al. (2012) investigated the economic costs of homelessness by measuring the government and non-government service use of 35 rough sleepers in Sydney. The average annual cost per person was found to be about \$28,700. This included the cost of health services, justice services, accommodation and/or housing, and support from non-government organisations. A further case study of 11 people in New South Wales who had extensive contact with community service and criminal justice agencies estimated that the accrued costs to government agencies per person over their life to date ranged between \$960,000 and \$5.5 million (Baldry et al. 2012).

## 7.2 Policy response to homelessness

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In 2008, the Australian Government committed to making the prevention of homelessness a public priority. It released a Green Paper, *Which way home? A new approach to homelessness* (Australian Government 2008b), followed by the White Paper on homelessness, *The road home: a national approach to reducing homelessness* (Australian Government 2008a).

The White Paper outlined a vision for reducing homelessness in Australia and a strategic agenda for reorienting services towards prevention, alongside an increased supply of affordable and supported housing for those who might otherwise be homeless. It also outlined the long-term goals of the Australian Government and state and territory governments to halve homelessness overall and to offer supported accommodation by 2020 to all rough sleepers who needed it. It outlined three broad strategies to achieve this:

- 'turning off the tap'—prevention and early intervention to stop people from becoming homeless and to lessen the impact of homelessness
- 'improving and expanding services'—enhancing the service response to homelessness to achieve sustainable housing, improving economic and social participation, and ending homelessness
- 'breaking the cycle'—moving people through the crisis system to stable housing and, where possible, employment, with the support they need so that homelessness does not recur.

The response to the White Paper is administered under the National Affordable Housing Agreement (NAHA) (COAG 2012). This agreement between the Australian Government and state and territory governments provides the framework for all parties to work together to reduce homelessness and improve housing affordability (further information on the NAHA is in Chapter 3). Funding provided under the NAHA started on 1 January 2009.



The NAHA is supported by a number of partnership agreements, including the National Partnership Agreement on Homelessness (NPAH) (COAG 2009). The NPAH contributes to the NAHA outcome that ‘people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion’ and outlines the roles and responsibilities of the Australian Government and state and territory governments in reducing and preventing homelessness. The NPAH includes performance indicators and outcome measures to assess progress towards targets agreed by COAG in the NAHA and set out in the White Paper. Funding associated with the NPAH began on 1 July 2009 and was to expire on 30 June 2013 but has been extended to 30 June 2014 while a longer term agreement is negotiated between governments.

### 7.3 Improved data about homelessness

As a result of the data requirements from these intergovernmental agreements, as well as a renewed focus on developing and resourcing the evidence base around homelessness (as promoted by the White Paper), there have been some significant improvements in the availability of data relevant to homelessness, including:

- The ABS has developed a new statistical definition of homelessness and a new method of estimating the homeless population (based on this definition) from the 2011 Census. The ABS has also included questions about previous experiences of homelessness in a number of surveys, such as the General Social Survey (GSS). These questions provide further contextual information about people who have been homeless in the past.
- Reporting requirements for specialist homelessness services have been revised—agencies now provide data to the Specialist Homelessness Services Collection (SHSC). The new collection, which is managed by the AIHW, has a broader scope, changed collection methods, revised and new data items, and allows for more timely reporting of data compared with the previous collection of such information.
- Homelessness indicators have been included in the DHS’s administrative systems to identify clients receiving income support payments who may be homeless or at risk of homelessness. While these indicators were developed to ensure that clients who needed additional support were identified and the support provided to them was reviewed regularly, data about these clients contribute to our knowledge about people who are homeless or vulnerable to homelessness.

This chapter uses these data sources to provide information on the prevalence of homelessness in Australia, to describe those who are homeless, and to provide information about the support that is provided to those who are homeless or at risk of homelessness. These data collections differ in terms of their primary purpose, scope, coverage, collection method and reference period but, together with research findings from other data sources, they help to build a picture of homelessness in Australia.

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For example, the ABS Census, which is conducted every 5 years, can be used to estimate, using indirect methods, the prevalence of homelessness and of people in selected marginal housing circumstances on Census night. Census data are also useful for providing descriptive information about people who are homeless at a point in time, but they do not provide contextual information about an individual's experiences over time (such as previous experiences of homelessness, their circumstances before becoming homeless or their circumstances throughout the episode of homelessness).

The SHSC, by contrast, is an ongoing collection that gathers information about those who are helped by specialist homelessness agencies across Australia (including those at risk of homelessness), and includes information collected throughout the period of support provided by the agency. This collection, by definition, does not include information on those who do not seek help from these services and thus does not include data about all those who are homeless or at risk of homelessness.

Since the data obtained through the SHSC not only reflect the demand for assistance, but also the availability of services, the numbers of people who are identified as being homeless or at risk of homelessness by the SHSC cannot be compared with the corresponding numbers from the Census. However, the two data collections do overlap in one area as both collect information about the number of people who were in supported accommodation for the homeless on Census night—about 21,000 people in 2011 (ABS 2012b). Information about the number of people staying in such accommodation on Census night as obtained through the SHSC are provided to the ABS to inform its estimates, although some degree of difference between the two data sets in their estimates of the number of people in such accommodation remains.

## 7.4 How is homelessness defined?

Homelessness can mean different things to different people. Indeed, many people who may be viewed as homeless using statistical or research definitions may not consider themselves homeless. In popular conceptions, homelessness is usually equated with having no shelter or sleeping rough, but in the homelessness research and policy context, broader definitions are usually adopted. These definitions recognise the effects on individuals who do not have a 'home'—which is understood to provide security, privacy and stability (among other things), and not merely a roof over their head. Thus, people living temporarily with other households, in supported accommodation provided by a specialist homelessness agency, or in other temporary arrangements are, in many cases, considered homeless.

In 2012, the ABS released a new definition of homelessness for use in its statistical collections. Under that definition, a person is considered homeless if they do not have suitable accommodation alternatives and their current living arrangement:

- is in a dwelling that is inadequate (is unfit for human habitation or lacks basic facilities such as kitchen and bathroom facilities), or

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- 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 (including personal—or household—living space, ability to maintain privacy and exclusive access to kitchen and bathroom facilities) (ABS 2012c).

The ABS definition specifically excludes some groups of people as not being homeless: those in prisons or other institutions; students living in halls of residence; and members of religious orders living in seminaries, nunneries or similar institutions. It also excludes people who may be staying in circumstances that share some of the characteristics of homelessness, but where the person is assumed to be able to access alternative housing if needed. This includes travellers staying with other households, owner-builders living in basic accommodation while they build a permanent dwelling, or workers living in accommodation that lacks personal space (ABS 2012c).

Information about how homeless people are identified by the ABS from Census data is in Box 7.1. The ABS's method results in the estimation of the number of homeless people in six operational groups, with these groups representing varying degrees of 'severity' of homelessness from people who are in improvised dwellings, tents or sleeping out, to people living in severely crowded dwellings. A severely crowded dwelling is defined as one that needs four or more extra bedrooms to accommodate the people who usually live there, according to the Canadian National Occupancy Standard (CNOS)—see Box 3.2 for more information about CNOS.

Previously, the most widely accepted definition of homelessness was the 'cultural definition' which is based on the degree to which people's housing needs were met within conventional expectations or community standards (Chamberlain and Mackenzie 2008). In the Australian context, this was described as having at least one room to sleep in and one to live in, one's own kitchen and bathroom, and security of tenure. Three levels of homelessness were recognised according to the degree to which these housing needs were unmet:

- primary homelessness—people without conventional accommodation, such as people living on the street, in parks, under bridges, in derelict buildings, improvised dwellings, etc.
- secondary homelessness—people moving between various forms of temporary shelter including staying with friends, emergency accommodation, youth refuges, hostels and boarding houses
- tertiary homelessness—people living in single rooms in private boarding houses, without their own bathroom, kitchen or security of tenure.

Applying this definition to Census data, Chamberlain and MacKenzie produced estimates of the number of homeless people in Australia using data from the 1996, 2001 and 2006 Censuses (Chamberlain & MacKenzie 1999, 2003, 2008).

While there is general agreement about many of the elements that are included in statistical definitions of homelessness (although there can be debate about how broadly to apply them), in some data collections it is not always possible to identify homelessness in a way that strictly conforms to these definitions. Box 7.2 outlines how homelessness is identified in other data collections referred to in this chapter.



### Box 7.1: Identifying homeless people in the ABS Census

People who are experiencing homelessness are identified indirectly from Census data. In general, people counted in the Census who reported having no usual address and certain other housing characteristics (for example, staying in supported accommodation for the homeless) are identified, and then a range of other information is examined to assess whether the person, on balance, is likely to be homeless. This other information includes income and employment status, rent and mortgage repayments, whether the person has recently arrived in, or returned to, Australia, accommodation and tenure type, and student status.

Where possible, the methodology used by the ABS to estimate homelessness from Census data conforms to its new definition of homelessness. However, as full data on living and/or accommodation circumstances are not available from the Census, the ABS had to make some assumptions about people in certain circumstances. For example, all residents of boarding houses were included in homelessness estimates since the ABS could not assess which residents of boarding houses had security of tenure and control of, and access to, personal space and which did not.

The ABS attempts to collect data from all people in Australia on Census night, and it develops strategies to seek out people who are sleeping rough (that is, sleeping on the street, in a park or motor vehicle, or in the open) or living in improvised dwellings and other forms of non-private dwellings. While the ABS is able to impute data for some groups, there are a number of groups where undercounting is likely to occur as a result of anomalies in the way in which 'usual address' is recorded. These include:

- young people who are 'couch surfing' (see Glossary) and who are difficult to distinguish from other young people who are visiting another household on Census night
- people who have left their usual residence due to domestic and family violence and are staying with others on Census night who may be undistinguishable from other visitors or may not be disclosed on Census forms due to concerns about their safety
- Aboriginal and Torres Strait Islander people who may have an understanding of 'usual residence' that leads to reporting in a way that does not indicate homelessness.

Source: ABS 2012d.

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## Box 7.2: Identifying homeless people in selected data collections

People who are homeless are identified in different ways in the data collections referred to in this chapter.

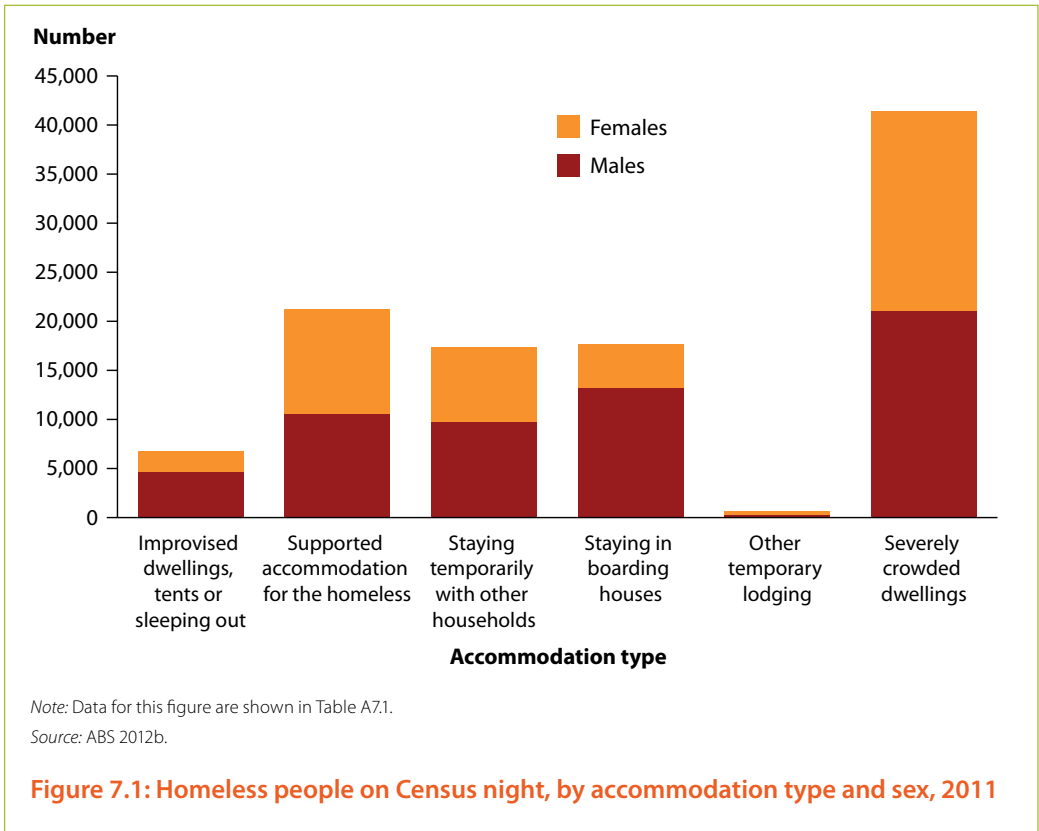
- The ABS General Social Survey surveyed adults who were usual residents of private dwellings in most areas of Australia (with the exception of very remote areas). The survey asked if there were times in the past when the respondent had no permanent place to live and, if so, the reasons for this. People were assumed to be homeless if they did not have a permanent place to live because of: violence, abuse or neglect; tight housing market or rental market; family, friend or relationship problems; financial problems; alcohol or drug use; mental illness; gambling; job loss; eviction; and natural disasters (ABS 2012a).
- In the SHSC, all clients are assumed to be either homeless or at risk of homelessness, and clients' homelessness status can be assessed at different points in time based on information about their housing situation. Clients are assumed to be homeless if they are living without shelter, in improvised or inadequate accommodation, staying in short-term temporary accommodation, living in a house, townhouse or flat with relatives for free or couch surfing, or they have no tenure. All other clients are assumed to be at risk of homelessness (AIHW 2012b).
- DHS clients are identified as being homeless if they are living without conventional accommodation (including sleeping rough), or if they are considered to live in, or move frequently between, temporary accommodation arrangements. Clients who are at risk of homelessness are those who:
  - live medium to long term in a boarding house, caravan park or hotel where the accommodation is not covered by a lease
  - live in accommodation that falls below general community standards to support health and wellbeing
  - are facing eviction
  - live in substandard accommodation that may damage physical and mental wellbeing and/or where they have no sense of connection or belonging (DHS, personal communication).

The extent to which the groups of homeless people identified in these three collections align with other definitions, such as that used by the ABS for Census data, varies. For example, in these three collections, it is not possible to identify people who may be living in severely crowded dwellings (or otherwise do not have access to and control of space for social relations). These people may not be identified as homeless unless they also report other characteristics that identify them as such.



## 7.5 How many people are homeless and who are they?

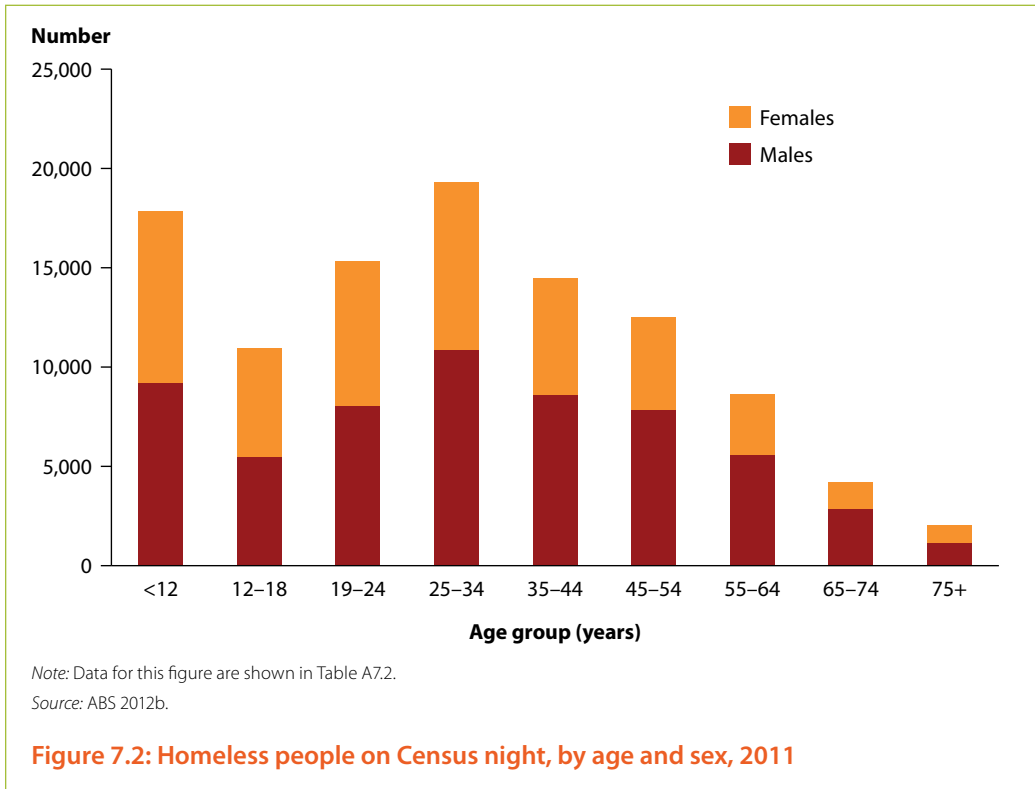
According to the 2011 Census, an estimated 105,200 people—1 in 204 Australians—were experiencing homelessness on Census night (9 August) (ABS 2012b). Those who were homeless were most commonly living in severely crowded dwellings (41,400 people, or 39% of the homeless) (Figure 7.1). A further 20% were staying in supported accommodation for the homeless, 17% were living in boarding houses and another 17% were staying temporarily with other households. Six per cent of all homeless people were staying in improvised dwellings, tents or sleeping out (Table A7.1).



More than half of all homeless people were male (56%). When considered as a population rate, homelessness is more common among males than females—on Census night, 1 in 179 males were considered to be homeless, compared with 1 in 238 females (AIHW analysis of ABS 2012b). Among those who were homeless, males were more likely than females to be staying in a boarding house (22% and 10% respectively) or living in an improvised dwelling, tent or sleeping out (8% and 5%). Females were more likely to be staying in supported accommodation (23% compared with 18% for males), or in a severely crowded dwelling (44% and 35%) (ABS 2012b).



Seventeen per cent of all homeless people were aged under 12, a further 25% were aged 12 to 24, 32% were aged 25 to 44, and the remaining 26% were aged 45 and over. Generally, there were more homeless males than females across all age groups, although there were similar numbers of homeless males and females in age groups under 19. The difference was largest among those in the 35–44 to 65–74 age groups (Figure 7.2).



People aged between 35 and 64 were more likely than others to be living in improvised dwellings, tents or sleeping out, and those aged between 45 and 64 were more likely to be staying in boarding houses. Young people aged under 19 were more likely than people in other age groups to be living in supported accommodation for the homeless, and those aged under 25 were more likely than people in other age groups to be living in severely crowded dwellings (ABS 2012b).

Indigenous people were overrepresented in the homeless population; more than one-quarter (28%) of all homeless people who provided information on their Indigenous status were of Aboriginal or Torres Strait Islander origin, representing 1 in 20 Indigenous people. The homelessness rate for non-Indigenous people was 1 in 284 people (AIHW analysis of ABS 2012b).

Three-quarters (75%) of Indigenous homeless people were living in severely crowded dwellings, compared with 30% of non-Indigenous homeless people. Indigenous homeless people, however, were less likely than their non-Indigenous counterparts to be staying in boarding houses, staying temporarily with other households or in supported accommodation.



Nearly two-thirds (64%) of people who were homeless on Census night were born in Australia. By comparison, in 2011, 73% of the general population were born in Australia (see Chapter 1).

More than half of all people experiencing homelessness who reported information on their English language skills indicated that they spoke only English at home (57%), while 32% spoke another language at home but spoke English 'very well' or 'well', and 10% spoke English 'not well' or 'not at all'. People who were homeless and who spoke only English at home were more likely to be staying temporarily with other households (28% of those who spoke only English at home, compared with 6% of those who spoke a language other than English at home), or staying in supported accommodation for the homeless (26% compared with 10%). However, they were less likely to be living in severely crowded dwellings (22% compared with 73% of those who spoke a language other than English at home) (ABS 2012b).

Six per cent of people who were homeless on Census night and who reported on their disability status had a severe or profound core disability (for the Census this was defined as needing help or assistance in one or more of the areas of self-care, mobility or communication because of a disability, long-term health condition or old age).

Most homeless people aged 15 and over who provided information on their labour force status reported that they were not in the labour force (55%). Of the 45% who were in the labour force, 37% were employed full time, 29% were employed part time, 27% were unemployed, and the remainder (8%) were employed but away from work at the time of the Census (ABS 2012b).

## Where are the homeless?

According to Census estimates, the highest numbers of people experiencing homelessness were in the more populous states—New South Wales (27%), Victoria (22%) and Queensland (19%). These proportions were generally in line with the proportion of the general population living in those jurisdictions (see Section 1.5), with the exception of the Northern Territory. The highest rates of homelessness were in the Northern Territory (731 per 10,000 population) and the Australian Capital Territory (50 per 10,000) (Table 7.1). The lowest homelessness rate was in Tasmania (32 per 10,000).

**Table 7.1: Homeless people on Census night, by state and territory, 2011**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Number	28,190	22,789	19,838	9,592	5,985	1,579	1,785	15,479	<b>105,237</b>
Per cent	26.8	21.7	18.9	9.1	5.7	1.5	1.7	14.7	<b>100.0</b>
Rate (per 10,000 population)	40.8	42.6	45.8	42.8	37.5	31.9	50.0	730.7	<b>48.9</b>

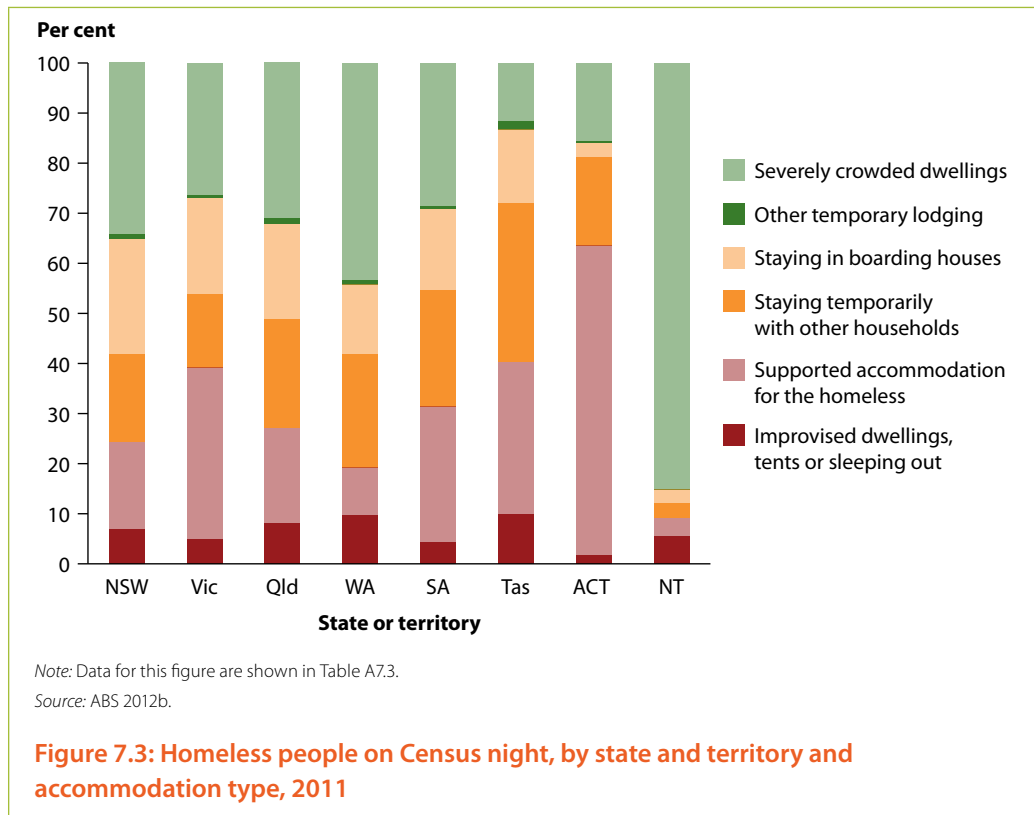
Source: ABS 2012b.

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There was considerable variation in the living circumstances experienced by homeless people across all states and territories (Figure 7.3). In the Northern Territory, for example, 85% of people considered to be homeless were classified as such because they were living in severely crowded dwellings, while relatively low proportions were staying in boarding houses or in other temporary accommodation. In the Australian Capital Territory, a relatively high proportion of homeless people (62%) were staying in supported accommodation for the homeless.

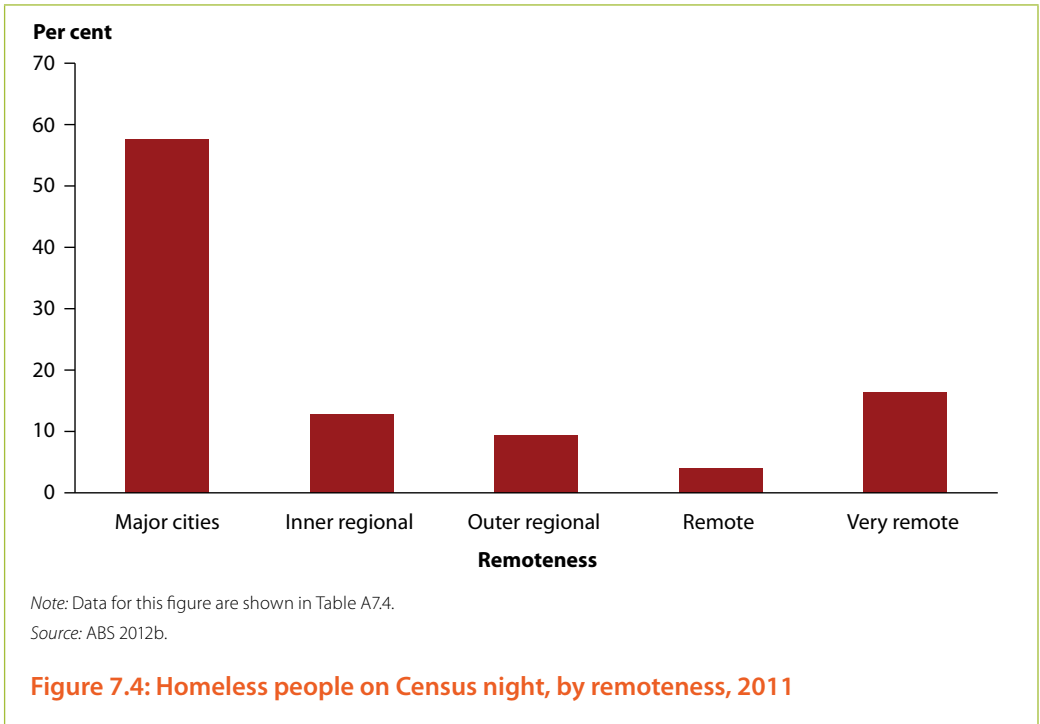
The jurisdictions with the highest proportions of homeless people who were staying in improvised dwellings, tents or sleeping out were Tasmania and Western Australia (10% of homeless people were living in such circumstances in both states).



When considered by geographical distribution, 58% of all homeless people were in *Major cities*, 22% were in regional areas (*Inner regional* and *Outer regional*), 4% were in *Remote* areas and 16% were in *Very remote* areas of Australia on Census night (Figure 7.4).

There was wide variation in the housing circumstances across remoteness areas: 93% of all homeless people in *Very remote* areas were living in severely crowded dwellings (compared, for example, with 14% of homeless people in *Inner regional* areas). Homeless people in *Inner regional* areas were most likely to be living in supported accommodation (31%, compared with 1% of homeless people in *Very remote* areas). Homeless people in *Remote* areas were the most likely to be staying in an improvised dwelling, tent or sleeping out (16% compared with 3% in *Very remote* areas and 4% in *Major cities*) (ABS 2012b).





## How has the number of homeless changed over time?

In order to allow a comparison of homelessness prevalence in 2011 with earlier data, the ABS retrospectively applied their new definition and estimation methodology to 2001 and 2006 Census data. These data indicate that the number of people experiencing homelessness declined between 2001 and 2006 (from 95,300 to 89,700), but increased between 2006 and 2011 (to 105,237) (ABS 2012b).

When population size is taken into account, Census data indicate that the rate of homelessness was highest in 2001 (51 homeless people per 10,000 population), and lowest in 2006 (45 per 10,000 population) (Table 7.2). Although the number of homeless people was highest in 2011, the homeless rate in that year (49 people per 10,000 population) was between the 2001 and 2006 rates.

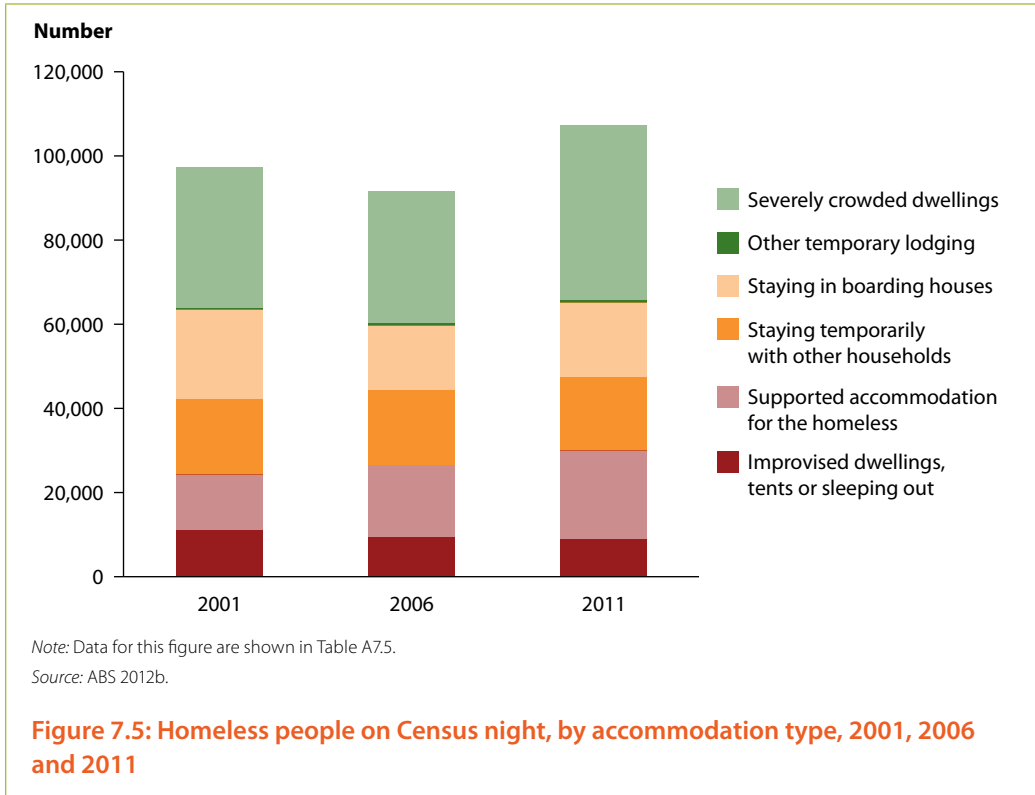
**Table 7.2: Homeless people on Census night, by sex, 2001, 2006 and 2011 (number per 10,000 population)**

Sex	2001	2006	2011
Males	n.a.	52.2	55.9
Females	n.a.	38.4	42.1
<b>All homeless people</b>	<b>50.8</b>	<b>45.2</b>	<b>48.9</b>

Source: ABS 2012b.



The proportion of homeless people in the various accommodation types differed over time, with the proportion staying in supported accommodation for the homeless increasing (from 14% in 2001 to 20% in 2011), as did the proportion living in severely crowded dwellings (35% to 39% respectively) (Figure 7.5). In contrast, the proportion staying in boarding houses decreased (from 22% in 2001 to 17% in 2011), as did the proportion in improvised dwellings, tents or sleeping out (9% and 6% respectively).



## Previous experiences of homelessness

While the Census does not collect information about previous experiences of homelessness, the ABS 2010 General Social Survey did. It collected information from adults who were the usual residents of private dwellings (that is, people who were not homeless at the time of the survey) on self-reported experiences of being without a permanent place to live, including being homeless. See Box 7.2 for more information on the way in which people who had experienced homelessness were identified in the GSS.



In 2010, an estimated 2.1 million adults in Australia had experienced homelessness at some time in their lives, 1.1 million adults had experienced homelessness at some time in the previous 10 years, and 251,200 adults had experienced homelessness in the 12 months prior to the survey (ABS 2011). For more than two-thirds (69%) of those who had been homeless in the 10 years before the survey, the most recent episode of homelessness lasted 1 month or more and, for 22%, the episode had lasted 6 months or more.

## People in marginal housing

In addition to identifying those who are homeless, the ABS also estimates the number of people in selected (but not all) marginal housing circumstances on Census night. These are people who can be identified based on characteristics reported in the Census, are living in conditions that are very similar to those of homeless people, and are therefore likely to be 'at risk' of homelessness (ABS 2012d).

Across Australia, 78,300 people were estimated to be marginally housed on Census night in 2011. Most (78%) were living in 'other crowded dwellings' (that is, where the dwelling needed three extra bedrooms to accommodate the usual residents adequately as defined by the CNOS. A further 17% were living in caravan parks and 6% in other improvised dwellings (ABS 2012b). Note that only those people living in caravan parks who do not appear to have suitable accommodation alternatives (based on their employment status and level of household income) are considered to be marginally housed.

According to Census data, there was a decline in the number of marginally housed people between 2001 and 2006 (from 68,100 to 63,300), but an increase between 2006 and 2011 (to 78,300 (ABS 2012b). While this indicates an overall increase in the number of marginally housed people over the 10 years, the rate was the same in 2001 and 2011 (36 per 10,000 population), despite a lower rate in 2006 (32 per 10,000 population) (Table A7.6).

## 7.6 Why do people become homeless?

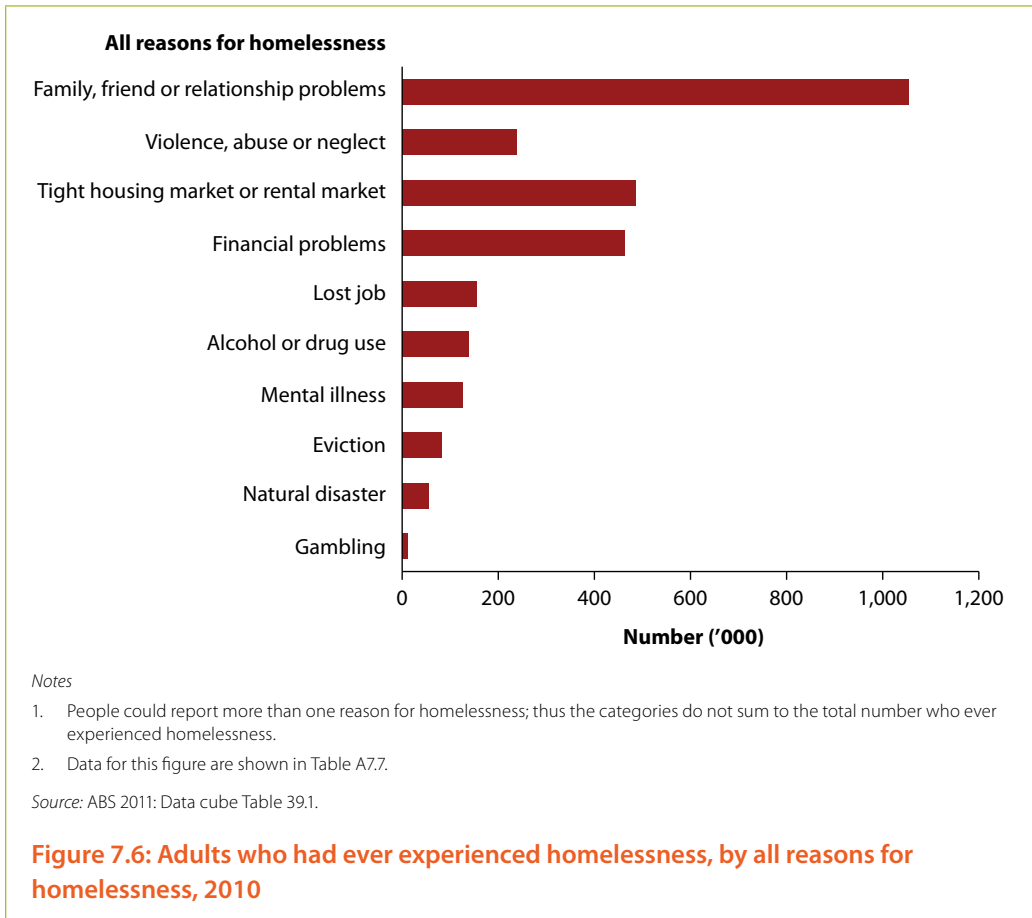
In the GSS, adults who had experienced homelessness in the past were asked about the reasons for their homelessness (ABS 2011). Of the 2.1 million adults who had ever experienced homelessness, the most commonly reported reason was 'family, friend or relationship problems', followed by 'tight housing market or rental market' and 'financial problems' (Figure 7.6).

The fact that many people reported more than one reason highlights that there is often more than one factor that leads to homelessness. Because of the complexities in understanding causes of homelessness, the research literature can offer insight into factors that precede homelessness. In particular, research into homelessness 'pathways' offers a valuable overview of the social dimensions of homelessness, and highlights some of the key similarities and differences in the experiences of people who are homeless.

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While each person’s homelessness journey is different, researchers use models of ‘ideal type’ pathways to reflect some of the main entry points into homelessness for analytical purposes (Johnson et al. 2008:14). In Australia, Chamberlain and Johnson’s (2013) model of homelessness pathways incorporates five typical pathways into adult homelessness—youth-to-adult, family breakdown, housing crisis, substance abuse and mental health. Of these 5 pathways, Chamberlain and Johnson found that the most common entry into homelessness was the youth-to-adult pathway. People in this group were aged under 19 when they first became homeless and many had experienced family conflict, violence or abuse; 42% had been in state/territory care and protection systems.

The family breakdown pathway normally occurs due to domestic violence or relationship failures without domestic violence. Financial crisis (for example, job loss) was the trigger for people entering homelessness on the housing crisis pathway. People experiencing a housing crisis resulting in homelessness are typically families and in poor financial positions or from low-income households (Chamberlain & Johnson 2013; Johnson et al. 2008).



Chamberlain and Johnson (2013) suggest that substance abuse precipitates homelessness through associated difficulties such as using rent money to finance addictions and trouble sustaining employment. People experiencing mental illness can become homeless when vital support from family is unavailable.

Although these five pathways are likely to represent the majority of homeless people, there are other less common routes to homelessness. These include difficulties arising from problem gambling (Holdsworth et al. 2012), and difficulties experienced by people who are exiting from institutional settings such as correctional facilities (Baldry et al. 2006).

Different pathway characteristics suggest that different groups have specific needs, requiring targeted prevention and early intervention support services. Homeless people on a youth or substance abuse pathway are most likely to engage with the homelessness subculture and their homelessness is typically more long term. On the other hand, people whose homelessness has arisen from family breakdown, domestic violence or a housing crisis tend not to identify with the homelessness subculture and usually have shorter durations of homelessness (Chamberlain & Johnson 2013; Johnson et al. 2008). Johnson et al. (2008) found that those on youth, substance use and mental health pathways were more likely to be high users of homelessness and other government services, while people on domestic violence and housing crisis pathways tended to have relatively low service use.

Johnson et al. (2008) propose that the main factor linking all homelessness pathways is limited housing options due to low income, which is connected to the ability of people to access and maintain employment. Homeless youth, substance users and people with mental health issues are particularly vulnerable in this area as they are often alienated from the labour market due to poor employment histories. Johnson et al. (2008:194) stated that even when some people were housed, 'their long-term exclusion from the labour market continued and this meant that without sufficient income, people remained acutely vulnerable to any financial setback'. They highlight that critical factors that facilitate an exit from homelessness are re-engagement with mainstream society (such as participation in the workforce) and access to affordable quality housing in a suitable location.

## 7.7 What assistance do the homeless receive?

There are a range of support services for people who are homeless or at risk of homelessness. The 2010 GSS asked adults who had been homeless in the previous 10 years about any support services they had used. Among those who had accessed services, most (56%) used housing service providers, 24% used counselling services, 22% used support from a church or community organisation, 20% used a mental health service and 33% used supported accommodation services for the homeless (ABS 2011).

Assistance is provided by both mainstream and specialist support services. Mainstream services are those that are available to the wider community, and include hospital and other health services (including mental health, and alcohol and other drug treatment services), aged care services, disability support services, other family and community support services, and income support services. Specialist homelessness services are those that are specifically directed at the homeless or those at imminent risk of homelessness.

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## Specialist homelessness services

Specialist homelessness services can operate within different service delivery frameworks and provide various types of support to clients. Agencies often specialise in providing assistance to specific population groups—for example, young people, people escaping domestic violence, or the chronically homeless—although not all do. While specialist homelessness services obtain government funding, they are mostly delivered by non-government organisations.

The data in this section were obtained from the new AIHW Specialist Homelessness Services Collection (see Box 7.3 for more information), and relate to all clients assisted by specialist homelessness services in 2011–12.

### Box 7.3: The Specialist Homelessness Services Collection

The SHSC began on 1 July 2011. Specialist homelessness agencies that are funded under the NAHA and the NPAH are in scope for the collection. Those agencies that are expected to participate in the SHSC are identified by state and territory departments responsible for the delivery of services. Approximately 1,500 specialist homelessness agencies across Australia participate in the SHSC.

All SHSC agencies report a standard set of data about the clients they support each month to the AIHW. Data are collected about the characteristics and circumstances of a client when they first present at an agency, and additional data—on the assistance the client receives and their circumstances at the end of the month—are collected at the end of every month in which the client receives services, as well as at the end of the support period. These data contribute to building a picture of clients, including what specialist homelessness services were received and the outcomes achieved.

The data collected are based on support periods, or episodes of assistance provided to individual clients. Agencies also collect some information about unassisted requests for services—such a request occurs when a person seeks services from a specialist homelessness agency but does not receive them (see Section 7.8 for further information).

Data for clients who had multiple support periods, either with the same agency or with different agencies, are linked using certain information (that is, selected letters of their name, date of birth and sex) about clients and people who were not assisted. Because not all agencies submit client data for all months in the reporting period, and because the data needed for linkage are not available for all clients and people who were not assisted, an imputation strategy is used to adjust the data to account for this non-response.

The SHSC replaced the Supported Accommodation Assistance Program (SAAP) National Data Collection (NDC), which was the basis for reporting from 1996 to 2011. Further information about the SHSC and the differences between the SHSC and the SAAP NDC is in the AIHW report *Specialist homelessness services 2011–12* (AIHW 2012b).

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## Who receives assistance and what services do they receive?

In 2011–12, specialist homelessness agencies provided assistance to an estimated 229,200 clients. Just over half of the clients (56%) were not homeless at the beginning of their first period of support in 2011–12, but were assessed as being at risk of homelessness. Forty-four per cent of all clients were already homeless—11% were sleeping rough or in improvised or inadequate accommodation, 19% were staying in short-term temporary accommodation of some kind, and 15% were staying in a house, townhouse or flat but with no tenure.

In addition to the 44% of clients who were experiencing homelessness when they first received support in 2011–12, some clients were not homeless initially but went on to experience homelessness while they were being supported (including those who received supported accommodation). In total, 52% of clients experienced homelessness at some stage during their period of support.

Of those clients who provided information about their history of homelessness before presenting for their first service episode in 2011–12, 30% had been homeless in the previous 12 months.

Males were more likely to have been homeless previously (36% had an episode of homelessness in the previous 12 months, compared with 26% of females).

There was considerable variation in the length of time that clients were supported. Nearly one-third (32%) were supported for less than a week in total in 2011–12, 18% for 7 to 27 days, 23% for 28–89 days, 13% for 90–179 days and 15% for 180 days or more (Table A7.8).

In 2011–12, the majority of people who received specialist homelessness support were female (59%). Females outnumbered males in all age groups with two exceptions: those aged under 12 and those aged 65–74 (Figure 7.7). The difference in the proportion of females to males was particularly large among all age groups between 12 and 44.

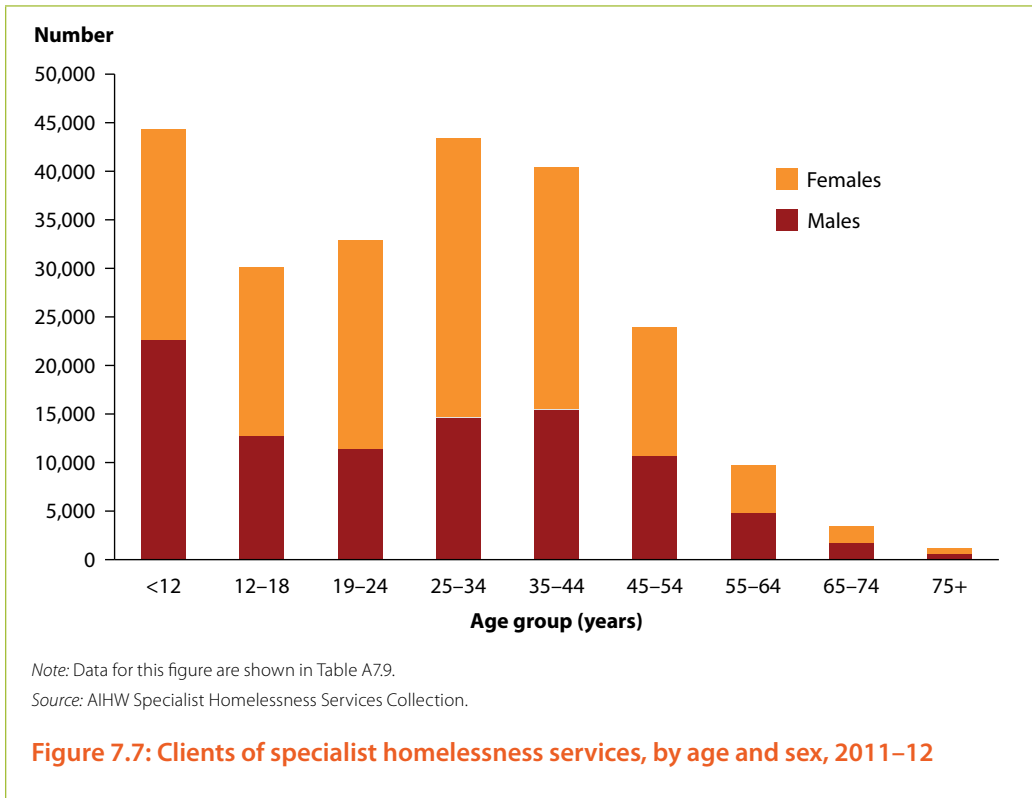
Nearly one-fifth (19%) of all clients assisted by specialist homelessness agencies were aged under 12, and a further 13% were aged 12–18. More than one-third (37%) were aged between 25 and 44 (Table A7.9).

Around one-fifth (22%) of clients were of Aboriginal or Torres Strait Islander origin. Most clients (86%) were born in Australia (AIHW 2012b).

In 2011–12, almost two-thirds of clients (67%) presented alone to specialist homelessness agencies, 32% presented as a member of a family seeking assistance and 1% presented as part of another group (AIHW 2012b).

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### Reasons for seeking assistance

When all reported reasons for seeking assistance are taken into account, the most commonly reported reasons related to interpersonal relationships (reported by 51% of all clients). Within this category, ‘domestic and family violence’ and ‘relationship or family breakdown’ were the most commonly reported (by 32% and 24% of all clients, respectively, noting that clients could report multiple specific reasons).

While the proportion of males and females reporting ‘relationship or family breakdown’ as one reason for seeking assistance was similar (22% and 25% respectively), females (43%) were substantially more likely than males (16%) to report ‘domestic and family violence’ as a reason for seeking assistance.

Reasons related to financial difficulty (including housing affordability) were also reported by a high proportion of clients (46%), as were housing-related reasons (also 46%) such as ‘housing crisis’ and ‘inadequate or inappropriate dwelling conditions’. More than one-fifth of clients (22%) reported reasons related to their health, mental health or problematic use of drugs or alcohol.



When data on reasons for seeking assistance are combined with other information about the client (such as types of assistance needed, sources of referral and information on other services received in the previous 12 months), in 2011–12:

- 34% of clients were escaping domestic or family violence (18% of male clients and 44% of female clients); 28% of clients who were escaping domestic or family violence were children aged under 15
- 19% of clients who received assistance in 2011–12 were young people aged 15–24 who presented to a specialist homelessness agency alone
- 19% of clients were identified as having a current mental health issue (not including alcohol or other drug use), with similar rates for male and female clients (21% and 19% respectively)
- 2% of clients had recently left (or were about to leave) a care setting such as a hospital or residential care facility
- 2% of clients had recently left (or were about to leave) a custodial setting such as a correctional facility of detention centre (AIHW 2012b).

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### What support do clients receive?

The support that specialist homelessness agencies provide varies but there are four main types of services: general assistance and support, accommodation, assistance to maintain a tenancy or prevent mortgage foreclosure, and specialised services. Where service providers cannot deliver a service directly, they play an important role in referring clients to other service providers (for example, for specialist counselling, dental or health services). This section outlines the extent to which clients need, and are provided with (or referred to), these major types of services.

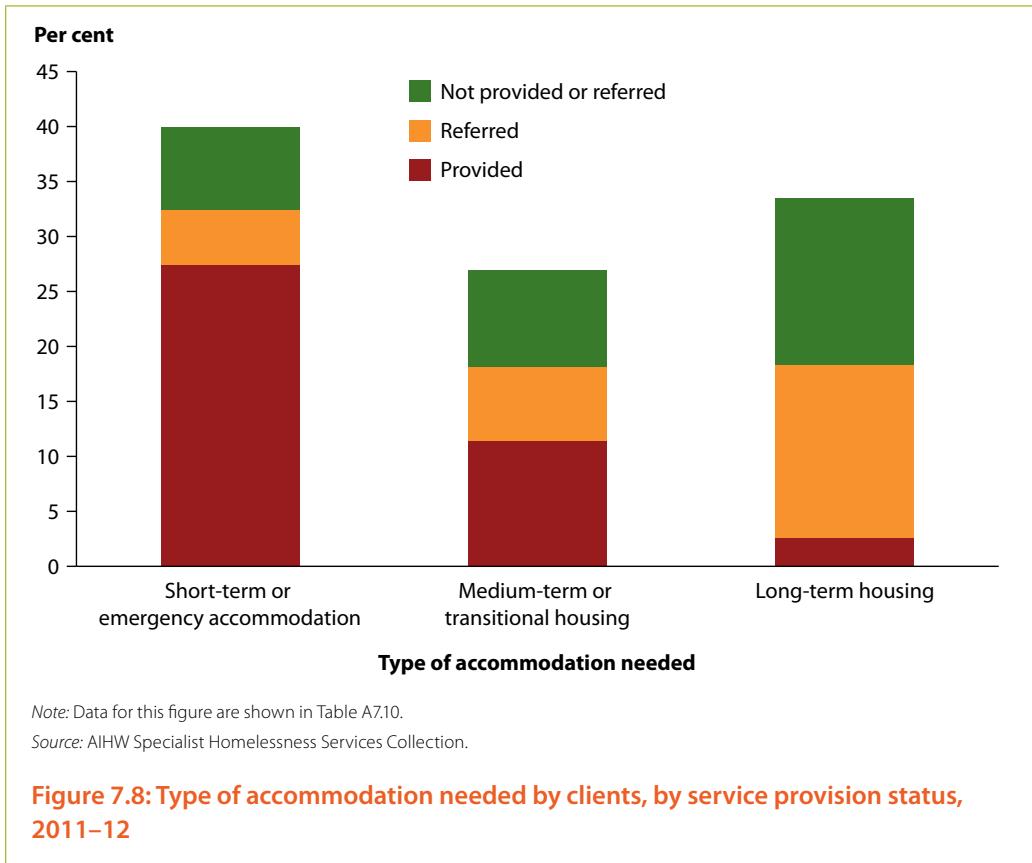
#### General assistance and support services

General assistance and support services include the provision of advice, information, advocacy, material aid, transport, meals, financial information and other such services. Such services are generally needed by a high proportion of clients—in 2011–12, 92% of clients were assessed as needing some kind of general support. Agencies, on the whole, are well positioned to directly provide most clients with these services (AIHW 2012b).

#### Accommodation services

The provision of accommodation is an important service which is most often provided alongside other support services to help the client resolve the issues that are preventing them from accessing long-term secure housing. Overall, 60% of clients of specialist homelessness agencies in 2011–12 needed accommodation services—40% of these needed short-term or emergency accommodation, 27% needed medium-term or transitional housing and 34% needed assistance to obtain long-term housing (Figure 7.8).





Short-term or emergency accommodation was provided to most clients who needed it (69%). By contrast, few clients who needed long-term housing received such housing directly from the agency (8%). While some specialist homelessness agencies provide accommodation for long periods, they are generally considered to be providers of short-term or emergency accommodation or medium-term accommodation only, with long-term housing normally provided through social housing programs or private arrangements. Consistent with this, a relatively high proportion of clients who needed long-term accommodation were referred to other service providers for this assistance (47%), though a similar proportion (45%) were neither provided this service nor referred to another service. For some of these clients this may be because it was still too early within their support period for this to have occurred, especially if the service provider was working with the client to resolve other issues to improve their situation.

**Assistance to maintain a tenancy or prevent mortgage foreclosure**

About half (52%) of the clients who received assistance from specialist homelessness agencies were housed when they first began receiving support (that is, living in a house, townhouse, or flat, and were not couch surfing or staying temporarily with other households). This includes people who were living in public or community housing, as well as those in private rental arrangements and those buying their own home.



Overall, 28% of clients needed assistance to sustain their tenancy or prevent tenancy failure or eviction. Agencies were able to assist a high proportion of these clients directly (84% of clients who needed this type of help), while 6% were referred to other organisations and 10% had not been provided this assistance or referred to another agency for this kind of help by the end of their period of support in 2011–12.

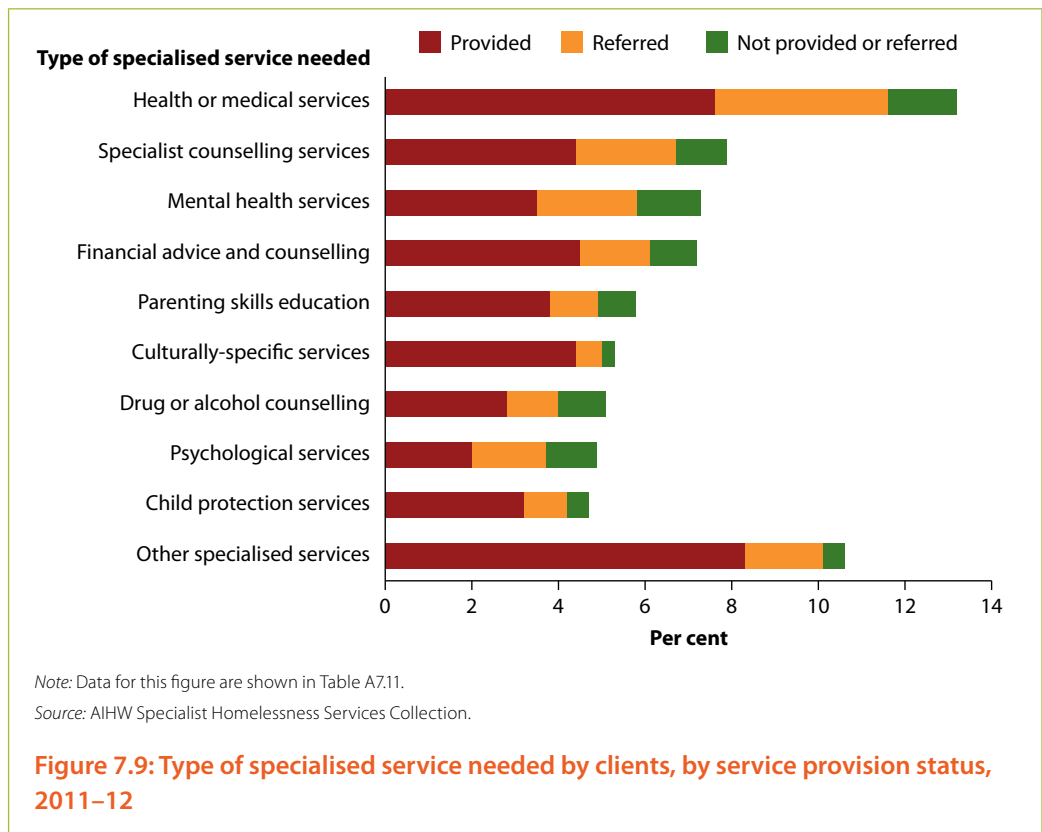
A further 1% of clients needed assistance to prevent a foreclosure or to manage mortgage arrears.

### Specialised services

Specialist homelessness agencies also assess clients' needs for specialised services, including health, dental and counselling services, and parenting skills education. Many of these types of assistance require staff with specific professional skills which cannot be provided by all agencies.

Compared with the other types of assistance that specialist homelessness agencies provide, fewer clients (34%) generally required specialised services. The most common specialised service needed was 'health and medical services' (needed by 13% of clients at some stage in their period of support), followed by 'other specialised services' (11% of clients) and 'specialist counselling services' (8%) (Figure 7.9).

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The extent to which clients received these services directly from agencies varied across each type of specialised service. While agencies were able to directly provide 'culturally-specific services' to 82% of those clients who needed this type of assistance, they could only help 41% of clients who needed psychological services (35% of these clients were referred to other organisations for this type of assistance).

### What outcomes were achieved for clients?

When looking just at those clients who had a closed support period in 2011–12 (that is, they had an episode of support that had ended, although some clients went on to have a subsequent open period of support), and comparing clients' first reported and last reported situations, some modest improvements were evident for clients in terms of their housing (where housing data was recorded). The proportion of clients who were sleeping rough or in an improvised dwelling declined from 12% to 7%, and the proportion renting in social housing increased from 14% to 17% (Table A7.12).

Interestingly, the proportion of clients staying in short-term temporary accommodation increased (from 18% to 22%), and the proportion in private housing as a renter or owner decreased (from 31% to 28%). These data may represent situations where clients left housing situations due to family violence or relationship breakdown. It is also possible that, although these clients had closed support periods, they were receiving further support from another specialist homelessness agency that could more appropriately meet their support needs.

Considering all clients assisted in 2011–12, 90% of those who were at risk of homelessness when they first presented in this period (and where housing information was available) were not homeless based on their last reported housing situation. Among those who were homeless when they first presented in this period, 24% appeared to achieve sustainable housing outcomes.

There were also some improvements among clients aged 15 and over who were assessed as needing employment assistance and who had a closed support period in 2011–12. Among this group, the proportion not in the labour force reduced from 34% to 31% between their first and last reported status, and the proportion unemployed reduced from 54% to 48%. The proportion employed full time increased from 3% to 7% (Table A7.13).

### Where are clients located?

Across Australia in 2011–12, the highest proportion of people accessing specialist homelessness services was in Victoria (34%), followed by New South Wales (23%) and Queensland (19%). However, as was the case for the rates of homelessness across Australia (see Section 7.3), the highest rates of access to specialist homelessness services occurred in the Northern Territory (299 clients per 10,000 population) and in the Australian Capital Territory (170 per 10,000 population) (Table 7.3).

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**Table 7.3: Clients of specialist homelessness services, by state and territory, 2011–12**

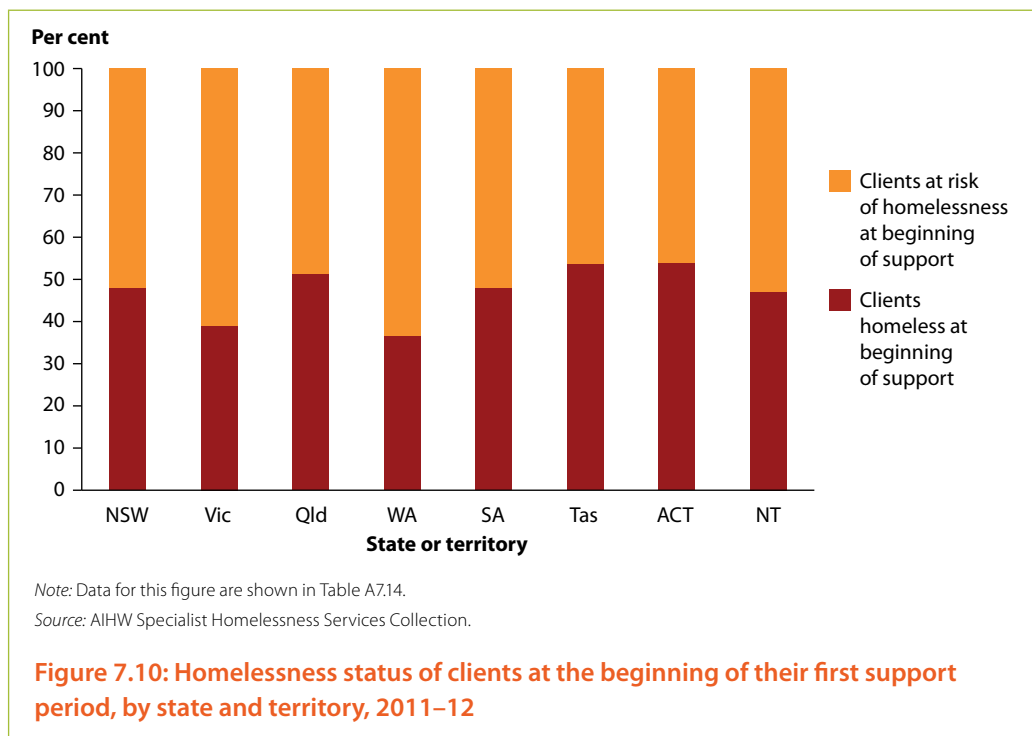
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust <sup>(a)</sup>
Number	53,532	76,950	42,930	21,359	18,368	6,175	6,318	6,953	<b>229,247</b>
Per cent	23.4	33.6	18.7	9.3	8.0	2.7	2.8	3.0	<b>100.0</b>
Rate (per 10,000 population)	73.9	138.0	95.1	89.5	111.7	120.7	170.4	299.2	<b>102.0</b>

(a) In 2011–12, some clients received support from more than one agency in more than one state/territory. These clients are counted in each state/territory in which they were supported, but only counted once in the total. Thus the total number of clients for Australia is less than the sum of clients for each state and territory. Clients who were supported by more than one agency within a state/territory are only counted once within that jurisdiction.

Note: Data were adjusted for non-response.

Source: AIHW 2012b.

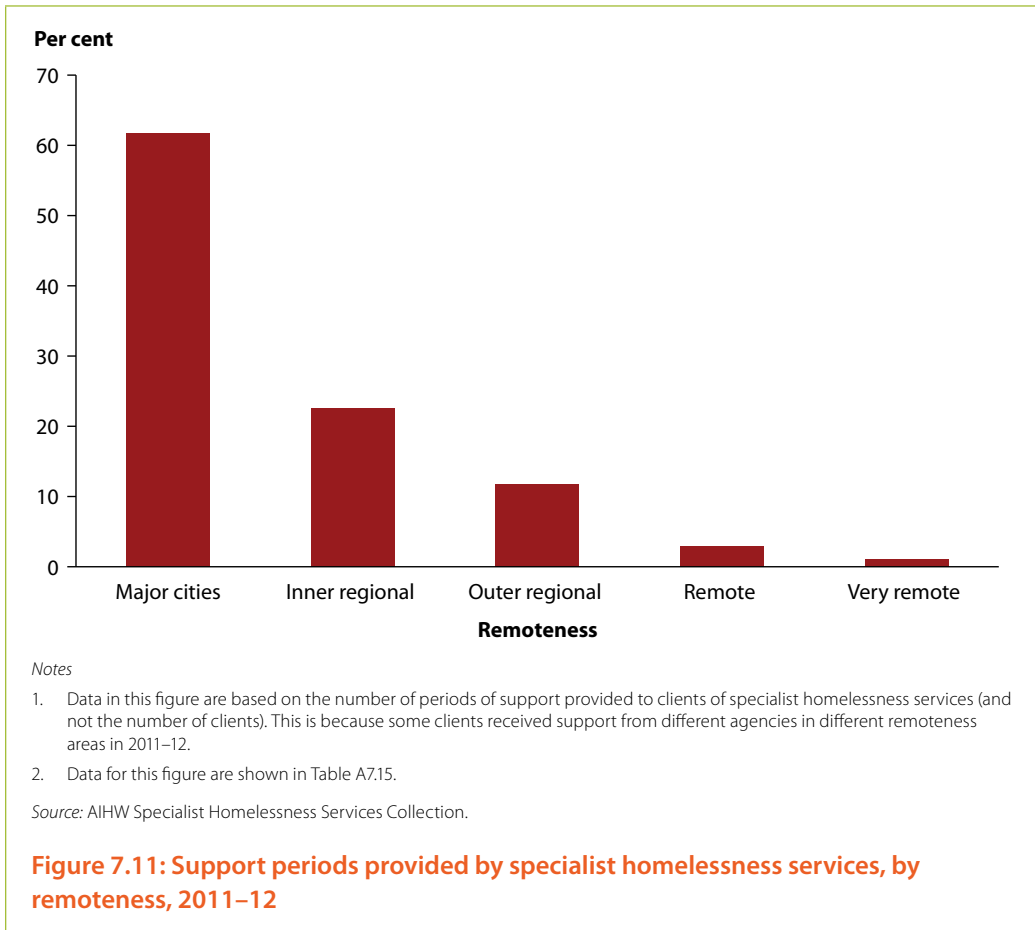
There was some variation across states and territories in the proportions of clients who were homeless (or at risk) at the beginning of their first support period in 2011–12. Clients in the Australian Capital Territory and Tasmania were most likely to be already homeless at the beginning of their first support period (54% of clients in the Australian Capital Territory and 53% in Tasmania) (Figure 7.10), including those who were already in supported accommodation at that time. Clients in Western Australia were least likely to already be homeless at the beginning of their first support period (36%), followed by Victoria (39%).



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Most periods of support provided to clients of specialist homelessness agencies were provided by agencies located in *Major cities* (62%), with a further 23% provided by agencies in *Inner regional* areas and 4% by agencies in *Remote* or *Very remote* areas (Figure 7.11).



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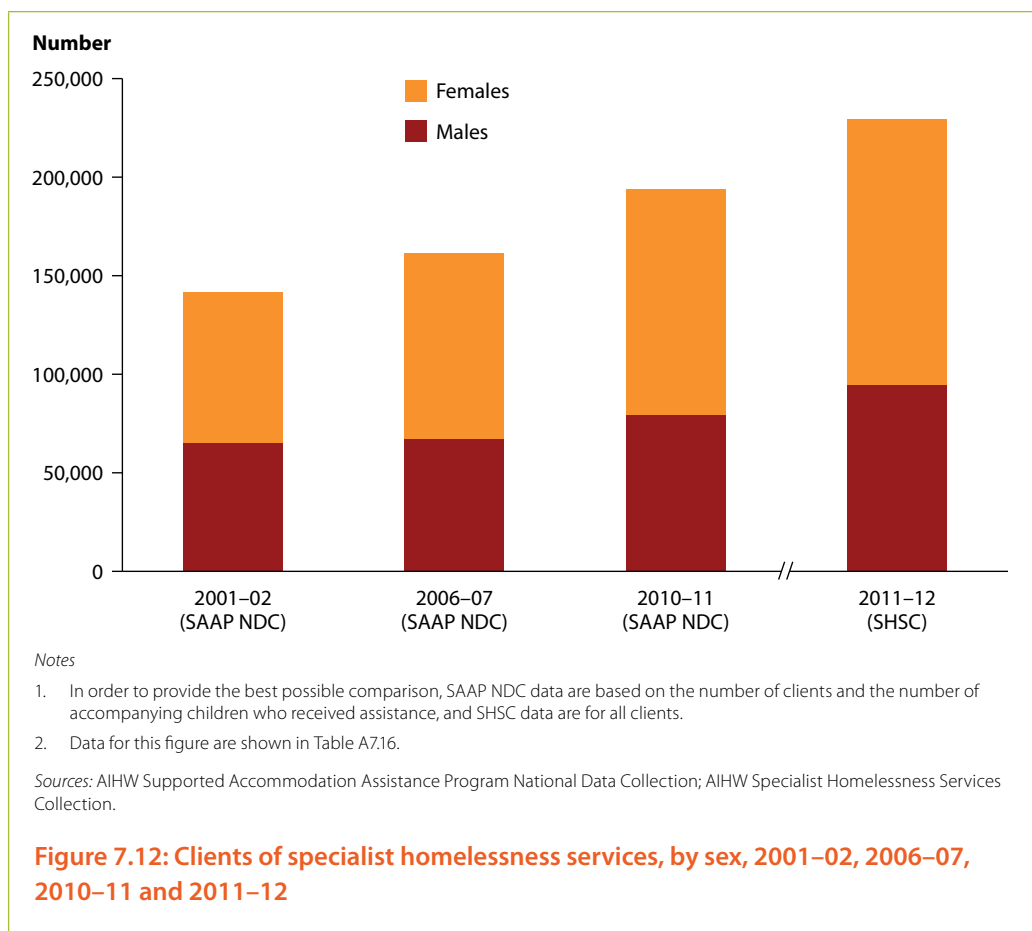
### How have clients and services provided changed over time?

Before the introduction of the SHSC on 1 July 2011, data on specialist homelessness services and the clients of these services were reported to the SAAP NDC. Although there are some significant changes between the two data sets in terms of scope, content and the inclusion of children in reporting requirements, some comparison of data from the collections can be made (see AIHW 2012b for a full description of the differences between these data collections).

In this section, some key SAAP NDC data for the years 2001–02, 2006–07 and 2010–11 are compared with SHSC data for 2011–12. These years have been selected to align with Census years. Note that for some analyses, data were restricted to selected client groups to improve comparability between the collections.



As shown in Figure 7.12, there has been an increase in the number of clients who received specialist homelessness services from 2001–02 to 2011–12.

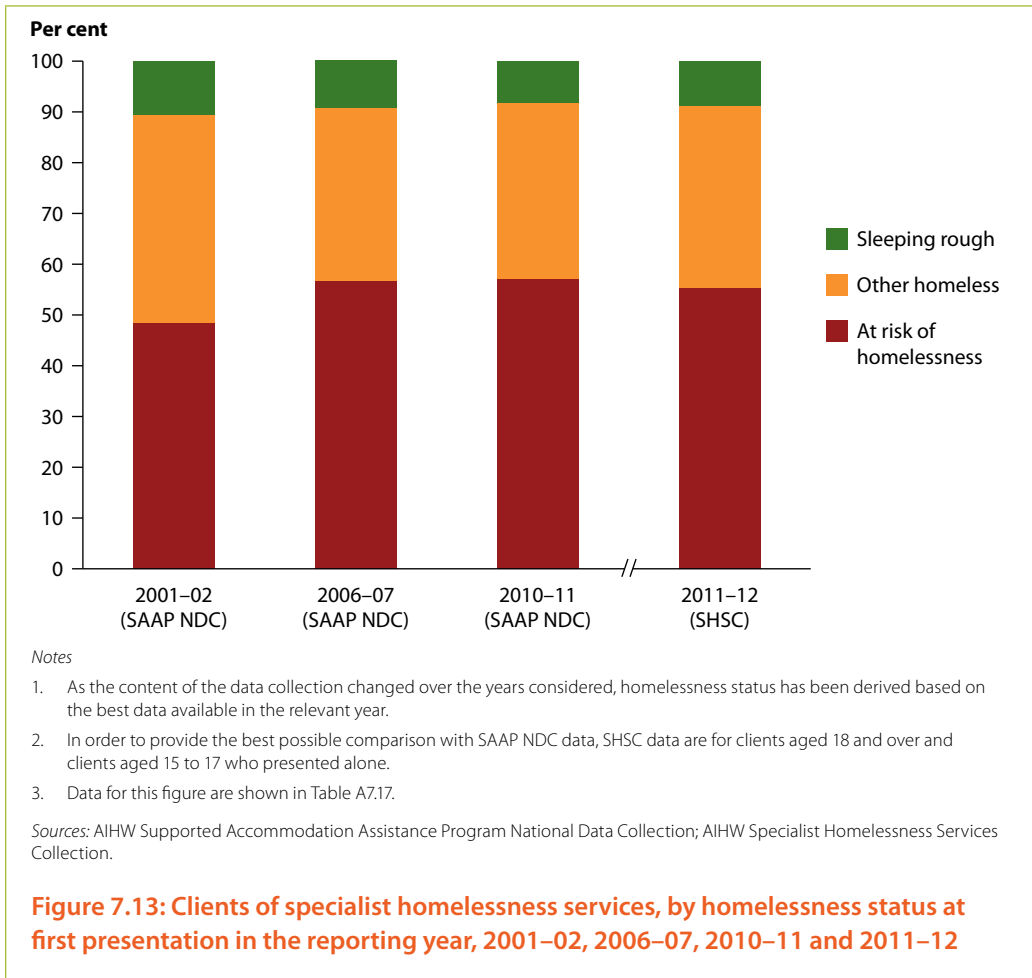


Where this could be assessed, there appears to have been a slight increase over time in the proportion of clients who were at risk of homelessness when they first presented: 49% in 2001–02, compared with 55% in 2011–12 (Figure 7.13). The proportion of clients who were sleeping rough or in an improvised dwelling when they began receiving specialist homelessness support has remained reasonably constant over the years considered (between 8% and 10%).

## Mainstream support services

While research indicates that people who are homeless are high users of mainstream services, the full extent to which they access these services cannot be assessed since agencies that deliver the services generally do not systematically identify people who are homeless or at risk of homelessness. However, data are available for clients of the Department of Human Services who receive income support payments.





### Clients receiving income support payments

In January 2010, DHS introduced homelessness and risk indicators into their information systems to improve the delivery of services to clients who receive income support payments. These indicators allow DHS staff to identify clients: who are experiencing homelessness on an ongoing basis (that is, if the episode of homelessness has lasted, or is expected to last, 6 months or more), or a temporary basis (for episodes of homelessness expected to last less than 6 months); or who are considered to be at imminent risk of homelessness. Information about how people experiencing homelessness are defined for DHS clients is in Box 7.2.

These indicators were introduced to ensure that vulnerable clients are offered relevant services and are able to access more intensive and/or more flexible services to help them (for example, Crisis Payments, or the assistance of DHS Community Engagement Officers or social workers). Since March 2011, clients who have been flagged as homeless or at risk continuously for 12 months or more are also offered a wellbeing assessment.

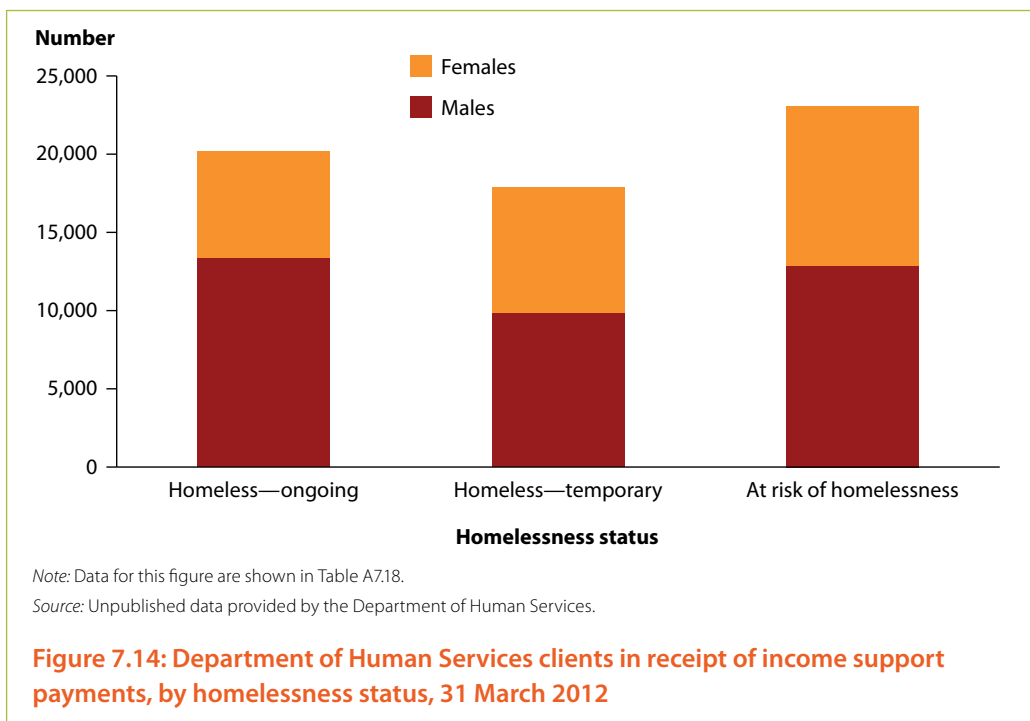


While the identification of people who are receiving income support payments and who are homeless or at risk is not necessary to the delivery of services and does not affect payment amount or eligibility, DHS staff have been trained in the use of these indicators to support this initiative. Nevertheless, identification of homeless or at-risk clients largely depends on client self-identification to DHS staff; clients also need to self-identify when their circumstances have changed, or this may occur as part of the wellbeing assessment. The indicators, therefore, do not provide a precise measure of clients' homelessness or risk status at a specific point in time.

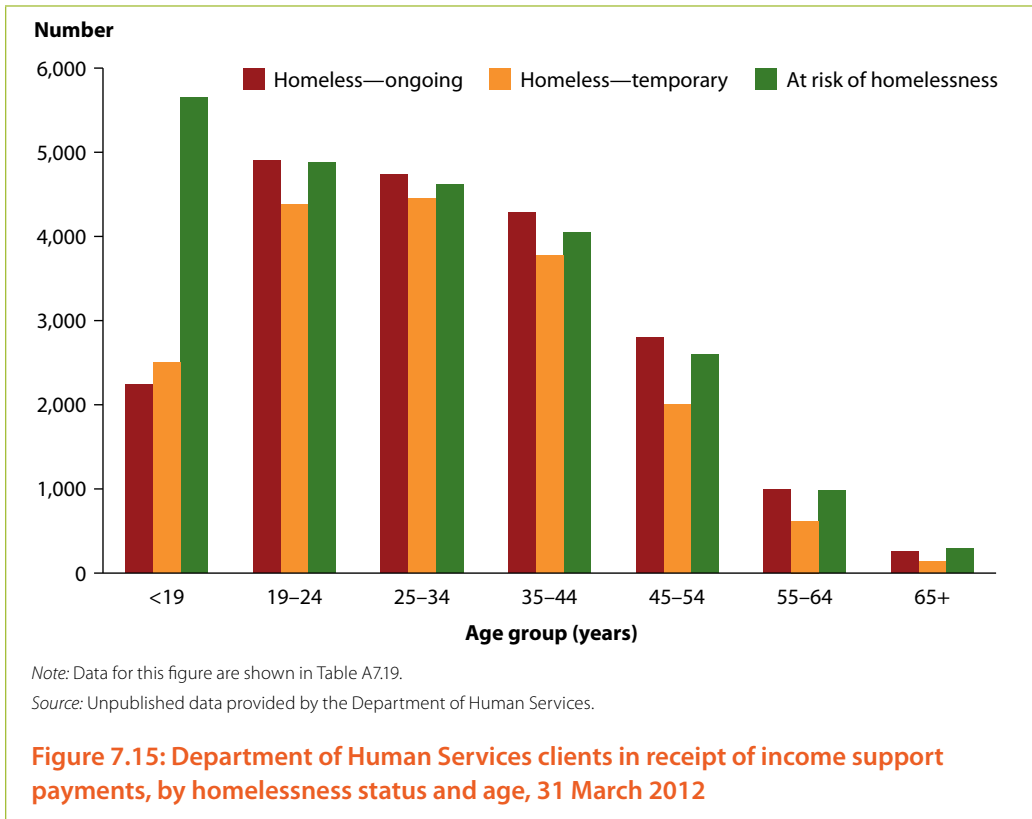
As a result, the usefulness of these data for statistical purposes (in terms of the extent of the identification of clients and the maintenance of an accurate record reflecting current housing circumstances) is limited but provides some indication of the characteristics of this group within the income support population. For example, among those clients who participated in the longitudinal Journeys Home study (which is primarily comprised of income support recipients who have been flagged as homeless or at risk) and who were recorded as 'homeless', 48% were considered to be in stable housing at the time of participation in the study, 23% were thought to be marginally housed and 28% were homeless. However, 51% of all participants had experienced homelessness in the previous 6 months (Scutella et al. 2012).

On 31 March 2012, 61,300 DHS clients in receipt of income support payments were identified with a homelessness or risk indicator: 62% were homeless (33% ongoing and 29% temporary), and 38% were at risk (Figure 7.14). Clients with a homelessness or risk indicator were more likely to be male (59%). The difference between males and females was most pronounced for those who had been, or were expected to be, homeless for 6 months or more (ongoing homeless)—66% of these clients were male.

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Forty per cent of DHS clients with a homelessness or risk indicator were aged under 25, and a similar proportion (42%) were aged between 25 and 44. In general, the age distribution of clients was similar across the three homelessness categories, apart from those aged under 19. In this age group, a much higher proportion of clients were thought to be at risk of homelessness (54%) compared with other age groups where 33% to 41% of clients were identified as being at risk (Figure 7.15).



Across all three homeless categories, 22% of clients were identified as being Indigenous (where this information was available). The proportion of clients who were Indigenous was highest among those who were homeless on an ongoing basis (25%) compared with 20% of both those who were homeless on a temporary basis or who were at risk.

Eight per cent of clients with a homelessness indicator were born overseas in a non-main English-speaking country.

On 31 March 2012, most DHS clients with a homelessness or risk indicator did not have a partner (92%, including people who were separated, divorced or widowed), while the remaining 8% were married or in de facto relationships. This proportion was similar across all homelessness categories.



Overall, 29% of clients had a homelessness or risk indicator on their record for less than 6 months, 35% for 6–12 months and 36% for more than 12 months. Clients with an ongoing homelessness indicator were most likely to have had the indicator on their record for more than 12 months (43% of ongoing homeless, compared with 31% of those with a temporary homeless indicator and 33% of those with an at-risk indicator).

The primary purpose of the homelessness or risk indicator is to ensure that staff, when dealing with vulnerable clients, assess whether the person needs further support or other assistance in their income and welfare support arrangements. On 31 March 2012, 82% of DHS clients with an indicator were receiving, or had received, additional services of some kind, while the remaining 18% had declined referral to another service.

Of those who had received an additional service, 21% were referred for further services at the time their homelessness status was identified, 46% were already receiving additional services and 15% had received and had completed that support. In 2011–12, 27% of all referrals made were to a social worker, 12% were to a state or territory department of housing, 24% were to another accommodation service and 16% were to another community organisation.

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## 7.8 Who does not receive assistance?

### Who does not seek assistance?

Not all people who are homeless receive support. Furthermore, not all support agencies can necessarily deliver all the support that an individual might need to resolve their homelessness.

The ABS 2010 GSS found that 60% of those adults who had been homeless at some time in the previous 10 years did not seek formal assistance during their most recent experience of homelessness. While 81% of those who did not seek services stated that they did not need assistance, 11% did not know of any services or could not find one, and 3% sought assistance but the service was not able to provide assistance. Others reported that they had had a bad experience with service providers in the past, did not trust them, or gave another reason (ABS 2011).

To some extent, the groups who do and do not use specialist homelessness services can be identified by comparing the profile of people who were identified as homeless within the Census with the profile of those who access specialist homelessness services. While these data sets are collected on different bases and cover different populations (as outlined in Section 7.3), the profiles of people covered by these collections can be compared.

Based on such a comparison, the data indicate differences in the proportion of males versus females who use specialist homelessness services and those who don't. Specifically, the Census found that while over half (56%) of the people experiencing homeless were male, those accessing specialist homelessness services were more likely to be female (59%). This suggests that while males are more likely to experience homelessness, females are more likely to seek and receive assistance when homeless or at risk of homelessness.





The distribution of people by age tended to be relatively similar between both the Census data and SHSC clients, although the Census data identified relatively more older homeless people: according to the Census, 14% of homeless people were aged 55 and over, compared with 6% of clients accessing specialist homelessness services.

There was a difference in the proportion of people who were Indigenous between the two data sources (28% of homeless people identified in the Census—many of whom were in severely crowded dwellings as outlined in Section 7.5—and 22% of all SHSC clients). There were even larger differences in relation to country of birth. In the Census, 36% of all people experiencing homelessness were born overseas, compared with 14% of SHSC clients.

## Who misses out on assistance?

Agencies that participate in the SHSC also record data on all clients who approach their service for assistance but who they are unable to help. See Box 7.4 for further information on the way in which data about unassisted requests for help are recorded and reported in the SHSC.

### **Box 7.4: Recording and reporting of unassisted requests for assistance in the SHSC**

Agencies participating in the SHSC report some basic data about all people who approach their agency and are unassisted. An unassisted request for service occurs when a person is unable to be provided with any assistance by a specialist homelessness agency at the time of the request. There may be a number of reasons why an agency cannot meet a particular request; for example, a person may need a service that is not offered by the agency, or a person may seek a specialised service that requires trained staff who are not available, or the agency may be operating at capacity.

Unassisted requests for services provide a measure of the *number of instances* where a request for services resulted in a person receiving no immediate assistance from a specialist homelessness agency. It is not a measure of the *number of people* who did not receive any services from an agency. Numbers exclude multiple requests from the same person (at any agency) on the same day, but may include requests from the same person (at any agency) on different days.

While information about clients is requested that enables linkage of data about people who make multiple unmet requests for assistance, this information was not fully available for most (53%) of the unmet requests for service. Without this information, it is not possible to identify when a person requested the same service more than once from the same agency or from different agencies on different days, or when a person was initially unassisted but later became a client of a specialist homelessness agency. Because of this limitation, some data are presented as a daily average of requests for services.

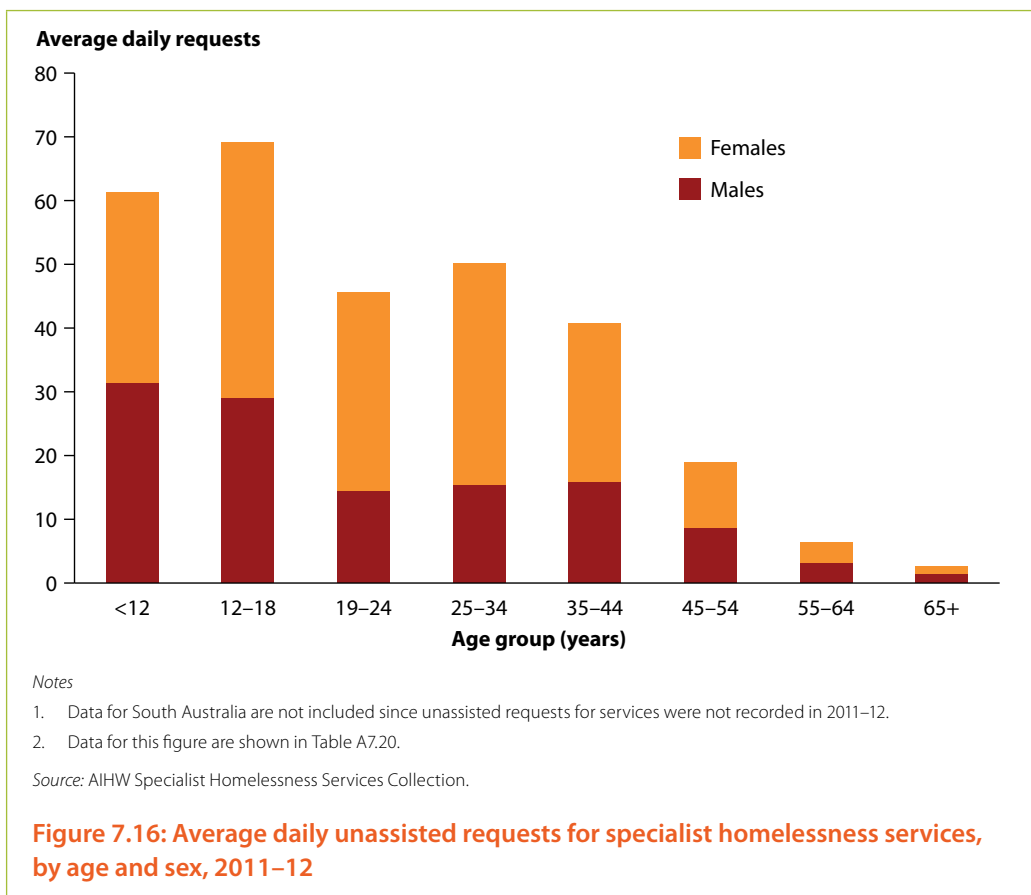
Data on unassisted requests for service may also be influenced by particular service models that may exist in some areas. For example, areas that have established 'central intake' service models (that provide a single entry-point into the service system for clients) will have fewer requests for assistance being directed to individual support agencies.

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In 2011–12, there were an estimated 136,800 requests for service which were not able to be met at the time by agencies; this equates to an average of 374 requests for services per day that were unmet. On average, 233 daily unmet requests (or 62% of all requests) were made by females and 142 (38%) by males. Note that data for South Australia are not included in these estimates since information on unassisted requests for services were not recorded in that state in 2011–12.

Children aged under 12 accounted for 21% of average daily unassisted requests, and people aged 12–18 accounted for 23%. While similar numbers of boys and girls aged under 12 were unassisted, in all other age groups there were greater numbers of females who were unassisted (Figure 7.16).



On the whole, the age and sex profile of those who were unassisted (see Figure 7.16) is similar to the age and sex profile of SHSC clients (see Figure 7.7), although differences are evident for the 12–18 age group. This age group comprised 13% of all SHSC clients but 23% of average daily requests that were not met.

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The likelihood of receiving assistance may also be influenced by whether the client presented alone or as part of a family or other group. In particular, unmet requests for services from people in family groups represented 41% of all unmet requests for assistance, although people in family groups (mostly sole parents and their children) represented 33% of the overall SHSC client population (AIHW 2012b).

Two-thirds (67%) of all unmet requests (where the types of assistance wanted were recorded) included a request for short-term or emergency accommodation. Twenty-three per cent sought other housing assistance and 18% general assistance and support (Table A7.21).

Among those unmet requests for services that included a request for short-term or emergency accommodation, 73% wanted assistance within 24 hours and 10% in 24 to 48 hours. In most cases where a person was seeking assistance that included short-term or emergency accommodation, the assistance was not provided because the agency had no accommodation available (62%). In 10% of cases, assistance was not provided because the client was from the wrong target group, and in 8% of cases the person did not accept the service.

## 7.9 Where to from here?

While there has been a considerable investment in developing and refining data sources related to homelessness in recent years, there are a number of further data developments that will help to inform the picture of homelessness in the future.

The ABS has an ongoing program to improve the quality and availability of information relating to people who experience homelessness. Key priorities include:

- conducting a consultative research project to explore perspectives on homelessness within the Aboriginal and Torres Strait Islander population
- considering priority improvements to collection and estimation processes for the 2016 Census and beyond
- continuing to refine a short question module for use in household surveys to collect information regarding previous experiences of homelessness
- developing methods for improved estimation of youth homelessness
- investigating options for providing point-in-time estimates of homelessness between Censuses.

In the SHSC, a series of questions that identify clients with a disability was introduced for collection from 1 July 2013. These questions, which are based on a standardised disability flag developed by the AIHW for use across a range of health and community services data collections, are broadly consistent with the short disability module used by the ABS (see Section 5.6 for more information).



As SHSC data continue to be collected over coming years, opportunities to explore individual clients' experiences over time will increase. This, along with opportunities to link client information with other service sectors, is likely to provide greater insights into the pathways into and out of homelessness, and the service responses that are likely to achieve the best outcomes for people experiencing homelessness.

Ongoing funding is also being provided for a number of research programs, including the longitudinal Journeys Home study of DHS clients receiving income support who have experienced (or are vulnerable) to homelessness. This study, which is being undertaken by the Melbourne Institute of Applied Economic Research on behalf of FaHCSIA, will continue to improve our understanding of the dynamics of homelessness, and the factors associated with exiting out of homelessness.

Additionally, Connecting the Dots—a collaborative study between FaHCSIA, DHS, the AIHW, and the Department of Education, Employment and Workplace Relations—is investigating the use of a range of government services by clients of specialist homelessness services. This study (expected to release its first findings in late 2013) will improve our understanding of how services that provide employment and income support can better work together for people who are experiencing homelessness or who are at risk of homelessness.

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## References

- ABS (Australian Bureau of Statistics) 2011. General Social Survey: summary of results, Australia, 2010. ABS cat. no. 4159.0. Canberra: ABS.
- ABS 2012a. Australian social trends, March 2012: life after homelessness. ABS cat. no. 4102.0. Canberra: ABS.
- ABS 2012b. Census of Population and Housing: estimating homelessness, 2011. ABS Cat. no. 2049.0. Canberra: ABS.
- ABS 2012c. Information paper: a statistical definition of homelessness. ABS cat. no. 4922.0. Canberra: ABS.
- ABS 2012d. Information paper: methodology for estimating homelessness from the Census of Population and Housing, 2012. ABS cat. no. 2049.0.55.001. Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 2012a. Linking SAAP, child protection and juvenile justice data: technical report. Data linkage series no. 14. Cat. no. CSI 14. Canberra: AIHW.
- AIHW 2012b. Specialist homelessness services 2011–12. Cat. no. HOU 267. Canberra: AIHW.
- Australian Government 2008a. The road home: a national approach to reducing homelessness. Canberra: Commonwealth of Australia.
- Australian Government 2008b. Which way home? A new approach to homelessness. Canberra: Commonwealth of Australia.
- Baldry E, Dowse L, McCausland R & Clarence M 2012. Lifecourse institutional costs of homelessness for vulnerable groups. Sydney, University of New South Wales.
- Baldry E, McDonnell D, Maplestone P & Peeters M 2006. Ex-prisoners, homelessness and the state in Australia. Australian & New Zealand Journal of Criminology 39:20–33.
- Chamberlain C & Johnson G 2013. Pathways into adult homelessness. Journal of Sociology 49:60–77.



- Chamberlain C & MacKenzie D 1999. Counting the homeless: implications for policy development. ABS cat. no. 2041.0. Canberra: ABS.
- Chamberlain C & MacKenzie D 2003. Australian census analytic program: counting the homeless 2001. ABS cat. no. 2050.0. Canberra: ABS.
- Chamberlain C & Mackenzie D 2008. Australian census analytic program: counting the homeless 2006. ABS cat. no. 2050.0. Canberra: ABS.
- Chigavazira A, Johnson G, Moschion J, Scutella R, Tseng Y & Wooden M 2013. Findings from waves 1 and 2. Journeys Home research report no. 2. Melbourne: Melbourne Institute.
- COAG (Council of Australian Governments) 2009. National Partnership Agreement on Homelessness. Canberra: COAG. Viewed 20 March 2013, <[http://www.federalfinancialrelations.gov.au/content/npa/housing/homelessness/national\\_partnership.pdf](http://www.federalfinancialrelations.gov.au/content/npa/housing/homelessness/national_partnership.pdf)>.
- COAG 2012. National Affordable Housing Agreement. Canberra: COAG. Viewed 20 March, <<http://www.federalfinancialrelations.gov.au/content/npa/housing/affordable/national-agreement.pdf>>.
- d'Addio AC 2007. Intergenerational transmission of disadvantage: mobility or immobility across generations? A review of the evidence for OECD countries. Paris: OECD.
- Holdsworth L, Tiyce M & Hing N 2012. Exploring the relationship between problem gambling and homelessness: becoming and being homeless. *Gambling Research: Journal of the National Association for Gambling Studies (Australia)* 23(2):39–54.
- Joffe G, Chow J, Heligman T, Wilhelm K, Collins L, Giles E et al. 2012. The economic costs of sleeping rough: an estimation of the average economic costs of homelessness as measured by utilisation of services over a 12-month period. *Parity* 25:37.
- Johnson G, Grounda H & Coutts S 2008. *On the outside: pathways in and out of homelessness*. Melbourne: Australian Scholarly Publishing .
- Kermode M, Crofts N, Miller P, Speed B & Streeton J 1998. Health indicators and risks among people experiencing homelessness in Melbourne, 1995–1996. *Australian and New Zealand Journal of Public Health* 22:464–70.
- Keys D 2009. *Children and homelessness: literature review*. Melbourne: The Salvation Army Australia Southern Territory.
- Kirkman M, Keys D, Turner A & Bodzak D 2009. *Does camping count? Children's experiences of homelessness*. Melbourne: The Salvation Army Australia Southern Territory.
- Mackenzie D & Chamberlain C 2003. *Homeless careers: pathways in and out of homelessness*. Melbourne: RMIT & Swinburne Universities.
- Parker E, Jamieson L, Steffens M, Cathro P & Logan R 2011. Self-reported oral health of a metropolitan homeless population in Australia: comparisons with population level data. *Australian Dental Journal* 56:272–7.
- Rafferty Y & Shinn M 1991. The impact of homelessness of children. *American Psychologist* 46:1170–9.
- Scutella R, Johnson G, Moschion J, Tseng Y & Wooden M 2012. *Journeys Home: wave 1 research report*. Report prepared for the Department of Families, Housing, Community Services and Indigenous Affairs. Melbourne: Melbourne Institute.
- van Doorn L 2005. Phases in the development of homelessness—a basis for better targeted service interventions. *Homelessness in Europe* Winter:14–7.



