

# Specialist homelessness services annual report 2016-17

Web report | Last updated: 12 Feb 2018 | Topic: [Homelessness services](#) | [Media release](#)

## About

The specialist homelessness services 2016-17 web report is the sixth annual report from the Specialist Homelessness Services Collection (SHSC). It describes the characteristics of clients of specialist homelessness services, the services requested, outcomes achieved, and unmet requests for services during 2016-17.

This report was first published on 14 December 2017. Additional material was added on 12 February 2018:

- [fact sheets](#)
- [historical data](#)
- [interactive data visualisation](#).

Cat. no: WEB 217

### Findings from this report:

- 288,000 people were assisted by specialist homelessness agencies in 2016-17
- 2 in 5 clients had experienced domestic and family violence
- 1 in 2 people seeking homelessness services in 2016-17 had received services previously, in the past 5 years
- Most people seeking assistance were at risk of homelessness (56%), and most were living in private dwellings at the time

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## Policy framework for reducing homelessness and service response

Governments across Australia fund a range of services to support people who are homeless or at risk of homelessness. These services are delivered by non-government organisations including agencies specialising in delivering services to specific target groups (such as young people or people experiencing domestic violence), as well as those that provide more generic services to those facing housing crises.

### This report describes:

- The people who received assistance from specialist homelessness agencies in 2016–17, the assistance they received and changes in their housing and other circumstances.
- Trends in the characteristics of clients, the services they received, and their outcomes.
- The people who requested services in 2016–17 but were not able to be provided with support at that time.

For the first time in 2016–17, data describing clients with problematic drug and/ or alcohol use are presented in a single snapshot. Data describing clients living with disability are presented from 2013–14 onwards.

The data in this publication are compiled from the Specialist Homelessness Services Collection (SHSC), which is conducted by the Australian Institute of Health and Welfare (AIHW). Data are provided to the AIHW by around 1,500 homelessness agencies allowing this report to be compiled and published. The AIHW thanks them and their clients for making this possible.

People who are homeless or facing homelessness may also access a range of mainstream services that are available to the broader community (such as income support payments or health services). These services are not described in this report.

### Policy framework for reducing homelessness

Many Australians experience events in their life that may place them at risk of homelessness. It is estimated that just over half (51%) of lower income households experience housing affordability issues due to rental stress (paying more than 30% of their gross income on housing costs) (ABS 2017a), and around 1 in 6 women (1.6 million) have experienced some form of domestic and family violence in their lifetime, putting them at risk of homelessness (ABS 2017b).

On Census night in 2016, 116,427 Australians were homeless. This marked a 4.6 per cent increase in the rate of homeless persons over 5 years, from 47.6 per 10,000 in 2011 to 49.8 in 2016. Census homeless estimates include people in supported accommodation for the homeless, people in temporary accommodation, those ‘sleeping rough’ and people living in severely crowded dwellings (those that required 4 or more extra bedrooms to accommodate the residents) (ABS 2018).

The Federal Government announced the establishment of a new National Housing and Homelessness Agreement (NHHA) in the 2017–18 Budget, reforming the previous funding agreements with states and territories (the National Affordable Housing Agreement (NAHA) supported by the National Partnership Agreement on Homelessness (NPAH)). The proposed \$4.6 billion NHHA includes \$375.3 million over three years to fund front-line homelessness services, and comes into effect 1 July 2018. The Government has also provided \$117.2 million via a Transitional National Partnership Agreement on Homelessness for 2017–18 to provide services with certainty while governments work together to finalise the new agreement (Australian Government 2017).

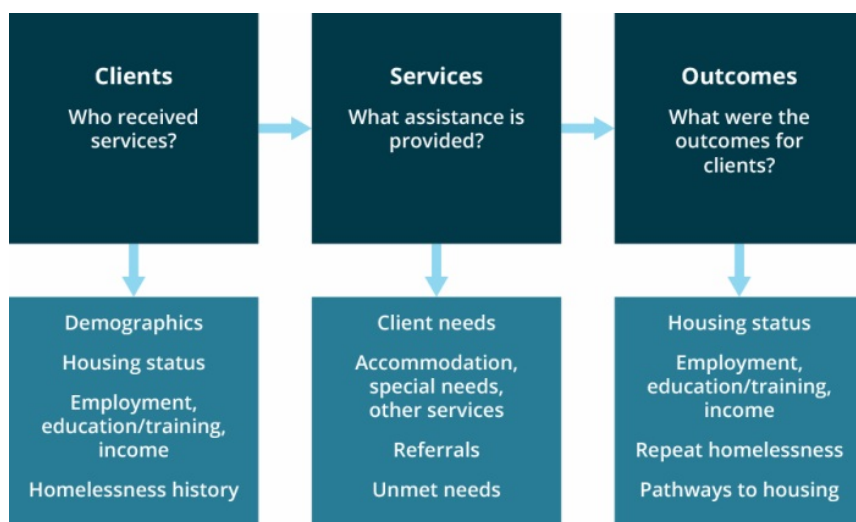
### About the Specialist Homelessness Services Collection

The SHSC began on 1 July 2011. The collection has been designed to collect data from homelessness agencies that are funded under the NAHA and the Transitional NPAH. State and territory departments identify agencies that are expected to participate in the data collection. These agencies vary widely in terms of the services they provide and the service delivery frameworks they use. These frameworks may be determined by the state or territory funding department or developed as a response to local homelessness issues (see [What are specialist homelessness agencies](#) for more details).

All SHSC agencies report standardised data about the clients they support each month to the AIHW, as specified in the [Specialist Homelessness Services National Minimum Dataset \(NMDS\)](#). Data are collected about the characteristics and circumstances of clients when they first present at an agency. Further data—on assistance received and circumstances—are collected at the end of every month in which the client receives services and again when contact with the client has ceased. Some data are self-reported, others require consent to publish. Information regarding these items is found in [Technical information](#).

This information contributes to building a picture of clients, the specialist homelessness services that were provided to them and outcomes achieved for those clients (Figure FRAMEWORK.1). SHSC data provide a measure of the service response directed to those who are experiencing housing difficulty. The data do not provide a measure of the extent of homelessness in the community, although SHSC data on emergency and supported accommodation do contribute to the profile of homelessness in Australia.

### Figure FRAMEWORK.1: Conceptual framework of the SHSC client collection



The data collected by agencies are based on periods of support provided to clients. These support periods vary in terms of their duration, the number of contacts between Specialist Homelessness Services (SHS) workers and clients, and the reasons support ends. Some support periods are relatively short (and are likely to have begun and ended in 2016-17) and others are much longer—many of these might have been ongoing from the previous year, and/or were still ongoing at the end of 2016-17.

Certain information collected about the client (selected letters of name, date of birth and sex) is used to construct a statistical linkage key (SLK). This SLK brings together all data about each client who had multiple support periods (either with the same agency or with different agencies) during the reporting year. Note that while a client may have received SHS support in a previous year, use of homelessness services in prior year(s) is out of scope for SHS annual reporting purposes.

All data presented in this report and in the Supplementary tables have been adjusted for agency non-response and data error in the statistical linkage key (SLK). Detailed information about the weighting and estimation strategy for 2016-17 can be found in [Technical information](#).

Data tables from which these analyses are drawn are provided as supplementary tables to this report. All percentages given are based on valid responses reported for clients, and the extent of missing data is indicated in the supplementary tables.

Further information about the collection, imputation methodology applied to these data, and information about the quality of the data obtained through the SHSC for 2016-17 is available in [Technical information](#).

## Delivery of homelessness services across Australia

Each state and territory manages their own system for the assessment, intake, referral and ongoing case management of specialist homelessness services clients. Box FRAMEWORK.1 summarises the delivery systems operating in Australia. Although presented as 3 distinct delivery models, these systems are representative of a range of approaches jurisdictions may employ to coordinate entry into specialist homelessness services. Changes implemented by jurisdictions in the delivery of services and their associated responses have the potential to impact SHSC annual data.

### Box FRAMEWORK.1

#### Community sector funding and support

- **Assessment & intake:** managed by individual SHS providers, consistent with state or territory policies.
- **Referral:** refer to other SHS providers if clients' needs are not able to be met by initial SHS provider.
- May be supported by a coordinating service.

#### Central information management

- **Assessment, intake and referral:** managed at any SHS provider, via state or territory central information management tool.
- Central information management system assists in the identification of appropriate services and indicates the availability/vacancy of services at all SHS providers.

#### Central intake

- **Assessment, intake and referral:** managed by one or more 'central intake' agency.
- Central intake agencies prioritise access to services and only refer clients as services and/or vacancies are available.
- Central information management tool may exist to share information between SHS providers.

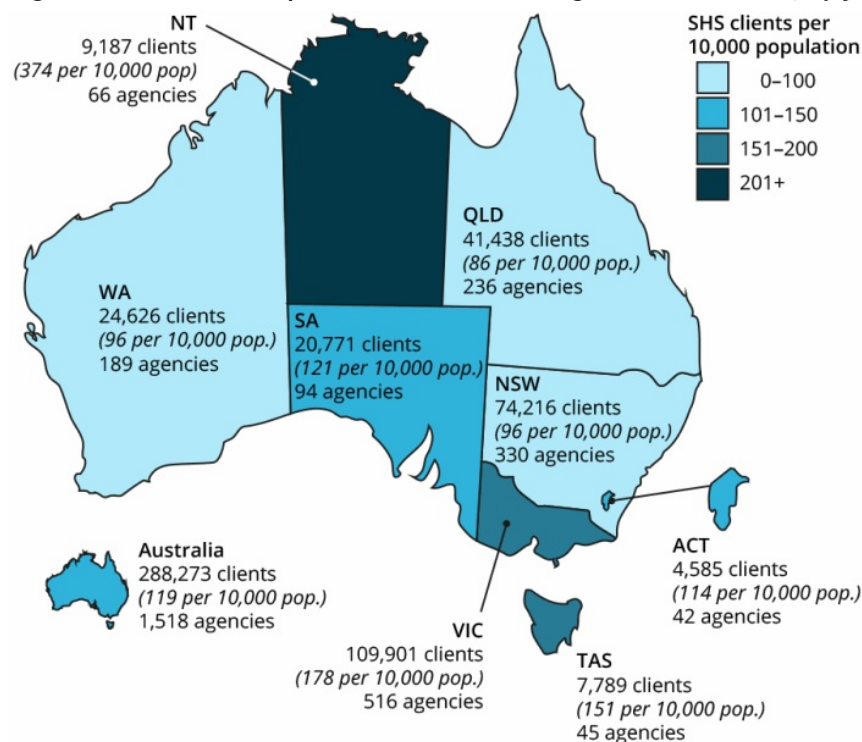
## What are specialist homelessness agencies?

A specialist homelessness agency reporting to the SHSC is an organisation that receives government funding to deliver accommodation-related and personal services to people who are homeless or at imminent risk of homelessness. While it is recognised that other organisations not directly funded by the government also provide a wide range of services to this sector, these organisations are not required to provide data to the SHSC.

SHS agencies vary considerably in size and in the types of assistance they provide. Across Australia, agencies provide services aimed at prevention and early intervention, crisis and post crisis assistance to support people experiencing or at risk of homelessness. For example, some agencies focus specifically on assisting people experiencing homelessness, while others deliver a broader range of services, including youth intervention services, domestic and family violence services and housing support services to those at risk of becoming homeless. The service types an agency delivers range from basic, short-term interventions such as advice and information, meals, and shower/ laundry facilities through to more specialised, time-intensive services such as financial advice and counselling and professional legal services (see [Glossary](#) for a complete list of service types).

Nationally, there were 1,518 agencies that delivered specialist homelessness services to an estimated 288,273 clients during 2016-17 (Figure FRAMEWORK.2).

**Figure FRAMEWORK.2: Specialist homelessness agencies and clients, by jurisdiction, 2016-17**



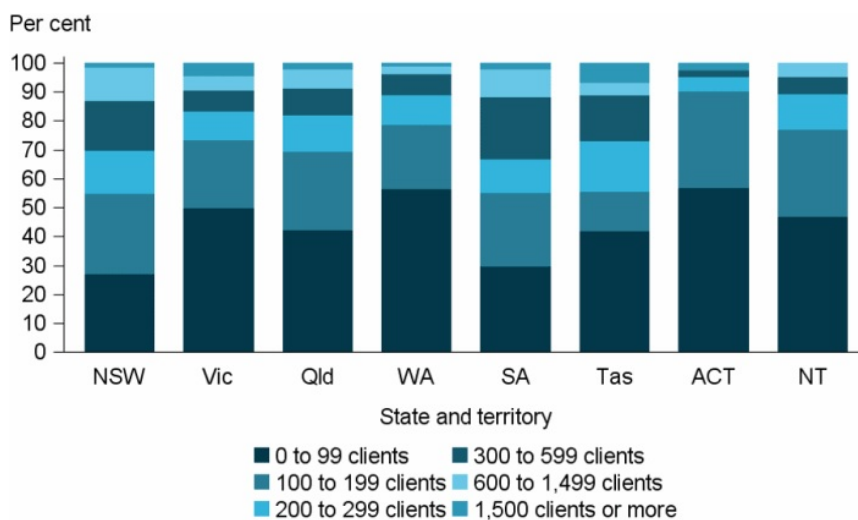
**Notes**

1. Client count has been adjusted for non-response. Clients may access services in more than one state or territory, therefore the Australia total will be less than the sum of jurisdictions.
2. The agency count includes only those agencies that provided support periods with valid SLKs.

Source: Specialist homelessness services 2016-17.

Agencies range considerably in size, with some agencies assisting 100 clients per year and others upward of 1,500. Some agencies are represented by a larger ‘parent’ organisation while others are individual stand-alone agencies. The number of clients agencies assist (agency size) not only reflects the type and complexity of services provided, but also differing state and territory service delivery models. Agency size is also influenced by jurisdictional-specific factors such as the size and geographical distribution of their population. Figure FRAMEWORK.3 illustrates the wide range in agency sizes within each jurisdiction. In 2016-17 the largest proportion of agencies assisted fewer than 100 clients in all jurisdictions except New South Wales, ranging from 57% in Western Australia and the Australian Capital Territory to 30% in South Australia. In New South Wales, a slightly higher proportion of agencies assisted between 100-199 clients than fewer than 100 clients (28% compared with 27%, respectively). Agencies assisting a large number of clients (more than 1,500 in 2016-17) exist in all jurisdictions except the Northern Territory. Victoria has the most agencies of this size (22 agencies).

**Figure FRAMEWORK.3: Specialist homelessness agencies, by client range and jurisdiction, 2016-17**



Note: Client count has been adjusted for non-response.

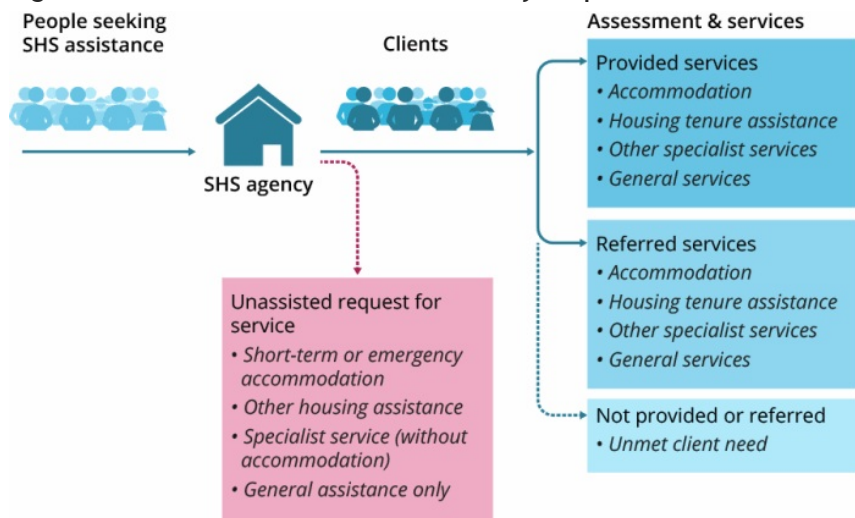
Source: Specialist homelessness services 2016-17.

### SHS agencies and their service delivery

Specialist homelessness services can either be provided to the client by the agency, or a client may be referred to another agency for a specific service (Figure FRAMEWORK.4). In some instances, a client may neither receive nor be referred for a service and their need therefore goes unmet. These unmet needs are captured to assist in determining the ability of the sector to respond to client needs.

Sometimes, SHS agencies are unable to assist people who are homeless or at risk of homelessness. These instances are captured to assist in determining the ability of the sector to cope with demand. An 'unassisted request for service' is an instance where a person(s) who approaches an agency is unable to be provided with any assistance (see Technical Information).

Figure FRAMEWORK.4: Access to and delivery of Specialist Homelessness Services



Services provided by specialist homelessness agencies in all jurisdictions can be categorised as either 'accommodation services' (either the direct provision of accommodation or assistance for the client to remain housed) or 'services other than accommodation' (figure FRAMEWORK.5). The proportion of SHS clients receiving accommodation services varied across states and territories in 2016-17 with over 7 in 10 clients in Tasmania (78%) and Queensland (72%) receiving these services (FRAMEWORK.5). In contrast, 55% of clients in South Australia were provided services other than accommodation. This variation reflects differences in the demand for accommodation services, service delivery models, and housing options across jurisdictions.

Figure Framework.5: Clients of Specialist Homelessness Services, by service type, states and territories, 2016-17



#### Notes

1. Clients provided or referred accommodation services (short-term or emergency accommodation, medium-term/ transitional housing, long-term housing, assistance to sustain tenancy or prevent tenancy failure or eviction and assistance to prevent foreclosures or for mortgage arrears) are included in the accommodation services category. These clients may have also been provided additional services other than accommodation.
2. The denominator for the proportions is the number of clients who were provided or referred any service during 2016-17.
3. Clients may access services in more than one state or territory. If they received accommodation services in any jurisdiction they will be counted as having received these services in all jurisdictions in which they received services.
4. The proportion of clients who received accommodation services broadly reflects the demand for accommodation services in each jurisdiction and may be influenced by the delivery model employed in the state or territory and/or a limitation in accommodation stock of the jurisdiction.

Source: Specialist Homelessness Services, 2016-17.

#### References

1. Australian Bureau of Statistics (ABS) 2017a. Housing and occupancy costs, 2015-16. ABS cat no. 4130.0. Canberra: ABS.
2. ABS 2017b. Personal safety, Australia, 2016. ABS cat no. 4906.0. Canberra: ABS.
3. ABS 2018. Census of population and housing: estimating homelessness, 2016. ABS cat no. 2049.0. Canberra: ABS.
4. Australian Government; Budget 2017. A new national housing and homelessness agreement. Fact sheet 1.7. [http://www.budget.gov.au/2017-18/content/glossies/factsheets/download/FS\\_17\\_Housing\\_Affordability.pdf](http://www.budget.gov.au/2017-18/content/glossies/factsheets/download/FS_17_Housing_Affordability.pdf)

## Clients, services and outcomes

Specialist homelessness agencies provide a wide range of services to assist those who are homeless or at risk of homelessness, ranging from general support and assistance to immediate crisis accommodation. This section outlines the characteristics of all clients assisted by specialist homelessness agencies in 2016-17, describes their needs for assistance and the services they received. It also provides some key trends for the 5 years from 2012-13 to 2016-17.

### Key findings in 2016-17

- Client numbers increased 3% from 2015-16 to over 288,000 with the rate per 10,000 population reaching 119.1, up from 117.1 the previous year.
- Most clients seeking assistance were housed, but 'at risk' of becoming homelessness (56%); of these, most were living in private/other housing (88,000, or 61%), or social housing at the time (35,000 or 24%).
- A high proportion of the 'at risk' population had experienced domestic and family violence (40%).
- Clients are getting older: 1 in 5 clients were aged over 45 years (over 58,000 clients), an 8% increase in client numbers compared with 2015-16. By comparison, there was a 2% increase in clients aged under 45 years over the same period.
- Just over half (51%) of the clients in 2016-17 had also received SHS assistance at some time in the previous 5 years.
- The proportion of clients receiving accommodation has decreased slightly (30% compared with 31% in 2015-16), although the median length of accommodation has remained the same at 33 nights.
- For clients at risk of homelessness seeking assistance, agencies assisted 9 in 10 clients to maintain housing; most of these clients were in private/other housing when they began support (70,000 compared with 27,000 in public/community housing).
- 4 in 10 clients were homeless on presentation to a SHS agency; agencies assisted about 39% into housing following support. Most were assisted into private/other dwellings (about 16,000) and a further 11,000 into social housing.
- The average amount of financial assistance provided totalled \$640 per client, up from \$520 in 2015-16 (not adjusted for inflation).

### Clients: 2012-13 to 2016-17

Over 940,000 Australians have been supported by homelessness agencies since the collection began in 2011-12.

The estimated number of clients assisted by agencies each year has increased from 244,176 in 2012-13 to 288,273 in 2016-17. This represents an average annual growth rate of 4.2%.

Because SHSC data provide a measure of the service response, increases in client numbers generally reflect the increased availability and accessibility of services, not necessarily a change in the underlying level of homelessness in Australia. The rate of specialist homelessness service use has increased from 107 people per 10,000 in 2012-13 to 119 in 2016-17 ([Supplementary Historical Tables](#)). That is, from 1 in 93 people in the Australian population to 1 in 84.

The characteristics of clients, the main reason for seeking support, and the services provided to clients, have remained relatively stable over the past 5 years (Table Client Trends.1). There have, however, been some notable changes:

- *Clients are supported for longer:* The median number of days a client was supported has increased from 31 days in 2012-13 to 37 days in 2016-17, an average annual growth of 4.5% each year.
- *Tenancy assistance services are increasingly needed:* The proportion of clients who were identified as needing assistance to sustain tenancy or prevent tenancy failure or eviction increased from 29% in 2012-13 to 33% in 2016-17.
- *Males are more likely to be homeless on presentation than females:* the proportion of males who were homeless on presentation has decreased from 57% of males in 2012-13 to 51% in 2016-17. The proportion of females who were homeless on presentation was similar over this period (38%), with the majority of females presenting at risk of homelessness (62%).
- *More females than males presented homeless in 2016-17:* For the first time since the Collection began in 2011-12 the number of females presenting homeless in 2016-17 (57,547) has overtaken the number of males (54,169) (up from 39,876 and 42,519 in 2012-13, respectively).
- *Clients over 45 are increasing:* Between 2012-13 and 2016-17 there has been a small but steady increase each year in the proportion of clients aged over 45 years from 18% (or nearly 45,000) in 2012-13 to 1 in 5 clients (20%, or over 58,000) in 2016-17.
- *While small, clients 65 and over are the fastest growing group:* The number of clients aged 65 and over increased from nearly 6,000 in 2012-13, over 8,000 in 2016-17 (3% of the SHS population). The average annual growth rate was higher for Indigenous clients aged over 65, than non-Indigenous clients (18% each year compared with 11%, respectively).
- *Services are successful in maintaining the housing of those at risk:* Clients housed, but at risk of homelessness remain the majority of clients seeking assistance from specialist homelessness services (56% in 2016-17). There have been increases in the proportion of these clients housed following support. For example, 93% of clients assisted who were living in public and community housing remained housed in 2016-17, up from 91% in 2012-13; similar increases were seen for clients who were living in private/other housing when they sought assistance (91%, up from 89% in 2012-13).

- *Clients remaining homeless following support are declining:* Agencies have been achieving better housing outcomes following support especially for those beginning support homeless. There has been a 12 percentage point decline in the proportion of these clients ending support homeless over the past 5 years, down from 73% in 2012-13.
- *Housing options for SHS clients presenting homeless are changing:* Five years ago similar numbers of these clients were housed in either social housing or private/other tenancies at the end of support (5,800 and 6,300, respectively). In 2016-17 the number of clients in this group assisted into housing has grown 2.2 fold to 27,000. Six in 10 (or 16,000) were housed in private/other dwellings.
- The proportion of clients ending support having achieved no case management goals has remained steady since 2012-13 at about 7%.

49% of clients nationally in 2016-17 were new, first time clients

Support days increased nationally by 1.2 million days in 2016-17 to over 23.4 million

Table Client Trends.1: SHS clients: at a glance— 2012-13 to 2016-17

	2012-13	2013-14	2014-15	2015-16	2016-17
Number of clients	244,176	254,001	255,657	279,196	288,273
Rate (per 10,000 population)	107.4	109.7	108.8	117.1	119.1
<b>Housing situation at the beginning of the first support period (proportion all clients)</b>					
Homeless	43	42	43	44	44
At risk of homelessness	57	58	57	56	56
Total days of support (millions)	20.6	20.6	19.7	22.2	23.4
Length of support (median number of days)	31	33	33	35	37
Proportion receiving accommodation	36	34	33	31	30
Total nights of accommodation (millions)	7	7	6.6	7	6.9
Median number of nights accommodated	34	35	34	33	33
Achievement of all case management goals (per cent)	22	24	26	23	23

#### Notes

1. Rates are crude rates based on the Australian estimated resident population (ERP) at 30 June of the reference year. Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.
2. The denominator for the proportion achieving all case management goals is the number of client groups with a case management plan (Supplementary table CLIENTS.26). Denominator values for proportions are provided in the relevant National supplementary table.

Source: Specialist Homelessness Services Collection 2012-13 to 2016-17.

## Clients, services and outcomes 2016-17

### Support periods

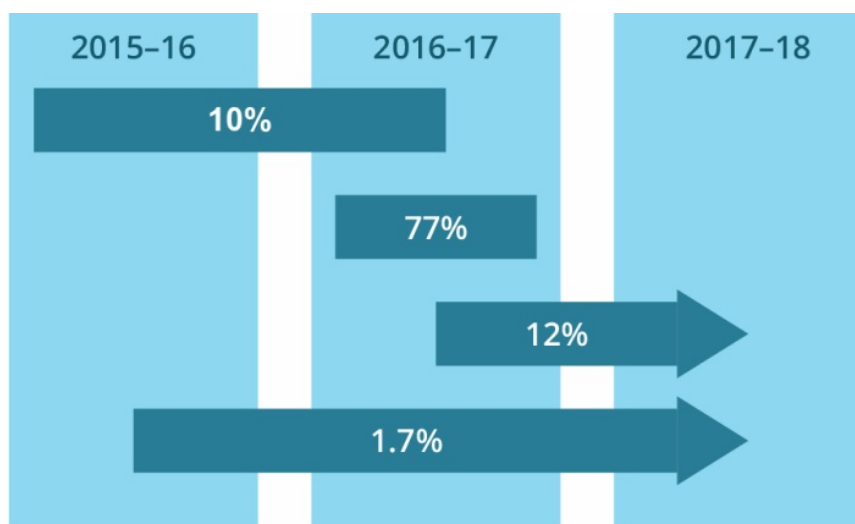
Data collected by specialist homelessness agencies are based on support periods, or episodes of assistance provided to clients (see [Technical information](#) for further information). Clients may have had more than one support period in 2016-17, either with the same agency at different times, or with different agencies.

In 2016-17 more support was provided by homelessness agencies than in 2015-16, and this increase was consistent with agencies assisting more clients.

- In 2016-17, clients assisted by homelessness agencies were supported in 498,503 support periods, a 4% rise compared with 2015-16. The number of support periods has increased by an average annual growth of 4.9% each year since 2012-13 (Supplementary table CLIENTS.19 and historical table 1).
- Around two-thirds of clients in 2016-17 had only 1 support period (67%), while just under 1 in 5 (19%) had 2 support periods, 7% had 3 periods and 7% had 4 or more. The number of support periods per client is consistent with the previous year (1.7 support periods per client).
- The majority of support periods were opened and closed within 2016-17 (77%, or just over 380,000). An additional 12% of support periods opened during the year and remained open on 30 June 2017. Just 1.7% remained open throughout the 2016-17 reporting period (Figure CLIENTS.1).

Figure CLIENTS.1: Support periods, by indicative duration over the reporting period, 2016-17





Source: Specialist homelessness services 2016-17, [National supplementary table CLIENTS.19](#).

### Number of days clients received support

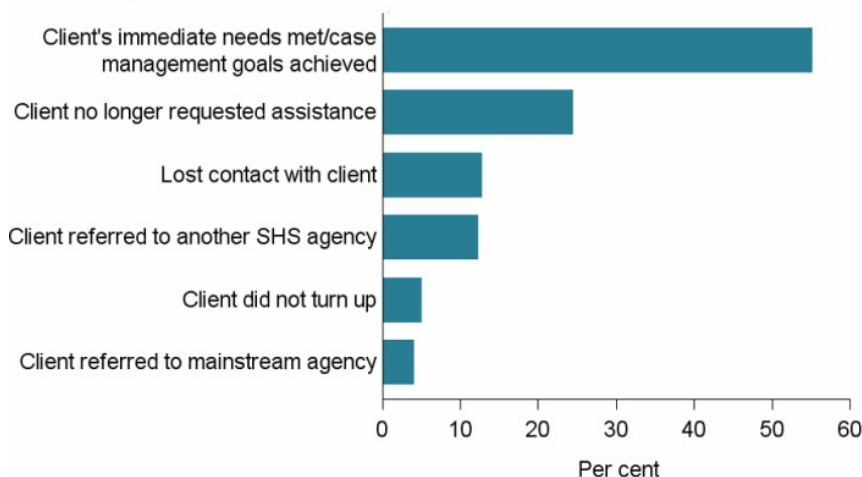
- In 2016-17, clients were supported for an average of 81 days in total, either as consecutive days or over multiple periods of support. This is up from 79 days in 2015-16. The median number of support days has also increased over this time period (from 35 to 37 days).
- Males (37 days) and females (36 days) received a similar length of support.
- The needs of some clients can be met relatively quickly, but for those with more complex issues, significantly more support is needed. About 3 in 10 clients (29%, or about 85,000) received between 6 and 45 days of support during 2016-17; 25% received support for 5 or fewer days. Fifteen per cent received over 180 days of support during 2016-17; the same proportion received support for 91-180 days (15%).

### Reasons that support ended

- Around half (55%) of support periods ended in 2016-17 because the client's immediate needs were met or case management goals were achieved.
- About a quarter (24%) of support periods ended because the client no longer requested assistance.
- A further 12% of support periods closed because the client was referred to another specialist homelessness agency and 13% closed because contact was lost with the client (Figure CLIENTS.2).

Figure CLIENTS.2: Clients, by reason support period ended (top 6), 2016-17

Reason support ended



### Notes

1. Top 6 excludes 'Other' reason.
2. Includes clients with any closed support at the end of the reporting period.

Source: Specialist homelessness services 2016-17, [National supplementary table CLIENTS.21](#).

### Characteristics of clients

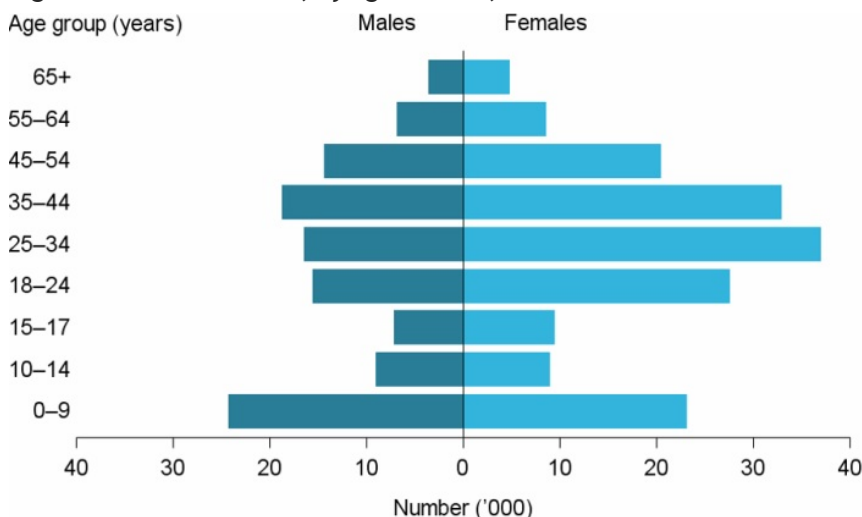
In 2016-17, specialist homelessness agencies provided assistance to an estimated 288,273 clients, equivalent to 1 in 84 people in the Australian population (Supplementary table CLIENTS.2). This represents an increase from 1 in 85 since 2015-16.

### Age and sex

Figure CLIENTS.3 illustrates the age and sex distribution of SHS clients in 2016-17:

- The majority of clients in 2016-17 were female (60%, or nearly 173,000), representing a slight increase since 2015-16.
- The overall rate of service use was higher for females; 1 in 71 females in the Australian population received specialist homelessness services, compared with 1 in 104 males.
- Female rates of service use were higher than males in all age groups.
- Nearly 3 in 10 clients were aged under 18 (28%, or nearly 82,000)
- One in 6 were children under the age of 10 (16%, or about 47,000 clients)
- Overall, clients aged 25-34 were the largest age group, accounting for around 1 in 5 clients (19%). Of all clients aged 25-34 years, 7 in 10 (69%) were female.
- Adult males aged 35-44 have the highest rate of service use for males (16%), while adult females aged 25-34 have the highest rate for females (21%).

**Figure CLIENTS.3: Clients, by age and sex, 2016-17**



Source: Specialist homelessness services 2016-17, [National supplementary table CLIENTS.1](#).

### Indigenous status

In 2016-17, Aboriginal and Torres Strait Islander people continued to be over-represented among specialist homelessness services clients, with a quarter of clients (25%, or 64,600) who provided information on their Indigenous status identified as being of Aboriginal and/or Torres Strait Islander origin. By comparison, just 3.3% of the Australian population identify as Aboriginal and Torres Strait Islanders [1].

Further information about Indigenous clients can be found in [Indigenous clients](#).

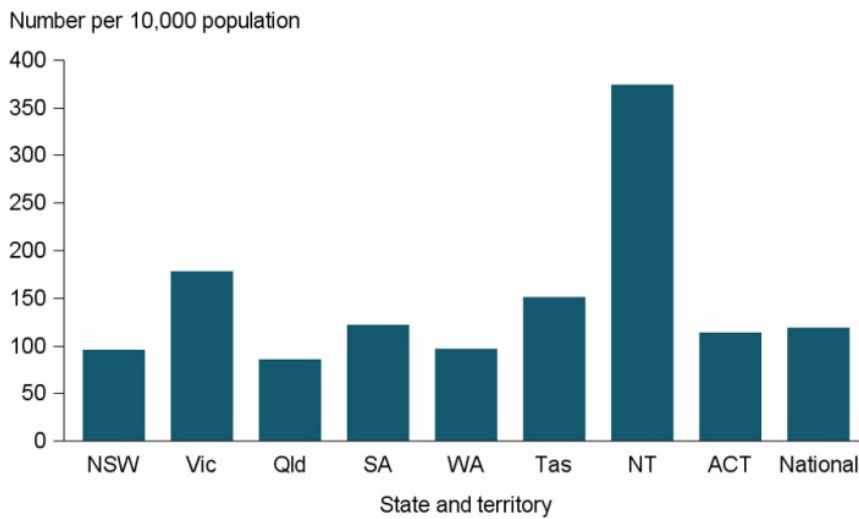
### State and territory of clients

The largest number of clients were assisted in Victoria (109,901), followed by New South Wales (74,216) and Queensland (41,438) (Supplementary table CLIENTS.2).

Nationally, the number of SHS clients increased by 3%, or 9,077 clients. This was due to increases in client numbers in Victoria (4%, or 4,614), New South Wales (6%, or 4,501), the Northern Territory (13%, or 1,055) and Western Australia (2%, or 423). Queensland (-3%), South Australia (-1%), Tasmania (-1%) and the Australian Capital Territory (-1%) all reported decreases in client numbers compared with 2015-16.

- *Overall, half of clients in 2016-17 had received services before:* The proportion of returning clients varied across jurisdictions with South Australia and the Australian Capital Territory reporting the highest proportion (60% and 56%, respectively). New South Wales reported the lowest proportion of returning clients (47%).
- *More days of support were provided during 2016-17:* Nationally there has been an increase in the total number of support days, with an increase of 1.2 million days in 2016-17 to over 23.4 million. Victoria was responsible for the major share of the increase in support days (an increase of over 520,000 days). Tasmania reported the greatest change, up 21% (or nearly 134,000 days) since last year.
- *Fewer accommodation nights were provided to clients:* There has been a decrease nationally in the total number of accommodation nights, with a 1% decrease (nearly 89,000 nights) from 2015-16. Western Australia had the largest decrease in accommodation nights with a reduction of about 52,500 nights (9%) provided between 2015-16 and 2016-17 (see explanatory notes in supplementary tables for information).
- *Females had higher rates of service use than males across all states and territories:* The Northern Territory had the most pronounced difference between males and females, where 497 per 10,000 females received services compared with 258 per 10,000 males (Supplementary table CLIENTS.2).
- *The Northern Territory had the highest rate of service use:* The highest rates of estimated service use occurred in the Northern Territory (where there were 374 clients per 10,000 people), followed by Victoria (178 clients per 10,000 people) and Tasmania (151 clients per 10,000 people) (Figure CLIENTS.4).
- New South Wales and Tasmania had on average the largest growth in rates of service use each year since 2012-13 (average annual growth of 8% each year).

**Figure CLIENTS.4: Client service use per 10,000 population, by state and territory, 2016-17**



Note: Rates are crude rates as detailed in [Technical information](#).

Source: Specialist homelessness services 2016-17, [National supplementary table CLIENTS.2](#).

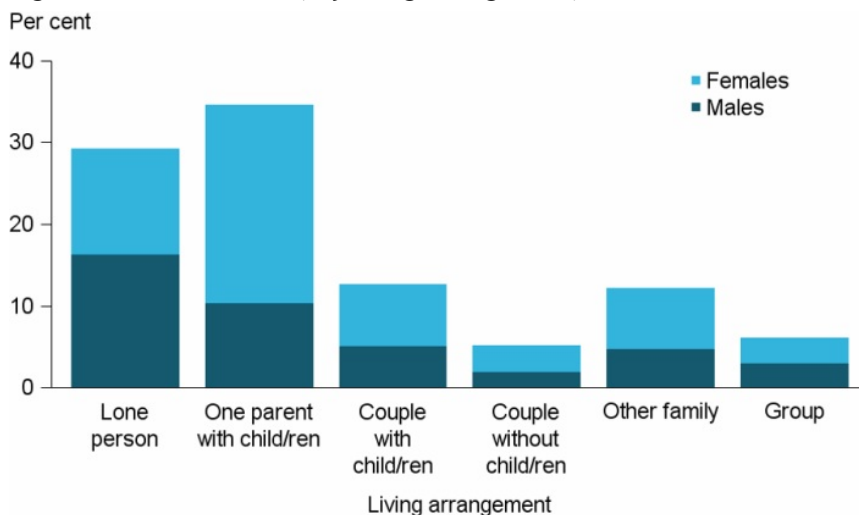
### Country of birth

- *Most clients of specialist homelessness agencies were born in Australia:* Over 8 in 10 clients (86%, or nearly 212,000) were born in Australia (Supplementary table CLIENTS.3). This proportion is higher than the general Australian population, of whom 71% are born in Australia [2].
- *Clients born overseas were most commonly from New Zealand:* Of those clients who reported their country of birth and were born overseas, the most common country of birth was New Zealand (2%) (Supplementary table CLIENTS.4). Over half of the clients (52%) who were born overseas had arrived in Australia prior to 2007 (Supplementary table CLIENTS.5).
- The majority of clients who were born overseas lived in *Major cities* (86%, or nearly 30,000).

### Living arrangements

- *More than one-third of clients were single parents:* The most common living arrangement reported by clients was 'lone parent with 1 or more children' (35%, or around 90,500), followed by 'lone persons' (29%, or around 76,500) and couples with a child or children (13%, or around 33,000) (Figure CLIENTS.5).
- *7 in 10 single parents were female:* Female clients were more likely than male clients to be living as a single parent with a child or children (70% female), while males were more likely than females to be living alone (56% male) (Supplementary table CLIENTS.6).

Figure CLIENTS.5: Clients, by living arrangement, 2016-17

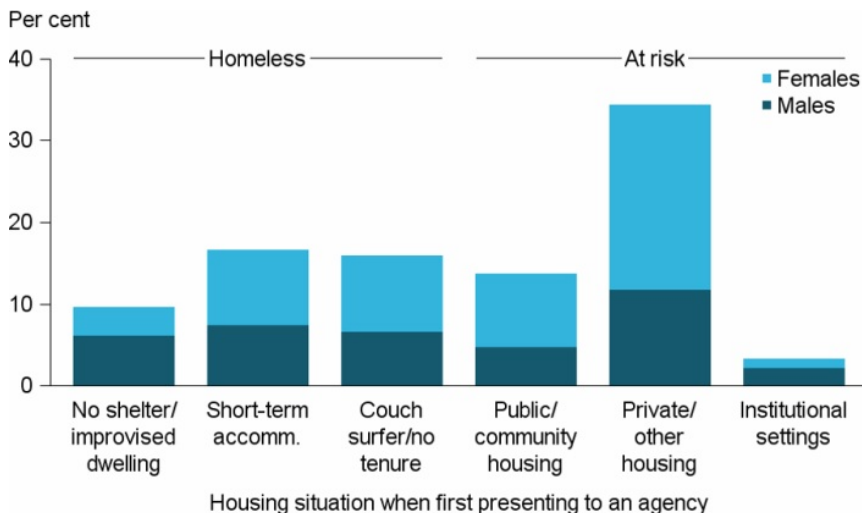


Source: Specialist homelessness services 2016-17, [National supplementary table CLIENTS.6](#)

### Housing situation

- *Almost 6 in 10 clients were at risk, rather than homeless on presentation:* Among those whose housing status at the beginning of their first support period was known in 2016-17 (89% of all clients), 44% (nearly 112,000 clients) were homeless and 56% (nearly 144,000 clients) were classified as at risk of homelessness (Figure CLIENTS.6).
- *Most commonly, clients seeking assistance were living in 'private housing':* One in 3 clients (34%, or nearly 88,000) were living in private or other housing (renter, rent free, or owner) when presenting to agencies for assistance—these clients were at risk of homelessness.
- *Over 1 in 5 'rough sleepers' were living in their cars:* For those clients who first presented to an agency homeless and reporting no shelter/improvised dwelling (nearly 25,000 clients), 46% were sleeping in no dwelling, either on the street, in a park or out in the open and a further 23% were sleeping in a car.

Figure CLIENTS.6: Clients, by housing situation at the beginning of support, 2016-17



Notes

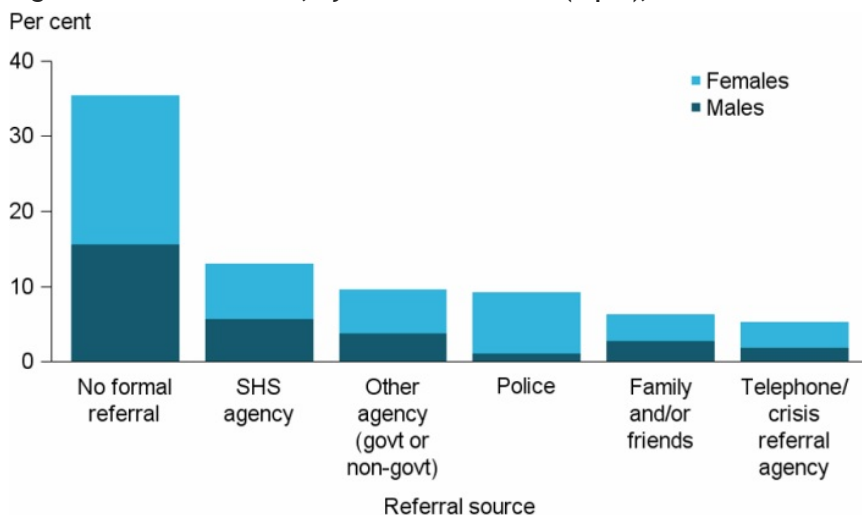
1. Per cent calculations based on Total clients, excluding 'Not stated'.
2. Housing situation 'Other' not shown.

Source: Specialist homelessness services 2016-17, [National supplementary table CLIENTS.7](#).

Source of referral

- *Two-thirds of clients were formally referred to the agency:* In 2016-17, just over 180,000 clients, almost 2 in 3 (65%) were formally referred to a specialist homelessness agency.
- *Almost 1 in 10 were referred by police:* Figure CLIENTS.7 shows that the most common referral source was by either another specialist homelessness agency or outreach worker (13%), other agency (government or non-government) (10%), or by the police (9%).
- *Police referrals to SHS agencies were more likely to be for females than males:* Of all referrals from the police, 87% were for females and 13% for males (Supplementary table CLIENTS.9).

Figure CLIENTS.7: Clients, by source of referral (top 6), 2016-17



Note: Top 6 excludes formal referral source 'Other'.

Source: Specialist homelessness services 2016-17, [National supplementary table CLIENTS.9](#).

Main source of income

- *Income support receipt was high among clients:* A high proportion of clients aged 15 and over were receiving some form of government payment as their main income source at the time they sought support (79%) in 2016-17. The most common government payments were Newstart Allowance (29%, or about 54,000), Parenting Payment (18%, or nearly 35,000) and Disability Support Pension (16%, or nearly 30,000).
- *Less than 1 in 10 clients reported earning income from employment:* A total of 7% reported income from employment and 10% of clients reported having no income.

Education

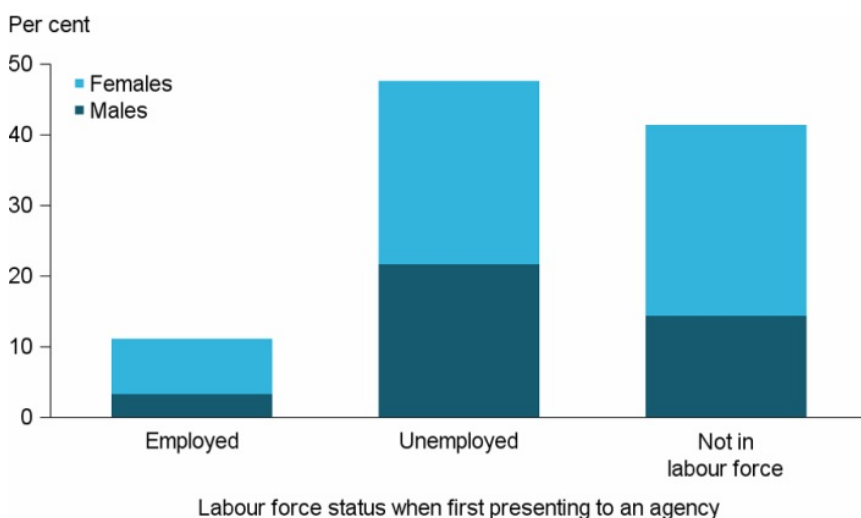
- *Overall, more than half of young people were enrolled in education:* Of those whose educational status was known, over half of young people aged 5-24 (56%, or over 48,000) were enrolled in education in 2016-17 (Supplementary table CLIENTS.11).

- *Over 8 in 10 clients aged 5-14 were enrolled in school:* Just 15% of clients aged 5-14 (about 5,100) were not enrolled in education—1 in 7 (15%) children aged 6 were not in school.
- *Around one-third of young people in neither education nor employment:* Thirty-one per cent of clients aged 15-24 were not in some form of education or employment (around 18,300 clients).

### Labour force

- *Labour force participation fell slightly in 2016-17:* The proportion of clients not in the labour force at the beginning of support in 2016-17 was slightly lower than in 2015-16 (41% and 43%, respectively) (Figure CLIENTS.8).
- *Almost half the clients 15 and over were unemployed:* Nearly 88,000 (48%) clients aged 15 or over were unemployed at the beginning of support.
- *Males were more likely to be unemployed than females:* Over half of male clients were unemployed (55%) compared with 43% of female clients.
- *Most employed clients work part-time:* 11% of clients were employed; of these, around 3 in 5 (62%) were employed on a part-time basis.

**Figure CLIENTS.8: Clients aged 15 and over, by labour force status at the beginning of support, 2016-17**



Source: Specialist homelessness services 2016-17, [National supplementary table CLIENTS.12](#)

### Clients' needs for assistance and services provided

In the SHSC, information is captured about clients' needs for services from 2 perspectives:

- The client's reasons for seeking assistance are captured at the start of support—both main reason for seeking support and all reasons for seeking support are collected.
- The agency worker's assessment of the client's needs—this information is captured when clients first present for assistance and each month while a client is still in contact with the agency.

[Technical information](#) and the [Glossary](#) provides more information about how clients' needs for assistance are captured in the SHSC.

Services provided to clients range from the direct provision of accommodation, such as a bed in a shelter, to specialised services such as counselling and legal support. These services are generally either provided to the client directly by the agency or the client is referred to another service. [Unmet demand](#) provides further information about clients' needs that went unmet.

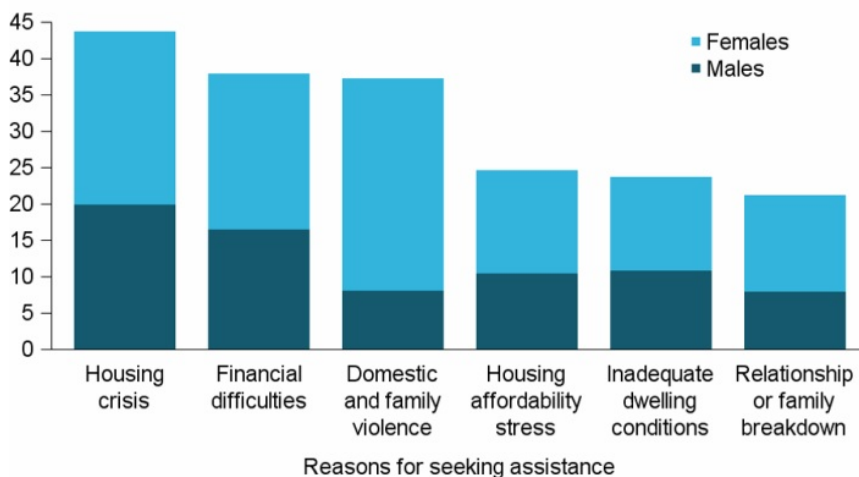
### Reasons for seeking assistance

SHS clients can identify a number of reasons for seeking assistance, reflecting the range of situations that contribute to housing instability.

- *Accommodation issues were present for over half of all clients:* Over half of clients (56%, or nearly 160,000 clients) identified accommodation as a reason for seeking assistance, the same as in 2015-16.
- *Almost half were experiencing a housing crisis:* 'Housing crisis' was identified by 44% of clients as a reason for seeking assistance.
- *Over 6 in 10 clients were affected by housing affordability stress:* Sixty-two per cent of clients identified housing affordability stress and/or financial difficulties as a reason for seeking assistance (Figure CLIENTS.9).
- *Interpersonal and relationship issues (including family and domestic violence) affected over half of clients:* Half (52%) of all SHS clients (about 148,000) identified interpersonal relationships as a reason for seeking support; within this group domestic and family violence and/or relationship/family breakdown were identified for 58% of clients.
- *Over 1 in 5 clients were experiencing health issues:* Health issues remain one of the common reasons clients seek assistance. Mental health, medical issues or problematic substance use were recorded as one of the reasons for seeking assistance for over 1 in 5 (22%) clients.
- *Many clients were affected by a lack of support:* Lack of family or community support was one of the reasons for seeking support for around 1 in 5 (18%) clients.

**Figure CLIENTS.9: Clients, by all reasons for seeking assistance (top 6), 2016-17**

Per cent



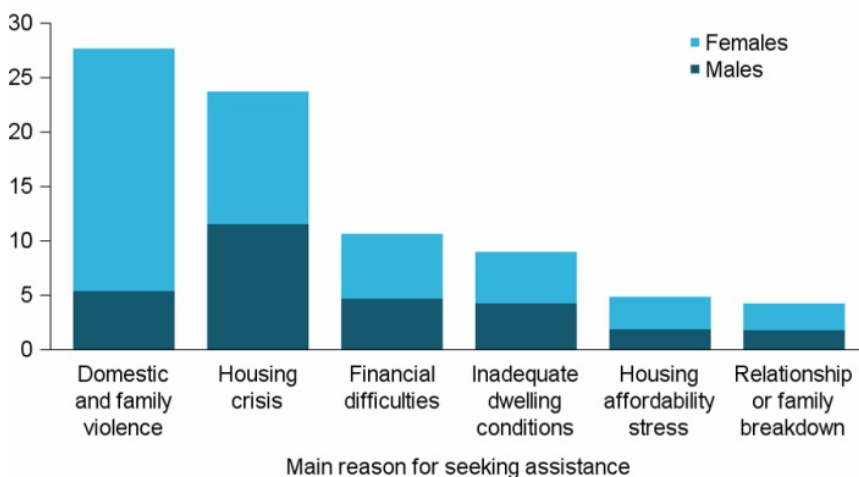
Source: Specialist homelessness services 2016-17, National supplementary table CLIENTS.13.

While clients can identify a number of reasons for seeking assistance, agencies also record the main reason for seeking assistance.

- *Domestic and family violence was the most common main reason for seeking assistance:* Domestic and family violence was identified as the main reason for seeking assistance (Figure CLIENTS.10) for over one-quarter of clients (28% or about 79,000). For more information see [Clients who have experienced domestic and family violence](#).
- *Almost 1 in 4 identified 'housing crisis' as the main reason for seeking assistance:* Housing crisis was reported by 24% of clients as the main reason for seeking assistance.

**Figure CLIENTS.10: Clients, by main reason for seeking assistance (top 6), 2016-17**

Per cent



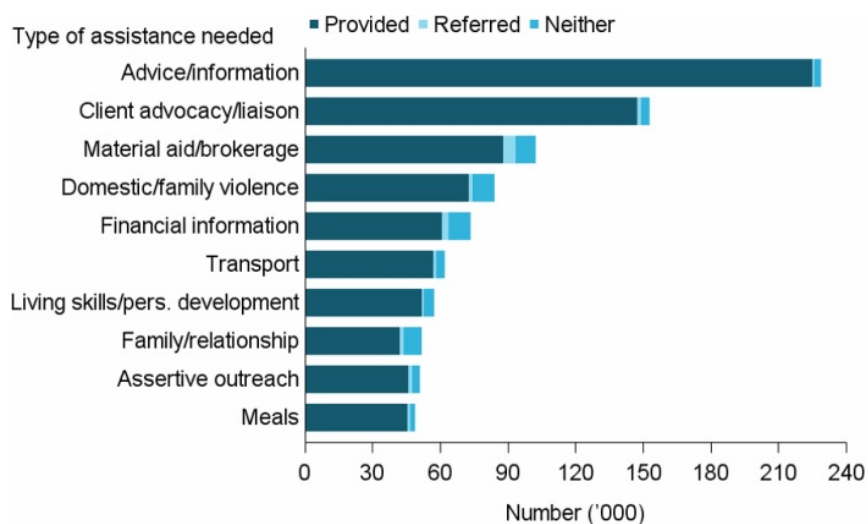
Source: Specialist homelessness services 2016-17, National supplementary table CLIENTS.14.

### General support and assistance

Some types of assistance provided by SHS agencies can be described as 'general support and assistance' (as opposed to more specialised services). These include advice and information, material aid, meals and living skills.

- *Clients continue to most commonly need advice and information:* Of all assistance needed by clients, advice and information continued to be the most common, identified as a need by 79% of clients (over 228,000) in 2016-17. The next most common was advocacy and liaison, needed by 53% of clients (nearly 153,000), and 35% of clients (nearly 102,000) needed material aid/brokerage (Figure CLIENTS.11).
- *Services almost always provided the required advice and information:* Advice/information and advocacy/liaison services were provided directly by the agency for almost all clients who needed them. This differs from some specialised services (such as legal information and training or employment assistance) for which clients were more often referred to another agency.
- *Requests for assistance for domestic and family violence rose:* In 2016-17 there were about 14,000 more requests for assistance with domestic and family violence, family/relationship assistance and assistance for trauma than in the previous year, a 9% rise.
- *Requests for accommodation also rose:* There were over 11,000 more requests for accommodation services compared with 2015-16, a 4% rise.

**Figure CLIENTS.11: Clients, by most needed general services and service provision status (top 10), 2016-17**



Note: Top 10 excludes 'Other basic assistance'.

Source: Specialist homelessness services 2016-17, National supplementary table CLIENTS.15.

### Housing/accommodation services

Housing and accommodation services provided by agencies include:

- short-term or emergency accommodation;
- medium-term/transitional housing;
- long-term housing;
- assistance to sustain tenancy or prevent tenancy failure or eviction;
- assistance to prevent foreclosures or for mortgage arrears.

In 2016-17, 56% of SHS clients identified a need for accommodation services. Of these nearly 162,000 clients:

- 86,000 (or 53%) were provided with accommodation by the agency.
- 27,000 (or 16%) were referred to another agency for accommodation provision.
- 49,000 (or 30%) were neither provided with assistance nor referred. These clients are further described in [Unmet demand](#).

The ability of services to provide accommodation has fallen since last year. The proportion of SHS clients in 2016-17 who identified a need for accommodation assistance was the same as in 2015-16 (56%). However, the proportion of these clients who were subsequently provided with accommodation has decreased in 2016-17 (53% compared with 56% in 2015-16).

**6.9 million nights** of accommodation were provided to clients in 2016-17— fewer than the previous year.

Around 6.9 million nights of accommodation were provided to clients in 2016-17, nearly 90,000 (or 1%) fewer than 2015-16. Total nights of accommodation may represent more than one period of accommodation during 2016-17 (Supplementary table CLIENTS.16) (see [Technical information](#) for details on how length of accommodation is calculated).

- The median length of accommodation received by clients was 33 nights.
- Most of the accommodation was provided in medium-term or transitional housing (54%) followed by short-term or emergency accommodation (38%) and long-term housing (7%).

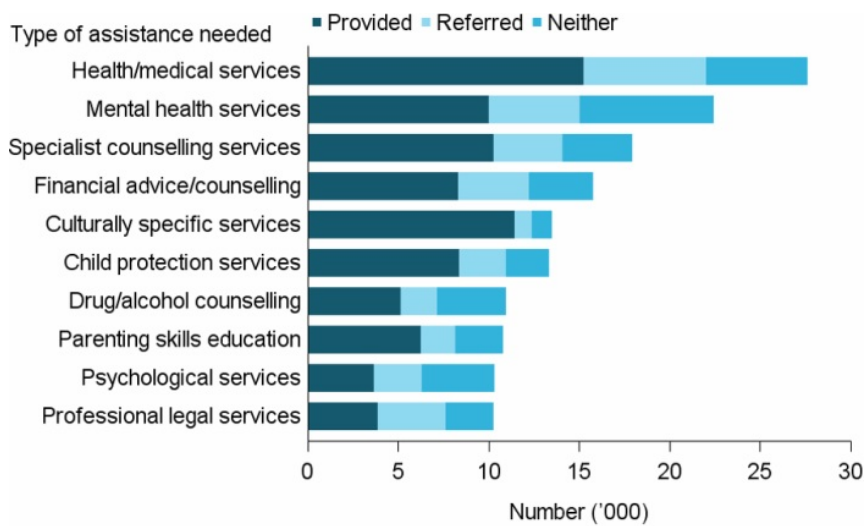
Assistance to sustain tenancy/prevent eviction was needed by 33% of clients at some stage during their support in 2016-17, the same proportion as the previous year. This group includes those who were still housed when they approached an SHS agency and were supported to remain in that housing. It also includes those who identified a need for accommodation, were assisted to secure new housing and then supported to sustain that housing.

- Most clients (80%, or about 78,000) received assistance to sustain housing directly from the specialist homelessness agency.
- There has been, on average, a 8% annual growth in the proportion of clients needing assistance to sustain tenancy each year since 2012-13.

### Specialised services

- *Health service needs are often referred by agencies:* Health/medical services were identified as a need by 1 in 10 clients (or nearly 28,000) and were one of the services most often referred (25%) (Figure CLIENTS.12).
- There has been little change in the most common specialised services needed and provided over the past 5 years. For example, health and medical services, mental health services and specialist counselling have been the most commonly needed services.

Figure CLIENTS.12: Clients, by most needed specialised services and service provision status (top 10), 2016-17



**Notes**

1. Excludes 'Other specialised service'.
2. 'Neither' indicates a service was neither provided nor referred.

Source: Specialist homelessness services 2016-17, National supplementary table CLIENTS.15.

**Financial assistance**

**\$39.5 million** in financial assistance was provided to clients in 2016-17—an increase from the previous year.

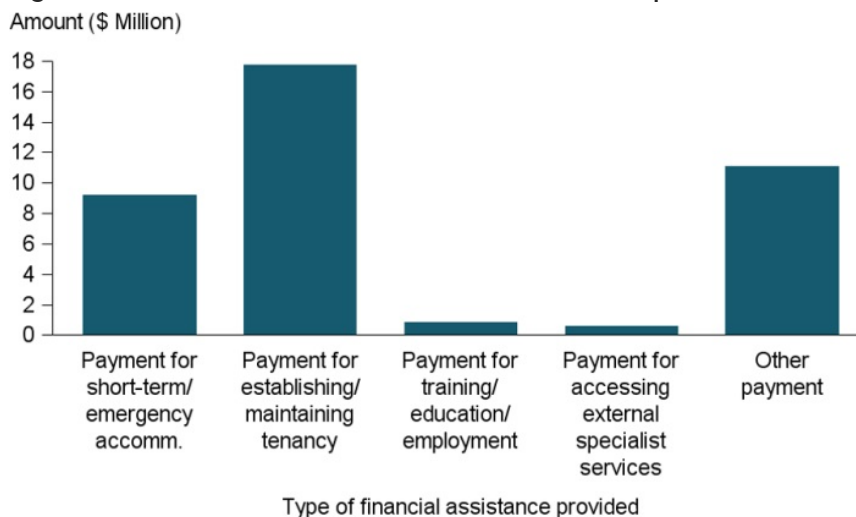
A total of \$39.5 million in financial assistance was provided to clients in 2016-17 (Figure CLIENTS.13), a 33% increase from the \$29.6 million provided in 2015-16.

- This represents an average of \$640 per client requesting financial assistance, and an increase from the previous year (\$520, unadjusted for inflation).

Over half of the financial assistance was used to assist clients with housing:

- *Almost half of the funds went to establishing or maintaining tenancies:* Around \$17.7 million (45%) of the financial assistance was used to assist clients to establish or maintain their existing tenancy.
- Nearly a quarter of this funding (23%, or \$9.2 million) was used to provide short-term or emergency accommodation.

**Figure CLIENTS.13: Total amount of financial assistance provided to clients, by payment type, 2016-17**



Source: Specialist homelessness services 2016-17, National supplementary table CLIENTS.17.

**Outcomes following support**

This section looks at clients who ceased receiving support during the financial year—meaning that their support periods had closed and they did not have ongoing support at the end of the year. The outcomes presented here are examining changes in clients' situations from the start to the end of all support. Many clients had long periods of support or even multiple support periods during the year. They may have had a number of changes over the course of their support (for example, their housing situation may change a number of times during support). These changes within the year are not reflected in the data presented here, rather the client situation at the start of their first period of support during 2016-17 is compared with the end of their last period of support during the year.



Clients whose support period both opened and closed in 2016-17 accounted for 77% of all clients (Figure CLIENTS.1). A proportion of these clients may seek assistance again in future years.

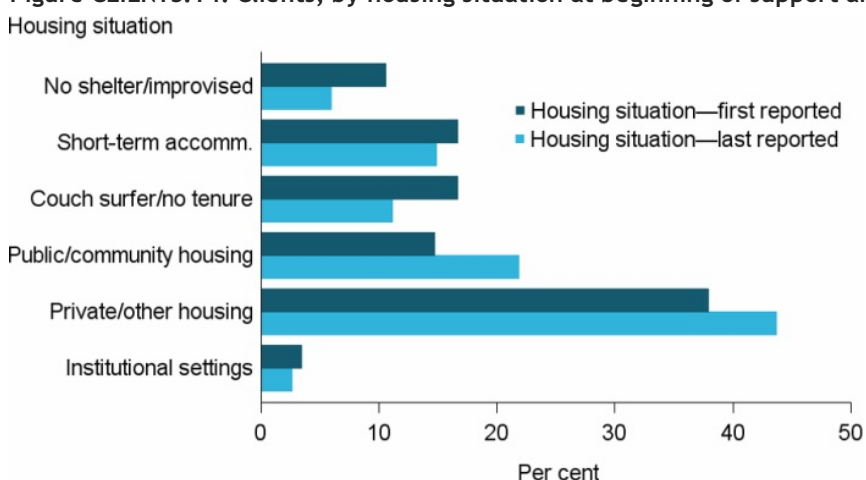
## Housing outcomes

Three aspects of a client's housing situation are considered in their housing circumstances: dwelling type, housing tenure, and the conditions of occupancy. See [Technical information](#) for details on these categories and their derivation.

- *Agencies significantly reduced the number of clients who were homeless:* One in 3 clients (32%, or nearly 57,000) were homeless when support ended, a decrease from 44% at the start of support (Supplementary table CLIENTS.22).
- *Clients rough sleeping and couch surfing reduced following support:* The reduction in the proportion of clients homeless following support was due to decreases in both the proportion of clients with either no shelter or living in improvised dwellings (from 11% to 6%) and in the proportion of clients living in a house, townhouse or flat as a 'couch surfer' with no tenure (from 17% to 11%).
- *Clients living in social housing increased following support:* There was an increase in some forms of tenure over the course of support, including an increase in the proportion of clients living in public or community housing (from 15% to 22%, or about 39,000 clients) (Figure CLIENTS.14).

These trends demonstrate that by the end of support, many clients have achieved or progressed towards more stable housing. [Stable housing](#), for the purpose of the SHSC, refers to clients ending support in public or community housing (renter or rent free), private or other housing (renter, rent free or owner), or Institutional settings.

Figure CLIENTS.14: Clients, by housing situation at beginning of support and end of support, 2016-17



## Notes

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. No shelter/improvised includes inadequate dwellings; short-term accommodation includes temporary and emergency accommodation; couch surfer/no tenure includes living in a house, townhouse or flat with relatives rent free; public/community housing includes both renting or rent free; and private/other housing includes both renting or rent free.
3. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'Not stated/other'.

Source: Specialist homelessness services 2016-17, [National supplementary table CLIENTS.22](#).

While overall housing outcome figures reflect trends towards more stable housing for many clients, there are differences in stable housing achievement for homeless and at risk clients. In general terms, agencies were very successful in preventing those at risk of homelessness from becoming homeless by working to sustain and maintain existing tenancies or establishing new tenancies. For those clients who were homeless, agencies were able to assist those clients into temporary accommodation and sometimes into social or private housing.

The majority of clients presenting to SHS services were housed, but at risk of homelessness. Housing outcomes at the end of support for these clients at risk of homelessness on presentation were favourable (Table Client.2):

- Almost 9 in 10 (86%, or 22,000) who were living in public or community housing were assisted to maintain their existing tenancy and a further 7% (1,700) were assisted into private/other housing.
- Over 8 in 10 who were living in private/other housing were assisted to maintain their housing (85%, or 55,600), while a further 6% (4,000) were assisted into public or community housing.

For clients who were homeless on presentation (Table Client.2):

- About 4 in 10 (39%) were assisted by agencies into stable housing; most were assisted into private/other dwellings (about 16,000) and a further 11,000 into social housing.
- About 4 in 10 (44%) of those who were in short-term accommodation were assisted into stable housing (most of the 12,000 into private/other housing 55%).

Table Client.2: SHS clients, housing situation at beginning and end of support, 2016-17 (per cent)

Situation at beginning of support	Situation at end of support: homeless	Situation at end of support: housed
Homeless	61.4	38.6
At risk of homelessness	9.5	90.5

**Notes**

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'Not stated/other'.

Source: Specialist homelessness services 2016-17, [National supplementary table CLIENTS.22](#)

**Other outcomes for clients**

Specialist homelessness agencies may support clients in a number of non-housing areas to reduce their vulnerability to homelessness. These include changes in educational enrolment status, labour force status and income.

**Education**

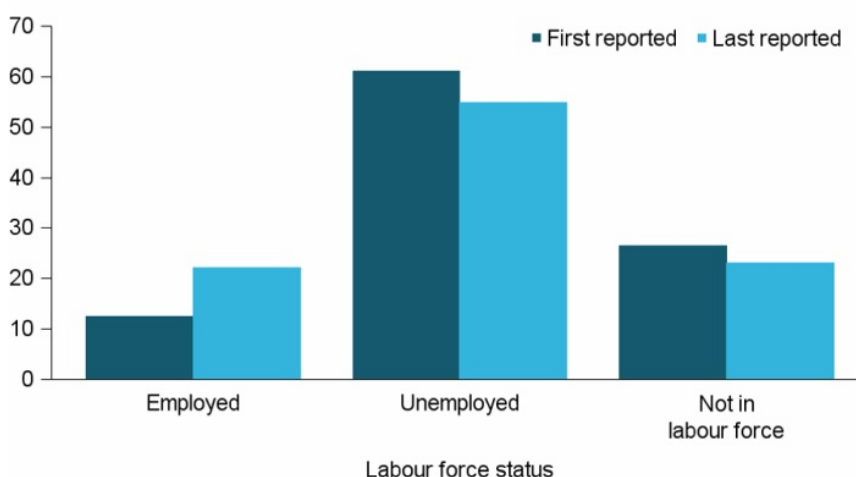
- *Educational enrolment remains stable:* For clients whose support had ended, there was little change in the proportion of clients enrolled in education/training, from the beginning to the end of support (approximately 22% at the start and end).
- Among those who also had an identified need for support relating to education or training assistance, 42% were enrolled in education/training at the beginning of support, and this increased to 44% at the end of support (Supplementary table CLIENTS.23).

**Employment**

- *Employment increases slightly post support:* Figure CLIENTS.15 shows a decrease in the proportion of clients (who had an identified need for employment assistance) who were unemployed following support (55% at the end, down from 61% at the beginning of support).
- Among those clients who had an identified need for employment assistance, the proportion of clients who were employed at the end of their support increased from 12% to 22%.

Figure CLIENTS.15: Clients needing assistance relating to employment, by labour force status at beginning and at end of support, 2016-17

Per cent



Note: Proportions include only clients with closed support at the end of the reporting period.

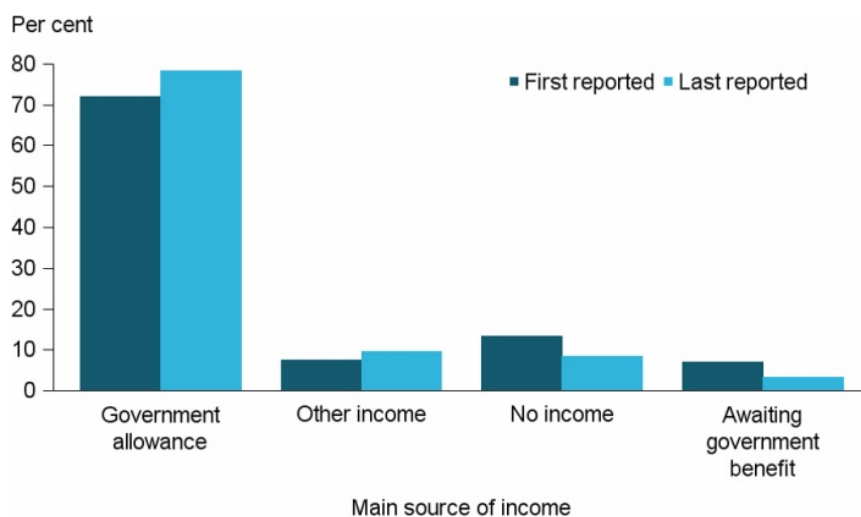
Source: Specialist homelessness services 2016-17, [National supplementary table CLIENTS.24](#).

**Income**

SHS agencies often provide services to clients aged 15 and over needing assistance to obtain/maintain a government payment or employment assistance.

- *Agencies assisted clients in receiving a government payment:* Of those who needed this type of assistance, the proportion of clients reporting a government payment or allowance as their main income increased from 72% at the start of support to 78% at the end.
- There was a reduction in those reporting that they received no income (from 13% to 9%) and the proportion awaiting government benefits halved (from 7% to 3%) (Figure CLIENTS.16).

Figure CLIENTS.16: Clients needing assistance to secure an income, by main source of income at beginning and at end of support, 2016-17



Note: Proportions include only clients with closed support at the end of the reporting period.

Source: Specialist homelessness services 2016-17, [National supplementary table CLIENTS.25](#).

### Achievement of case management goals

Case management plans enable agency workers to assist a client to work towards agreed goals. In some cases, support periods are too short to allow for a case management plan (for example, when a client stays for a 24-hour period or less); in other cases, a client may decline a case management plan. Case management approaches can differ across jurisdictions and over time as policy and practices change.

- For those clients with closed support, 62% (or about 140,000 clients) had a case management plan—49% in their own right, and 13% were part of another client’s case management plan, often as part of a family. The proportion of clients with a case management plan was similar in 2015-16 (61%).
- Among those who had a plan in their own right, 70% achieved some of their case management goals, 23% achieved all their goals and 7% did not achieve any (Supplementary table CLIENTS.26). The proportion of clients achieving all their goals was similar when compared to the previous year (23%).
- Of the 38% of clients whose support had ended and who did not have a case management plan, the most common reason given for not having one was that the service episode was too short (69%), while a further 13% did not agree to having a case management plan.

### References

1. Australian Bureau of Statistics (ABS), 2017. Australian demographic statistics, Mar 2017. ABS cat no. 3101.0. Canberra: ABS.
2. ABS 2017. Migration, Australia, 2015-16. ABS cat no. 3412.0. Canberra: ABS.



## Clients in regional and remote areas

Access to services can become increasingly difficult the further away a client is from a major city. This section examines differences in client characteristics and service needs according to location. As per previous reports, for the purposes of the analysis, clients have been classified by geographical area based on the location of the agency from which they first received assistance in 2016-17. Agencies have been classified by geographical area based on the Australian Statistical Geography Standard [1] using the location details of each agency.

### Key findings in 2016-17

- Client numbers increased across all regional areas in 2016-17, except *Remote/very remote* areas where they were similar to the previous year.
- *Inner regional* areas had the greatest increase in client numbers (over 5,000) with increases in both Indigenous and non Indigenous clients compared with 2015-16 (16% increase in Indigenous clients and 8% increase in non-Indigenous clients).
- The housing situation of clients when seeking assistance was very different across regional areas, with most clients (73%) in *Remote/very remote* areas housed, but living in unstable situations (at risk of homelessness), compared with clients in all other regional areas (54-58% at risk).
- The rate of service use continued to be highest in *Remote/very remote* areas, 1 in 37 people compared with 1 in 97 in *Major cities* and 1 in 67 in *Inner and Outer regional* areas in 2016-17.
- *Remote/very remote* areas had higher proportions of families presenting with children compared with *Major cities* while the proportion of lone persons was higher in *Major cities*.

### Clients by geographic area: 2012-13 to 2016-17

Since 2012-13, there has been a steady increase in the number of clients across most geographic areas. The SHS collection continues to reveal differences in client characteristics and service needs across these areas. Some key regional trends over the past 5 years include:

- Taking into account population differences, *Remote/very remote* areas consistently reported the highest rate of homelessness service use and the gap with other regional areas is increasing (Table Regional Trends.1). Service use in *Remote/very remote* areas was 2.6 times higher than in *Major cities* in 2016-17, up from 2.3 times in 2012-13.
- *Inner Regional* areas showed the largest growth in the rate of service use, increasing on average by 4.6% each year since 2012-13.
- The proportion of Indigenous clients in *Remote/very remote* areas has increased from 81% in 2012-13 to 90% in 2016-17. *Inner regional* areas have also seen an increase in Indigenous clients with half (50%) of clients identifying as Indigenous in these areas in 2016-17, a rise of 5 percentage points over the 5 year period.
- Domestic and family violence has remained the main reason clients sought assistance in all regional areas except *Inner regional* areas when in 2016-17 housing crisis was reported by slightly more clients (25% housing crisis compared with 23% domestic and family violence).

Table Regional Trends.1: Clients by geographic area: at a glance—2014-15 to 2016-17

Year		<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote/very remote</i>
<b>Number of clients (proportion of all clients)</b>					
2016-17	Number	178,197	65,330	31,131	13,614
	Per cent	62	23	11	5
2015-16	Number	174,744	60,013	30,790	13,650
	Per cent	63	21	11	5
2014-15	Number	162,286	52,061	28,257	13,053
	Per cent	63	20	11	5
<b>Rate (per 10,000 population)</b>					
2016-17		103.4	148.9	149.0	271.5

2015-16		103.3	138.5	147.7	267.7
2014-15		97.6	121.6	136.0	252.0
<b>Housing situation at the beginning of first support period (proportion all clients)</b>					
2016-17	Homeless	46	43	42	27
	At risk of homelessness	54	57	58	73
2015-16	Homeless	45	43	43	27
	At risk of homelessness	55	57	57	73
2014-15	Homeless	45	41	43	29
	At risk of homelessness	55	59	57	71
<b>Length of support (median number of days)</b>					
2016-17		34	46	37	20
2015-16		33	41	36	17
2014-15		32	39	36	17
<b>Average number of support periods per client</b>					
2016-17		1.8	1.6	1.5	1.6
2015-16		1.7	1.6	1.5	1.5
2014-15		1.7	1.5	1.5	1.5
<b>Proportion receiving accommodation</b>					
2016-17		28	25	37	59
2015-16		29	27	39	62
2014-15		31	29	41	58
<b>Median number of nights accommodated</b>					
2016-17		48	31	24	5
2015-16		48	34	23	5
2014-15		48	35	21	5

### Proportion of a client group who had a case management plan (per cent)

2016-17	59	64	74	64
2015-16	59	61	75	60
2014-15	58	61	73	62
<b>Achievement of all case management goals (per cent)</b>				
2016-17	25	16	27	23
2015-16	24	16	31	27
2014-15	27	18	30	29

#### Notes

1. Rates are crude rates based on the Australian estimated resident population (ERP) at 30 June of the reference year. Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.
2. The denominator for the proportion achieving all case management goals is the number of client groups with a case management plan. Denominator values for proportions are provided in the relevant National supplementary table.
3. Previous years' data can be found in the 2015-16 Specialist Homelessness Services Annual report.

Source: Specialist Homelessness Services Collection 2014-15 to 2016-17.

### Characteristics of clients in regional and remote areas 2016-17

In 2016-17 regional areas displayed distinct characteristics:

- *Most clients accessed services in Major Cities:* A large proportion of clients accessing specialist homelessness services lived in *Major cities* (62%) (Supplementary Table REG.1). This is slightly lower than for the broader Australian population, 70% of whom live in *Major cities* (AIHW analysis of the ABS 2011 Census).
- *The more remote areas have higher proportions of Indigenous clients:* in 2016-17, 15% of clients living in *Major cities* were Indigenous, as were 24% in *Inner regional* areas, 50% in *Outer regional* areas and 90% in *Remote/very remote* areas. The greatest increase of Indigenous clients between 2015-16 and 2016-17 was in *Inner regional* areas (a 16 percentage point increase) (Supplementary table INDIGENOUS.5).
- *Some client groups were more likely to access specialist homelessness services in Major cities:* In 2016-17, 66% of SHS clients with a current mental health issue and 86% of SHS clients born overseas accessed specialist homelessness services in *Major cities*.
- *The majority of Remote/very remote clients were Indigenous:* A higher proportion of clients of homelessness services in 2016-17 were located in *Remote/very remote* areas (5%) compared with the general population (2%). Nine in 10 clients in *Remote/very remote* areas were Indigenous (90%).
- *The proportion of clients living in Remote/very remote areas who were homeless upon presentation remained the same:* 27% in 2015-16 and 2016-17 and is different to the homeless rate in other regional areas (Table Regional Trends.1).
- *Accommodation length varied considerably across regional areas:* In 2016-17, over half of the clients in *Major cities* received 48 or more nights' accommodation while less than half of the clients in *Remote/very remote* areas received 5 or fewer nights (Table Regional Trends.1).
- *Domestic and family violence was more commonly reported in Remote/very remote areas:* The main reason clients sought assistance varied across regional areas; domestic and family violence and housing crisis were similarly reported as the main reason in *Major cities* (29%, 24%, respectively), *Inner regional* (23%, 25%), and *Outer regional* (26%, 24%) areas while domestic and family violence was reported by 1 in 3 (33%) clients in *Remote/very remote* areas and housing crisis just 14%.

The average number of support periods per client in *Major cities* was 1.8 compared with 1.6 for *Inner regional* and *Remote/very remote* areas, and 1.5 for *Outer regional* areas

46 days was the median number of days of support in *Inner regional* areas compared with 20 days of support for *Remote/very remote* areas

74% of clients in *Outer regional* areas had a case management plan compared with 59% in *Major cities* and 64% in *Inner regional* and *Remote/very remote* areas

59% of clients in *Remote/very remote* areas received accommodation compared with 25-37% for the other areas

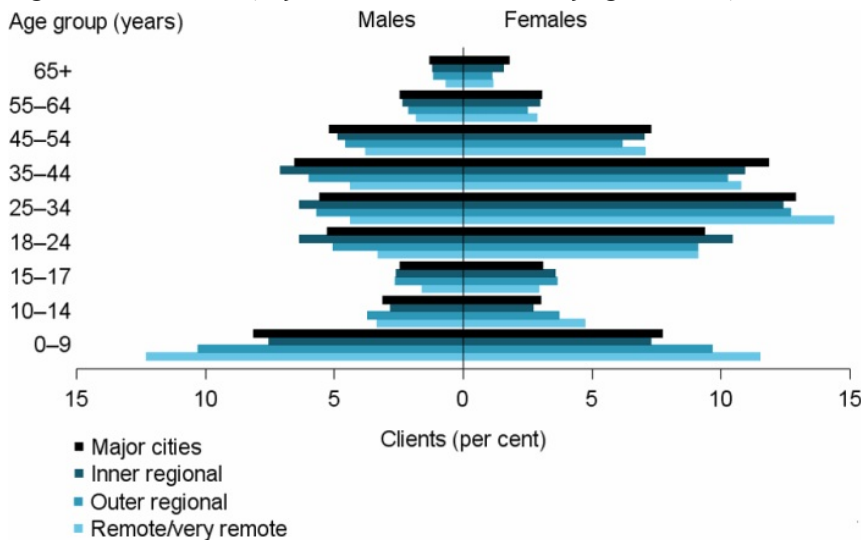
## Age and sex

Figure REG.1 illustrates the distribution of clients by age and sex for 2016-17:

- About 1 in 4 clients in *Remote/very remote* areas (24%) were children under the age of 10; all other regional areas had lower rates, from 15% in *Inner regional* areas, 16% in *Major cities* and 20% in *Outer regional* areas.
- 1 in 5 clients in both *Major cities* and *Inner regional* areas were aged 25-34, making them the largest client groups (18% and 19%, respectively).
- Across all remoteness areas, there were more females than male clients (Figure REG.1). Females represented 60% of clients in *Major cities*, 59% of clients in *Inner regional* and *Outer regional* areas and 64% of clients in *Remote/very remote* areas.

The younger age of clients in more remote regions suggests that in *Remote/very remote* areas there were higher proportions of families presenting with children when compared with *Major cities*. It also reflects the younger age structure of Indigenous Australians who make up the majority of clients in these areas. Conversely, the proportion of lone persons was higher in *Major cities*.

Figure REG.1: Clients, by remoteness area and by age and sex, 2016-17

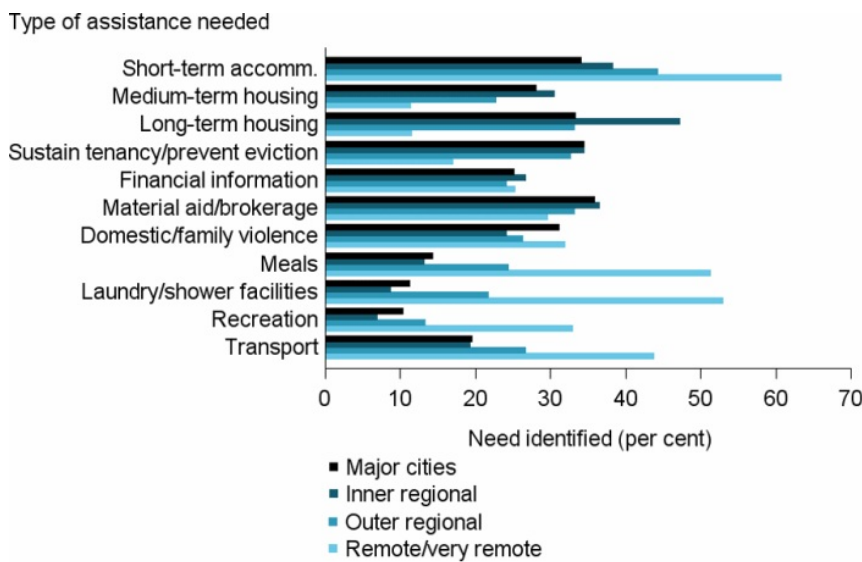


Source: Specialist homelessness services 2016-17, National supplementary table REG.1.

## Services needed and provided

- *Remote/very remote* clients had the most needs: Clients accessing agencies located in *Remote/very remote* areas were assessed to have more needs compared with clients in all other areas (Figure REG.2).
- *Almost half Inner regional* clients needed long-term housing: Trends for clients accessing services in *Inner regional* areas were generally similar to those in *Major cities*. However, a higher proportion of clients accessing services in *Inner regional* areas needed long-term housing (47% compared with 33% in *Major cities*).
- *Nearly 9 in 10 requests for accommodation were met in Remote/very remote areas (86%)*: The likelihood of receiving accommodation reduced with urbanisation. Clients in *Major cities* and *Inner regional* areas were the least likely to receive accommodation (54% and 41% of need met, respectively)
- *Nearly 3 in 10 (28%) clients accessing services in Remote/very remote areas needed 'other specialist services'*: These services included health/medical (17%), specialist counselling (7%) and other specialised services (19%). Clients in *Inner regional* areas were the least likely to need these services (16%).
- *The need for short-term accommodation increased with remoteness*: There was an increase in the proportion of clients needing short-term or emergency accommodation as remoteness increased: *Major cities* 34%, *Inner regional* areas 38%, *Outer regional* areas 44%, and *Remote/very remote* areas 61%.
- *The need for mental health services reduced with remoteness*: Mental health services were needed by a higher proportion of clients living in *Major cities* (10%, or over 18,000 clients) and *Inner regional* areas (8%, or over 5,500 clients) than those in *Outer regional* areas (7%, or over 2,000) and *Remote/very remote* areas (4%, or over 500 clients).

Figure REG.2: Clients, by most needed services, by remoteness area, 2016-17



**Notes**

1. Most needed excludes 'Other basic assistance', 'Advice/information', and 'Advocacy/liaison on behalf of client'.
2. Short-term accommodation includes temporary and emergency accommodation; medium-term housing includes transitional housing; and sustain tenancy/prevent eviction includes assistance to sustain tenancy or prevent tenancy failure or eviction.
3. Proportions have been calculated using the client count for each remoteness area as the denominator.

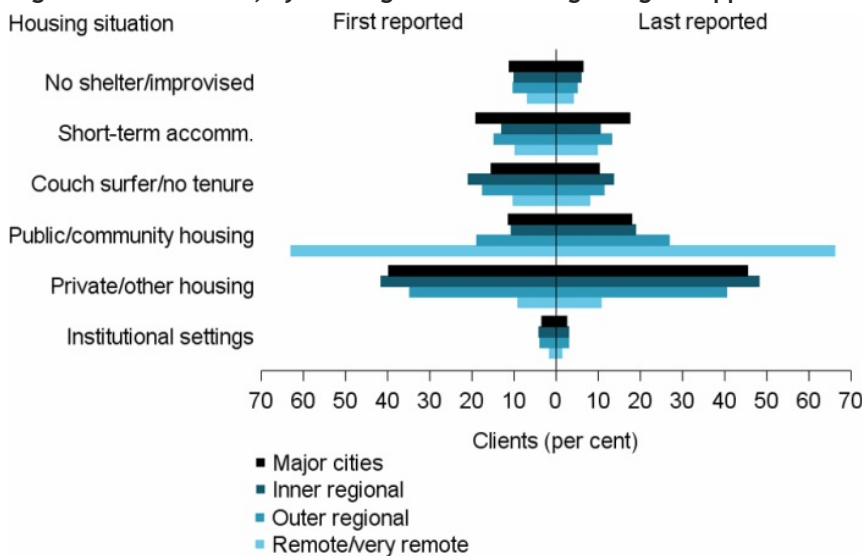
Source: Specialist homelessness services 2016-17, [National supplementary table REG.3](#).

**Housing outcomes**

Stable housing, for the purpose of the SHSC, refers to clients ending support in public or community housing (renter or rent free), private or other housing (renter, rent free or owner), or Institutional settings.

- *Over 6 in 10 clients in Major cities ended support in stable housing:* Clients accessing services in *Major cities* were the least likely to report ending support in stable housing (66%), and most of these clients ended support in private or other housing as a renter, rent free or owner (45%) (Figure REG.3).
- *Inner regional clients were the most likely to be housed in private or other housing following support (48%).* They were also the most likely to improve their housing situation following SHS assistance with 70% housed at the end of support, up 14 percentage points from the beginning of support.
- *Remote/very remote clients were the most likely to need support while in social housing:* Those clients accessing agencies in *Remote/very remote areas* were more likely to report living in public or community housing (63%) at the beginning of their support. While these clients were the most likely to be classified as 'housed' at the end of their support period (78%) this is to some extent a reflection of their housing situation prior to SHS assistance.

**Figure REG.3: Clients, by housing situation at beginning of support and end of support, by remoteness area, 2016-17**



**Notes**



1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. No shelter/improvised includes inadequate dwellings; short-term accommodation includes temporary and emergency accommodation; couch surfer/no tenure includes living in a house, townhouse or flat with relatives rent free; public/community housing includes both renting or rent free; and private/other housing includes both renting or rent free.
3. Proportions include only clients with closed support at the end of the reporting period.

Source: Specialist homelessness services 2016-17, [National supplementary table REG.4](#).

There are differences in stable housing achievements for clients who present either homeless or housed, but at risk of homeless (Table REG.2).

Across all regions, agencies were best able to assist those presenting at risk of homelessness, with 9 in 10 maintaining their housing following support.

- Of these clients, 84% of clients in *Major cities*, and *Inner* and *Outer regional* areas were assisted to remain housed in public or community housing (around 9,800 and 3,800 clients, respectively) with a further 8% housed in private/other housing.
- 91% of clients in *Remote/very remote* areas were assisted to remain housed in public or community housing (about 5,200 clients) with a further 2% housed in private/other housing.

For those clients presenting homeless, agencies were able to assist around 4 in 10 clients into stable housing at the end of support.

- For clients presenting homeless, living in short-term or emergency accommodation, agencies across all regional areas were able to assist almost half of these clients into stable housing (42-49%).

**Table REG.2: Clients by geographic area, housing situation at beginning and end of support, 2016-17 (per cent)**

Situation at beginning of support	Situation at end of support: homeless	Situation at end of support: housed
<b><i>Major cities</i></b>		
Homeless	63.5	36.5
At risk of homelessness	10.0	90.0
<b><i>Inner regional</i></b>		
Homeless	57.4	42.6
At risk of homelessness	9.4	90.6
<b><i>Outer regional</i></b>		
Homeless	59.1	40.9
At risk of homelessness	8.5	91.5
<b><i>Remote/very remote</i></b>		
Homeless	60.2	39.8
At risk of homelessness	7.6	92.4

#### Notes

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'Not stated/other'.

Source: Specialist homelessness services 2016-17, [National supplementary table REG.4](#).

#### Reference

1. Australian Bureau of Statistics (ABS), 2013. Australian Statistical Geography Standard (ASGS): Volume 5—Remoteness structure, July 2011. ABS cat. no. 1270.0.55.005. Canberra: ABS.

## Unmet demand for specialist homelessness services

Specialist homelessness agencies in Australia provide assistance to thousands of people each day. In 2016-17, on average, each day an estimated 59,900 people were supported. However, there were also people who approached agencies who were unable to be offered any assistance. These people may have approached more than one agency or returned to the same agency another day. An instance where no assistance is received by a person who approaches a service is referred to as an 'unassisted request for service'. Only a limited amount of data are collected in these instances.

There may be a range of reasons an agency cannot assist a person. For example, the person may be seeking a specialised service not offered by that particular agency or the agency may not have the capacity to provide assistance at that time. The person may not be in the target group for the agency. These people may be referred to another agency for assistance, but the SHSC does not currently capture this activity. See [Technical information](#) and [Glossary](#) for information on the way in which unassisted requests for services are measured in the SHSC.

There was an average of 261 instances of unassisted requests for services each day, across Australia in 2016-17.

This section presents information on unmet demand from 2 perspectives:

- *Unassisted requests for services*—which relate to people who are not able to be offered any assistance by the SHS agency
- *Unmet need*—which captures those clients who had some, but not all, of their identified needs met by the agency.

The SHSC captures only limited information about unassisted requests for services, because it is not always appropriate for specialist homelessness agencies to collect the same level of detailed information as they would if the person became a client.

### Key findings in 2016-17

- On average, there were 261 requests per day which were unable to be met.
- There were around 5,000 (5%) fewer unassisted requests for homelessness services when compared with 2015-16. In 2016-17 there were an estimated 95,390 unassisted requests for services, 5,000 fewer than in 2015-16 (100,300).
- 7 out of 10 daily unassisted requests included a need for some type of accommodation support (72%).
- Most commonly, agencies were unable to meet requests for accommodation because there was no accommodation available at the time.
- The majority of unassisted requests came from females (66%).

### Unassisted requests for services: 2012-13 to 2016-17

In 2016-17, there were an estimated 95,000 requests for assistance that were unable to be met. This represents a decrease of 5% from last year. Some key trends in unmet demand since 2012-13 have been:

- The number of unassisted requests has varied over time. Increasing between 2012-13 and 2013-14, but steadily decreasing since this time (Table Unassisted Trends. 1). These decreases were primarily due to reductions in New South Wales and Queensland and are a reflection of the impact of new service delivery models in these states. For further details see the data quality information in [Technical information](#).
- Two-thirds of the unassisted requests were from females (66%) in 2016-17, up from 60% in 2012-13.
- In contrast to the changes occurring in the number of unassisted requests for services, the number of clients and the number of support periods have been increasing over the same period. Unassisted requests have decreased on average, 4% each year while client numbers have increased 4% and support periods 5% each year over this time.

**Table UNASSISTED TRENDS.1: Unassisted requests for service: at a glance—trends over time 2013-14 to 2016-17**

	2013-14		2014-15		2015-16		2016-17	
	Assisted Clients	Unassisted requests	Assisted Clients	Unassisted requests	Assisted Clients	Unassisted requests	Assisted Clients	Unassisted requests
<b>Number</b>	254,002	154,446	255,657	119,910	279,196	100,302	288,273	95,392
<b>Sex (per cent)</b>								
<b>Female</b>	59	62	59	65	59	64	60	66
<b>Male</b>	41	38	41	35	41	36	40	34
<b>Living arrangement (per cent)</b>								
<b>Lone person</b>	30	57	29	63	29	63	29	60

Sole parent	33	38	34	33	34	33	35	35
Couple with child(ren)	13	—	13	—	13	—	13	—
Couple without children	5	2	5	2	5	2	5	2
Other family group	18	2	18	2	18	2	18	3

— Rounded to zero

Source: Specialist Homelessness Services Collection 2013-14 to 2016-17

## Unassisted requests for service in 2016-17

Analysis of how often a person requested assistance and how many later became clients of specialist homelessness agencies can only be examined where sufficient information is gathered to allow the experience of the client followed through time (about half (49%) of all unassisted requests). In 2016-17, on average, each person who was not assisted, approached an agency 1.5 times, the same average as in 2015-16.

In 2016-17, 46% of persons with sufficient information went on to become clients and receive services during the year, similar to the proportion in 2015-16 (47%). The outcomes for the remaining 54% are not known—they may have received assistance from a non-SHS service, used their own support networks or continued to experience unstable housing.

### Number of unassisted requests for services

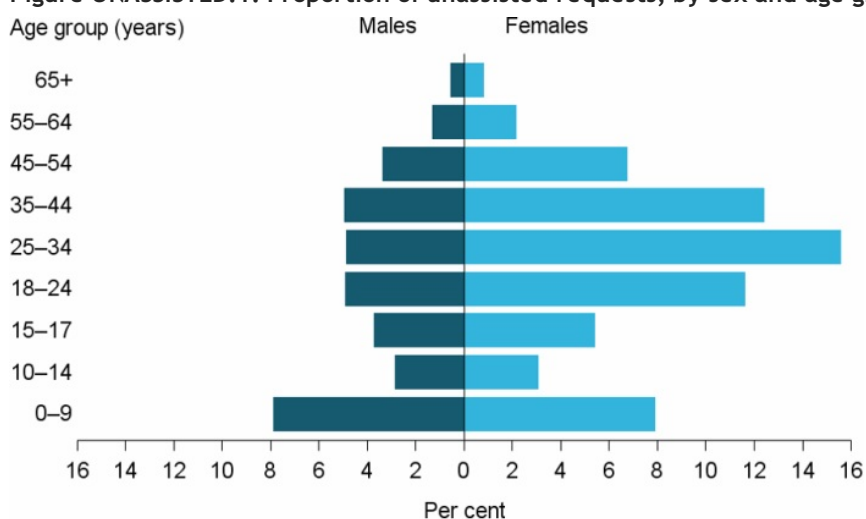
On average, across Australia there were 261 requests per day which could not be met:

- *Two thirds of these requests came from females:* About 172 daily unassisted requests (or 66% of all requests) were made by females, and 89 by males (34%). This reflects the overall service user population, which is predominantly female (Figure UNASSISTED.1).
- *One in 4 (28%) unassisted requests were from females aged between 25 and 44 years.* Overall, 2 in 3 (66%) unassisted requests of all ages were by women, and 1 in 3 were by men.
- *Four in 5 unassisted requests from single adults with children were from females (79%)* and most of these females were aged between 25 and 44 (59% of adult single females with children).

Compared with 2015-16, in 2016-17:

- The number of unassisted requests fell for both sexes (about 2,600 fewer unassisted requests for males and about 1,800 fewer for females).
- The largest decrease for females was in the age group 15-17 presenting to an agency alone, not part of a family. For males it was 18-24 also presenting alone.

Figure UNASSISTED.1: Proportion of unassisted requests, by sex and age group, 2016-17



Source: Specialist homelessness services 2016-17, National supplementary table UNMET.1.

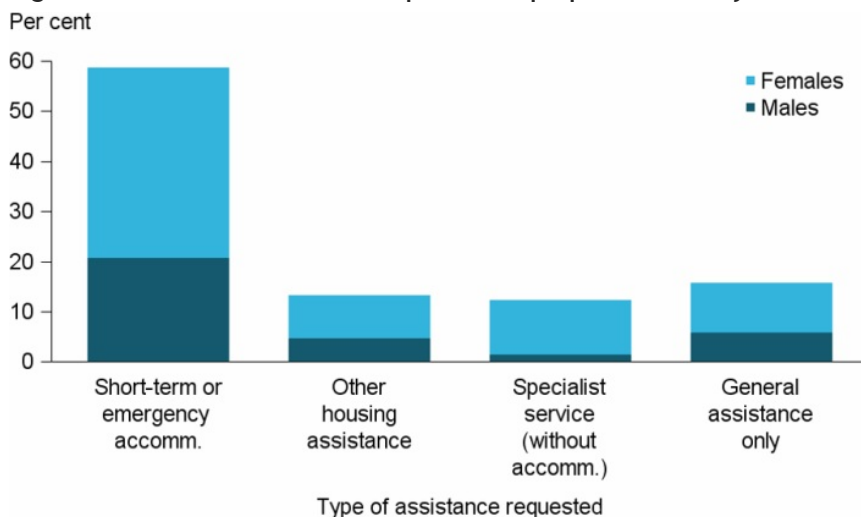
### What services were requested?

On average, 72% of daily unassisted requests included a need for some type of accommodation support.

- The majority of unassisted daily accommodation requests related to short-term or emergency accommodation (59%) (Figure UNASSISTED.2). Females were more likely than males to have requests for short-term or emergency accommodation unmet (64% and 36%, respectively), most likely a reflection of the higher proportion of females in this group.

- Unassisted requests for short-term or emergency accommodation were much lower than in 2015-16. There was on average, 8 fewer unmet requests daily for this type of assistance.

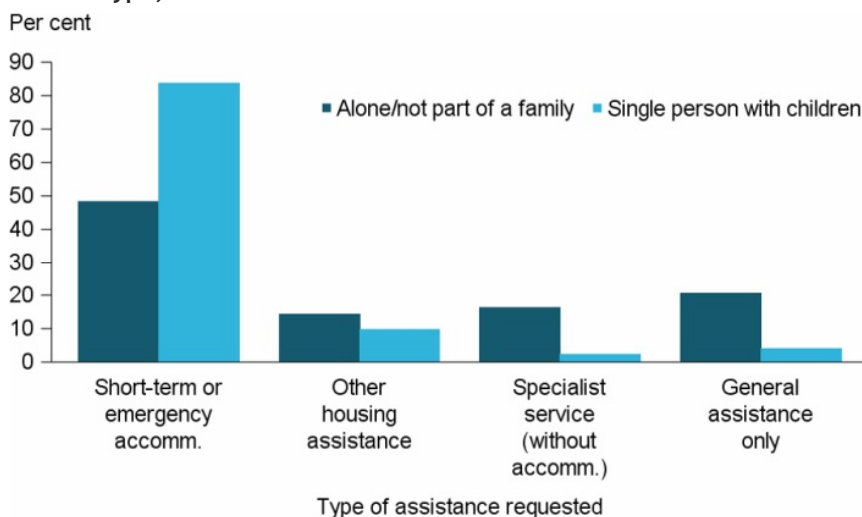
**Figure UNASSISTED.2: Services requested as proportion of daily unassisted requests, by sex, 2016-17**



Source: Specialist homelessness services 2016-17, [National supplementary table UNMET.5](#).

Over 9 in 10 (93%) daily unassisted requests for services from single persons with children were for accommodation needs, compared with 63% for single persons without children (Figure UNASSISTED.3).

**Figure UNASSISTED.3: Proportion of unassisted requests for services by single person with or without children, by service type, 2016-17**



Source: Specialist homelessness services 2016-17, [National supplementary table UNMET.6](#).

Most commonly, agencies reported that they could not meet requests for accommodation because there was no accommodation available at the time of the request (48% of unmet requests for accommodation) (Supplementary table UNMET.7). This figure is similar to 2015-16 (50%).

On fewer than 1 in 10 occasions, a person did not accept the service offered (8%).

### Clients' unmet need for services

Clients receiving support from specialist homelessness services are often identified 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 they have been met. In this section, each client need and the services to meet that need are only identified once in each support period.

#### Key findings in 2016-17

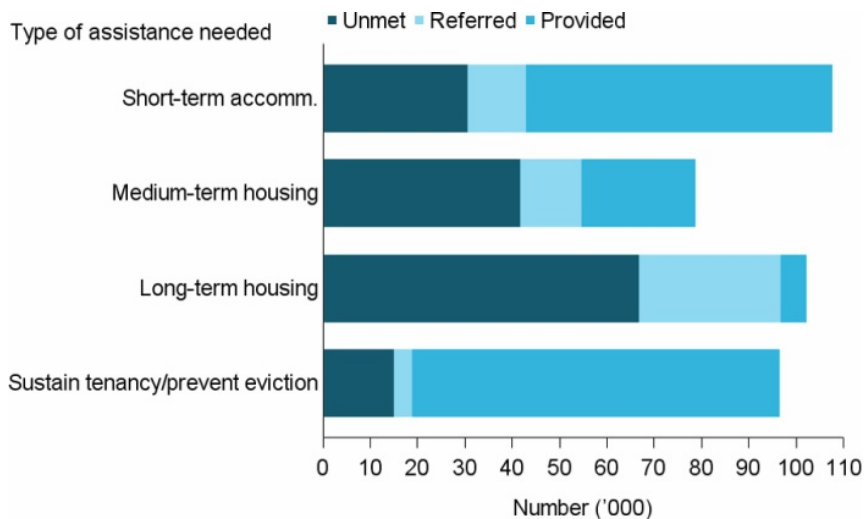
- 6,300 more clients requested long-term housing in 2016-17 but long-term housing options were provided to just 5% (or 5,300) of the 102,000 (35%) clients needing this service.
- The ability of agencies to keep up with the demand for certain specialist services is decreasing. For example, 1 in 3 (33%) mental health service requests were neither provided nor referred in 2016-17, up from 32% in 2015-16. Within this group of services, the proportion of requests for psychiatric services that were not met increased 6 percentage points to 44% (or about 2,400 clients).

### Unmet need for accommodation and housing assistance services

Accommodation was the most common need identified by clients. In 2016-17, over half (56%) of all clients needed at least 1 type of accommodation service.

- Nearly 2 in 5 clients (37% or 108,000) needed short-term or emergency accommodation; 6 in 10 (60%) of those requesting this service were provided with assistance.
- Over one-third of clients (35% or 102,000) identified a need for long-term accommodation; only about 5% (or 5,300 clients) of those were provided with the service (Figure UNMET NEED.1).
- The numbers of clients requesting these 2 forms of accommodation were similarly large, however the considerable difference in the proportions of clients receiving these types of accommodation highlights the substantial unmet need for long-term housing encountered by SHS clients.

**Figure UNMET NEED.1: The number of clients with unmet needs for accommodation and housing assistance services, 2016-17**



**Notes**

1. Unmet includes 'Not provided or referred'.
2. Short-term accommodation includes temporary and emergency accommodation; medium-term housing includes transitional housing; and sustain tenancy/prevent eviction includes assistance to sustain tenancy or prevent tenancy failure or eviction.

Source: Specialist homelessness services 2016-17, [National supplementary table CLIENTS.15](#).

**Client unmet need for general and specialised services**

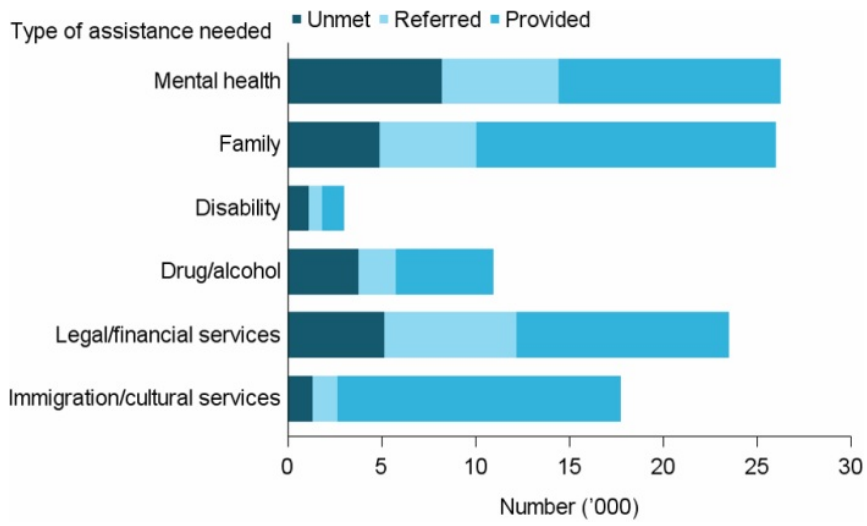
Some types of needs were able to be met by the agency for a significant proportion of clients. For example, of the nearly 153,000 clients who needed assistance for advocacy/liaison, 97% were provided assistance, and of the clients requesting material brokerage (nearly 102,000), 86% were provided with assistance (Supplementary table CLIENTS.15).

Other types of client needs were less commonly met. For example, among those clients who required gambling counselling (less than 1%, or under 1,000 clients), the level of unmet need was substantial—around 35% of clients either not being provided or referred to gambling counselling. This may be related to the specialist skills required to provide gambling counselling and the limited availability of these skills within the SHS agencies and other services that clients may be referred to.

The level of need for broad groups of specialised services is shown in Figure UNMET NEED.2.

- Mental health services, including psychological, psychiatric and mental health services, were one of the most common specialised services identified as needed by clients, but these needs were most commonly unmet with around 3 in 10 (31%) clients neither provided nor referred these services.
- Over a third of the clients identifying a need for either disability services (39%) or drug and alcohol services (34%) did not have their needs met.
- In contrast, immigration and cultural services, needed by 6% of the SHS population (about 18,000), were provided for most of the clients requiring them (85%).

**Figure UNMET NEED.2: The number of clients with unmet needs for specialised services (grouped), 2016-17**



*Note:* Unmet includes 'Not provided or referred'.

*Source:* Specialist homelessness services 2016-17, [National supplementary table CLIENTS.15](#).





## Client groups of interest

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## Client groups of interest

Aboriginal and Torres Strait Islander people continue to be over-represented in both the national homeless population and as users of specialist homelessness services (see [Clients, services and outcomes](#) and [1]). Aboriginal and Torres Strait Islander people make up 3.3% of the Australian population [2], yet they made up 25% of the clients accessing specialist homelessness services in 2016-17: an estimated 64,644 clients. Indigenous status was not reported for 9% of SHS clients in 2016-17.

### Key findings in 2016-17

- Indigenous client numbers increased by 5% since 2015-16 to around 64,600 in 2016-17, and grew at a faster rate than the general SHS population (3% increase).
- There were more returning Indigenous clients (58%) than new Indigenous clients in 2016-17, meaning over half the Indigenous clients in 2016-17 had received assistance at some time in the previous 5 years.
- The length of Indigenous client support continues to increase, up from 44 to 46 days in 2016-17, and remains notably longer than that of non-Indigenous clients (39 days in 2016-17).
- The proportion of Indigenous clients receiving accommodation services decreased to 42%, down from 44% in 2015-16; however, the median length of accommodation increased slightly (20 nights, up from 19 nights) but remains significantly shorter than non-Indigenous clients (41 nights).
- An estimated 3,000 (or 6%) more Indigenous clients ended support in public or community housing and fewer Indigenous clients were in short-term or emergency accommodation following assistance from SHS agencies in 2016-17.

### Indigenous clients: 2012-13 to 2016-17

Over 186,000 Indigenous clients have been supported by homelessness agencies since the SHSC began in 2011-12. The number of Indigenous clients has been steadily increasing over this time. The key trends identified over the past 5 years have been:

- The rate of service use by Indigenous clients has increased from 654 clients per 10,000 Indigenous people in 2012-13 to 814 per 10,000 in 2016-17 (Table Indigenous Trends.1).
- The gap between Indigenous and non-Indigenous rates of service use continues to widen. In 2016-17 Indigenous people were 9.2 times more likely to use specialist homelessness services than non-Indigenous people, up from 8.2 times in 2012-13.
- After taking into account differences in population size, in 2016-17 Indigenous clients accessed services at the highest rate in *Inner/outer regional* areas, a change from previous years where the highest rate was in *Major cities*.
- The rate of service use by Indigenous clients living in *Remote/very remote* areas has increased by the greatest margin over time; from 499 Indigenous clients per 10,000 population in 2012-13 to 721 in 2016-17. This is in contrast to non-Indigenous clients in the same areas where the rate decreased from 53 clients per 10,000 to 41 clients over the same time period.
- The proportion of Indigenous clients ending support in some form of social or private housing has improved. In 2016-17 around 39% of Indigenous clients assisted ended support in public or community housing compared with 35% in 2012-13.

Table Indigenous Trends.1: Indigenous clients: at a glance—2014-15 to 2016-17

	2014-15		2015-16		2016-17	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Number of clients	53,301	173,955	61,700	190,488	64,644	196,689
Proportion of all clients where Indigenous status reported	23	77	24	76	25	75
Rate (per 10,000 population)	693.2	79.8	787.0	86.5	813.9	88.4
Rate ratio	8.7		9.1		9.2	
Rate difference	613.4		700.5		725.6	
Remoteness rate (per 10,000 population)						
<i>Major cities</i>	710.9	75.2	823.9	80.6	832.4	80.7
<i>Inner/outer regional</i>	683.9	98.7	789.2	110.5	852.3	115.3
<i>Remote/very remote</i>	688.5	38.6	732.4	36.4	720.9	40.7
Rate ratio						



<i>Major cities</i>	9.5		10.2		10.3	
<i>Inner/outer regional</i>	6.9		7.1		7.4	
<i>Remote/very remote</i>	17.9		20.1		17.7	
<b>Housing situation at the beginning of first support period (proportion of all clients)</b>						
Homeless	47	43	46	43	47	43
At risk of homelessness	53	57	54	57	53	57
<b>Length of support (median number of days)</b>	40	35	44	37	46	39
<b>Average number of support periods per client</b>	1.6	1.7	1.7	1.7	1.7	1.7
<b>Proportion receiving accommodation</b>	47	32	44	30	42	29
<b>Median number of nights accommodated</b>	20	42	19	42	20	41
<b>Proportion of a client group with a case management plan</b>	70	60	70	61	71	61
<b>Achievement of all case management goals (per cent)</b>	24	25	21	23	20	22

#### Notes

1. Rates were directly age-standardised as detailed in the Technical information section. Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.
2. Rate ratio is the Indigenous rate divided by the Non-Indigenous rate and is used to compare the 2 service use rates. Rate difference reveals the gap between the 2 rates.
3. The denominator for the proportion achieving all case management goals is the number of client groups with a case management plan. Denominator values for proportions are provided in the relevant National supplementary table.
4. Previous years' data can be found in the 2014-15 and 2015-16 Specialist Homelessness Services Annual reports.

Source: Specialist Homelessness Services Collection 2014-15 to 2016-17

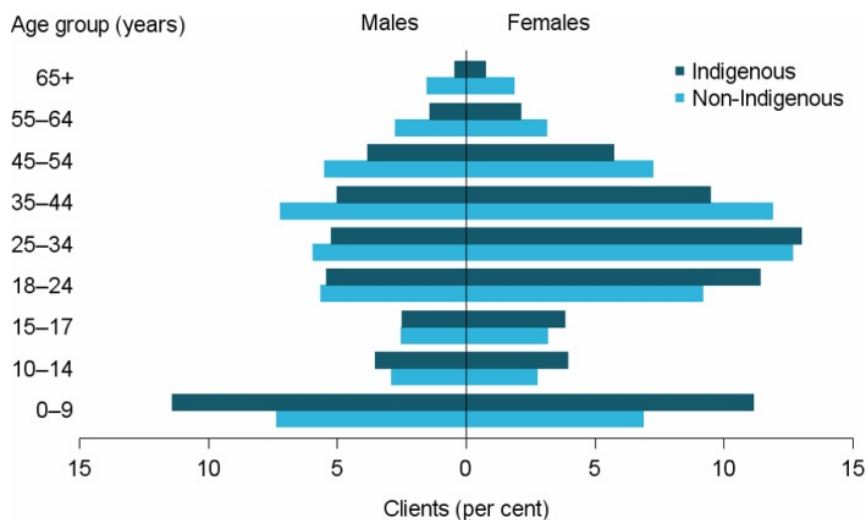
### Characteristics of Indigenous clients 2016-17

Of the 64,644 Indigenous clients who received services in 2016-17:

- *Around 1 in 4 (23%, or 14,500) were children aged under 10, compared with 14% (or nearly 28,000) of non-Indigenous children under 10.*
- *Just over half (53%) were aged under 25, compared with 40% of non-Indigenous clients.*
- *There were twice as many Indigenous female clients aged over 18 (42%, or over 27,000) than male Indigenous clients (21%). By comparison, 46% of non-Indigenous clients aged over 18 were female and 29% were male.*
- *Just over 1 in 4 (26%) sought assistance because of a housing crisis and a further 1 in 4 (23%) because of domestic and family violence. Non-Indigenous clients also reported these two main reasons most commonly (domestic and family violence 26%; housing crisis 23%).*
- *Over one-third (35%) were living as single parents with a child or children when they approached an agency for support, similar to non-Indigenous clients (34%).*

The different age structure of Indigenous and non-Indigenous clients is illustrated in Figure INDIGENOUS.1.

**Figure INDIGENOUS.1: Clients by Indigenous status, by age and sex, 2016-17**

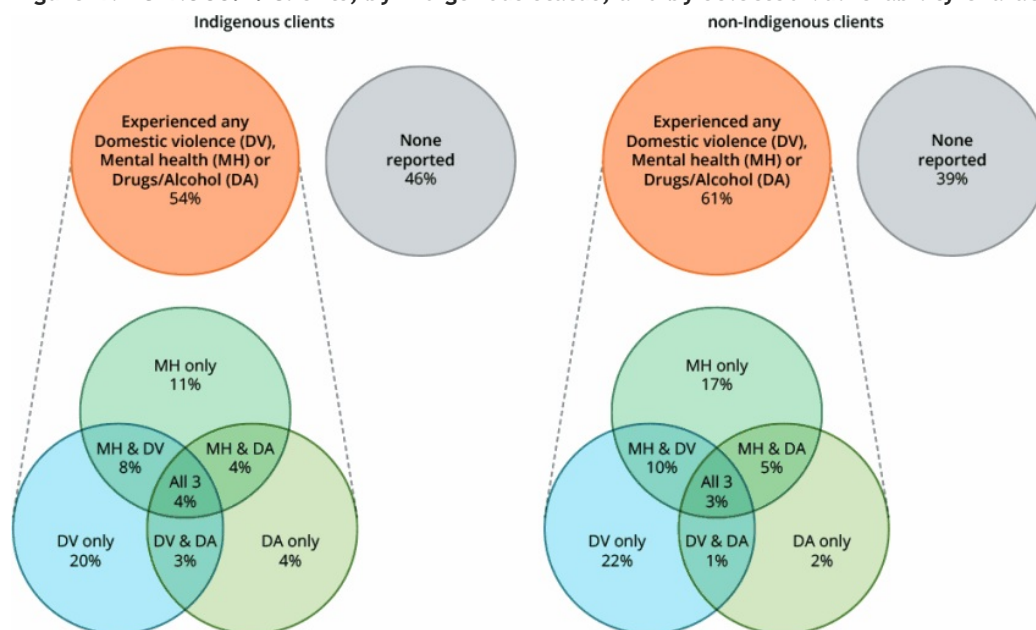


Source: Specialist homelessness services 2016-17, [National supplementary table INDIGENOUS.1](#).

Clients may also be facing additional challenges when they present to an agency for assistance. Figure INDIGENOUS.2 outlines the multiple vulnerabilities reported by Indigenous and non-Indigenous clients (aged 10 and over) of homelessness services. Specifically, domestic and family violence, mental health issues and problematic drug and/or alcohol use identified within these populations. Over half (54%) of Indigenous clients reported one or more of these vulnerabilities, fewer than non-Indigenous clients (61%). One in 3 (35%) Indigenous clients reported domestic and family violence and of these clients the greatest overlap in vulnerabilities was with mental health:

- Eight per cent reported both domestic and family violence and mental health issues, while a further 1 in 20 (4%) reported all three vulnerabilities (domestic and family violence, mental health issues and problematic drug and/or alcohol use), similar to non-Indigenous clients (3%).

Figure INDIGENOUS.2: Clients, by Indigenous status, and by selected vulnerability characteristics, 2016-17



Notes

1. Client vulnerability groups are mutually exclusive.
2. Clients are aged 10 and over.

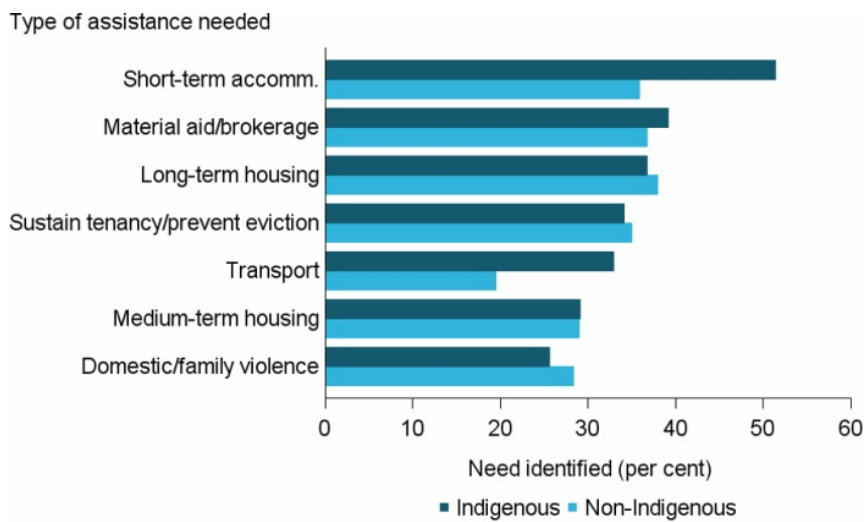
Source: Specialist Homelessness Services Collection 2016-17.

Services needed and provided

The need for accommodation assistance was broadly similar between Indigenous and non-Indigenous clients, with the exception of short-term or emergency accommodation (Figure INDIGENOUS.3).

- Half of the Indigenous clients (51%, or 33,000) needed short-term or emergency accommodation compared with 36% for non-Indigenous clients.
- For general services, needs were higher for Indigenous clients when compared with non-Indigenous clients. For example, general services including: meals (28% compared with 15%), laundry/shower facilities (25% compared with 12%) and transport (33% compared with 19%) were all notably higher for Indigenous clients.

Figure INDIGENOUS.3: Clients, by Indigenous status and by most needed services, 2016-17



**Notes**

1. Most needed excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'.
2. Short-term accommodation includes emergency accommodation; and sustain tenancy/prevent eviction includes assistance to sustain tenancy or prevent tenancy failure or eviction; medium-term housing includes transitional housing.

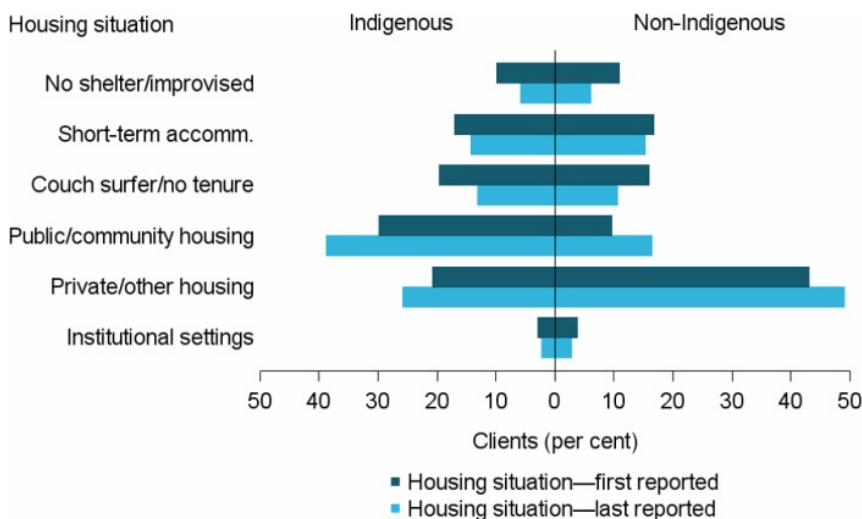
Source: Specialist homelessness services 2016-17, [National supplementary table INDIGENOUS.3](#).

**Housing outcomes**

For Indigenous clients whose support ended in 2016-17:

- The majority (54%) first presented at risk of homelessness, with the most common housing situation being public or community housing (30%), compared with 56% of non-Indigenous clients presenting at risk, with the most common housed in private or other housing (43%).
- The most common housing outcome following support was being housed in public or community housing (39%, or over 16,000) followed by private rental (26%, or nearly 11,000) (Figure INDIGENOUS.4). For non-Indigenous clients, the most common housing outcomes at the end of support were private rental (49%) followed by public or community housing (16%).

**Figure INDIGENOUS.4: Clients, by Indigenous status and by housing situation at the beginning and end of support, 2016-17**



**Notes**

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. No shelter/improvised includes inadequate dwellings; short-term accommodation includes temporary accommodation; couch surfer/no tenure includes living in a house, townhouse or flat with relatives rent free; public/community housing includes both renting or rent free; and private/other housing includes both renting or rent free.
3. Proportions include only clients with closed support at the end of the reporting period.

Source: Specialist homelessness services 2016-17, [National supplementary table INDIGENOUS.4](#).

Differences in housing outcomes are largely dependent on whether a client is homeless or housed when they seek assistance. There was little difference in these outcomes for Indigenous and non-Indigenous clients (Table Indigenous.2). Stable housing is defined in the [Glossary](#).

For Indigenous clients who were homeless when support commenced, following support:

- Four in 10 (40%) were assisted into stable housing (by comparison, 39% non-Indigenous).
- Almost half in short-term emergency accommodation were assisted into stable housing (47%, or over 3,000) (by comparison, 44% non-Indigenous).

For Indigenous clients who were housed but considered at risk of homelessness when support commenced, following support:

- Nine in 10 (90%) were assisted to maintain their tenancy (which is the same as non-Indigenous clients).
- Almost 9 in 10 of those living in public or community housing (87%) were assisted to maintain their tenancy, and a further 5% were assisted into private/other housing. By comparison, 83% of non-Indigenous clients living in public or community housing were assisted to maintain their tenancy, and a further 9% were assisted into private/other housing.
- Just over 3 in 4 (76%) of those living in private or other housing were assisted to maintain their tenancy, and a further 11% were assisted into public or community housing. By comparison, 85% of non-Indigenous clients living in private or other housing were assisted to maintain their tenancy, and only a further 5% were assisted into public or community housing.

**Table Indigenous.2: Indigenous clients, housing situation at beginning and end of support, 2016-17 (per cent)**

Situation at beginning of support	Situation at end of support: homeless		Situation at end of support: housed	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
Homeless	60.0	61.1	40.0	38.9
At risk of homelessness	10.2	9.7	89.8	90.3

**Notes**

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'Not stated/other'.

Source: Specialist homelessness services 2016-17, [National supplementary table INDIGENOUS.4](#).

**References**

1. Australian Bureau of Statistics (ABS), 2012. Census of population and housing: estimating homelessness, 2011. ABS cat no. 2049.0. Canberra: ABS.
2. Australian Bureau of Statistics (ABS), 2017. Australian demographic statistics, Mar 2017. ABS cat no. 3101.0. Canberra: ABS.

## Client groups of interest

Domestic and family violence is the main reason women and children leave their homes in Australia [1] and is consistently one of the most common reasons clients have sought assistance from specialist homelessness agencies (see [Clients, services and outcomes](#)).

It is important to note that client numbers in the Specialist Homelessness Services Collection (SHSC) generally reflect the increased availability and accessibility of services, including domestic and family violence services.

While specialist homelessness service (SHS) agencies mainly assist people who are victims of domestic and family violence, they may also assist perpetrators of violence who seek homelessness services. Currently the SHSC is not able to separately identify these clients.

### Key findings in 2016-17

- Overall, 40% of clients (or 114,757) seeking Specialist Homelessness Services were experiencing domestic and family violence. This is an increase from 38% in 2015-16.
- 61% were at risk of homelessness when they sought assistance, most commonly living in private/other housing.
- Nearly half (48%) were single parents with a child or children.
- Many were children: One-fifth of clients were children aged 0-9 (22%, or over 25,000), and nearly 40,000 (35%) clients were aged under 18 (a 10% increase from 2015-16 for the same age range).
- Almost all adults were female (91%): the largest number of adult females were aged 25-34 years (over 21,000) followed by those aged 35-44 (about 19,000).
- Half these clients (51%) had received homelessness services in the previous 5 years.
- On average, each client received assistance twice from homelessness agencies over the 12 month period (1.9 support periods per client) for a total of 39 days.
- 9 in 10 clients experiencing domestic and family violence who were at risk of homelessness, were assisted to maintain a housing tenancy.
- Of those clients experiencing domestic and family violence who were homeless when support began, nearly half (47%) were assisted into housing, the majority into private/other dwellings.

### Clients experiencing domestic and family violence: 2012-13 to 2016-17

The number of clients reporting they had experienced domestic and family violence has increased since 2012-13. Various factors including increased community awareness, and reduced stigma have potentially contributed to the increase in reporting of domestic and family violence among SHS clients. Key trends identified over the past 5 years include:

- *Clients experiencing domestic and family violence are increasing:* Nationally, the number of clients reporting they had experienced domestic and family violence and sought assistance from specialist homelessness agencies has increased on average 10% each year since 2012-13 (Table DV Trends.1). The majority of these additional clients requesting assistance for domestic and family violence were single parent households (with a child or children).
- *Jurisdictional increases:* Tasmanian SHS agencies experienced the greatest average annual growth of domestic and family violence clients (16% each year), followed by the Northern Territory (14% each year) and Victoria (13% each year).
- *Homelessness is rising among these clients:* While it remains that the majority of clients who have experienced domestic and family violence are at risk of homelessness, the proportion of these clients who were homeless upon presentation has increased, from 35% in 2012-13 to 39% in 2016-17.
- *Housing outcomes following support are improving:* The proportion ending support with improved housing outcomes has increased, particularly for those in private rental or home owners (increased from 43% in 2012-13 to 48% in 2016-17).

Table DV Trends.1: Clients who have experienced domestic and family violence: at a glance—2012-13 to 2016-17

	2012-13	2013-14	2014-15	2015-16	2016-17
<b>Number of clients</b>	77,870	84,774	92,349	105,619	114,757
<b>Proportion of all clients</b>	32	33	36	38	40
<b>Rate (per 10,000 population)</b>	34.2	36.6	39.3	44.3	47.4
<b>Housing situation at the beginning of first support period (proportion of all clients)</b>					
Homeless	35	37	37	38	39
At risk of homelessness	65	63	63	62	61
<b>Length of support (median number of days)</b>	40	43	40	38	39

Average number of support periods per client	1.8	1.8	1.8	1.9	1.9
Proportion receiving accommodation	45	44	41	39	37
Median number of nights accommodated	32	34	32	31	31
Proportion of a client group with a case management plan	62	63	64	64	64
Achievement of all case management goals (per cent)	16	17	22	21	20

#### Notes

1. Rates are crude rates based on the Australian estimated resident population (ERP) at 30 June of the reference year. Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.
2. The denominator for the proportion achieving all case management goals is the number of client groups with a case management plan. Denominator values for proportions are provided in the relevant national supplementary table.

Source: Specialist Homelessness Services Collection 2012-13 to 2016-17.

### Characteristics of clients experiencing domestic and family violence 2016-17

In 2016-17, specialist homelessness service agencies assisted 114,757 domestic and family violence clients. Compared with 2015-16:

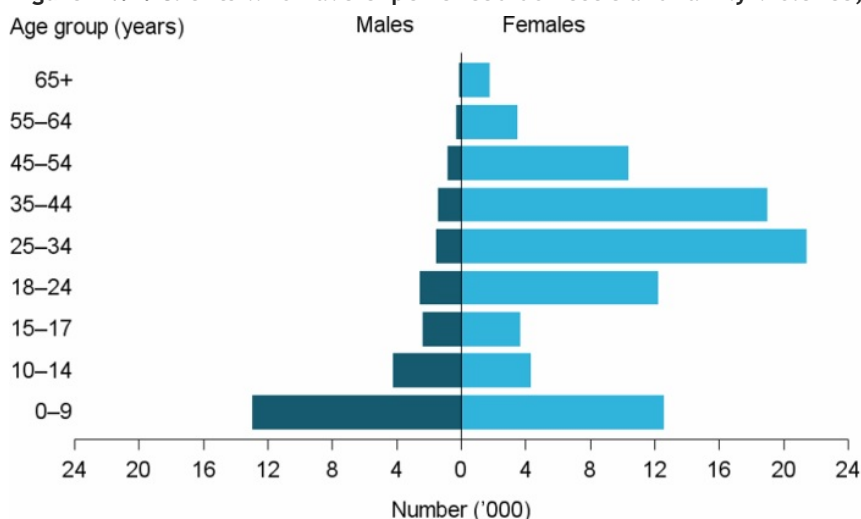
- *More clients received assistance:* There were about 9,000 (9%) more clients seeking assistance for domestic and family violence from 2015-16, which is higher than the growth rate of the general SHS population (3%).
- *Victoria continues to assist the greatest number of these clients:* In 2016-17 about 50,000 clients experiencing domestic and family violence were assisted in Victoria (a 10% increase from 2015-16); New South Wales assisted the next largest number, nearly 26,000 (11% increase), while the Northern Territory had the largest percentage increase (31%, or 1,110 clients).
- *More than 3 in 4 were female:* Over three-quarters (77%) of domestic and family violence clients were female, the same as the previous year.
- *Almost half were single parents:* Nearly half of all clients (48%) seeking assistance for domestic and family violence were living in single parent households (with a child or children), similar to the previous year.
- *Most were housed when seeking support:* Sixty-one per cent were at risk of homelessness when first presenting for support, similar to the previous year (62%).
- *Half had received services in the past:* Within this client group, there was a similar distribution of 'new' and 'returning' clients in 2016-17 (51% and 49%, respectively). This trend was observed in all states and territories.
- One in 4 clients (25%) experiencing domestic and family violence were Indigenous, matching the overall SHS population.

#### Age and sex

The majority (94%) of clients of specialist homelessness services in 2016-17 who were experiencing domestic and family violence were females and children, a slight increase from 2015-16 (Figure DV.1). In 2016-17:

- Females aged 15 and over accounted for 62% (or nearly 72,000) of this group.
- Children aged 14 and under accounted for an additional 30% (or about 34,000).
- Males aged 15 and older accounted for 8% (or about 9,000) of the client group.
- Among children aged 0-9 years, there were similar numbers of boys and girls, totalling about 25,500 children.

Figure DV.1: Clients who have experienced domestic and family violence, by age and sex, 2016-17



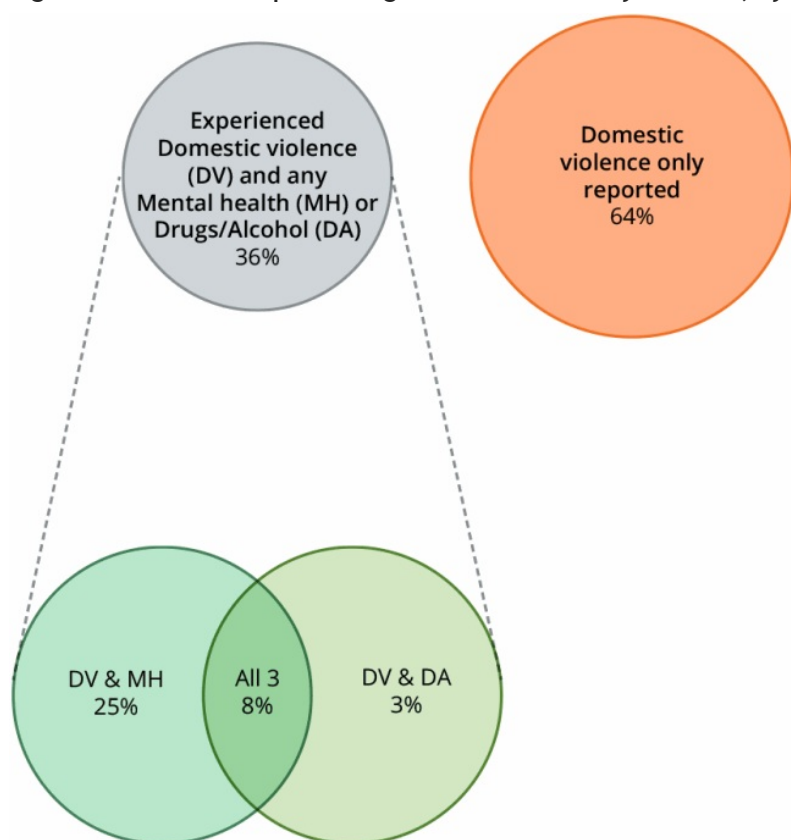
Source: Specialist homelessness services 2016-17, National supplementary table DV.1

The majority (64%) of the 89,000 clients experiencing domestic and family violence and aged over 10 did not report either mental health or problematic drug and/or alcohol use.

Of the domestic and family violence clients who did present with multiple vulnerabilities (Figure DV.2):

- One-quarter (25%) also reported a current mental health issue
- A further 1 in 13 (8%, or about 7,500 clients) reported both problematic drug and/or alcohol use, and a current mental health issue, in addition to experiencing domestic and family violence.

**Figure DV.2: Clients experiencing domestic and family violence, by selected vulnerability characteristics, 2016-17**



**Notes**

1. Client vulnerability groups are mutually exclusive.
2. Clients are aged 10 and over.

Source: Specialist Homelessness Services Collection 2016-17.

**Services needed and provided**

The majority of clients who had experienced domestic and family violence identified needing specific assistance for this reason, which may include therapeutic discussion or group sessions, counselling and specialised domestic violence support services (73%, or about 83,700). Of the persons identified as needing assistance for domestic and family violence, 87% were provided assistance.

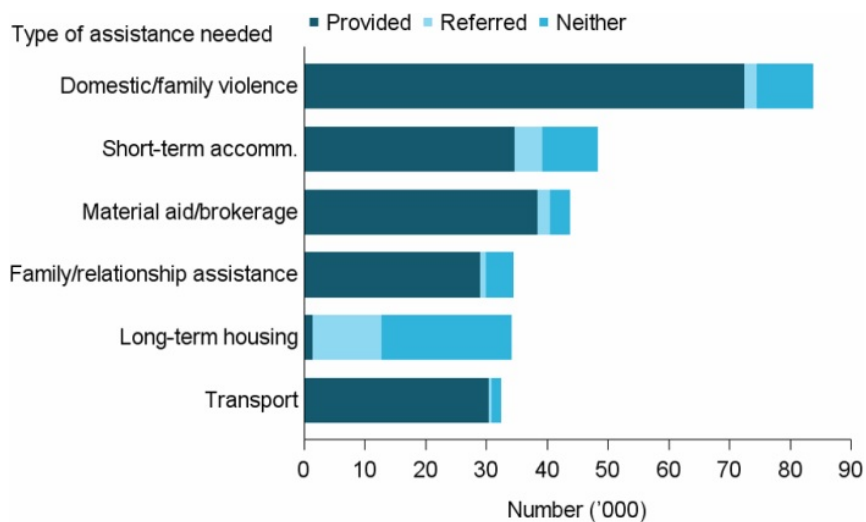
**83,700 clients** needed specific assistance for domestic and family violence.

**Almost 9 in 10 (87%)** were provided this assistance.

The next most common services requested by this client group were (Figure DV.3):

- short-term or emergency accommodation (42%, or over 48,000) and 72% of these clients received this service;
- material aid/brokerage (38%), with 88% of those requesting this service receiving assistance;
- family/relationship assistance (30%), with 84% of these clients receiving assistance;
- long-term housing (30%), with just 4% of those requesting this service receiving assistance; and
- transport (28%) and 94% received this service.

**Figure DV.3: Clients who have experienced domestic and family violence, by top 6 services and service provision status, 2016-17**



**Notes**

1. Excludes 'Other basic assistance', 'Advice/information', and 'Advocacy/liaison on behalf of client'.
2. Short-term accommodation includes emergency accommodation.

Source: Specialist homelessness services 2016-17, National supplementary table DV.3.

**Reasons for seeking assistance**

There were 2 main reasons why clients experiencing domestic and family violence sought assistance from SHS agencies. Domestic and family violence was identified as the main reason for nearly 7 in 10 clients (69%), while housing crisis was identified as the main reason by 11% of clients.

**Housing outcomes**

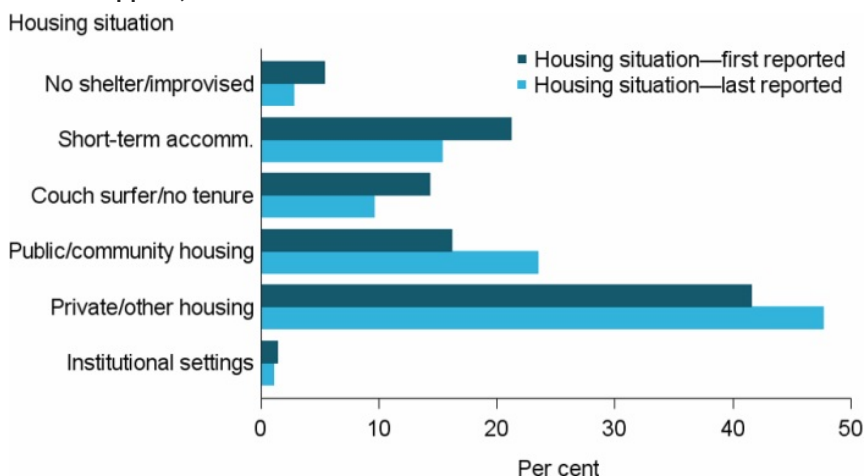
Housing outcomes for clients who experienced domestic and family violence and whose support had ended are shown in Figure DV.4. At the start of their support:

- nearly 3 in 5 (59%) were housed, but at risk of homelessness
- clients were most commonly living in private rental accommodation (either as a renter or rent free) (42%).

Housing outcomes at the end of support for those clients who had experienced domestic or family violence revealed that:

- The proportion of homeless clients decreased; from 41% at the beginning to 28% at the end of their support.
  - This decrease was particularly evident for those living in short-term temporary accommodation which decreased from 21% to 15% following support.
- Almost 1 in 4 (23%) were living in public or community housing following support—up from 16% at the start of support (Figure DV.4).

**Figure DV.4: Clients who have experienced domestic and family violence, by housing situation at the beginning and end of support, 2016-17**



**Notes**



1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. No shelter/improvised includes inadequate dwellings; short-term accommodation includes temporary accommodation; couch surfer/no tenure includes living in a house, townhouse or flat with relatives rent free; public/community housing includes both renting or rent free; and private/other housing includes both renting or rent free.
3. Proportions include only clients with closed support at the end of the reporting period.

Source: Specialist homelessness services 2016-17, [National supplementary table DV.4](#).

The majority of clients experiencing domestic and family violence were housed, but at risk of homelessness, when they sought assistance (see [Glossary](#)) (Table DV.2). Of those whose support had ended:

- 9 in 10 (89%, or about 34,000) were successfully assisted to maintain a housing tenancy.
  - 82% (7,600 clients) remained in public/community housing and a further 8% were housed in private/other housing.
  - 83% (19,500 clients) remained in private/other housing and a further 7% were housed in public/community housing.

Of those clients experiencing domestic and family violence who were homeless when they began support:

- 47% were assisted into stable housing at the end of support, the majority into private/other housing.
  - 6,100 were assisted into private/other housing
  - 4,200 were assisted into public or community housing.

Agencies were best able to assist those in short-term emergency accommodation into stable housing (52%, or over 6,000 clients) and couch surfers (43%, or about 3,400 clients).

**Table DV.2: Clients who have experienced domestic and family violence, housing situation at beginning and end of support, 2016-17 (per cent)**

Situation at beginning of support	Situation at end of support: homeless	Situation at end of support: housed
Homeless	53.0	47.0
At risk of homelessness	10.9	89.2

#### Notes

1. The SHSC classifies clients living with no shelter or improvised/ inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'Not stated/other'.

Source: Specialist homelessness services 2016-17, [National supplementary table DV.4](#).

#### Reference

1. Spinney A, 2012. Home and safe? Policy and practice innovations to prevent women and children who have experienced domestic and family violence from becoming homeless. Final report no. 196. Melbourne: Australian Housing and Urban Research Institute.



## Client groups of interest

The 2015 Survey of Disability, Ageing and Carers (SDAC) estimates that almost 1 in 5 Australians (18.3% of the total population) have a disability. This estimate includes all those with any disability including mild and severe disabilities [1]. The Specialist Homelessness Services Collection (SHSC) identifies people with core activity limitations and their level of need for assistance in different life areas, including those that may impact on housing and employment, and differentiates them from people without such limitations. The analysis of the availability and appropriateness of homelessness services for this group of clients contributes to information about people with disability across a range of government services.

In 2016-17, 28,804 clients reported one or more limitations with a core activity (self-care, mobility, and/or communication). Of these, 10,998 clients reported that they always or sometimes needed assistance. It is this subgroup of people living with disability with severe or profound core activity limitation who are described in this section. In this report, 'severe or profound core activity limitation' is sometimes abbreviated to 'severe or profound disability'.

### Key findings in 2016-17

- 10,998 clients assisted by homelessness agencies reported a severe or profound activity limitation, a 12% increase since 2015-16.
- Most clients with a severe or profound disability were at risk of homelessness when they sought assistance (56%).
- The age group with the highest proportion of adult clients with a severe or profound disability was 45-54. This age group had similar proportions of male and female clients (48% male and 52% female), unlike the general SHS population of the same age group (41% and 59%, respectively).
- Housing outcomes improved following support, with fewer clients homeless (32%, down from 44% at the start of support).
- Most clients with severe or profound disability ended support housed in private or other housing (2,500, or 37%, up 4 percentage points from the beginning of support). Public and community housing saw the greatest increase in client numbers to 26%, up from 17% at the start of support.
- Clients with severe or profound disability received an average of 2.3 support periods, this is higher than the general SHS population (1.7).
- Over half of this client group (54%) in 2016-17 had received homelessness services at some time in the previous 5 years.

### The reporting of disability in the SHSC

The SHSC disability questions are asked of all clients and are based on core activity limitations and whether the client has any need for assistance with these activities. In this report, people who identified that they have a limitation in core activities (self-care, mobility and/or communication) and who also reported that they always or sometimes needed assistance with one or more of these core activities are described. The term 'severe or profound core activity limitation' is used to refer to this subgroup of people living with disability, sometimes also referred to as 'severe or profound disability'. Details about measuring disability in the SHSC and the definition of a client with severe or profound core activity limitation are provided in the [Technical information](#) section.

### Clients with severe or profound disability: 2013-14 to 2016-17

This is the fourth year for which information on clients with disability has been collected. In 2016-17, of the 28,804 clients who had a core activity limitation, 10,988 clients (or 4% of all SHS clients) answered that they 'always/sometimes need help and/or supervision' with self-care, mobility or communication (Supplementary table DIS.1). It is these clients with severe or profound disability who are described in this section.

Since reporting began on disability in the SHSC in 2013-14, the number of clients with a severe or profound disability has increased. The key trends identified over the past 4 years have been:

- *The number of clients with a severe or profound disability has increased by 57% across the 4 years* (Table Disability Trends.1).
- *Older clients within the client group are increasing:* clients with a severe or profound disability aged 45-54 are the fastest growing adult age group, up 56% over the 4 years to 2016-17.
- *Clients with a severe or profound disability need more services:* The average number of services needed by these clients has consistently been higher than the general SHS population (around 10 per client with severe or profound disability compared with about 7 per SHS client).
- *The median number of nights of accommodation has decreased* from 58 nights in 2013-14 to 50 nights in 2016-17.

**Table Disability Trends.1: Clients with severe or profound core activity limitation: at a glance—2013-14 to 2016-17**

	2013-14	2014-15	2015-16	2016-17
<b>Number of clients</b>	6,979	8,789	9,812	10,988
<b>Proportion of all clients</b>	3	3	4	4

Rate (per 10,000 population)	3.0	3.7	4.1	4.5
<b>Housing situation at the beginning of first support period (proportion of all clients)</b>				
Homeless	43	43	44	44
At risk of homelessness	57	57	56	56
<b>Length of support (median number of days)</b>	<b>68</b>	<b>59</b>	<b>64</b>	<b>65</b>
<b>Average number of support periods per client</b>	<b>2.3</b>	<b>2.2</b>	<b>2.3</b>	<b>2.3</b>
<b>Proportion receiving accommodation</b>	<b>42</b>	<b>40</b>	<b>39</b>	<b>39</b>
<b>Median number of nights accommodated</b>	<b>58</b>	<b>55</b>	<b>55</b>	<b>50</b>
<b>Proportion of a client group with a case management plan</b>	<b>73</b>	<b>68</b>	<b>70</b>	<b>70</b>
<b>Achievement of all case management goals (per cent)</b>	<b>18</b>	<b>19</b>	<b>18</b>	<b>18</b>

#### Notes

1. Rates are crude rates based on the Australian estimated resident population (ERP) at 30 June of the reference year. Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.
2. The denominator for the proportion achieving all case management goals is the number of client groups with a case management plan. Denominator values for proportions are provided in the relevant national supplementary table.
3. Indicates where previously published data have been revised to ensure consistent reporting.

Source: Specialist Homelessness Services Collection 2013-14 to 2016-17

### Characteristics of clients with severe or profound core activity limitation 2016-17

Support received by clients with severe or profound disability was longer than the general SHS population, reflecting the more complex needs these clients present with. In 2016-17 clients with severe or profound disability:

- Were supported for 65 days (median), significantly longer than the general SHS population (median 37 days) (Table Disability Trends. 1 and Table Client Trends. 1).
- Were more likely to receive accommodation (57%) than the general SHS population (53%), and for those who did, the length of supported accommodation was much longer (median 50 nights compared with 33 nights for the general SHS population).
- Had an average of 2.3 support periods per client. This was higher than the general SHS population (1.7 support periods per client).
- Nationally, 54% of these clients were 'returning' clients in 2016-17, having received assistance at some time in the previous 5 years. This trend was observed in the majority of states and territories, ranging from as high as 66% in Western Australia to as low as 46% in New South Wales.

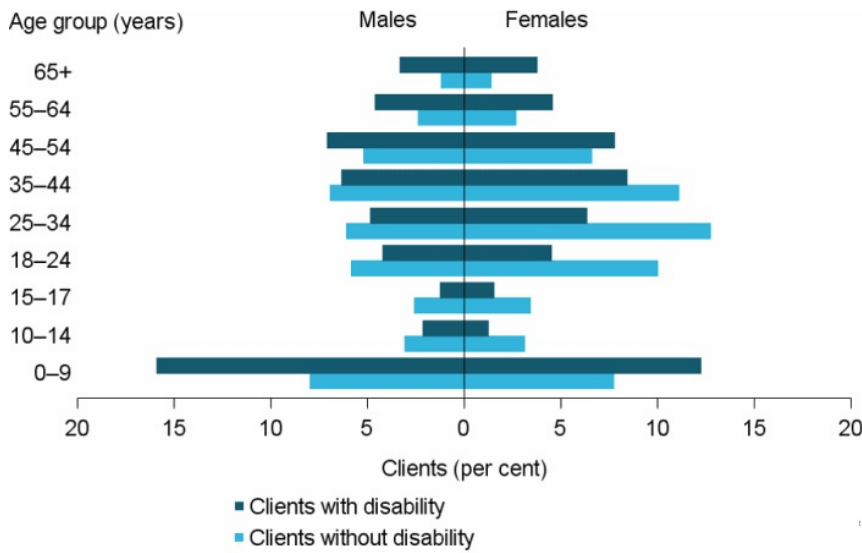
#### Client demographics

Of the 10,988 clients reporting a severe or profound core activity limitation in 2016-17:

- *Just over 2 in 5 clients (44%) were homeless on presentation:* this is similar to the general SHS population (44%).
- *Around 1 in 3 (35%) were living alone* when they approached homelessness services, higher than the general SHS population (29%).
- *Nearly one-quarter of clients with severe or profound disability were Indigenous (23%),* compared with 25% of all SHS clients.
- *Two in 3 clients with severe or profound disability (66%) accessed services in Major cities* and 1 in 5 (22%) in Inner regional areas. This is about the same distribution as the general SHS population (62% and 23%, respectively).
- *Around 1 in 5 (23%) reported experiencing a housing crisis.* This was the most common main reason clients with severe or profound disability sought homelessness services.
- Twice as many people aged over 55 with severe or profound disability sought assistance from SHS agencies, compared with the general SHS population (16% compared with 8%, respectively). And, unlike the general SHS population, there were similar proportions of male and female clients with severe or profound disability.

The age and sex distribution of clients with severe or profound core activity limitation compared with clients without is shown in Figure DIS.1.

Figure DIS.1: Clients, by severe or profound core activity limitation status, by age and sex, 2016-17



**Notes**

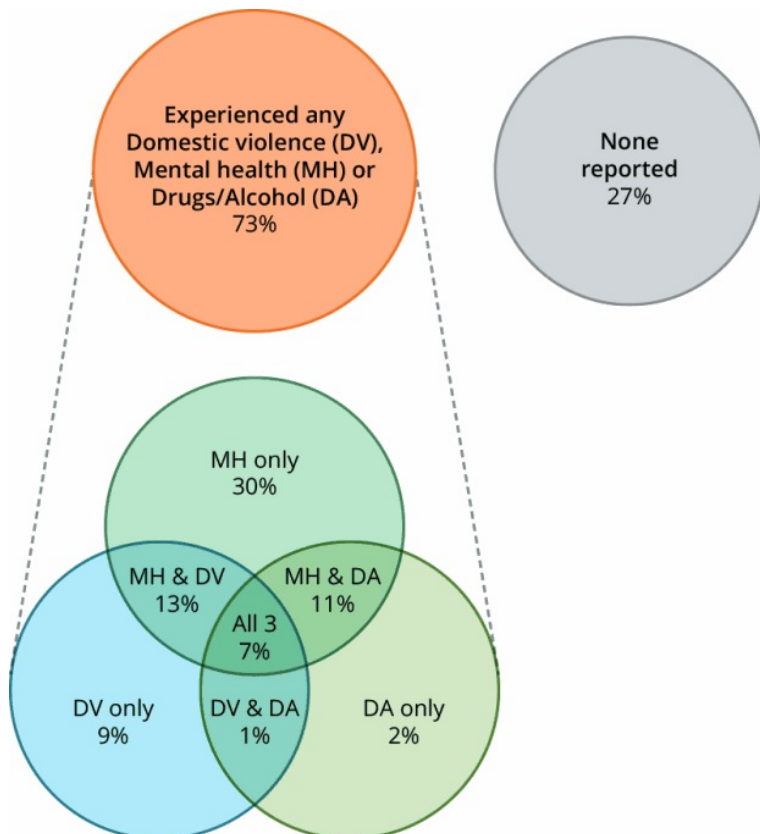
1. For further information on the quality of Disability data, specifically for children aged 0-9, see the Data Quality Statement.
2. Clients with disability refers to clients with a severe or profound core activity limitation.

Source: Specialist homelessness services 2016-17, National supplementary table DIS.3

Living with disability may not be the only challenge faced by this group of clients. Almost 3 in 4 (73%, or nearly 5,700) clients with severe or profound disability aged 10 and over also presented with additional vulnerabilities (domestic and family violence, mental health issues or problematic drug and/or alcohol use) (Figure DIS.2). In addition to living with severe or profound disability, the majority (61%) reported experiencing mental health issues. Of these, about half had also experienced an additional vulnerability:

- At least 1 in 10 clients with severe or profound disability and reported mental health issues, also reported either domestic and family violence (13%) or problematic drug and/or alcohol use (11%).
- A further 7% of clients with severe or profound disability experienced all three vulnerabilities (mental health issues, domestic and family violence and problematic drug and/or alcohol use).

**Figure DIS.2: Clients with severe or profound core activity limitation, by selected vulnerability characteristics, 2016-17**



**Notes**

1. For further information on the quality of Disability data, specifically for children aged 0-9, see the Data Quality Statement.
2. Client vulnerability groups are mutually exclusive.
3. Clients are aged 10 and over.

Source: Specialist Homelessness Services Collection 2016-17.

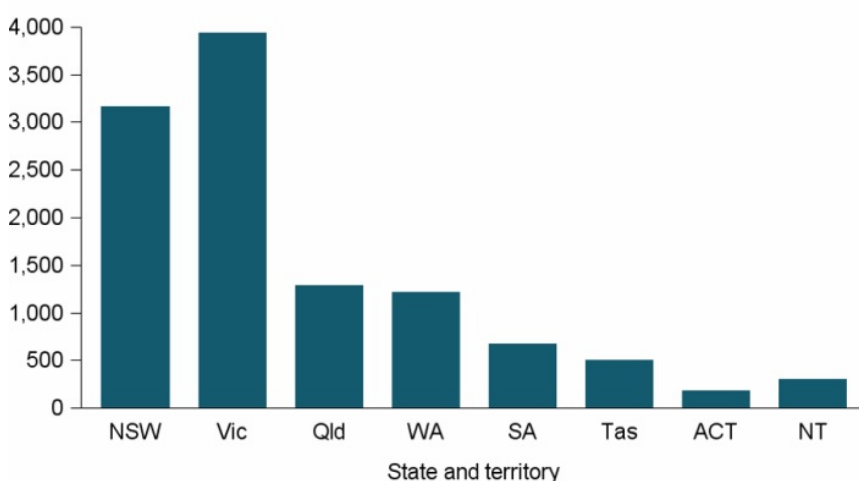
### States and territories

Over one-third of clients with severe or profound disability accessed services in Victoria (36%, or 3,900 clients). This was followed by New South Wales (29%) and Queensland (12%) (Figure DIS.3).

- Compared with 2015-16, New South Wales and South Australia had the largest increase in clients with severe or profound disability (26% and 25%, respectively). This is consistent with the reported increases in overall client numbers in 2016-17 in New South Wales, but goes against the overall decrease in client numbers in South Australia in 2016-17.
- The Northern Territory (12.4 per 10,000 people) and Tasmania (9.7) had the highest rates of clients with severe or profound disability while Queensland (2.7) and South Australia (3.9) had the lowest rates.

Figure DIS.3: Clients with severe or profound core activity limitation, by state and territory, 2016-17

Number



Source: Specialist homelessness services 2016-17, [National supplementary table DIS.4](#)

### Main source of income

Of clients aged 15 and over with severe or profound disability (over 7,500), 88% reported that their main source of income was a government payment, in particular:

- Disability Support Pension (44%) (compared with 16% of all SHS clients)
- New Start Allowance (21%) (compared with 29% of all SHS clients)
- Age Pension (7%) (compared with 3% of all SHS clients) and
- Department of Veteran Affairs Disability Pension (3%) (compared with 1% of all SHS clients).

Clients who require assistance for severe or profound disability were less likely to report their main source of income as the parenting payment (6% compared with 18% of all SHS clients).

A larger proportion of male clients with severe or profound disability (47%) reported that their main source of income was from the Disability Support Pension, compared with females (41%).

### Employment and education status

Of clients aged 15 and over with severe or profound disability (over 7,500):

- Over half were not in the workforce (56%). A further 40% were unemployed.
- Only 4% of these clients were employed. By comparison, 11% of the SHS client population were employed.
- The proportion aged 15-24 who were not enrolled in education was higher than the general SHS client group (70% and 64%, respectively).

Of those aged 5-14 with severe or profound disability whose educational enrolment status was reported, (over 1,100):

- Twenty-three per cent were not enrolled in education compared with 15% of the general SHS population.

### Source of referral

Similar to other SHS clients, most clients with severe or profound disability seek support without a formal referral (32%). However, where a referral was made, it was most commonly made by:

- a specialist homelessness agency/outreach worker (16%)
- another (government/non-government) agency (11%) or,

- family and/or friends (8%).

Over two-thirds (68%) of clients with severe or profound disability were formally referred to the SHS agency

### Reasons for seeking assistance

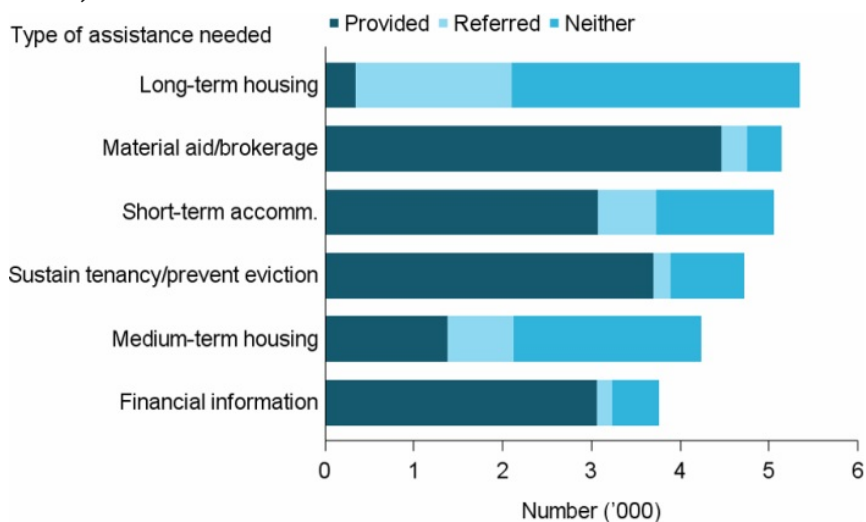
The most common main reason this group of clients reported for seeking assistance was due to a housing crisis (23%), similar to the SHS population (24%). However, 19% reported the main reason they had sought assistance was for domestic and family violence reasons, which is much lower than the general SHS population (28%).

### Services needed and provided

Overall, clients with severe or profound core activity limitation needed more services than the general SHSC client population. In 2016-17:

- Almost half of this client group needed long-term housing (49%); material aid/brokerage (47%); and short-term or emergency accommodation (46%) (Figure DIS.4).
- Less than 1 in 10 clients with severe or profound disability received the long-term housing needed. While most of the identified needs were provided: 87% for material aid/brokerage; and 61% for short-term or emergency accommodation, just 7% of requests for long-term housing were able to be met by the agency.
- Over 1 in 5 (22%, or around 2,400) clients with severe or profound disability were identified as in need of health/medical services and 17% were identified as in need of mental health services. Over half of these identified needs were provided for health/medical services (55%), while 48% of mental health related services were provided (Supplementary Table DIS.3).
- Just 4% (or about 400) of clients with severe or profound disability needed support and assistance specifically for their physical disability and similarly, 4% needed services specifically for their intellectual disability. Less than half (40%) of the identified need for disability services was met.
- Clients with severe or profound disability, were more likely to need family relationship assistance (24%, or over 2,600), assistance with challenging social/behavioural problems (21%) and assistance for trauma (17%) than the broader SHS population (18%, 13%, 12%, respectively).

Figure DIS.4: Clients with severe or profound core activity limitation, by most needed services and service provision status, 2016-17



#### Notes

1. Excludes 'Other basic assistance', 'Advice/information', and 'Advocacy/liaison on behalf of client'.
2. Short-term accommodation includes emergency accommodation; sustain tenancy/prevent eviction includes assistance to sustain tenancy or prevent tenancy failure or eviction; and medium-term housing includes transitional housing.
3. 'Neither' indicates a service was neither provided nor referred.

Source: Specialist homelessness services 2016-17, [National supplementary table DIS.5](#).

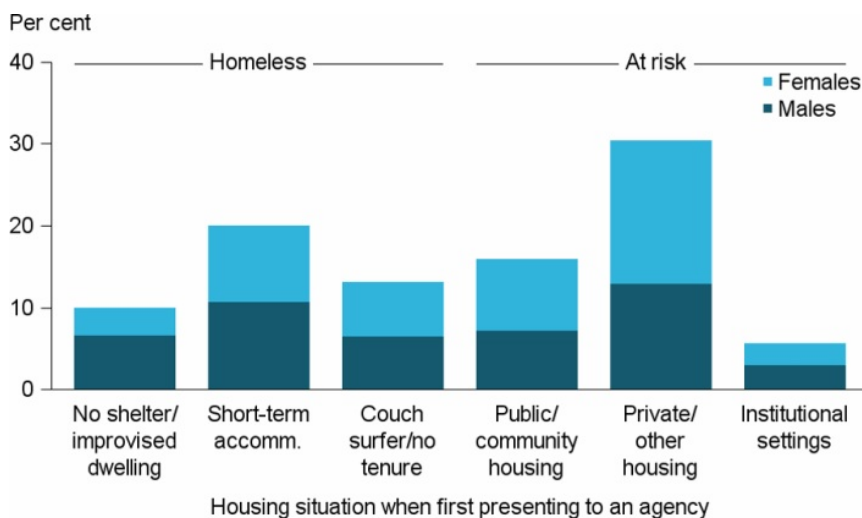
### Previous experience of homelessness

Around 2 in 5 (41%) clients with severe or profound disability indicated they had experienced homelessness in the month before their support commenced. This is similar to the general SHS population (40%).

### Housing situation at the start of support

- Over two-fifths (44%) of all clients with severe or profound disability were homeless when their support commenced, similar to the general SHS population (45%) (Figure DIS.5).
- 1 in 3 (33%) clients with severe or profound disability were living in private housing at the start of their support, followed by short-term accommodation (20%).

**Figure DIS.5: Clients with severe or profound core activity limitation, by housing situation at beginning of support, 2016-17**



Note: Per cent calculations based on Total clients, excluding 'Not stated'.

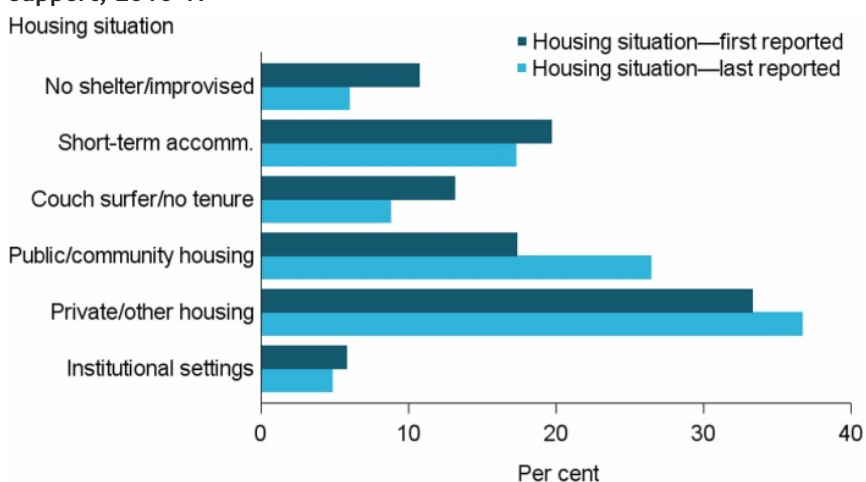
Source: Specialist homelessness services 2016-17, [National supplementary table DIS.6](#).

### Housing and other outcomes

Of those clients with severe or profound disability whose support had ended during 2016-17 (about 7,000 clients):

- Around 3,000 clients (44%) were homeless at the start of support and this decreased to 32% by the end of support (Figure DIS.6; supplementary table DIS.7).
- Almost 2 in 3 ended their support living in private housing (37% or 2,500 clients) or public or community housing (26% or 1,800 clients).

**Figure DIS.6 Clients with severe or profound core activity limitation, by housing situation at beginning and end of support, 2016-17**



### Notes

1. Per cent calculations based on Total clients, excluding 'Not stated'.
2. No shelter/improvised includes inadequate dwellings; short-term accommodation includes temporary and emergency accommodation; couch surfer/no tenure includes living in a house, townhouse or flat with relatives rent free; public/community housing includes both renting or rent free; and private/other housing includes both renting or rent free.

Source: Specialist homelessness services 2016-17, [National supplementary table DIS.7](#).

For some, stable housing is more difficult to achieve than for others. The majority of clients with severe or profound disability began support housed, but at risk of homelessness (56%) (Table DIS.2). Of these clients who had ended support:

- Agencies were able to successfully maintain tenancies for around 9 in 10 clients (89%).
  - For example, 82% living in public or community housing remained in this housing, while a further 7% moved into private/other housing.
  - 79% living in private or other housing remained in this housing, while a further 10% were assisted into public or community housing.

For those clients with severe or profound disability who began support homeless, achieving stable housing (see [Glossary](#)) was more difficult:

- Agencies assisted 4 in 10 (41%) of these clients into stable housing.

- Agencies were best able to assist those clients with severe or profound disability living in either short-term or emergency housing, or couch surfing into stable housing (both 44%).

**Table DIS.2: Clients with severe or profound core activity limitation, housing situation at beginning and end of support, 2016-17 (per cent)**

Situation at beginning of support	Situation at end of support: homeless	Situation at end of support: housed
Homeless	58.7	41.3
At risk of homelessness	11.2	88.8

**Notes**

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'Not stated/other'.

Source: Specialist homelessness services 2016-17, [National supplementary table DIS.4](#).

- Education and employment status remained nearly unchanged following support. For example, the proportion of pre-support clients unemployed (40%) or not in the labour force (56%) was nearly the same as post-support clients (39% and 57%, respectively).
- Agencies were successful in advocating on behalf of clients with severe or profound disability. Of those who needed assistance to obtain a government payment or allowance (16%, or around 1,800 clients), there was a reduction in the proportion with no income following support (16% to 8%) and a reduction in those awaiting a government benefit (5% to 2%).

**Reference**

1. Australian Bureau of Statistics 2016. Disability, ageing and carers, Australia. First Results, 2015. ABS cat no. 4430.0. Canberra: ABS.



## Client groups of interest

Young people are some of the most vulnerable people in our society and experience significant rates of homelessness [1]. Traumatic and abusive experiences in the home as a young person have been identified as one of the major pathways into longer term homelessness for adults [2].

### Key findings in 2016-17

- There were around 42,131 young people aged 15-24 who presented alone to a specialist homelessness services (SHS) agency in 2016-17, a small decrease (2%) from the previous year.
- Over half (52%) the young clients were homeless at presentation to a SHS agency. This has increased over time.
- The number of young people aged 15-17 was similar between 2015-16 and 2016-17; around 9,700 (23%) compared with 9,600 (23%).
- One-quarter (25%) of young people presenting alone sought assistance due to unstable housing (housing crisis).
- Over half (52%) had received services in the previous 5 years.
- There was improvement in housing outcomes with fewer young clients being homeless following support (41%, down from 54%).
- Most young clients at risk of homelessness were assisted to maintain a housing tenancy (86%).

### Young people presenting alone: 2012-13 to 2016-17

Since 2012-13, the number of young people presenting alone to an agency has fluctuated. Key trends over the past 5 years have been:

- The rate of service use by young people presenting alone to SHS agencies has decreased from 20 young people per 10,000 population in 2012-13 to 17 young people per 10,000 in 2016-17 (Table Young Trends.1).
- While the number of young people presenting alone has been decreasing, the proportion of Indigenous young people presenting alone has been increasing. Of all young people presenting alone, in 2012-13 1 in 5 (23%) were Indigenous, increasing to 1 in 4 (26%) in 2016-17. The largest increases have been in *Inner regional* areas (4.4% on average each year), *Major cities* (4.3% each year) and *Outer regional* areas (4.1%). By comparison, the only regional area to report an increase in the rate of non-Indigenous young people presenting alone was *Major cities* (0.3%).
- Domestic and family violence (16% in 2016-17) or insecure housing (housing crisis 25% in 2016-17) remain the most common main reason young people presented alone for assistance.
- Following initial increases, the median number of days of support and nights of accommodation for these clients plateaued in 2014-15 and 2015-16 (44 days and 41 nights), but have both increased in 2016-17 (47 days and 44 nights).
- Those clients achieving all their case management goals has hovered around 1 in 5, and this group remains one of the least likely of all priority groups to achieve all their goals.

Table Young Trends.1: Young people (15-24 years) presenting alone: at a glance—2012-13 to 2016-17

	2012-13	2013-14	2014-15	2015-16	2016-17
<b>Number of clients</b>	45,071	44,414	41,780	43,165	42,131
<b>Proportion of all clients</b>	18	17	16	15	15
<b>Rate (per 10,000 population)</b>	19.8	19.2	17.8	18.1	17.4
<b>Housing situation at the beginning of first support period (proportion of all clients)</b>					
Homeless	51	50	52	52	52
At risk of homelessness	49	50	48	48	48
<b>Length of support (median number of days)</b>	41	46	44	44	47
<b>Average number of support periods per client</b>	1.7	1.7	1.8	1.8	1.8
<b>Proportion receiving accommodation</b>	37	36	35	34	31
<b>Median number of nights accommodated</b>	36	41	41	41	44
<b>Proportion of a client group with a case management plan</b>	54	57	58	60	60
<b>Achievement of all case management goals (per cent)</b>	16	16	20	18	18

Notes

1. Rates are crude rates based on the Australian estimated resident population (ERP) at 30 June of the reference year. Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.
2. The denominator for the proportion achieving all case management goals is the number of client groups with a case management plan. Denominator values for proportions are provided in the relevant national supplementary table.

Source: Specialist Homelessness Services Collection 2012-13 to 2016-17.

## Characteristics of young people presenting alone 2016-17

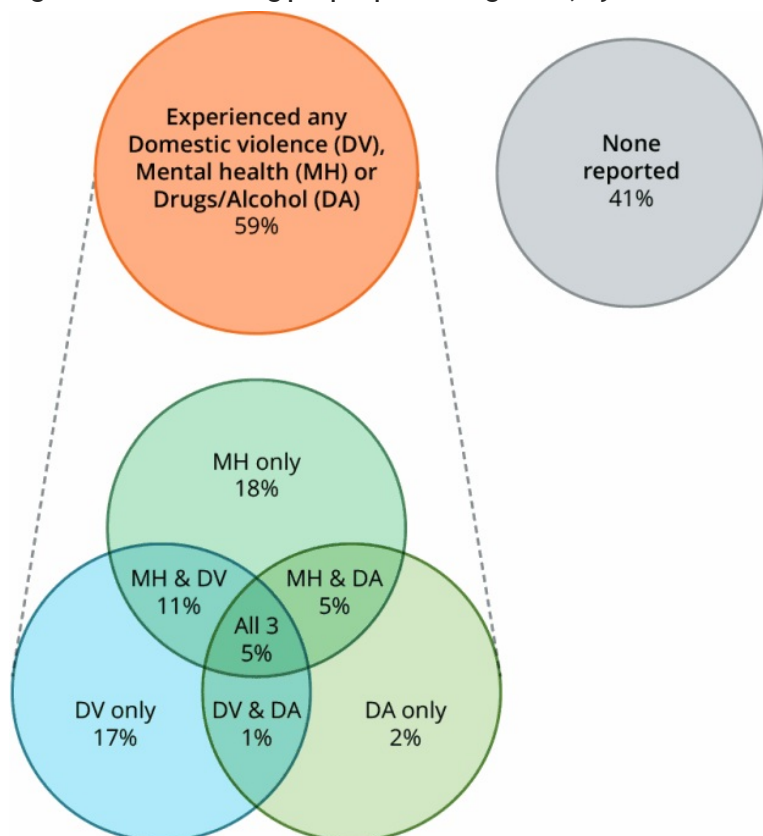
In 2016-17, 42,131 young people (aged 15-24) were alone when they approached a specialist homelessness agency. Some of the characteristics of young people presenting alone in 2016-17 were:

- *A small decrease in numbers:* There was a 2% decrease nationally in young people presenting alone since last year. This was primarily due to decreases in client numbers in Queensland (10% decrease), South Australia (6% decrease) and Victoria (3% decrease). New South Wales, Western Australia and the Northern Territory reported an increase in client numbers for young people presenting alone, although these were minimal (1%, 1% and 2% increases, respectively).
- *Just over 2 in 5 (41%) lived alone:* Around 15,600 young people lived alone at the time of approaching a specialist homelessness agency and a further 18% were living with other family.
- *Around 3 in 5 were female:* The majority of young people presenting alone were female (62%) and 78% were aged between 18 and 24, similar to 2015-16.
- *Just over half had received services in the past:* 52% of this group of young people had been assisted at some other time in the previous 5 years.
- One in 4 young people presenting alone were Indigenous (26%).
- *Fewer clients presented in cities and remote areas:* The decrease in the number of young people presenting alone was due to decreases in *Remote/very remote* areas (151 fewer clients) and *Major cities* (150 fewer) since 2015-16.

Three of the main vulnerabilities observed in the SHS client population are mental health issues, problematic drug and/or alcohol use, and domestic and family violence. Figure YOUNG.1 illustrates the proportion of young people presenting alone who also faced these challenges:

- Six in 10 (59%, or nearly 25,000 clients) were experiencing additional vulnerabilities.
- Thirty-nine per cent (or over 16,000) young people presenting alone reported a mental health issue and of these clients the majority had experienced issues with either domestic and family violence or problematic drug and/or alcohol use.
  - 1 in 10 (11%) reported both domestic and family violence and mental health issues.
  - An additional 5% reported both mental health issues and problematic drug and/or alcohol use.
  - A further 5% reported all three vulnerabilities (mental health issues, domestic and family violence, and problematic drug/alcohol use).

Figure YOUNG.1: Young people presenting alone, by selected vulnerability characteristics, 2016-17



Notes

1. Client vulnerability groups are mutually exclusive.
2. Clients are aged 15-24.

Source: Specialist Homelessness Services Collection 2016-17.

### Services needed and provided

For young people presenting alone, the most common needs identified (excluding basic services such as advice/information, or advocacy/liaison) were accommodation related, with 62% requesting some form of accommodation:

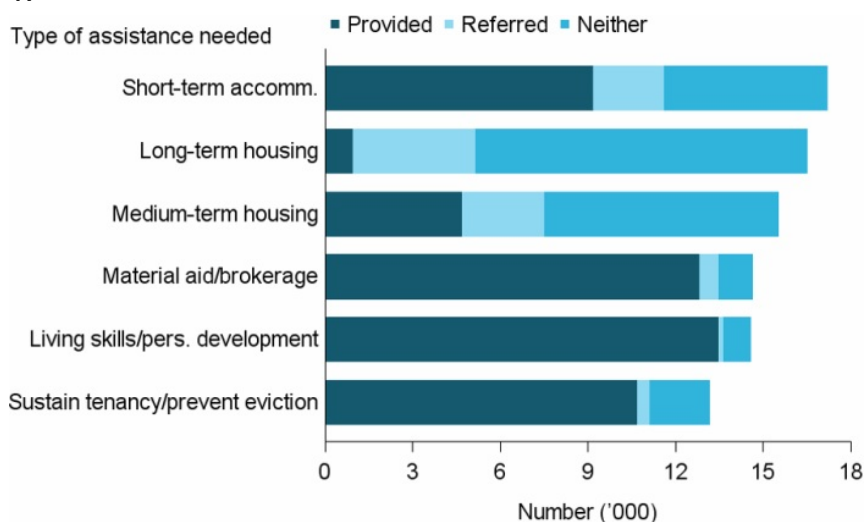
- Just over 4 in 10 requested short-term or emergency accommodation (41%), with 54% provided this accommodation.
- Just under 4 in 10 requested medium-term/transitional housing (37%) with 30% provided this accommodation.
- Just under 4 in 10 requested long-term accommodation (37%), with just only around 1 in 20 (6%) able to be provided this form of accommodation (Figure YOUNG.2).

Compared with the overall SHS population, young people presenting alone were much more likely to be identified as needing assistance with:

- living skills/personal development (35% compared with 20%)
- education (20% compared with 8%)
- employment (15% compared with 5%) and
- training (13% compared with 4%).

The need for these services was unmet in some cases (16% for those who identified needs for education, 21% for employment and 20% for training assistance).

**Figure YOUNG.2: Young people presenting alone, by top 6 most needed services and service provision status, 2016-17**



#### Notes

1. Excludes 'Other basic assistance', 'Advice/information', and 'Advocacy/liaison on behalf of client'.
2. Short-term accommodation includes temporary and emergency accommodation; medium-term housing includes transitional housing; and sustain tenancy/prevent eviction includes assistance to sustain tenancy or prevent tenancy failure or eviction.
3. A client may request multiple services and assistance types; therefore client counts are not mutually exclusive.
4. 'Neither' indicates a service was neither provided nor referred.

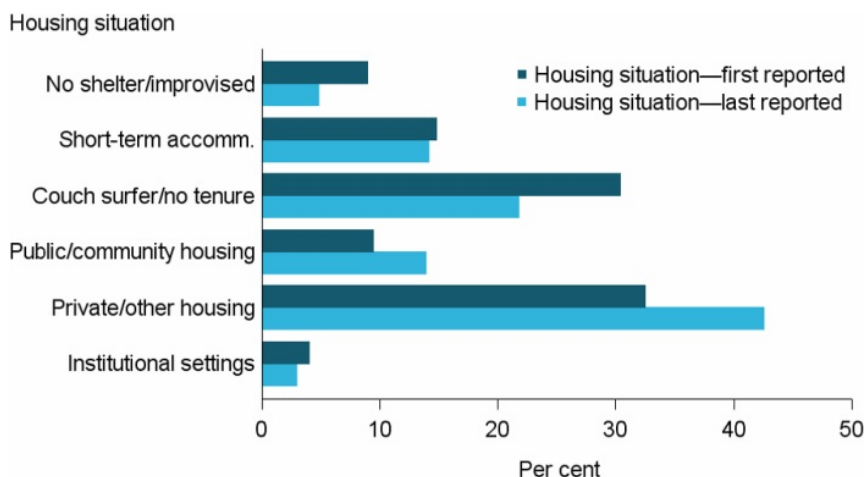
Source: Specialist homelessness services 2016-17, [National supplementary table YOUNG.3](#)

### Housing outcomes

For young people presenting alone whose support had ended:

- The rate of homelessness was reduced. It fell from 54% at the beginning of support to 41% at the end of support.
- The most common housing outcome for young people presenting alone was private or other housing (as a renter, rent free or owner) (43%)—an increase from 32% at the beginning of support.
- 'Couch surfing' rates reduced. At the beginning of support, 30% of young people who presented alone were 'couch surfing' or staying in housing with no tenure. This decreased to 22% by the end of support (Figure YOUNG.3).

**Figure YOUNG.3: Young people presenting alone, by housing situation at beginning and end of support, 2016-17**



**Notes**

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. No shelter/improvised includes inadequate dwellings; short-term accommodation includes temporary and emergency accommodation; couch surfer/no tenure includes living in a house, townhouse or flat with relatives rent free; public/community housing includes both renting or rent free; and private/other housing includes both renting or rent free.
3. Proportions include only clients with closed support at the end of the reporting period.

Source: Specialist homelessness services 2016-17, [National supplementary table YOUNG.4](#).

Where a young person presented housed, but at risk of homelessness, agencies were successful in maintaining that housing, and preventing the client from becoming homeless.

For example, where the young person was living in public or community housing, 9 in 10 were assisted to maintain or obtain stable housing (see [Glossary](#)), with 75% (or 1,750 clients) remaining in their social housing tenancies and a further 13% obtaining private or other housing.

Where the young person was living in private/other dwelling, 9 in 10 were assisted to maintain or obtain stable housing, with 81% (or about 6,500 clients) remaining in their tenancy and a further 13% (or about 400 clients) obtaining public or community housing.

For those young people presenting alone who were homeless when they began support (Table Young.2):

- Over one-third (36%, or 4,500 clients) were assisted into stable housing; 64% remained homeless.
  - Four in 10 (40%) who were in short-term or emergency accommodation were assisted into stable housing.
  - Rough sleepers were the least likely to end support in stable housing, with just 30% finishing support in stable housing.

**Table Young.2: Young people presenting alone, housing situation at beginning and end of support, 2016-17 (per cent)**

Situation at beginning of support	Situation at end of support:	
	homeless	housed
Homeless	64.3	35.7
At risk of homelessness	13.7	86.3

**Notes**

1. The SHSC classifies clients living with no shelter or improvised/ inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'Not stated/other'.

Source: Specialist homelessness services 2016-17, [National supplementary table YOUNG.4](#).

**References**

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

Chamberlain & Johnson 2011. Pathways into adult homelessness. *Journal of Sociology*, 1-18 DOI: 10.1177/1440783311422458.

## Client groups of interest

During 2016-17 people aged 55 or older comprised 8% of all clients (23,567 people) of specialist homelessness services (SHS). Specialist homelessness service use by this group is increasing, with numbers up 37% since 2012-13 (around 17,000 clients to 23,600 clients). This rapid growth is at double the average annual growth of the general SHS population since 2012-13 (8% compared with 4%).

### Key findings in 2016-17

- While relatively small, this group is growing rapidly: There were about 23,600 people aged 55 years or older seeking homelessness services in 2016-17; an increase of 9% from the previous year, and three times the growth rate of the general SHS population (3%).
- Almost 2 in 3 older clients presented housed, but at risk of homelessness (65%).
- Housing outcomes improved: Fewer older clients were homeless following support (down from 35% to 26%) with the largest decrease in the number of 'rough sleepers', down 5 percentage points to 7% at the end of support.
- Most older clients at risk of homelessness were successfully assisted to maintain a housing tenancy (95%).

### Older clients: 2012-13 to 2016-17

Since 2012-13, the number of older clients seeking assistance from specialist homelessness services has increased at a greater rate than other age groups. Key trends identified in this client population over the past 5 years are:

- *Service use rates are climbing:* The rate of service use by older clients has increased from 8 older clients per 10,000 population in 2012-13 to 10 per 10,000 (Table Older Trends.1).
- *The average annual growth rate of this group is high:* This group represents one of the fastest growing populations seeking assistance from specialist homelessness agencies. While the proportion of older clients is small (8% in 2016-17) this client group has experienced an average annual growth rate of 8.2% each year since 2012-13.
- *Older Indigenous clients are increasing the fastest:* Since 2012-13 the number of Indigenous older clients has grown at an average annual rate of 15.4% each year, with the number of Indigenous older clients reaching over 3,000 in 2016-17. In comparison, non-Indigenous older client rates have grown on average 9.7% each year. Service use by male Indigenous older clients has grown at a higher rate (16.3% average annual rate) than female Indigenous older clients (14.8% each year).
- *The days of support they receive is increasing:* The median number of days older clients are receiving support has increased from 18 days in 2012-13 to 27 days in 2016-17, suggesting that services are having difficulty accessing appropriate housing options for older clients.

Table Older Trends.1: Older clients (55 years and older): at a glance—2012-13 to 2016-17

	2012-13	2013-14	2014-15	2015-16	2016-17
<b>Number of clients</b>	17,193	18,182	18,741	21,610	23,567
<b>Proportion of all clients</b>	7	7	7	8	8
<b>Rate (per 10,000 population)</b>	7.6	7.9	8.0	9.1	9.7
<b>Housing situation at the beginning of first support period (proportion of all clients)</b>					
Homeless	33	33	33	34	35
At risk of homelessness	67	67	67	66	65
<b>Length of support (median number of days)</b>	18	21	24	25	27
<b>Average number of support periods per client</b>	1.5	1.5	1.5	1.5	1.5
<b>Proportion receiving accommodation</b>	22	21	19	18	17
<b>Median number of nights accommodated</b>	34	33	31	31	30
<b>Proportion of a client group with a case management plan</b>	42	45	48	50	51
<b>Achievement of all case management goals (per cent)</b>	30	30	31	27	26

Notes

1. Rates are crude rates based on the Australian estimated resident population (ERP) at 30 June of the reference year. Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.
2. The denominator for the proportion achieving all case management goals is the number of client groups with a case management plan. Denominator values for proportions are provided in the relevant national supplementary table.

Source: Specialist Homelessness Services Collection 2012-13 to 2016-17.

## Characteristics of older clients 2016-17

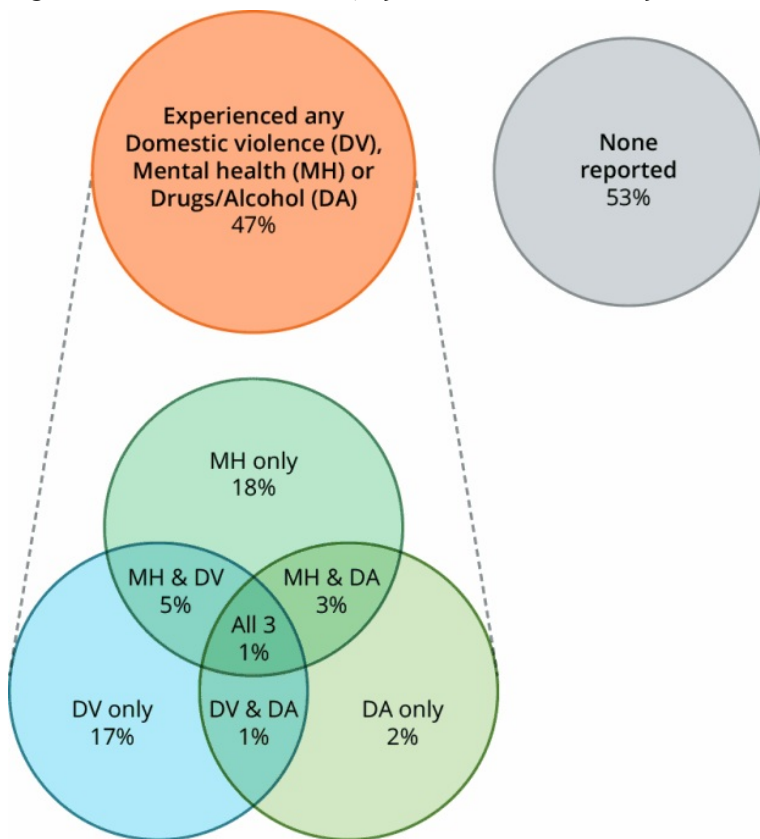
Of the 23,567 older clients who received SHS support during 2016-17:

- *Almost half were men.* Older clients were more likely than the general SHS population to be male (44% compared with 40% of all clients). This is similar to the proportion of male older clients in 2015-16 (45%).
- *Almost 2 in 3 (65%) were aged 55-64* and the remaining one-third were 65 or over.
- *About 3 in 5 were living alone.* Older clients were more likely to be living alone (59%) than the overall SHS population (29%).
- *Just 5% of Indigenous clients were aged 55 years or older* compared with 9% of non-Indigenous clients.
- *Most were housed on presentation.* Older clients were less likely to be homeless on presentation than the general SHS population. For example, 35% of clients aged 55 years and over were homeless on presentation compared with 44% of the overall SHS population.
- *There were 3 main reasons most commonly reported for seeking assistance:* housing crisis (22%), domestic and family violence (19%) and financial difficulties (17%).
- *Most had not received SHS support in the past.* Just over half (54%) of older clients sought assistance for the first time in 2016-17; the remaining 46% had received assistance as some time in the previous 5 years.

Nearly half (47%, or around 11,000) of older clients reported at least one vulnerability; most commonly mental health issues (27%) (Figure Older.1).

- Nearly 1 in 5 reported either only mental health issues or only domestic and family violence (18% and 17%, respectively); a further 5% reported both these issues.
- Two per cent reported only problematic alcohol and/or drug use, while a further 3% with mental health issues.
- Very few older clients reported all three vulnerabilities (1%) (mental health, domestic and family violence, and problematic drug and/or alcohol use).

Figure OLDER.1: Older clients, by selected vulnerability characteristics, 2016-17



### Notes

1. Client vulnerability groups are mutually exclusive.
2. Clients are aged 55 or over.

Source: Specialist Homelessness Services Collection 2016-17.

## Services needed and provided

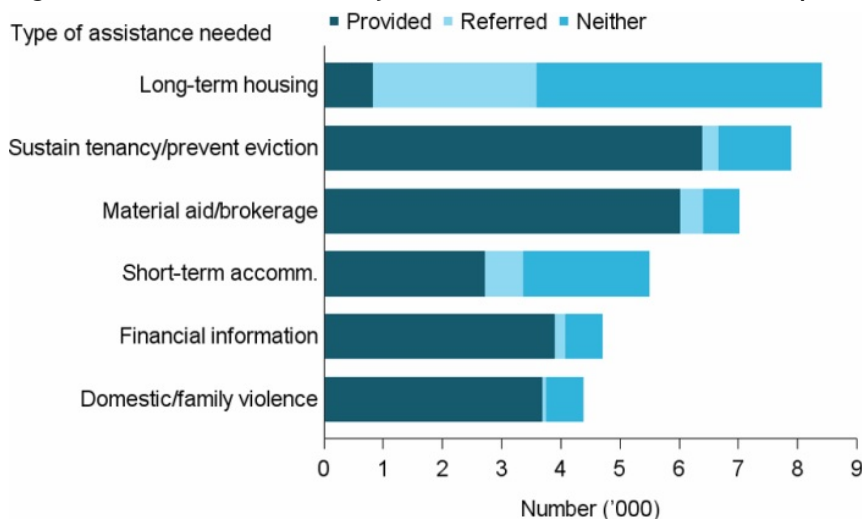
Older clients were less likely to request accommodation services (46%) than the general SHS population (56%). However, of those who did request accommodation, most needed long-term housing (36%); they were twice as likely as the general SHS population to be provided with this form of accommodation (10% of those older people who requested it compared with 5% of the general SHS population).

Other services most commonly needed by older clients during 2016-17 were:

- assistance to sustain tenancy or prevent tenancy failure or eviction (33%, or nearly 7,900); with 81% provided assistance.
- material aid/brokerage (30%); with 86% provided assistance.
- short-term or emergency accommodation (23%); with 50% provided assistance (Figure OLDER.2).

All these services were requested at the same or lower rates than the general SHS population (assistance to sustain tenancy or prevent tenancy failure or eviction 33%, material aid/brokerage 35%, short-term or emergency accommodation 37%).

**Figure OLDER.2: Older clients by most needed services and service provision status (top 6), 2016-17**



**Notes**

1. Excludes ‘Other basic assistance’, ‘Advice/information’, and ‘Advocacy/liaison on behalf of client’.
2. Short-term accommodation includes temporary and emergency accommodation; and sustain tenancy/prevent eviction includes assistance to sustain tenancy or prevent tenancy failure or eviction.
3. ‘Neither’ indicates a service was neither provided nor referred.

Source: Specialist homelessness services 2016-17, National supplementary table OLDER.3.

**Housing outcomes**

The majority of older clients with closed support were considered at risk of homelessness upon presentation to an SHS agency (65%): they were most commonly living in private or other housing at the time (42%).

This trend continued throughout support, with older clients most commonly ending their support in private or other housing (43%, or about 6,400). The proportion of older clients housed in public or community housing following support also increased from 20% to 28% in 2016-17.

There was a reduction in the proportion of older clients ‘rough sleeping’ (no shelter or improvised/inadequate dwelling), falling from just over 1 in 10 clients (12%, or 1,800 clients) at the commencement of support to 7% (or 1,085 clients) at the end (Figure OLDER.3).

**Figure OLDER.3: Older clients, by housing situation at beginning of support and end of support, 2016-17**



**Notes**

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. No shelter/improvised includes inadequate dwellings; short-term accommodation includes temporary and emergency accommodation; couch surfer/no tenure includes living in a house, townhouse or flat with relatives rent free; public/community housing includes both renting or rent free; and private/other housing includes both renting or rent free.
3. Proportions include only clients with closed support at the end of the reporting period.

Source: Specialist homelessness services 2016-17, [National supplementary table OLDER.4](#).

For some clients stable housing is more difficult to achieve than for others. The majority of older clients were housed but at risk of homelessness when they began support (Table Older.2). For these older clients who had ended support:

- agencies were best able to assist those housed in public or community housing or private/other housing; 95% were successfully assisted to maintain some form of housing.
  - Around 9 in 10 older clients were able to maintain their public or community housing tenancy (92%, or 2,800 clients), with a further 4% assisted into private/other housing.
  - Nearly 9 in 10 older clients were able to maintain their private/other housing tenancy (86%, or 5,200 clients), with a further 8% assisted into public or community housing.

For those older clients who were homeless when they began support, agencies were able to assist 35% into stable housing at the end of support (public or community housing, private or other housing, or Institutional settings).

- Just under 4 in 10 older clients who were living in short-term or emergency accommodation or who were 'couch surfers' were able to be assisted into stable housing following support (39%, or about 700 clients and 37%, or nearly 560 clients, respectively).

**Table Older.2: Older clients, housing situation at beginning and end of support, 2016-17 (per cent)**

Situation at beginning of support	Situation at end of support: homeless	Situation at end of support: housed
Homeless	64.3	35.5
At risk of homelessness	5.4	94.6

*Notes*

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'Not stated/other'.

Source: Specialist homelessness services 2016-17, [National supplementary table OLDER.4](#).





## Client groups of interest

In 2016-17, over 1 in 4 clients, or an estimated 77,569 people, who received assistance from a specialist homelessness agency were identified as experiencing a current mental health issue (see [Glossary](#)). This is over 5,200 (7%) more clients than in 2015-16.

People with mental health issues represent a group who are particularly vulnerable to homelessness. In general, people living with a mental illness are often isolated, have disrupted family, social and peer networks, and sometimes suffer poor physical health, all of which further reduces their capacity to find and maintain adequate housing. Several studies suggest that when people with mental health issues are supported by homelessness agencies, they are more likely to stay housed rather than returning to homelessness, in particular rough sleeping [1, 2, 3, 4].

### Key findings in 2016-17

- The number of clients reporting a current mental health issue increased 7% from the previous year to over 77,500; this increase was higher than that of the general Specialist Homelessness Services (SHS) population (3%).
- Almost half were living alone: most commonly, these clients were living alone (45%) when they sought assistance and 1 in 4 (27%) needed assistance because of a 'housing crisis'.
- Half were homeless when seeking support: most of these clients were living either in short-term or emergency accommodation (18%) or 'couch surfing' (18%).
- Just over 3 in 5 clients (61%) had received services in the previous 5 years.
- Housing outcomes improved: fewer clients were homeless following support (37%, down from 50%), with 'rough sleepers' dropping 6 percentage points to 8% (about 3,800 clients) at the end of support. The largest percentage change in housing situation was for clients in public and community housing—up from 12% at the start of support to 19% (or about 9,300 clients) at the end of support.

### Clients with a current mental health issue: 2012-13 to 2016-17

The number of clients presenting with a current mental health issue has been increasing since the beginning of the SHS collection in 2011-12. Key trends identified over the past 5 years (2012-13 to 2016-17) includes:

- This cohort is growing rapidly. Clients with a current mental health issue are one of the fastest growing client groups within the SHS collection, growing at an average rate of 12% per year since 2012-13. Various factors, including increased identification, community awareness and reduced stigma have all potentially driven the increase in self-identification and reporting of mental illness among SHS clients.
- The rate of service use has increased. The rate of service use by these clients has increased from 21 people per 10,000 population in 2012-13 to 32 people per 10,000 in 5 years (Table MH Trends.1).
- They appear to need more support. These clients consistently need longer periods of support and tend to return more often. These clients received an average of 2.4 support periods and 68 days of support over the 2016-17 year, higher than the SHS average of 1.7 and 37 days.
- Housing crisis and domestic and family violence remain the most common main reasons these clients seek assistance from specialist homelessness agencies.

**Table MH Trends.1: Clients with a current mental health issue: at a glance— 2012-13 to 2016-17**

	2012-13	2013-14	2014-15	2015-16	2016-17
<b>Number of clients</b>	48,599	56,281	63,062	72,364	77,569
<b>Proportion of all clients</b>	20	22	25	26	27
<b>Rate (per 10,000 population)</b>	21.4	24.3	26.8	30.3	32.0
<b>Housing situation at the beginning of first support period (proportion of all clients)</b>					
Homeless	51	50	50	50	50
At risk of homelessness	49	50	50	50	50
<b>Length of support (median number of days)</b>	73	67	62	64	68
<b>Average number of support periods per client</b>	2.4	2.3	2.3	2.3	2.4
<b>Proportion receiving accommodation</b>	48	44	42	39	37
<b>Median number of nights accommodated</b>	48	48	44	44	45

Proportion of a client group with a case management plan	69	69	70	70	71
Achievement of all case management goals (per cent)	15	18	19	17	18

#### Notes

1. Rates are crude rates based on the Australian estimated resident population (ERP) at 30 June of the reference year. Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.
2. The denominator for the proportion achieving all case management goals is the number of client groups with a case management plan. Denominator values for proportions are provided in the relevant national supplementary table.

Source: Specialist Homelessness Services Collection 2012-13 to 2016-17

### Characteristics of clients with a current mental health issue 2016-17

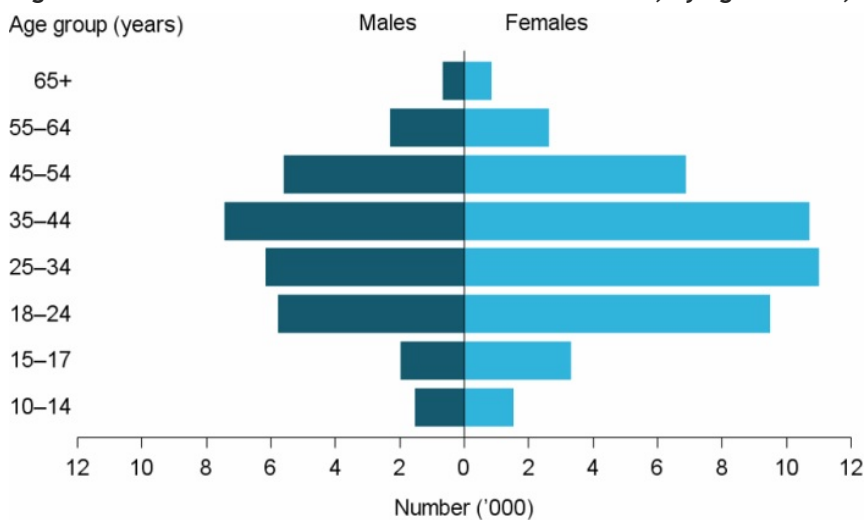
In 2016-17, of the 77,569 clients (27% of all clients) with a current mental health issue and accessing specialist homelessness services:

- Half (50%) were homeless when they presented to an agency. This is higher than the general SHS population (44%) and they most commonly presented to the agency alone (45% compared with 29%, respectively).
- They received more periods of support: These clients came back more often than any other priority group for support during the year (2.4 support periods per client) and received a median of 68 days of support, almost twice as many days as the general SHS population. The general SHS client population received 1.7 support periods and 37 days of support.
- Most had received services in the past: 6 in 10 clients (61%) were 'returning' clients, that is, they had received homelessness services at some time in the previous 5 years. This trend is observed across all the states and territories.
- Most received services in cities: Two in 3 clients with a current mental health issue (66%) accessed specialist homelessness services in Major cities in 2016-17.
- Nearly 1 in 5 clients (18%) in this group were Indigenous.

#### Age and sex

Similar to the general SHS population, the majority of clients with a current mental health issue were female (60%) in 2016-17. However, unlike the general SHS population nearly half of all clients with a current mental health issue were aged between 25 and 44 (45% compared with 36% in the general SHS population) (Figure MH.1).

Figure MH.1: Clients with a current mental health issue, by age and sex, 2016-17



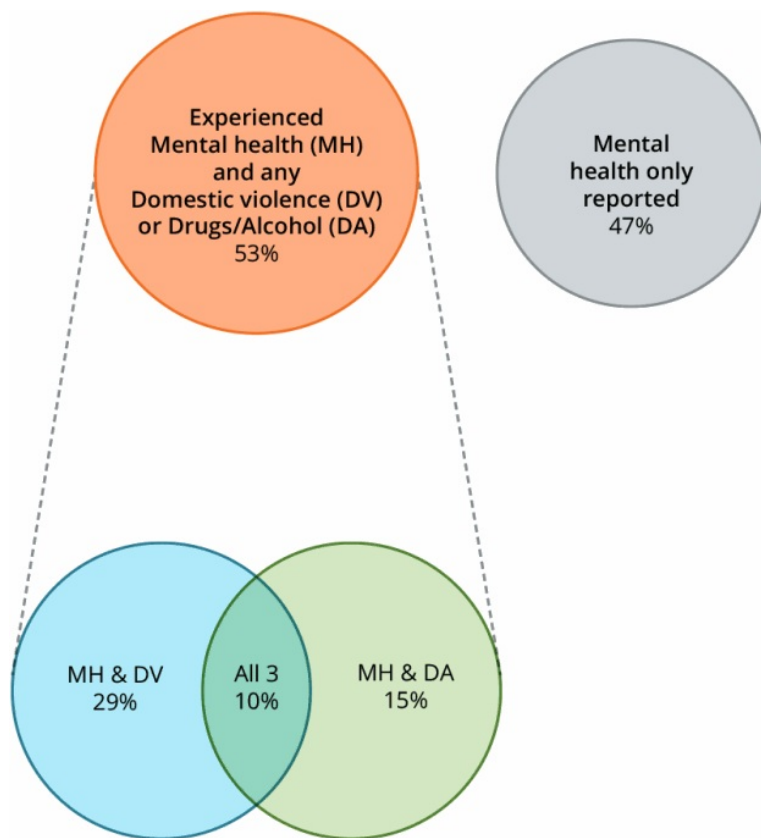
Source: Specialist homelessness services 2016-17, [National supplementary table MH.1](#).

Of the 77,569 clients reporting a current mental health issue, over half (53%) also reported additional vulnerabilities (Figure MH.2) including:

- Nearly 3 in 10 clients (29%) had experienced domestic and family violence.
- 15% reported both mental health and problematic drug and/or alcohol use.
- A further 1 in 10 (10%, or about 7,500 clients) reported all three vulnerabilities (domestic and family violence, problematic drug and/or alcohol use and mental health issues).

These figures provide an insight into the multiple disadvantages clients with mental health issues face and suggest the need for an integrated service response to homelessness for these clients.

Figure MH.2: Clients with a current mental health issue, by selected vulnerability characteristics, 2016-17



#### Notes

1. Client vulnerability groups are mutually exclusive.
2. Clients are aged 10 and over.

Source: Specialist Homelessness Services Collection 2016-17.

#### Services needed and provided

About 37,000, or just under half (48%) of the clients with a current mental health issue, needed short-term or emergency accommodation; 58% of these clients were provided assistance (Figure MH.3).

Of those clients with a current mental health issue, about 1 in 3 (30%, or 23,000) identified a need for mental health-based services with:

- 26% identifying a need for mental health services; with 45% of these requests met.
- 11% identifying a need for psychological services; with 35% of these requests met.
- 7% identifying a need for psychiatric services; with 37% of these requests met.

Compared with the general SHS population, clients with a current mental health issue were more likely to identify a need for:

- drug and alcohol services (10% compared with 4% of the general SHS population).
- health/medical services (21% compared with 10%).
- accommodation services (69% compared with 56%) and in particular long-term housing (50% compared with 35%) and medium-term/transitional housing (41% compared with 27%).

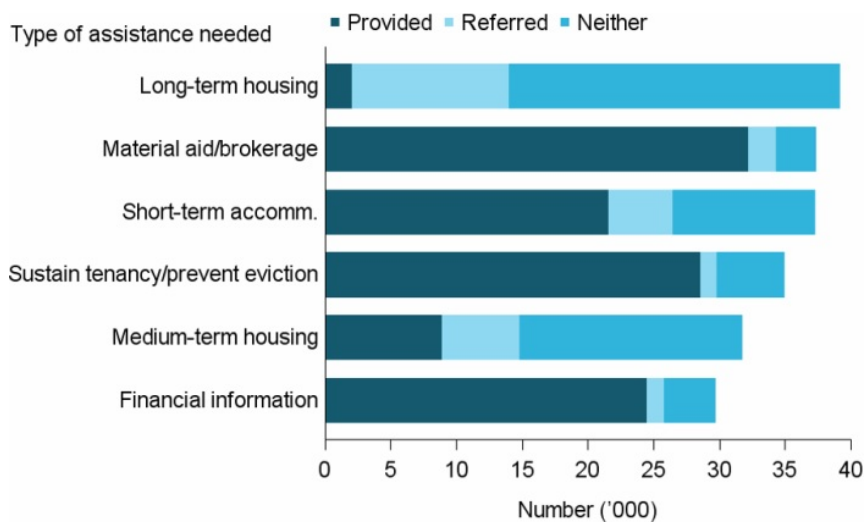
**50% of clients with a current mental health issue needed long-term housing assistance compared with 35% of the general SHS population**

Clients experiencing a current mental health issue were also identified as needing:

- assistance to sustain tenancy (45%, or nearly 35,000 clients); with assistance provided to 82% of these clients.
- financial information (38%, or over 29,500 clients); with assistance provided to 83% of these clients.
- assertive outreach (26%, or over 20,000), which mostly targets rough sleepers; this was higher for those clients with a current mental health issue than other priority groups.

All these services were needed at higher rates than the general SHS population (for example, financial information 25%, and assertive outreach 18%).

**Figure MH.3: Clients with a current mental health issue, by top 6 most needed services and service provision status, 2016-17**



**Notes**

1. Excludes ‘Other basic assistance’, ‘Advice/information’, and ‘Advocacy/liaison on behalf of client’.
2. Short-term accommodation includes temporary and emergency accommodation; medium-term housing includes transitional housing; and sustain tenancy/prevent eviction includes assistance to sustain tenancy or prevent tenancy failure or eviction.

Source: Specialist homelessness services 2016-17, [National supplementary table MH.3](#).

**Housing outcomes**

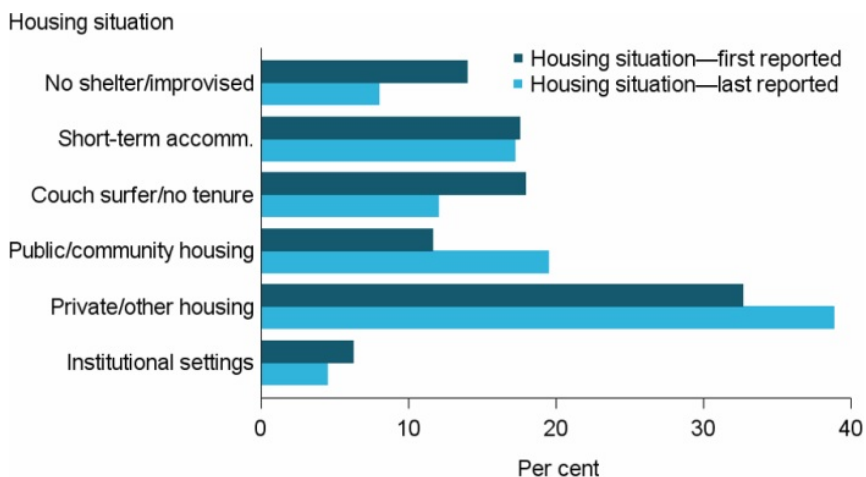
For clients with a current mental health issue and whose support had ended:

- Half (50%, or nearly 25,000) were homeless at the beginning of support, with this reducing to 37% at end of support.
- The improvement in housing outcomes was particularly evident for clients who first presented ‘rough sleeping’ (see glossary for definition). The rough sleeping rate almost halved, dropping from 14% at the commencement of support to 8% at the end of their support (Supplementary table MH.4).

Most of these clients were housed at the end of support with (Figure MH.4):

- around 18,500 clients (39%) in private rental (increasing from 33% at the commencement of support), and
- over 9,000 clients (19%) in public/community housing (increasing from 12% at the commencement of support).

**Figure MH.4: Clients with a current mental health issue, by housing situation at the beginning and end of support, 2016-17**



**Notes**

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. No shelter/improvised includes inadequate dwellings; short-term accommodation includes temporary and emergency accommodation; couch surfer/no tenure includes living in a house, townhouse or flat with relatives rent free; public/community housing includes both renting or rent free; and private/other housing includes both renting or rent free.
3. Proportions include only clients with closed support at the end of the reporting period.

Source: Specialist homelessness services 2016-17, [National supplementary table MH.4](#).

For some stable housing (public or community housing, private or other housing, or Institutional settings) is more difficult to achieve than for others. For clients with a current mental health issue and presenting to agencies housed, but at risk of homelessness, 85% of clients ending support were assisted to maintain housing (Table MH.2):

- Agencies were able to assist 8 in 10 clients living in public or community housing to maintain their tenancy (80%, or 4,400 clients) with a further 9% assisted into private/other housing.
- Similarly, agencies were able to assist 8 in 10 clients in private/other housing to maintain their tenancy (78%, or about 12,000) with a further 7% assisted into public or community housing.

Of those clients with a current mental health issue who were homeless when they began support:

- Thirty-nine per cent were assisted into stable housing at the end of support; 61% remained homeless.
- Agencies were best able to assist couch surfers into stable housing (41%, or nearly 3,300 clients) and those in short-term emergency accommodation (44%, or about 3,400 clients). In both instances, the majority were housed in private/other housing.

A challenge for SHS agencies is finding suitable housing options for clients. SHS agencies were able to assist many clients with a current mental health issue to either find or maintain housing, however, consistent with other studies, exiting homelessness for these clients can be difficult (Chamberlain & Johnson 2013).

**Table MH.2: Clients with a current mental health issue, by housing situation at beginning and end of support, 2016-17 (per cent)**

Situation at beginning of support	Situation at end of support: homeless	Situation at end of support: housed
Homeless	60.7	39.3
At risk of homelessness	14.6	85.4

#### Notes

1. The SHSC classifies clients living with no shelter or improvised/ inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'Not stated/other'.

Source: Specialist homelessness services 2016-17, [National supplementary table MH.4](#).

#### Reference

1. Mental Health Council of Australia (MHCA) 2009. Home Truths: Mental Health, Housing and Homelessness in Australia.
2. Duff, C., Jacobs, K., Loo, S. and Murray, S. (2013) The role of informal community resources in supporting stable housing for young people recovering from mental illness: key issues for housing policy-makers and practitioners, AHURI Final Report No. 199, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/199>.
3. Wood, L., Flatau, P., Zaretsky, K., Foster, S., Vallesi, S. and Miscenko, D. (2016) What are the health, social and economic benefits of providing public housing and support to formerly homeless people?, AHURI Final Report No. 265, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/265>, doi:10.18408/ahuri-8202801.
4. Australian Bureau of Statistics (ABS) 2014. Mental Health and Experiences of Homelessness, Australia, 2014. ABS cat no. 4329.0.00.005. Canberra: ABS.
5. Chamberlain C, & Johnson G 2013. Pathways into adult homelessness. *Journal of Sociology*, 49(1): 60-77.



## Client groups of interest

Those who are without stable accommodation after leaving health or social care arrangements find themselves particularly vulnerable to homelessness. Clients are identified as leaving care if, in their first support period during 2016-17 (either the week before or at the beginning of the support period):

- their dwelling type was: hospital, psychiatric hospital or unit, disability support, rehabilitation, aged care facility; or
- their reason for seeking assistance was: transition from foster care/child safety residential care, or transition from other care arrangements.

In 2016-17, around 7,100 clients or 2% of all specialist homelessness service (SHS) clients were identified as having left care.

### Key findings in 2016-17

- Client numbers rose 3% since 2015-16 to 7,104 clients. This increase was the same as that of the general SHS population (3%).
- One in 4 (24%) clients experienced a housing crisis: this was the most common main reason clients sought assistance from homelessness agencies (a rise of 2 percentage points from 2015-16).
- Over 3 in 4 (76%) needed accommodation services.
- Fewer clients were provided with accommodation: the proportion of clients provided with accommodation decreased in 2016-17 (46%, down from 48% in the previous year) however, their length of accommodation was notably longer (half of these clients received 49 nights or more, up from 42 nights in the previous year).
- Two in 5 (41%) sought assistance as they were transitioning from foster care, child safety residential placements or other care arrangements.
- The majority of clients leaving care were at risk of homelessness (74%).
- One in 4 ended support in an institution: At the end of support, 24% clients were housed in private or other housing, 25% were living in institutional settings, and 21% were living in short-term or emergency accommodation (and considered homeless).

### Clients leaving care: 2012-13 to 2016-17

The proportion of clients leaving care in the SHS population and subsequently seeking assistance from specialist homelessness services has remained relatively stable over the past 5 years of the SHS collection. Key trends identified in this client population over these 5 years are:

- Taking into account changes in population size, the rate of service use by clients leaving care is increasing, up from 2 people per 10,000 population in 2012-13 to 3 people per 10,000 in 2016-17 (Table LCARE Trends.1).
- While males consistently made up the majority of clients leaving care, the age of male clients has increased over time; the largest age group shifted from 25-34 in earlier years to 35-44 in the past 3 years.
- *Service use patterns have remained steady.* Both the length of support and number of support periods have remained steady over the 5 years from a median of 62 days and 1.8 support periods per client leaving care to 62 days and 1.9 support periods. The long support length of these clients, together with the high proportion of these clients presenting with additional vulnerabilities (82%), implies that they are presenting with complex needs (Table LCARE Trends.1).

Table LCARE Trends.1: Clients leaving care: at a glance—2012-13 to 2016-17

	2012-13	2013-14	2014-15	2015-16	2016-17
Number of clients	5,542	5,573	6,084	6,869	7,104
Proportion of all clients	2	2	2	2	2
Rate (per 10,000 population)	2.4	2.4	2.6	2.9	2.9
Housing situation at the beginning of first support period (proportion of all clients)					
Homeless	33	33	32	30	26
At risk of homelessness	67	67	68	70	74
Length of support (median number of days)	62	62	58	60	62
Average number of support periods per client	1.8	1.7	1.8	1.9	1.9
Proportion receiving accommodation	57	54	52	48	46
Median number of nights accommodated	45	48	44	42	49

<b>Proportion of a client group with a case management plan</b>	69	70	71	70	69
<b>Achievement of all case management goals (per cent)</b>	15	16	19	17	18

#### Notes

1. Rates are crude rates based on the Australian estimated resident population (ERP) at 30 June of the reference year. Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.
2. The denominator for the proportion achieving all case management goals is the number of client groups with a case management plan. Denominator values for proportions are provided in the relevant national supplementary table.

Source: Specialist Homelessness Services Collection 2012-13 to 2016-17

### Characteristics of clients leaving care 2016-17

Of the 7,104 clients leaving care in 2016-17:

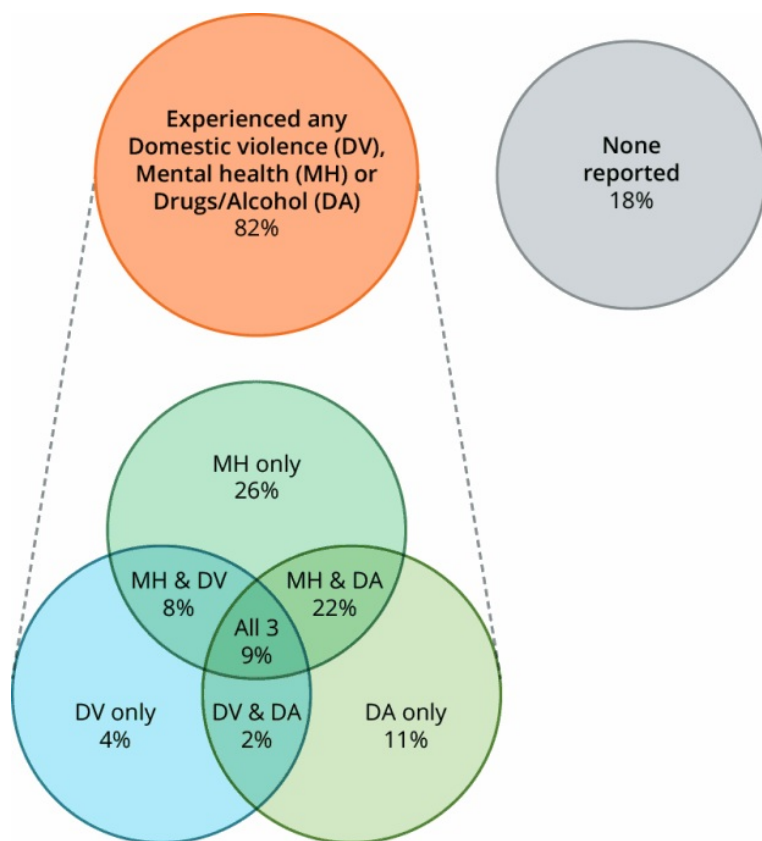
- *Over half* were leaving either a psychiatric hospital (20%), rehabilitation (19%) or a hospital (15%).
- *Just over 2 in 5 clients* (41% or 2,900) sought assistance because they were transitioning from foster care/child safety residential placements or other care arrangements.
- *The majority were males* (56%) and 1 in 5 (21%) of the male clients were aged 35-44 years. Female clients tended to be younger with 1 in 4 (25%) aged 18-24 (Supplementary table LCARE.1).
- *Around 1 in 4 clients* leaving care were Indigenous (23%).
- *More than half had received services in the past*: returning clients made up 57% of this group and 43% were new clients. That is, more clients had received services at some point in the previous 5 years than those seeking assistance for the first time in 2016-17.
- *The majority (59%) of clients were living alone* when they sought assistance, the same as in 2015-16.

Figure LCARE.1 outlines the proportion of clients leaving care aged 10 and over who presented with additional vulnerabilities (domestic and family violence, a current mental health issue and/or problematic drug and/or alcohol use). Over 4 in 5 clients leaving care (82%, around 5,500 clients) presented with at least one of these additional vulnerabilities; a reflection of the care types many of these clients are leaving (for example, hospital, psychiatric hospital/unit, rehabilitation).

The majority of clients leaving care reported a current mental health issue (66%) and of these clients most reported more than one vulnerability:

- One in 5 (22%, or about 1,400 clients) reported both mental health and problematic drug and/or alcohol use;
- an additional 1 in 10 clients leaving care (9%, or about 600 clients) reported all three vulnerabilities (mental health, problematic drug and/or alcohol use, domestic and family violence).

#### Figure LCARE.1: Clients leaving care, by selected vulnerability characteristics, 2016-17



#### Notes

1. Client vulnerability groups are mutually exclusive.
2. Clients are aged 10 and over.

Source: Specialist Homelessness Services Collection 2016-17.

#### Main reasons for seeking assistance

Some of the main reasons for seeking assistance provided by clients leaving care that differed from the general SHS populations were:

- transition from other care arrangements (12%);
- transition from foster care and child safety residential placements (7%);
- mental health issues (8% compared with 1% of the overall SHS population);
- domestic and family violence (8% compared with 28% of the overall SHS population).

#### Services needed and provided

Around 5,400 clients leaving care (76%) needed accommodation services, much higher than the general SHS population (56%) (Supplementary table LCARE.3).

- More than half (52% or 3,700 clients) needed short-term or emergency accommodation, compared with 37% of the SHS general population.
- Almost half (44% or 3,200 clients) requested medium-term/transitional housing, higher than the general SHS population (27%) and these clients were more likely to be provided with accommodation (36% of those who requested it compared with 30%, respectively).
- Long-term housing was requested by 47% or around 3,300 clients, however, this was only able to be provided to 7% of the clients who needed it.

**3 in 4 clients leaving care needed accommodation services (76%), higher than the general SHS population (56%).**

Other services most commonly needed by these clients were material aid/brokerage (40%), transport (37%) and living skills/personal development (36%). These services were needed by higher proportions of clients leaving care than clients in the general SHS population (35%, 21%, and 20%, respectively).

#### Housing outcomes

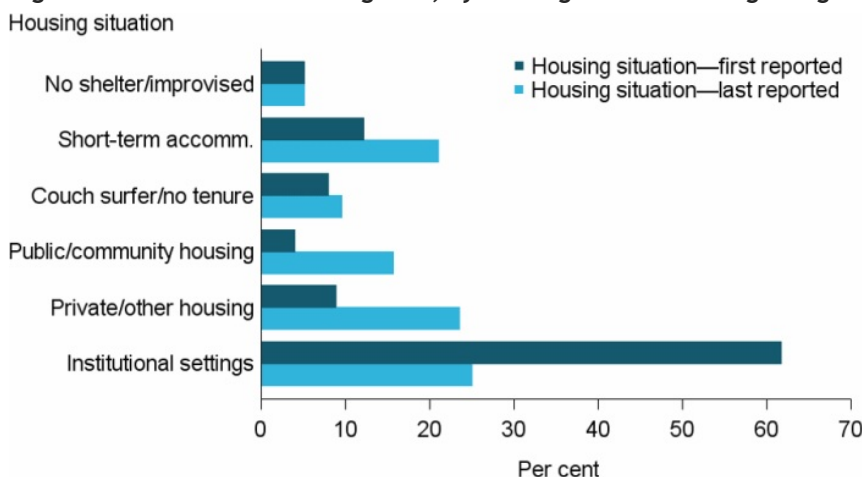
For those clients leaving care whose support had ended:

- Around 3 in 5 clients (62% or nearly 3,000 clients) were living in institutional settings at the beginning of their support (Supplementary table LCARE.4). This proportion decreased to 25% at the end of support (Figure LCARE.2). This reflects service delivery models aimed at assisting people leaving institutions into secure housing.



- Following support, the proportion of clients classified as homeless had actually increased (from 25% to 36%; around 1,500 clients' homeless). This increase reflects clients leaving an institutional setting (considered at risk, rather than homeless) and subsequently becoming homeless. Most commonly, those homeless were living in short-term or emergency accommodation (21%) when support ended.
- Private or other housing was the most common housing situation at the end of support, increasing 15 percentage points to 24%.

**Figure LCARE.2: Clients leaving care, by housing situation at beginning of support and end of support, 2016-17**



**Notes**

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. No shelter/improvised includes inadequate dwellings; short-term accommodation includes temporary and emergency accommodation; couch surfer/no tenure includes living in a house, townhouse or flat with relatives rent free; public/community housing includes both renting or rent free; and private/other housing includes both renting or rent free.
3. Proportions include only clients with closed support at the end of the reporting period.

Source: Specialist homelessness services 2016-17, [National supplementary table LCARE.4](#).

It is recognised that the transition to stable housing (see [Glossary](#)) can be more difficult for some clients than for others. Of those clients leaving care who were homeless when they began support (that is, living either with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free)):

- 43% were assisted into stable housing at the end of support (Table LCARE.2).
- Agencies were best able to assist those in short-term emergency accommodation into stable housing (50%, or around 250 clients) with most housed in private/other housing (about 130 clients).

For clients leaving care and presenting to agencies housed, but at risk of homelessness (that is, living either in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings), the majority of clients were assisted to maintain their housing:

- For clients living in public or community housing 3 in 4 (74%, or 139 clients) were assisted to maintain their tenancy, with a further 14% moving into private/other housing.
- For clients living in private/other housing about 7 in 10 (68%, or 265 clients) were assisted to maintain their tenancy, with a further 11% moving into public or community housing.

**Table LCARE.2: Clients leaving care, housing situation at beginning and end of support, 2016-17 (per cent)**

Situation at beginning of support	Situation at end of support: homeless	Situation at end of support: housed
Homeless	56.7	43.3
At risk of homelessness	28.4	71.6

**Notes**

1. The SHSC classifies clients living with no shelter or improvised/ inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'Not stated/other'.

Source: Specialist homelessness services 2016-17, [National supplementary table LCARE.4](#).



## Client groups of interest

This section highlights findings in relation to clients who have recently exited custodial settings, including correctional facilities, youth justice detention centres and immigration detention centres (see [Technical information](#) for client definition). People who exit custodial settings are recognised as being at increased risk of homelessness; they are also less likely to exit homelessness [1]. The ability to secure stable housing may reduce the likelihood of reoffending [2].

### Key findings in 2016-17

- In 2016-17, 8,118 people were identified as clients exiting from a custodial setting, an increase of 4% compared with 2015-16.
- Two-thirds of clients were exiting adult correctional facilities (65%).
- The majority of clients who exited custodial settings in 2016-17 were male (75%) and aged between 25 and 44 (60%).
- Two-thirds (66%) of clients were living alone when they sought assistance from specialist homelessness services (SHS), the highest rate of all SHS client groups.
- The majority of clients (64%) in 2016-17 had received homelessness services at some time in the previous 5 years.

### Clients exiting custodial arrangements: 2012-13 to 2016-17

Since 2012-13, the number of people exiting custodial arrangements and seeking assistance from specialist homelessness services has been increasing. Key trends identified in this client population over the past 5 years are:

- The number of clients who recently exited custodial arrangements has grown on average 6% each year since 2012-13, and this annual growth rate is higher for females than males (10% compared with 5%).
- The proportion of clients receiving accommodation has declined from 41% in 2012-13 to 35% in 2016-17 (Table Exit Trends.1).

The proportion of clients achieving all case management goals was consistently lower than the general SHS population every year (see Tables Exit Trends.1 and Client Trends.1) and this group was one of the least likely to achieve all case management goals each year.

**Table Exit Trends.1: Clients exiting custodial arrangements: at a glance—2012-13 to 2016-17**

	2012-13	2013-14	2014-15	2015-16	2016-17
<b>Number of clients</b>	6,399	6,756	6,866	7,804	8,118
<b>Proportion of all clients</b>	3	3	3	3	3
<b>Rate (per 10,000 population)</b>	2.8	2.9	2.9	3.3	3.4
<b>Housing situation at the beginning of first support period (proportion of all clients)</b>					
Homeless	36	27	31	31	32
At risk of homelessness	64	73	69	69	68
<b>Length of support (median number of days)</b>	46	53	45	44	45
<b>Average number of support periods per client</b>	1.8	1.8	1.8	1.9	1.9
<b>Proportion receiving accommodation</b>	41	40	41	38	35
<b>Median number of nights accommodated</b>	29	28	27	26	28
<b>Proportion of a client group with a case management plan</b>	58	53	50	52	53
<b>Achievement of all case management goals (per cent)</b>	10	11	16	17	18

### Notes

1. Rates are crude rates based on the Australian estimated resident population (ERP) at 30 June of the reference year. Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.
2. The denominator for the proportion achieving all case management goals is the number of client groups with a case management plan. Denominator values for proportions are provided in the relevant national supplementary table.

Source: Specialist Homelessness Services Collection 2012-13 to 2016-17

## Characteristics of clients exiting custodial arrangements 2016-17

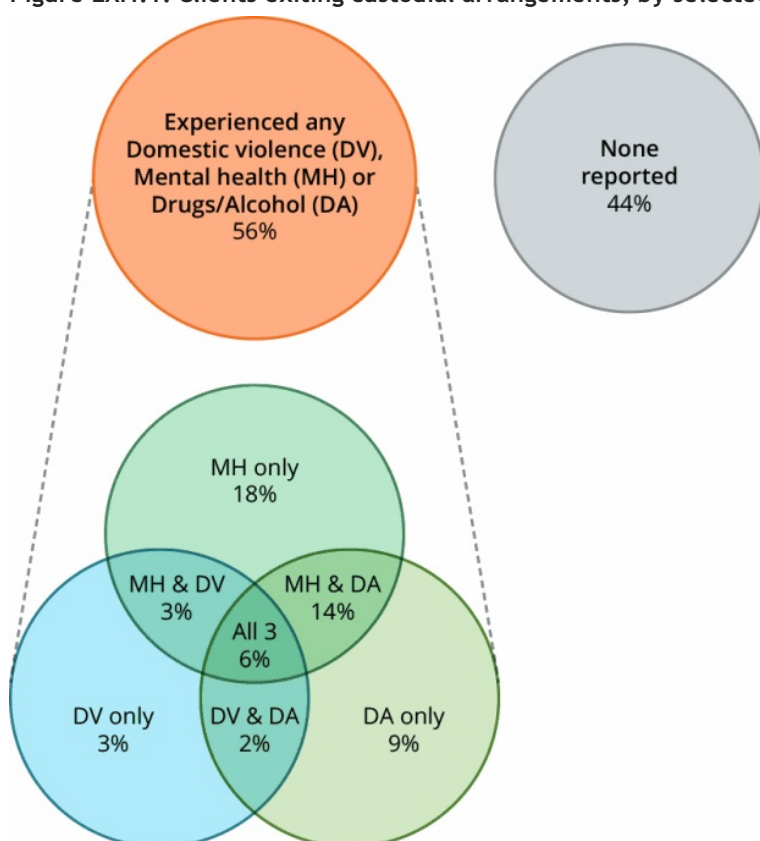
Of the 8,118 clients exiting custodial arrangements in 2016-17:

- *Two in 3 clients were returning clients (64%),* that is, they had presented at a SHS agency at least once in the past 5 years.
- *Over one-quarter of clients exiting custodial arrangements identified as Indigenous (27%),* similar to the overall SHS population (25% Indigenous).
- *Over 6,000 clients were male (75%),* with the highest proportion of males being 35-44 years old (32%). The highest proportion of females was younger, 25-34 years (32%) (Supplementary table EXIT.1).
- *Two-thirds of clients (66%) were living alone* when they presented at a SHS agency.
- The main reason clients were seeking assistance was 'transition from custodial arrangements' (55%).

Many clients who are existing custodial arrangements face multiple challenges. Over half the clients (56%, or about 4,500 clients) exiting custodial arrangements reported additional vulnerabilities including domestic and family violence, a current mental health issue and/or problematic drug and/or alcohol use (Figure EXIT.1). The most common was mental health issues (42%, or about 3,400 clients) and of these clients about half also had problematic drug and/or alcohol use. That is:

- 14% were experiencing both mental health and problematic drug and/or alcohol use
- a further 6% (over 500 clients) were experiencing all three vulnerabilities (mental health, problematic drug and/or alcohol use, and domestic and family violence).

**Figure EXIT.1: Clients exiting custodial arrangements, by selected vulnerability characteristics, 2016-17**



### Notes

1. Client vulnerability groups are mutually exclusive.
2. Clients are aged 10 and over.

Source: Specialist Homelessness Services Collection 2016-17.

### Services needed and provided

Around 5,300 clients exiting custodial arrangements needed assistance with accommodation (66%). Of these clients, 54% were provided with assistance.

- For clients needing short-term or emergency housing (47%, or nearly 4,000), 6 in 10 (60%) were provided with assistance.
- Of the 3,000 clients (37%) exiting custodial arrangements needing assistance to sustain tenancy or prevent tenancy failure or eviction, 83% received this assistance.

Certain services were requested by clients exiting custodial arrangements more frequently than by the overall SHS population. Some of these include:

- Assistance with challenging social and behavioural problems (19% compared with 13%).
- Drug/alcohol counselling (11% compared with the 4% of the overall SHS population).

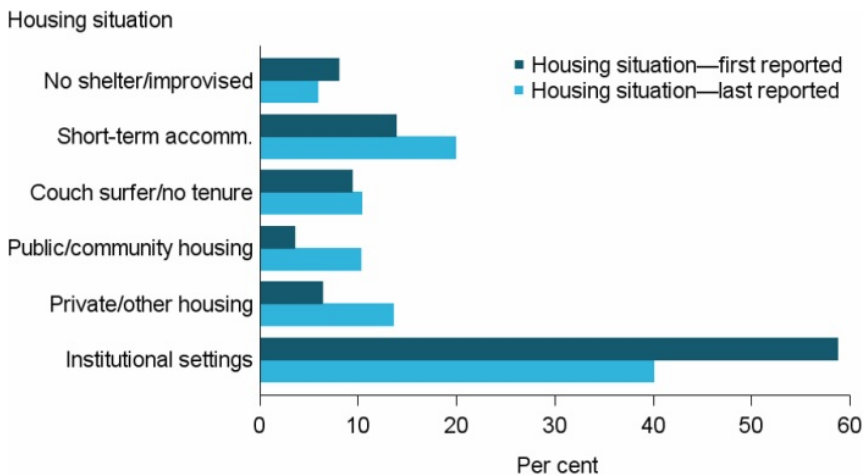
- Mental health services (10% compared with 8%).

### Housing outcomes

At the beginning of support, the majority of clients exiting custodial settings were living in institutions (59%), short-term or emergency accommodation (14%) or living in a house, townhouse or flat with no tenure, known as ‘couch surfing’ (9%) (Supplementary table EXIT.4).

- The proportion of clients who reported living in institutional settings decreased to 40% following support (Figure EXIT.2).
- One in 5 clients (20%) were housed in short-term temporary accommodation at the end of support, up from 14% at the beginning of support.
- The proportion of clients living in private or other housing (as a renter, rent free or owner) more than doubled from the beginning of support (6%) to the end of support (14%).

**Figure EXIT.2: Clients exiting custodial arrangements, by housing situation at beginning of support and end of support, 2016-17**



### Notes

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. No shelter/improvised includes inadequate dwellings; short-term accommodation includes temporary and emergency accommodation; couch surfer/no tenure includes living in a house, townhouse or flat with relatives rent free; public/community housing includes both renting or rent free; and private/other housing includes both renting or rent free.
3. Proportions include only clients with closed support at the end of the reporting period.

Source: Specialist homelessness services 2016-17, [National supplementary table EXIT.4](#).

At the start of support the majority of clients exiting custodial arrangements were at risk of homelessness (69%, or about 4,100 clients), and most of these were in institutions (59%). This may be explained by prisoners receiving SHS assistance prior to their release (clients housed in institutional settings are classified in the at risk population).

Of those exiting custodial arrangements who were housed but at risk of homelessness when they began support:

- Overall 77% were in stable housing at the end of support (see [Glossary](#)) (Table EXIT.2), mostly in institutional settings (about 2,000).
- Agencies were able to assist 3 in 4 clients (74%, or 146 clients) living in public or community housing to maintain this tenancy and assist a further 7% into private or other housing at the end of support.
- Agencies also assisted those living in private or other housing to maintain their tenancy, with 69% (or 237 clients) still in private or other housing and a further 9% in public or community housing at the end of support.

Of those clients exiting custodial arrangements who were homeless when they began SHS support:

- 33% (or 539 clients) were assisted into stable housing at the end of support; 67% were homeless.
- Agencies were best able to assist those living in short-term or emergency accommodation into stable housing (39%) with 16% assisted into private/other housing and 13% assisted into public or community housing.

**Table EXIT.2: Clients exiting custodial arrangements, housing situation at beginning and end of support, 2016-17 (per cent)**

Situation at beginning of support	Situation at end of support: homeless	Situation at end of support: housed
Homeless	66.6	33.4
At risk of homelessness	22.5	77.5

### Notes

1. The SHSC classifies clients living with no shelter or improvised/ inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'Not stated/other'.

Source: Specialist homelessness services 2016-17, [National supplementary table EXIT.4](#).

## References

1. 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, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/248>.
2. Australian Government 2008. The road home: a national approach to reducing homelessness. Canberra: Commonwealth of Australia.

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## Client groups of interest

Care and protection orders (CPOs) are legal orders or arrangements that place some responsibility for a child's welfare with child protection authorities. They set up arrangements to provide support and assistance to vulnerable children and young people to protect them from abuse, neglect or other harm, or where their parents are unable to provide adequate care or protection [1].

Improvements in the identification of SHS clients on a CPO have led to significantly better quality data since 2015-16, therefore improving reporting on these clients (see [Technical Information](#)). For previous collection periods, those clients recorded as having a care type of either 'parents' or 'other living arrangements' were excluded from the CPO derivation. These care types are now included.

Clients are now also identified as being on a CPO if they report being on a CPO in any support period during the collection period (i.e. the relevant financial year), rather than just the first. This means that analysis for these clients in 2015-16 and 2016-17 is not directly comparable with previous years. Any comparisons with previously published data on clients on a CPO should therefore be made with caution.

### Key findings in 2016-17

- In 2016-17, 8,680 children and young people on a CPO sought assistance from a SHS agency.
- Fifty-eight per cent of clients on a CPO were children aged 0-9. Of all male clients on a CPO a greater share were in this age range compared with females (61% compared with 55%).
- Domestic and family violence was identified as the main reason for seeking assistance for 3 in 10 (30%) clients on a CPO.
- The most common care type arrangement for clients on a CPO was 'parents'.
- More than half had received service in the past 5 years (52%).
- Clients on a CPO were more likely to be homeless on presentation than the general SHS population (51% compared with 44%).
- SHS agencies were successful in improving housing outcomes: 18% (850 clients) were in public or community housing at the start of support, and this increased to 33% by the end of support. Most of this increase into public or community housing came from children on a CPO presenting homeless (620 clients).

### Children on care and protection orders: 2015-16 to 2016-17

In 2016-17, almost 9,000 clients or 3% of specialist homelessness service (SHS) clients were identified as a child on a care and protection order (aged 0-17 years) (Supplementary table CPO.1). There was a decrease (2%) in client numbers between 2015-16 and 2016-17.

Compared with 2015-16, clients on a CPO in 2016-17 were:

- more likely to receive longer support (98 days in 2016-17 compared with 86 days in 2015-16);
- less likely to receive accommodation (53% compared with 55%); and
- less likely to have all case management goals achieved (15% compared with 18%).

Table CPO.1: Children (0-17 years) on care and protection orders: at a glance— 2015-16 to 2016-17

	2015-16	2016-17
Number of clients	8,859	8,680
Proportion of all clients	3	3
Rate (per 10,000 population)	3.7	3.6
Housing situation at the beginning of first support period (proportion of all clients)		
Homeless	50	51
At risk of homelessness	50	49
Length of support (median number of days)	86	98
Average number of support periods per client	1.7	1.7
Proportion receiving accommodation	55	53
Median number of nights accommodated	68	69
Proportion of a client group with a case management plan	86	84
Achievement of all case management goals (per cent)	18	15

## Notes

1. Rates are crude rates based on the Australian estimated resident population (ERP) at 30 June of the reference year. Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.
2. The denominator for the proportion achieving all case management goals is the number of client groups with a case management plan. Denominator values for proportions are provided in the relevant national supplementary table.
3. Due to changes in the reporting of children on a care and protection order in 2015-16, as detailed in the online technical information, data are not comparable with previous years.

Source: Specialist Homelessness Services Collection 2015-16 to 2016-17.

## Characteristics of children on care and protection orders 2016-17

Of the 8,680 clients on a CPO in 2016-17:

- *Half the clients were female* (50%), similar to the rate of female 0-17 year olds in the general SHS population (51%).
- *Nearly 3 in 5 were aged 0-9* (58%). Males were more likely than females to be in this age range (61% compared with 55%).
- *Over half were living with a sole parent* when they sought assistance (54%). The next most common living arrangement on presentation to a SHS agency was 'other family group' (18%).
- *Over one in 3 were Indigenous* (35%), compared with 32% of general SHS clients aged 0-17.
- *Three in 5 accessed services in Major cities* (60%) and just over 1 in 5 (21%) in *Inner regional* areas. This is similar to that of the general SHS population (62% and 23%, respectively).
- *Half were returning clients* (52%), that is they had received homelessness services at least once prior to 2016-17.
- *Clients on a CPO also received significantly more days of SHS support* (median of 98 days compared with 37 days) and more nights of accommodation (median of 69 nights compared with 33 nights) than the general SHS population (Table CPO.1 and Table Client Trends.1).

**1 in 3 clients on a CPO (aged 0-17) were Indigenous (35%)**

## Care arrangement type

Care arrangement type refers to the type of living arrangement a child on a CPO can be placed into. This can include a wide range of living arrangements including living with family or relatives, foster or residential care, or independent living.

**The most common type of care arrangement for clients on a CPO was parent(s) (64%).**

- Two-thirds (66%) of those living with parent(s) on a CPO were aged 0-9.
- Almost 9 in 10 (87%) of those in independent living arrangements were aged 15-17. Making up 21% of all clients on a CPO, 15-17 year olds were also over-represented in residential care (60%) and other living arrangements (53%).
- Female clients on a CPO were more likely than males to report their care arrangement as independent living (61% compared with 39%). The same proportion of males and females reported family group home as their care arrangement (50% for each).
- The most common care type for Indigenous clients on a CPO was parent(s) (55%), lower than for non-Indigenous clients (68%). Indigenous clients on a CPO were more likely than non-Indigenous clients to have care type arrangements of relative(s)/kin who are reimbursed (15% compared with 11%) and family group home (9% compared with 4%).

## Reasons for seeking assistance

While clients can identify a number of reasons for seeking assistance, agencies also record the main reason for seeking assistance.

- Domestic and family violence was the most common main reason CPO clients sought assistance with nearly one-third (30%) of clients reporting this reason.
- Housing crisis was the next most common reason provided by clients (19%).

## Services needed and provided

Nearly 7 in 10 clients on a care and protection order needed accommodation services (68%), higher than the general SHS population (56%) (Supplementary table CPO.3).

- Almost half (47%) of clients needed short-term or emergency accommodation, compared with 37% of the general SHS population.
- Over one-third (36%) of clients requested medium-term/transitional housing, higher than the general SHS population (27%) and these clients were almost twice as likely to be provided with this accommodation (56% of those who requested it compared with 30%, respectively).

Other general services most commonly needed by these clients were advocacy/liaison on behalf of client (62%), material aid/brokerage (45%), transport (37%) and assistance for domestic/family violence (38%). These services were needed by higher proportions of clients on a CPO than clients in the general SHS population (53%, 35%, 21% and 29%, respectively).

**Nearly 3 in 10 clients needed assistance with child protection services (27%)**



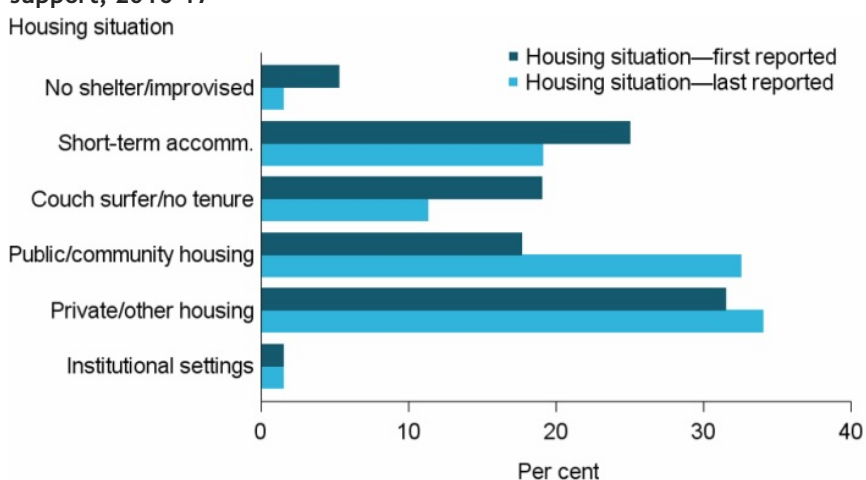
CPO clients were also more likely than the general SHS population to be identified as needing family/relationship assistance (34% compared with 18%), child protection services (27% compared with 5%), school liaison (17% compared with 5%) and health and medical services (16% compared with 10%).

## Housing outcomes

For those clients on a care and protection order whose support had ended in 2016-17:

- Half (49%, or nearly 2,400 clients) were classified as homeless at the beginning of their support, with the majority of these (51%) living in short-term or emergency accommodation (Supplementary table CPO.4).
- Around 1 in 5 (19%) were ‘couch surfing’ at the beginning of their support (Figure CPO.1). This almost halved to 1 in 10 (11%) by the end of support.
- At the end of support, the proportion of these clients classified as homeless had decreased to 32% or around 1,500 clients homeless (down from 49%).
- Private or other housing was the most common housing situation at the end of support, increasing 2 percentage points to 34%.
- The greatest change in housing situation was an almost two-fold increase in the proportion of CPO clients into public and community housing (33%, up from 18% at the beginning of support).

**Figure CPO.1: Children on care and protection orders, by housing situation at beginning of support and end of support, 2016-17**



### Notes

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. No shelter/improvised includes inadequate dwellings; short-term accommodation includes temporary and emergency accommodation; couch surfer/no tenure includes living in a house, townhouse or flat with relatives rent free; public/community housing includes both renting or rent free; and private/other housing includes both renting or rent free.
3. Proportions include only clients with closed support at the end of the reporting period.

Source: Specialist homelessness services 2016-17, [National supplementary table CPO.4](#).

For some, stable housing (public or community housing, private or other housing, or Institutional settings) is more difficult to achieve than for others.

For clients on a CPO who started support housed, but at risk of homelessness, 84% were successfully assisted to maintain their housing at the end of support (Table CPO.2):

- Agencies were able to assist 8 in 10 clients (79%) living in public or community housing, to maintain this tenancy, with a further 6% assisted into private/other housing.
- Agencies were able to assist 7 in 10 clients (70%) living in private/other housing to maintain this tenancy, with a further 12% assisted into public or community housing.

Of those clients on a CPO who were homeless when they began support:

- 53% were assisted into stable housing at the end of support.
- More than half of rough sleepers (54%, or nearly 120 clients) and those in short-term emergency accommodation (56%, or about 600 clients) were successfully assisted into stable housing. In both instances, the majority were housed in public or community housing.

**Table CPO.2: Clients on care and protection orders, housing situation at beginning and end of support, 2016-17 (per cent)**

Situation at beginning of support	Situation at end of support: homeless	Situation at end of support: housed
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Homeless	47.1	52.9
At risk of homelessness	16.3	83.7

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#### Notes

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'Not stated/other'.

Source: Specialist homelessness services 2016-17, [National supplementary table CPO.4](#).

#### Reference

1. Australian Institute of Health and Welfare 2017. Child protection Australia 2015-16. Child welfare series no. 66. Cat. no. CWS 60. Canberra: AIHW.

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## Client groups of interest

In 2016-17, almost 27,300 clients, or 9% of specialist homelessness service (SHS) clients, were identified with problematic drug and/or alcohol use. Research has demonstrated that there is a strong association between substance misuse issues and homelessness, in particular the effect of recent or current problematic drug or alcohol use on maintaining ongoing tenancy [1][2].

SHS clients aged 10 and over are identified with problematic drug and/or alcohol use if at the beginning of, or during support the client provided any of the following information:

- recorded their dwelling type as rehabilitation;
- required drug or alcohol counselling;
- was formally referred to the SHS service from an alcohol and drug treatment service;
- during the past 12 months, had been in a rehabilitation facility or institution;
- reported problematic drug, substance or alcohol use as a reason for seeking assistance or the main reason for seeking assistance.

A recent study of clients who received assistance from both specialist homelessness services and alcohol and other drug treatment services highlighted the considerable overlap in these populations in Australia [3]. Many of these clients experienced multiple disadvantages including high levels of social and economic disadvantage, mental health issues, and domestic and family violence.

### Key findings in 2016-17

- Almost 1 in 10 clients (9% or 27,000) were identified with problematic drug and/or alcohol use.
- Half (51%) of these clients were aged 25-44.
- Clients received more frequent support (2.9 support periods per client) over a longer period (83 days) than other client groups.
- More than 3 in 4 (77%) needed accommodation.
- Almost 7 in 10 had received homelessness services in the previous 5 years.
- Two-fifths of clients (37%) identified a need for drug and alcohol counselling.
- Of clients who had finished support, 47% ended support homeless, down from 58% at the start. Most of these homeless were housed in short-term or emergency accommodation (22%).
- Agencies assisted 7 in 10 clients with problematic drug and/or alcohol use who were at risk of homelessness, to maintain a housing tenancy.

### Clients with problematic drug and/or alcohol use: 2012-13 to 2016-17

Since 2012-13, the number of clients presenting to services with problematic drug and/or alcohol use has risen; from about 22,543 in 2012-13, to 27,295 clients in 2016-17. This group has consistently made up around 1 in 10 SHS clients for each of the 6 years of the collection. Key trends over the past 5 years have been:

- These clients have continued to be more likely than the general SHS population to be homeless—this has remained at about 58% over the past 5 years.
- The rate of service use for this group has increased; from 10 clients per 10,000 population in 2012-13 to just over 11 in 2016-17.
- Over time, the proportion of this group accommodated has fallen; from 58% in 2012-13 to just under half (49%) in 2016-17.
- This group of clients has consistently received more frequent SHS support, over a longer period of time, with more nights of accommodation provided than the general SHS population (Table SUB Trends.1 and Table Client Trends.1). This service use pattern suggests these clients present with complex needs.
- The proportion of these clients with a case management plan has remained high over time, however, those achieving all case management goals has remained low, and this group remains one of the least likely to meet all goals.

**Table SUB Trends.1: Clients with problematic drug and/or alcohol use: at a glance—2012-13 to 2016-17**

	2012-13	2013-14	2014-15	2015-16	2016-17
<b>Number of clients</b>	22,543	23,253	24,225	26,505	27,295
<b>Proportion of all clients</b>	9	9	9	9	9
<b>Rate (per 10,000 population)</b>	9.9	10.0	10.3	11.1	11.3
<b>Housing situation at the beginning of first support period (proportion of all clients)</b>					
Homeless	58	57	59	58	57
At risk of homelessness	42	43	41	42	43
<b>Length of support (median number of days)</b>	83	82	74	77	83

Average number of support periods per client	2.8	2.6	2.7	2.9	2.9
Proportion receiving accommodation	58	56	53	51	49
Median number of nights accommodated	40	41	39	37	40
Proportion of a client group with a case management plan	73	75	74	74	75
Achievement of all case management goals (per cent)	13	14	16	13	13

#### Notes

1. Rates are crude rates based on the Australian estimated resident population (ERP) at 30 June of the reference year. Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.
2. The denominator for the proportion achieving all case management goals is the number of client groups with a case management plan. Denominator values for proportions are provided in the relevant national supplementary table.

Source: Specialist Homelessness Services Collection 2012-13 to 2016-17.

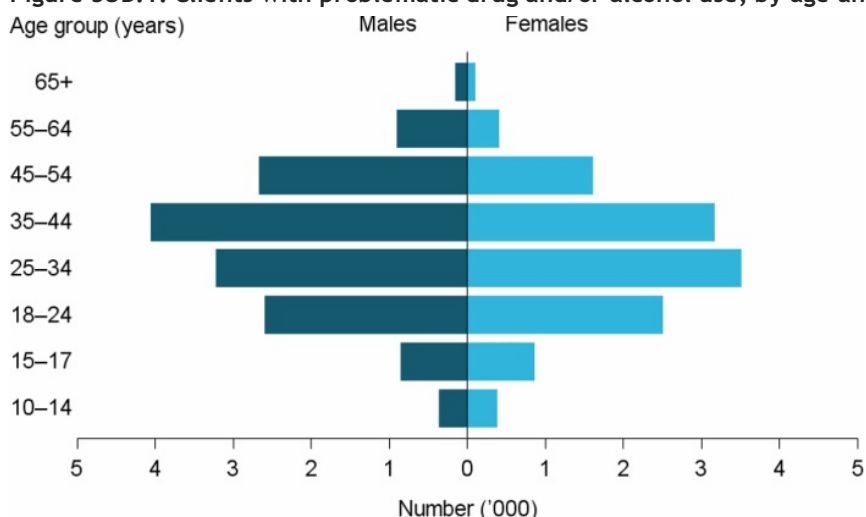
### Characteristics of clients with problematic drug and/or alcohol use 2016-17

In 2016-17, SHS agencies assisted 27,295 clients with problematic drug and/or alcohol use. Of these clients:

- *Most were male:* Over half of the clients presenting were male (54%). This is different to the overall SHS client profile, where most clients are female (Supplementary table SUB.1).
- *Most males were 35-44:* The highest rate of service use for males with problematic drug and/or alcohol use was in the 35-44 age range; for females it was the younger age range 25-34 years (Figure SUB.1).
- *Most clients were aged 35-44:* One quarter of clients (26%) presenting with problematic drug and/or alcohol use were aged 35-44.
- *One in 5 were over 45:* Clients aged 45 years and over made up 21% of the client group and were predominantly male (64%).
- *They were more likely to be Indigenous:* 29% of clients were Indigenous, compared with 25% in the overall SHS population.
- *Most lived alone:* Over half of these clients (55%) were living alone, followed by single parents with one or more children (13%).
- *They were more likely to have received services in the past:* returning clients made up 69% of this group. That is, these clients seeking assistance in 2016-17 had also received services at some time in the previous 5 years.
- The main reason these clients sought assistance was 'housing crisis' (28%), followed by 'domestic and family violence' (12%). Six per cent reported that problematic drug and/or substance use was the main reason for seeking homelessness assistance.

**Almost 1 in 5 clients (18%, or over 4,800) were leaving, or had recently left, an alcohol and drug treatment rehabilitation facility when they first presented at a SHS agency.**

Figure SUB.1: Clients with problematic drug and/or alcohol use, by age and sex, 2016-17



Source: Specialist homelessness services 2016-17, [National supplementary table SUB.1](#).

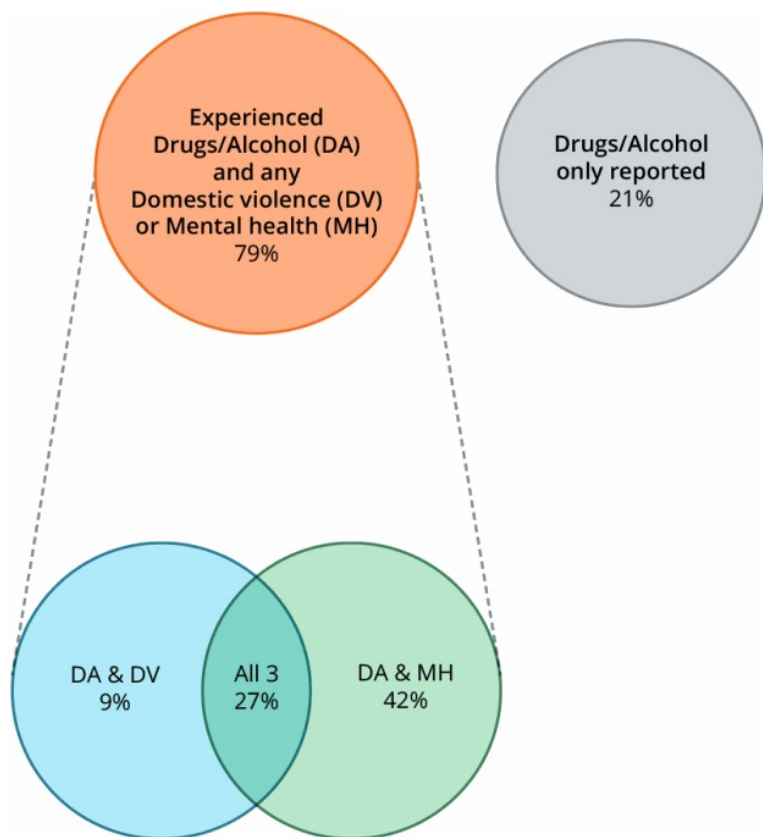
Many clients who reported problematic drug and/or alcohol use were also facing additional challenges. Nearly 4 in 5 clients (79%, or nearly 21,500) also reported additional vulnerabilities such as domestic and family violence and/or mental health issues (Figure SUB.2). The majority of clients with problematic drug and/or alcohol use also reported mental health issues in addition to problematic drug and/or alcohol use (69%).

Of clients with problematic drug and/or alcohol use:

- 42% also reported mental health issues; and

- 27% (or about 7,500 clients) reported all three vulnerabilities, problematic drug/alcohol use, mental health issues and domestic and family violence.

Figure SUB.2: Clients with problematic drug and/or alcohol use, by selected vulnerability characteristics, 2016-17



**Notes**

1. Client vulnerability groups are mutually exclusive.
2. Clients are aged 10 and over.

Source: Specialist Homelessness Services Collection 2016-17.

**Source of referral**

Around 1,500 clients (5%) were formally referred to a SHS agency by an alcohol and drug treatment service, five times higher than the overall SHS population (1%).

- The main source of formal referrals to a specialist homelessness service agency for clients with problematic drug and/or alcohol use was by another specialist homelessness agency or outreach worker (16%), followed by another government or non-government agency (10%).
- One-third of clients (33%) had no formal referral to a SHS agency.

**Reasons for seeking assistance**

The main reasons for clients presenting with problematic drug and/or alcohol use were:

- ‘housing crisis’ (28% compared with 24% of the overall SHS population);
- ‘domestic and family violence’ (12% compared with 28%); and
- ‘inadequate or inappropriate dwelling conditions’ (11% compared with 9%);

The proportion of clients who presented to an SHS agency with ‘problematic drug or substance use’ as a main reason for seeking assistance was 6%, while for ‘problematic alcohol use’ it was 3%. This is higher than for other client groups as well as the overall SHS population (1% and less than 1%, respectively).

**Services needed and provided**

Of those clients with problematic drug and/or alcohol use, 37% (around 10,100 clients) identified a need for drug or alcohol based services:

- Thirty-seven per cent identified a need for drug and alcohol counselling; 47% of these requests were met.

**61% (around 16,600) of clients reporting problematic drug and/or alcohol use needed short-term or emergency accommodation**

Compared with the general SHS population, clients with problematic drug and/or alcohol use were more likely to identify a need for:

- Material aid/brokerage (52% compared with 35%) (Figure SUB.3).
- Meals (37% compared with 17%).

- Assertive outreach (32% compared with 18%).

Clients with problematic drug and/or alcohol use also identified needing:

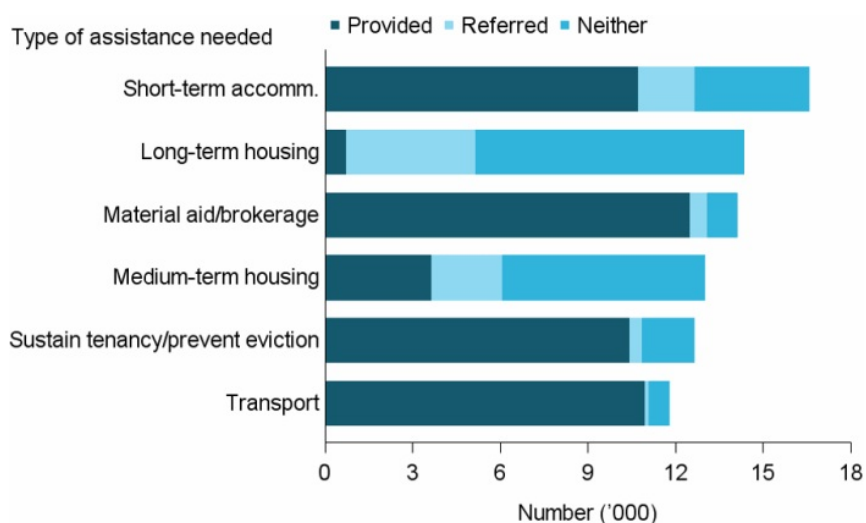
- Living skills/personal development (41% or around 11,300 clients); with assistance able to be provided to 89% of these clients.
- Financial information (41% or nearly 11,200 clients); with assistance able to be provided to 84% of these clients.
- Assistance with challenging social/behavioural problems (35% or nearly 10,000 clients); with assistance able to be provided to 86% of these clients.

All of these services were needed at higher rates than the general SHS population (living skills/personal development 20%; financial information 25%; assistance with challenging social/behavioural problems 13%).

The services which were least likely to be provided to clients with problematic drug and/or alcohol use were:

- Long-term housing (52%, or around 14,300 needed assistance); with assistance provided to 5% of these clients (Figure SUB.3).
- Medium term/transitional housing (48%, or around 13,000 needed assistance); with assistance provided to 28% of these clients.
- Psychological services (12%, or around 3,000 needed assistance); with assistance provided to 35% of these clients.

**Figure SUB.3: Clients with problematic drug and/or alcohol use, by top 6 services and service provision status, 2016-17**



**Notes**

1. Excludes ‘Other basic assistance’, ‘Advice/information’, and ‘Advocacy/liaison on behalf of client’.
2. Short-term accommodation includes temporary and emergency accommodation; medium-term housing includes transitional housing; and sustain tenancy/prevent eviction includes assistance to sustain tenancy or prevent tenancy failure or eviction.

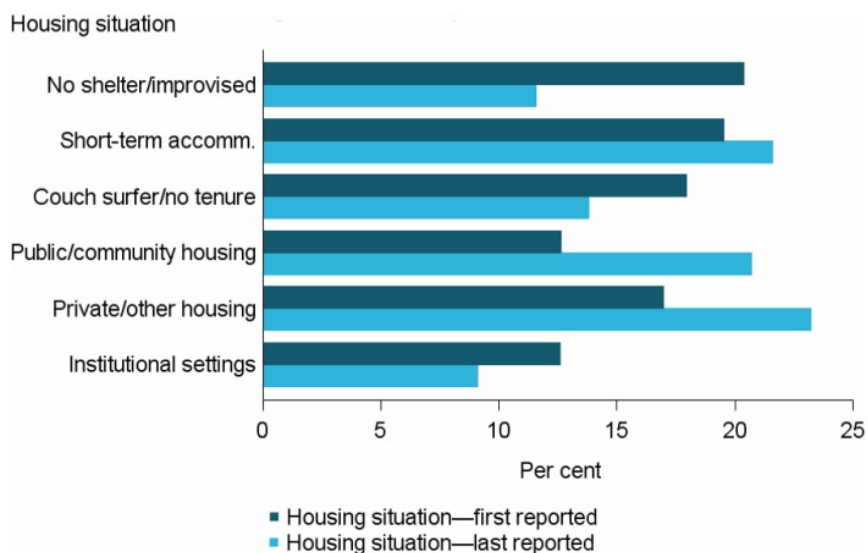
Source: Specialist homelessness services 2016-17, [National supplementary table SUB.3](#).

**Housing outcomes**

For clients with problematic drug and/or alcohol use and whose support had ended:

- Nearly 3 in 5 (58%) were homeless at the beginning of support, with 20% of clients ‘sleeping rough or in an improvised or inadequate dwelling’ or in ‘short-term or emergency accommodation’ (20%).
- Over 2 in 5 (42%) were ‘at risk of homelessness’ with the majority living in private or other housing (17%).
- The proportion of clients who were homeless at presentation to a SHS agency decreased from 58% to 47% by the end of support, with the majority of clients who were homeless being housed in ‘short term temporary accommodation’ (22%).
- Around 3,700 clients (23%) were in private rentals following support (increasing from 17% at the commencement of support).
- Around 3,300 clients (21%) were living in public/community housing following support (increasing from 13% at the commencement of support) - an 8 percentage point increase between the beginning and end of support (Figure SUB.4).

**Figure SUB.4: Clients with problematic drug and/or alcohol use, by housing situation at beginning of support and end of support, 2016-17**



**Notes**

1. The SHSC classifies clients living with no shelter or improvised/inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. No shelter/improvised includes inadequate dwellings; short-term accommodation includes temporary and emergency accommodation; couch surfer/no tenure includes living in a house, townhouse or flat with relatives rent free; public/community housing includes both renting or rent free; and private/other housing includes both renting or rent free.
3. Proportions include only clients with closed support at the end of the reporting period.

Source: Specialist homelessness services 2016-17, [National supplementary table SUB.4](#).

The transition to stable housing (public or community housing, private or other housing, or institutional settings) can be more difficult for some clients than others.

Of those clients with problematic drug and/or alcohol use who were homeless when they began support:

- Thirty-six per cent were assisted into stable housing at the end of support (Table SUB.2).
- Agencies were best able to assist those in short-term emergency accommodation into stable housing (42%, or nearly 1,200 clients). Those rough sleeping were the least likely to end support housed (30%).

Of those clients with problematic drug and/or alcohol use who were housed, but at risk of homelessness when they began support:

- Seventy-seven per cent were assisted into stable housing at the end of support (Table SUB.2):
  - For those clients living in public or community housing 3 in 4 (77%, or 1,500 clients) were assisted to maintain their tenancy, with a further 6% moving into private/other housing.
  - For clients living in private/other housing about 65% (or over 1,700 clients) were assisted to maintain their tenancy, with a further 9% moving into public or community housing.

**Table SUB.2: Clients with problematic drug and/or alcohol use, housing situation at beginning and end of support, 2016-17 (per cent)**

Situation at beginning of support	Situation at end of support:	
	homeless	housed
Homeless	64.2	35.8
At risk of homelessness	22.9	77.1

**Notes**

1. The SHSC classifies clients living with no shelter or improvised/ inadequate dwelling, short-term temporary accommodation, or in a house, townhouse, or flat with relatives (rent free) as homeless. Clients living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings are classified as housed.
2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'Not stated/other'.

Source: Specialist homelessness services 2016-17, [National supplementary table SUB.4](#).

**References**

1. Johnson G & Chamberlain C 2008. Homelessness and substance abuse: Which comes first? *Australian Social Work* 61 (4): 342-356.
2. Scutella R, Bevitt A, Chigavazira A, Herculat N, Johnson G, Moschion J, Tseng Y, Wooden M & Kalb G 2014. *Journeys Home Research Report No. 6: Complete findings from Waves 1 to 6*. Melbourne Institute of Applied Economic and Social Research. A report prepared for the Australian Government Department of Social Services.
3. AIHW (Australian Institute of Health and Welfare) 2014. *Exploring drug treatment and homelessness in Australia: 1 July 2011 to 30 June 2014*. Cat no. CSI 23. Canberra: AIHW.







## Technical information

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## Technical information

### Key data quality information: Specialist Homelessness Services Collection, 2016-17

The AIHW plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The AIHW works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and to compile, analyse and disseminate national data sets based on data from each jurisdiction.

Data Quality Statements are developed for each data set and made available on the AIHW Metadata Online Registry (METeOR).

The 2016-17 Specialist Homelessness Services Collection [Data Quality Statement](#) is available from [METeOR](#).

New in 2016-17 is information on clients with problematic drug/ and/or alcohol issues/misuse. Trend data are included for the past 5 years.

Data for clients with disability who require assistance may not be comparable across age groups due to differences in the interpretation of the disability questions; this issue relates mainly to young children.

Data for presenting unit type may not be comparable across age groups. This may be due to the differences in interpretation of presenting units and how they are recorded; this issue mainly concerns young children and presenting unit type 'lone person'. South Australia has a comparatively high number of children reported as presenting alone. This may be due to differences in how presenting units are recorded in H2H (South Australia's Content Management System). Caution should be used when comparing data for children presenting alone in South Australia with other states and territories.

The collection of additional information has improved the quality of data for clients on care and protection orders. Before 2015-16, clients recorded as having a care arrangement of either 'parents' or 'other living arrangement' were excluded from analysis. From 2015-16, improvements in data quality means that these care types are now included. In addition, care and protection information provided in all collection months in all support periods are now included reflecting the monthly data collected from specialist homelessness agencies. These changes constitute a break in statistical time series and hence previous data on clients on care and protection orders are not comparable.

There was a 3% increase nationally in client numbers in 2016-17, and a 4% increase in support over the same time period. The total number of support days increased by 5%. New South Wales homelessness services underwent a period of major transition in 2014-15 that affected continuity of reporting for some service providers. These issues did not affect New South Wales data for 2016-17 or 2015-16. As outlined in the [Data Quality Statement](#) caution should be used when making comparisons of 2014-15 data with other years' figures for New South Wales or with data for other states and territories. Other jurisdictional-specific information can be found in the Data Quality Statement.

Further information on the data quality of 2016-17 SHSC data can be found in the Explanatory notes in the national and state and territory [Supplementary tables](#).

### Imputation strategy for the Specialist Homelessness Services Collection

Imputation was used in an effort to adjust 2016-17 reporting to correct for two types of error: agency non-response and data error in the statistical linkage key (SLK) which is used, among other things, to determine the number of clients serviced.

Agency non-response was adjusted for in two ways: by using an agency's own reported data to adjust for missing data (explicit imputation) and by weighting fully responding agencies to adjust for similar agencies with missing data (implicit imputation). Two agencies underwent explicit imputation whilst implicit imputation was used for 45 agencies.

Invalid or missing SLK data were adjusted for by applying weights at the client level. These weights increased the counts of clients, taking into account the number of service period records with invalid or missing SLK data along with the observed distribution of the number of visits per client. There were about 14,300 support period records (approximately 3% of all records) with invalid or missing SLK data.

### Data derivations

#### Homelessness status and other housing categories

All clients of specialist homelessness services are considered to be either homeless or at risk of homelessness. Homelessness and at-risk status is determined by the specific criteria described below. Clients who did not provide sufficient information to make this assessment are excluded.

These categories are designed to, as far as is possible, align with the ABS statistical definition of homelessness (ABS 2012a). However, there are some key areas where alignment may not occur. The ABS 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.

Also, the ABS exclude certain groups of people from the homeless count where they appear to have accommodation alternatives or where there is a clear choice about the type of accommodation (for example, people who are travelling, people returning from overseas, certain owner builder or hobby farmers, and students living in halls of residence). However, if people in these circumstances become clients of specialist homelessness agencies, they are included here as either homeless or at risk of homelessness, depending on their housing situation as reported.

Clients are considered to be homeless if they are living in any of the following circumstances:

- No shelter or improvised dwelling: includes where dwelling type is no dwelling/street/park/in the open, motor vehicle, improvised building/dwelling, caravan, cabin, boat or tent; or tenure type is renting or living rent-free in a caravan park.
- Short-term temporary 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, renting or living rent-free in emergency accommodation or transitional housing.
- House, townhouse or flat (couch surfing or with no tenure): tenure type is no tenure; or conditions of occupancy are living with relatives fee free, couch surfing.

Clients are considered to be at risk if they are living in any of the following circumstances:

- Public or community housing (renter or rent free): dwelling type is house/townhouse/flat and tenure type is renter or rent-free public housing, renter or rent-free-community housing.
- Private or other housing (renter, rent-free or owner): dwelling type is house/townhouse/flat and tenure type is renter-private housing, life tenure scheme, owner–shared equity or rent/buy scheme, owner–being purchased/with mortgage, owner–fully owned, rent-free-private/other housing.
- Institutional settings: dwelling type is hospital, psychiatric hospital, disability support, rehabilitation, boarding school, adult correctional facility, youth/juvenile justice detention centre or immigration detention centre.

### **Support periods**

The period of time a client receives services from a specialist homelessness agency is referred to as a support period. A support period starts on the day the client first receives a service and ends when:

- the relationship between the client and the agency ends
- the client has reached their maximum amount of support the agency can offer
- a client has not received any services from the agency for a whole calendar month and there is no ongoing relationship.

The end of the support period is the day the client last received services from the agency.

### **Calculating total length of accommodation (and total length of support)**

To calculate accommodation and support length, every night (for length of accommodation) or day (for length of support) the client received support or accommodation in 2016-17 is added together. This means that the total number of days/nights presented for clients does not necessarily represent a consecutive number of days/nights the client received support/accommodation. For example, a client who received accommodation for 7 nights may have had 2 separate periods of accommodation: 1 for 5 nights and another for 2 nights.

### **Agency remoteness area**

Agencies have been classified according to their remoteness area (RA) as defined by the Australian Statistical Geography Standard (ASGS) Remoteness Structure (ABS 2012c). The latest available version of the RA indicator (from the 2011 Census) has been developed by the ABS based on the Accessibility/Remoteness Indicator Australia (ARIA) used in the 2001 Census.

Using this classification, agencies participating in the SHSC were assigned to an RA based on their recorded Local Government Area (LGA) code.

Two concordances produced by the ABS have been used to match the LGA of agencies participating in the SHSC to RAs defined by the 2011 Census. Neither concordance is 1:1—where an agency's LGA represents a proportion of an RA, the agency is assigned to the RA with the largest representation in the LGA. Where an agency's LGA code was missing, an RA was assigned using a Postal Area Index, also developed by the ABS.

### **Identifying and meeting service needs**

#### **Identifying clients' needs for a service**

The SHSC collects information on the needs of clients during their period of support from a specialist homelessness agency. Needs may be identified by the client and/or the service provider. Although this information is collected at the beginning of a support period, updated at the end of each month a client is supported and again at the end of each support period, each individual need is only recorded once in any collection month. For these analyses, a client need for a service is recorded if the client needed that service at any time in 2016-17. For example, a client is recorded as needing short-term accommodation if they were recorded as needing short-term accommodation in any collection month of 2016-17, regardless of the number of months over which this need was recorded, or the number of times during 2016-17 they presented with this need.

#### **Meeting clients' service needs**

There are several aspects to analysing the extent to which clients' needs for assistance are met. The first is to analyse the services provided to a client directly by the specialist homelessness agency. Where agencies are unable to provide services directly to clients or unable to fully meet the need they often refer the client to other organisations (either other specialist homelessness agencies or other organisations) that can provide those services. This information is also collected in the SHSC and is considered an important form of assistance that agencies provide, although it is not possible to know if these referrals resulted in the provision of services.

All information on services that are provided, whether referred or not, are recorded in the same way as service needs. That is, a service is recorded as provided if the client was provided that type of assistance at any time in 2016-17.

In some circumstances, an agency will not be able to either provide required services directly to clients, or refer them to another organisation—this is considered to be an unmet need. Further information about unmet needs can be found in the Unmet demand section of the report.

### **Indigenous clients**

A client is considered as Indigenous if, at any time in 2016-17, they identified as being of Aboriginal and/or Torres Strait Islander origin.

In the SHSC, information on Indigenous status is only provided with explicit client consent to report this information. Aboriginal and Torres Strait Islander was not reported for 9% of clients in 2016-17.

### **Clients born overseas**

A client is identified as overseas-born, if in the majority of support periods in 2016-17, they identified that their country of birth was a country other than Australia.

In the SHSC, information on country of birth is only provided with explicit client consent to report this information. Country of birth information was not reported for 14% of clients in 2016-17.

### **Young people presenting alone**

Young people are defined as clients aged 15-24 who presented alone in their first support period in the reporting period.

The age of the client is defined as the client's age on the start date of their first support period in the reporting period. For those who were ongoing clients at the beginning of the reporting period, the client's age on the first day of the reporting period is used.

### **Older people**

Older people are defined as clients aged 55 or older.

The age of the client is defined as their age on the start date of their first support period in the reporting period. For those who were ongoing clients at the beginning of the reporting period, the client's age on the first day of the reporting period is used.

### **Clients who experienced domestic and family violence**

SHSC clients were counted as experiencing domestic and family violence if any support period during the reporting period:

- 'domestic and family violence' was reported as a reason they sought assistance, or
- during any support period they required domestic or family violence assistance.

The SHSC reports on clients who are victims of domestic and family violence. Currently perpetrators of domestic and family violence who may also be receiving assistance from a homelessness agency are not able to be identified within the SHSC.

### **Clients with a current mental health issue**

A client was identified as having a current mental health issue if they provided any of the following information:

- They indicated that at the beginning of a support period they were receiving services or assistance for their mental health issues or had in the past 12 months.
- Their formal referral source to the specialist homelessness agency was a mental health service.
- They reported 'mental health issues' as a reason for seeking assistance.
- Their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit.
- They had been in a psychiatric hospital or unit in the last 12 months.
- At some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services.

This analysis does not include clients aged under 10.

### **Clients on care and protection orders**

A client is identified as being under a care or protection order if they are aged under 18 and have provided any of the following information in any support period (any month within the support period) during the reporting period (either the week before, at the beginning of the support period or during support):

- They reported that they were under a care and protection order (and the care arrangement was known).
- They have reported 'Transition from foster care/child safety residential placements' as a reason for seeking assistance, or main reason for seeking assistance.

### **Clients with problematic drug and/or alcohol use**

A client is identified as having problematic drug and/or alcohol use if they were aged 10 years or older and have provided any of the following information either at the beginning of support or in any support period during the reporting period (either the week before or at beginning of the support period):

- Their dwelling type was recorded as rehabilitation.
- Their formal referral source to the specialist homelessness agency was a drug and alcohol service.
- During their support they required drug/alcohol counselling.
- They have been in a rehabilitation facility/institution in the last 12 months.
- They have reported 'problematic drug or substance abuse' or 'problematic alcohol use' as a reason for seeking assistance or main reason for seeking assistance.

### **Clients leaving care**

Clients are counted as transitioning from care arrangements if, in their first support period during the reporting period, either in the week before or at presentation:

- the dwelling type was: hospital (excluding psychiatric), psychiatric hospital or unit, disability support, rehabilitation or aged care facility, or
- their reason for seeking assistance was transition from foster care/child safety residential placements or transition from other care arrangements.

### **Clients who were exiting custodial arrangements**

Clients are counted as leaving a custodial setting if, in their first support period during the reporting period, either in the week before or at presentation:

- their dwelling type was: adult correctional facility, youth or juvenile justice detention centre or immigration detention centre or
- their reason for seeking assistance was: transition from custodial arrangements or
- their source of formal referral to the agency was: youth or juvenile justice detention centre, or adult correctional facility.

Some of these clients were still in custody at the time they began receiving support.

Children aged under 10 identified as exiting from adult correction facilities or youth/juvenile justice detention centres have been excluded because of concerns about the quality of the data, as children aged under 10 years cannot be charged with a criminal offence in any jurisdiction in Australia. Children aged under 10 transitioning from immigration detention centres have been retained in this group.

### **New and returning clients**

Clients are identified in the SHSC as new clients if, in their first support period during the reporting period, they:

- had not previously been assisted by a specialist homelessness agency, at any time since the collection began in 2011-12.

Clients are identified as returning if, in their first support period during the reporting period, they:

- had previously been assisted by a specialist homelessness agency at any time since the collection began in 2011-12.  
This measure provides contextual information about service use patterns.

### **Unassisted requests for services**

Unassisted requests for services provide a measure of the number of instances where a person received no immediate services from a specialist homelessness agency. It is not a measure of the number of people who did not receive 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.

The data are presented as a daily average of requests for services because the information that is used to create the SLK was not available for 50% of the unmet requests for service in 2016-17. Without a valid SLK, it is not possible to identify whether a person requested the same service more than once from the same agency or from different agencies on different days. Similarly, people who received services at a later date, thus becoming clients, cannot be identified where a valid SLK is not available.

## Technical information

### Data presentation

Data presented in the report and in the supplementary tables are mainly based on ‘clients’, with some data based on ‘support periods’ or ‘client groups’ (or ‘presenting units’—which identify clients who present together to a specialist homelessness agency, including clients who present alone—and receive a service). Information on clients who are homeless, at risk of homelessness or part of a group of special interest, is mostly client-level data and information on agencies, unmet demand and trends data is predominantly support period data.

Data in tables that are adjusted for non-response (agency non-response and data error in the SLK) have had a weighting methodology applied which results in estimated figures that are not whole numbers. As a result, all figures in these tables are rounded to the nearest whole number and client numbers in separate columns may not add to the figure for ‘all clients’ due to rounding.

The Australian Institute of Health and Welfare (AIHW) has strict confidentiality policies which have their basis in section 29 of the *Australian Institute of Health and Welfare Act 1987 (AIHW Act)* and the *Privacy Act 1988 (Privacy Act)*. Cells in supplementary tables may be suppressed for either confidentiality reasons or where estimates are based on small numbers, resulting in low reliability. Information that results in attribute disclosure, (that is, if as well as being able to identify the entity, other details are revealed), will be suppressed unless agreement from the particular data provider to publish the data has been reached. Information on AIHW’s Privacy policy is available on the [privacy page](#).

### Population estimates used for rates calculations

All rates in this report, including historical rates, have been calculated using population estimates based on the 2011 Census. All Indigenous rates in this report are calculated using the Indigenous population estimates and projections, based on the 2011 Census.

### Population rates

Crude rates are calculated using the Australian Bureau of Statistics estimated resident population (ERP) at the start of the range (for example, rates for 2011-12 were calculated using the ERP at 30 June 2011). Rates for 2016-17 data were calculated using the preliminary ERP at 30 June 2016.

Minor adjustments in rates may occur between publications reflecting revision of the estimated resident population by the Australian Bureau of Statistics.

### Age-standardised rates

Population rates were adjusted (standardised) for age to enhance the comparison between populations over time that have different age structures. Specifically, direct standardisation has been used where age-specific rates are applied to a standard population (the ERP as at 30 June 2001, unless otherwise specified). This effectively removes the influence of age structure on the calculated rate and is referred to as the age-standardised rate. In this publication direct age-standardisation has been used to compare Aboriginal and Torres Strait Islander and non-Indigenous Australians (AIHW 2011).

### Rate ratio

Rate ratios are mainly used to compare Indigenous and non-Indigenous rates and provide a measure of the level of Indigenous over-representation. A rate ratio is calculated by dividing the client rate for Indigenous Australian by the client rate for non-Indigenous Australians.

### Average annual rates of change

The average annual rates of change or growth rates have been calculated as geometric rates:

$$\text{Average rate of change} = ((P_n/P_o)^{(1/n)} - 1) \times 100$$

where:

$P_n$  = value in the later time period

$P_o$  = value in the earlier time period

$n$  = number of years between the 2 time periods.

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## Technical information

Concept	Definition
Accommodation services	<b>Accommodation services</b> include short-term or emergency accommodation, medium-term/transitional housing, assistance to obtain long term housing, assistance to sustain tenancy or prevent tenancy failure or eviction and assistance to prevent foreclosures or for mortgage arrears.
At risk of homelessness	<p>A person is described as <b>at risk of homelessness</b> if they are at risk of losing their accommodation or they are experiencing one or more of a range of factors or triggers that can contribute to homelessness.</p> <p>Risk factors include:</p> <ul style="list-style-type: none"> <li>• financial stress (including due to loss of income, low income, gambling, change of family circumstances)</li> <li>• housing affordability stress and housing crisis (pending evictions/foreclosures, rental and/or mortgage arrears)</li> <li>• inadequate or inappropriate dwelling conditions, including accommodation that is unsafe, unsuitable or overcrowded</li> <li>• previous accommodation ended</li> <li>• relationship/family breakdown</li> <li>• child abuse, neglect or environments where children are at risk</li> <li>• sexual abuse</li> <li>• domestic/family violence</li> <li>• non-family violence</li> <li>• mental health issues and other health problems</li> <li>• problematic alcohol, drug or substance use</li> <li>• employment difficulties and unemployment</li> <li>• problematic gambling</li> <li>• transitions from custodial and care arrangements, including out-of-home care,</li> <li>• independent living arrangements for children aged under 18, health and mental health facilities/programs, juvenile/youth justice and correctional facilities</li> <li>• discrimination, including racial discrimination (e.g. Aboriginal people in the urban rental market)</li> <li>• disengagement with school or other education and training</li> <li>• involvement in, or exposure to, criminal activities</li> <li>• antisocial behaviour</li> <li>• lack of family and/or community support</li> <li>• staying in a boarding house for 12 weeks or more without security of tenure.</li> <li>• The measurement of this concept in the SHSC is defined in the Data derivation section.</li> </ul>
Client	<p>A <b>Specialist homelessness agency client</b> is a person who receives a specialist homelessness service. A client can be of any age. Children are also clients if they receive a service from a specialist homelessness agency. To be a client the person must directly receive a service and not just be a beneficiary of a service. Children who present with an adult and receive a service are considered to be a client. Children of a client or other household members who present but do not directly receive a service are not considered to be clients.</p>

<b>Client on a care and protection order</b>	<p><b>SHS clients are identified as being on a care and protection order</b> if they are aged under 18 and provided any of the following information in any support period (any month within the support period) during the reporting period (either the week before, at the beginning of the support period or during support).</p> <p>They reported that they are on a care and protection order and that they had the following care arrangements:</p> <ul style="list-style-type: none"> <li>• residential care</li> <li>• family group home</li> <li>• relatives/kin/friends who are reimbursed</li> <li>• foster care</li> <li>• other home-based care (reimbursed)</li> <li>• relatives/kin/friends who are not reimbursed</li> <li>• independent living</li> <li>• other living arrangements</li> <li>• parents; or</li> <li>• They have reported ‘Transition from foster care/child safety residential placements’ as a reason for seeking assistance, or main reason for seeking assistance.</li> </ul>
<b>Client with a current mental health issue</b>	<p><b>SHS clients with a current mental health issue</b> are identified as such if they have provided any of the following information:</p> <ul style="list-style-type: none"> <li>• they indicated that at the beginning of a support period they were receiving services or assistance for their mental health issues or had in the last 12 months</li> <li>• their formal referral source to the specialist homelessness agency was a mental health service</li> <li>• they reported ‘mental health issues’ as a reason for seeking assistance</li> <li>• their dwelling type either a week before presenting to an agency, or when presenting to an agency, was as a psychiatric hospital or unit</li> <li>• they had been in a psychiatric hospital or unit in the last 12 months</li> <li>• at some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services.</li> </ul>
<b>Client with problematic drug and/or alcohol use</b>	<p><b>SHS clients with a current problematic drug and/or alcohol use</b> are identified as such if they are 10 years or older and have provided any of the following information:</p> <ul style="list-style-type: none"> <li>• their dwelling type was recorded as rehabilitation.</li> <li>• their formal referral source to the specialist homelessness agency was a drug and alcohol service.</li> <li>• during their support they required drug/alcohol counselling.</li> <li>• they have been in a rehabilitation facility/institution in the last 12 months.</li> <li>• they have reported ‘problematic drug or substance abuse’ or ‘problematic alcohol use’ as a reason for seeking assistance or main reason for seeking assistance.</li> </ul>
<b>Client with disability</b>	<p><b>SHS clients with severe or profound disability</b> are identified as such if at any time they have provided the following information:</p> <ul style="list-style-type: none"> <li>• they ‘always/sometimes need help or supervision’ with self-care, mobility or communication for any support period during the reporting period.</li> </ul> <p>The definition used to identify clients with disability (for the purposes of analyses for this report) is similar to that used for ABS Census questions that measure ‘core activity need for assistance’. The Census questions are a simplified version of the comprehensive questions used in the ABS Survey of Disability and Carers (SDAC). The Census’s simplified questions are conceptually comparable with ‘severe or profound core activity limitation’ in the SDAC.</p> <p>The ABS Census aims to identify people who need assistance in their day-to-day lives with any or all of the following core activities: self-care, mobility or communication (ABS 2012b). The SHSC takes a similar approach in gathering information from clients of specialist homelessness services about disability.</p> <p>To align with the ABS definition of ‘core activity need for assistance’, clients who did not report needing assistance (such as ‘have difficulty but don’t need help/supervision’ or ‘don’t have difficulty, but use aids/equipment’) with self-care, mobility or communication are not included as clients with severe or profound disability for SHS analyses.</p>



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**Disability measurement in the SHSC****Measuring disability in the SHSC**

A long-term health condition is one that has lasted, or is expected to last, 6 months or more. Examples of long-term health conditions that might restrict everyday activities include severe asthma, epilepsy, mental health conditions, hearing loss, arthritis, autism, kidney disease, chronic pain, speech impediment and stroke.

Disability is a general term that covers:

- impairments in body structures or functions (for example, loss or abnormality of a body part)
- limitations in everyday activities (such as difficulty bathing or managing daily routines)
- restrictions in participation in life situations (such as needing special arrangements to attend work).

The SHSC collects information on whether, and to what extent, a long-term health condition or disability restricts clients' everyday activities across the following 3 life areas:

- Self-care—the client needs help/supervision with self-care (e.g. showering or bathing, dressing or undressing, using the toilet or eating food)
- Mobility—the client needs help/supervision with mobility (e.g. moving around the house, moving around outside the home, or getting into or out of a chair)
- Communication—the client needs help/supervision with communication (e.g. understanding or being understood by other people, including people they know).

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**General services****General services include:**

- family/relationship assistance
  - assistance for incest/sexual assault
  - legal information
  - material aid/brokerage
  - financial information
  - educational assistance
  - training assistance
  - employment assistance
  - assistance to obtain/maintain government allowances
  - assertive outreach
  - child care
  - assistance for trauma
  - assistance for challenging social/behavioural problems
  - living skills/personal development
  - court support
  - advice/information
  - retrieval/storage/removal of personal belongings
  - advocacy/liaison on behalf of client
  - school liaison
  - structured play/skills development
  - child contact and residence arrangements
  - meals
  - laundry/shower facilities
  - recreation
  - transport and
  - other basic assistance.
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<b>Homelessness</b>	For the purpose of the SHSC a person is defined as homeless if they are living in either: <ul style="list-style-type: none"> <li>• non-conventional accommodation or ‘sleeping rough’, or</li> <li>• short-term or emergency accommodation due to a lack of other options.</li> </ul> Non-conventional accommodation (primary homeless) is defined as: <ul style="list-style-type: none"> <li>• living on the streets</li> <li>• sleeping in parks</li> <li>• squatting</li> <li>• staying in cars or railway carriages</li> <li>• living in improvised dwellings</li> <li>• living in the long grass.</li> </ul> This definition aligns closely with the cultural definition of primary homelessness. Short-term or emergency accommodation (secondary homeless) includes: <ul style="list-style-type: none"> <li>• refuges</li> <li>• crisis shelters</li> <li>• couch surfing</li> <li>• living temporarily with friends and relatives</li> <li>• insecure accommodation on a short-term basis</li> <li>• emergency accommodation arranged by a specialist homelessness agency (for example, in hotels, motels and so forth).</li> </ul> This definition aligns closely with the cultural definition of secondary homelessness. The measurement of Homelessness in the SHSC is defined in the Data derivation section. The ABS definition of homelessness for estimates derived from the Census of Population and Housing can be found in ABS catalogue 2049.0 [5].
<b>Other support services</b>	<b>Other support services</b> refer to the assistance, other than accommodation services, provided to a client. They include domestic/family violence services, mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, other specialist services and general assistance and support.
<b>Specialist homelessness agency</b>	A <b>specialist homelessness agency</b> is an organisation which receives government funding to deliver specialist homelessness services to a client. These can be either not-for-profit and for profit agencies.
<b>Specialist homelessness service(s)</b>	<b>Specialist homelessness service(s)</b> is assistance provided by a specialist homelessness agency to a client aimed at responding to or preventing homelessness. The specialist homelessness services in scope for this collection include accommodation provision, assistance to sustain housing, domestic/family violence services, mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, other specialist services and general assistance and support.
<b>Stable housing</b>	<b>Stable housing</b> , for the purpose of the SHSC, refers to clients ending support in public or community housing (renter or rent free), private or other housing (renter, rent free or owner), or Institutional settings.

## Technical information

### Abbreviations

ABS	Australian Bureau of Statistics
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
CPO	Care and Protection Order
DSS	Department of Social Services
NAHA	National Affordable Housing Agreement
NDIS	National Disability Insurance Scheme
NHHA	National Housing and Homelessness Agreement
NPAH	National Partnership Agreement on Homelessness
SDAC	Survey of Disability, Ageing and Carers
SHS	Specialist Homelessness Services
SHSC	Specialist Homelessness Services Collection
SLK	statistical linkage key

### Symbols

—	nil or rounded to zero
. .	not applicable
n.a.	not available
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data



## Technical information

1. Australian Institute of Health and Welfare (AIHW) 2016. [Youth justice in Australia 2014-15](#). AIHW bulletin no. 133. Cat. no. AUS 198. Canberra: AIHW.
  2. Australian Bureau of Statistics (ABS) 2012a. [Census of population and housing: estimating homelessness, 2011](#). ABS cat no. 2049.0. Canberra: ABS.
  3. ABS 2012b. [Census data quality statement: core activity need for assistance](#). Canberra: ABS. Viewed 17 August 2016.
  4. ABS 2012c. [The ASGC remoteness structure](#). Canberra: ABS. Viewed 31 October 2017.
  5. ABS 2012d. [Information paper: a statistical definition of homelessness, 2012](#). ABS cat. No. 4922.0. Canberra: ABS. Viewed 17 August 2016.
  6. AIHW 2011. [Principles on the use of direct age-standardisation in administrative data collections: for measuring the gap between Indigenous and non-Indigenous Australians](#). Data linkage series. Cat. no. CSI 12. Canberra: AIHW. Viewed 17 August 2016.
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## Fact sheets

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# Data

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# Interactive data visualisation

## Clients of Australia's Specialist Homelessness Services, 2012-13 to 2016-17


Priority group  
All clients

State/Territory  
Australia

Year  
2016-17

**Australia (2016-17)**

Client group: **All clients**

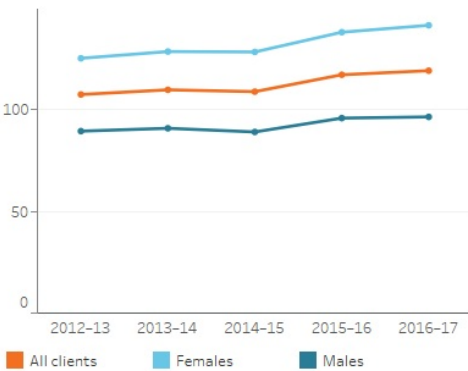


**288,273** clients

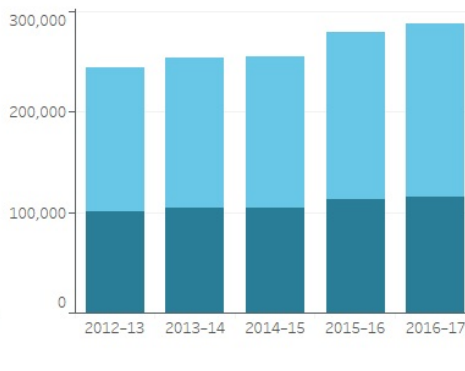
498,502 support periods

**119.1** clients per 10,000 population

Clients (rate per 10,000 population)



Clients (number)



The Specialist Homelessness Services Collection has been designed to collect data from specialist homelessness agencies that are funded by governments across Australia to support people who are homeless or at imminent risk of homelessness. These specialist homelessness services are delivered by non-government organisations including those delivering services to priority groups (such as people experiencing domestic and family violence), as well as those that provide more generic services to people facing a housing crisis. Agency services can range from short-term interventions such as meals, through to more time-intensive services such as financial advice and counselling.

Source: Specialist Homelessness Services Collection 2012-13 to 2016-17 <<http://www.aihw.gov.au>>

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## Clients of Australia's Specialist Homelessness Services, 2012-13 to 2016-17



## Notes

### Amendments

**12 Feb 2018** - This report was first published on 14 December 2017. Additional material was added on 12 February 2018: fact sheets; historical data; data visualization.

**14 Jun 2018** - Updates to referenced 2011 Census homeless estimates to 2016 in [Policy framework for reducing homelessness and service response](#).

### Data quality statement

[2016-17 Specialist Homelessness Services Collection](#)

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## Report editions

### Newer releases

- Specialist homelessness services annual report 2021-22 |  
**Web report** | 08 Dec 2022
- Specialist homelessness services annual report 2020-21 |  
**Web report** | 07 Oct 2022
- Specialist homelessness services annual report 2019-20 |  
**Web report** | 11 Dec 2020
- Specialist Homelessness Services annual report 2018-19 |  
**Web report** | 18 Dec 2019
- Specialist homelessness services annual report 2017-18 |  
**Web report** | 13 Feb 2019

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### This release

Specialist homelessness services annual report 2016-17 | 12 Feb 2018

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### Previous releases

- Specialist homelessness services 2015-16 |  
**Web report** | 15 Dec 2016
- Specialist homelessness services 2014-15 |  
**Web report** | 11 Dec 2015
- Specialist homelessness services 2013-14 |  
**Publication** | 15 Dec 2014
- Specialist homelessness services 2012-13 |  
**Publication** | 17 Dec 2013
- Specialist Homelessness Services 2011-12 |  
**Publication** | 18 Dec 2012



## Related material

### Resources

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