Homelessness: clearer picture, better future

Specialist Homelessness Services

2011–12

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

Contents

Acknowledgments

Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
CMS	Client Management System
COAG	Council of Australian Governments
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
H2H	Homeless 2 Home (client and case management system)
NAHA	National Affordable Housing Agreement
no.	number
NPAH	National Partnership Agreement on Homelessness
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
RA	Remoteness Area
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SAAP NDC	SAAP National Data Collection
SHIP	Specialist Homelessness Information Platform (client and case management system)
SHOR	Specialist Homelessness Online Reporting
SHSC	Specialist Homelessness Services Collection
SLK	statistical linkage key
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

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

Summary

Almost 230,000 Australians accessed specialist homelessness services in 2011–12

Of these clients, 44% were already homeless when they began receiving support, and 14% of these clients were living without shelter. Fifty-six per cent were at risk of homelessness when they began receiving support. Fifty-two per cent of all clients experienced homelessness at some time during the year.

Demand for crisis accommodation remains high and a fifth of clients have an unmet need

Sixty per cent of all clients needed accommodation in 2011–12, with 40% needing short-term or emergency accommodation. Specialist homelessness agencies provided over 7,000,000 nights of accommodation to 37% of all clients. On average, 19,128 people were accommodated each night for an average of 82 nights per client. Nearly one-fifth of clients (19%) had a need for emergency accommodation that was unmet.

Homeless males more likely to be sleeping without shelter compared to females

Males who were homeless when they began receiving support were twice as likely to be sleeping without shelter (19%) compared to homeless females (9%).

Females made up a greater proportion of clients at risk and in remote areas

Roughly equal numbers of males and females were homeless when they began receiving support, but females represented 68% of those at risk. While females represented 57% of clients in *Major cities* they represented 81% of clients in *Very remote* areas.

Domestic violence is a major cause of homelessness in Australia

One-third (34%) of clients had experienced domestic or family violence. The majority of these (78%) were female and one-fifth (21%) were less than 10 years of age.

Health and medical services are the most needed specialist services for the homeless

One-fifth of homeless clients (19%) needed health and medical services and were three times more likely to need these services than clients at risk of homelessness.

Nineteen per cent of clients were identified as having a current mental health issue

The majority of clients identified with a current mental health issue were female (56%), almost half (48%) of clients with a current mental health issue were aged between 25 and 44.

Improvements were achieved for many clients

Overall, 18% of those sleeping rough, 26% of those living in temporary supported accommodation, and 22% of those living in a house or flat (sharing and living without tenure) were assisted into public, community or private housing with improved tenure.

1   Introduction

Homelessness is a reality for many Australians. For some people, the experience is a relatively short-term one, perhaps arising from housing difficulties or relationship breakdown. For others, the experience may be longer-term, or a recurring experience interspersed with periods of unstable housing.

In addition to those who are homeless at any point in time, there are many people who are vulnerable to homelessness. This may be due to insecure housing, financial difficulties, housing that is inadequate to support a person's participation in family and community life, the presence or threat of violence within the home, insufficient skills to support independent living in the community, or a range of other factors.

Regardless of the pathway into homelessness, the effects of homelessness can be profound—including physical, psychological and social effects that can have an impact on the long-term wellbeing of individuals.

Governments across Australia provide a range of services to support people who are homeless or at risk of homelessness. Some of this support may occur indirectly, such as Centrelink income support and other services that are available to the broader community, or may come through the delivery of specialist services, such as disability services or drug and alcohol treatment services. However, to directly tackle homelessness governments provide services that are specifically targeted to helping people who have become homeless or are at imminent risk of becoming homeless. These services are mostly delivered by non-government organisations. In many cases, these agencies focus on delivering services to specific target groups, such as youth or people escaping domestic violence, though other agencies provide more generic services to those who need support. This report describes those people who received assistance from specialist homelessness services in 2011–12 and the assistance they received.

The data in this publication are compiled from the new Specialist Homelessness Services Collection (SHSC); data were provided by approximately 1,480 agencies from across Australia for the period July 2011 to June 2012.

1.1   The policy framework for reducing homelessness

The White Paper on homelessness

The government response to homelessness has been shaped by the White Paper on homelessness (Australian Government 2008). This document, *The road home: a national approach to reducing homelessness,* outlines a vision for the reduction of homelessness in Australia, and a strategic agenda for the re-orientation of services towards the prevention of homelessness, alongside an increased supply of affordable and supported housing for those who might otherwise be homeless.

Three broad strategies are highlighted to achieve the goals of the White Paper:

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

The response to the White Paper is administered under the National Affordable Housing Agreement (NAHA) (COAG 2009) and associated national partnership agreements.

National Affordable Housing Agreement

The NAHA is an agreement between all levels of governments, and provides the framework for all parties to work together to reduce homelessness and improve housing affordability. The objective of the NAHA is to ensure that 'all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation'. The NAHA provides $6.2 billion worth of housing assistance to low and middle income Australians in its first five years. Funding for the NAHA commenced on 1 January 2009.

National partnership agreements

The NAHA is supported by a number of partnership agreements. One of these is directed specifically at issues of homelessness—the National Partnership Agreement on Homelessness (NPAH). The NPAH contributes to the NAHA outcome that 'people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion' and outlines the roles and responsibilities of the Australian Government and the state and territory governments in relation to reducing and preventing homelessness. A number of performance indicators and outcome measures are also set out in the NPAH aimed at assessing progress towards targets agreed by the Council of Australian Governments in the NAHA and as set out in the Australian Government's White Paper on homelessness (Australian Government 2008). Funding associated with the NPAH commenced on 1 July 2009.

The homelessness population and specialist homelessness services clients

Australian governments and the Australian community are interested in understanding the extent of homelessness in Australia and the characteristics of those who are homeless or at risk of homelessness. This is particularly important for assessing progress towards achieving targets under the national agreements, to monitor government responses to homelessness, and to contribute to policy and service development. There are a number of data sources that provide information on homelessness in Australia.

The key source of information on the overall population of homeless Australians is the Australian Bureau of Statistics' (ABS) Census of Population and Housing. Estimates of homelessness derived from the Census identify people who are likely to have been homeless on

Census night. Identification of those people is based on the new statistical definition of homelessness developed by the ABS (ABS 2012c), and draws on a range of information variables available through the Census to understand the circumstances of individuals. Census data are also used to identify those housed in marginal housing some of whom may be considered to be at risk of homelessness. The most recent estimates that are available are based on the 2011 Census data (ABS 2012b).

Previously, estimates of the number of homeless people using Census data were produced by Chamberlain and MacKenzie, based on the cultural definition of homelessness (Chamberlain & MacKenzie 2008).

Estimates of homelessness based on the 5-yearly Census data are useful for providing a profile of the homeless at a point in time, but do not provide further contextual information about individuals, their circumstances, and their experience of homelessness over time. The SHSC, by contrast, is an on-going collection that collects relatively comprehensive information about all clients assisted by specialist homelessness agencies across Australia.

The relationship between the SHSC client population and the overall homeless population is difficult to determine because the SHSC client population not only reflects the demand for assistance, but is also strongly influenced by the availability of services, both in terms of the target groups to which services are directed and the location and accessibility of available services. Because some people who experience homelessness do not seek assistance, and many people who receive specialist homelessness services are not homeless (but at risk of homelessness), the populations described by the ABS estimates of homelessness and the SHSC are not directly comparable.

The content of the SHSC is designed to support the information needs arising from the national agreements and related performance information reporting requirements, as they relate to the identification of service needs, the delivery of services and, to the extent possible, the outcomes for those who are supported. Previously, the Supported Accommodation Assistance Program National Data Collection (SAAP NDC), which was reported from 1996 to June 2011, was the primary source of information from specialist homelessness services in Australia.

1.2 About the Specialist Homelessness Services Collection

The SHSC began on 1 July 2011. Specialist homelessness agencies that are funded under the NAHA and the NPAH are in scope for the collection. Those agencies that are expected to participate in the SHSC are identified by state and territory departments responsible for the delivery of services. These agencies provide a wide range of services, and operate within a range of service delivery frameworks. These frameworks may be determined by the state or territory funding department or developed as a local response to homelessness, taking into account the characteristics of the population at risk, the geographic distribution of clients, and identified priority groups.

All SHSC agencies report a standard set of data about the clients they support each month to the Australian Institute of Health and Welfare (AIHW). Data are collected about the characteristics and circumstances of a client when they first present at an agency, and further data—on the assistance the client receives and their circumstances at the end of the month—are

collected at the end of every month in which the client receives services and at the end of the support period. This contributes to building a picture of clients, including specialist homelessness services which they were provided and the outcomes achieved for clients (Figure 1.1).

Figure 1.1: Summary framework of the SHSC client collection
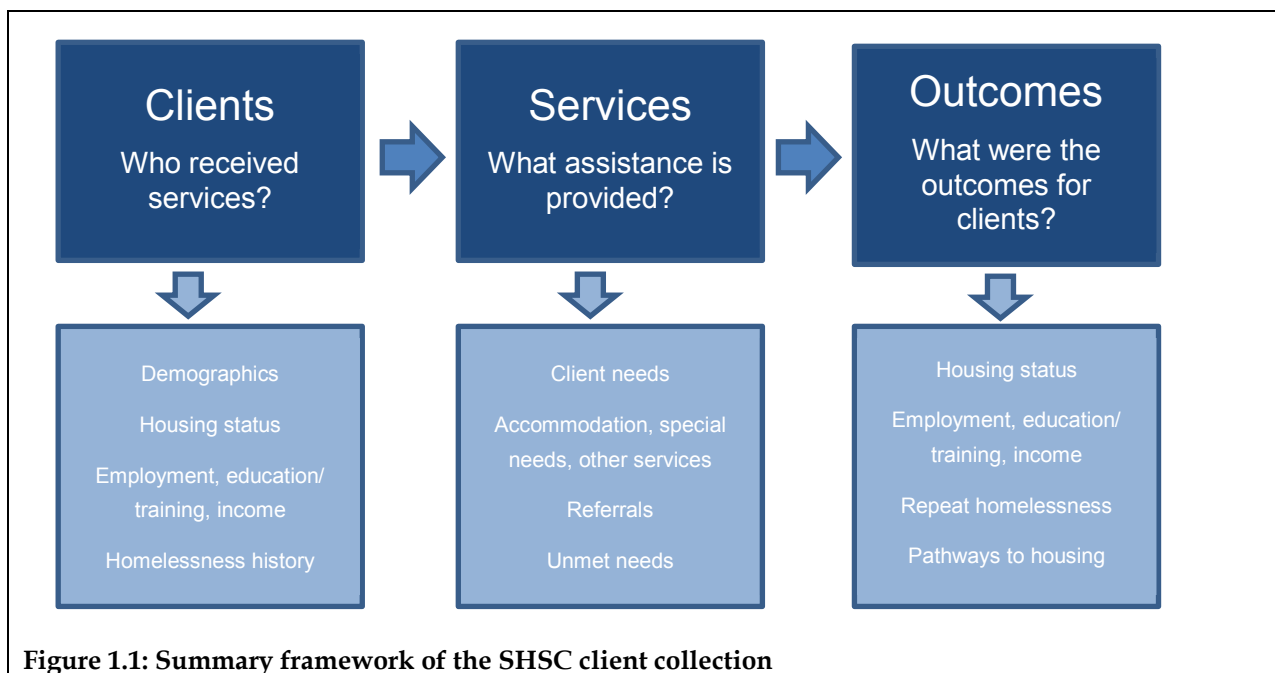
The data collected by agencies are based on support periods, or episodes of assistance provided to individual clients. Some of these support periods are relatively short (and are likely to have begun and ended in the 2011–12 reporting year), and others are much longer—many of these might have been ongoing from the previous reporting period, or were still ongoing at the end of the reporting year (Figure 1.2).

Certain information collected about the client (selected letters of name, date of birth and sex) is used to construct a statistical linkage key (SLK) to bring together all data about each client who had multiple support periods (either with the same agency or with different agencies). In addition, information about families and other client groups who present to an agency together can be analysed.

Agencies also collect some information about unassisted people, that is, any person who seeks services from a specialist homelessness agency but does not receive them.
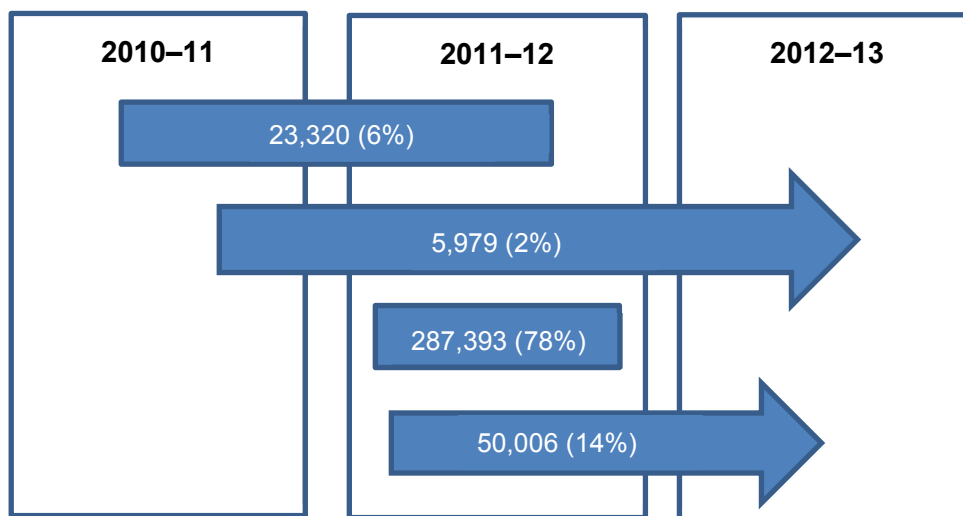
Figure 1.2: Number of support periods and indicative duration over the reporting period, 2011–12

Because not all agencies submit client data for all months in the reporting period, and because the statistical linkage key data are not available for all clients and unassisted people, an imputation strategy was developed to adjust the data to account for this non-response. In addition, the imputation strategy used for this report adjusts for the progressive increase in the number of agencies that submitted SHSC data, particularly in the early months of the collection.

All figures presented in the body of this report have been adjusted for agency non-response and for missing item responses unless otherwise specified. Supplementary tables are adjusted for agency non-response only and the extent of missing data is footnoted in each table. This means that numbers presented in this report differ from those presented in the corresponding supplementary tables. In calculating the numbers presented in this report, it has been assumed that the clients for whom specific data items were not reported shared the same characteristics as those for whom the data item was reported (that is, that responses are representative of non-responses).

All agencies in South Australia collect data using the Homeless 2 Home (H2H) client management system. Due to timing differences between the development phases of the H2H and SHIP systems, certain data items could not be implemented in H2H before the collection for the SHSC commenced. Consequently, data about clients' needs for assistance where services have not been provided do not include data from South Australian agencies. Similarly, data on individuals who sought but did not receive any assistance from South Australian agencies are under-reported due to limitations of H2H in capturing this data. An upgrade to the H2H system was implemented in August 2012 and South Australian data on unmet demand will be available for reporting for 2012–13.

Further information about the collection and how it is conducted is provided in Appendix A. Information about the quality of the data obtained through the SHSC is available in the Data Quality Statement for the collection (Appendix B). Further information about the imputation methodology applied to these data can be found in Appendix C.

Previous reports based on SHSC quarterly data are available from the AIHW's website <www.aihw.gov.au>.

1.3 About this report

This report is the first annual report arising from the SHSC, and provides information about clients of specialist homelessness agencies who were assisted in 2011–12, and the support they received:

- Chapter 2 provides a profile of all clients assisted by specialist homelessness agencies.
- Chapter 3 compares the profile of clients who were already homeless at the time they first received support in 2011–12 with that of clients who were at risk of homelessness when they first received support in this reporting period.
- Chapter 4 highlights findings in relation to some specific sub-populations of clients who are of special interest, either because they are high users of specialist homelessness services or have specific needs or special characteristics.
- Chapter 5 provides a profile of specialist homelessness agencies in terms of the size and type of agencies, and a profile of agencies and clients by remoteness area.
- Chapter 6 presents data on people who requested assistance from a specialist homelessness agency but did not receive the assistance they sought.
- Chapter 7 provides information on trends in the homelessness services client population over time by presenting some key data for the period 2008–09 to 2011–12, drawing on data that are available in the SAAP NDC for 2008–09 to 2010–11 and comparing with relevant data from the SHSC for 2011–12.

The data in these sections are largely based on clients, but some analyses describe support periods and agencies. Further information on the presentation of data in this report, and some guidelines for interpreting data based on these different units, are provided in Appendix A.

2 A profile of clients

In 2011–12, specialist homelessness agencies provided assistance to an estimated 229,247 clients (equivalent to 1 in 98 Australians) in 366,698 support periods (Table S2.1). Those who receive help from specialist homelessness agencies are among the most vulnerable and disadvantaged in our community. Although almost anyone can find themselves in a situation that leads to homelessness, there are some factors that can make some groups of people more vulnerable to homelessness than others. This chapter examines the demographic characteristics of clients who receive specialist homelessness services, describes their circumstances and needs for assistance, examines the services that they received, and describes the outcomes achieved.

Box 2.1 describes how data about clients is obtained in the SHSC.

Box 2.1 Recording client information

In the SHSC, information about clients is collected in relation to support periods. A support period is a discrete period of time over which a person receives support from a specialist homelessness agency. A person may have had one or more support periods in 2011–12. To follow a client's experiences over multiple support periods, a statistical linkage key (SLK) is created to link their support periods together. In this way, all of a client's information within the year can be presented for that client.

Clients who have multiple support periods in a year can have different responses to the same questions. For example, their main reason for seeking assistance may be 'domestic and family violence' in their first support period, and 'housing crisis' in the second.

Where there are multiple responses to a question, some information presented is based on the client's response to the question when they first become a client of an agency in 2011–12. Other information is based on a counting methodology that analyses the client's responses and, where there are different responses, determines the response provided most often and in the client's longest support period for each month in 2011–12.

Detailed information on how specific variables were derived can be found in a technical appendix to this report which is available from the 'additional materials' tab associated with this publication on the AIHW's website <www.aihw.gov.au>.

2.1 Characteristics of clients

Age and sex of clients

Females represented 59% and males 41% of people accessing support from homelessness agencies. Women aged 18–34 were the group most likely to access specialist homelessness services, accounting for 59% of female clients and 37% of all clients (Figure 2.1).

Children and young people were overrepresented among those who received support from homeless agencies compared with their proportion of the Australian population. Children aged 0–17 represented 29% of clients receiving support, but represent 23% of the general population. Children under 10 accounted for 17% of all clients despite representing only 13% of the general population.

Source: AIHW 2012: Table S2.1.

Figure 2.1: Clients by age and sex, 2011–12

Source: AIHW 2012: Table S2.1.

Figure 2.2: Rate of service use by age and sex, 2011–12
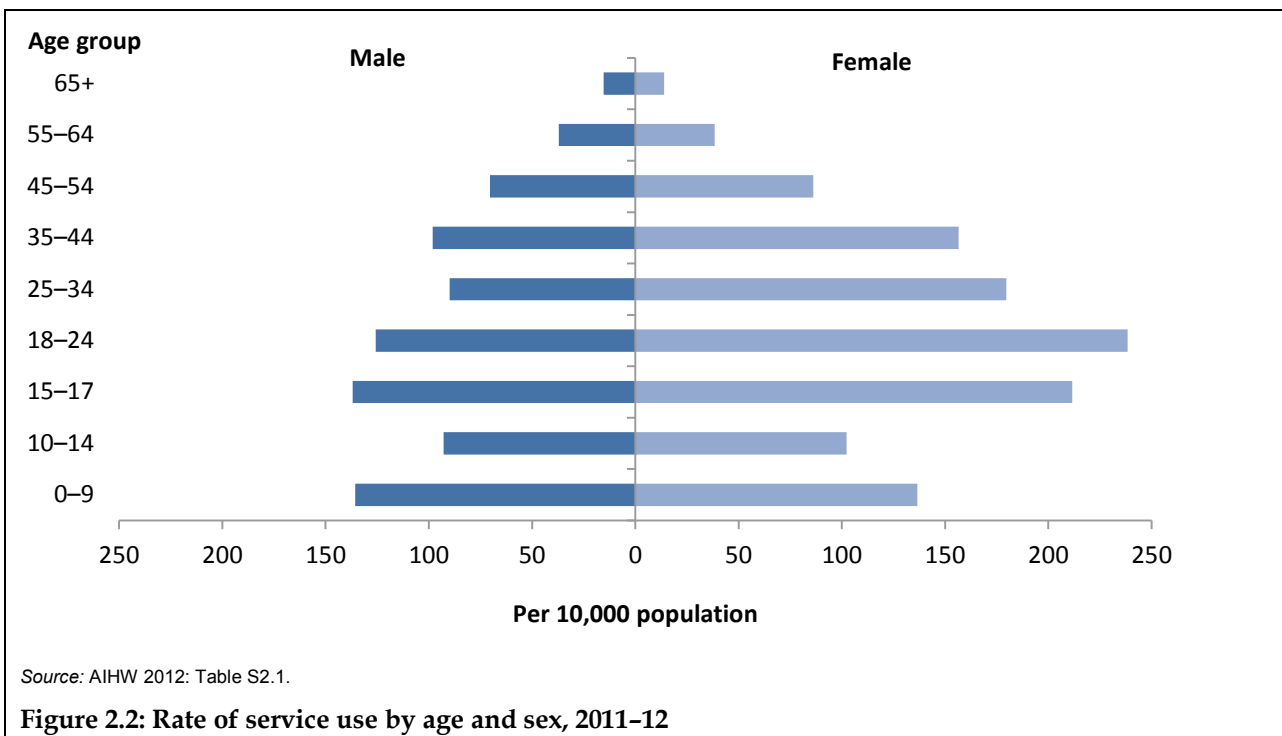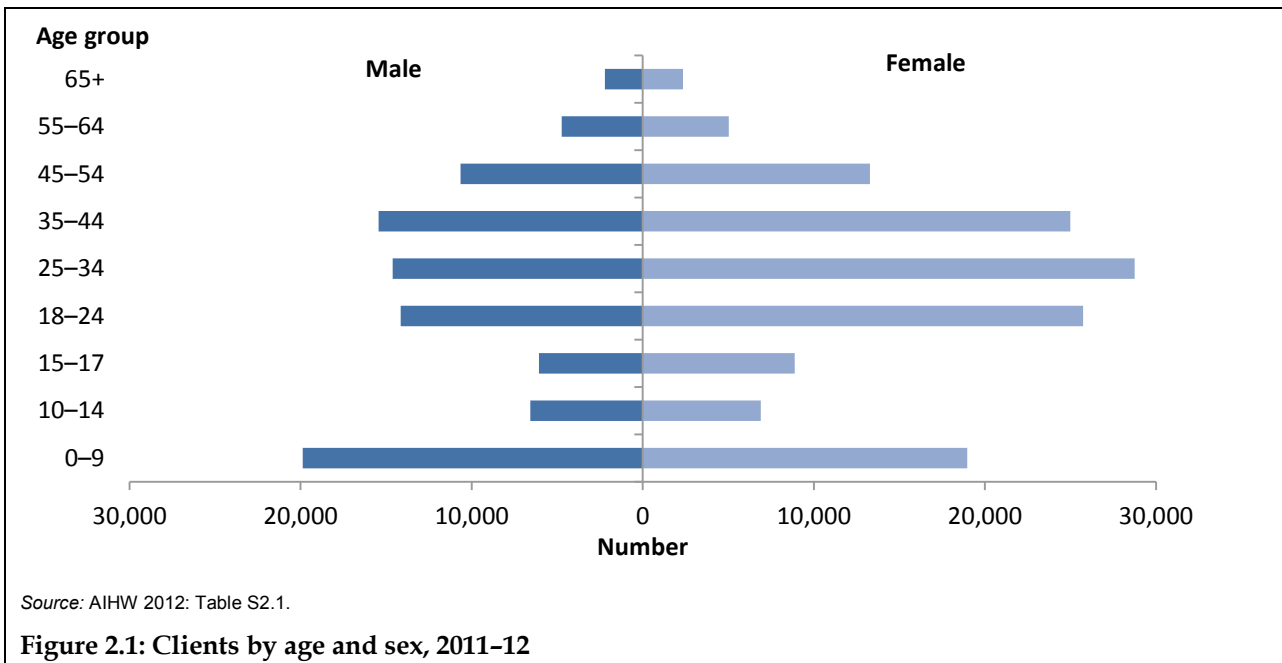
Young people aged 18–24 had the highest rate of use for any age group with an equivalent of 1 in 56 Australians accessing specialist homelessness services. When further broken down by sex, young women aged 18–24 had the highest rate of use of all age/sex groups, with 1 in 42 young Australian women accessing specialist homelessness services in 2011–12 (Figure 2.2).

Location of clients

Across Australia, the highest number of people accessing specialist homelessness services was in Victoria (76,950), followed by New South Wales (53,532) and Queensland (42,930) (Figure 2.3). Although the Northern Territory and Australian Capital Territory had the lowest numbers of clients in Australia, relative to their population size they had the highest rate of people accessing services—299 per 10,000 people in the Northern Territory and 170 per 10,000 people in the Australian Capital Territory (Figure 2.4).

Most (60%) clients accessed services in *Major cities*, followed by *Inner regional* (24%) and *Outer regional* areas (12%). Five per cent of clients accessed services in *Remote* and *Very remote* areas. More information about clients and services provided to them by remoteness category is provided in Chapter 5.

Source: AIHW 2012: Table S2.2.

Figure 2.3: Clients by state and territory, 2011–12

Per 10,000 population

Source: AIHW 2012: Table S2.2.

Figure 2.4: Rate of service use by state and territory, 2011–12 (number per 10,000 population)
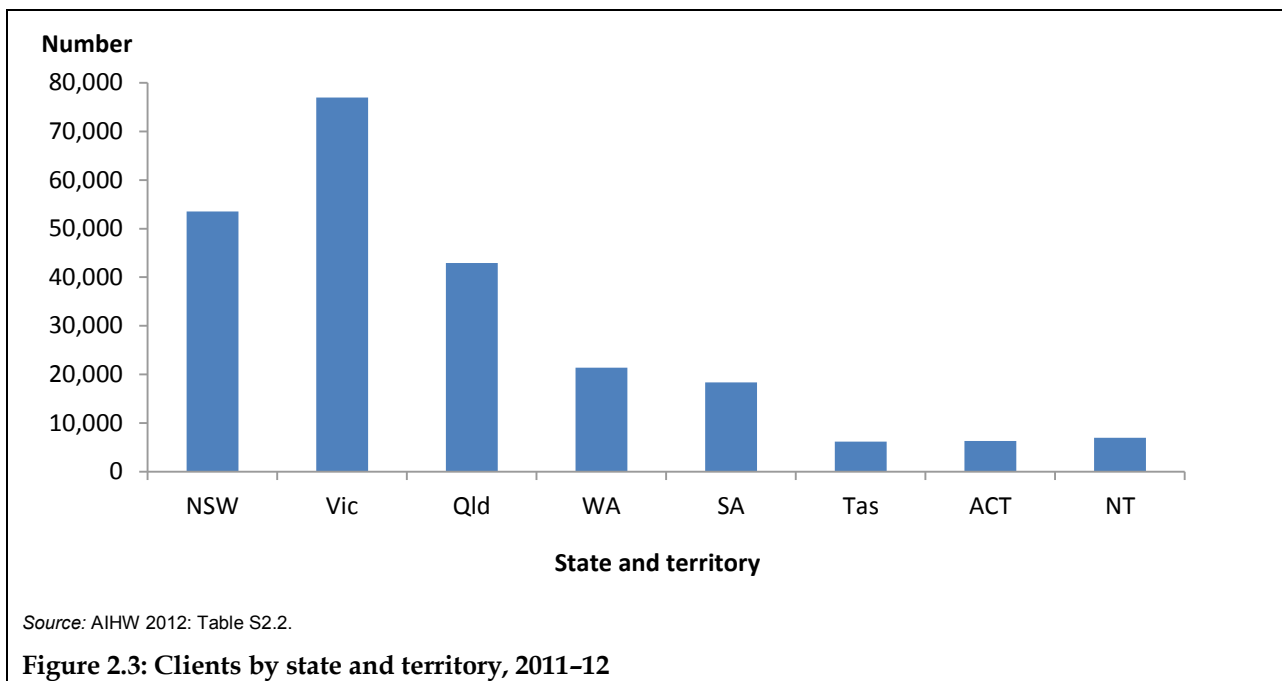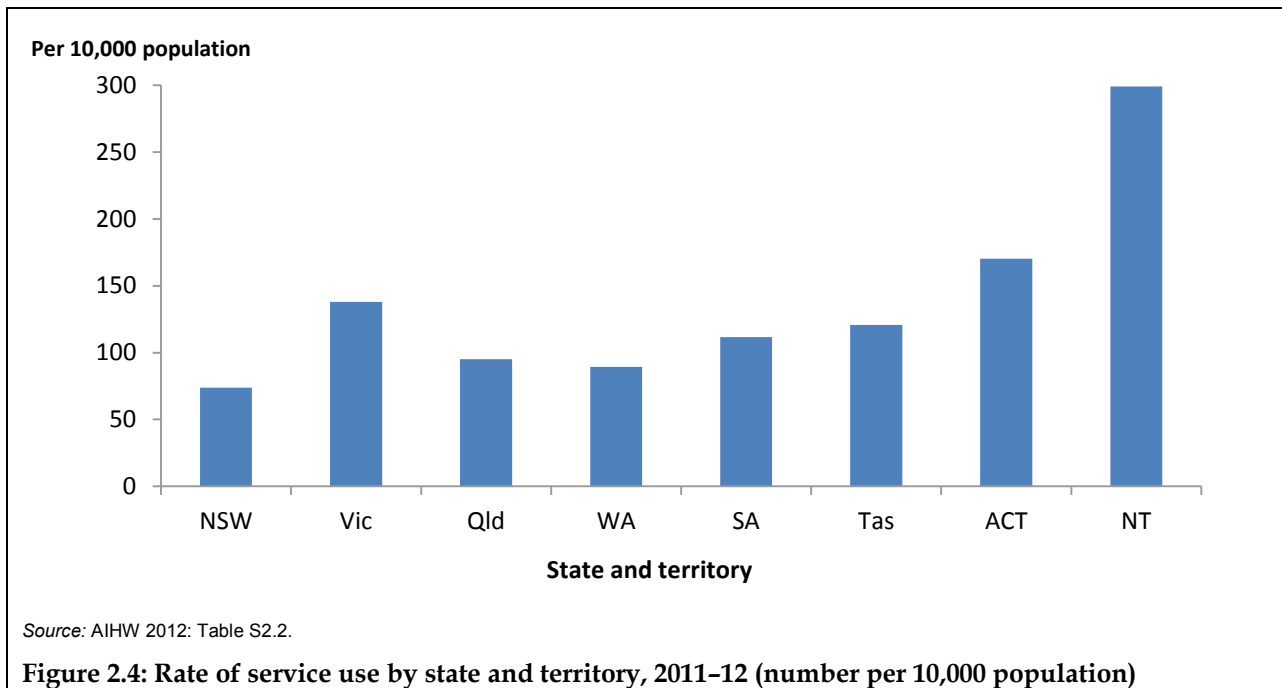
Indigenous clients

Aboriginal and Torres Strait Islander people were overrepresented among those who received assistance from specialist homelessness agencies. Around one-fifth (22%) of clients who provided information on their Indigenous status identified as being of Aboriginal and/or Torres Strait Islander origin (Table S2.4), compared with Indigenous people representing 2.5% of the Australian population.

More information about Indigenous clients can be found in section 4.3 of this report.

Country of birth of clients

The majority (86%) of specialist homelessness services clients who provided information about their country of birth were born in Australia (Figure 2.5). This was higher than in the general Australian population, where around 73% of people are Australian-born (ABS 2011).

For those born overseas (14% of all clients), the most common country of birth was New Zealand (representing 14% of clients born overseas), followed by Sudan (8%) and the United Kingdom (7%) (Figure 2.6). Thirty-eight per cent of all clients who were born overseas arrived in Australia before 2002 (Table S2.6). For clients born in Sudan the majority arrived between the years 2002 and 2008.
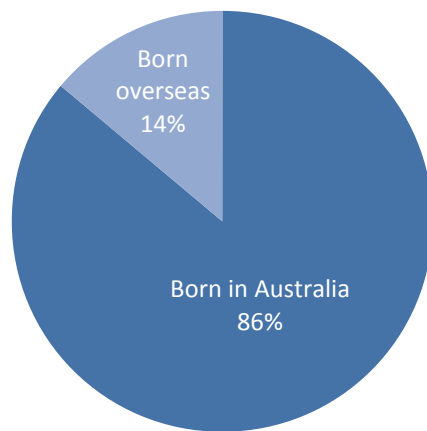
Figure 2.5: Clients by country of birth, 2011–12 (per cent)
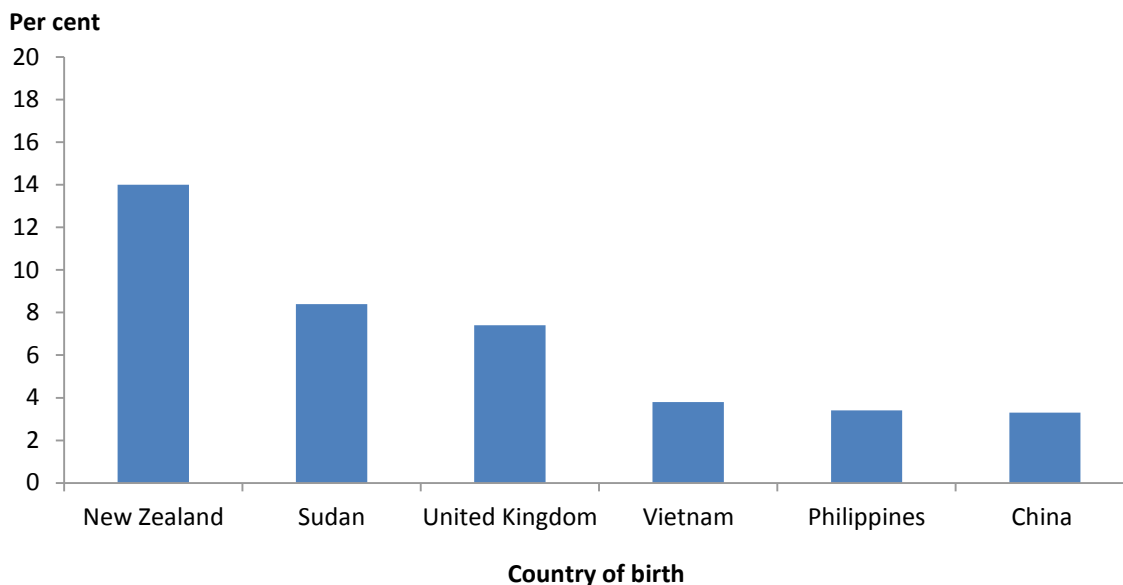
Figure 2.6: Overseas-born clients (top six countries of birth), 2011–12 (percentage of all clients born overseas)

Clients presenting alone and in groups

Specialist homelessness agencies provide support to single people, families and other groups of people. In 2011–12, most clients (67%) presented alone to specialist homelessness agencies (Figure 2.7). One-third (32%) of clients presented as a member of a family when seeking assistance—of these, 74% were single parents and their children, 16% were couples and their children, 7% were couples without children and 2% were in other family groups (Figure 2.7).

Source: AIHW 2012: Table S2.7.

Figure 2.7: Clients by presenting unit type, 2011–12 (per cent)
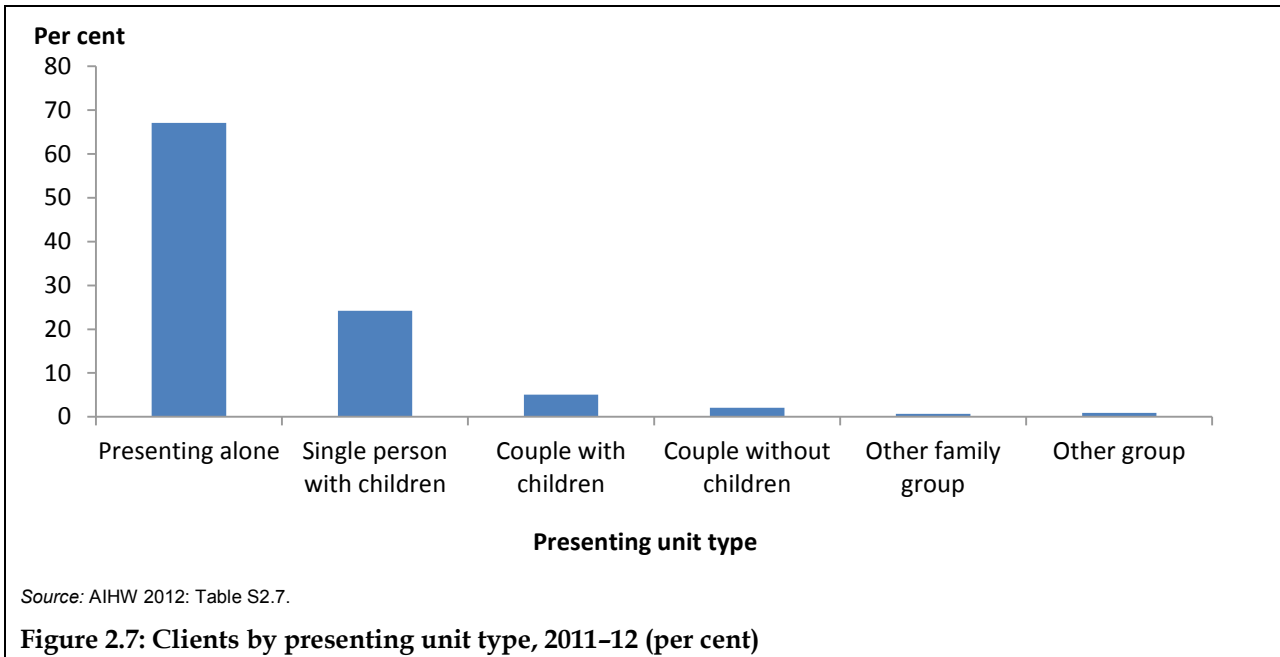
However, of the clients presenting alone, around 51% indicated they were living in a family arrangement at the time they presented to a specialist homelessness agency (Figure 2.8). Taking into consideration living arrangements of all clients, 26% of those receiving support from homelessness agencies were single people living alone, 68% were part of a family and 6% were part of other groups.

Source: AIHW 2012: Table S2.8.

Figure 2.8: Clients presenting alone, by their living arrangement, 2011–12 (per cent)
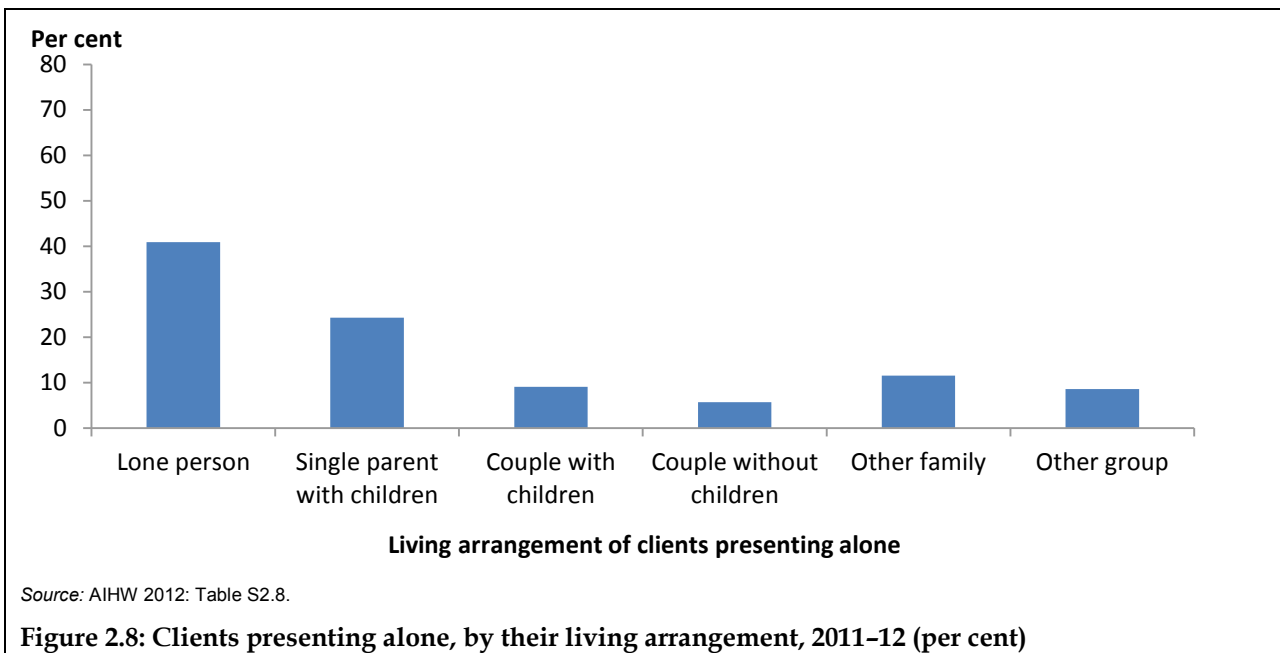
Why people seek support from homelessness agencies

The pathways into homeless can be many and varied and the reasons clients seek assistance can highlight the major risk factors for homelessness.

When all reported reasons were taken into account, 'financial difficulties' was the reason reported most often by those seeking assistance from a specialist homelessness agency: this reason was reported by 39% of all clients (Figure 2.9). 'Domestic and family violence' was the next most reported reason for seeking assistance and was reported for nearly one-third of all clients (32%), and by over four times as many females as males. 'Housing crisis' was also reported by a large number of clients (26% of all clients).

Source: AIHW 2012: Table S2.9.

Figure 2.9: Clients' reasons for seeking assistance (top six reasons only), 2011–12
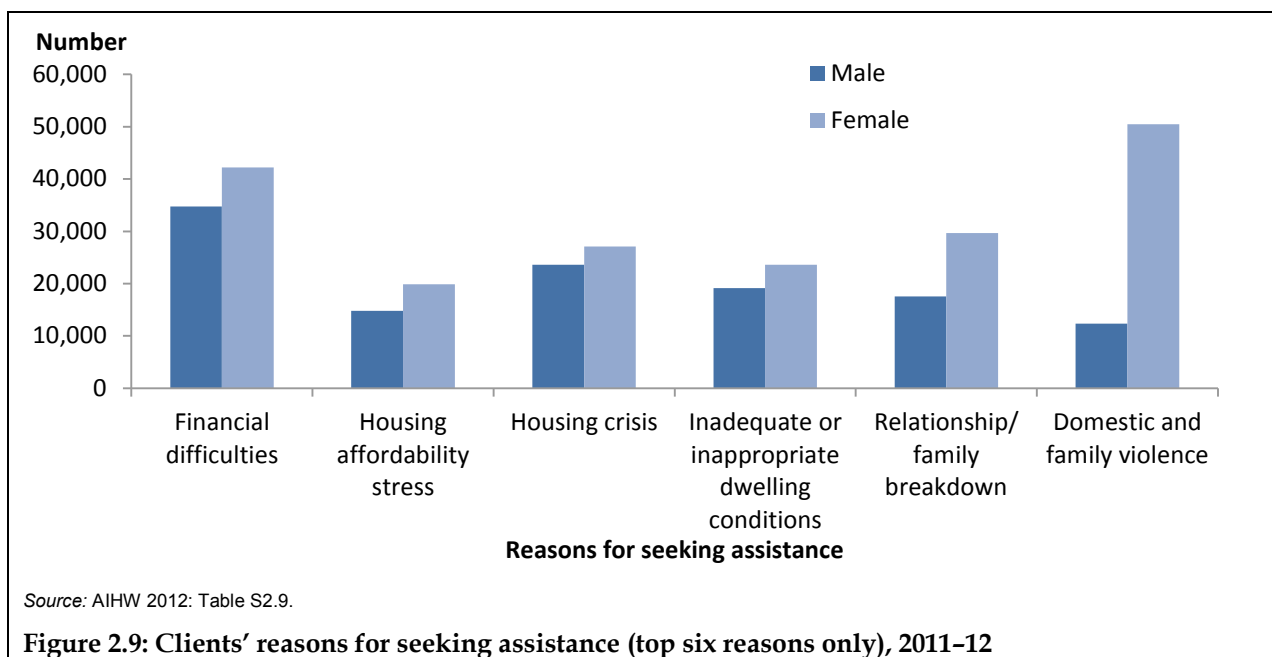
When looking just at the *main* reason given for seeking assistance, 'domestic and family violence' was the main reason for seeking assistance for one-quarter of all clients (25% of people who reported a main reason for seeking assistance) (Figure 2.10). Female clients were more likely to report this as the main reason than male clients (34% for females, compared with 10% for males). Of those males, a significant proportion (71%) were aged under 15 and were likely to be children accompanying a parent. Of the female clients reporting 'domestic and family violence' as a main reason, 67% were aged 18–34.

The second most common main reason for seeking assistance was 'financial difficulties' (reported for 15% of all clients), with more males (17%) than females (14%) reporting this as the main reason for seeking assistance. Other main reasons for seeking assistance were:

- 'housing crisis' (reported by 13% of clients)—this was more likely to be a main reason for male clients (16%) than for female clients (12%)

- 'inadequate or inappropriate dwelling conditions' (10% of clients)—slightly more male clients reported this as their main reason than female clients (11%, compared with 9%, respectively).

Per cent

Source: AIHW 2012: Table S2.10.

Figure 2.10: Clients' main reasons for seeking assistance (top six main reasons only) by sex, 2011–12
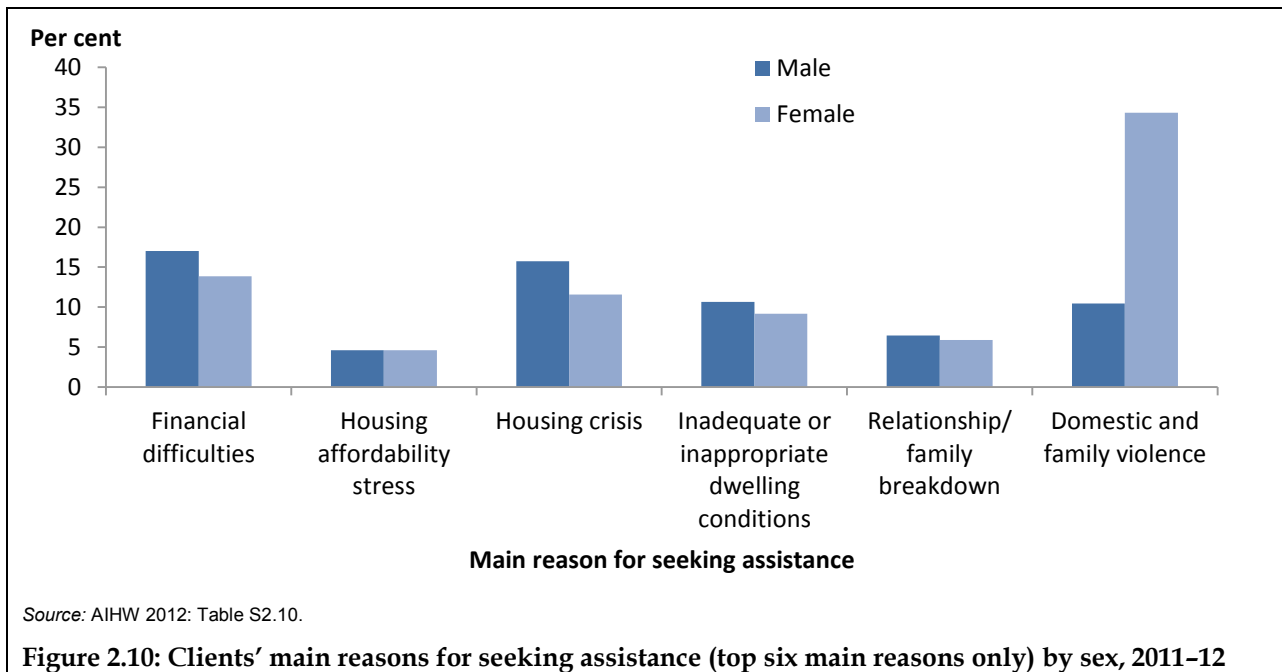
2.2 Clients' needs for assistance and services provided

Specialist homelessness agencies provide a wide range of services to people who are at risk of, or experiencing, homelessness. Many clients have accommodation-related needs when they approach specialist homelessness services, though not all agencies provide accommodation; many agencies provide basic support services to a broad cross-section of clients. Other services, however, are more specialised in nature and directed at clients with more specific needs. This section describes clients' needs for services and the types of services provided. Box 2.2 provides information about how clients' needs for assistance are identified in the SHSC, and also how the extent to which these needs are met is obtained.

When looking at broad types of assistance needed by clients, the largest group of services needed is 'general support and assistance'. This is followed by accommodation, specialised services, assistance to sustain housing tenure and domestic violence services (Figure 2.11).

Box 2.2: Identifying and meeting service needs

Identifying clients' needs for a service

The SHSC collects information on the service needs of clients during their period of support from a specialist homelessness agency. Although this information is collected at the beginning of a support period, and then updated at the end of each month a client is supported and at the end of each support period, each individual need is only recorded once in any collection month.

For these analyses a client need is recorded if the client needed that service at any time in 2011–12. 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 2011–12, regardless of the number of months over which this need was recorded, or the number of times during 2011–12 they presented with this need.

Meeting the clients' need for a service

There are several aspects to analysing how a client's need for assistance is met. The first is to analyse what services a client was provided directly by the specialist homelessness agency. Where agencies are unable to provide services directly to clients, they will often refer the client to other organisations (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 assistance at any time in 2011–12.

In some circumstances, an agency will not be able to either provide required services directly to a client, or refer them to another organisation—this is considered to be an unmet need. Further information about unmet needs can be found in Chapter 6 of this report.

Source: AIHW 2012: Table S2.12.

Figure 2.11: Broad type of assistance needed by clients, by provision status (whether provided directly by the agency), 2011–12
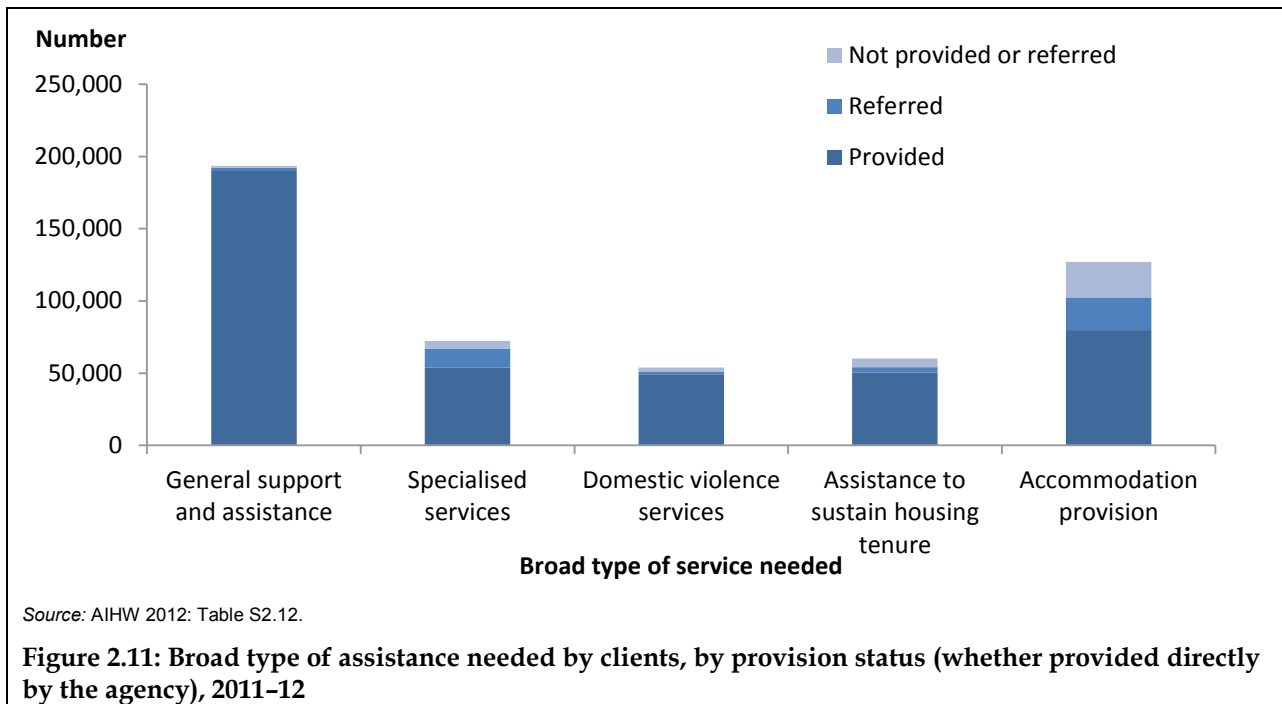
General support and assistance needs

In 2011–12, most clients (92%) were reported to have some kind of 'general support and assistance' need (Figure 2.12). Within this category, 'advice and information' was needed most often (by 77% of all clients) followed by 'other basic assistance' (needed by 57% of clients at some stage in their support period) (Figure 2.12). 'Material aid and brokerage' was needed by 38% of all clients, and assistance with transport, financial information and meals were all needed by around one-quarter of all clients (27%, 25% and 25%, respectively).

All general support and assistance needs were most likely to be provided directly by specialist homelessness services. 'Advice/information', 'other basic assistance' and 'laundry/shower facilities' were provided most often by agencies (for 98% of clients needing these services).

General support and assistance needed

Source: AIHW 2012: Table S2.12.

Figure 2.12: Clients, by type of general support and assistance needed, by provision status (whether provided directly by the agency), 2011–12
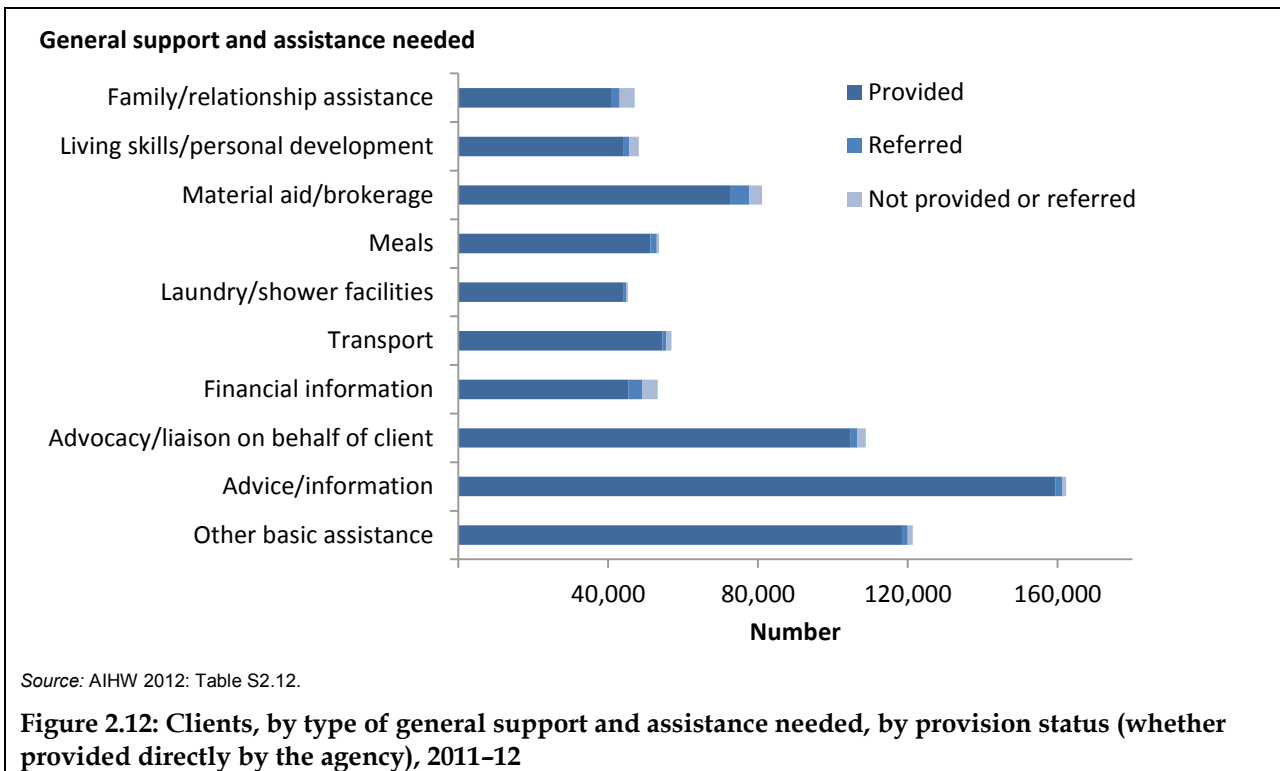
Clients' needs for accommodation

Almost two-thirds (60%) of clients were identified as needing accommodation in 2011–12. Short-term accommodation was the most commonly needed type of accommodation (40% of all clients), followed by long-term housing (34%) (Figure 2.13).

Short-term or emergency accommodation was the service most likely to be provided directly by the agency (for 69% of clients who needed this type of assistance), followed by medium-term/transitional housing (provided directly to 42% of clients who needed this service) (Figure 2.15).

Long-term housing needs were met directly by the agency in only 8% of cases where a client was identified as having this need—reflecting the primary focus of specialist homelessness agencies on dealing with immediate needs for emergency and shorter-term accommodation along with the lack of available long term accommodation places. Nearly half of clients who needed long-term accommodation (47%) were referred to another organisation for this support.

In 2011–12, 37% of clients were provided with 7,002,511 nights of accommodation by specialist homelessness agencies. On average, these clients were provided with a total of 82 nights of accommodation, with a median accommodation length of 35 nights. For those clients who were accommodated by agencies, nearly one-third (32%) were provided with between 6 and 45 nights of accommodation in total (Figure 2.14). Just over one-sixth (16%) of clients were provided with over 180 nights of accommodation in total for 2011–12. Information on the way in which total nights of accommodation is counted is provided in Box 2.3.

Source: AIHW 2012: Table S2.12.

Figure 2.13: Type of accommodation needed by clients, by service provision (provided directly by the agency), 2011–12

Source: AIHW 2012: Table S2.16.

Figure 2.14: Total number of nights clients received accommodation, 2011–12
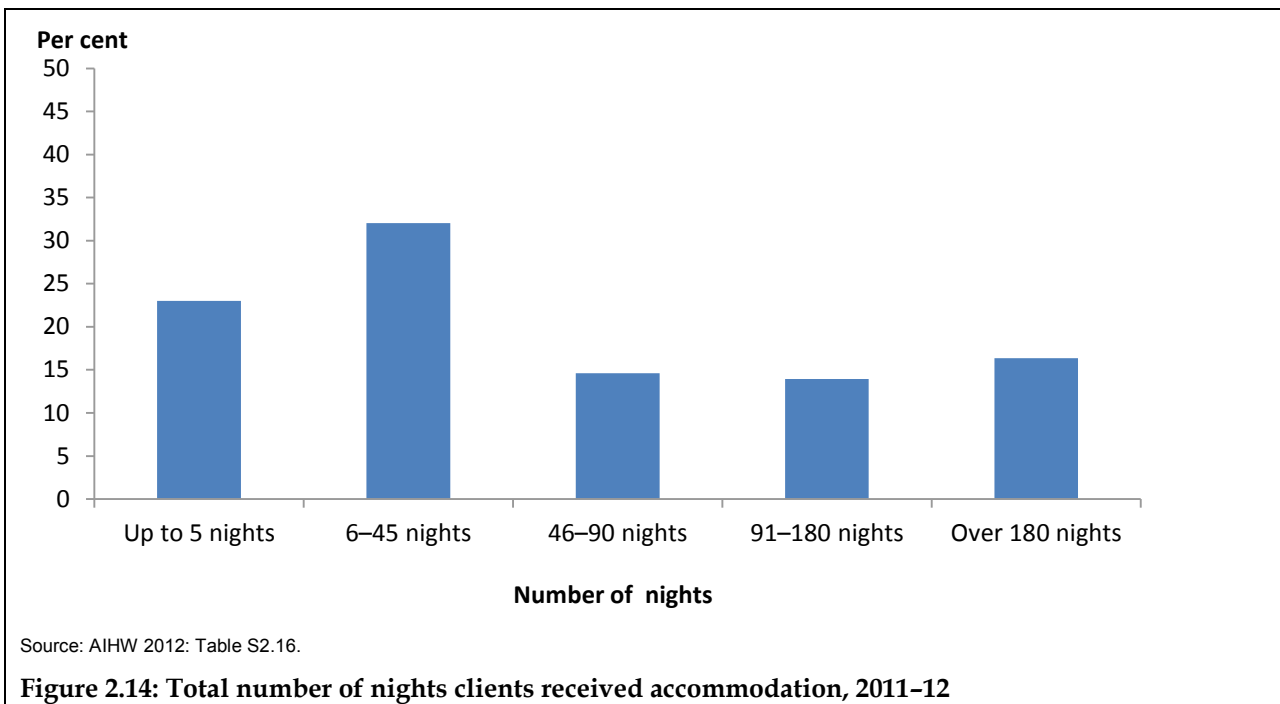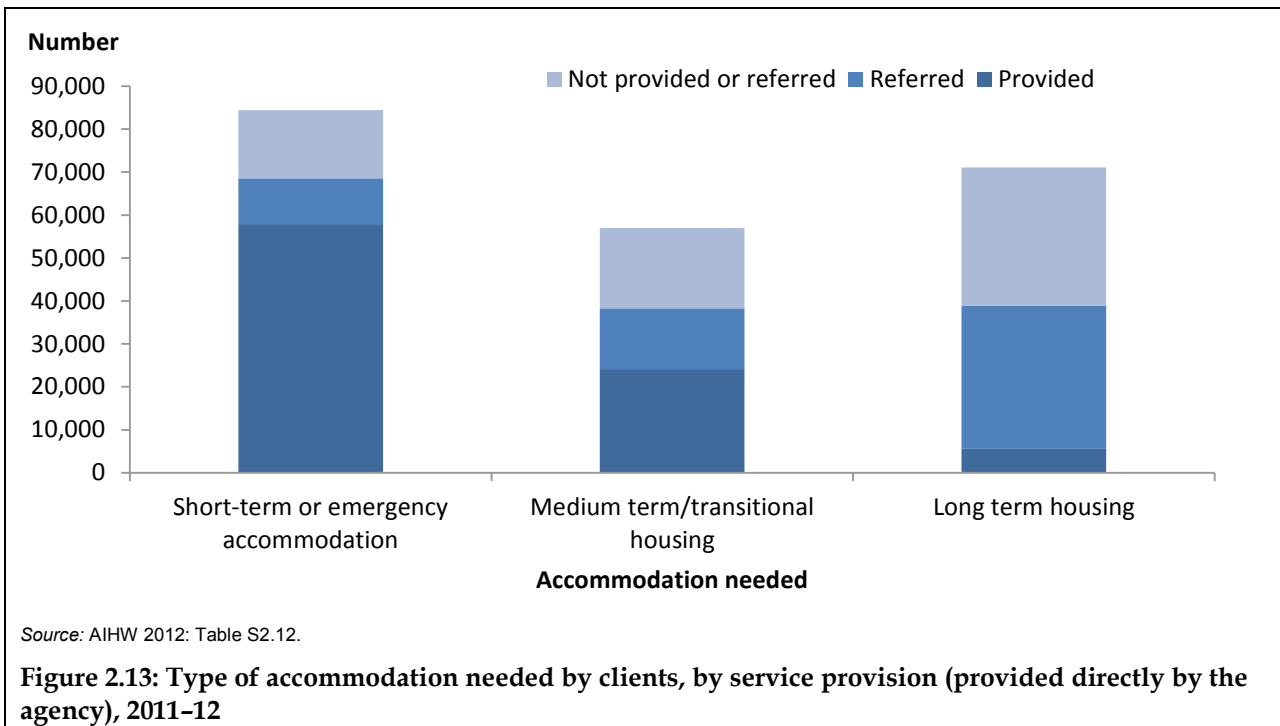
Assistance with housing tenure

Many clients sought assistance to maintain their existing housing tenure. Twenty-eight per cent of clients needed assistance to sustain a tenancy or prevent tenancy failure or eviction—a further 1% of clients needed assistance to prevent foreclosures or for mortgage arrears (Table S2.12).

Assistance to sustain a tenancy was most likely to be provided directly by the agency (provided to 84% of clients with this need). Assistance to prevent loan foreclosures or for mortgage arrears was provided directly by the agency in 66% of cases where this need was identified.

Specialised services

Compared with other broad types of need, fewer clients needed specialised services. For the 34% of clients who needed any specialised service in 2011–12, 'health and medical services' was needed most often (by 13% of all clients at some stage in their support period), followed by 'other specialised services' (11% of clients) and 'specialist counselling services' (which was needed by 8% of all clients) (Figure 2.15).

Specialised services were less likely to be provided directly by specialist homelessness agencies than all other services, except for accommodation; overall, specialised services were provided to 75% of clients who needed these services. This is likely to reflect the specialised or professional skills required to deliver these services. 'Culturally specific services' were most likely to be provided directly by agencies (83% of clients needing this service), followed by 'other specialised services' (78% of clients needing this service) and 'child protection services' (67%).

'Psychological services' were least likely to be provided by agencies—41% of clients who needed these services received it directly from the agency, and 35% were referred to another organisation.

Further discussion on unmet demand for services can be found in Chapter 6 of this report.

Specialised service needed

Source: AIHW 2012: Table S2.12.

Figure 2.15: Type of specialised service needed by clients, by provision status (whether provided directly by the agency), 2011–12
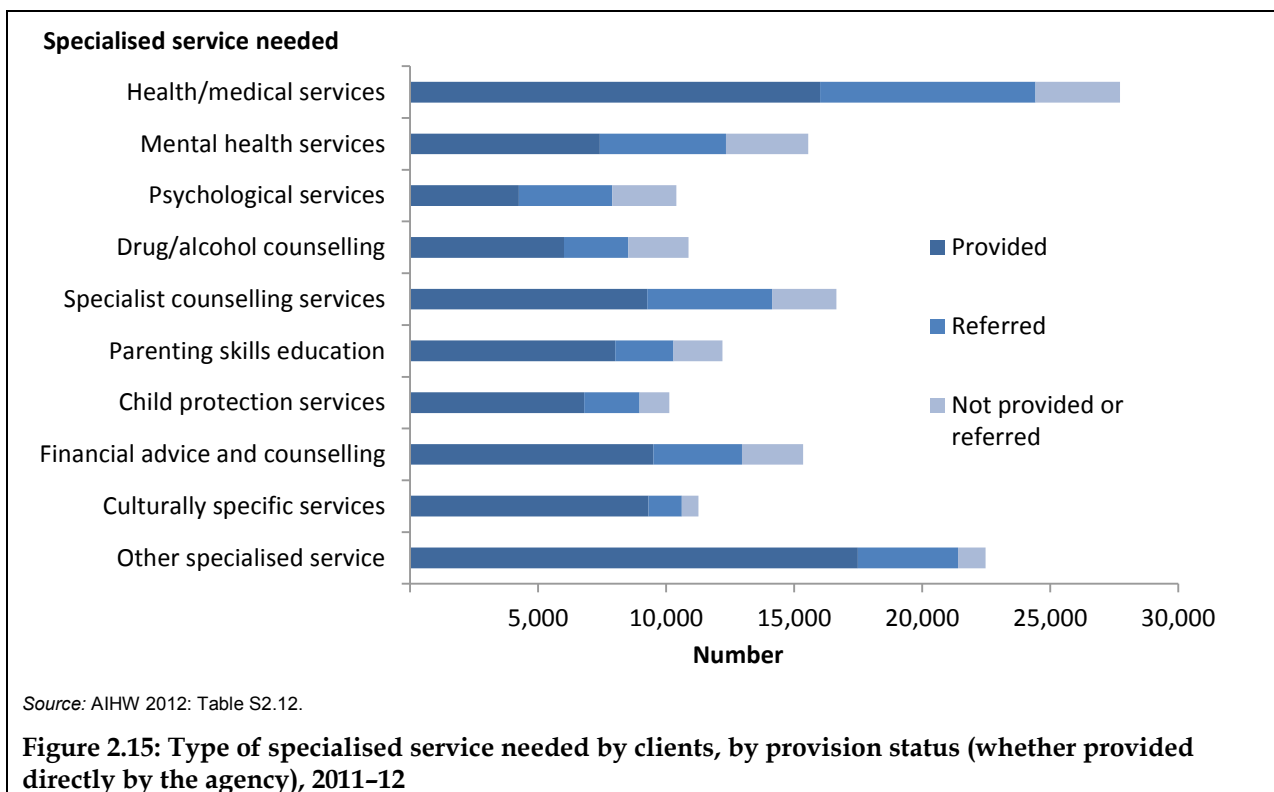
Financial assistance for external services

As well as the services provided to clients directly, agencies can provide clients with financial assistance as a form of support. In some cases this is to access other services that are not able to be delivered directly by the agency (e.g. emergency accommodation), or it may be to assist clients in financial difficulty to support current housing arrangements (e.g. one-off payments for rental bonds or mortgage repayments).

The financial assistance provided directly to clients recorded by specialist homelessness agencies does not reflect all financial assistance services in 2011–12. In some states and territories, financial assistance can be provided directly to clients by state or territory departments, and many programs are delivered separately from homelessness services through housing-specific programs. New South Wales, for example, has a significant financial assistance program for those with emergency accommodation needs, which is provided directly by Housing NSW.

In 2011–12, over $17 million in financial assistance was provided by specialist homelessness agencies to enable clients to access services—equalling an average of $374 per client who received financial assistance (Table S2.14). Financial assistance to establish or maintain a tenancy was provided by agencies most frequently—over $7 million in total—averaging $555 per client who received this type of assistance (Figures 2.16 and 2.17). Clients were also provided financial assistance of just over $3.7 million (an average of $291 per client who was provided this assistance) for short-term or emergency accommodation (e.g. in motels and hotels). Financial assistance does not include the cost of accommodation or other services provided directly by specialist homelessness agencies.

$ million

Source: AIHW 2012: Table S2.13.

Figure 2.16: Amount of financial assistance provided to clients, by type, 2011–12 (total dollars)

Dollars (average)

Source: AIHW 2012: Table S2.14.

Figure 2.17: Amount of financial assistance provided to clients, by payment type, 2011–12 (average dollars per client)
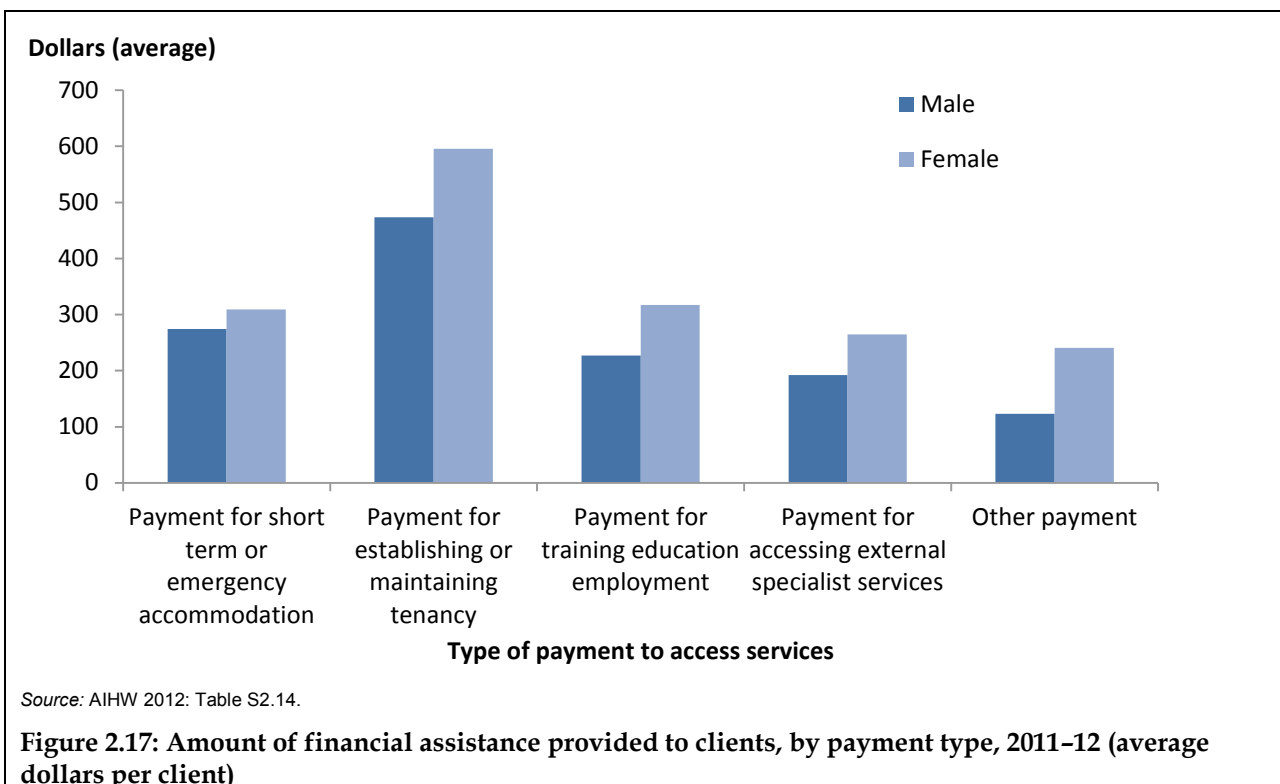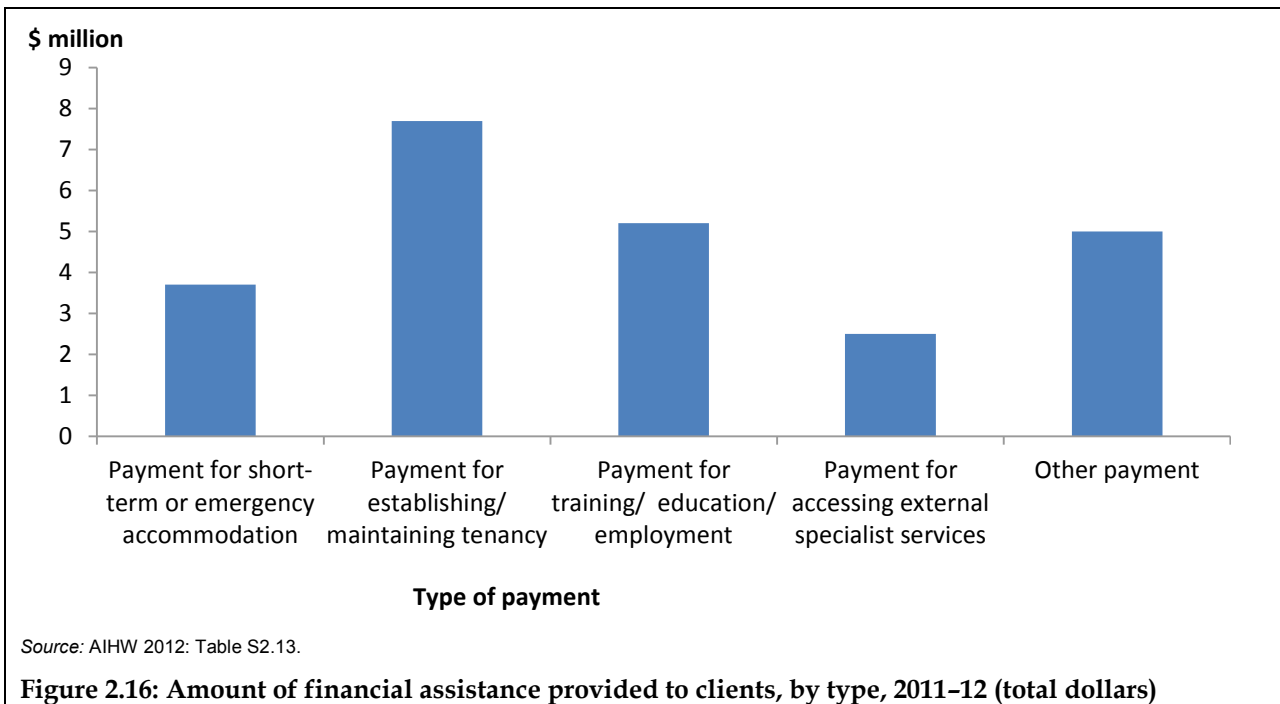
Total number of days clients received support

<div style="border:1px solid black; padding:10px;">

Box 2.3 Calculating total length of support and total length of accommodation

To calculate support and accommodation length, every day (for length of support) and night (for length of accommodation) the client received support or accommodation in 2011–12 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 two separate periods of accommodation, one for 5 nights and another for 2 nights.

Because this is the first year of the SHSC, data on accommodation or support provided before 1 July 2011 is not available; therefore the length of support and accommodation may be underestimated for clients who were already receiving support at the beginning of the reporting period.

</div>

The total days of support a client receives from an agency varies greatly between individuals. Nearly one-third (30%) of all clients were supported by specialist homelessness agencies for up to 5 days in total (Figure 2.18). A similar proportion (28%) of all clients were provided between 6 and 45 days support in total, and one-sixth (15%) of all clients were provided over 180 days support in total. On average, all clients were supported for a total of 79 days, with a median of 29 days of support.

Source: AIHW 2012: Table S2.15.

Figure 2.18: Total number of days clients received support, 2011–12
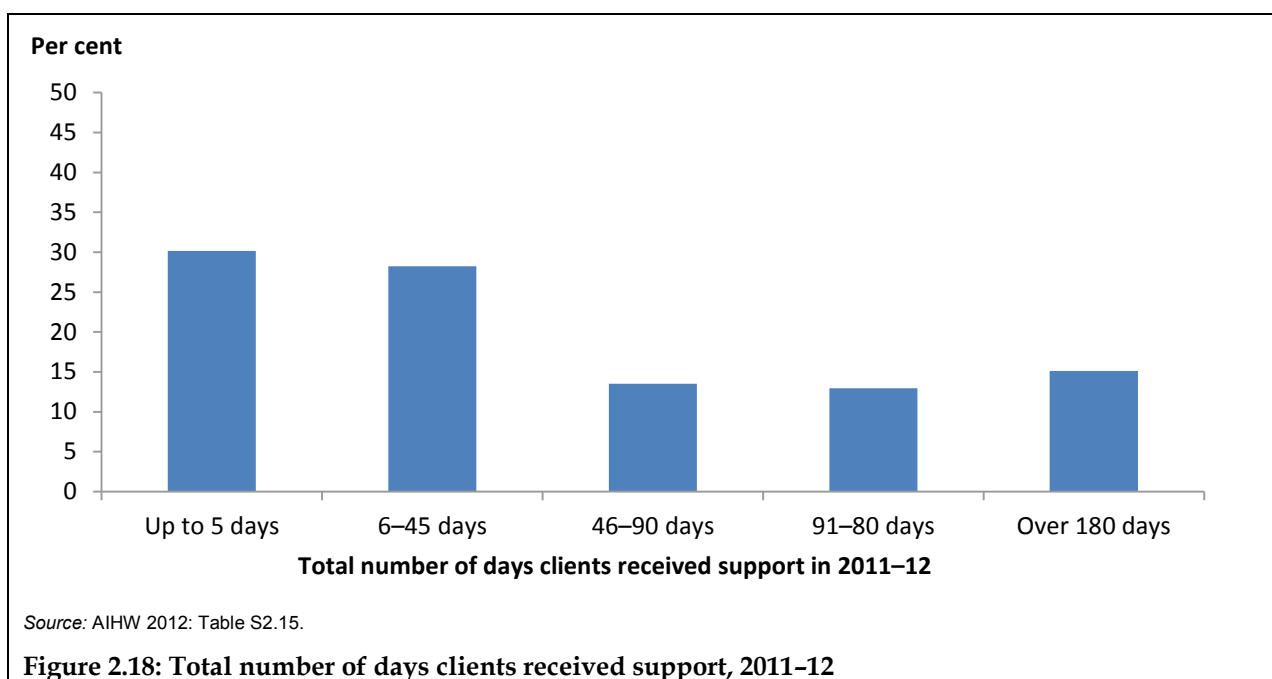
Case management plan status

Just over half (52%) of clients had a case management plan at some stage during their support in 2011–12. The most common reason for not having a case management plan was that the service episode was too short (recorded for 58% of clients who did not have a case management plan), followed by clients who were part of another person's case management plan (23%).

Of those clients who had a case management plan, 16% were able to achieve all of their case management goals, and a further 58% achieved at least some of their goals. Twenty-seven per cent achieved none of their case management goals during support received in 2011–12.

Reasons support periods ended

For those clients who had a closed support period in 2011–12, the most common reason that the support period ended was that the client had their immediate needs met or were able to achieve their case management goals (48% of clients with a closed support period). One-third of clients with closed support periods ended those support periods because the client no longer requested assistance (31%).

Clients with multiple support periods

Depending on the complexity of clients' circumstances and the availability of services to meet their needs, many clients access specialist homelessness services more than once within a year. In 2011–12, clients had an average of 1.5 support periods.

Clients mostly received support from just one agency in 2011–12, with an average of 1.3 agencies per client.

2.3   Client outcomes following support

Housing outcomes

There are three key pieces of information in the SHSC that indicate a client's housing situation. These relate to the client's dwelling type, housing tenure and the conditions of occupancy for their housing tenure. Viewed in isolation from one another they provide part of the story of the housing situation of clients. For example the dwelling type of a large number of clients in 2011–12 was house/townhouse/flat, however they may have been renting in emergency or transitional housing, or had no tenure. In addition, taking into consideration conditions of occupancy, many who indicated a dwelling type of house/townhouse/flat were couch surfing, or living with a relative rent free.

The following analysis examines all three aspects of a client's housing situation when they first presented to an agency compared with their situation at the end of support, or the end of the reporting period. For the purposes of analysing improvements in a client's situation following support from a homelessness agency this analysis excludes those in institutional settings, because movements in and out of institutional settings may reflect other factors and, on its own, is not a good indicator of an improvement or decline in the client's overall situation. Box 2.4 outlines the accommodation categories used in these analyses.

Box 2.4 Accommodation categories

No shelter or improvised or inadequate dwelling includes the following:

Without shelter: dwelling type is no dwelling/street/park/in the open or motor vehicle.

Improvised or inadequate accommodation: dwelling type is improvised building/dwelling/caravan/cabin/boat/tent, *or* dwelling type is not caravan but tenure type is renting or living rent-free in a caravan park.

Short-term temporary accommodation includes the following:

Boarding houses: dwelling type is boarding/rooming house, *or* dwelling type is not boarding house *and* tenure type is renting or living rent-free in boarding/rooming house.

Supported accommodation: dwelling type is emergency accommodation *or* tenure type is renting or living rent-free in emergency accommodation or transitional housing.

Temporary other accommodation: dwelling type is hotel/motel/bed and breakfast.

Living temporarily with other households: dwelling type is house/townhouse/flat *and* tenure type is no tenure *and* conditions of occupancy are living with relative fee free.

Couch surfing: dwelling type is house/townhouse/flat *and* conditions of occupancy are couch surfing.

No tenure (not classified elsewhere): dwelling type is house/townhouse/flat *and* tenure type is no tenure *and* conditions of occupancy is not couch surfer or living with relative fee free.

Public and community housing includes the following:

Renter: dwelling type is house/townhouse/flat *and* tenure type is renter—public housing/renter—community housing.

Rent free: dwelling type is house/townhouse/flat *and* tenure type is rent-free public housing/community housing.

Private or other housing includes the following:

Renter/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: dwelling type is house/townhouse/flat *and* tenure type is rent-free private/other housing.

Institutional settings includes the following:

Care: dwelling type is hospital/psychiatric hospital/disability support/rehabilitation/ boarding school.

Custodial: dwelling type is adult /youth/juvenile justice correctional centre/immigration detention centre.

Note that the following analysis includes support periods which were ongoing at the end of the reporting period, which will affect the number of clients whose situation at the beginning of support and the end of the reporting period has remained unchanged.

For those whose housing situation could be assessed, the two most common housing situations for clients when first seeking support was short-term temporary accommodation (19%) and renting or buying privately (30%). For those who began their support period in short-term

temporary accommodation (42,888 clients) the majority (67%) were still in the same type of accommodation at the end of the reporting period. Of those who had moved to other housing situations, 14% went on to renting in public or community housing and 9% went on to renting or buying privately.

In 2011–12 an estimated 69,095 clients were renting or buying privately when they first sought assistance from specialist homelessness agencies and 77% were sustained in this accommodation at the end of support, or at the end of the reporting period. Eight per cent went on to short-term temporary accommodation, and 9% were in public or community housing at the end of the reporting period.

An estimated 42,880 clients began support in public or community housing. Of these, 84% remained in public or community housing at the end of the reporting period, 7% were in short-term temporary accommodation at the end of the reporting period and 4% moved to renting or buying in the private market at the end of support.

Eleven per cent of clients (25,457) were without shelter or in inadequate dwellings when they first sought support from homelessness agencies. Of these 23% were assisted into short-term temporary accommodation, and 9% ended the reporting period in public or community housing. More than half (53%) remained in this situation at the end of the reporting period.

A further 11% of clients (24,827) were either couch surfing or living with relatives rent free when they first sought support. Of these, 18% were assisted into short-term temporary accommodation, 11% were in public or community housing and 9% were renting or buying privately at the end of the reporting period.

Table 2.1: Clients by housing situation as first and last reported, 2011–12, adjusted for non-response

| First reported housing situation | No shelter or improvised/ inadequate dwelling | Short-term temporary accommodation | House, townhouse or flat | | | Public or community housing | | Private or other housing | | Institutional setting | Total first reported |
			With relatives rent free	Couch surfer	No tenure	Renter	Rent free	Owner or renter	Rent free		
No shelter or improvised /inadequate dwelling	13,523	5,917	144	600	346	2,013	318	1,866	356	374	25,457
Short-term temporary accommodation	1,079	28,768	345	678	542	5,220	756	3,923	1,121	455	42,888
House, townhouse or flat											
Living with other households	91	647	2,737	117	194	371	83	433	192	24	4,889
Couch surfer	496	3,916	395	9,761	510	1,853	317	1,777	784	128	19,937
No tenure	213	1,099	306	215	5,402	597	42	964	177	122	9,137
Public or community housing											
Renter	297	1,907	289	235	304	26,853	1,145	1,156	337	147	32,670
Rent free	47	500	91	118	65	613	2,160	203	135	17	3,950
Private or other housing											
Owner or renter	779	5,858	744	754	786	3,143	301	53,506	3,087	137	69,095
Rent free	227	2,398	224	275	236	982	299	1,652	7,184	91	13,569
Institutional setting	266	1,999	46	102	108	666	52	363	137	3,917	7,655
Total last reported	**8,424**	**53,010**	**5,321**	**12,854**	**8,493**	**42,311**	**5,474**	**65,843**	**13,511**	**5,412**	**229,247**

Source: AIHW 2012: Table S2.28.

Other outcomes for clients

In addition to achieving housing outcomes, specialist homelessness services typically seek to support clients to achieve other outcomes that can reduce their vulnerability to homelessness. These may relate to income, education or training, employment, or a range of other areas where specialist support may be required. Box 2.5 provides information about how information about client outcomes is derived.

Box 2.5 Client outcomes in 2011–12

During the year a client may report multiple responses to the same questions. This is because a client can have multiple support periods in the same year and their circumstances may change during the course of support.

A client's outcome is considered to be the change in their circumstances when they first received support in the year and the end of their last episode of support in the year (or as recorded at the end of 2011–12 if they are still a client on 30 June 2012).


In 2011–12, most clients aged 15 and over, were receiving some form of government payment (82% of clients) when they presented to an agency (Table S1.20). The most reported government payments were Newstart Allowance (24%), followed by Parenting Payment (22%), and a Disability Support Pension (19%).

Overall there was very little change in clients' main income source from the first time they presented to an agency to their last recorded income source in 2011–12 (Table S2.20). There were, however, slightly fewer clients with no income by the end of 2011–12 (8% of clients, compared with 10% when first presenting to an agency).

There were also slight improvements for clients aged 15 and over who identified a need for employment assistance, or to obtain/maintain a government allowance. Fewer of these clients had no income at the end of support (8%, compared with 15% when first presenting to an agency) (Figure 2.19). More of those clients with needs relating to their income were receiving a government allowance by the end of 2011–12 (83%, compared with 78% when first presenting to an agency). Similarly, more clients with income related needs were receiving an employee income by the end of 2011–12 (8%, compared with 6%).

The majority of clients aged 15 and over were either not in the labour force (49% of clients) or were unemployed (39%) when they first presented to an agency in 2011–12 (Table S2.22). Eleven per cent of clients were employed when first presenting, of whom 7% were employed part-time.

Clients aged 15 and over who had a need for assistance related to employment were more likely than the general client population to be unemployed (52%) when first presenting to an agency (Table S2.23). Thirty-five per cent of these clients were not in the labour force when first presenting to an agency and 12% were employed.
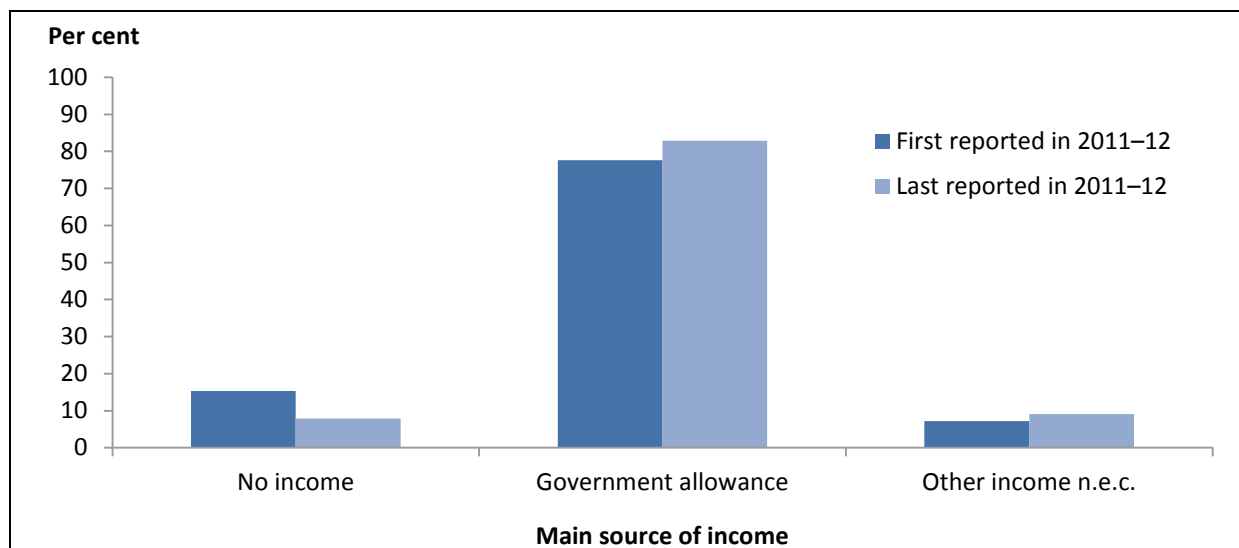
Source: AIHW 2012: Table S2.21.

Figure 2.19: Clients with an income related need, first and last reported main source of income in 2011–12

Overall, there was very little change at the aggregate level in all clients' labour force status from the first time they presented for support, to their last recorded labour force status in 2011–12. There were slightly fewer clients who were unemployed by the end of 2011–12 (36% of clients, compared with 39% when first presenting to an agency) (Table S2.23).
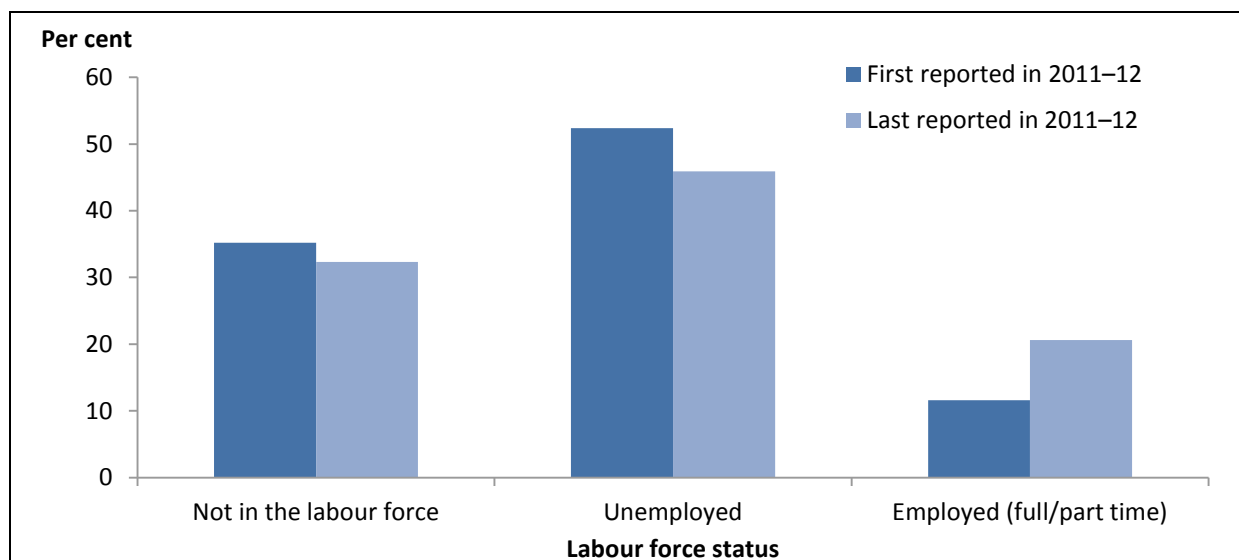
Source: AIHW 2012: Table S2.23.

Figure 2.20: Clients with employment-related needs, first and last reported labour force status in 2011–12

Clients aged 15 and over with an employment-related need demonstrated a higher level of improvement, with around one-fifth (21%) of these clients being employed at the end of 2011–12, compared with 12% when first presenting to an agency (Figure 2.20).

Most clients were not enrolled in any form of education when they first presented to an agency in 2011–12 (80% of all clients). Clients who were enrolled in education were mostly children enroll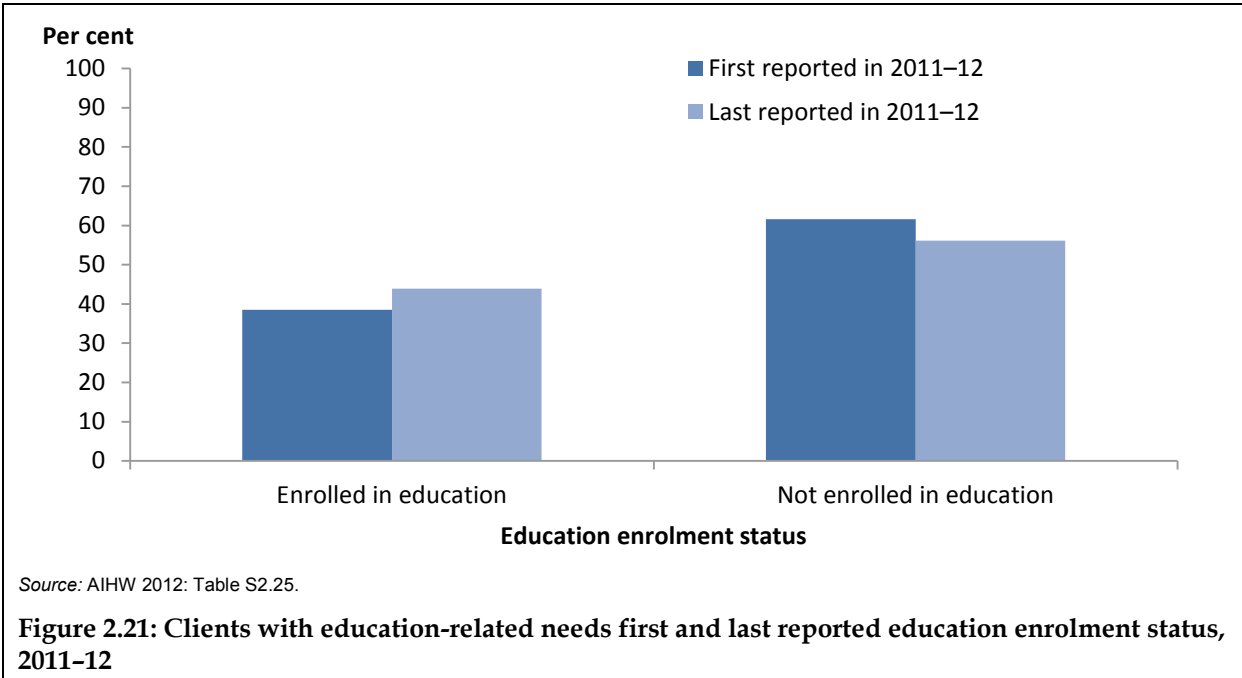ed in primary school (7% of all clients) or secondary school (6% of all clients) (Table S1.24). There was also very little change in all clients' education enrolment status at the end of 2011–12. Slightly more clients were enrolled in education at the end of 2011–12 (23%, compared with 20%).

For those clients who had a need for assistance related to education, there was a higher level of enrolment in education when first presenting to an agency in 2011–12 (62% of all who had an education-related need). Most clients with education-related needs were in secondary school (15%). There were also higher proportions of clients with education-related needs in vocational education or training than all SHSC clients (7%, and 3%, respectively). Relatively more clients with education-related needs were enrolled in education by the end of 2011–12 (44%, compared with 39% when first presenting to an agency).

Source: AIHW 2012: Table S2.25.

Figure 2.21: Clients with education-related needs first and last reported education enrolment status, 2011–12

3 A comparison of homeless and at-risk clients

Not all people who seek services from specialist homelessness agencies are homeless. A significant proportion seek support to prevent them from becoming homeless, and state and territory governments provide a range of services directed specifically at preventing people from becoming homeless.

The Australian Government's White Paper, *The road home: a national approach to reducing homelessness* (Australian Government 2008) emphasised the need for early intervention for those at risk of homelessness as the most effective and efficient way to reduce homelessness. For those already experiencing homelessness the White Paper emphasised the need for assistance to move quickly to stable housing with continued support so that homelessness does not recur.

This chapter examines the differences between those who seek support before becoming homeless and those who are already homeless when they first seek assistance. It examines their recent housing histories, their demographic characteristics, types of services sought and provided, the duration between support and provision, and the outcomes achieved. This can give a better understanding of the pathways into and out of homelessness which can help highlight key factors that lead to people successfully achieving desired housing and social outcomes.

For these analyses, clients are identified as being homeless or at risk based on their housing characteristics when they first presented to a specialist homelessness agency in 2011–12 (or at the beginning of the reporting period). The definition of homelessness used is based on the new statistical definition of homelessness developed by the Australian Bureau of Statistics (ABS)—see Box 3.1 for more information. Clients who were identified as being at risk may have experienced homelessness in the past, and may have become homeless at a later stage in the reporting period.

In 2011–12 an estimated 44% of clients were already homeless (100,869) when they first presented to an agency for support, and 56% of clients (128,378) were at risk of homelessness. Looking across all periods of support, 52% of clients (119,265) experienced at least one episode of homelessness at some time during the year. Four per cent of all clients experienced a repeat episode of homelessness in 2011–12.

Although females in general were more likely to seek services from specialist homelessness agencies, a comparison of the population of clients who were homeless and those at risk shows that the greater number of female clients overall is accounted for by those at risk. In 2011–12 roughly equal numbers of male and female clients were homeless at the time of seeking services, but females represented 68% of those at risk.

Among those who were homeless when they first began receiving support, females made-up the major proportion of homeless clients in the 15 to 34 age group, while males represented the majority in the older age groups. There were similar numbers of boys and girls aged under 15 (Figure 3.1).

Box 3.1 How we identified homelessness status

All clients of specialist homelessness services are either homeless or at risk of homelessness. 'Homeless' status is derived for a client based on the client's housing circumstances at the beginning of their first support period in 2011–12 (or at the beginning of 2011–12 for clients who were existing clients on 1 July 2011). All other clients not meeting these criteria are considered to be at risk of homelessness (excluding clients who did not provide sufficient information to make this assessment).

Homeless status is determined by aligning as closely as possible with the newly developed ABS statistical definition of homelessness (ABS 2012c).
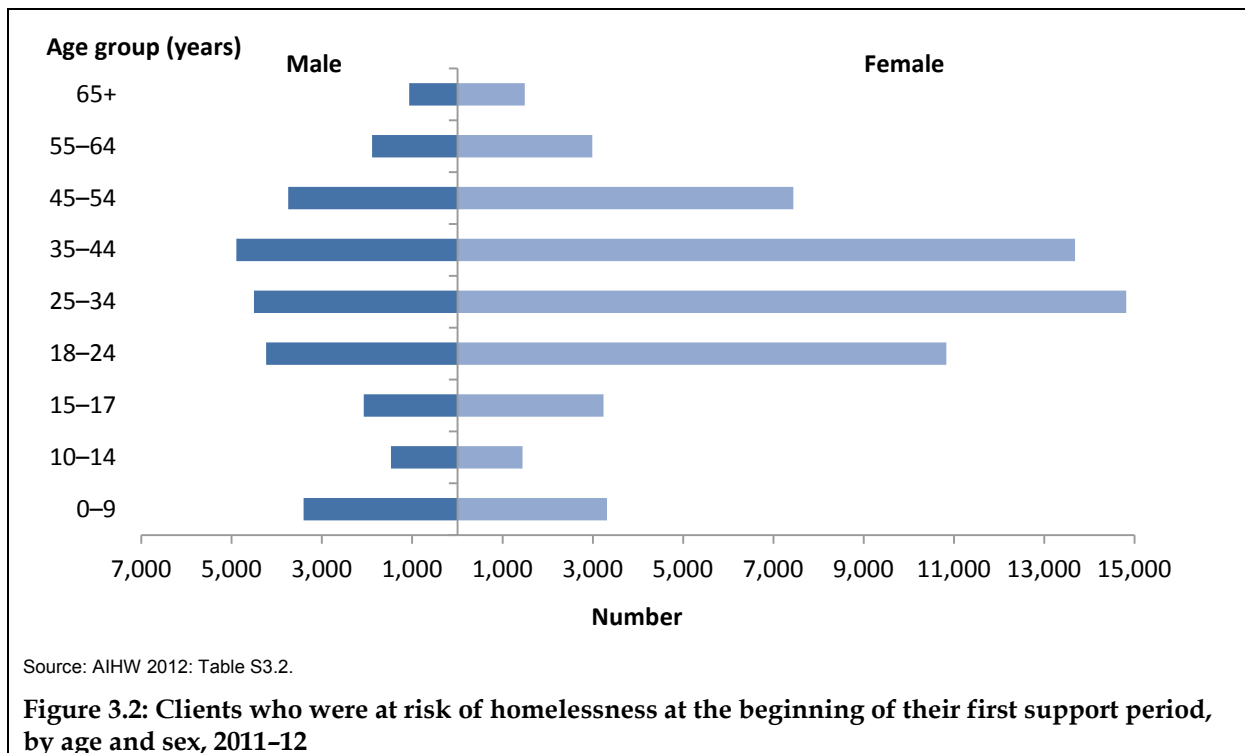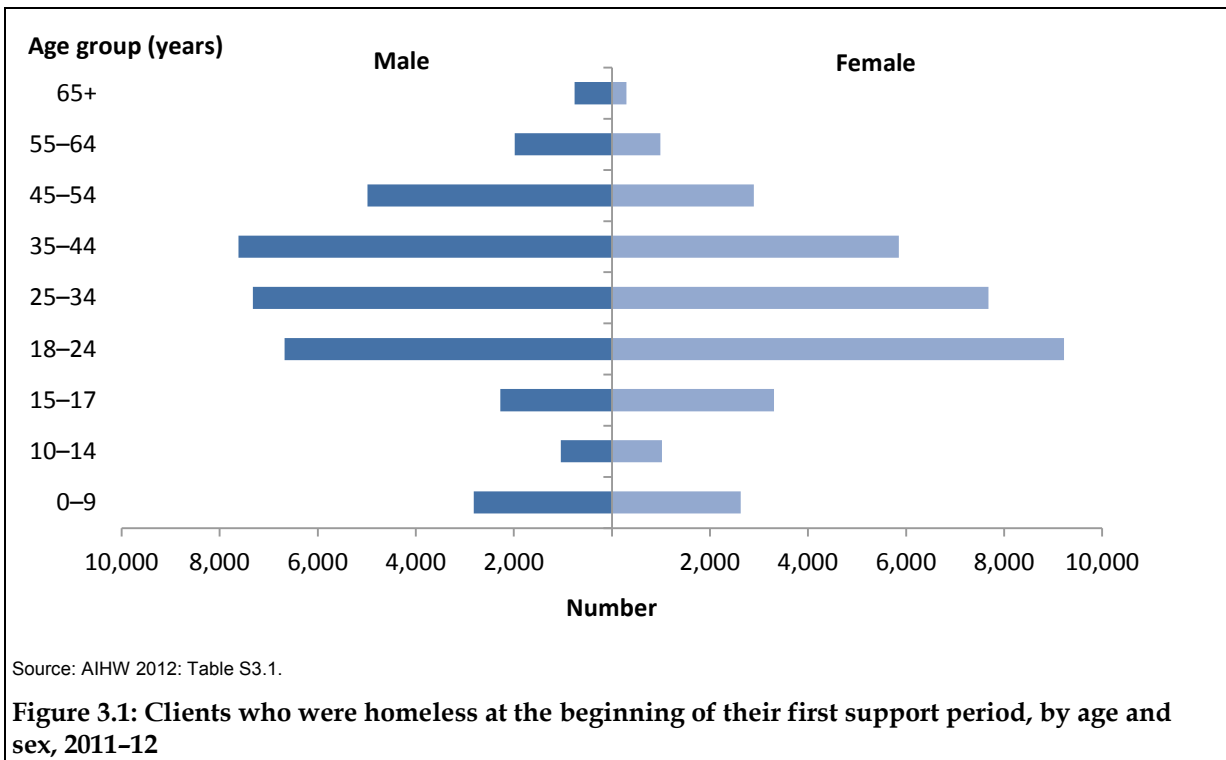
A client in the SHSC is considered 'homeless' if their housing situation was any of the following:

- Dwelling type was caravan, tent, cabin, boat, improvised building/dwelling, no dwelling/street/park/in the open, motor vehicle, boarding/rooming house, emergency accommodation, or hotel/motel/bed and breakfast
- Dwelling type was house/townhouse/flat and condition of occupancy was couch surfing
- Dwelling type was house/townhouse/flat and tenure type was 'no tenure' and conditions of occupancy were not couch surfing
- Tenure type was renting or living rent-free in transitional housing, caravan park, boarding/rooming house, emergency accommodation/night shelter/women's refuge/ youth shelter.

In terms of adapting the ABS statistical definition of homelessness to the SHSC there are some key areas where alignment may not occur. The new ABS definition includes persons living in severely crowded dwellings. No specific question is asked in the SHSC on crowding so this group cannot be separately identified. People in this situation seeking services will be captured in other categories based on tenure or other housing circumstances.

Also, certain decisions are made by the ABS to exclude groups of people from the homeless count where they appear to have accommodation alternatives or there is a clear choice about the type of accommodation (e.g. people who are travelling, people returning from overseas, certain owner builder or hobby farmers, 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 circumstances when they began receiving assistance.

Among those who were at risk when they first began receiving support, there were greater numbers of females in all age groups 15 and over, particularly among those aged 18–44 (Figure 3.2). There were similar numbers of boys and girls aged under 15 (Figure 3.1).

Source: AIHW 2012: Table S3.1.

Figure 3.1: Clients who were homeless at the beginning of their first support period, by age and sex, 2011–12

Source: AIHW 2012: Table S3.2.

Figure 3.2: Clients who were at risk of homelessness at the beginning of their first support period, by age and sex, 2011–12

History of homelessness

Homelessness is often not a single life event and many people can cycle in and out of homelessness in their lifetime. Of those who were homeless when they first sought assistance in the reporting year, nearly two-thirds (63%) recorded that they had a previous episode of homelessness in the 12 months before their support period began (Figure 3.3). Among those who were at risk of homelessness, 16% had a prior history of homelessness in the 12 months before support, and of 128,378 clients who were at risk of homelessness when they first sought assistance, 15% went on to become homeless later in 2011–12. Eighty-five per cent of these clients were successfully supported and prevented from becoming homeless in 2011–12.
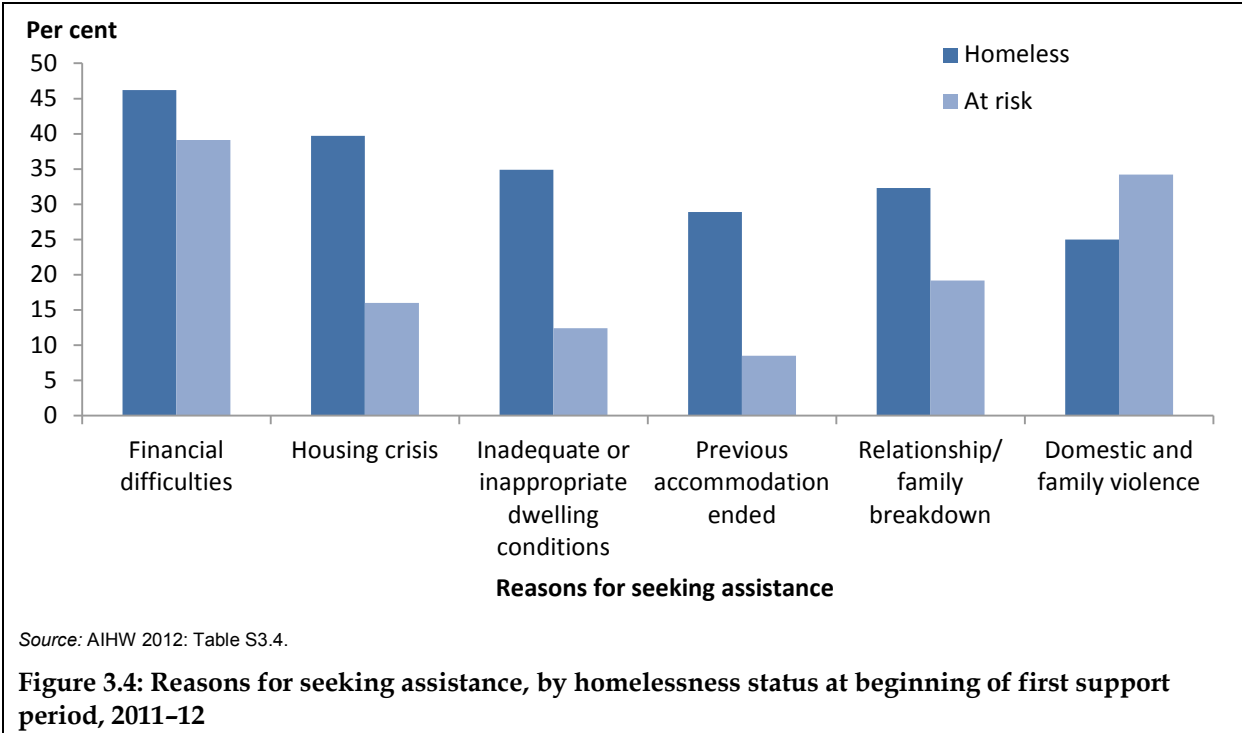

Source: AIHW 2012: Table S3.3.

Figure 3.3: History of homelessness for clients who were homeless and at risk at the beginning of their first support period, by age, 2011–12
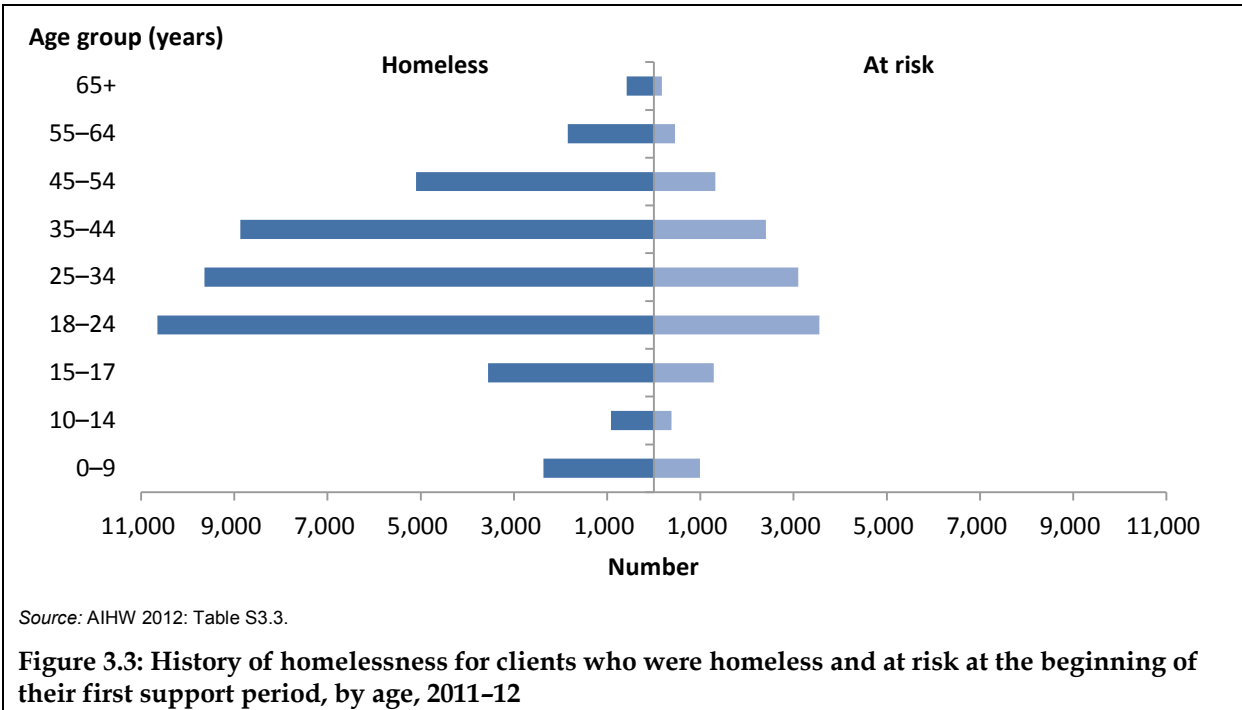
Reasons for seeking assistance

When comparing reasons for seeking assistance, those who were homeless when they began receiving support in the reporting period generally indicated many more reasons for seeking assistance, compared to those who were at risk at their first presentation. For example, each of the top six reasons for seeking assistance was reported by over one-quarter of all homeless clients (Figure 3.4). For those at risk, only two main reasons were reported by over one-quarter of clients ('financial difficulties' and 'domestic and family violence').

At-risk clients were less likely than homeless clients to seek assistance for 'mental health issues' (9%, compared with 19% for homeless clients), 'unemployment' (6%, compared with 14%), and for 'inadequate or inappropriate dwelling conditions' (12%, compared with 35% for homeless clients).

Some of these differences can be related to the nature of homelessness itself. Homeless people are more likely to indicate a wider range of housing-related problems, such as
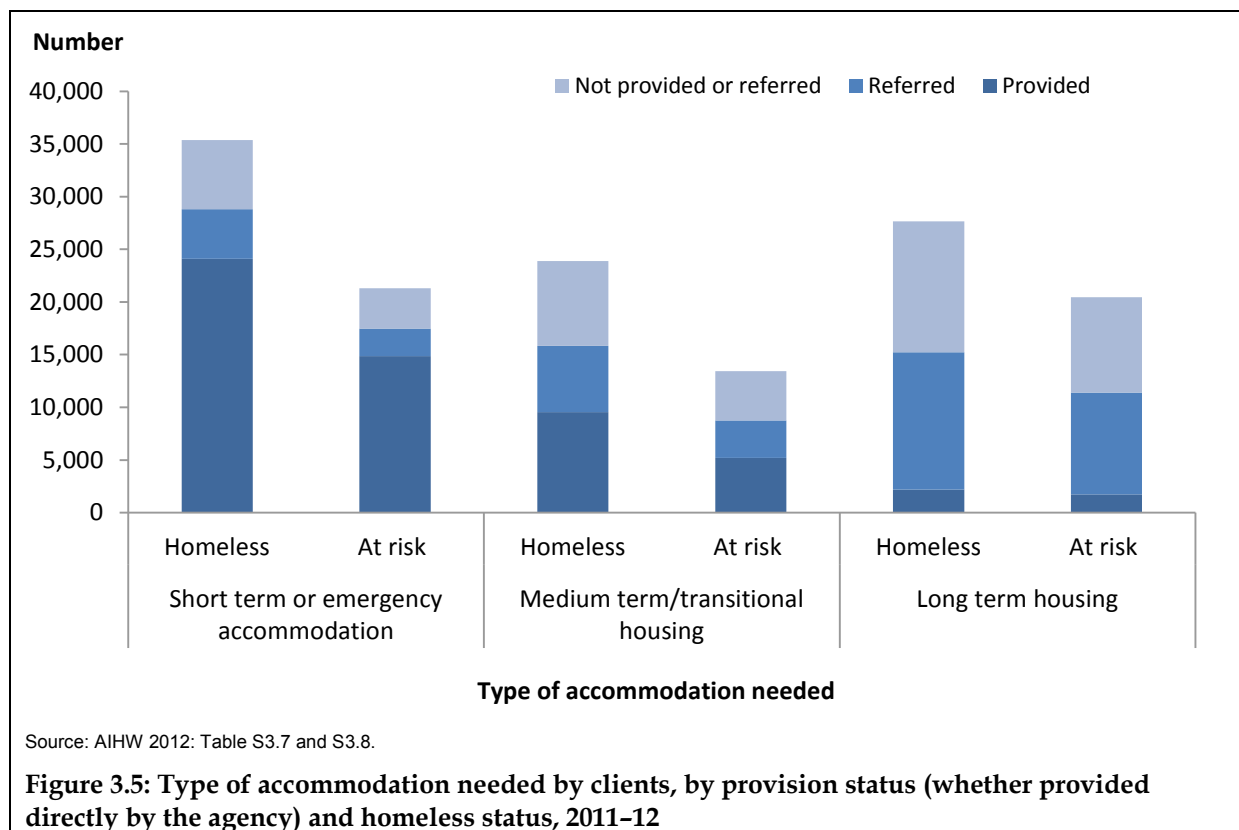
'housing crisis' or living in 'inadequate or inappropriate dwelling conditions'. They are also more likely to have had a previous experience of homelessness which may be associated with more complex needs, and that may contribute to recurring housing instability. By contrast, those who were at risk when they first presented are less likely to report previous history of homelessness, and report fewer reasons for seeking assistance (compared with those who were already homeless at first presentation).

Source: AIHW 2012: Table S3.4.

Figure 3.4: Reasons for seeking assistance, by homelessness status at beginning of first support period, 2011–12

Service needs and the provision of services

Within the SHSC, many more homeless clients requested accommodation services compared to those clients at risk of homelessness. A higher proportion of homeless clients were reported as needing assistance with all three categories of accommodation (short-term/emergency, medium-term/transitional, and long term housing). Short-term emergency accommodation was the most needed service for homeless people (60%), compared to clients at risk of homelessness (35%).

Both homeless clients and those at risk of homelessness had a similar likelihood of being provided accommodation within each category. Short-term accommodation was provided to 68% of those who were homeless and 70% of those at risk; medium-term accommodation was provided to 40%of the homeless and 39% of those at risk; and long term accommodation was provided to 8% of clients within each group (Figure 3.5).

Source: AIHW 2012: Table S3.7 and S3.8.

Figure 3.5: Type of accommodation needed by clients, by provision status (whether provided directly by the agency) and homeless status, 2011–12

The specialised service most needed by homeless clients was 'health and medical services', needed by 19% of these clients. Homeless clients were nearly three times more likely to require this service than at risk clients, 7% of whom identified this as a need.

Over one-third (36%) of clients at risk of homelessness required support due to domestic and family violence. At risk clients were twice as likely to require support for this reason as homeless clients (16%).

Housing situation of homeless and at risk clients on presentation

The majority of clients who were at risk of homelessness were living in a house, townhouse or flat when they first sought support (99% of those who reported). In contrast, clients who were homeless when they first started receiving assistance from a specialist homelessness agency reported a range of different accommodation situations. The following analysis groups those who were homeless at first presentation into several sub-categories based on the information they provided about their housing situation at that time (based on dwelling type, tenure and conditions of occupancy when they presented for assistance—see Box 3.2 for more information). These categories align with similar categories used in the ABS's statistical definition of homelessness (ABS 2012c), and describe the type of accommodation that the client was living in.

Box 3.2 Homelessness categories

Without shelter: Dwelling type is no dwelling/street/park/in the open or motor vehicle.

Improvised shelter: dwelling type is improvised building/dwelling.

Inadequate accommodation:

Inadequate caravan: dwelling type is caravan, *or* dwelling type is not caravan but tenure type is renting or living rent-free in a caravan park.

Inadequate other: dwelling type is cabin or boat.

Short-term temporary accommodation:

Short-term temporary boarding: dwelling type is boarding/rooming house, *or* dwelling type is not boarding house *and* tenure type is renting or living rent-free in boarding/rooming house.

Short-term temporary emergency: dwelling type is emergency accommodation *or* dwelling type is not Emergency accommodation or hotel/motel/bed and breakfast *and* tenure type is renting or living rent-free in emergency accommodation or transitional housing.

Other temporary lodgings: dwelling type is hotel/motel/bed and breakfast.

Living temporarily with other households:

Living with other households rent free**:** dwelling type is house/townhouse/flat *and* tenure type is no tenure *and* conditions of occupancy are living with relative fee free.

Couch surfing: dwelling type is house/townhouse/flat *and* conditions of occupancy are couch surfing.

No tenure (not otherwise classified): dwelling type is house/townhouse/flat *and* tenure type is no tenure and conditions of occupancy is not couch surfer or living with relative fee free.

On presentation, the most common accommodation arrangement for those who were homeless was living in short-term temporary accommodation (44% of homelessness clients), and the next most common arrangement was living in a house/townhouse/flat (30%). Of those living in a house/townhouse/flat, 60% were couch surfing, 13% were living with relatives rent free and 27% were living in other arrangements with of no tenure. Fourteen per cent of all clients who were homeless when they began receiving support were without shelter (Table 3.1).

Homeless females were much more likely to be living in a house/townhouse/flat—either living temporarily with other households, couch surfing or otherwise with no tenure (Table 3.1). Homeless males were much more likely than females to be sleeping rough (19% of male homeless clients, compared to 9% of female homeless clients), and also more likely to be living in improvised or inadequate dwellings. Males and females had an almost equal likelihood of living in temporary supported accommodation when they first began receiving assistance (Figure 3.6).

Table 3.1: Clients who were homeless at the beginning of their first support period, by homelessness category, 2011–12, adjusted for non-response

| Clients | Without shelter | Improvised or inadequate accommodation | Short-term temporary accommodation | House/townhouse/flat | | | Other |
				With relatives fee free	Couch surfer	No tenure[(a)]	
Males							
Number	9,959	4,907	22,515	1,620	7,542	3,603	1,692
Per cent	69	55	51	37	42	44	52
Females							
Number	4,376	3,946	21,867	2,755	10,404	4,648	1,544
Per cent	31	45	49	63	58	56	48
All clients							
Number	**14,336**	**8,853**	**44,382**	**4,375**	**17,946**	**8,251**	**3,236**
Per cent	**14**	**9**	**44**	**4**	**18**	**8**	**3**

(a) No tenure not classified elsewhere.

Source: AIHW 2012: Table S3.6.
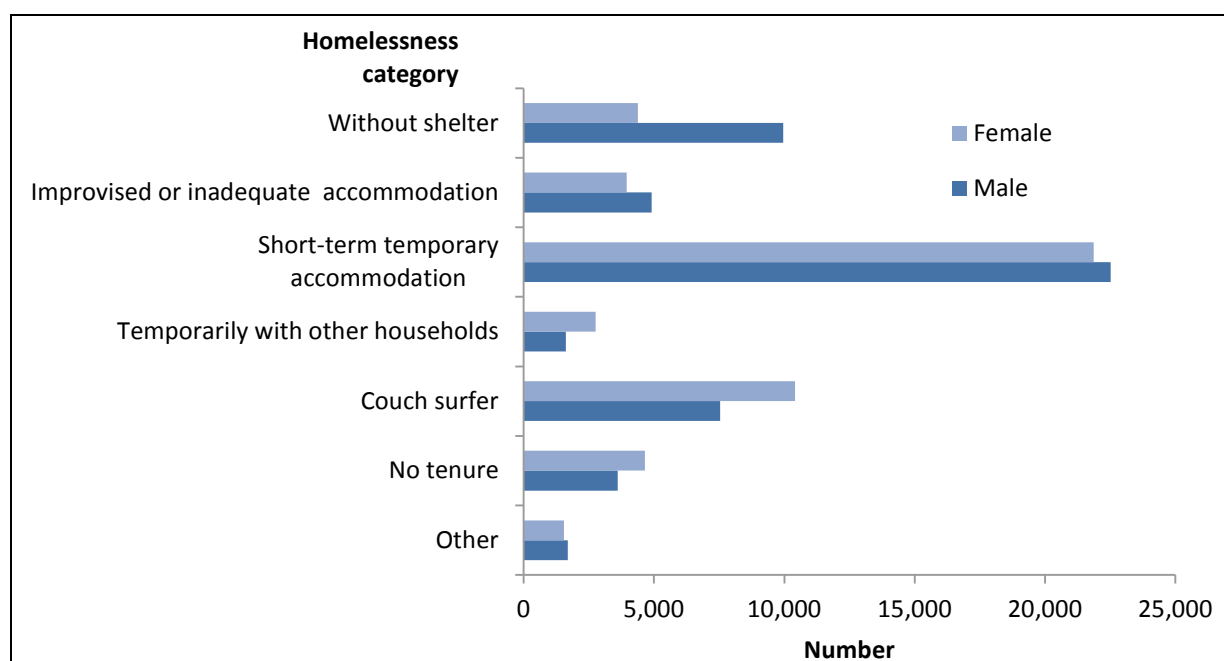
Source: AIHW 2012: Table S3.6.

Figure 3.6: Clients who were homeless at the beginning of their first support period, by homelessness category and sex, 2011–12

Housing outcomes

Homelessness services are directed at minimising the number of Australians sleeping rough or in inadequate accommodation, and stabilising the housing situation for those who are currently housed but face the prospect of homelessness.

In this report housing outcomes are based on information reported about dwelling type, housing tenure and conditions of occupancy and are determined by comparing clients' housing situations at the beginning of their first support period in the year with their situation at the end of their last support period in the year (or at the end of 2011–12 for those who had a continuing support period), using accommodation categories outlined in Chapter 2, Box 2.4.

Housing outcomes for homeless clients

In 2011–12, 23% of homeless clients were either sleeping rough or were living in an inadequate dwelling. Of those clients 19% were assisted into supported accommodation; 29% moved into a house, townhouse or flat (although this may be with no tenure), and some clients (52%) remained in the poorest housing situation (i.e. sleeping rough or in an improvised or inadequate dwelling) at the end of support or at the end of the year (Table 3.2). Housing amenity may have also improved for another 11% of homeless clients (those that were in temporary accommodation and moved to a house/townhouse/flat). Existing levels of housing amenity were maintained for another 60% of homeless clients (those that were in temporary accommodation or in a house/townhouse/flat with or without tenure). For a further 6% of homeless clients their housing situation appears to have worsened from temporary accommodation to sleeping rough or staying in an inadequate dwelling.

Table 3.2: Clients who were homeless at the beginning of their first support period, by dwelling type at the beginning and end of support, 2011–12, adjusted for non-response
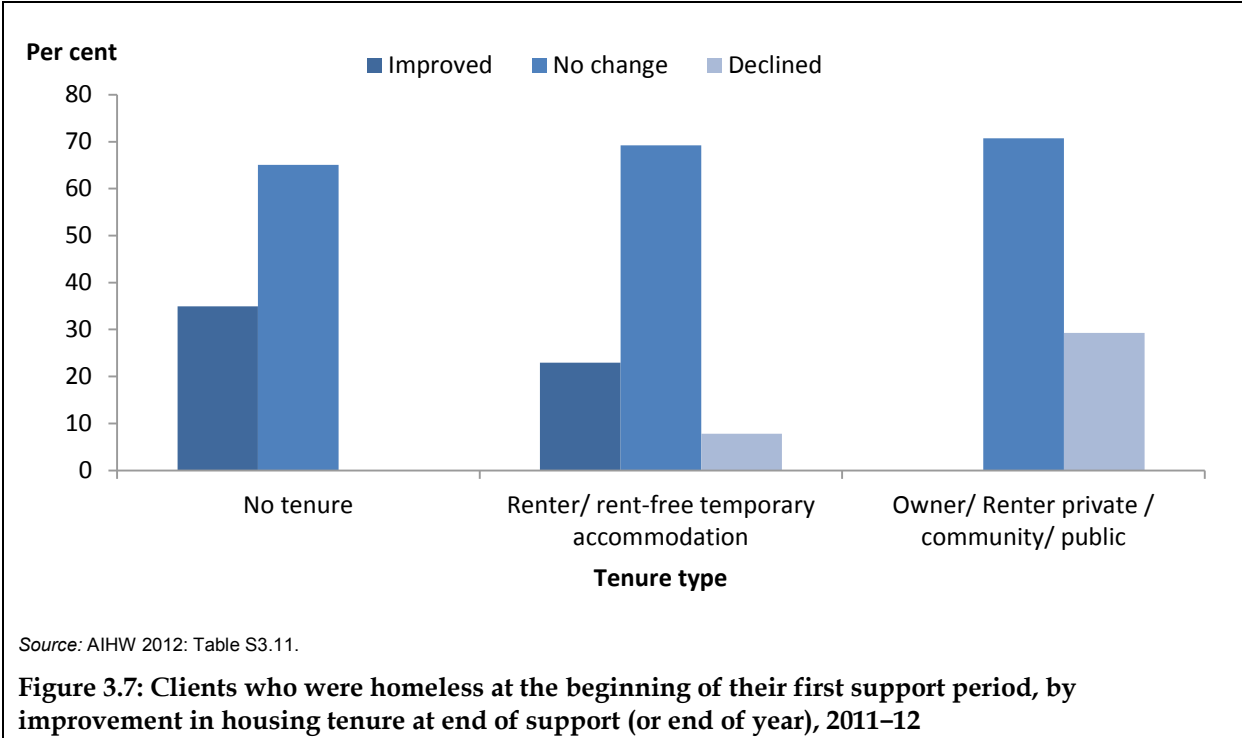
First reported housing situation	Last reported housing situation				
	No shelter improvised or inadequate dwelling	Temporary supported accommodation	Temporary other accommodation	House/ townhouse/ flat	Total
No shelter/improvised or inadequate dwelling	12,334	2,714	1,736	6,717	23,500
Temporary supported accommodation	310	5,473	663	5,449	11,894
Temporary other accommodation	722	2,118	11,521	6,082	20,443
House/townhouse/flat	880	2,714	1,457	39,980	45,031
Total	**14,246**	**13,019**	**15,377**	**58,227**	**100,869**

Source: AIHW 2012: Table S3.9.

Dwelling improvements were achieved for a relatively higher proportion of clients (48%) at the lowest end of the amenity scale (with no shelter or in improvised or inadequate accommodation (Figure 3.6). There were lesser improvements for clients with better housing circumstance at the start of support. Conversely, the rate of clients recording no change in housing situation was higher for those with better housing circumstance at the start of

support. Clients whose housing status declined after seeking assistance were maintained at an extremely low level, and may reflect those clients for whom support may have commenced only recently. Note that those whose dwelling type is a house, townhouse or flat may actually have no tenure.

In 2011–12, specialist homeless agencies were successful in improving the housing tenure of 29% of clients who were homeless when they began receiving support from the agency. They were also successful in maintaining an acceptable tenure for another 31% of clients (those who were renting or living rent free in temporary accommodation or in a house, town house or flat). Some 4% of clients experienced a decline, and 36% of clients who were living in dwellings without tenure remained in that situation at the end of the reporting period. Those without any housing tenure at the time of presenting were more likely to have improved tenure (Figure 3.7).

Source: AIHW 2012: Table S3.11.

Figure 3.7: Clients who were homeless at the beginning of their first support period, by improvement in housing tenure at end of support (or end of year), 2011–12

Specialist homelessness agencies were able to improve the conditions of occupancy for 27% of clients who were homeless when they first began receiving support (Table 3.3). These clients had no lease in place at the start of support (either directly or indirectly through a lease held in their name or in the name of a family member or friend) but had a lease in place at the end of support. Conditions of occupancy were maintained for 86% of those homeless clients who already had a lease in place.

For 14% of homeless clients who were renting, their conditions of occupancy worsened, because they no longer had a lease in place at the end of their support (or at the end of the year if their support period was ongoing at the end of the reporting period) (Figure 3.8).

Figure 3.8: Homeless change in conditions of occupancy by end of reporting period or of support, 2011–12
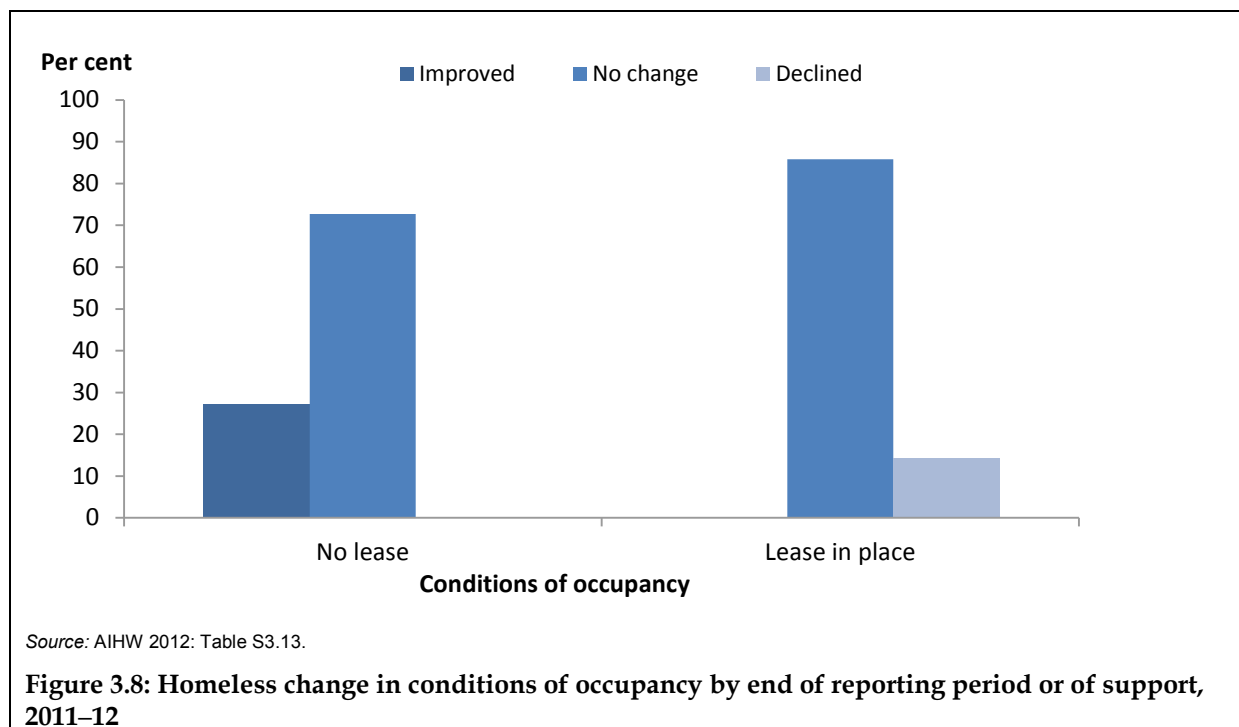
Housing outcomes for at risk clients

The majority of clients who were at risk of homelessness were living in a house, townhouse or flat when they first began receiving support (99% of those who reported) (Figure 3.9). Of these clients 94% remained in that situation at the end of support, 5% were assisted into supported or other temporary accommodation and 1% were sleeping rough or in an inadequate dwelling at the end of support (Table 3.3).

When looking at tenure type the majority of at risk clients were renting in private, community or public housing or buying a house, townhouse or flat (89%). Of these clients 84% remained in that situation at the end of support or at the end of the year, 10% were assisted in supported accommodation and 4% ended with no tenure.

For those who provided information on their conditions of occupancy, 79% had a lease in place when they first began receiving assistance. Of these, 90% remained with a lease in place and 10% finished the year or support without a lease. Of those who began support without a lease in place, 26% finished with a lease.
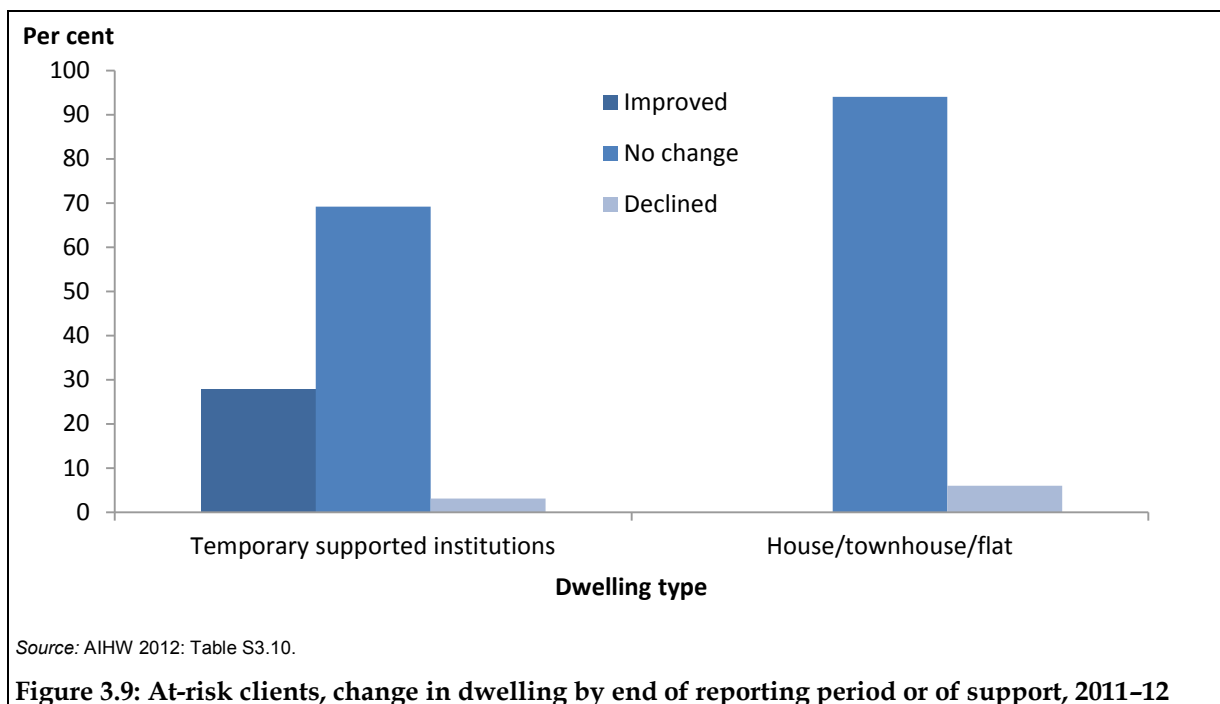
Source: AIHW 2012: Table S3.10.

Figure 3.9: At-risk clients, change in dwelling by end of reporting period or of support, 2011–12

Table 3.3: Clients who were at risk of homelessness at the beginning of their first support period, by dwelling type at the beginning and end of support, 2011–12, adjusted for non-response

Dwelling situation on start of year or start of year	Dwelling situation at end of support or end of year				
	No shelter improvised or inadequate dwelling	Temporary supported accommodation	Temporary other accommodation	House/ townhouse/ flat	Total
Temporary supported institutions	44	179	809	399	1,432
House/townhouse/flat	1,380	4,073	2,182	119,311	126,946
Total	**1,424**	**4,253**	**2,991**	**119,710**	**128,378**

Source: AIHW 2012: Table S3.10.

Specialist homelessness agencies were able to improve the conditions of occupancy for 26% of clients who were at risk of homelessness when they first began receiving support. These clients were renting in circumstances that gave them no legal entitlement over their housing at the start of support but had a lease in place at the end of support. Conditions of occupancy were maintained for 90% of those at risk clients who already had a lease in place.

For 10% of at risk clients who were renting, their conditions of occupancy worsened, because they no longer had a lease in place at the end of their support (or at the end of the year if their support period was ongoing at the end of the reporting period).

4   A profile of special interest groups

The NPAH and NAHA fund a broad range of services for the homeless and those at risk of homelessness. Within this population, clients present with a wide spectrum of needs. Some groups of people are especially vulnerable because of age or other demographic characteristics, or due to a complex mix of needs related to specific issues affecting those groups.

This section highlights findings in relation to a number of special interest groups who are of particular concern, either because they are high users of specialist homelessness services, or may experience special needs in other ways.

4.1   Children and young clients

Children and young people are significant users of specialist homelessness services as indicated in Chapter 2. The experience of homelessness for children and young people can result in disrupted schooling and poorer education outcomes, as well as poorer health, emotional, behavioural and developmental outcomes. All of these may have long term effects, and may make them more vulnerable to repeat periods of homelessness (Noble-Carr 2006).

The White Paper on homelessness proposes a number of program responses to prevent families with children and young people from becoming homeless (Australian Government 2008). These include programs primarily aimed at supporting families who may be at risk of homelessness due to the need for tenancy support or family violence, and programs aimed at young people to help them to remain connected with their families, school, training and jobs.

In this section, information about children (aged under 18) who presented to a specialist homelessness agency with others is considered alongside data about young people (aged 15–24) who presented alone.

Box 4.1 How we defined children and young people

Children are defined here as clients aged 0–15 and those aged 16–17 if they presented in a family or other group in their first support period in 2011–12. Young people are defined as clients aged 15–24 who presented alone in their first support period.
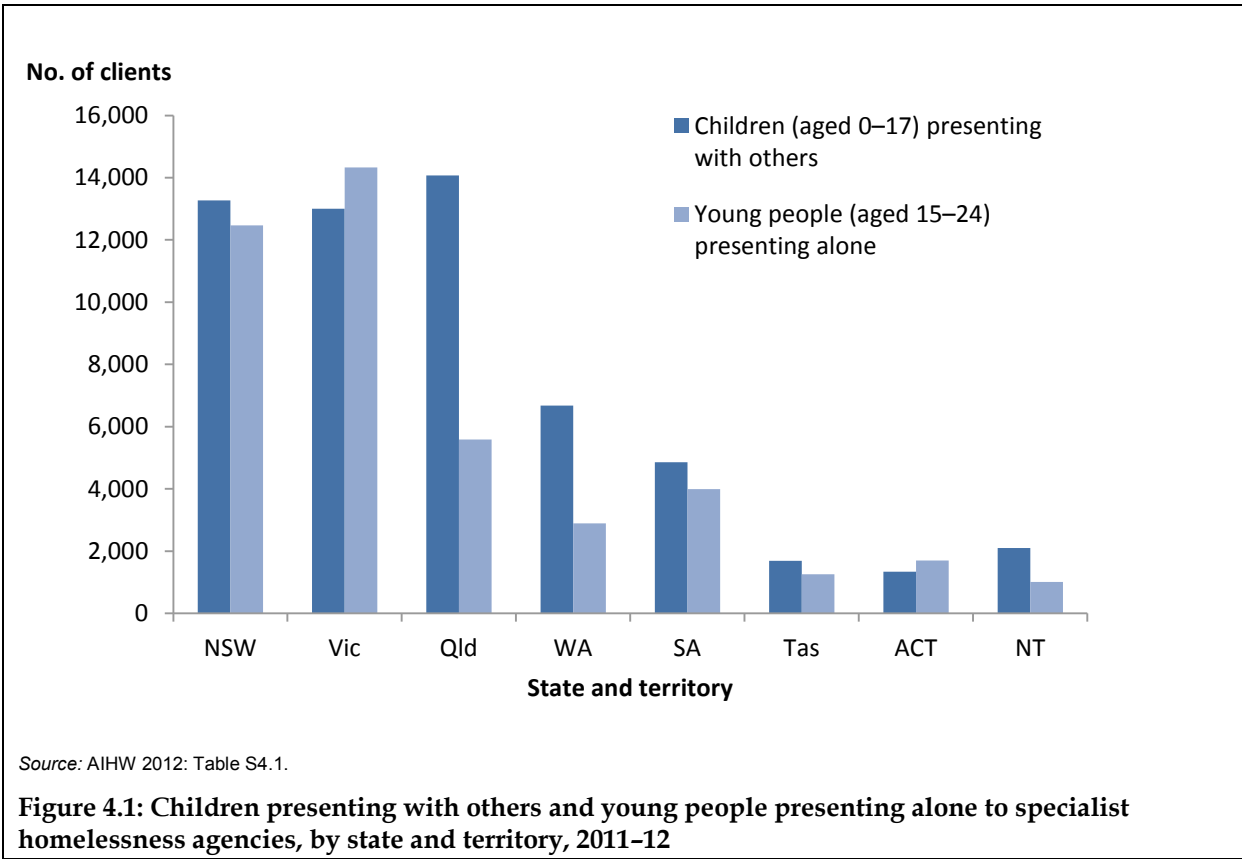
The age of the client is defined as the client's age on the start date of their first support period in the reporting period. For those who were ongoing clients on 1 July 2011 (the beginning of the reporting period), the client's age on the first day of the reporting period is used.

The derivation of these groups, based on data captured in the client's first support period in the reporting year, ensures that the two subgroups—children who present with others and young people who present alone—are mutually exclusive and only counted once in these analyses.

In 2011–12, 43% of all clients (99,228 clients) were children (aged 0–17) presenting with others or young people (aged 15–24) presenting alone. Of these, 57% were children presenting with others, and 43% were young people who presented alone (Table S4.1).

Among the children who presented with a family group, 69% were aged under 10, and 24% were aged 10–14. There were similar numbers of boys and girls in each age group.

Among the young people who presented alone, however, there were more young women who received assistance than young men (63% of all clients in this group were young women presenting alone, and 37% were young men). Three-quarters (75%) of clients in this group were aged 18–24 and the remaining 25% were aged 15–17.

Source: AIHW 2012: Table S4.1.

Figure 4.1: Children presenting with others and young people presenting alone to specialist homelessness agencies, by state and territory, 2011–12

Victoria and NSW were the states that assisted the highest numbers of children and young people presenting alone (Figure 4.1). In both of these jurisdictions there were similar numbers of children and young people presenting alone who were assisted. By contrast, in Queensland, Western Australia and to a lesser extent Northern Territory, the greater proportion of clients in this sub-population were children (rather than young people presenting alone). Demand for services by children and young people is likely to influenced by the service delivery frameworks that exist in these state and territories, and by underlying population size.

Where children's homeless status at the beginning of their first support period in the year could be assessed (or the first support period where this information was available), less than

half (43%) were already homeless when they began receiving assistance, and the remaining 56% were assessed as being at risk of homelessness.

For young people presenting alone, a greater proportion were already homeless at the beginning of their first support period in the year. Where homelessness status can be assessed, 52% of young people who presented alone were already homeless when they began receiving support, and 48% were at risk of homelessness.

Among children who were already homeless, around half (46%) had experienced a previous episode of homelessness in the past 12 months, and for young people, two-thirds (66%) had experienced this.

Three-quarters (75%) of young people who presented alone reported their main source of income as being a government pension or allowance. Nearly half (46%) of these were on Youth Allowance, with a further 22% on Newstart Allowance and 21% on Parenting Payment. Seventeen per cent of all young people who presented alone reported having no income.

Main reason for seeking assistance

For all clients, the main reason for seeking assistance is recorded. For clients who present in a group (and especially children), the reasons recorded will, to some extent, reflect the circumstances of the parent(s). Nevertheless, because these circumstances have a direct impact on the child(ren), it is valuable to examine reasons for seeking assistance recorded for children.

The main reason for seeking assistance given for one-third (33%) of all children was 'domestic and family violence'. A further 12% reported 'housing crisis' as the main reason for seeking assistance, followed by 'inadequate and inappropriate dwelling conditions' and 'financial difficulties' (both 9%).

Although the main reasons for seeking assistance were generally equally likely to be reported for boys and girls, there were some notable differences. Boys were much more likely to report 'disengagement with school or other education and training' as the main reason for seeking assistance compared with girls, and girls were more likely to report 'sexual abuse' as the main reason.

For young people who presented alone, 'housing crisis' and 'domestic and family violence' were both recorded as the most commonly reported main reasons for seeking assistance (both 15%), closely followed by 'relationship/family breakdown' (14%). Again, there were some sex differences evident in the main reasons recorded. Young women were more likely to report 'domestic and family violence' and 'sexual abuse'; young men were more likely to report a range of other reasons: 'transition from custodial arrangements' (and also' transition from other care arrangements'), 'problematic alcohol use', 'problematic drug or substance use', 'employment difficulties', and 'disengagement with school or other education and training'.

Service needs and the provision of services

For both children and young people who presented alone, the most common service-need grouping was for general services; 90% of all children and 94% of all young people were

identified as having general support needs. For both groups the top four general support needs were the same as for all clients. For children, the next most needed general support service was 'family and relationship assistance' (needed by 28% of children), and for young people it was 'living skills/personal development' (needed by 36% of young people who presented alone).

For both groups, the next most common service need grouping was for accommodation—recorded for 70% of children and 66% of young people who presented alone. 'Short-term or emergency accommodation' was the most commonly identified accommodation need. In addition to accommodation needs, over one-quarter of children and young people needed 'assistance to sustain tenancy or prevent tenancy failure or eviction' (26% of children and 27% of young people who presented alone).

Other service-needs groupings that were commonly identified for these clients were, for children: family and domestic violence services (needed by 32% of children), family support services (20%), and other specialised services (24%). For young people who presented alone the service-need groupings commonly identified were: family and domestic violence services (needed by 19% of young people), mental health services (12%), and other specialised services (23%).

For both groups, assistance for domestic/family violence and assistance to sustain a tenancy were provided directly by agencies in a high proportion of cases where these needs were identified. Short-term or emergency accommodation was also more likely than not to be provided directly by agencies (for 73% of children where this need was identified and 64% of young people where this need was identified).

The areas in which there tended to be low rates of direct provision of services (for both groups) were for needs for assistance related to mental health and disability. In both areas, assistance was generally provided to clients in less than half of cases where support of this nature was needed.

For both children and young people who presented alone, general support services were mostly likely to be met directly by the agency.

Length of accommodation

For both children and young people provided with accommodation, around one-fifth were accommodated for up to 5 days (19% of children and 23% of young people). Greater numbers were accommodated for between 6 and 45 days (29% of children and 32% of young people).

Length of support

The length of support periods for children and young people who presented alone was similar: around one-quarter of support periods lasted up to 5 days (24% of children who presented with others and 27% of young people who presented alone). A similar proportion was supported for between 6 and 45 days (28% of children and 29% of young people).

Housing outcomes for children and young people

For both children and young people, a high proportion were living in a house/townhouse/flat at the beginning of their support period (though this may be with no tenure): 81% of

children and 80% of young people. For both groups, this proportion had increased at the end of their support period (or the end of the reporting period)—to 85% for children and to 81% for young people.

Improvements in housing were not experienced by all children and young people. For those with no shelter or who were living in an improvised or inadequate dwelling at the beginning of support—6% of children and 8% of young people—there were some improvements: there were just 3% of children and 5% of young people having no shelter or living in an improvised or inadequate dwelling at the end of support or the end of the year.

In terms of housing tenure, the patterns for children who presented with others and young people who presented alone were quite different. For children, the proportion with no tenure at the beginning of support remained unchanged at the end of support (both 21%), but there was a rise in the number living in temporary accommodation (from 31% to 46%) and a drop in the proportion renting in private rental or social housing or in owner/purchaser arrangements (from 48% to 33%). This may be because children are removed from stable and adequate housing due to family violence and/or housing difficulties.

For young people who presented alone, close to one-third reported having 'no tenure' at the beginning of support, which reduced to 26% at the end of support or the end of the reporting period. The proportion living in temporary accommodation remained stable (36% at both the beginning and at the end of support), and the proportion renting in private rental or social housing or in owner/purchaser arrangements increased from 32% to 38%.
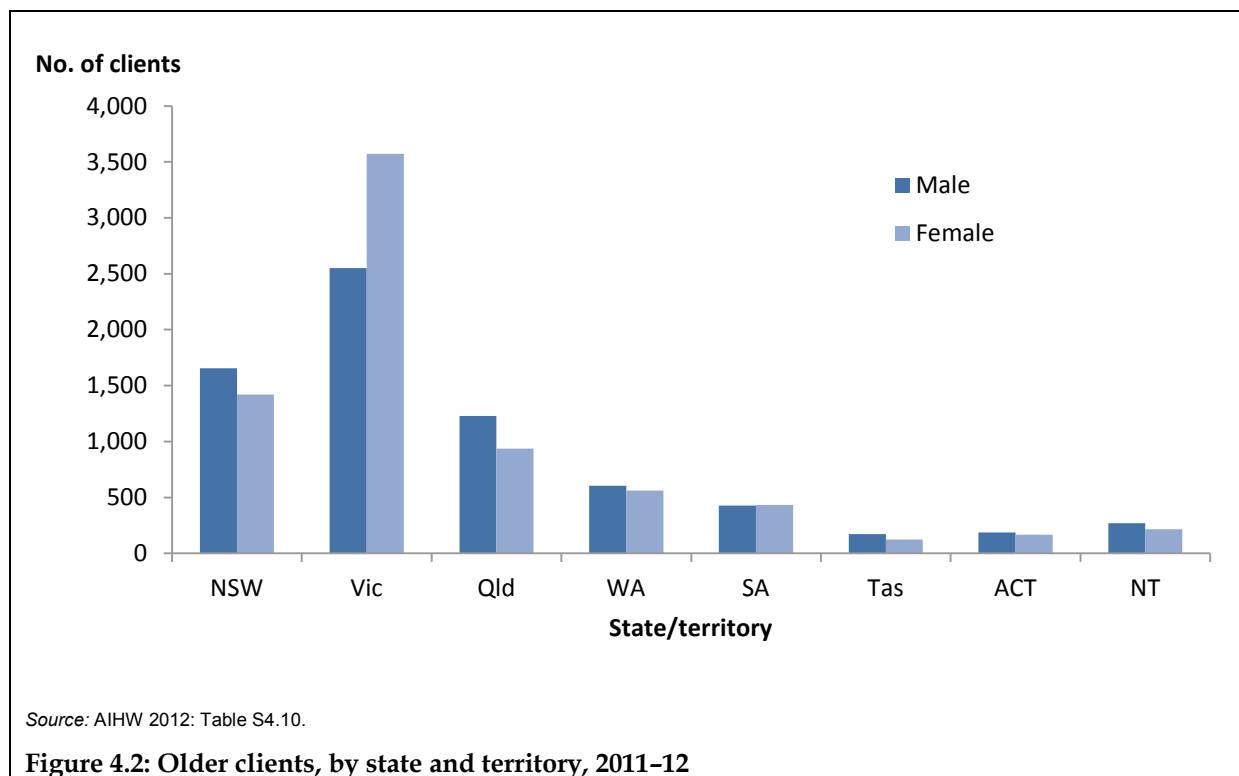
4.2 Older clients

Although the number of older Australians (aged 55 or over) who received specialist homelessness assistance is low relative to other age groups (see Figure 2.2), and the rates of service use by clients in this age group are the lowest of all age groups (Figure 2.2), there is evidence that homelessness is a problem among older Australians. According to the latest available estimates of homelessness from the ABS Census of Population and Housing, 14% of all homeless people in 2011 were aged 55 or over (ABS 2012b)—affecting around 14,850 older Australians identified on Census night. For some of these people, homelessness may be a relatively recent experience, while others may have experienced long-term disadvantage and tenuous housing. An additional 10,900 people aged 55 or over were estimated to be living in marginal housing in 2011.

Box 4.2 How we defined older people

Older people are defined here 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 on 1 July 2011 (the beginning of the reporting period), the client's age on the first day of the reporting period was used.

In 2011–12, an estimated 13,755 people who received specialist homelessness services were aged 55 or over, representing 6% of all clients; 49% of these clients were male, and 51% were female.

No. of clients

Source: AIHW 2012: Table S4.10.

Figure 4.2: Older clients, by state and territory, 2011–12

Victorian agencies supported the greatest number of older clients, and a greater proportion of women aged over 55—with 58% of all older clients in Victoria being women.

Where reported, 90% of older clients' main source of income was a government pension or allowance. Of those who reported a government payment as their main source of income, 43% reported the Disability Support Pension as their main source of income, and 26% reported the Age Pension.

Based on information on accommodation arrangements for older clients at their first presentation, they were less likely than the total client population to already be homeless at the beginning of their support period; 40% were homeless and 60% were at risk of homelessness. Older men, however, were more likely to be homeless at the beginning of their first support period—53% of older men were already homeless (and 47% at risk) compared with 26% of older women who were homeless (and 74% at risk).

Reasons for seeking assistance

The most common main reason given by older clients for seeking assistance was related to 'financial difficulties' (reported for 22% of older clients), followed by 'domestic and family violence' (16%), and 'housing crisis' and 'inadequate and inappropriate dwelling conditions' (both 11%). Although 'financial difficulties' was also the most common main reason given by older male clients (for 24% of older men, and 20% of older female clients), 'domestic and family violence' was the most common reason given by women (reported for 30% of all older women, and 2% of older men).

Service needs and the provision of services

The proportion of older clients who were identified as needing services was very similar or lower than for all clients, across all service types. Apart from basic general support needs such as advice, advocacy and material aid, the major support needs of older clients were accommodation and assistance to maintain a tenancy. Accommodation was identified as a need for 46% of older clients, and assistance to maintain an existing housing tenure was needed by 27% of older clients (compared with 60% and 28%, respectively, for all clients). Unlike the pattern seen for other population groups, however, for older clients a need for long-term housing was identified most often (for 29% of older clients), followed by needs for short-term or emergency accommodation (27%) and medium-term accommodation (15%).

Apart from housing, accommodation and general support needs, the other support needs that were commonly identified for older clients were assistance for domestic and family violence (needed by 15% of all older clients), and health/medical services (13%).

As for most client groups, agencies reported that they were able to meet most general support needs of older clients directly. Other areas where agencies reported that they were well positioned to meet assistance needs related to older people were for domestic violence services and immigration/cultural services.

Housing outcomes for older clients

Most clients aged 55 or over were living in a house/townhouse/flat at the beginning of their support period (73%), 12% were living with no shelter or in an improvised dwelling, and 15% were living in some kind of temporary accommodation (Table S4.10). At the end of the reporting period, the proportion of older clients with no shelter or who were living in an improvised dwelling had fallen to 9%, and the proportion accommodated in temporary supported accommodation had increased slightly (from 3% to 6%).

For older clients, small improvements in housing tenure were achieved. At the beginning of support, 20% of older clients (who reported information on their tenure) had no tenure, and this reduced to 15% at the end of support. Sixty-two per cent had tenure in private rental, social housing, or home ownership arrangements before support, and 65% reported this arrangement at the end of their support in 2011–12.
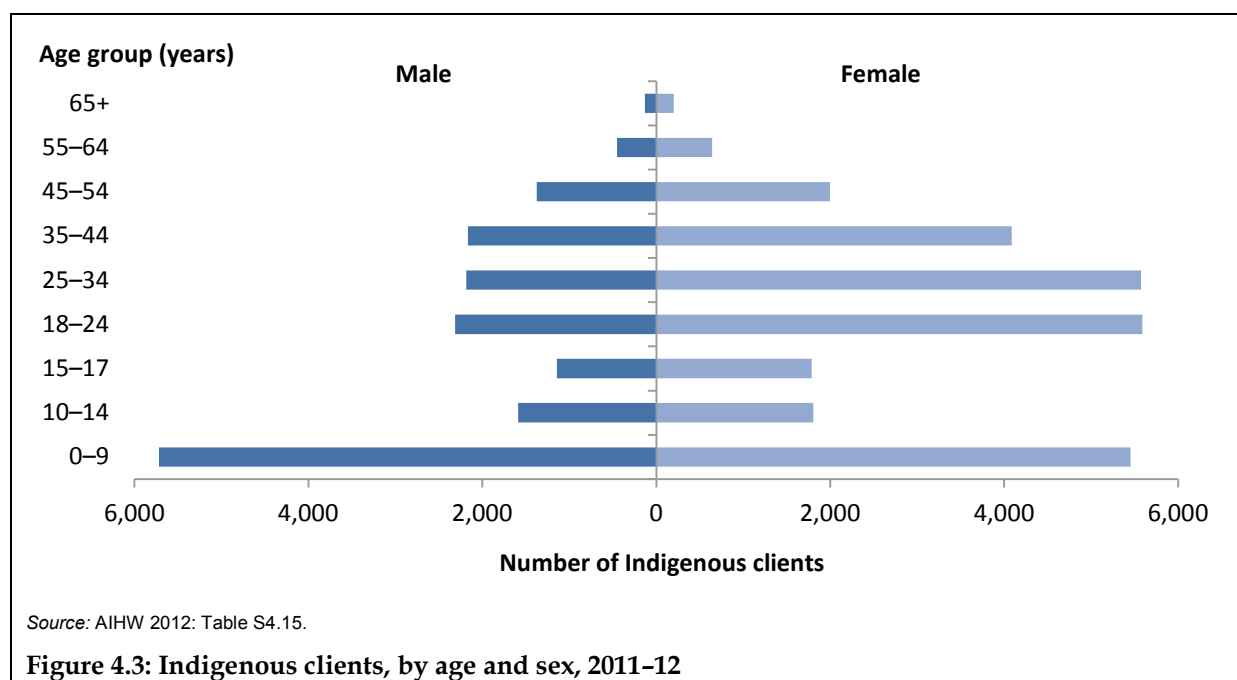
4.3   Indigenous clients

Experiences of homelessness vary across different cultural groups. The concept of home for many Aboriginal and Torres Strait Islander people can differ from that of other Australians, affecting their experiences of homelessness and the services they need and access.

Aboriginal and Torres Strait Islander people are overrepresented in both the national homeless population and as users of specialist homelessness services (see AIHW & ABS 2008). Although only representing 2.5% of the total Australian population, Indigenous people represented 22% of those accessing specialist homelessness services in 2011–12).
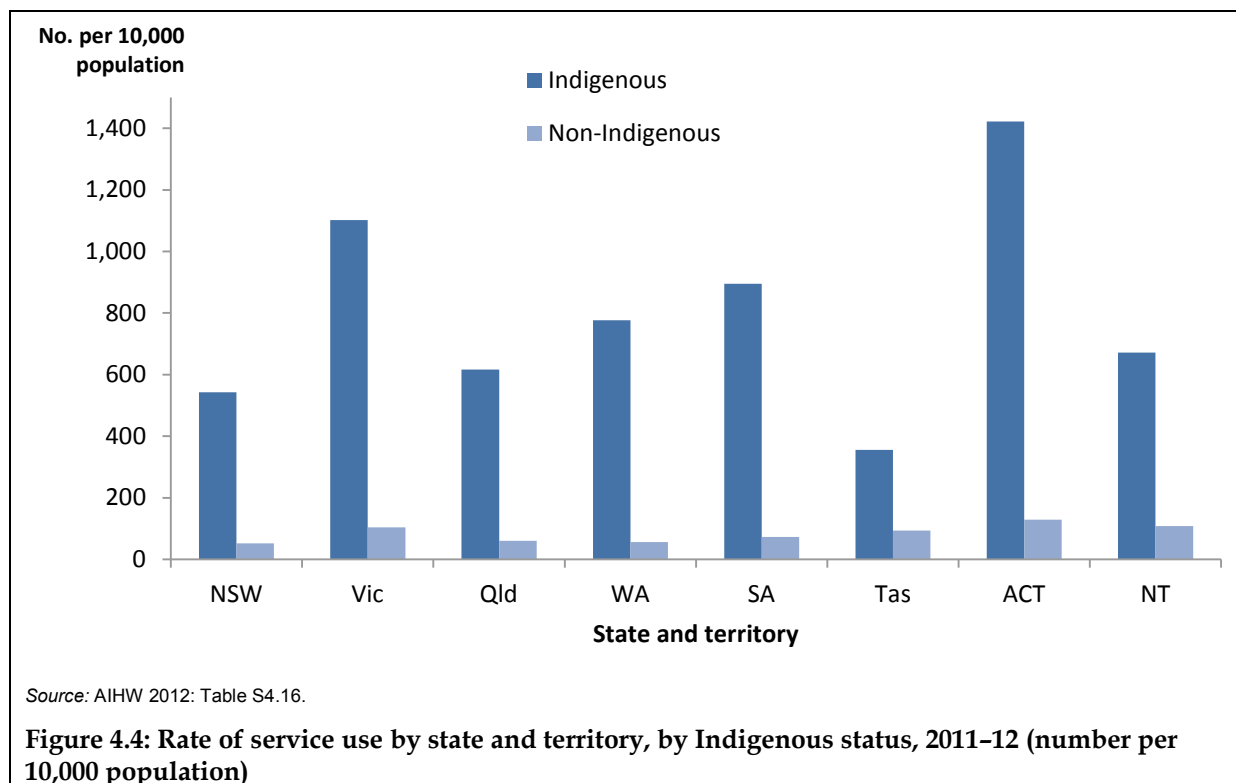
Box 4.3 How we defined Indigenous clients

A client has been considered as Indigenous if, at any time in 2011–12, they identified as being of Aboriginal and/or Torres Strait Islander origin.

The age and sex distribution of Indigenous clients accessing homelessness support followed a broadly similar pattern to all SHSC clients, with most being female (61%), and with the highest proportions being females aged between 18–34 (41%) and children under 10 (25%) (Figure 4.3).

Source: AIHW 2012: Table S4.15.

Figure 4.3: Indigenous clients, by age and sex, 2011–12

Agencies based in Queensland assisted the highest number of Indigenous clients (11,646 clients), followed by New South Wales (11,312 clients) (Table S2.2). Nationally, 1 in 15 Indigenous Australians received support from a homelessness agency in 2011–12 compared with 1 in 142 non-Indigenous clients. Relative to their representation in the community the highest rates of support provided to Indigenous residents were in the Australian Capital Territory (where 1 in 7 Indigenous people were supported), Victoria (1 in 9) and South Australia (1 in 11) (Figure 4.4).

Source: AIHW 2012: Table S4.16.

Figure 4.4: Rate of service use by state and territory, by Indigenous status, 2011–12 (number per 10,000 population)

Main reason for seeking assistance

The most common main reason for seeking assistance reported by Indigenous clients (as for all clients) was 'domestic and family violence'. This was reported for 24% of Indigenous clients and 25% of all SHSC clients.

Female Aboriginal and Torres Strait Islander clients were significantly more likely than male clients to report 'domestic and family violence' as the main reason for seeking assistance (31% of females compared with 14% of males, most of whom were children). This was followed by 'financial difficulties' (14%), 'inadequate or inappropriate dwelling conditions' (13%) and 'housing crisis' (11%).

Experiences of homelessness

A slightly greater proportion of Indigenous clients were already homeless at the beginning of their support period when compared with non-Indigenous clients (57% of Indigenous clients, compared with 54% of non-Indigenous clients). The remaining 43% were considered to be at risk of homelessness at the time they began receiving support from an agency.

Most Indigenous clients who were homeless when they first presented to the agency also reported a previous episode of homelessness in the 12 months before receiving support (64% of clients). By contrast, around one-fifth (22%) of Indigenous clients considered at risk of homelessness when they first presented to a specialist homelessness agency had experienced homelessness in the 12 months before presenting to the agency.

Service needs and the provision of services

Indigenous clients were identified as needing similar services to the whole SHSC population, although on average these services were needed by a larger proportion of Indigenous clients than for all clients. In particular, a greater proportion of Indigenous clients needed transport (41%), laundry/shower facilities (33%) and meals (37%), compared with all SHSC clients (27%, 21% and 25%, respectively). The greater number of Indigenous clients requiring these services may reflect cultural differences, such as public place dwelling (also referred to as living in the long grass) and the need to travel to meet cultural obligations. This is also reflected in higher proportions of Indigenous clients needing culturally-specific services (12%, compared with 5% for all clients) and assistance to connect culturally (7%, compared with 4% for all clients).

Accommodation services

Greater proportions of Indigenous clients were identified as needing short-, medium- and long-term accommodation, compared with the whole SHSC population (55%, 29% and 38% respectively for Indigenous clients compared with 40%, 27% and 34%, respectively for all clients) (Figure 4.5). Indigenous clients were more likely to be provided short-term and medium-term accommodation directly by the agency than all SHSC clients (74% and 69%, respectively).

Source: AIHW 2012: Table S4.17.

Figure 4.5: Broad type of assistance needed by Indigenous clients, 2011–12
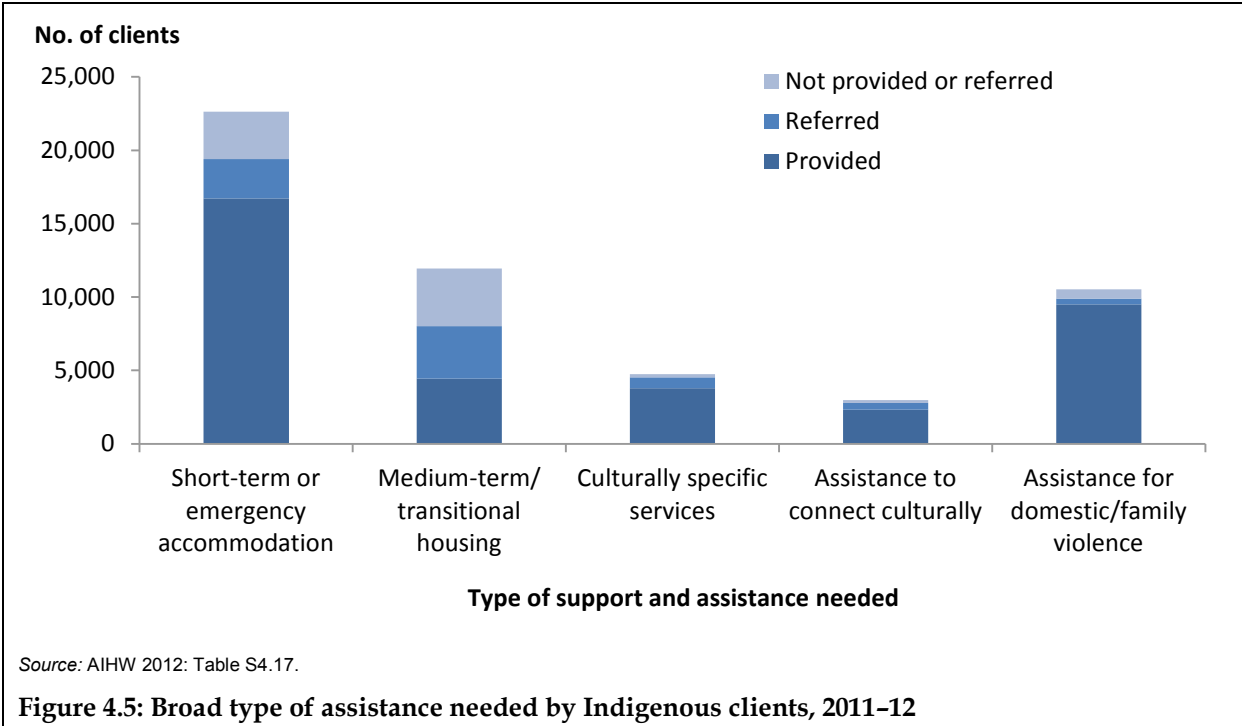
Length of accommodation

Most Indigenous clients who were provided with accommodation were provided between 6 and 45 nights of accommodation (34% of clients who received accommodation), followed by clients provided with up to 5 nights of accommodation (33%).

Length of support

Around one-third of Indigenous clients were supported for between 6 and 45 days in 2011–12 (34% of clients), with a further one-third (33%) supported for up to 5 days in total.

Indigenous females were most commonly supported for up to 5 days (37%), with a further 33% supported for between 6 and 45 days. Males were most commonly supported for between 6 and 45 days (38%), with a further 25% supported for up to 5 days in total.

Housing outcomes

Just over half (51%) of Indigenous clients who had no shelter or who were living in an improvised dwelling when they first presented to an agency in 2011–12 had an improved residential setting by the end of their support period (or at the end of the reporting period for ongoing clients) (Table S4.15). The majority of all other clients were in the same dwelling type when they first presented to an agency and at the end of support. Only 2% of Indigenous clients were in worse residential types at the end of 2011–12.

The housing tenure of most Indigenous clients did not change from the beginning of support to the end of support (or the end of 2011–12 for ongoing clients). Indigenous clients with the most improvements in housing were those with no tenure at the beginning of 2011–12 (35% of these clients had improved housing tenure at the end of support in 2011–12).

4.4 Families

Children in homeless families are more at risk of experiencing disadvantage over their lifetime than children in more stable housing situations. The White Paper on homelessness highlighted the importance of addressing homelessness among families to prevent the ongoing cycle of disadvantage (Australian Government 2008). Families are more difficult to accommodate in a crisis, and when they are accommodated they are more likely to stay in crisis accommodation for longer than lone persons.

This chapter examines people who present to a specialist homelessness agency as a family or other group. It should be noted that the majority of people who present alone to specialist homelessness agencies indicate that their current living arrangement is with a family. However, as no further information is collected about those people with whom the client is living, it is not known to what extent they are affected by the client's situation.

Box 4.4 How we defined families

Family types are defined by the clients' relationships to each other and are categorised as:

- single person with child(ren)
- couple with child(ren)
- couple without children
- other family
- other group.

Children are defined by their relationship to their parent and may be aged 18 or older. Couples include spouse or partner relationships.

'Single person with children', 'couples with children', 'couples without children' and 'other families' only include people who are related to each other in some way.

'Other groups' include at least one person who is not related to someone in the group. Within this section each family type includes both adults and children, as appropriate. For example, when discussing single persons with children both the adult and the children are included in numbers.

In 2011–12, there were an estimated 31,146 families/groups that presented to specialist homelessness services consisting of around 75,409 people (33% of the overall client population); 59% were female (44,549) and 41% were male (30,861) (Figure 4.6). Family groups included 41,282 children aged 0–14 and they represented 55% of all clients presenting in a family group.

Source: AIHW 2012: Table S4.21.

Figure 4.6: Clients presenting in a family group, by age and sex, 2011–12
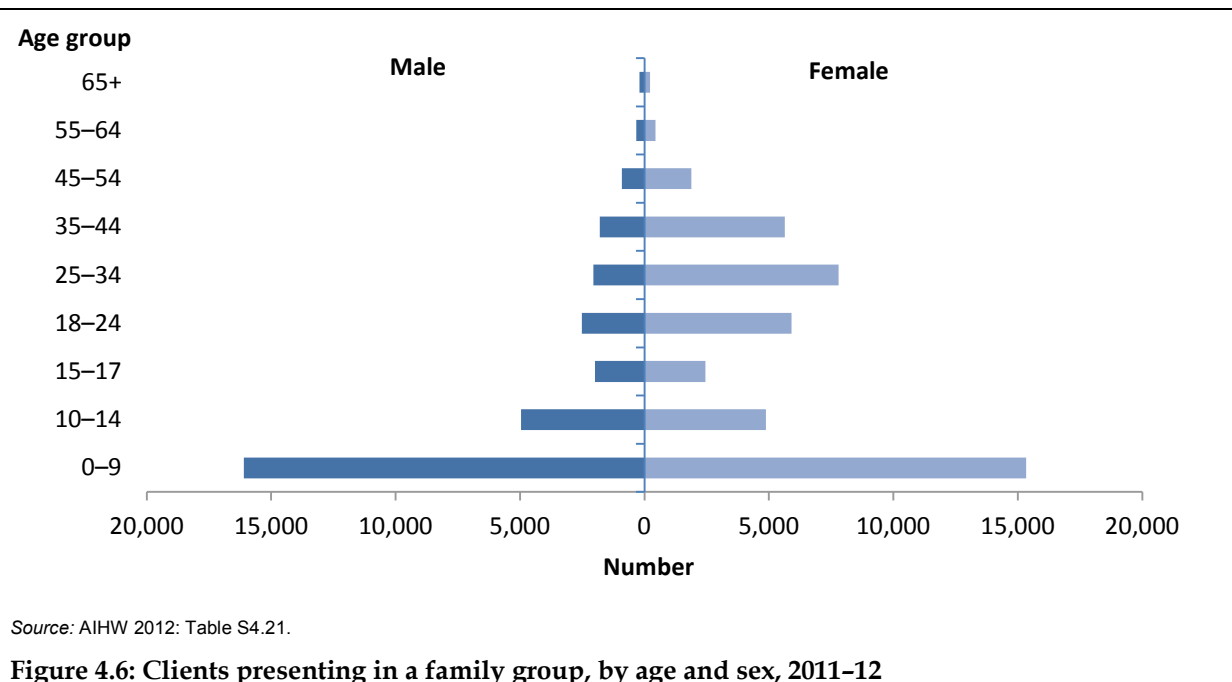
Overall, both males and females in family groups represent 33% of total male and female clients. However, the majority of all children aged 0–14 presented as part of a family group (79% of all clients aged 0–14). Excluding children aged 0–14, people in families represented 22% of all females, 14% of all males and 19% of all clients (Figure 4.7).

Children aged 15–17 who were in family groups were 30% of all clients in this age group. The proportion of females was almost double that of males for both the 25–34 and 35–44 age groups.

Source: AIHW 2012: Table S4.22.

Figure 4.7: Clients presenting in family group, sex by age, as a proportion of all clients, 2011–12
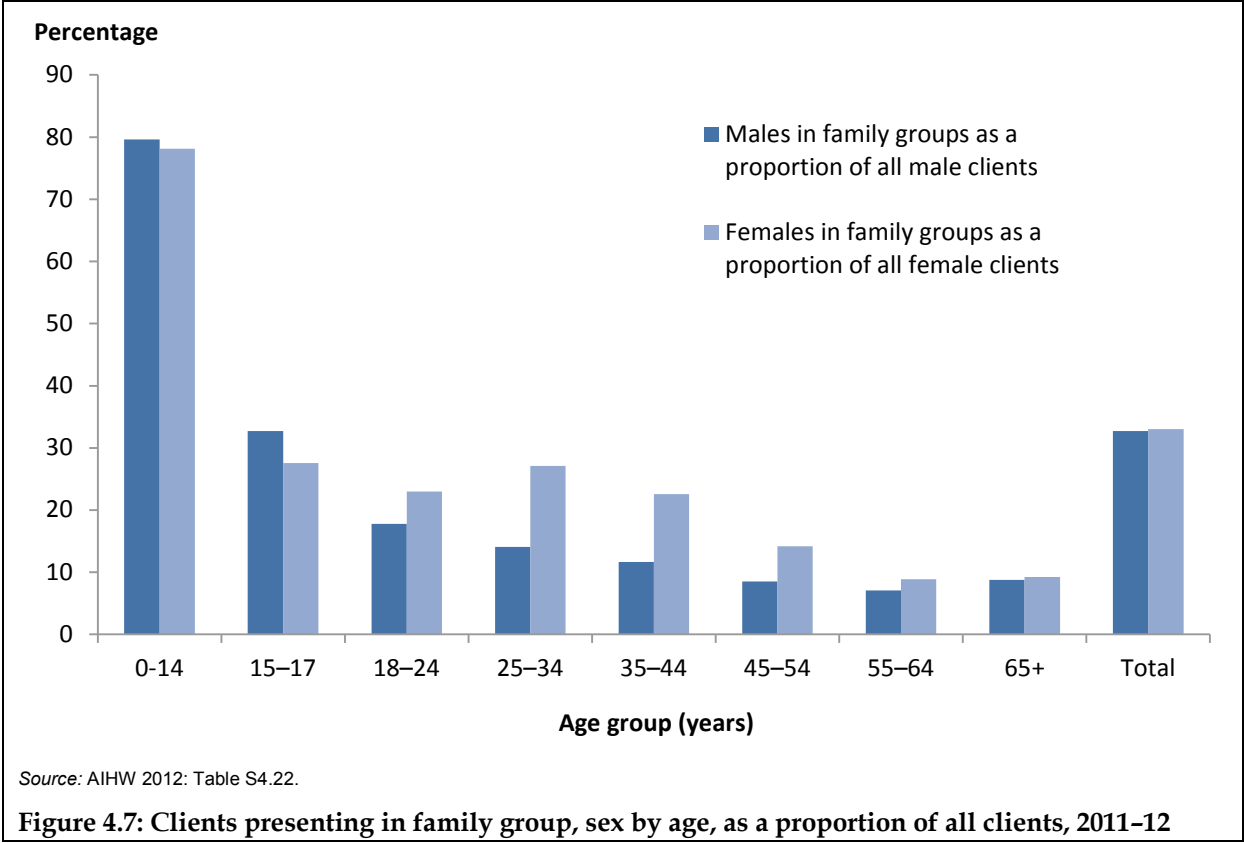
Those in single parent family groups represented 74% of all clients who presented as part of a family group. Couples with child(ren) represented 15%, couples without children 6%, other families 2% and other groups 3% (Figure 4.8).

Source: AIHW 2012: Table S4.22.

Figure 4.8: Clients presenting in family groups by family type, 2011–12
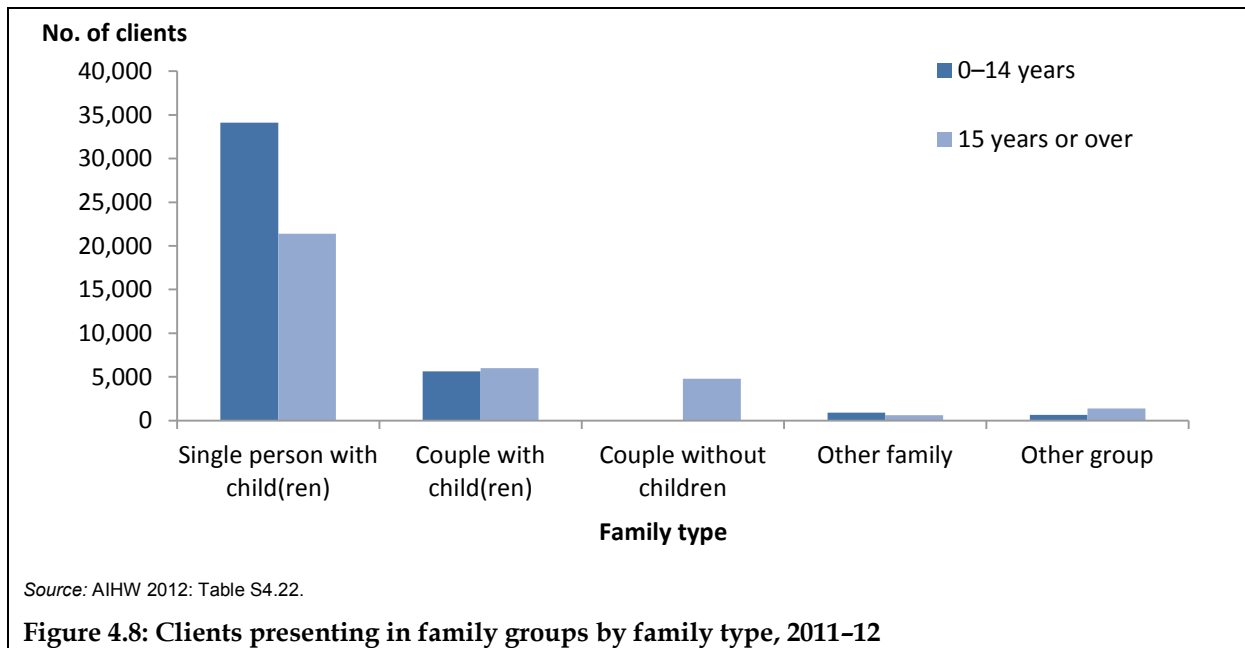
Children aged 0–14 made up 61% of clients in single parent family groups and made up 48% of the couples with child(ren) group.

The relative distribution across jurisdictions between clients in a family group and all clients varied, possibly highlighting different approaches to delivering services to family groups. Victoria had 34% of all clients but only 25% of clients in a family group, while Queensland had 18% of all clients and 28% of clients in a family group. Queensland had the highest proportion of single persons with children (27%) and couples with children (41%) (Figure 4.9).

Source: AIHW 2012: Table 4.24.

Figure 4.9: Proportion of clients in a family group by state and territory, 2011–12
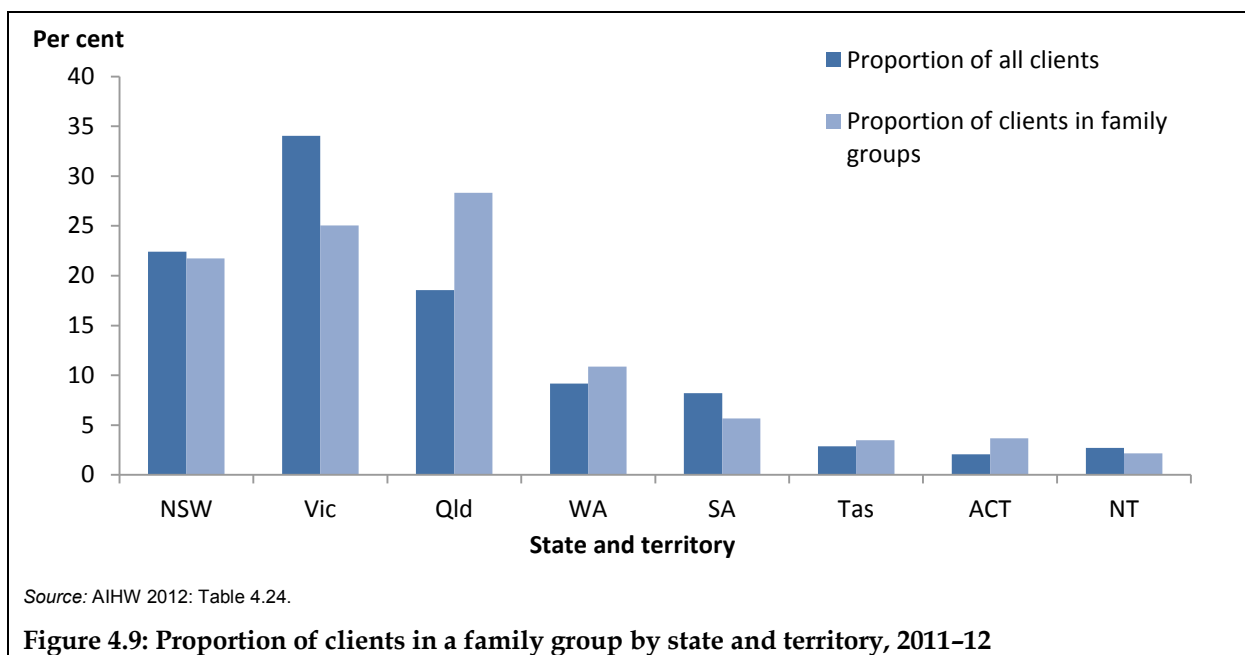
Main reason for seeking assistance

Overall, 'domestic and family violence' was the main reason most often selected by family groups for seeking assistance from a specialist homelessness agency. However, the main reasons for seeking assistance varied considerably across the different family groups. 'Domestic and family violence' was the main reason given by 38% of clients in single parent family groups and 31% of other families but only 3% and 2% respectively for couples with children and couples without children.

For couples, 'financial difficulties', 'housing crisis' and 'inadequate or inappropriate dwelling conditions' were the main reasons for seeking assistance.

Service needs and the provision of services

The main types of assistance required by family groups were accommodation (70%), material aid (42%), domestic and family violence assistance (36%) and assistance to sustain tenancy or prevent foreclosure (30%). Assistance for domestic and family violence was commonly provided to single parent families (38%) and other family groups (31%) but rarely to couples (about 7%).

Other than accommodation, a high proportion of these needs were provided by agencies. Couples without children and other groups (32%) had the highest level of unmet need for accommodation, followed by couples with children (23%), other families (17%) and single persons with children (15%).

Families received $1.2 million for short-term or emergency accommodation and $3.2 million for establishing or maintaining tenancy. This represents 73% and 71%, respectively, of these types of payments for all clients. Families received 44% of total payments made to all clients.

Length of support

Overall, 19% of families were provided support for more than 180 days during 2011–12. Support of up to 5 days was provided to 24% of families, 6–45 days to 27%, and 46 days and over to 15% of families.

Accommodation services

Specialist homelessness agencies provided accommodation to approximately 19,500 clients who presented as part of a family group. More than 180 days of accommodation was provided to 23% of those who received accommodation, with 15%of families receiving up to 5 days.

Housing outcomes

Ten per cent of clients in family groups had improved their dwelling type to be in a house, townhouse, or flat by the end of support. A further three-quarters maintained their housing arrangements in a house townhouse or flat during the time they received support.

Five per cent of people in the single person with children group moved from a house, townhouse or flat to supported accommodation at the end of support.

4.5 Clients who have experienced domestic and family violence

Domestic and family violence is a major risk factor for homelessness in Australia (Australian Government 2008), and was reported as the most common main reason people seek assistance from specialist homelessness agencies (see Chapter 2).

In 2011–12, 34% (77,178) of all people receiving assistance from homelessness agencies were escaping some form of domestic or family violence, with 46% of these clients being reported as homeless at some point during the reporting period.

Box 4.5: How we defined clients who had experienced domestic and family violence

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

- domestic and family violence was a reason they sought assistance from a homelessness agency, 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 identified in the SHSC.

The majority of domestic and family violence clients (78%) were females, of whom women aged between 18 and 44 made up 63%. There were also large numbers of children among those seeking assistance who were escaping domestic violence. Younger children (aged 0–9) account for 21% of this client group and a further 7% were aged 10–14. In both these age groups there were roughly equal proportions of girls and boys (Figure 4.10).

Northern Territory had the highest rate of clients who were escaping domestic violence (127 clients per 10,000 people) compared with the other states and territories. Victoria had the next highest rate of clients experiencing domestic violence (49 clients per 10,000 people) followed by the Australian Capital Territory (45 clients per 10,000 people) (Figure 4.11).

Age group (years)

| Male | Female |

Source: AIHW 2012: Table S4.41.

Figure 4.10: Clients experiencing domestic violence, by age and sex, 2011–2012

Per 10,000 population

Source: AIHW 2012: Table S4.42.

Figure 4.11: Rate of SHSC clients experiencing domestic violence (per 10,000 population), by state and territory, 2011–2012
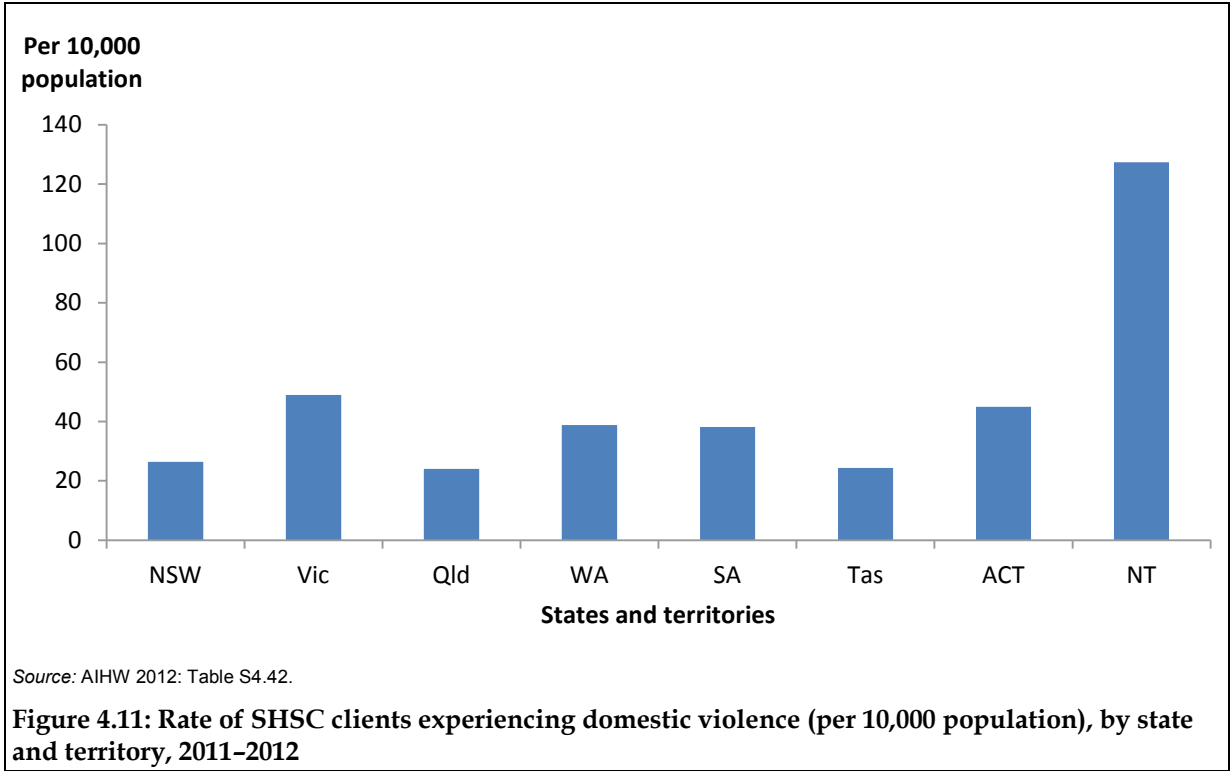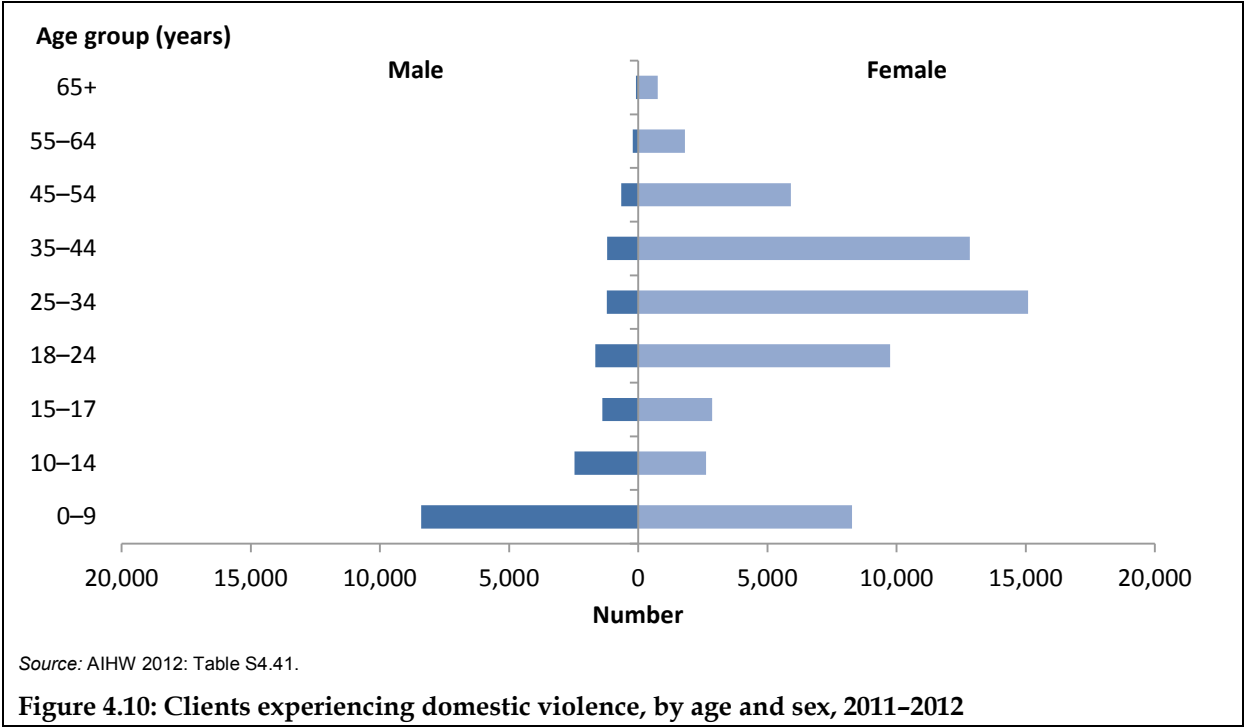
Just over one-third (35%) of all clients who had experienced domestic and family violence were homeless when they began receiving support (where this could be assessed), and 65% were considered at risk of homelessness. Those who were homeless when they began receiving support were more likely to report having had a previous episode of homelessness in the 12 months before support (60% had a previous episode of homelessness and 40% did not). Most of those who were at risk of homelessness when they first presented had not had an episode of homelessness in the last 12 months (85%).

Service needs and the provision of services

The need for general support services followed a similar distribution to that for all clients—it was the most commonly identified need (95% of clients) and agencies were able to directly meet that need for nearly all clients (99%). Following domestic violence services (identified as a need for 76% of clients), the need for accommodation was the next most commonly identified for these clients (59% had one or more accommodation needs identified).

Compared with all clients, clients who were escaping domestic and family violence had a greater need for short-term and emergency accommodation and less of a need for long-term housing. Close to half the clients in this group (45%) identified a need for short-term or emergency accommodation (compared with 40% for all SHSC clients) and 29% identified a need for long-term housing (compared with 34% of all SHSC clients). Short-term or emergency accommodation was able to be provided directly by the agency for 81% of domestic violence clients who identified it as a need, compared with 67% of all SHSC clients. Medium-term or transitional housing was also provided to a slightly higher proportion of domestic violence clients than all SHSC clients (49% compared with 42%).

Once identified as a need, domestic and family violence services were met directly by the agency for 91% of clients, followed by assistance to sustain housing tenure (86%) and interpreter services (85%), which is consistent with all SHSC clients. Services categorised as assistance for domestic and family violence are limited to discussions and counselling sessions that focus on assisting clients in relation to the violence that has been experienced.

Accommodation services

Associated accommodation and housing services are recorded under alternative categories within the collection, such as accommodation. On average over the duration of the reporting period, clients escaping domestic violence were provided with 65 nights of accommodation.

Housing outcomes

For clients experiencing domestic violence, the purpose of seeking support from homelessness agencies is ultimately to establish housing arrangements that are safe and secure (whether that is within the existing family home or elsewhere). The following analyses the dwelling type of those clients who sought assistance for domestic violence, at the beginning of support and at the end of support or the year.

Of all clients experiencing domestic violence, 83% were living in a house/townhouse/flat when they first presented to a specialist homelessness agency. After receiving support, 92% of these clients were living in a house/townhouse/flat, while 7% were in temporary

accommodation at the end of support (or at the end of the reporting period). Just 1% of clients had an inadequate shelter after receiving support.

For clients already housed in temporary accommodation when they first present to a specialist homelessness agency (12% of clients), 53% were living in a house/townhouse/flat after receiving support and 45% remained in temporary accommodation.

Just under half the clients escaping domestic violence who had no shelter or were living in an inadequate dwelling moved into a house/townhouse/flat after receiving support (45%).

Over three-quarters (80%) of clients experiencing domestic violence were able to maintain private rental or ownership arrangements after receiving specialist homelessness support. For those who first presented to an agency with no housing tenure, around one-fifth (21%) were able to move into housing with tenure after receiving support while around a quarter (26%) moved into temporary accommodation.

Around one third (34%) of clients were able to move from an insecure form of housing security (condition of occupancy) to one that was secure after receiving specialist homelessness services.

4.6   Clients with a current mental health issue

Mental illness is recognised as one of the key factors contributing to homelessness. Homelessness can be caused by mental illness, but unstable housing arrangements can also contribute to the deterioration of mental wellbeing (Australian Government 2008).

Box 4.6: How we defined clients with a current mental health issue

A client has been 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 last 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.

In 2011–12, an estimated 44,535 clients (19%) were identified as having a current mental health issue. The majority of clients identified with a current mental health issue were female (56%). Almost half (48%) of the clients with a current mental health issue were aged between 25 and 44 (Figure 4.12).

Source: AIHW 2012: Table S4.47.

Figure 4.12: Clients with a current mental health issue by age and sex, 2011–12

Source: AIHW 2012: Table S4.48.

Figure 4.13: Clients with a current mental health issue, by state and territory, 2011–2012
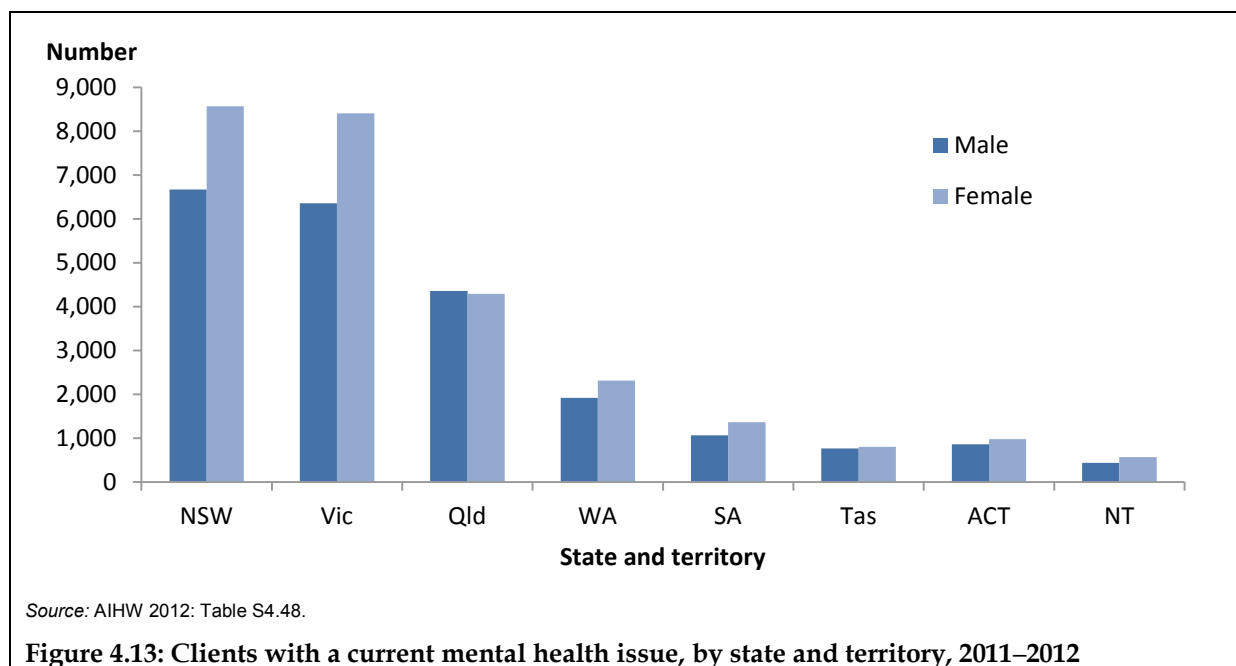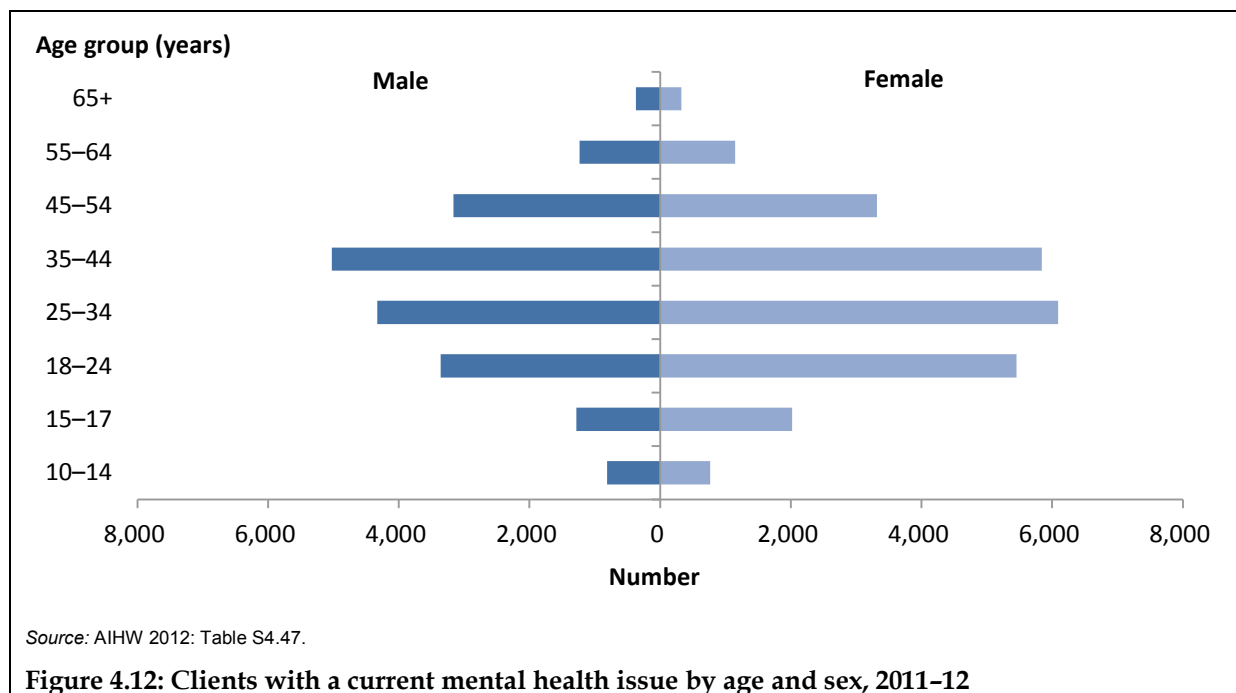
The state with the highest number of clients with a current mental health issue was NSW, and the ACT had the highest rate.

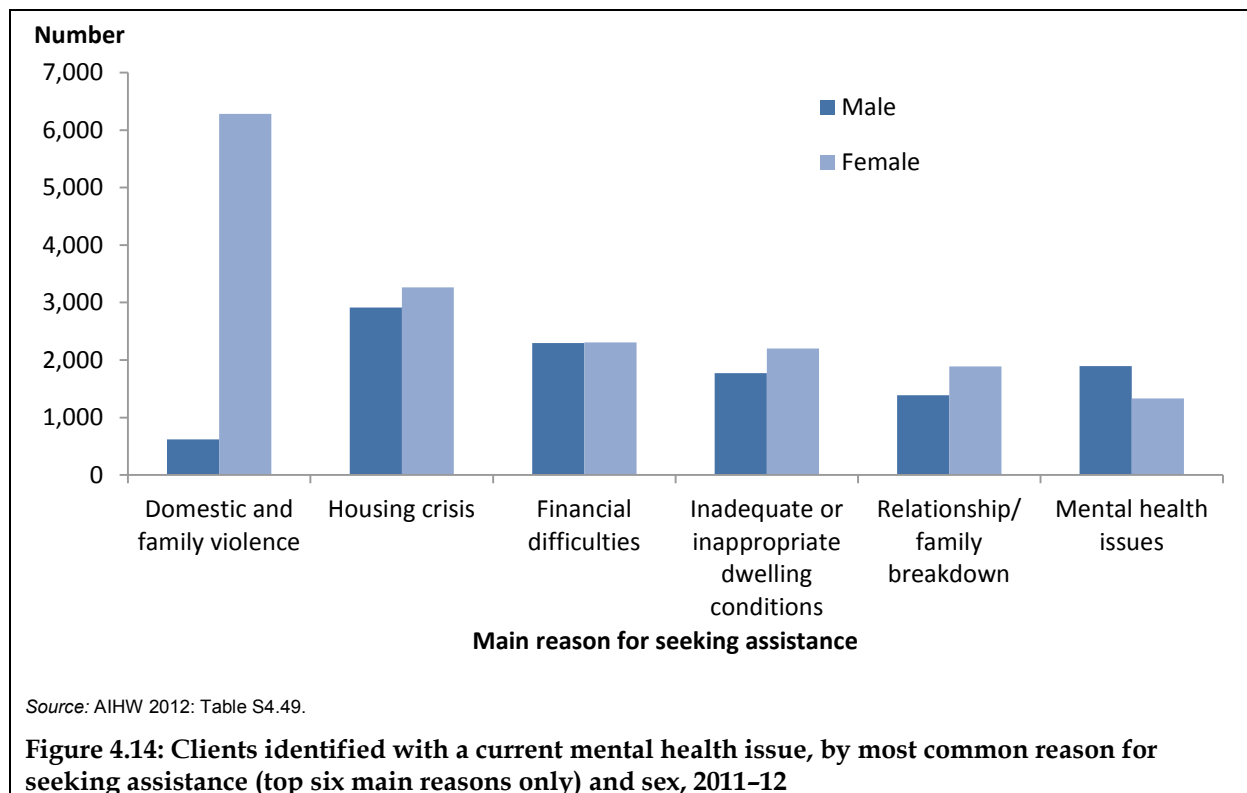Approximately 39% of clients with a current mental health issue had a prior history of homelessness.

Of all clients with a current mental health issue, 53% were homeless at some time during 2011–12. This compares with 33% of clients who did not have a current mental health issue.

Main reason for seeking assistance

For clients with a current mental health issue, 'domestic and family violence' (18%) was the most common main reason for seeking assistance, followed by 'housing crisis' (15%) and 'financial difficulties' (11%). Eight per cent identified 'mental health issues' as the main reason for seeking assistance.

For male clients the most common main reason for seeking assistance was 'housing crisis' (16%), followed by 'financial difficulties' (12%) and 'inadequate or inappropriate dwelling conditions' (10%). For female clients with a current mental health issue the most common main reason for seeking assistance was 'domestic and family violence' (28%). The next most common reasons mirrored those of male clients—'housing crisis' (14%), 'financial difficulties' (10%) and 'inadequate or inappropriate dwelling conditions' (9%) (Figure 4.14).

Source: AIHW 2012: Table S4.49.

Figure 4.14: Clients identified with a current mental health issue, by most common reason for seeking assistance (top six main reasons only) and sex, 2011–12

Service needs and the provision of services

Clients have been identified as having a current mental health issue, in part, if at some stage during their support a need was identified for psychological services, psychiatric services or mental health services. Mental health services were identified for 34% of these clients, psychological services for 23% and psychiatric services for 11%. This group of clients are also more commonly identified as requiring health/medical services than is the case for all clients (34%, compared with 13%).

Besides health and general services the need for assistance most commonly identified for clients with a current mental health issue was assistance for domestic/family violence (28%).

In comparison to all clients, clients with a current mental health issue were more likely to need accommodation. Short-term or emergency accommodation was the accommodation type most commonly needed by clients (51%). This was followed by long term housing (45%) and medium-term/transitional housing (39%). Clients were also more likely to need assistance to sustain a tenancy or prevent tenancy failure or eviction (38%).

The need for specialised services was unmet in 24% of cases for both psychological services and psychiatric services, 21% for mental health services and 13% for health/medical services.

In comparison with all clients, clients with a current mental health issue were more likely to have longer periods of support. More than a quarter (26%) of this client group received support in excess of 180 days (compared with 15% of all clients).

Housing outcomes

The majority of clients (64%) with a current mental health issue were in a house/townhouse/flat when they first presented for support; of these 88% remained in that dwelling type throughout their support. Fourteen per cent presented without shelter or in improvised or inadequate accommodation; and of these 55% experienced an improvement in their dwelling type by the end of support or the reporting period. Twenty-two per cent of clients were living in supported accommodation when they presented for support, and 42% of these clients moved into a house/townhouse/flat by the end of support or by year end.

4.7 Clients leaving care

Service providers report that they are often approached for assistance by people soon after being discharged from hospital or leaving an institution in which they were being cared for. This is particularly the case for people being discharged from mental health services, many of whom did not have stable accommodation before entering the institution. Clients leaving care are a relatively small group in terms of numbers, but are particularly vulnerable and often become repeat users of services. The White Paper on homelessness set an objective of reducing exits into homelessness from care settings (Australian Government 2008).

Box 4.7 Clients leaving care settings

Clients are counted as leaving care if, in their first support period during the reporting period (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
    – transition from other care arrangements.

In the SHSC an estimated 4,689 clients (2%) were identified as leaving care. The majority were male (59%) and almost half (45%) were aged 25–44 (Figure 4.15). The state/territory with the highest number of clients leaving care was NSW (Figure 4.16).

Source: AIHW 2012: Table S4.54.

Figure 4.15: Clients leaving care, by age and sex, 2011–12

Source: AIHW 2012: Table S4.55.

Figure 4.16: Clients leaving care, by state and territory, 2011–2012
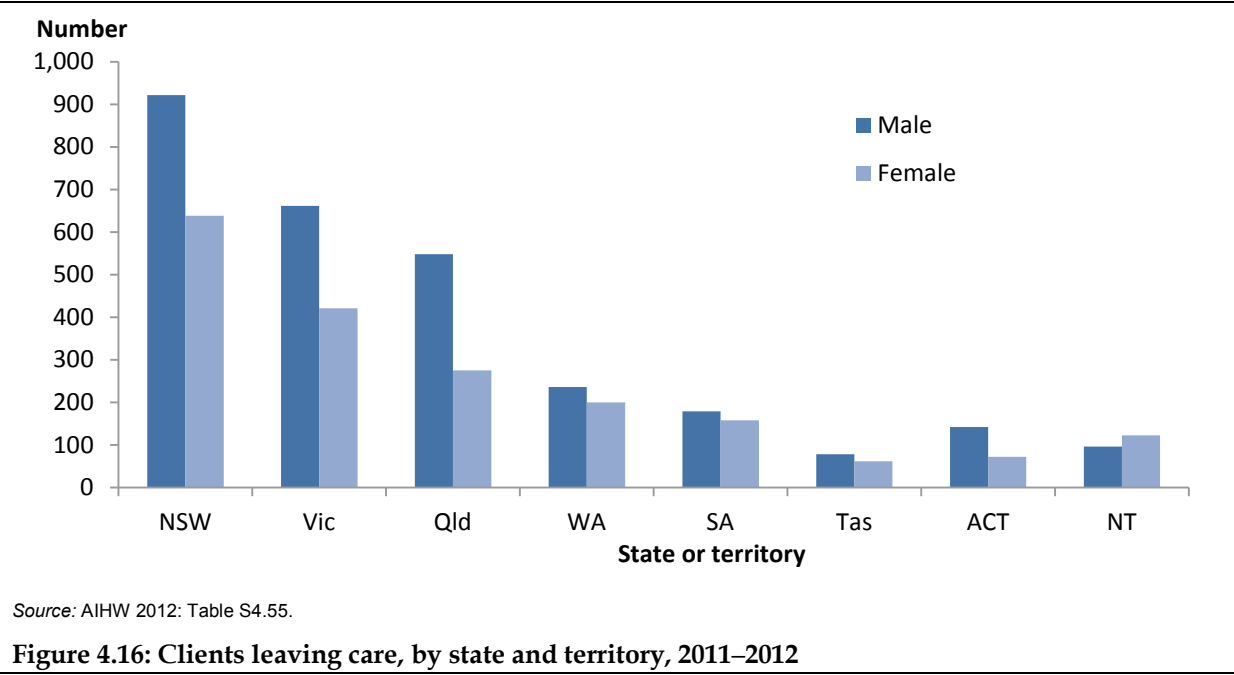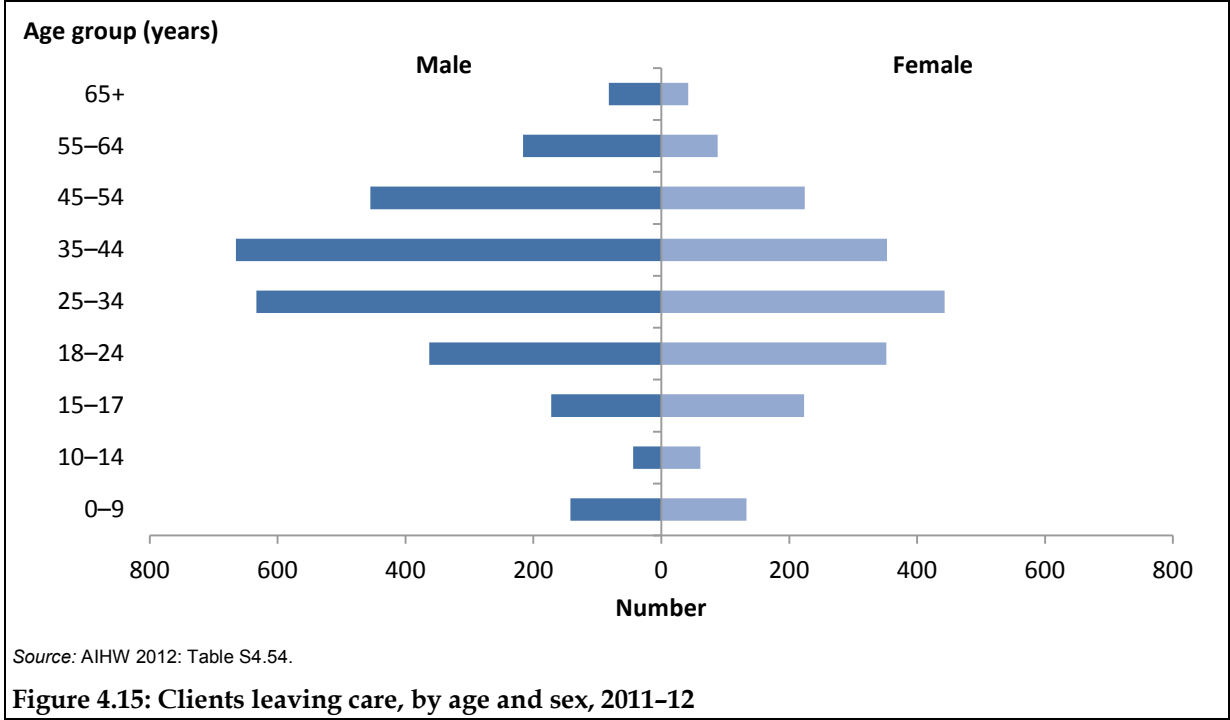
Of those identified as leaving care, 67% were homeless when they first presented, and 33% were at risk of becoming homeless when they first began receiving support to a specialist homelessness agency for assistance; 70% were homeless at some time during 2011–12.

Main reason for seeking assistance

Clients have been identified as leaving care, in part, if their reason for seeking assistance was 'transition from other care arrangements', and this was the most common main reason to seek assistance in this group (14%). The next most common main reasons were 'mental health issues' (11%), 'housing crisis' (10%) and 'problematic drug or substance abuse' (9%) (Figure 4.17).

For male clients leaving care, the most common main reasons for seeking assistance were 'transition from other care arrangements' (14%) and 'mental health issues' (13%), followed by 'problematic drug or substance use' and 'housing crisis' (both 10%).

For female clients leaving care the most common main reason for seeking assistance was 'domestic and family violence' (16%), followed by 'transition from other care arrangements' (15%) and 'housing crisis' (11%).

Source: AIHW 2012: Table S4.56.

Figure 4.17: Clients leaving care, by most common main reason for seeking assistance (top five main reasons only) and sex, 2011–12
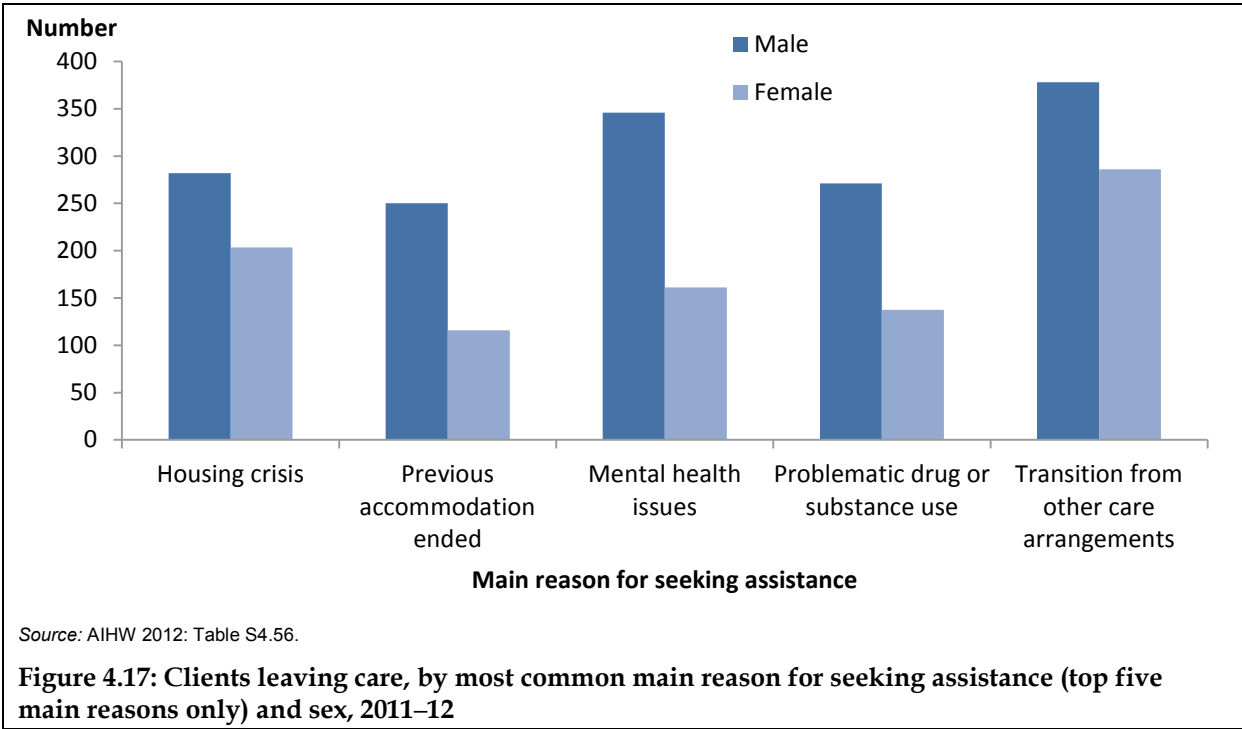
Service needs and the provision of services

Clients leaving care were most commonly identified as needing health/medical services (30%) followed by mental health services (24%) and drug/alcohol counselling (22%).

Compared with all clients, those leaving care have a higher identified need for all accommodation types. Short-term or emergency accommodation was the accommodation

type most commonly needed (59%), followed by long-term housing and medium-term/transitional housing (both 39%).

Unmet demand for mental health services was 16%, for drug/alcohol counselling 15%, and for health/medical services 8%.

Length of support and accommodation

Compared with all clients, clients leaving care were more likely to receive support for 6–45 days (37%, compared with 28%). The average length of support for this group was 63 days and the average length of accommodation was 61 nights.

Housing outcomes

The majority (70%) of clients leaving care were in the same dwelling type when they first presented to an agency, and at the end of their support. In this group, clients presenting in a house/townhouse/flat, both at the beginning and at the end of support (or reporting period) represented almost one-fifth (18%) of all clients leaving care. One quarter (25%) of all clients leaving care experienced an improvement in dwelling type. Of these, three per cent of clients leaving care moved from a situation of no shelter to temporary accommodation or to a house/townhouse/flat; and twenty-two per cent moved from temporary accommodation to a house/townhouse/flat. The remaining clients (5%) ended the year in worsened circumstances than when they first sought assistance.

4.8   Clients exiting custodial arrangements

People who exit custodial settings are recognised as being at increased risk of homelessness. However, success in living independently and securing stable housing may also reduce the likelihood of reoffending (Commonwealth of Australia 2008).

The following section highlights findings in relation to clients who have recently exited custodial settings, including adult correctional facilities, youth or juvenile justice detention centres and immigration detention centres. Clients exiting immigration detention centres make up 5% of this sub-group.

Australia-wide, children under the age of 10 cannot be charged with a criminal offence. For those who are older, states and territories set age limits that control who may be processed within the adult criminal justice system and the juvenile detention systems. In Queensland those who commit an offence and are aged 17 or older are processed in the adult criminal justice system. In other states and territories, only persons aged 18 and older may be processed in the adult criminal system. There are also differing situations where people outside of the youth age limits are legitimately present in youth and juvenile detention centres (AIHW 2011c). Consequently any age-based analysis of clients exiting custodial arrangements will not present a consistent picture for those aged 16–19.

In the 2011–12 reporting period, specialist homelessness agencies identified an estimated 4,993 clients (2% of all clients) who had recently exited from a custodial setting. A high proportion of these clients were already homeless at the time they presented to the specialist homelessness agency (83% of clients who had exited from custodial settings and whose homelessness status could be determined). The remaining 17% were at risk of homelessness.

Box 4.8 How we identified 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
    – 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 correction centre
    – 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. Children aged under 10 transitioning from immigration detention centres have been retained in this group.

Clients who had recently exited from custodial arrangements were mostly male (80%) (Figure 4.18). The most common age group for both males and females was the 25–34 group, with males in this age group having the highest proportion (25% of all clients who had exited a custodial setting).

Victoria had the highest number of clients who had recently exited from a custodial setting (1,564). However, the Northern Territory had the highest rate of SHSC clients transitioning from custodial settings compared with the other jurisdictions; 8 clients per 10,000 population accessed specialist homelessness services in 2011–12. (Figure 4.19).

Of all clients exiting custodial settings, 35% reported a previous history of homelessness.
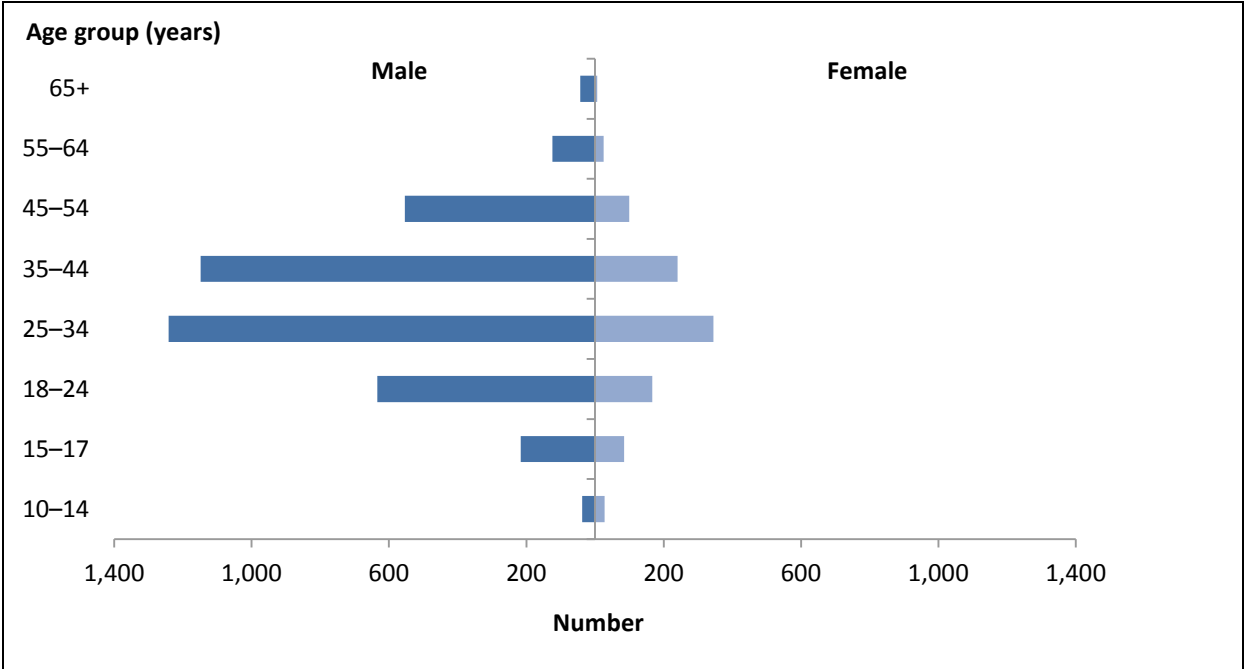
Source: AIHW 2012: Table S4.61.

Figure 4.18: Clients exiting custodial settings, by age and sex, July 2011– 2012

Source: AIHW 2012: Table S4.62.

Figure 4.19: Clients exiting custodial settings, number per 10,000 population, by state and territory, 2011–2012

Main reason for seeking assistance

'Transitioning from a custodial setting' was the main reason over half of these clients (56%) sought homelessness services. The next most commonly reported main reason for seeking homelessness assistance was 'housing crisis' (6%), 'problematic drug or substance use' and 'previous accommodation ended' (both 5%).

Service needs and the provision of services

As with many sub-groups within the SHSC population, general support services were the service-need grouping most commonly identified for clients who had recently exited from custodial settings; 95% of these clients had at least one general support need identified. These services were provided directly by the agency for 98% of clients with a general support need.

Other than services for accommodation and general support, the assistance most needed by clients was 'assistance to sustain tenancy or prevent tenancy failure or eviction' (24%), followed by 'health and medical services' (19%) and 'drug and alcohol counselling' (19%). In particular, 'health and medical services' and 'drug and alcohol counselling' were identified as needs for a greater proportion of clients exiting custodial arrangements, than for all SHSC clients.

Half the clients who had recently exited custodial settings needed short-term or emergency accommodation (51% of clients). Medium-term/transitional housing and long-term housing were also identified as a need for a high proportion of clients (36% for medium-term/transitional housing and 39% for long term housing). Compared with all SHSC clients, clients exiting custodial setting reported a greater need for all types of accommodation.

The need for accommodation was most often met directly by the agency for short-term or emergency accommodation (76% of clients who needed this service), followed by medium-term/transitional housing (41% of clients) and long-term housing (10% of clients). The proportion of clients who had their need for short-term or emergency accommodation and long-term housing met was higher than that of all SHSC clients.

Length of support and accommodation

Compared with all clients, clients leaving custody were more likely to receive support for 6–45 days (38%, compared with 28%). They were just as likely as all other clients to receive support for greater than 180 days (10% compared with 11%).

Housing outcomes

A high proportion of clients who had recently exited a custodial setting but were living in a house, townhouse or flat at the time they began receiving support from a specialist homelessness agency, were still living in a house, townhouse or flat after receiving support (81%) (Table S4.54). Of clients who had no dwelling when they first attended a specialist homelessness agency (7%), 18% were able to move into a house, townhouse or flat and 37% into a form of temporary accommodation.

Most clients reported having no housing tenure when they first presented to a specialist homelessness agency within the reporting period (75% of clients who had recently exited custodial arrangements). Of these clients, 71% still had no housing tenure after receiving support, 19% moved into temporary accommodation and 10% moved into a private rental arrangement or their own home after receiving support.

A quarter of clients transitioning from custodial settings (25%) were able to acquire a secure form of housing security after reporting an insecure form of housing security when they first presented to a specialist homelessness agency.

4.9 Children with a care and protection order

Care and protection orders are legal orders or arrangements that place some responsibility for a child's welfare with child protection departments. They are intended to provide support and assistance to children and young people to protect them from abuse, neglect and other harm, or where their parents are unable to provide adequate care or protection (AIHW 2012a). Young people who exit the care and protection system may not be well equipped to live independently, and may find themselves facing homelessness. The White Paper on homelessness (Australian Government 2008) identifies young people exiting statutory care systems as a vulnerable group needing greater support.

Box 4.9 How we define clients with a care and protection order

Clients have been counted as having a care and protection order if, at any time, the agency worker provided a valid response to the question, 'If the client is under the age of 18 and has a care protection order, what were their care arrangements?'

Clients who indicated their care arrangements were with their parents have not been included in this analysis.

Overall, an estimated 2,671 children who were on a care and protection order (CPO) received assistance from those specialised homelessness agencies who reported in the SHSC. There were more female than male clients on a CPO in 2011–12 (59% and 41%, respectively). Most clients on a CPO were aged between 15 and 17 (55%), followed by clients aged under 10 (27%) and clients aged between 10 and 14 (18%) (Figure 4.20).
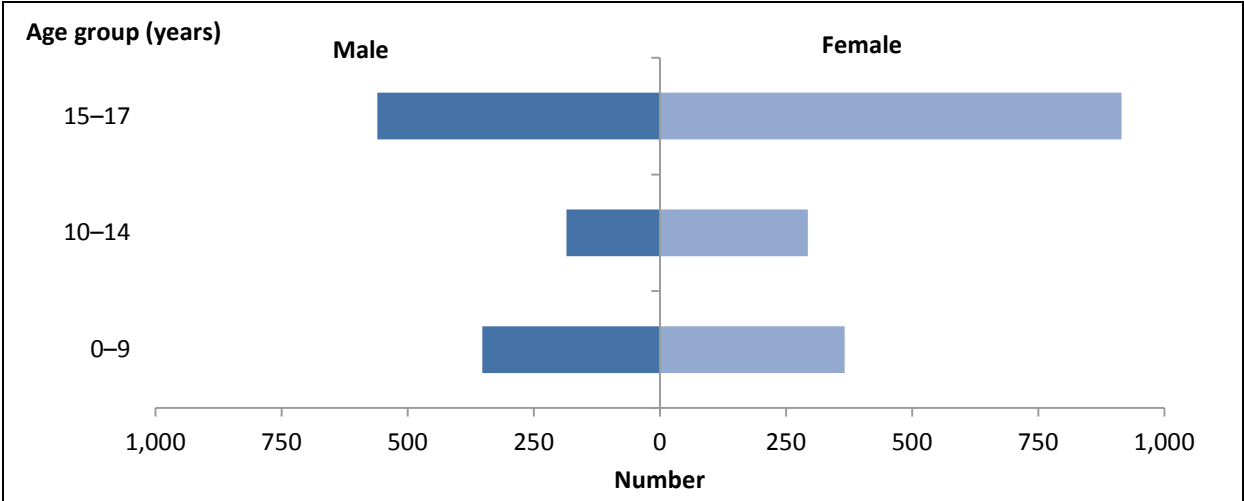
Source: AIHW 2012: Table S4.67.

Figure 4.20: Clients with a care and protection order, by age and sex, 2011–12

The highest number of clients with a CPO seeking support was in New South Wales (869 clients), followed by Queensland (663) (Table S4.57). However, the Northern Territory had the highest rate of clients with a CPO: 31 per 10,000 Australians aged under 18. The Australian Capital Territory had the next highest rate of clients with a CPO, 13 clients per 10,000 Australians aged under 18 (Figure 4.21). Nationally, there were 5 clients with a CPO per 10,000 Australians aged under 18.
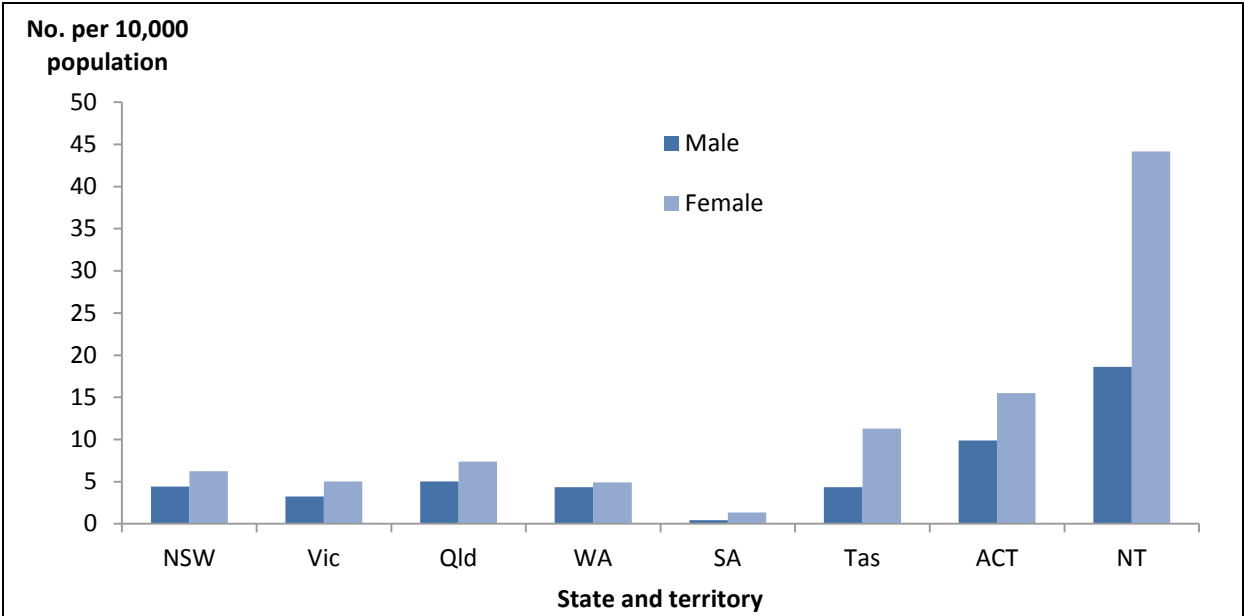
Source: AIHW 2012: Table S4.68.

Figure 4.21: Rate of service use by clients with a care and protection order, by state and territory, 2011–12 (number per 10,000)

Main reason for seeking assistance

The most commonly reported main reason for seeking assistance for clients with a CPO was 'relationship or family breakdown' (reported for 17% of clients with a CPO). The next most common main reasons cited were 'domestic and family violence' and 'transition from foster care/child safety placements' (15% and 10%, respectively).

Female clients with a CPO were more likely than male clients to report 'relationship or family breakdown' (19% and 15%, respectively) and 'domestic and family violence' (17% and 13%) as the main reason for seeking assistance. Male clients with a CPO were slightly more likely than female clients to report 'transition from foster care/child safety residential placements' (12% and 10%, respectively).

Almost two-thirds (64%) of all clients with a CPO experienced an episode of homelessness at some time in 2011–12. Over half (54%) were homeless when they first presented to a specialist homelessness agency. Just under half (40%) had an episode of homelessness in the 12 months before first presenting to an agency in 2011–12.

Service needs and the provision of services

A greater proportion of clients with a CPO needed transport (54%), assistance with living skills/personal development (46%) and recreation assistance (39%), compared with all SHSC clients (27%, 23% and 19%, respectively).

Accommodation services

Greater proportions of clients with a CPO needed short-term, medium-term and long-term accommodation, compared with the whole SHSC population (56%, 39% and 36%, compared with 40%, 27% and 34%, respectively) (Figure 4.22). Clients with a CPO were more likely to be provided short-term (77%) and medium-term (47%) accommodation directly by the agency than all SHSC clients (69% and 42%, respectively).

Clients with a CPO who were provided with accommodation were most commonly provided with between 6 and 45 nights of accommodation in total (33% of clients on a CPO), and a further one-fifth of these clients (20%) were provided with up to 5 nights of accommodation in total.

Source: AIHW 2012: Table S4.69.

Figure 4.22: Clients with a care and protection order, by type of assistance and provision status (whether provided directly be the agency), 2011–12
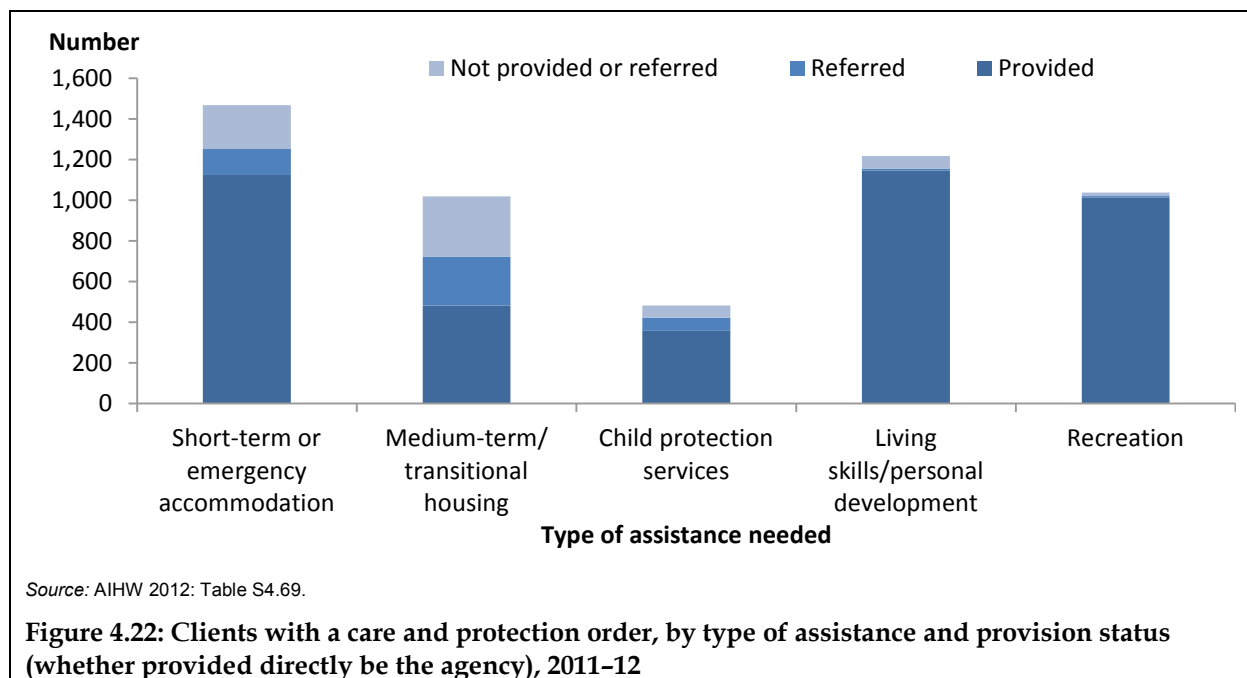
Total days of support

Clients with a CPO were most commonly supported for between 6 and 45 days in total in 2011–12 (28% of clients with a CPO). Twenty-one per cent of clients with a CPO were supported for up to 5 days in total, and a further 21% were supported for more than 180 days. The length of support was similar for both male and female clients with a CPO.

Housing outcomes

There were few clients with a CPO who were living with no shelter or in improvised dwellings at the beginning of support (3%). However, almost three-quarters (71%) of these clients had an improved dwelling type by the end of 2011–12, with over half (54%) living in a house, townhouse or flat by the end of 2011–12 (Table S4.59). The majority (89%) of clients with a CPO living in in a house, townhouse or flat when first presenting to an agency were still in that type of dwelling by the end of 2011–12.

The housing tenure of most clients with a CPO did not change between the beginning of their support and the end of their support in 2011–12 (Table S4.60). However, the housing tenure of nearly 40% of clients with a CPO changed from secure to insecure by the end of 2011–12. This may reflect the high proportions of clients with a CPO seeking assistance for family relationship issues and domestic violence, who are likely to receive supported accommodation with a specialist homelessness agency while receiving assistance.

5 A profile of specialist homelessness agencies

Across Australia there are almost 1,500 agencies that provide specialist homelessness services to those experiencing homelessness or who are at risk of becoming homeless. These agencies are predominantly not-for-profit organisations and are funded by state and territory governments. They vary considerably in size and in the types of assistance they provide. Some agencies focus specifically on people experiencing homelessness, while others deliver a broader range of services to other clients, including those at risk of becoming homeless. The profile of agencies in each state and territory reflects the different service delivery frameworks operating in those jurisdictions.

Agencies included in the collection receive funding from state and territory governments through the National Affordable Housing Agreement (NAHA) and National Partnership Agreement on Homelessness (NPAH). Each month, information about agencies is provided to AIHW by state and territory governments indicating the agencies that receive funding and are expected to submit data to the AIHW regarding their clients.

In the SHSC an agency is the organisational unit for which clients' data are reported to the AIHW. Organisations, in consultation with the state/territory governments that fund them, determine the organisational level at which they will report data. Many organisations report as a single agency, while others report for a number of organisational units operating in their organisation (such as different support programs). Organisations that operate in a number of states/territories report at least one agency in each jurisdiction in which they operate.

This chapter looks at specialist services agencies in terms of their size and location, and by the predominant types of assistance they provide.

Source: AIHW 2012: Table S5.1.

Figure 5.1: Agencies, by state and territory, 2011–12
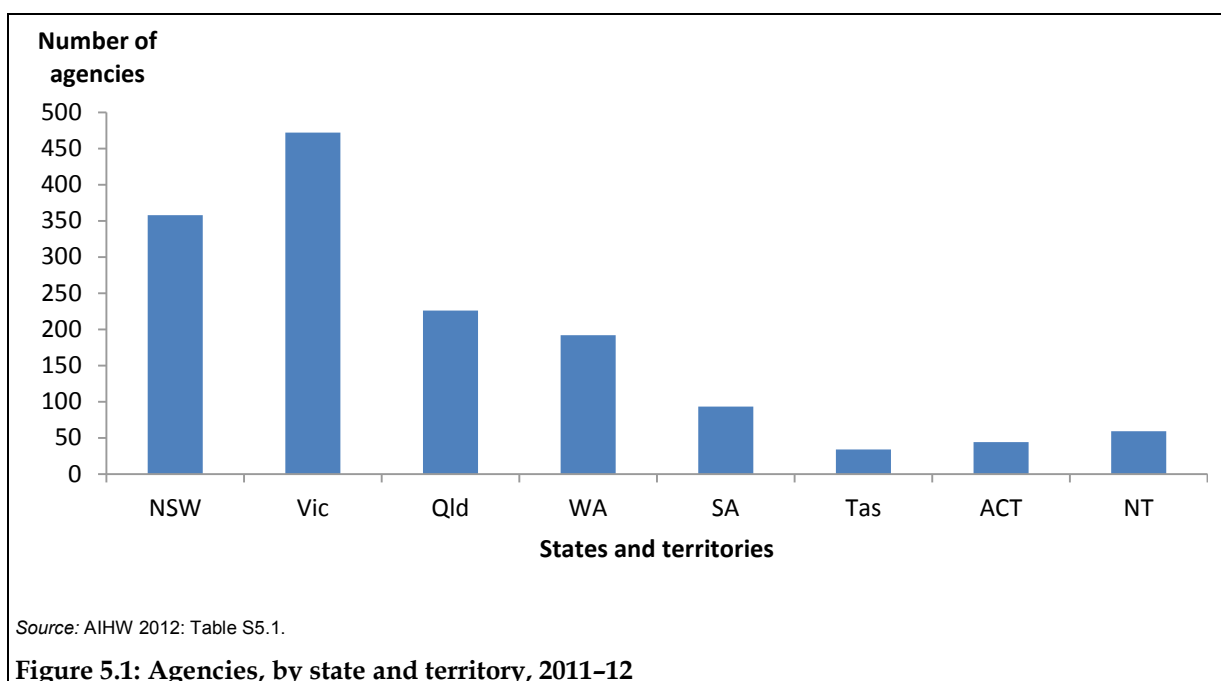
Nationally, there were 1,478 agencies that delivered specialist homelessness services at some time in 2011–12. Victoria had the largest number of agencies of any jurisdiction, representing 32% of all agencies in Australia. Combined, agencies in New South Wales, Victoria and Queensland represented 71% of all agencies (Figure 5.1).

Relative to population size, Northern Territory had the highest concentration of agencies with one agency for every 3,938 persons, followed by the Australian Capital Territory (one agency per 8,426 persons) and Victoria (one agency per 11,810 persons).

5.1 Agency size

> **Box 5.1 How we determined agency size**
>
> For these analyses, agency size has been categorised by the average number of support periods per collection month for each agency. Large agencies are those with more than 52 support periods per month, medium agencies are those with between 20 and 52 support periods per month and small agencies are those that have fewer than 20 support periods.

There are more agencies classified as small agencies than either of the other size groups. Of all jurisdictions, Victoria had the highest proportion of small agencies (representing 48% of all agencies in Victoria). This was followed by Western Australia and Northern Territory (both 44%). In South Australia small agencies represented just 26% of agencies (Figure 5.2).

South Australia had the highest proportion of large agencies (46%) followed by the Australian Capital Territory (36%) and New South Wales (32%). The Northern Territory had the smallest proportion of large agencies (19%), followed by Western Australia (21%) (Figure 5.2). The size of agencies in a jurisdiction is likely to be influenced by the service delivery frameworks that exist in the state or territory, along with other factors such as population size, and the geographic distribution of the population.

Source: AIHW 2012: Table S5.1.

Figure 5.2: Agency size by States and territories, 2011–12
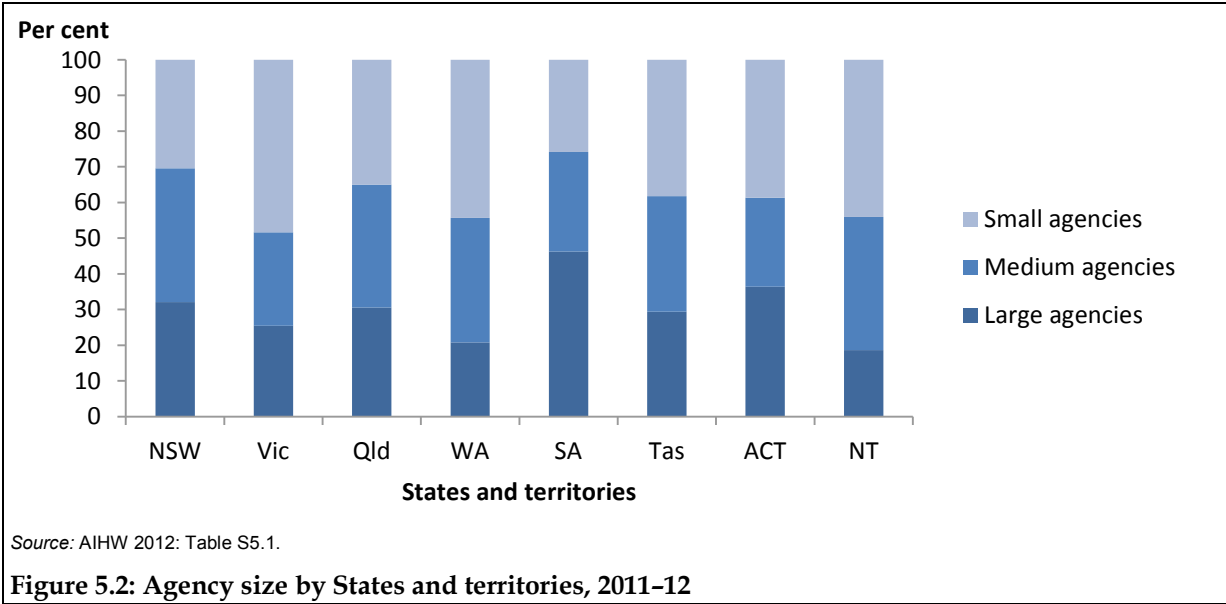
Medium-sized agencies, on average, supported clients for the longest (Table 5.1). The support period capacity for each agency size decreases markedly with agency size, with the average number of support periods per agency per year in large agencies being 633, with 150 for medium sized agencies and 48 for small agencies. Similarly, the average number of clients per agency also decreases with agency size. There was a higher proportion of large agencies that delivered their services from multiple locations compared to medium and small agencies (Table 5.1).

Table 5.1: Profile of agencies, 2011–12

Agency characteristics	Agency size			Total
	Large	Medium	Small	
Number of agencies	424	473	581	1,478
Average number of support periods per agency (in 2011–12)[a]	633	150	48	248
Average number of support periods per day per agency[a]	46	17	6	21
Average number of clients per agency[a]	494	127	41	199
Average length of closed support periods (days)[a]	44	78	62	51
Agencies with multiple delivery points (per cent) [b]	46.0	35.7	30.7	36.7

a)   Figures have been rounded to the nearest whole number.

b)   Indicates the proportion of agencies that deliver services from more than one location (including mobile agencies).

Source: AIHW 2012: Table S5.2.

Services provided

Regardless of size, most agencies provided at least one service falling under the category of 'general services' to each client. These include support for basic needs such as meals, laundry/shower facilities, information services and advice. General services accounted for 68% of all needs identified in large agencies, 70% in medium sized agencies and 72% in small agencies.

Small agencies were able to provide accommodation more often where accommodation was identified as needed, than medium and large agencies (75%, compared with 68% in medium sized agencies and 47% in large agencies) (Table 5.2). The relatively lower proportion of accommodation provision for larger agencies could be due to the role of large central intake and referral agencies in assessing clients' needs, providing general assistance and support and referring clients on to appropriate agencies that specialise in different types of support.

Other than general assistance and support, the need that was most often provided directly by an agency was support for domestic and family violence. Assistance for domestic and family violence was identified as a need in between 8% and 13% of support periods for all sized agencies (13% for large agencies, 9% for medium sized agencies and 8% for small agencies). All agencies were able to meet this need directly in around 90% of support periods (91% in large agencies, 88% in medium sized agencies, 90% in small agencies) (Table 5.2).

Consistently, across agency size categories, clients with needs for assistance with mental health and disability were more likely to be referred to other organisations than any other

services. Mental health services were referred in 35% of support periods for large agencies, and 33% of support periods in both medium and small agencies. This is consistent with the specialist nature of mental health management services and the specialised skills required. Similarly, the provision of disability services also had a high referral rate at between 21% and 24% of support periods.

Table 5.2: Support periods, proportion of services provided where need identified, 2011-12 (per cent)

	Agency size		
	Large	**Medium**	**Small**
Accommodation provision	47	68	75
Assistance to sustain housing tenure	40	42	45
Mental health	39	45	51
Family	57	62	69
Disability	52	59	59
Drug/alcohol	47	59	62
Legal/financial	54	53	59
Immigration/cultural	80	75	87
Domestic violence	91	88	90
Other specialised services	63	59	68
General services	91	91	93

Notes

1.   Reported proportions have been calculated using the number of instances where that service was identified as a need as the denominator.

2.   See glossary and counting rules for how services and assistance items have been grouped.

3.   Excludes SA data.

Source: AIHW 2012: Table S5.3, S5.4 and S5.5.

5.2   Agency location

While large numbers of people experiencing homelessness live in metropolitan areas, a significant proportion is located in regional, rural and remote Australia. Access to services can become increasingly difficult the further away a client is from a major city, especially in remote areas. Clients in *Remote* and *Very remote* areas may also be less likely to have access to specialised services such as disability, employment and mental health services.

This section looks at the profile and services of specialist homelessness agencies across Australia and how they differ according to their geographical location. For the purposes of this analysis agencies have been grouped by remoteness area classification based on the ABS remoteness structure (ABS 2012e) using the address of each agency as provided to the AIHW—see Box 5.2 for more information.

Box 5.2 How we defined agency remoteness area

Agencies have been classified according to their Remoteness Area (RA) as defined by the Australian Standard Geographic Classification Remoteness Structure (ABS 2012e). The latest available version of the RA indicator (from the 2006 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 a 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 2006 Census. Neither concordance is one-to-one—where an agency's LGA represents a proportion of a RA, the agency is assigned to the RA with the largest representation in the LGA. Where an agency's LGA code was missing, a RA was assigned using a Postal Area Index, also developed by the ABS.

Source: AIHW 2012: Table S5.1.

Figure 5.3: Location of agencies by remoteness area, 2011–12 (per cent)
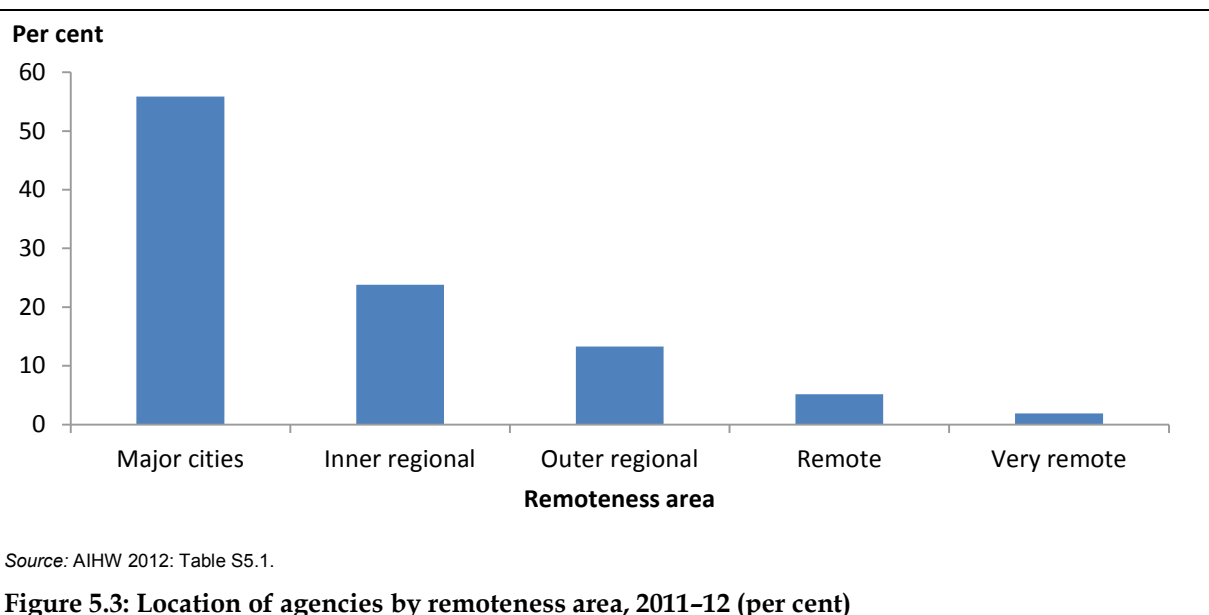
Over half of all agencies that provided homelessness services in Australia were located in *Major cities* (56%), with the proportion of agencies decreasing with increasing remoteness (24% were in *Inner regional areas*, 13% in *Outer regional areas*, 5% in *Remote areas* and 2% in *Very remote areas*) (Figure 5.3).

The highest proportion of agencies was located in Victorian *Major cities* (18% of all agencies) followed by *Major cities* in New South Wales (16%) and Victorian *Inner regional areas* (11%) (Figure 5.4).

Source: AIHW 2012: Table S5.1.

Figure 5.4: Agencies by remoteness area and state and territory, 2011–12
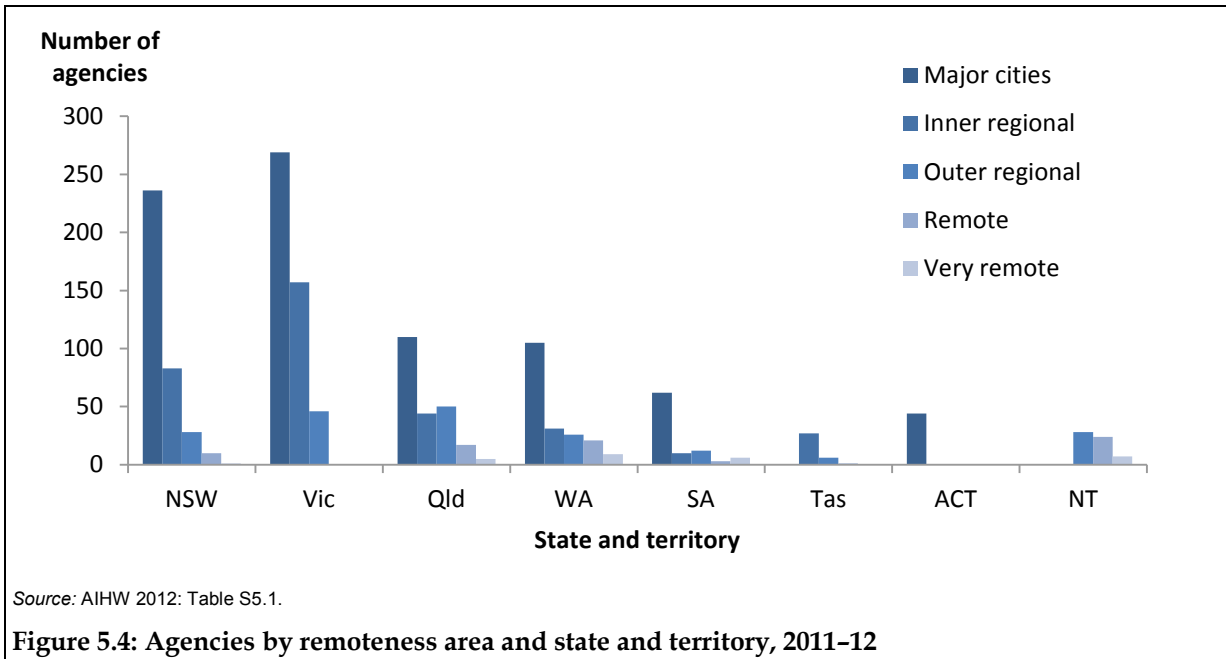
The distribution of agencies in terms of agency size was similar across all remoteness areas. Small agencies made up the highest proportion of agencies in each of the remoteness area groupings, followed by medium sized agencies, and large agencies (Figure 5.5).

Source: AIHW 2012: Table S5.1.

Figure 5.5: Agency size by remoteness area, 2011–12
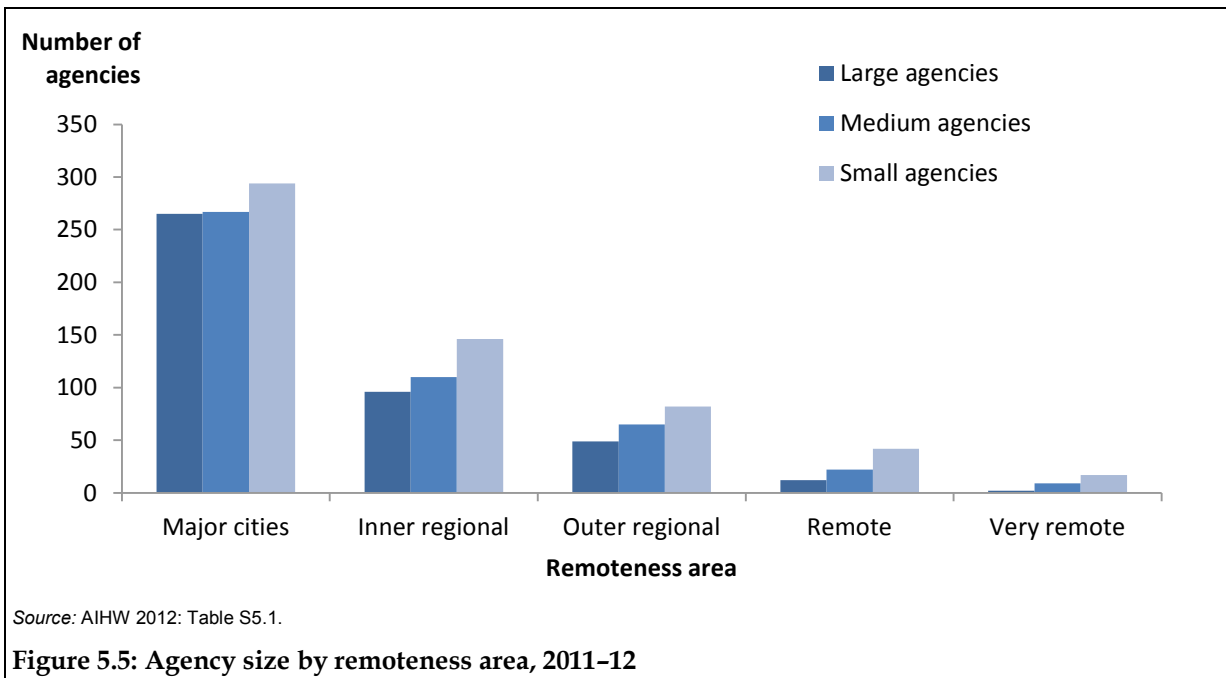
Table 5.3: Profile of agencies, by remoteness area, 2011–12

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Number of agencies	826	352	196	76	28	1,478
Average number of support periods per agency[a]	280	226	207	144	174	248
Average number of support periods per day per agency[a]	23	22	17	12	13	21
Average number of clients per agency[a]	219	188	174	113	116	198
Average length of closed support periods (days)[a]	53	54	41	40	32	51
Agencies with multiple delivery points (per cent)[b]	41.8	43.5	18.4	5.3	14.3	36.7

(a)   Figures have been rounded to the nearest whole number.

(b)   *Indicates the proportion of agencies that deliver services from more than one location (including mobile agencies).*

Source: AIHW 2012: Table S5.6.

The average number of clients that agencies supported during the 2011–12 decreased with remoteness (219 clients received assistance per agency, on average, in *Major cities* compared with 116 in *Very remote* areas). The average length of support clients received also varied between remoteness areas. Clients of agencies in more urban areas were supported for longer than agencies in more remote areas (average length of support provided by agencies in *Major cities* was 53 days compared with 32 days in *Very remote* areas).

Remote areas had the smallest proportion of agencies that delivered services from multiple locations (5% of agencies in *Remote* areas). *Very remote* and *Outer regional* areas had a higher proportion of agencies delivering services from multiple locations (14% and 18% respectively), whereas the proportion in *Major cities* and *Inner regional* areas was more than double that of *Outer regional* and *Very remote* areas (42% and 44% respectively) (Table 5.4).

A profile of clients by remoteness

Based on an analysis of support periods, the greatest proportion of SHS clients fall between the ages of 18 and 44. This pattern remains consistent across all remoteness area categories. Clients in major cities reported in this age group for 58% of support periods, as compared with 57% in Inner regional areas, 52% in Outer regional areas, 50% in Remote areas and 52% in Very remote areas) (Figure 5.6). Those aged between 25 and 34 represented the single largest group accessing specialist homelessness services, and the proportion of clients in this age group across all remoteness areas was very similar (20% of support periods in *Major cities, Inner regional* and *Very remote* areas, 18% in *Outer regional* areas and 19% in *Remote* areas).

Support periods (number)

Note: The 'remote' category combines data for *Remote* and *Very remote* areas.

Source: AIHW 2012: Table S5.7.

Figure 5.6: Support periods by client age group, and remoteness area 2011–12
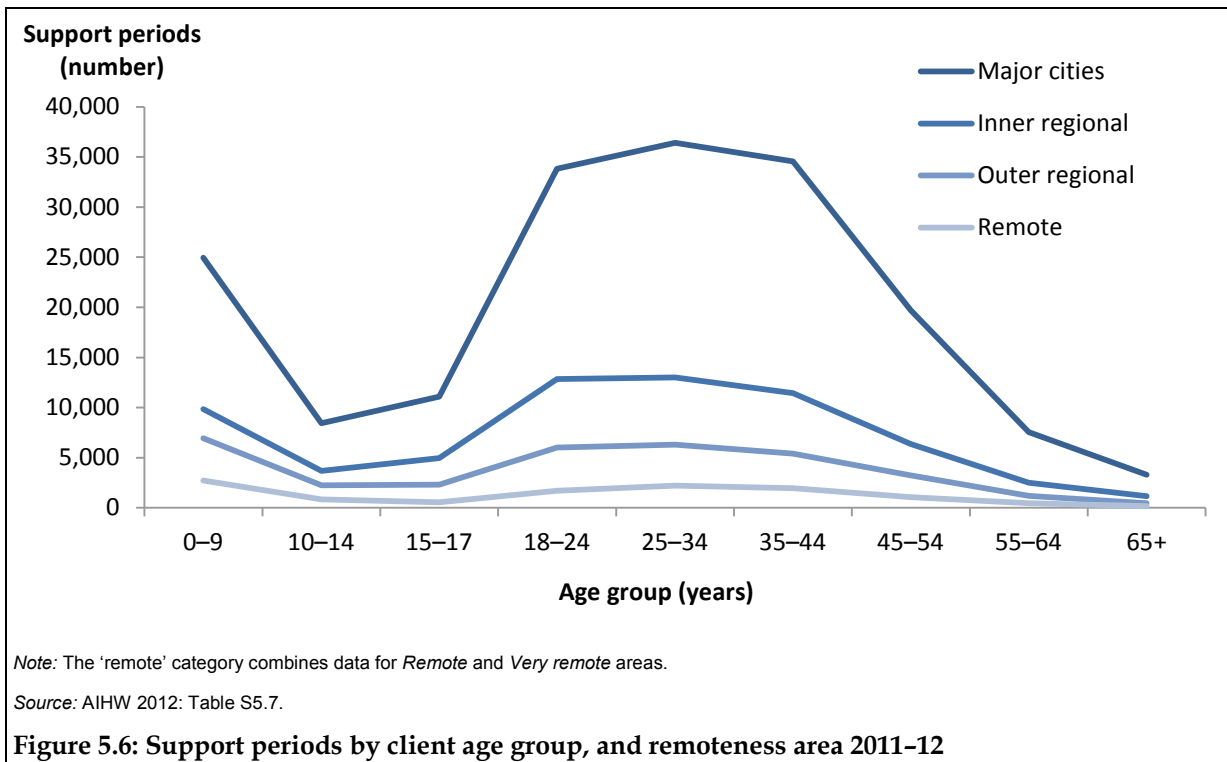
A slightly different picture emerged for children aged 10 years and under, with the proportion of this group rising with increased remoteness. Whereas those aged 10 and under represented only 14% of clients in *Major cities,* they represented 24% of clients in *Very remote* areas (Table S5.7). This correlates with the difference in the proportion of females to males which also rose significantly with increased remoteness. Females represented 57% of clients in *Major cities* compared with 81% of clients in *Very remote* areas (Figure 5.7).

Source: AIHW 2012: Table S5.7.

Figure 5.7: Support periods by client sex and remoteness area, 2011–12
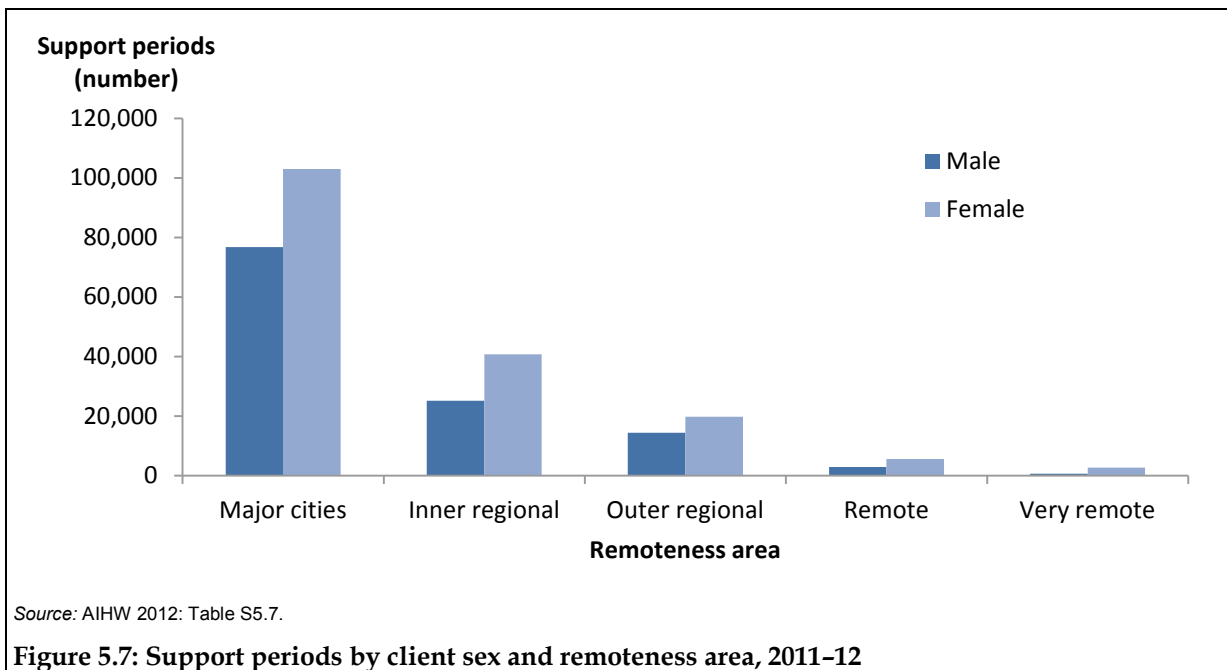
The significantly higher level of females and children accessing specialist homelessness services in *Remote* and *Very remote areas* is also consistent with the relatively high levels of domestic violence recorded as a main reason for presenting to an agency for assistance in those areas. Although domestic violence was recorded as the main reason for seeking assistance for 24% of clients in *Major cities*, it was the main reason for seeking assistance in 38% of supported periods in *Remote* areas and 54% of support periods in *Very remote* areas.

Provision of services by remoteness

Agencies in *Remote* and *Very remote* areas were more likely to provide accommodation services directly than those in *Major cities* and regional areas (55% of support periods in *Major cities*, 51% in *Inner regional* areas, 49% in *Outer regional* areas, 88% in *Remote* areas and 98% in *Very remote* areas). These agencies were more likely to be smaller and provide accommodation services directly, because they are less likely to have other agencies close by for referrals. *Major cities* and regional areas are more likely to have central intake agencies and networks of services providers that specialise in accommodation and other support to particular groups of clients (Table 5.4).

Table 5.4: Support periods, proportion of services provided to meet identified need, 2011–12 (per cent)

Services and assistance types	Major cities	Inner regional	Outer regional	Remote	Very remote
Accommodation provision	55	51	49	88	98
Assistance to sustain housing tenure	45	37	32	35	48
Mental health	42	43	48	53	n.p.
Family	58	59	67	67	75
Disability	51	56	64	74	n.p.
Drug/alcohol	56	47	48	43	84
Legal/financial	56	48	49	68	55
Immigration/cultural	80	78	67	92	88
Domestic violence	89	91	88	94	99
Other specialised services	61	62	68	72	69
General services	90	91	92	95	97

n.p. Figure not published.

Notes

1.   Reported proportions have been calculated using the number of instances where that service was identified as a need, as the denominator.

2.   See glossary and counting rules for how services and assistance items have been grouped.

3.   Excludes SA data.

Source: AIHW 2012: Table S5.9, S5.10, S5.11, S5.12 and S5.13.

Referred services

In all remoteness areas the services least likely to be referred were general services (referred by agencies between 1% and 5% of support periods where that need was identified) and domestic violence services (referred between 1% and 7% of support periods where this was identified as a need).

The services that were most likely to be referred varied across all remoteness areas and tended to be those services that require staff with specialised expertise. They were mental health services in *Major cities* (referred in 34% of support periods when identified as a service need), legal and financial services in *Inner regional, Outer regional* and *Very remote* areas (34%, 39% and 41% respectively), and drug and alcohol services in *Remote* areas (33%).

Accommodation services

Clients in *Major cities* generally have longer periods of accommodation than those in other areas. Over 71% of total accommodation nights were provided in *Major cities* whereas only 56% of all agencies are found in *Major cities*.

Agencies in *Major cities* and *Inner regional* areas are more likely to provide medium-term/ transitional housing than those agencies in *Outer regional* and *Remote areas*. Medium-term/ transitional housing represented 61% of nights in *Major cities* compared with 50% in *Inner regional* areas, 33% in *Outer regional* areas and 40% in *Remote* areas. Agencies in all other areas were far more likely to provide medium-term and transitional housing than agencies in *Very remote* areas where medium-term and transitional accommodation represented only 5% of accommodation nights (Figure 5.8).

Source: AIHW 2012: Table S5.14.

Figure 5.8: Distribution of accommodation nights by remoteness area and accommodation type, 2011–12
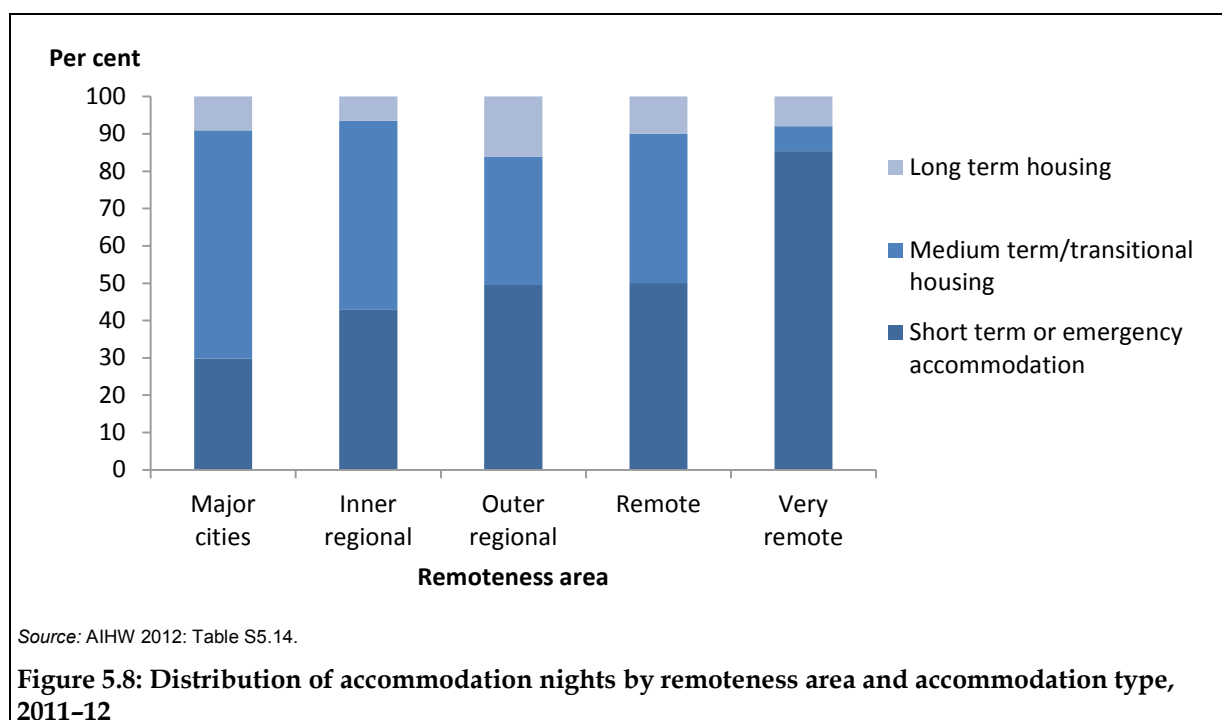
Not surprisingly agencies in *Very remote* areas provided a much higher proportion of accommodation nights as short-term or emergency accommodation nights (91% of accommodation nights) relative to those in *Major cities* (30%), *Inner regional* areas (44%), *Outer regional* areas (52%) and *Remote* areas (53%) (Figure 5.8).

Compared with all other areas, agencies in *Outer regional* areas were able to provide a greater proportion of nights as long term housing (16% of provided accommodation nights in *Outer regional* areas) compared with 4% for *Very remote*, 6% for *Inner regional*, 7% for *Remote* areas *and* 9% for *Major cities*.

6 Unmet demand

Specialist homelessness agencies in Australia provide a range of services to a large number of people every day. However, agencies cannot always meet the requests for assistance they receive.

Information on unmet need is collected for people who seek services from specialist homeless agencies but receive no assistance (unassisted requests for services), and for the clients who have had some, but not all, of their needs met. These two components are part of the overall picture of unmet demand for specialist homelessness services.

6.1 Unassisted requests for assistance

An unassisted request for service occurs when a person is unable to be provided with any assistance by a specialist homelessness services agency. There may be a number of reasons why an agency cannot meet a particular request. For example, a person may need a service that is not offered by a particular agency, or a person may seek a specialist service that requires trained staff who are not available at that time. In other cases agencies may be operating at capacity and have no accommodation or sufficient staff available.

Box 6.1 provides information on the way in which unassisted requests for services are measured in the SHSC. Approximately half (47%) of all unassisted requests for services had a valid SLK and these people, on average, made 1.5 requests for services. In addition, 30% of these people later went on to become a client of a specialist homelessness agency and received services.

Box 6.1: How unassisted requests for services are measured

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

The data are presented as a daily average of requests for services because the information that is used to create the Statistical Linkage Key (SLK) was not available for 53% of the unmet requests for service. Without a valid SLK it is not possible to identify where 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 an SLK is not available.

The number of unassisted requests for services

In 2011–12, there were an estimated 136,818 requests for service where those people were not able to be assisted at all. This equates to an average of 374 requests for services per day that

could not be assisted. On average, 233 daily requests (or 62% of all requests) were made by females, and 141 (38%) by males.

Other than children aged 0–14, most unassisted requests for services were made by people aged between 15 and 44, with the highest number being made by people aged 18–24 (Figure 6.1). The majority of requests were from females aged between 18 and 34 (26%).

There were more unassisted requests for services from females in every age group except 0–9 year olds where there were slightly more males than females.
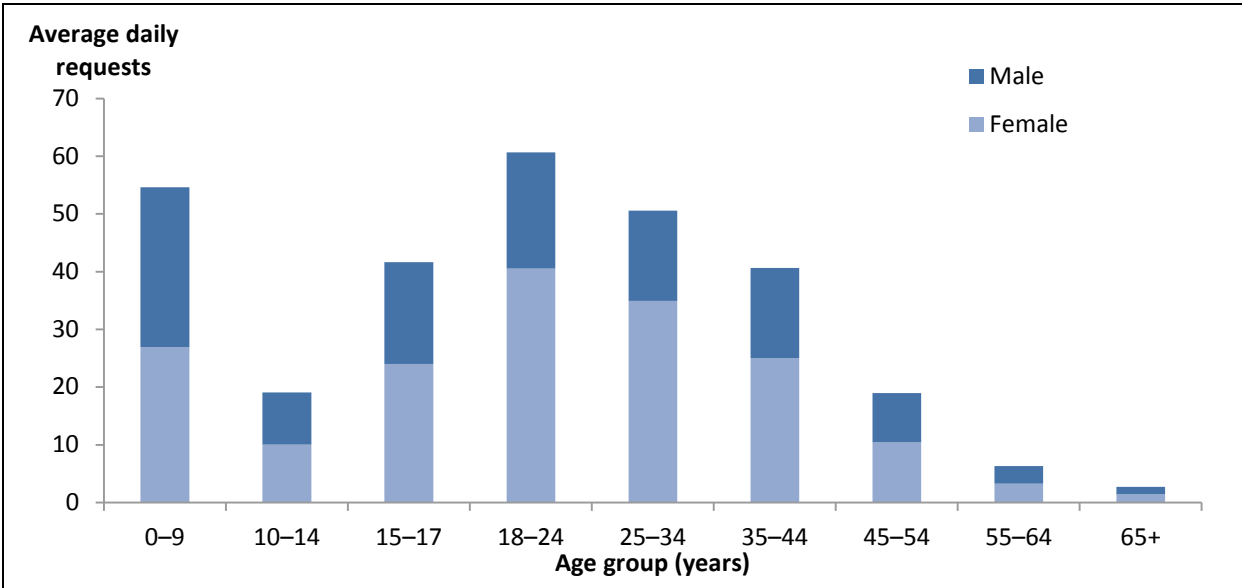
Source: AIHW 2012: Table S6.3.

Figure 6.1: Average daily unassisted requests for services by sex, 2011–12
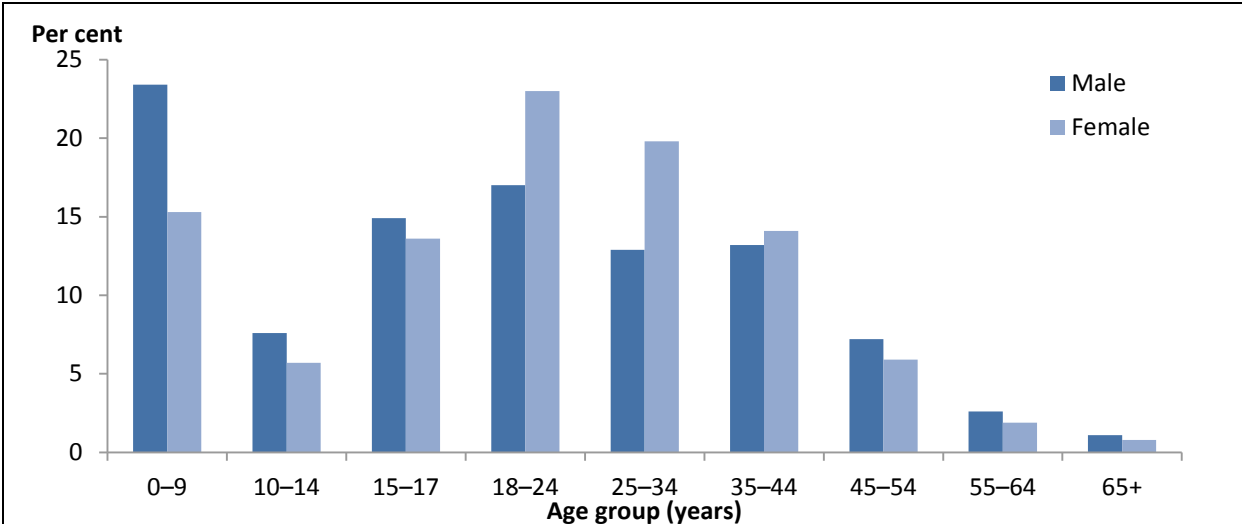
Source: AIHW 2012: Table S6.2.

Figure 6.2: Proportion of unassisted requests, by sex and age group, 2011–12 (per cent)

As a proportion of all those with unassisted requests, males were more likely than females to be aged either 0–14 or 45 and over, whereas females were more likely than males to be aged 18–44 (Figure 6.2). This group includes a high proportion of single mothers between the ages of 18–24 with children (32% of single mothers).

Most daily unassisted requests were from sole persons (59% of all requests).

Unassisted requests for services from people in family groups represented 41% of all requests. This was higher than the client population, where people in family groups represented 33% of the overall client population. Other characteristics of persons seeking assistance—age and sex—are quite similar.

The majority of requests from people in family groups were from single persons and their children (37%). Excluding children aged 0–14, the majority of requests from single persons with children were from single females (76%). The children of sole parents represented nearly 90% of all children aged under 15 who had unassisted requests for services.

Unassisted requests for services across states and territories

There was a significant difference across states and territories in the number of unassisted requests for services (Figure 6.3). In part this is due to the different service models and approaches that exist in different states and territories. For example, Victoria and ACT have central intake models which mean that their data for unassisted requests for services are not directly comparable with other states and territories. South Australia did not record unassisted requests for services in 2011–12.

Source: AIHW 2012: Table S6.5.

Figure 6.3: Average daily unassisted requests for services by state and territory, 2011–12
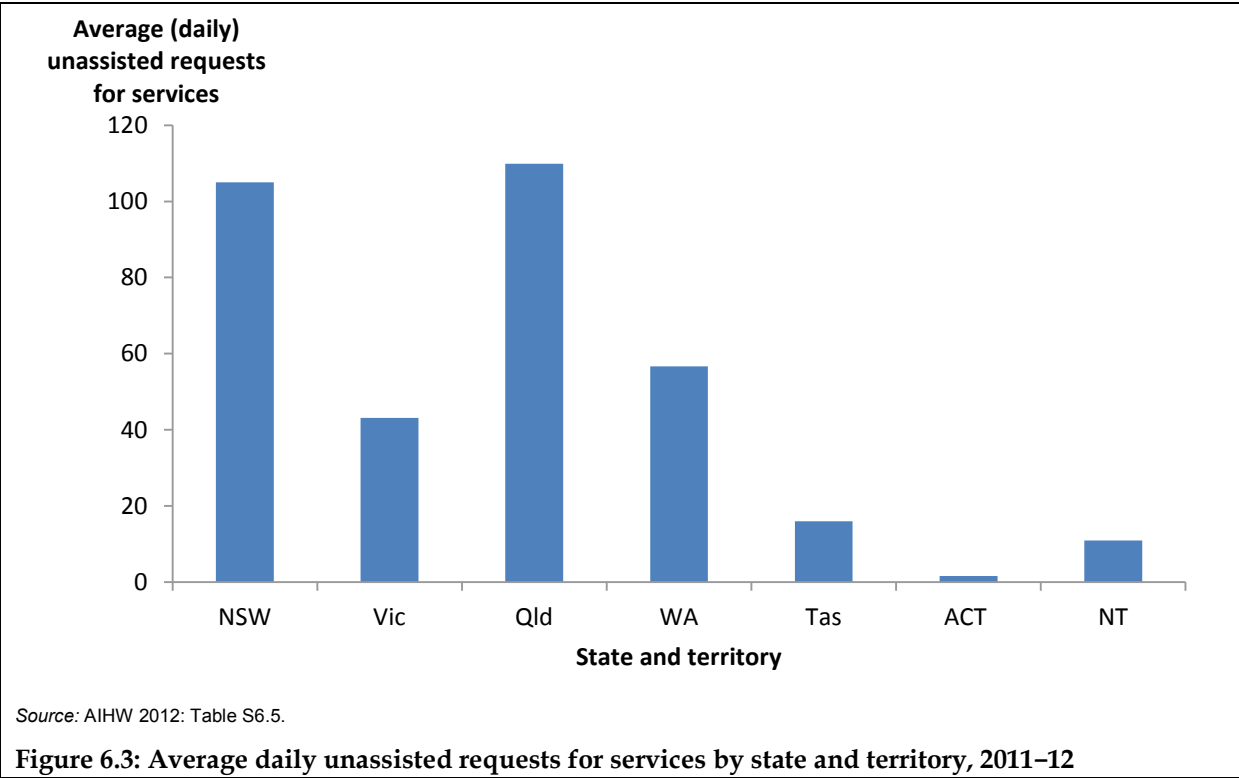
What services were requested?

Overall, 83% of average daily unassisted requests included a need for some type of accommodation support. Daily requests that included a need for short-term or emergency accommodation represented 68% of all the unassisted daily requests (Figure 6.4).Daily requests for housing or accommodation support other than short-term/emergency accommodation represented 15%.

Source: AIHW 2012: Table S6.6.

Figure 6.4: Services requested as proportion of daily unassisted requests, 2011–12
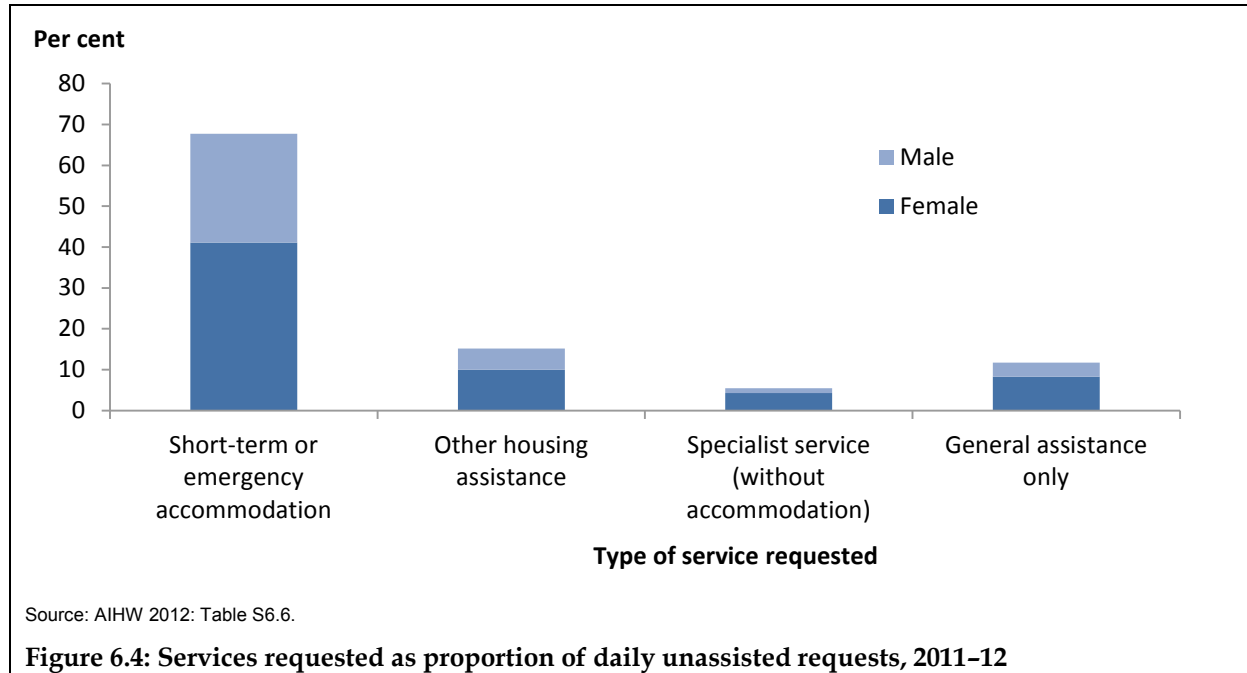
Females made more unassisted requests for accommodation, 61% for short-term or emergency accommodation and 66% of requests for other accommodation. Both males and females have a similar pattern of requests for services. Seventy-three per cent of males and 65% of females requested short-term or emergency accommodation and 16% of females and 14% of males requested some form of other housing assistance.

Ninety-five per cent of unassisted requests for services from single persons with child(ren) included a need for accommodation, compared with 77% of requests from sole persons (Figure 6.5). Sole persons were more likely than single persons with children to request specialised services or generalised assistance without accommodation.

Source: AIHW 2012: Table S6.7.

Figure 6.5: Proportion of single person and parent with child(ren) unassisted requests for services by service type, 2011–12 (per cent)
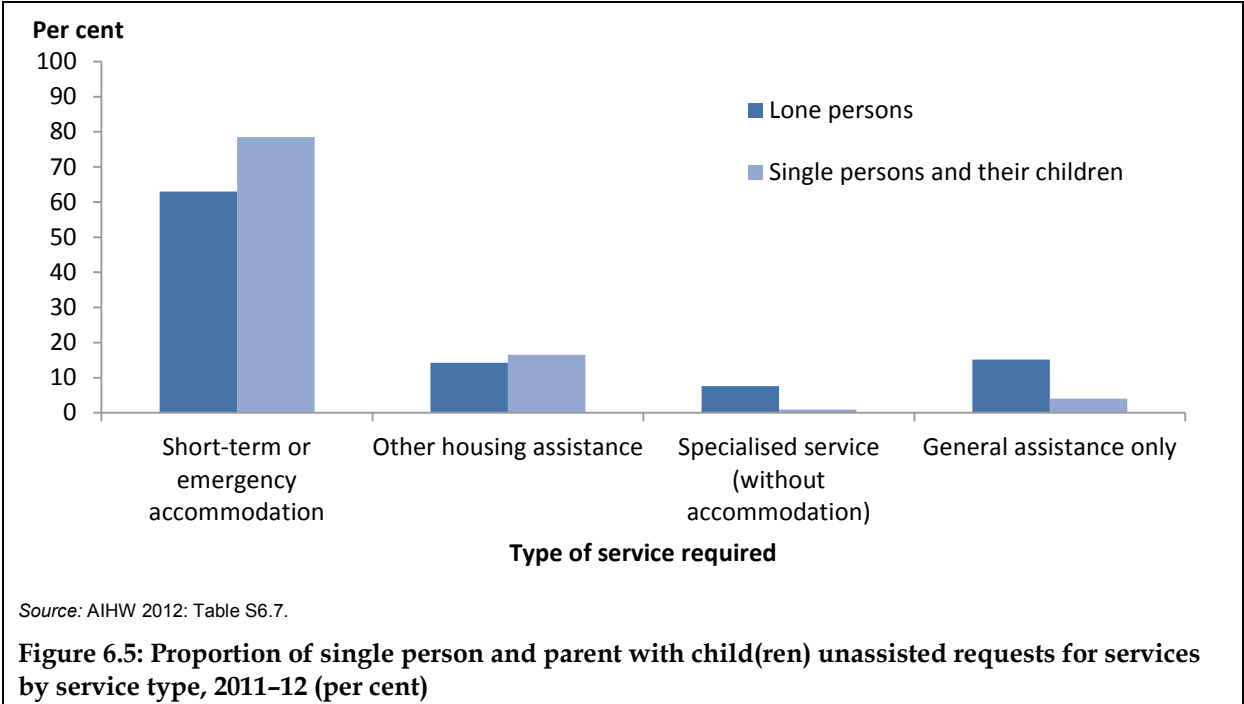
Reasons for not providing assistance

In 61% of requests for accommodation there was no accommodation available at the time of the request (Figure 6.6).

Source: AIHW 2012: Table S6.8.

Figure 6.6: Reasons services were not provided (top four reasons only) as a proportion (per cent) of requests seeking accommodation, 2011–12
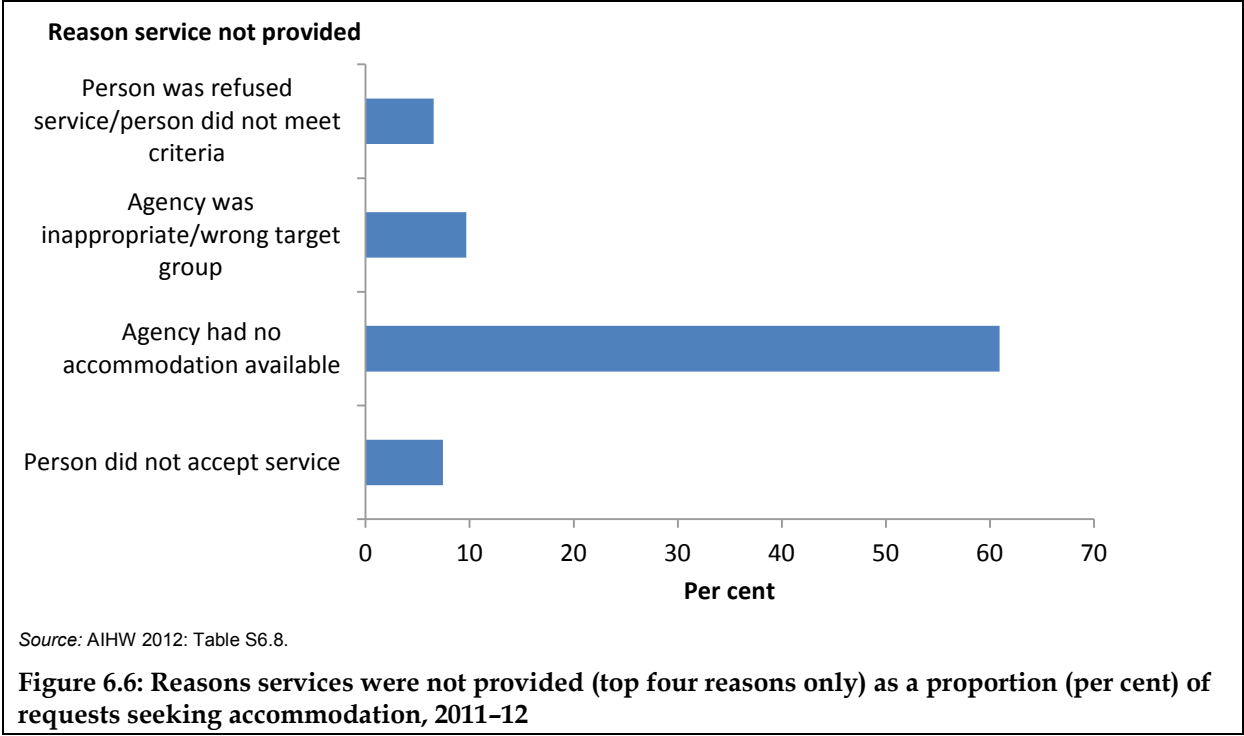
6.2 Unmet need for services for clients

Clients receiving support from specialist homelessness services often identify a wide range of needs for which they require assistance. On average, in 2011–12 each client had around eight different needs identified during their support period. For some needs (such as rent assistance or meals), it can be difficult to assess the degree to which they have been met because the client may need these services more than once during their support period. In this analysis each client need and the services to meet that need is only identified once in each support period. In the future it may be possible to gain a more complete picture of unmet need by analysing how a client's needs change during their period of support and considering this in light of the different services that are provided, possibly several times during this period.

The data available indicate that some needs are more able to be met by agencies than others. Some services are required by a significant proportion of clients and many of these services are able to be met directly by agencies for most clients. Figure 6.7 presents the services for which more than 25% of all clients identified a need (excluding needs for accommodation), and for each of these services the proportion of these needs that went unmet is also shown. It indicates that, for example, advocacy/liaison was needed by half of all clients (51%) in 2011–12 and this was met for almost all of these by the end of support (remaining unmet for only 2% of clients).

Source: AIHW 2012: Table S2.12.

Figure 6.7: Services identified as a need by more than 25% of clients (excluding accommodation), and proportion of clients with an unmet need for the service, 2011–12 (per cent)
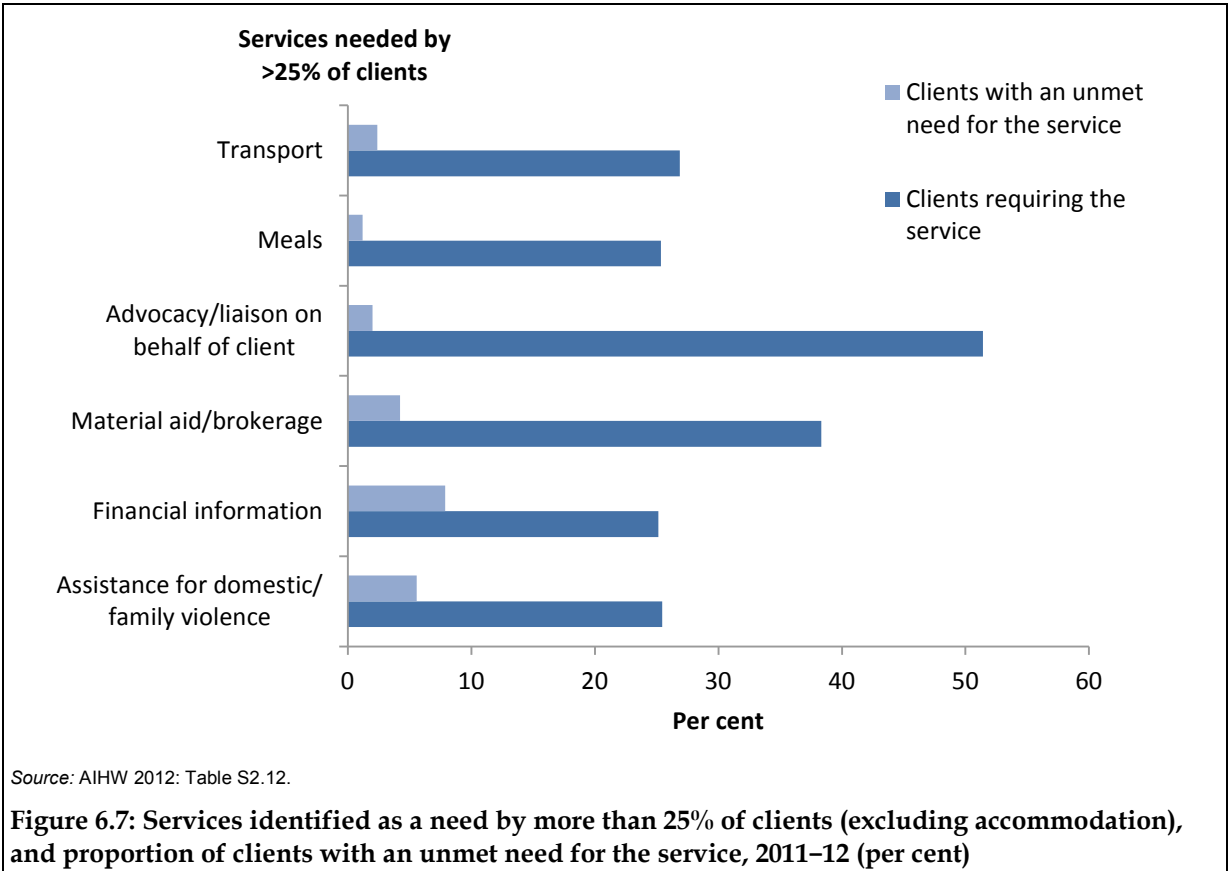
Other services are required by relatively small proportions of clients, but a significant proportion of those clients are unable to have their need met. Figure 6.8 identifies the services needed which went unmet in more than 15% of cases where the service was required. Clients with an unmet need for each service are shown as a proportion of clients for whom the specific need was identified. Those services that have a high level of unmet demand at the end of the support period are often more specialised (requiring special skills or qualifications) and required by only a small proportion of clients.

Accommodation services are the only services that have both a high proportion of clients who require the service and a high level of unmet need at the end of support. In 2011–12, 127,106 clients (60%) identified a need for at least one type of accommodation service. Short-term or emergency accommodation was the highest, with 84,417 clients (40%) identifying this as a need. Medium-term or transitional housing was required by 56,975 clients (27%) and long-term housing by 71,047 clients (34%).

Source: AIHW 2012: Table S2.12.

Figure 6.8: Services with a high unmet need at the end of support (excluding accommodation) 2011–12
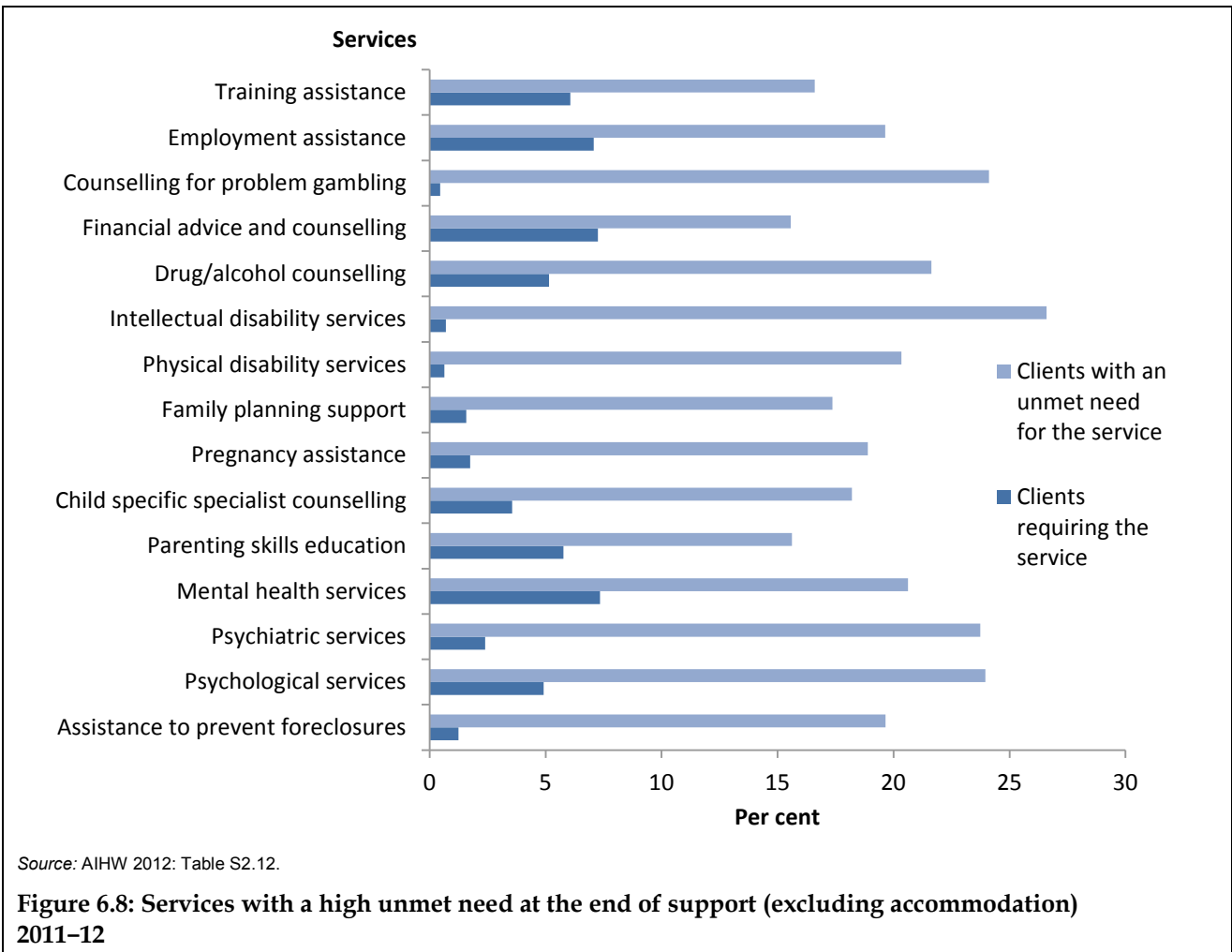
In terms of unmet needs for accommodation, short-term accommodation had the lowest unmet need, with 19% of clients requiring short-term accommodation not receiving it. Medium-term accommodation was not provided to 33% of clients who needed it, and long-term accommodation was not provided to 45% of those needing it. However, clients often needed more than one type of accommodation—overall, 19% of clients who required some type of accommodation were not provided with any accommodation (Figure 6.9).

Source: AIHW 2012: Table S6.9.

Figure 6.9: Accommodation required and unmet need for accommodation, by type of accommodation, 2011–12
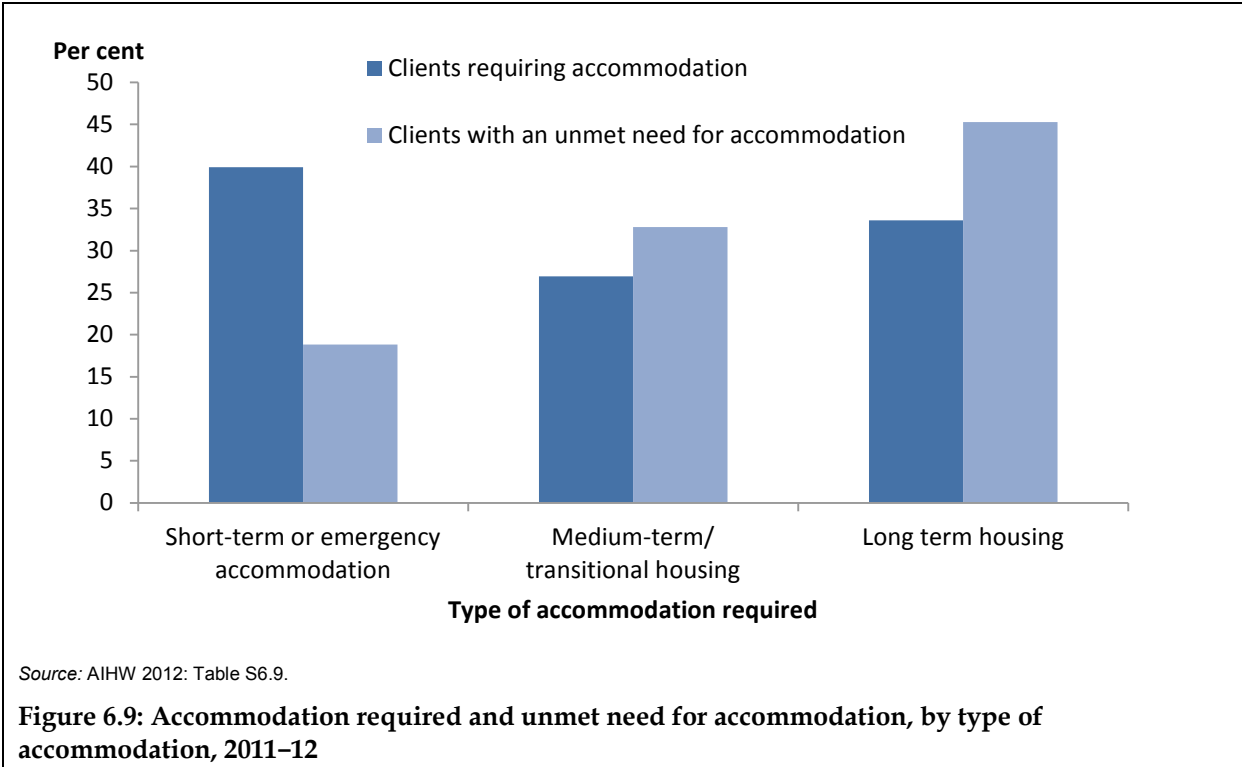
The rates of unmet need for accommodation varied across states and territories. The Australian Capital Territory had the highest rate of unmet need for short-term accommodation (40%) followed by Victoria (28%). Northern Territory had the lowest rate of unmet need for short-term accommodation (4%) (Figure 6.10).

Per cent

Source: AIHW 2012: Table S6.9.

Figure 6.10: Unmet need for short-term or emergency accommodation, by state and territory, 2011–12
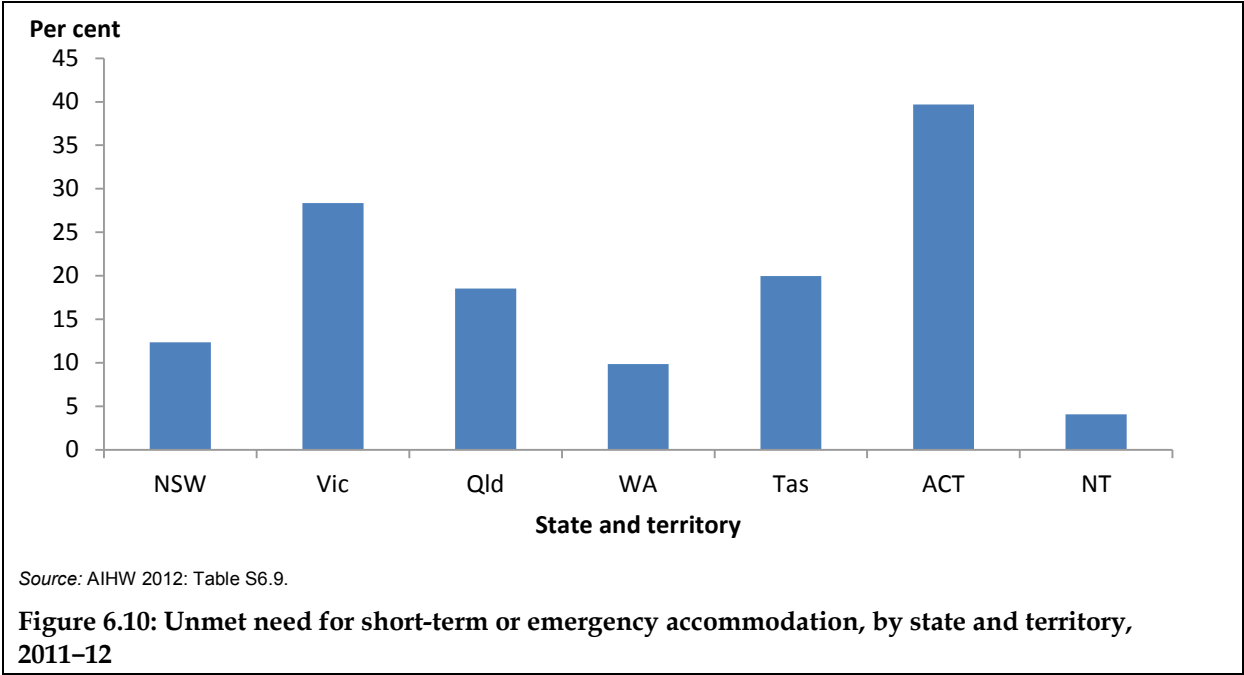
7 Trends in the homelessness services client population

The Supported Accommodation Assistance Program National Data Collection (SAAP NDC) conducted by the AIHW was the primary source of information about people seeking assistance for homelessness from 1996 until 2011.

The national homelessness landscape changed considerably in 2008 with the Council of Australian Government's (COAG) reforms to federal financial relations, and the commencement of major agreements in the areas of housing and homelessness (NAHA and NPAH). With a new investment towards tackling homelessness, Australian governments supported the development of a new data collection to better enable the assessment of the effectiveness of policies and service delivery to assist the homeless and those at risk. From July 2011 the Specialist Homelessness Services Collection (SHSC) replaced the SAAP NDC as the main source of data on the provision of services to the homeless and those at risk of homelessness.

The move to a new data collection with a broader scope, changed collection methods, revised data items and new data items, represents a break in the time series of homelessness services data. This chapter, therefore, investigates the impact of this change on the profiles of the population of those people who received homelessness services over the last 3 years of the SAAP NDC (2008–09 to 2010–11) and the first year of the SHSC (2011–12). This information is provided to assist data users to understand, where possible, what impacts may have occurred.

In general, there is considerable consistency in the client profiles recorded between the SAAP NDC and the SHSC. The proportion of males to females follows a similar pattern over the four years with females representing 59% per cent of all clients in all four years. The age distribution of clients is consistent taking into account changes in the way children are covered by the collection (see below). Similarly, the proportion of those people who identified as Aboriginal and Torres Strait Islander remained relatively constant over the four year period representing around 20% of the client population in all years.

One of the most significant changes to the collection is in the way children are included and the information that is recorded about them. Due to these changes in methodology there is a decrease in the numbers of children. Under the SAAP NDC children who either accompanied parents to the service, or were reported in their care, were recorded as accompanying children. Accompanying children included those who received a service as well as children who did not receive any services directly. Because the SAAP NDC did not ask a specific question about children usually cared for by an adult, it was likely that this group were inconsistently reported by clients. For all of the children captured in the SAAP, only limited information was recorded. For accompanying children who did not receive a service only basic demographic information was recorded. In the SAAP NDC, the only children for whom the full range of information was collected were children who presented alone.

In the SHSC, children who present with parents and receive a service directly (equivalent to the SAAP accompanying children who received a service) are recorded as clients, and the full range of information in relation to their support is collected.

For the purposes of making comparisons across the two collections, basic demographic data and counts can be compared for all SHSC clients and SAAP NDCclients and accompanying children who received a service directly. However it should be noted that, because of the changes in the way children are counted, and the difference in implementation for the two collections, data in the SHSC relating to children are not fully comparable to data from the SAAP and data users should exercise caution in interpreting trends.

More details on the differences between the SAAP NDC and the SHSC can be found in Appendix D.

7.1 Agencies

With the introduction of the SHSC, the number of agencies reporting homelessness data increased from 1,268 in 2010–11 to 1,478 in 2011–12. The number of agencies reporting has also been affected by the way that jurisdictions structure service delivery, and the way non-government organisations report SHSC data for agencies in their organisation.

In conjunction with the increase in the number of specialist homelessness agencies, there has been an increase in the average number of support periods reported by agencies in each annual reporting period. The average number of support periods increased from 113 in 2010–11 to 167 in 2011–12 (Figure 7.1). However, the average number of days of support clients received per agency has fallen from 63 days in 2010–11 to 44 days in 2011–12 (Figure 7.2). These changes may be due to new agencies now in scope for the SHSC, or may reflect increased funding provided to agencies, or changes in the types of services delivered.

Figure 7.1: Support periods (for clients aged 18 and over), specialist homelessness agencies, SAAP NDC (2008–09 to 2010–11) and SHSC (2011–12) (mean and median)

Figure 7.2: Length of support periods (for clients aged 18 and over), specialist homelessness agencies, SAAP NDC (2008–09 to 2010–11) and SHSC (2011–12) (mean and median)
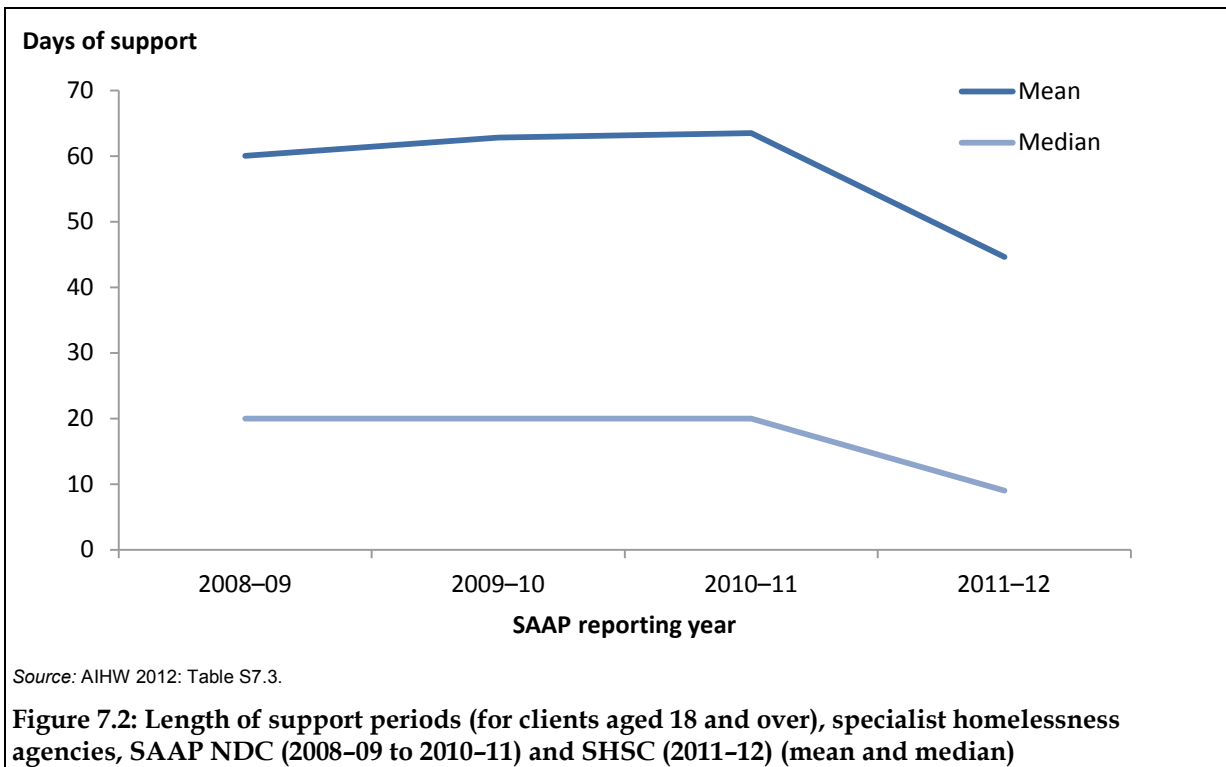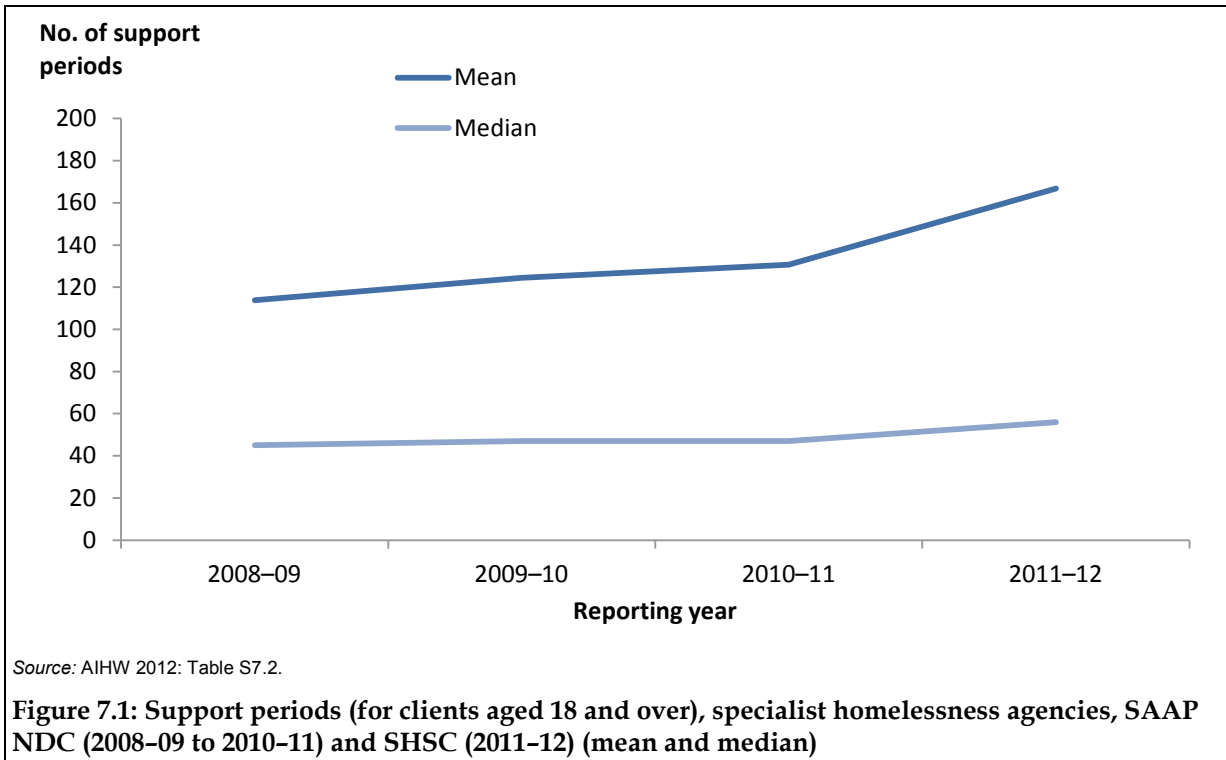
7.2 Clients

In 2011–12, there were an estimated 229,247 clients who received services from specialist homelessness agencies. This represents a rise of 32% from 173,301 estimated in 2008–09. The largest increase in client numbers was between the last year of the SAAP NDC (2010–11) and the first year of the SHSC (2011–12) when client numbers increased by 18% (compared with a rise of 7% between 2008–09 and 2009–10 and 5% between 2009–10 and 2010–11).

The relatively large increase in those receiving support from specialist homelessness agencies between 2010–11 and 2011–12 does not necessarily indicate an increase in the level of homelessness in Australia. An increase in the use of homelessness services between 2010–11 and 2011 –12 should be considered in the context of changes in policy and the service delivery environment following the introduction of the NAHA in 2009 and the increased investment in homelessness support and infrastructure by all Australian governments to tackle homelessness under the NAHA and the NPAH.

Figure 7.3 shows the number of clients aged 18 or over compared with the overall numbers of clients, including children provided with direct services, and to the SAAP clients (including accompanying children) who did not receive direct services. The increase in overall clients receiving direct services has been due to an increase in clients age 18 and over (Figure 7.3). The number of children receiving direct services remained constant between 2010–11 and 2011–12. However the groups are not directly comparable between the two collections because services offered by agencies may now include some children who previously were not included. Because it is more onerous for agencies to collect full information on children, they may make different decisions about whether to include them in the data collection.

Source: AIHW 2012: Table S7.4.

Figure 7.3: Number of clients aged 18 years or over, and accompanying children, specialist homelessness agencies, SAAP NDC (2008–09 to 2010–11) and SHSC (2011–12)
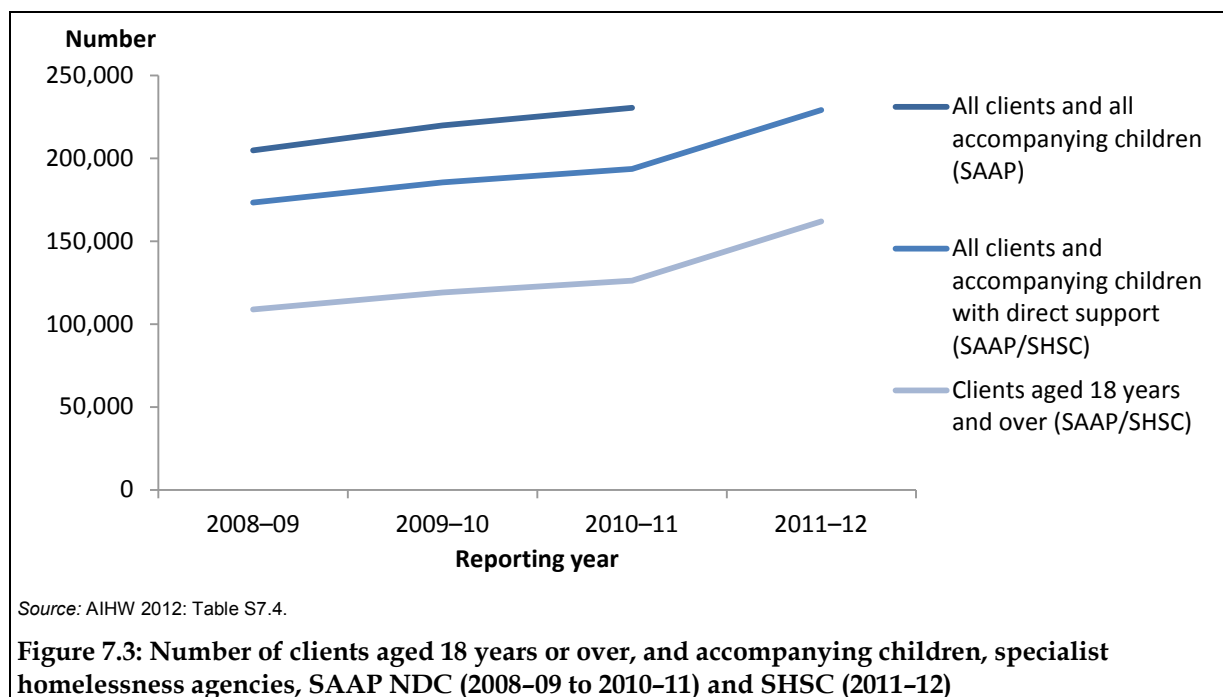
The proportion of males and females across all years remained stable, with females consistently representing 59% of all clients (Figure 7.4).

Note: SAAP data (for 2008–09 to 2010–11) includes all clients, and accompanying children who received a service only.

Source: AIHW 2012: Table S7.5.

Figure 7.4: Number of clients of specialist homelessness agencies 18 years and over, by sex, SAAP NDC (2008–09 to 2010–11) and SHSC (2011–12)
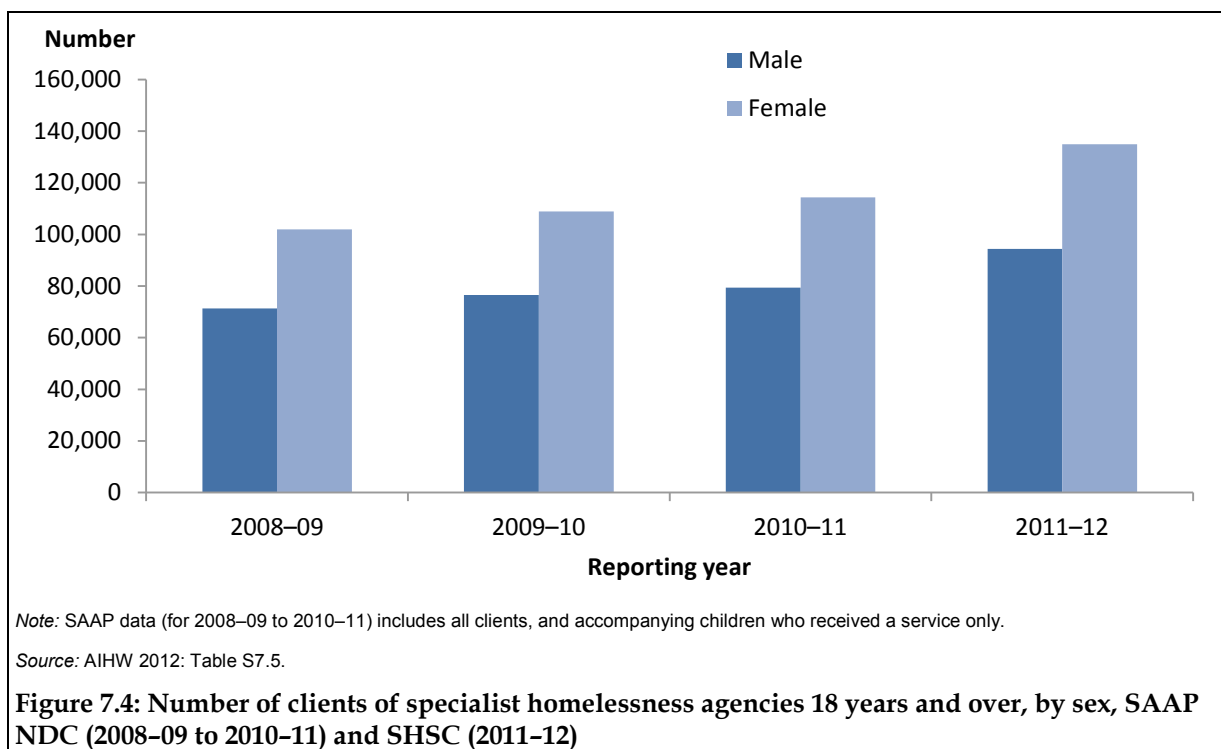
In all years, most females were aged between 18–44 and they represented around 80% of the female client population, although there was a slight decline in this age group as a percentage of all females over the 4-year period (83% in 2008–2009, 82% in 2009–2010, 81% in 2009–10, 79% in 2011–2012).

Corresponding to the decline in females aged 18–24 as a percentage of the female client population, the proportion of women aged 45 years and over has increased as a percentage over the 4-year period (Figure 7.5). Females aged 45 and over represented 11% of females in 2008–09 and 15% in 2011–12 (Figure 7.6). The greatest proportional rise came from women aged 45 and over, where representation nearly doubled between 2008–09 and 2011–12 (although still only representing 2% of the overall female population in Australia).

Similar to females, males aged 45 and over have risen slightly as a proportion of all males, representing 25% of all male clients in 2008–09 and 28% and 27% in both 2010–11 and 2011–12 (Figure 7.7).
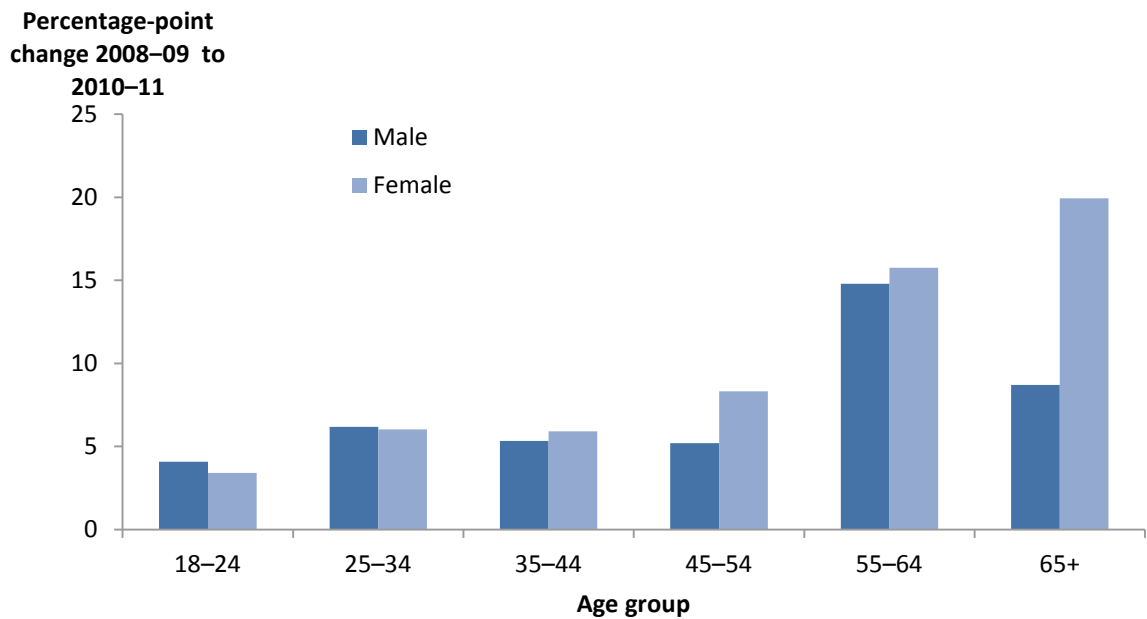
Figure 7.5: Percentage point change in client numbers, by age and sex, SAAP NDC (2008–09 to 2010–11) and SHSC (2011–12)
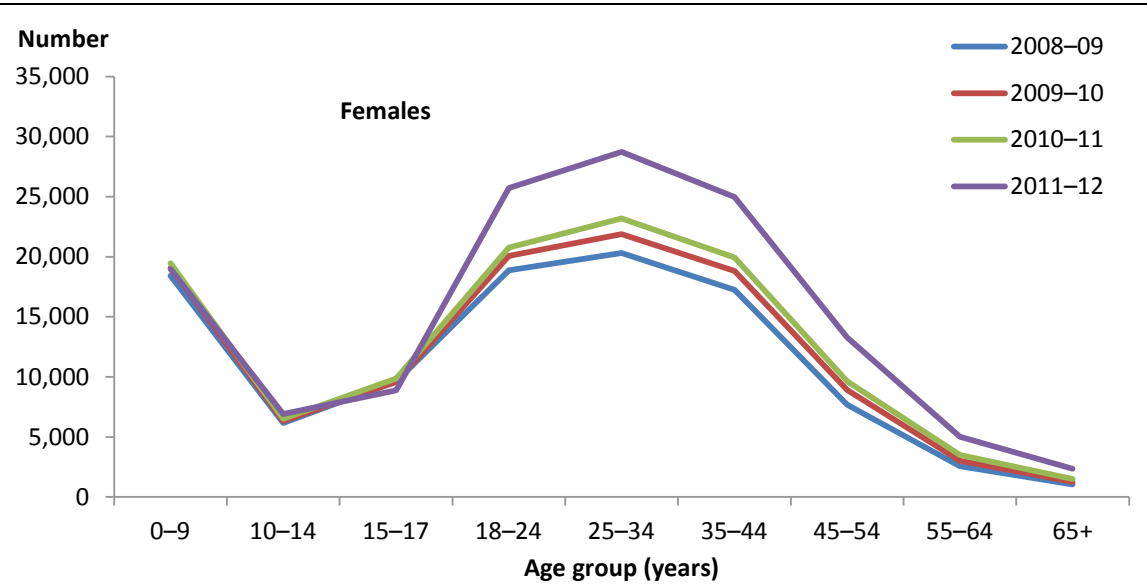
Figure 7.6: Number of female clients of specialist homelessness agencies, by age, SAAP NDC (2008–09 to 2010–11) and SHSC (2011–12)

Source: AIHW 2012: Table S7.5.

Figure 7.7: Number of male clients of specialist homelessness agencies, by age, SAAP NDC (2008–09 to 2010–11) and SHSC (2011–12)
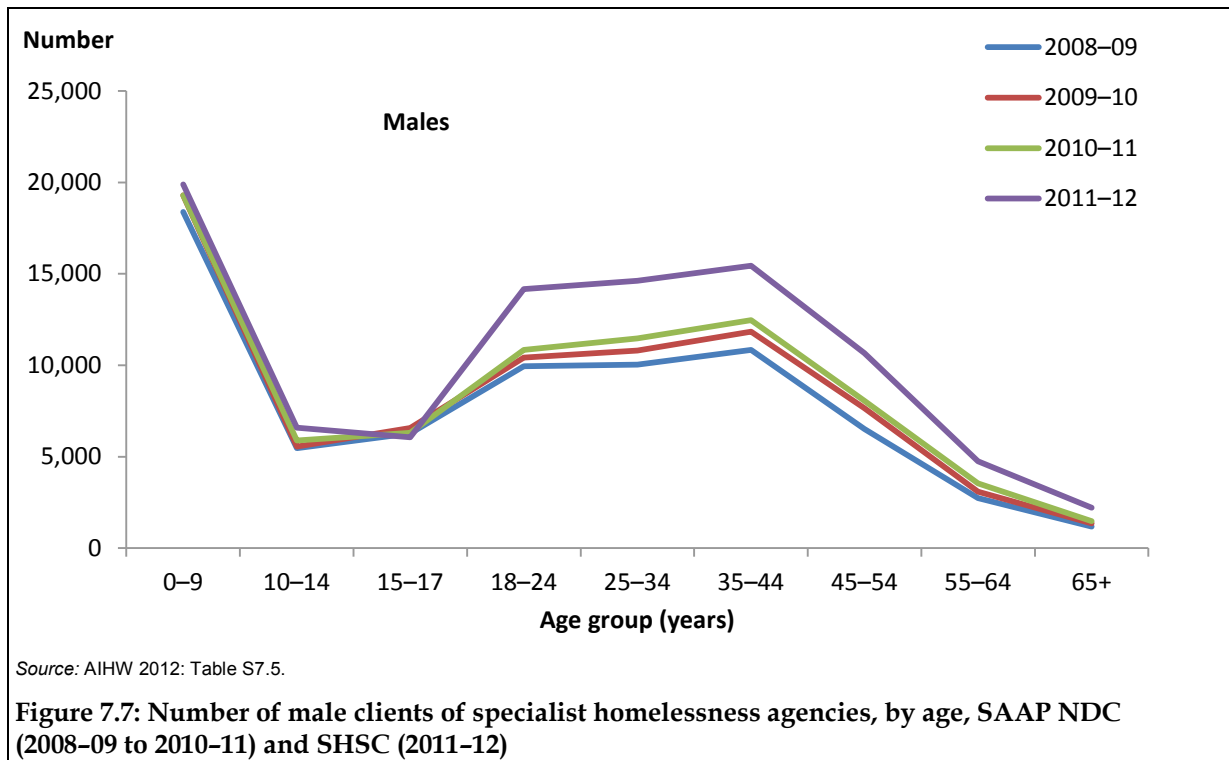
Children aged 0–17 who received direct support

The numbers of children aged 17 and under provided with direct support from homelessness agencies increased from 64,320 in 2008–09 to 67,280 in 2011–12, but their proportion of the overall client population has declined from 37% to 29%.

By far the greatest number of children were between the ages of 0 and 9. This age group consistently made up around 61% of all those under 18 years of age receiving support from homelessness services agencies under the SAAP, compared to 57% under the SHSC (Figure 7.8).

Number

Figure 7.8: Number of children in specialist homelessness agencies, by age, SAAP NDC (2008–09 to 2010–11) and SHSC (2011–12)
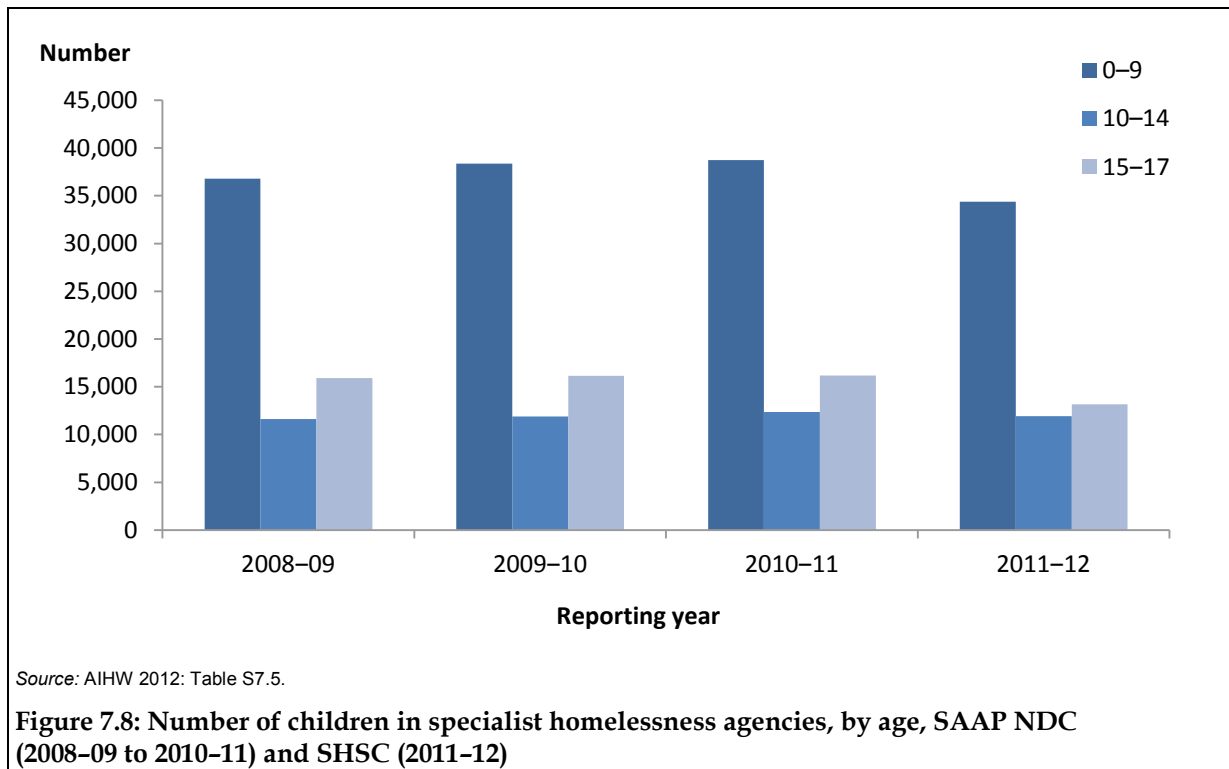
Indigenous status

The proportion of clients who identified as Aboriginal and/or Torres Strait Islander remained relatively constant over the 4-year period. These Indigenous clients represented 21% of the total number of clients in 2008–09 and 2009–10 and 22% of the population in both 2010–11 and 2011–12. Figures for 2008–09 to 2010–11 differ from those published in the SAAP NDC annual reports, as accompanying children who did not receive a direct service are excluded from this analysis.

Case management plan

The number of clients who had a case management plan declined as a proportion of the overall population of clients from around 60% in the 3 years from 2008–09 to 2010–11 (63%, 62% and 62%), to 48% in 2011–12. The proportion of females with a case management plan declined from 64% in 2008–09 to 49% in 2011–12. The proportion of males who had a case management plan declined from 62% in 2008–09 to 47% in 2011–12 (Table S7.8). This decrease may be explained in part by the number of clients now being reported by intake services and high volume services where case management plans are not usually used.

Appendix A

About the Specialist Homelessness Services Collection and data presented in this report

SHSC data are collected by specialist homelessness agencies for all clients and reported each month to the AIHW. Data are collected about the characteristics and circumstances of a client when they first present at an agency, and further data—on the assistance the client receives and their circumstances at the end of the month—are collected at the end of every month in which the client receives services and at the end of the support period. Some data are also collected about people who seek assistance from a specialist homelessness agency but who do not receive assistance ('unassisted people').

Data are collected by agencies via a number of client management systems and submitted to the AIHW via the Specialist Homelessness Online Reporting (SHOR) web portal. Over 80% of homelessness agencies that participate in the collection use the Specialist Homelessness Information Platform (SHIP) client management system. This system is provided by the AIHW on behalf of all states and territories, except South Australia, where all agencies use the Homelessness 2 Home (H2H) system. A number of agencies in other jurisdictions use different information systems to collect and report their data, and a small number of agencies use paper forms to collect and submit data.

Information on the development of the SHSC, definitions and concepts, and collection materials and processes can be found on the AIHW website, http://www.aihw.gov.au/shsc/. Information on key definitions, concepts and classifications can be found in the glossary to this report or in the SHSC's collection manual (AIHW 2011a).

This report includes data that were submitted and validated by 27 August 2012 on all clients who were assisted between 1 July 2011 and 30 June 2012.

Participation of agencies

Specialist homelessness agencies that are funded under the NAHA and the NPAH are in scope for the collection. Those agencies that are expected to participate in the SHSC are identified by state and territory departments responsible for the delivery of services. Some agencies, such as some high-volume agencies that deliver basic services only, are not required to participate.

Imputation strategy to adjust for non-response

An imputation strategy for SHSC data has been developed to adjust for two types of non-sampling error: agency non-response and invalid client statistical linkage keys (SLKs). Imputation for agency non-response uses both explicit and implicit imputation to derive agency weights and some explicitly imputed support period records and end dates. Imputation to adjust for the impact of invalid and missing SLK data for clients results in derived client weights and is used to adjust the total number of clients assisted. See 'Client-

level data' below for more information about the statistical linkage key used to match client data.

The imputation strategy used for the presentation of data in this report also had a third element to adjust for the delayed commencement of some agencies in the collection. This was associated with the 'soft go-live' approach which allowed some agencies flexibility in the timing for beginning participation in the SHSC, and resulted in a month-by-month increase in the number of agencies that submitted data in the initial collection months of the 2011–12 reporting period. Imputation to adjust for the 'soft go-live' arrangements will not be required in future years when the collection is established.

Full discussion and information about the imputation methods used for these analyses is available in Appendix C of this report.

Data quality

Detailed information on completeness, response rates and other aspects of data quality is provided in the 'Data quality statement' (Appendix B).

As a relatively new data collection, some level of missing data in client and unassisted persons records is expected. Data completeness is expected to improve as agencies become more familiar with the new collection and a longer time series of data becomes available.

Inclusion of South Australian data

Differences in the South Australian Homeless 2 Home (H2H) data collection system prevented the inclusion of data on client services and assistance and all information using closed support periods in some previous publications reporting on SHSC data (e.g. AIHW 2012a, 2012b). South Australia has undertaken an upgrade of the H2H system, allowing for more of their data to be included in this report. As a result, only information on clients' services and assistance has been excluded in this publication—relevant tables include a footnote to this effect. All other information reported includes South Australian data.

Presentation of data in this report

Client, support period and presenting unit data

Data presented in this report are mainly based on 'clients', with some data based on 'support periods', 'presenting units' (which identify clients who present together to a specialist homelessness agency, and clients who present alone), and 'agencies'.

All data relate to clients who were assisted by specialist homelessness agencies between July 2011 and June 2012, though some data (e.g. client characteristics at the beginning of support) may have been recorded before this time, where a support period was ongoing on 1 July 2011.

Client-level data

An individual client may have had more than one support period in the year, either with the same agency or with different agencies. Data from individual clients who received services from different agencies and/or at different times are matched based on a statistical linkage key (SLK). All analyses based on client data include only those clients for whom full and

valid SLK data (i.e. date of birth, sex and alpha code based on selected letters of name) are available.

Clients who have more than one support period may present with different characteristics in these different support periods. This has implications for the presentation and interpretation of client-level data. For details on resolution of these issues please refer to the technical appendix.

Length of support period and accommodation data

Accommodation length is obtained by totalling the individual accommodation period lengths that occurred in any support period that was active in 2011–12. Due to incomplete data for support periods that started before 1 July (associated with the commencement of the collection, see AIHW 2012a for more information), analyses of length of support period and length of accommodation do not take into account any support or accommodation provided before 1 July. As a result, average lengths of support periods and accommodation will be underestimated due to underestimation of length of support periods and accommodation that was ongoing (from the previous year) on 1 July 2011.

Appendix B

Data quality statement: Specialist Homelessness Services Collection, 2011–12

Summary of key data quality issues

- All agencies that receive funding under the National Affordable Housing Agreement (NAHA) or the National Partnership Agreement on Homelessness (NPAH) to provide specialist homelessness services are in scope for the Specialist Homelessness Services Collection (SHSC) in general, but only those who received funding for at least four months during the 2011–12 financial year are in scope for the 2011–12 reporting period. Covered agencies are those in-scope agencies for which details have been provided to the AIHW by the relevant state/territory department.

- 90% of covered agencies returned support period data in 2011–12, although many did not return data for all 12 months.

- Analysis of the 2011–12 SHSC data identified some data quality issues. In particular, the rate of invalid/'don't know'/missing responses was high for a number of data items.

- Matching of data from individual clients who presented at different agencies and/or at different times requires a valid statistical linkage key (SLK). Ninety-three per cent of support periods had a valid SLK in 2011–12.

- The SHSC replaces the Supported Accommodation Assistance Program National Data Collection (SAAP NDC). There are significant differences between the two, creating comparability issues when comparing data over time.

Description

The SHSC collects information on people who receive services from agencies that receive funding under the NAHA or the NPAH to provide specialist homelessness services. A limited amount of data is also collected about clients who seek, but do not receive, assistance from a specialist homelessness agency.

Data are collected monthly from agencies participating in the collection.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to provide authoritative information and statistics to promote better health and wellbeing. The Institute collects and reports information on a wide range of topics and

issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also 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 Institute 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, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988*, ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <www.aihw.gov.au>.

The SHSC was developed by AIHW in conjunction with the states and territories and is administered by the AIHW.

Timeliness

The SHSC began on 1 July 2011. Under the collection guidelines, specialist homelessness agencies provide their data to the AIHW each month, although delays in the provision of data from agencies do occur. Once validated, submitted data are regularly loaded to a Master Database. From this Master Database 'snapshots' are created at particular points in time for reporting purposes.

The 2011–12 snapshot contains data submitted to the AIHW for the July 2011 to June 2012 collection months, using responses received and validated as at 27 August 2012.

Accessibility

Published results from 2011–12 are available in this report and elsewhere on the AIHW website. Data not available online or in reports can be obtained from the Communications, Media and Marketing Unit on (02) 6244 1032 or via email to info@aihw.gov.au. Data requests are charged on a cost-recovery basis.

Interpretability

Information on the development of the SHSC, definitions and concepts, and collection materials and processes can be found on the AIHW website, <www.aihw.gov.au>. Information on definitions, concepts and classifications can also be found in the SHSC's collection manual (AIHW 2011b).

Relevance

Scope and coverage—agencies

The SHSC collects information on people who seek and receive services from specialist homelessness agencies. All agencies that receive funding under the NAHA or NPAH to

provide specialist homelessness services are in scope for the SHSC in general, but only those who received funding for at least 4 months during the 2011–12 financial year are in scope for the 2011–12 reporting period. Agencies that are in coverage are those in-scope agencies for which details have been provided to the AIHW by the relevant state/territory department.

Since the beginning of the SHSC in July 2011, the number of agencies covered by the data collection has steadily increased as jurisdictions identified more agencies that were expected to participate. However, the number of agencies who submitted data to participate in the collection has remained relatively steady (Figure B1).

Of all agencies expected to participate in the collection in at least one month during the 2011–12 reporting period, 76% submitted information for all 12 collection months and 91% submitted data for at least one month.

Note that scope and coverage were defined differently in previous SHSC reports (e.g. AIHW 2012a, 2012b), which means that there are some comparability issues between data presented in this report and in those reports.
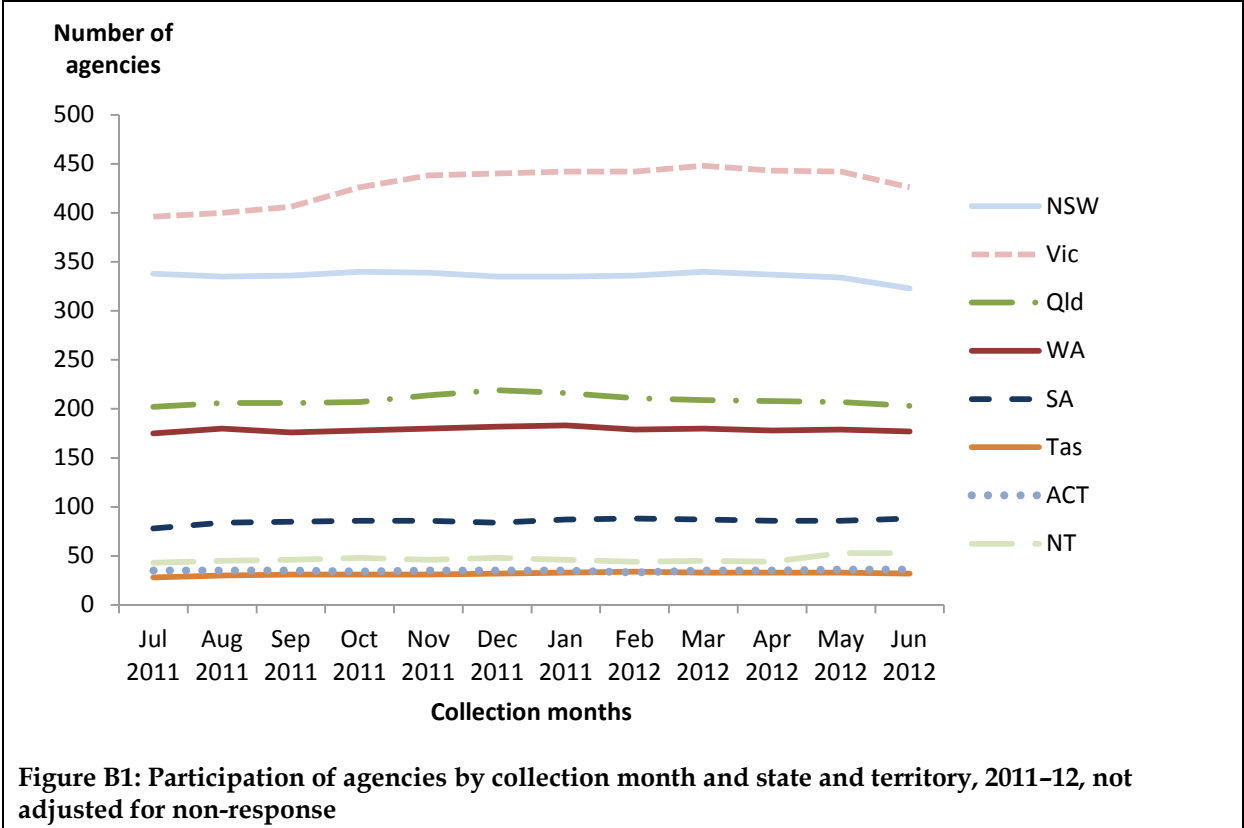
Figure B1: Participation of agencies by collection month and state and territory, 2011–12, not adjusted for non-response

Scope and coverage—clients

The SHSC collects information about clients of specialist homelessness agencies, that is a person who receives assistance aimed at responding to or preventing homelessness. In addition, some information is also collected about unassisted people, that is, any person who seeks services from a specialist homelessness agency and does not receive any services at that time.

Not everyone in scope for the SHSC is homeless, because specialist homelessness agencies provide services to people at risk of homelessness, as well as to people who are currently homeless.

Not all homeless people and people at risk of homelessness are in scope for the SHSC—only those who seek services from specialist homelessness agencies are in scope.

Data about clients is submitted based on support periods—a period of support provided by a specialist homelessness service agency to a client. Information about clients is then linked together based on an SLK (see 'Statistical Linkage Key (SLK) validity' below).

A client may be of any age—children are clients if they receive specialist homelessness assistance.

Reference period

The 2011–12 data refers to data for July 2011 to June 2012 inclusive. It includes data about clients (and the assistance they received) who had an active support period in a covered agency at any time in that period, and unassisted people who sought services in a covered agency at any time in that period.

Geographic detail

Data are published at the national and state/territory level primarily, with some data presented by remoteness area types. Where data are presented by remoteness area in the report, agencies participating in the SHSC were assigned to a Remoteness Area (as defined by the ABS based on the Accessibility/Remoteness Indicator Australia (ARIA) and their recorded Local Government Area (LGA) code.

Statistical standards

Standard Australian Classification of Countries 2008 (ABS 2008) codes were used as the code-frame for questions relating to country of birth.

Australian Classification for Source of Income 2010 (ABS 2010) codes were used as the code-frame for questions relating to a client's source of income.

Accuracy

Potential sources of error

As with all data collections, the SHSC estimates are subject to error. These can arise from data coding and processing errors, inaccurate data or missing data. Reported findings are based on data reported by agency workers.

Data validation

The AIHW receives data from specialist homelessness agencies every month. These data go through two processes of data validation (error checking). Firstly, data validation is incorporated into the client management systems (CMSs) most agencies use to record their data. Secondly, data are submitted through the AIHW online reporting web-portal, Specialist Homelessness Online Reporting (SHOR). SHOR completes a more thorough data validation and reports (to staff of the homelessness agency) any errors that need correcting before data can be accepted.

Statistical Linkage Key validity

An individual client may seek or receive support on more than one occasion—either from the same agency or from a different agency. Data from individual clients who presented at different agencies and/or at different times are matched based on a statistical linkage key (SLK) which allows client level data to be created. The SLK is constructed from information about the client's date of birth, sex and an alphacode based on selected letters of their name.

If a support period record does not have a valid SLK, it cannot be linked to a client, and thus it is not included in client-level tables (although it is included in support period-level tables). Ninety-three per cent of support periods had a valid SLK in 2011–12.

Incomplete responses

In many support periods in 2011–12, valid responses were not recorded for all questions—invalid responses were recorded, 'don't know' was selected, or no response was recorded. For example:

- 'facilities/institutions the client has been in in the last 12 months' and 'time period the client received assistance for their mental health issue' have the highest rates of invalid/'don't know'/missing response—53% and 52%, respectively
- 'dwelling type at presentation' and the outcome variable 'dwelling type at the last service date in the reporting period' have invalid/missing/don't know response rates of 26% each
- 'main reason for seeking assistance' has an invalid/missing/don't know response rate of 16%.

Support periods with invalid/'don't know'/missing responses were retained in the collection and no attempt was made to deduce or impute the true value of invalid/'don't know'/missing responses. Some data items with very high rates of invalid/'don't know'/missing responses are not reported on in this publication.

Non-response bias

Less than 100% agency participation, less than 100% SLK validity and a high rate of incomplete responses do not necessarily mean that estimates are biased. If the non-respondents are not systematically different in terms of how they would have answered the questions, then there is no bias. Given the results of analyses of agency participation, SLK validity and incomplete responses performed to date, some non-response bias is expected.

Imputation

An imputation strategy was developed to correct for two types of non-sampling error: agency non-response and data error in the SLK data item, which is used to link information about individual clients together to provide a complete picture for that client.

This strategy has three parts. The first covers the 'ramp-up' of response levels as agencies start to submit data to the new collection. This element will not be required in future years when the collection has become established. The second part addresses agency non-response by using both explicit and implicit imputation and results in agency weights and some explicitly imputed service period records and end dates. The third part addresses the impact of invalid statistical linkage keys (SLKs) on the total number of clients and results in client weights.

Agencies that were out of scope for 9 months in 2011–12 were deemed to be out of scope for the whole period and excluded from all calculations.

Further information about the imputation strategy is available in Appendix C.

Coherence

The SHSC replaces the SAAP NDC, which began in 1996. The SHSC differs from the SAAP NDC in many respects.

The major definitional differences between the SAAP and the SHSC relate to the capture of information about children and support. In the SAAP NDC, children who accompanied a parent or guardian were counted as accompanying children (with only limited information collected); in the SHSC, children are included as clients (in their own right) if they directly received a service. In the SAAP, support was considered to entail generally 1 hour or more of a worker's time; in the SHSC no time-related condition exists. Further information on the comparability of the SHSC and the SAAP can be found in Chapter 7.

Comparison with other collections

The other major data sources on homelessness are outlined below. Because these collections differ greatly from the SHSC in scope, collection methodology, definitions and reference periods, comparisons between collections should be made with caution.

Census of Population and Housing (ABS)

The ABS Census collects data from all persons in Australia on Census night, including data allowing respondents' homelessness status to be derived. The ABS considers a person to be homelessness if they do not have suitable accommodation alternatives and if their current living arrangement:

- is in a dwelling that is inadequate; or
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations (ABS 2012c, p.7)

In addition, the ABS recognises some groups of people who are marginally housed and are likely to be at risk of homelessness. These are: people living in people living in other crowded dwellings, people in other improvised dwellings, and people who are marginally housed in caravan parks (ABS 2012c).

The characteristic of homelessness is derived using a number of variables available from Census data (ABS 2012d). Estimates based on the 2001, 2006 and 2011 are currently available (ABS 2012a, 2012b).

Previously, estimates of homelessness based on Census of Population and Housing data (and supplemented by other data sources) were undertaken by Chamberlain & Mackenzie (2008). Those estimates were based on the 'cultural' definition that identifies minimum housing standards developed by Chamberlain & Mackenzie, in three homelessness categories:

- Primary homelessness: includes all people without conventional accommodation.
- Secondary homelessness: includes people who move frequently from one form of temporary shelter to another, including all people staying in emergency or transitional accommodation provided by specialist homelessness services; people residing temporarily with other households because they have no accommodation of their own; and people staying in boarding houses on a short-term basis.
- Tertiary homelessness: refers to people who live in boarding houses on a medium- to long-term basis (Chamberlain & MacKenzie 2008).

Estimates based on these definitions are available for 2001 and 2006 only (Chamberlain & MacKenzie 2003, 2008).

General Social Survey (ABS)

The ABS General Social Survey's homelessness module (ABS 2011) collects data from usual residents of private dwellings, including data on whether respondents have ever been homeless. The survey defines homelessness as being without a permanent place to live for a selection of reasons. Data are currently available for 2010 only.

National Census of Homeless School Students

The National Census of Homeless School Students, collected data on homeless school students via principals of all government and Catholic secondary schools (Mackenzie & Chamberlain 2008). Both the cultural definition of homelessness and a service delivery definition are used. Data are currently available for 2006 and selected earlier years.

Appendix C

Imputation strategy for the Specialist Homelessness Services Collection, 2011–12

This appendix describes the methodology applied to the SHSC 2011–12 data in an effort to reduce errors caused by agency non-response and invalid or missing statistical linkage key (SLK) information in support period records.

An imputation strategy for the collection was required to correct for two types of non-sampling error: agency non-response and data error in the SLK key data item, which is used to link information about individual clients together to provide a complete picture for that client.

This strategy has three parts. The first deals with the 'ramp-up' of response levels as agencies start to submit data to the new collection. This element will not be required in future years when the collection has become established. The second part deals with agency non-response by using both explicit and implicit imputation and results in agency weights and some explicitly imputed service period records and end dates. The third part deals with the impact of invalid statistical linkage keys (SLKs) on the total number of clients and results in client weights.

Response ramp-up

This imputation strategy was applied to data collected during the first reference period of a new collection. As this reference period progressed there was a month-by-month increase in the number of agencies that submitted data. Much of this increase consisted of agencies that started reporting after the start of the reference period yet were in-scope during the period of non-response. This reporting pattern needed to be adjusted for in order to report the full year's activity and improve comparability between data reported for this reference period and future periods.

For an agency to be eligible for ramp-up imputation it had to:

- start reporting between October and January of the reference period (agencies with partial non-response that started outside this time period were imputed using other methods as described below), and
- have been in-scope for all of the reference period, and
- have reported at least 3 months of data.

The weight for each eligible agency was set to:

$$w_i = \frac{\#no.\ months\ agency\ in\text{-}scope}{\#no.\ months\ agency\ reported\ data}$$

Imputation for agency non-response

Imputation for non-response had a two-stage approach. At the first stage some partial non-responders underwent explicit imputation to adjust for the missing month(s) of data. At the

second stage weights were applied to responding units to adjust for full non-responders and any remaining partial non-responders not addressed in the first stage.

Stage 1: agencies with partial non-response

This stage dealt with the bias caused to estimates by agencies with partial non-response by explicitly imputing data for support periods.

For an agency to qualify for Stage 1 imputation it must:

- have been in-scope for part or all of the reference period, and
- have reported data in at least one month of every quarter of the reference year, and
- have had no more than two consecutive months with missing data.

The missing support period information was imputed using data reported by the partially non-responding agency in question in another month. Support period records were duplicated and their start and end dates adjusted to fall in the missing period. Seasonality in the data was taken into account by using donor months that were contiguous with the missing month(s).

Stage 2: agencies with full non-response

This stage dealt with the bias caused to estimates by agencies with full non-response (and agencies with partial non-response that did not qualify for Stage 1) by implicitly imputing data for support periods.

For an agency to qualify for Stage 2 imputation it must have been in-scope for part or all of the reference period and:

- have not reported any data for the reference period, or
- have not reported at least one month's data for every quarter of the reference year, or
- have more than two consecutive months with missing data.

Qualifying non-responding agencies were placed into imputation classes defined by jurisdiction, ARIA category and size, with size based on the average number of clients per month (<50, 50–<100, 100–<500, 500+). There were a number of qualifying agencies for whom size was unknown—the imputation classes for these units were defined by jurisdiction and ARIA category.

A donor class was assigned to each imputation class. The donor class consisted of responding agencies (called donor agencies) that were considered likely to be similar to the non-responding agencies and was used to implicitly impute the data for the non-responding agencies. For an agency to be included in a donor class it must:

- have been in scope for the full 12 months, and
- have been a fully responding or partially non-responding (as defined in Stage 1) unit, and
- have not received imputation under the response ramp-up section of this strategy.

Imputation classes defined by jurisdiction, ARIA and size have donor classes with the same definition. The exception is the imputation class 'NT outer regional with size 100-499' which was assigned the donor class 'Qld outer regional with size 100-499'.

Imputation classes defined by jurisdiction and ARIA have donor classes with the same jurisdiction and ARIA and size less than 100.

To impute for total non-response:

- The initial weight $(w_{i,1})$ was set as follows:
  - for agencies that were in-scope for the whole reference period, $w_{i,1} = 1$;
  - for agencies that were in-scope for part of the reference period and:
    - did not require stage 2 imputation, $w_{i,1} = 1$;
    - require stage 2 imputation, $w_{i,1} = \frac{\text{\# months in scope}}{12}$; and
  - for units that were out-of-scope for the whole reference period, $w_{i,1} = 0$
- For each donor unit the final weight (w_i) was calculated by:

$$w_i = w_{i,1} + \sum_{d \in DG_i} \frac{\sum_{k \in K_d} \sum_{j \in (k \cap S2)} w_{j,1}}{\sum_{j \in (d \cap CR)} w_{j,1}}$$

  where

  - $w_{i,1}$ is the ith agency's initial weight
  - DG_i is the set of donor classes agency i belongs to
  - K_d is the set of all imputation classes using donor class d
  - $S2$ is the set of agencies subject to stage 2 imputation so $(k \cap S2)$ is the set of agencies in imputation class k subject to stage 2 imputation, and
  - CR is the set of donor agencies so $(d \cap CR)$ is the set of donor agencies in donor class d.
- Each agency subject to imputation had its final weight (w_i) set to 0.

Note that agencies who were in-scope at any time during the reference period but did not contribute to stage 2 imputation and were not involved in ramp-up imputation have a final weight $w_i = 1$.

Imputation to adjust for invalid SLK data

This element of the strategy is required to reduce the impact of invalid SLK data on estimates of the number of clients receiving assistance. Weights will be calculated at the client level which aim to take into account both agency non-response and invalid SLKs.

Support periods (and hence clients) included in this imputation must:

- have been reported by an agency that has been in-scope for part or all of the reference period and have been open during the in-scope period, and
- not have been reported by an agency that has been imputed in Stage 2 of the non-response imputation.

Imputation classes were defined by jurisdiction, ARIA category and size, with size based on the average number of clients per month (<50, 50–<100, 100–<500, 500+).

To impute for non-responding agencies and invalid SLKs:

- For each eligible support period in imputation class k an initial weight $(w_{j,2})$ was calculated as follows:

$$w_{j,2} = w_i \times \frac{N_{S,k}}{n_{S,v,k}}$$

  where

  – w_i is the final agency weight (see Stage 2 above)

  – $N_{S,k}$ is the number of support periods for which data was supplied in imputation class k, and

  – $n_{S,v,k}$ is the number of support periods with a valid SLK in imputation class k.

- For each unique client (i.e. valid SLK) observed in the eligible support periods, the final client weight (w_c) was calculated as follows:

$$w_c = \frac{1}{1 - \prod_{j=1}^{n_c} \left(1 - w_{c,j,2}^{-1}\right)}$$

  where

  – w_c is the client weight,

  – $w_{c,j,2}$ is the jth initial weight for client c,

  – n_c is the number of observed support periods for client c, and

  – $\prod_{j=1}^{n_c}$ is the product over all support periods for client c.

Appendix D

How do the SAAP NDC and the SHSC differ?

This section outlines the major differences between the Supported Accommodation Assistance Program National Data Collection (SAAP NDC) and the Specialist Homelessness Services Collection (SHSC). The SAAP NDC was the primary data collection specialist homelessness agencies from 1996 until 1 July 2011 when it was replaced by the SHSC.

One of the major differences between the two collections is that the SHSC provides a greater ability to identify individual clients. In the SAAP NDC only a limited amount of information on clients was available, and this was largely restricted to demographic data. The data that made up the unique statistical linkage key (SLK) for each individual was subject to consent and where this was not obtained it was difficult to match individuals with the support they received or identify multiple periods of support for the same client. The SAAP NDC was therefore only able to provide reliable estimates at a support period level.

In the SHSC, the data that make up the unique SLK for each client are not subject to consent, because the data that make up the SLK are de-identified and not considered sensitive. This has resulted in improved reporting of the SLK. As a result estimation of the total client population is now based on a greater proportion of valid SLKs.

Greater scope

Under the SAAP NDC only those agencies funded under the SAAP were in scope. Under the SHSC, all agencies that receive funding under the NAHA and NPAH to provide specialist homelessness services are in scope.

New and revised items

In the SAAP NDC, there were 29 data items for clients and eight data items for accompanying children. In the SHSC, there are 53 data items (19 new and 23 revised) collected from clients. Most revisions are to response categories. For example both collections sought information from clients on the type of residence/dwelling before support, but the SHSC includes a wider range of responses. New data items include the addition of 'aged care facility', 'immigration detention centre', 'disability support' or 'emergency accommodation' as responses to the question about where the client lived when presenting to the SHS agency. In addition the SHSC allows agencies to record where a person resided the week before presenting to a specialist homelessness agency and their residence 'when presenting'. Other new items include specific questions about a client's mental health, whether the client is subject to a care or protection order and whether the client has been in an institutional setting in the past 12 months. These additional questions create richer data, allowing a more comprehensive picture of clients' circumstances and their experience of homelessness services to emerge.

Better data on children as clients

In the SAAP NDC, children under 18 years who accompanied a parent/guardian were not counted as clients in their own right. Instead they were included as either 'accompanying children who received a service' or 'accompanying children who did not receive a service'. Although enumerated in the collection, fewer data were collected on accompanying children than those of clients.

In the SHSC all individuals who receive a service from an SHS agency are counted as clients. The same information is collected about children's individual circumstances, services and outcomes as those of adults. The SHSC does not count accompanying children who do not receive a service.

The ability to identify family groups

In the SAAP NDC, information on people who sought services together was collected through the data item 'Person(s) receiving assistance'. This helped identify whether the person receiving assistance was either a single person with/without children or presenting as part of a couple with/without children. This information, combined with age data, allowed the derivation of a number of client groups, but, individual members of a client group could not be linked to each other. For example, information on all clients attending an agency as one member of a couple was available, but records for the two members of a specific couple could not be linked because the required supporting data was not available.

In the SHSC, the concept of presenting units has been added to collect information about people who seek services together. The presenting unit concept enables the determination of *any number* and *all relationships* within that presenting unit. In addition, with the inclusion of a data item on the living arrangements of the client, it is possible to identify those people who present alone but are part of a family group.

More frequent and regular reporting of client situation

In the SAAP NDC, certain questions were asked about a client's situation *immediately before* they commenced support and *immediately after* their support. These two limited references points did not allow for any information on how people's experiences may have changed during support. For example, any incremental improvements in a client's situation were not able to be captured.

However in the SHSC, there are five reference timeframes used for various data items—a week before the start of the support period, when the support period starts; during each month, at the last service provision date each month, and at the end of the support period. This gives the ability to provide much richer information on client experiences, services and outcomes, both while they are in the process of being assisted and at the end of support.

In addition, under the SAAP NDC, data were only submitted annually by agencies, whereas in the SHSC data are submitted monthly, which enables a consistent and continuous construction of a client's picture over time, as well as much more timely reporting.

Unmet demand

In the SAAP NDC, information on unmet demand was largely collected from the Demand for Accommodation Collection—a distinct collection, covering two separate weeks annually, focused on met and unmet demand for accommodation. Reporting of overall unmet demand was supplemented by data from the Client Collection.

In the SHSC, information about unmet demand is collected in two different components of the collection. An unassisted persons component collects information about requests for services where the person did not receive any assistance from an agency and the client component collects information on clients who receive some services but where not all client needs are met. The SHSC collects information about all needs that are not met, rather than just accommodation and the combination of data on unmet needs of unassisted persons and clients provides a richer picture of overall unmet demand.

Counting rules and glossary

The following concepts and terms have been used in this report. More detailed descriptions of data concepts can be found in the *Specialist Homelessness Services Collection Manual* (AIHW 2011a).

Age: Age is calculated as age of the client on the start date of their first support period of the reporting period or the first date of the reporting period, whichever of the two is the later date.

Conditions of occupancy: Refers to the security of a client's accommodation arrangement. Responses include:

- leased tenure—nominated on lease
- lease in place—not nominated on lease
- couch surfer
- boarder
- living with relative fee free.

The information provided is usually analysed in conjunction with other housing information such as 'tenure type' and 'dwelling type' to determine the overall nature of a client's housing situation.

No tenure: A type of housing tenure recorded for clients who are sleeping rough or do not have a legal right to occupy a dwelling and may be asked to leave at any time.

It includes couch surfing, living in an institutional setting, living on the streets, sleeping in parks, squatting, using cars or railway carriages, improvised dwellings or living in long grass.

Presenting unit (including family types): Presenting units are identified by a specific presenting unit id that may cover one client or a group of clients who present together to a specialist homelessness agency.

The type of presenting unit a client is classified into is determined by the presence of and relationship to other clients in the presenting unit.

A person who presents by themselves to a specialist homelessness agency is classified as a single person.

Where two or more clients present together for services to a specialist homelessness agency, and they are related by blood, marriage (registered or de facto), adoption, step or fostering, they are classified into the relevant family type. Otherwise they are classified as 'Other unrelated group'.

The following presenting unit types have been identified through this analysis:

- single person—a person who presents by themselves to a specialist homelessness agency
- single person with child(ren)—a single parent/guardian with one or more child(ren), step child(ren), foster child(ren), niece/nephew, or grandchild(ren) only
- couple with child(ren)—a couple (spouse/partner) with one or more child(ren), step child(ren), foster child(ren), niece/nephew, or grandchild(ren) only

- couple without children—a couple (spouse/partner) only.
- other family— any other relationship that follows the definition of family above.
- other group—any group of people who present together to a specialist homelessness agency, where there are no family relationships between members of the presenting unit.

Specialist homelessness service(s): Assistance provided by a specialist homelessness agency to a client aimed at responding to or preventing homelessness.

The specialist homelessness services that are in scope for this collection have been grouped as follows:

- *Accommodation provision*
  - Short-term or emergency accommodation
  - Medium-term/transitional housing
  - Long term housing
- *Assistance to sustain housing tenure*
  - Assistance to sustain tenancy or prevent tenancy failure or eviction
  - Assistance to prevent foreclosures or for mortgage arrears
- *Mental health*
  - Psychological services
  - Psychiatric services
  - Mental health services
- *Family*
  - Child protection services
  - Parenting skills education
  - Child specific specialist counselling services
  - Pregnancy assistance
  - Family planning assistance
- *Disability*
  - Physical disability
  - Intellectual disability
- *Drug/alcohol*
  - Drug/alcohol counselling
- *Legal/financial services*
  - Professional legal services
  - Financial advice and counselling
  - Counselling for problem gambling
- *Immigration/cultural services*
  - Interpreter services
  - Assistance with immigration services

- Culturally specific services
- Assistance to connect culturally
- *Domestic violence services*
  - Assistance for domestic/family violence
- *Other Specialist services*
  - Health/medical services
  - Specialist counselling services
  - Other specialised services
- *General services*
  - Assertive outreach
  - Assistance to obtain/maintain government allowance
  - Employment assistance
  - Training assistance
  - Educational assistance
  - Financial information
  - Material aid/brokerage
  - Assistance for incest/sexual assault
  - Family/relationship assistance
  - Assistance for trauma
  - Assistance with challenging social/behavioural problems
  - Living skills/personal development
  - Legal information
  - Court support
  - Advice/information
  - Retrieval/storage/removal of personal belongings
  - Advocacy/liaison on behalf of client
  - School liaison
  - Child care
  - Structured play/skills development
  - Child contact and residence arrangements
  - Meals
  - Laundry/shower facilities
  - Recreation
  - Transport
  - Other basic assistance

Support period: The period of time a client receives services from an agency is referred to as a support period. A support period starts on the day the client first receives a service from an agency.

A support period ends when:

- the relationship between the client and the agency ends
- the client has reached the 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.

Where a client has an appointment with the agency which is more than a calendar month in the future then it is not necessary to close the support period. This is because it is expected that there is an ongoing relationship with the client.

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

References

ABS (Australian Bureau of Statistics) 2008. Standard Australian Classification of Countries 2008 (SACC). ABS cat. no. 1269.0. Canberra: ABS.

ABS 2010. Standards for income variables 2010. ABS cat. no. 1287.0. Canberra: ABS.

ABS 2011. General Social Survey: summary results, Australia, 2010. ABS cat. no. 4159.0. Canberra: ABS.

ABS 2012a. Census of Population and Housing: estimating homelessness. ABS cat. no. 2049.0. Canberra: ABS.

ABS 2012b. Census of Population and Housing: estimating homelessness, 2011. ABS cat. no. 2049.0. Canberra: ABS.

ABS 2012c. Information paper: a statistical definition of homelessness. ABS cat. no. 4922.0. Canberra: ABS.

ABS 2012d. Methodology for estimating homelessness from the Census of Population and Housing. ABS cat. no. 2049.0.55.001. Canberra: ABS.

ABS 2012e. The ASGC Remoteness Structure. Viewed 18 September 2012, <http://www.abs.gov.au/websitedbs/D3310114.nsf/home/remoteness+structure>.

AIHW (Australian Institute of Health and Welfare) 2011a. Specialist Homelessness Services Collection Manual. Canberra: AIHW. Viewed 18 June 2012, <http://www.aihw.gov.au/shsc-resources>.

AIHW 2011b. Australia's welfare 2011. Australia's welfare series no. 10. Cat. no. AUS142. Canberra: AIHW.

AIHW 2012a. Child protection Australia 2011–12. Child Welfare series no. 53. Cat. no. CWS 41 Canberra: AIHW.

AIHW 2012b. Specialist Homelessness Services Collection: first results (September quarter 2011). Cat. no. HOU 262. Canberra: AIHW

Chamberlain C & MacKenzie D 2003. Australian census analytic program: counting the homelessness, 2001. ABS cat. no. 2050.0. Canberra: ABS.

Chamberlain C & MacKenzie D 2008. Australian census analytic program: counting the homelessness, 2006. ABS cat. no. 2050.0. Canberra: ABS.

Mackenzie D & Chamberlain C 2008. Youth homelessness in Australia 2006. Canberra: FaHCSIA. Viewed 21 May 2012, <http://www.fahcsia.gov.au/our-responsibilities/housing-support/publications-articles/homelessness-youth/youth-homelessness-in-australia>.

Noble-Carr D 2006. The experiences and effects of family homelessness for children. Canberra: Institute of Child Protection Studies, Australian Catholic University.

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Related publications

Other reports that present results from the Specialist Homelessness Services Collection based on data provided in 2011–12:

- AIHW 2012. Specialist Homelessness Services Collection: first results (September quarter 2011). Cat. no. HOU 262. Canberra: AIHW

- AIHW 2012. Specialist Homelessness Services Collection: December quarter 2011. Cat. no. HOU 263. Canberra: AIHW

- AIHW 2012. Specialist Homelessness Services Collection: March quarter 2012. Cat. no. HOU 265. Canberra: AIHW.

Details of other publications on homelessness produced by the AIHW, including reports from the Supported Accommodation and Assistance Program National Data Collection can be found on the AIHW's website: <www.aihw.gov.au>.

In 2011–12, specialist homelessness services assisted almost 230,000 clients, representing 1 in 98 Australians. Of these clients, 56% were at risk of homelessness, 44% were already homeless and 11% were sleeping without shelter or in improvised or inadequate shelter when they first began receiving support. Agencies provided more than 7,000,000 nights of accommodation in 2011–12 and assisted 84% of clients at risk of homelessness to sustain their tenancy. This report presents the findings of the Specialist Homelessness Services Collection for 2011–12, and describes the clients of specialist homelessness agencies, the assistance they sought and were provided, and outcomes achieved for clients.