

# Specialist homelessness services annual report 2020-21

Web report | Last updated: 07 Oct 2022 | Topic: [Homelessness services](#) | [Media release](#)

## About

The specialist homelessness services web report is an annual report summarising data from the Specialist Homelessness Services Collection (SHSC). It describes the characteristics of clients of specialist homelessness services, the services requested, outcomes achieved, and unmet requests for services.

Cat. no: HOU 327

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- [Infographics](#)
- [NHHA Indicators](#)
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### Findings from this report:

- [278,300 clients were assisted by SHS agencies in 2020-21; more than 1.4 million clients since 2011-12](#)
- [More than half of SHS clients in 2020-21 had received SHS assistance at some point since the collection began in 2011-12](#)

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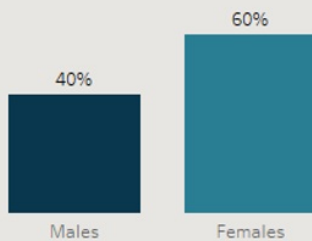
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## Summary

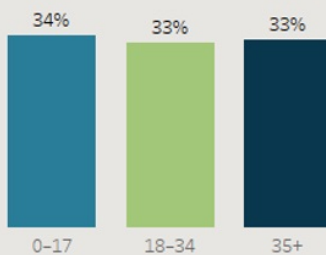
Safe, secure housing is fundamental to people's health and wellbeing. Both people experiencing homelessness and those at risk of homelessness are supported by specialist homelessness services (SHS). In 2020-21, SHS agencies provided support to almost 278,300 clients who each had a variety of different needs and reasons for seeking support.

Some of the key findings from the 2020-21 Specialist Homelessness Services Annual Report include:

**110,900** (40%) males and **167,400** (60%) females received assistance from specialist homelessness agencies in 2020-21



**1 in 3** clients who experienced **family and domestic violence** were under the age of 18



The rate of **clients with a current mental health issue** increased from **31.9** to **34.3** per 10,000 population between 2016-17 and 2020-21



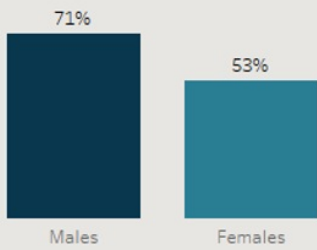
29% of young people presenting alone were 'couch surfing' at presentation, compared with 16% of the overall SHS population



Clients with problematic drug or alcohol issues received a median of 110 days of support



Among older clients, 71% of males and 53% of females were living alone at presentation



## Policy framework

### Policy framework for reducing homelessness and service response

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People experiencing homelessness and at risk of homelessness are among Australia's most socially and economically disadvantaged. Governments across Australia fund a range of services to provide support to those who are experiencing homelessness or are at risk of homelessness. These services are delivered by various government and non-government organisations including agencies specialising in delivering services to specific target groups (such as young people or people experiencing family and domestic violence), as well as those that provide more generic services to those experiencing or at risk of homelessness.

Many Australians experience events in their lifetime that may place them at risk of, or result in, homelessness. Access to affordable housing is a key issue for all Australians, particularly for those on low-incomes. A lack of affordable housing puts households at an increased risk of experiencing housing stress and can affect their health, education, employment and place them at risk of homelessness. During 2020-21, the effects of the COVID-19 pandemic exacerbated housing affordability in Australia. Prolonged lockdowns and business closures have caused many households to experience income losses, resulting in increased housing stress, while the ongoing housing price boom has put out of reach for many Australians the chance to own their own home, and further driven up the rental cost to beyond affordable for many renters (Pawson 2021) (see below for more COVID-19-related housing impacts). It is estimated that around 1 million low-income households experience housing affordability issues due to rental stress - defined as paying more than 30% of their gross weekly income on housing costs (AIHW 2019, ABS 2019, SCRGSP 2021).

On Census night in 2016, 116,427 Australians were homeless, up from 102,439 people in 2011. This equates to a 4.6% increase in the population adjusted rate of homeless persons over 5 years, from 47.6 per 10,000 population in 2011 to 49.8 in 2016. Census homeless estimates include people in supported accommodation for the homeless, people in short-term or emergency accommodation, those 'sleeping rough' and people living in severely crowded dwellings - defined as those that require 4 or more extra bedrooms to accommodate the residents. The Australian Bureau of Statistics (ABS) acknowledges that the homeless circumstance may mean that some people are not captured at all in datasets, nor will all those experiencing homelessness be captured in datasets of those accessing particular homelessness services. In addition, certain groups of people (including Indigenous populations, rough sleepers and those in supported accommodation) are more likely to be undercounted on Census night. Hence, homelessness data collected in the Census is an estimation, and susceptible to under/overestimation and under enumeration (ABS 2018).

### The National Housing and Homelessness Agreement (NHHA)

In the 2017-18 Budget, the Federal Government announced the establishment of a new National Housing and Homelessness Agreement (NHHA), which came into effect on 1 July 2018. This agreement reformed previous funding agreements with states and territories (the National Affordable Housing Agreement (NAHA) supported by the National Partnership Agreement on Homelessness (NPAH)). The NHHA provides more than \$1.6 billion in Commonwealth funding to the states and territories a year, including dedicated funding of \$129 million for homelessness services in 2020-21, which states and territories were required to match. Under the Agreement, funding for homelessness services will be ongoing and indexed for the first time to provide certainty to front line services assisting Australians who are experiencing homelessness or who are at risk of homelessness (CFFR 2018).

#### The objective of the NHHA

The objective of the NHHA is to contribute to improving access to affordable, safe and sustainable housing across the housing spectrum from crisis housing to home ownership (including to prevent and address homelessness), and to support social and economic participation.

The key outcomes this agreement will contribute to include:

- a well-functioning social housing system that operates efficiently, sustainably and is effective in assisting low-income households and priority homeless cohorts to manage their needs
- affordable housing options for people on low-to-moderate incomes
- an effective homelessness system, which responds to and supports people who are homeless or at risk of homelessness to achieve and maintain housing, and addresses the incidence and prevalence of homelessness
- improved housing outcomes for Indigenous Australians
- a well-functioning housing market that responds to local conditions

- improved transparency and accountability in respect of housing and homelessness strategies, spending and outcomes.

Several homelessness priority cohorts have been specifically identified in the agreement and must be addressed in each state and territory's homelessness strategy:

- women and children affected by family and domestic violence
- children and young people
- Indigenous Australians
- people experiencing repeat homelessness
- people exiting institutions and care into homelessness
- older people.

In addition, several homelessness priority policy reform areas have been identified:

- achieving better outcomes for people
- early intervention and prevention
- commitment to service program and design.

### Specialist homelessness services

A specialist homelessness service is an organisation that receives government funding to deliver accommodation related and/or personal services to people who are homeless or at risk of homelessness. Under the NHHA, these agencies are required to participate in the Specialist Homelessness Services Collection (SHSC). Other organisations not directly funded by governments also provide a wide range of support services to people in need; these organisations are not required to provide data to the SHSC. Also, NHHA funded agencies may provide support beyond the NHHA directly funded support packages; this support is also excluded from the SHSC.

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

### The Specialist Homelessness Services Collection

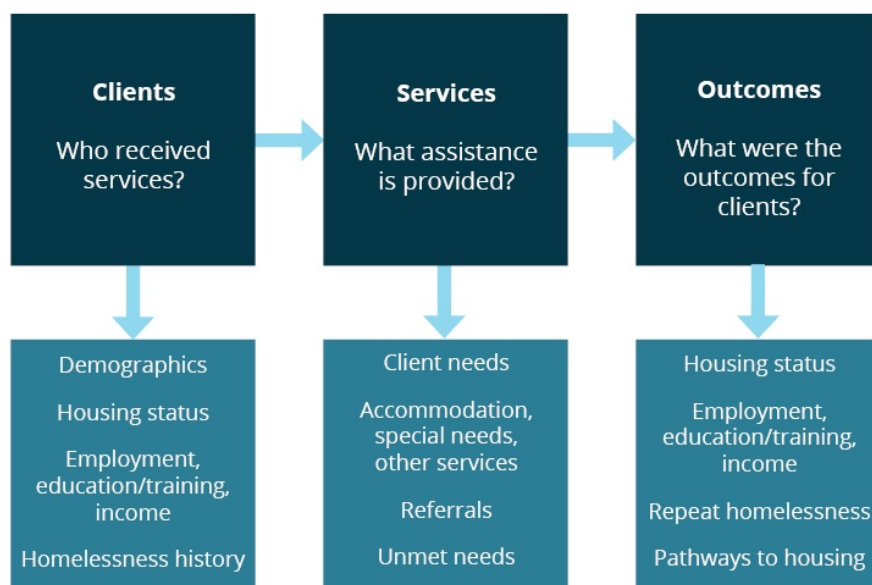
Around 1.4 million clients have been supported by Specialist Homelessness Services since the collection began on 1 July 2011.

The SHSC comprises data from homelessness agencies funded under the NHHA). State and territory departments identify NHHA (and the previous NAHA and NPAH) funded agencies required to participate in the SHSC. These agencies vary widely in terms of the services they provide and the service delivery frameworks they use. The operational frameworks may be determined by the state or territory funding department or developed as a response to local homelessness issues.

All SHSC agencies report standardised data about the clients they support each month to the AIHW, as specified by the [SHS National Minimum Dataset \(NMDS\)](#). Data are collected about the characteristics and circumstances of clients when they first present at an agency. Further data on assistance received and client circumstances are collected at the end of every month in which the client receives services and again when contact with the client has ceased.

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

### Figure FRAMEWORK.1: Conceptual framework of the Specialist Homelessness Services Collection



The data in this publication draws on the SHSC to describe the support provided to people who are experiencing homelessness or are at risk of homelessness. Data from almost 1,700 SHS agencies across Australia are provided directly to the AIHW every month.

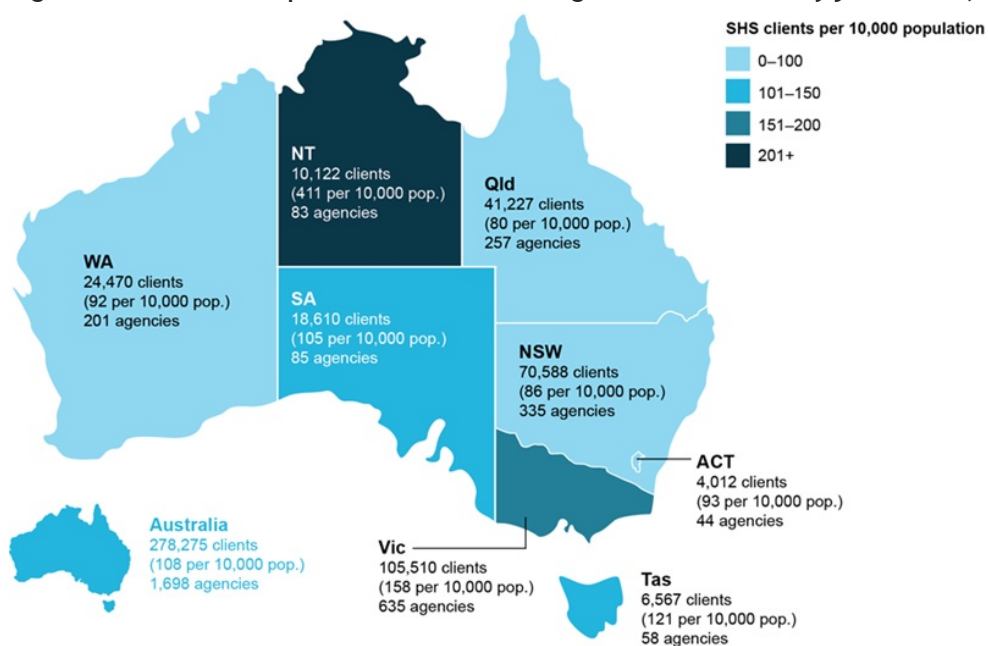
The data collected by agencies are based on periods of support provided to clients. Support periods vary in terms of their duration, the number of contacts between SHS workers and clients during the period, and the reasons that support ends. Some support periods are relatively short - and are likely to have begun and ended in 2020-21 - while others are much longer, many of which might have been ongoing from the previous year and/or were still ongoing at the end of 2020-21.

On 1 July 2019, new data items were added to the SHSC and some other items were updated or modified. New data items include a National Disability Insurance Scheme (NDIS) indicator, main language other than English spoken at home and proficiency in spoken English. The updated or modified data items include the addition of sex=other for clients and changes to items related to assistance for family and domestic violence. The ability to use and report on the new and updated data items in the Specialist Homelessness Services Annual Report for 2020-21 is dependent on data quality and the number of valid responses received.

Further information about the collection and information about the quality of the data obtained through the SHSC for 2020-21 is available in [Technical information](#).

Nationally 1,698 agencies delivered specialist homelessness services to almost 278,300 clients during 2020-21 (Figure FRAMEWORK.2).

**Figure FRAMEWORK.2: Specialist homelessness agencies and clients by jurisdiction, 2020-21**



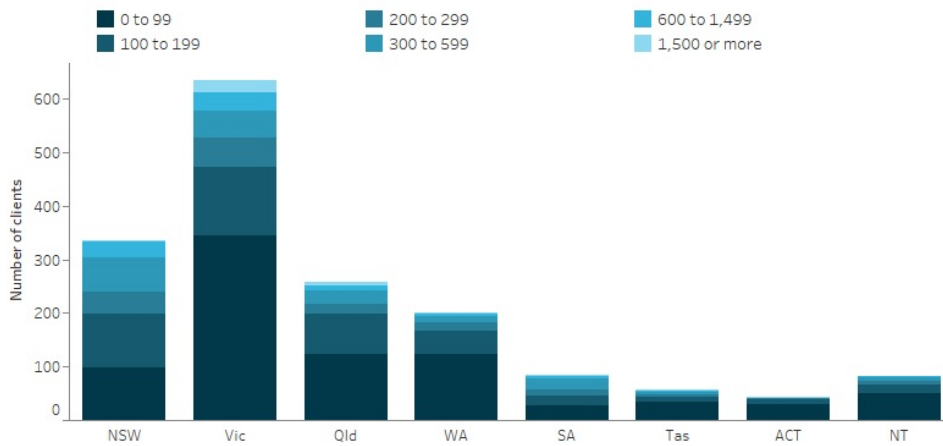
#### Notes

1. Clients may access services in more than one state or territory, therefore the Australia total will be less than the sum of jurisdictions.
2. The agency count includes only those agencies that provided support periods with a valid Statistical Linkage Key (SLK).

Source: Specialist Homelessness Services Collection 2020-21.

SHS agencies vary considerably in size, with some agencies assisting less than 100 clients per year and others assisting more than 1,500 people. Some agencies are represented by a larger ‘parent’ organisation while others are individual stand-alone agencies. The number of clients agencies assist (agency size) not only reflects the type and complexity of services provided, but also differing state and territory service delivery models. Agency size is also influenced by jurisdictional specific factors such as the size and geographical distribution of their population. Figure FRAMEWORK.3 illustrates the wide range in agency sizes in each state and territory. In 2020-21, almost half of all agencies assisted fewer than 100 clients (834 agencies or 49%). Agencies assisting a large number of clients (more than 1,500 in 2020-21) exist in all jurisdictions. Victoria had the most agencies of this size (23 agencies).

**Figure FRAMEWORK.3: Specialist homelessness agencies, by number of clients assisted and state and territory, 2020-21**



Source: Specialist Homelessness Services Collection. Supplementary table FRAME 2.

## Specialist Homelessness Services and service delivery

Each state and territory manage their own system for the assessment, intake, referral and ongoing case management of SHS clients. The key delivery systems operating in Australia are summarised in Box FRAMEWORK.1. Although presented as three distinct models, these systems are representative of a range of approaches that jurisdictions may take to coordinate entry to becoming a client of SHS. Changes implemented by states and territories in the delivery of services and their associated responses have the potential to impact SHSC annual data.

### Box FRAMEWORK.1

#### Community sector funding and support

- **Assessment and intake:** managed by individual SHS providers, consistent with state or territory policies.
- **Referral:** refer to other SHS providers if clients’ needs can’t be met by initial SHS provider.
- Can be supported by a coordinating service.

#### Central information management

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

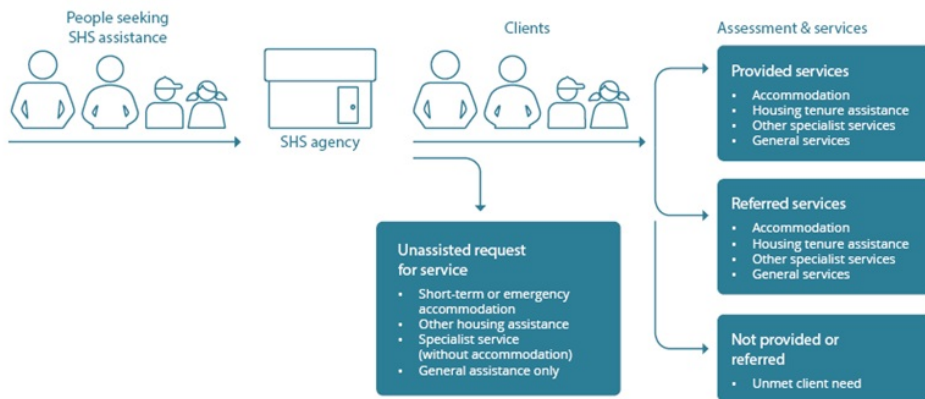
#### Central intake

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

Once a person has made contact, specialist homelessness services can be provided to the client by the agency, or a client may be referred to another agency for a specific service (Figure FRAMEWORK.4). In some instances, a client may not receive nor be referred for a service and their need remains unmet. These unmet needs are captured to assist in determining the ability of the sector to respond to client needs.

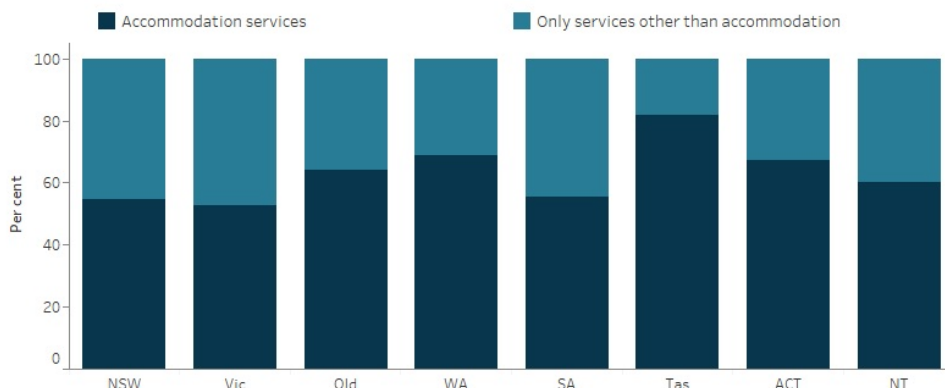
An ‘unassisted request for service’ is an instance where a person(s) who approaches an agency is unable to be provided with any assistance (see [Technical information](#)). Limited data are collected about these occasions.

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



Services provided by specialist homelessness agencies in all states and territories can be categorised as either ‘accommodation services’ (either the direct provision or referral of accommodation or assistance for the client to remain housed) or ‘services other than accommodation’ (Figure FRAMEWORK.5). The proportion of SHS clients receiving accommodation services varied across states and territories in 2020-21, with more than 8 in 10 clients in Tasmania (82%) and more than 6 in 10 clients in Western Australia (69%), the Australian Capital Territory (67%) and Queensland (64%) receiving these services. In contrast, the highest proportions of clients receiving services other than accommodation were in Victoria (47%), New South Wales (45%) and South Australia (45%). This variation reflects differences in the demand for accommodation services, service delivery models and housing options across jurisdictions.

**Figure FRAMEWORK.5: Clients of Specialist Homelessness Services by service type, state and territory, 2020-21**



**Notes:**

1. Clients provided or referred accommodation services (short-term or emergency accommodation, medium-term/transitional housing, long-term housing, assistance to sustain tenancy or prevent tenancy failure or eviction and assistance to prevent foreclosures or for mortgage arrears) are included in the accommodation services category. These clients may have also been provided additional services other than accommodation.
2. The denominator for the proportions is the number of clients who were provided or referred any service during 2020-21.
3. Clients may access services in more than one state or territory. If they received accommodation services in any jurisdiction they will be counted as having received these services in all jurisdictions in which they received services.

Source: Specialist Homelessness Services Collection. Supplementary table FRAME.3.

## COVID-19 effects on housing and homelessness

The COVID-19 pandemic has had substantial effects on the Australian housing system and people’s experiences of homelessness during 2020-21. During this time, Australian governments enacted a range of policy initiatives to protect vulnerable people from homelessness as well as to attempt to reduce the risk to vulnerable people of the health effects of the COVID-19 disease.

### Housing market effects

Although a housing downturn was widely anticipated as a result of the COVID-19 pandemic, housing prices increased sharply in the second half of 2020, largely assisted by a combination of record low interest rates in 2020 and into 2021 and government action to directly stimulate market activity through homebuyer grants and associated assistance (for example the Australian Government’s \$2.1 billion HomeBuilder initiative) (Pawson 2021).

The COVID-19 and broader housing situation also gave rise to unprecedented turbulence in Australia’s rental housing market (Pawson 2021), mainly as a consequence of rapidly rising house prices driving owners and investors to sell their properties, thereby reducing the available supply of rental housing. While a strong demand remained for rental properties, the smaller pool of available properties for rent drove up the price of rents. These factors further exacerbated Australia’s existing housing affordability crisis, and longstanding low-income renters will likely face growing affordability stress as this pattern of higher housing demand and rising rents filters through the market affecting existing, as well as new, tenants (Pawson 2021). The impact on the rate of people experiencing homelessness or at risk of homelessness is yet to be realised.



## Protecting and reducing homelessness

In response to the pandemic and its anticipated effects, both the Australian Government and state and territory governments enacted emergency housing policy measures to protect existing renters from eviction and homeless people from the health impact of the disease. These measures included eviction moratoriums to protect vulnerable renters from homelessness, which avoided a sharp increase in renter evictions due to rising arrears caused by lockdown-induced loss of income. National income protections were also enacted, including the [JobKeeper](#) and [Coronavirus Supplement](#) programs, which enabled many tenants and owner occupiers to avoid defaulting on rent or mortgage payments. State and territory governments further implemented a range of homelessness policy responses to move rough sleepers and others into safe temporary accommodation (mainly hotel accommodation), and to assist these formerly homeless people to transition out of hotels into more secure housing (Pawson 2021).

The outcomes of these measures are yet to be seen in their entirety, however analysis of the number of new SHS clients requesting assistance in the year to April 2021 indicates that there were between 10% and 20% fewer new requests for assistance than in the previous 2 years (or around 15,000 fewer people may have avoided homelessness over this period) (Pawson 2021).

Population Census results (conducted in August 2021) from the ABS will provide valuable updated insights on the effect of the COVID-19 pandemic on homelessness in Australia in this period (due to be released in 2022).

## COVID-19 impacts on SHS support in 2020-21

The COVID-19 pandemic in Australia is part of the ongoing worldwide pandemic of the coronavirus disease 2019 with the first confirmed Australian case identified in January 2020 (DoH 2020). Australian borders were closed to all non-residents in March 2020 and remains strictly monitored with travel into Australia only being available if an individual exemption is granted. There have been numerous outbreaks across states and territories since the pandemic began, prompting governments to introduce lockdown measures that aimed to reduce the spread of the virus. As people were expected to stay at home during lockdowns, this presented a challenge for SHS agencies and their clients.

In the time period captured in this report, that is up to 30 June 2021, various policies were implemented by states/territories as a response to the pandemic which may have impacted the number of SHS clients and the services they received.

See the COVID responses section in the [Specialist Homelessness Services: monthly data report](#) for details on the impact of these policies on SHS support.

## References

- 
- ABS (Australian Bureau of Statistics) 2019. Housing and occupancy costs, 2017-18. ABS cat no. 4130.0. Canberra: ABS.
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- Tasmanian Government 2020. Tasmanian Government Submission: Inquiry into homelessness in Australia.

## Clients, services and outcomes

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- [SHS clients at a glance](#)
- [Characteristics of clients](#)
- [Client service use in 2020-21](#)
- [Clients' need for assistance and services provided](#)
- [Outcomes at the end of support](#)
- [References](#)

Specialist homelessness agencies provide a wide range of services to assist those who are experiencing homelessness or who are at risk of homelessness, ranging from general support and assistance to immediate crisis accommodation. Characteristics of all clients assisted by specialist homelessness services (SHS) in 2020-21 are described below, including their need/s for assistance and the services they received.

### Key findings: SHS clients, services and outcomes 2020-21



### SHS clients at a glance

The number of clients assisted by specialist homelessness agencies increased to almost 278,300 in 2020-21 from 236,400 in 2011-12; an average annual increase of 1.8% since 2011-12. The rate of SHS clients increased from 105.8 clients per 10,000 population in 2011-12 to 108.3 clients in 2020-21 (Table HIST.CLIENTS).

It is important to note, the Specialist Homelessness Services Collection (SHSC) data provide a measure of service response. Changes in client numbers reflect the agency engagement of people which is not necessarily a change in the underlying level of homelessness in Australia.

### Characteristics of clients

In 2020-21, 39% of SHS clients were first time clients since the collection began in July 2011. The characteristics of clients, the main reasons for seeking assistance, and the services that had been supplied to clients, have remained relatively stable over the 5 years to 2020-21. Key changes include:

- The number of SHS clients with a current mental health issue increased; around 88,200 (32% of all SHS clients) in 2020-21 compared with almost 77,300 (27%) in 2016-17 (Historical table HIST.MH).
- The number of SHS clients who have experienced family and domestic violence increased; almost 116,200 (42% of all SHS clients) in 2020-21 compared with 114,800 (40%) in 2016-17 to (Historical table HIST.FDV).
- Length of support has increased with the median number of days a client was supported increasing to 51 days in 2020-21 to 37 days in 2016-17 (Supplementary table CLIENTS.44).
- In 2020-21, the number of females presenting homeless (57,600) was higher than the number of males (53,500); similar for females (57,500) and fewer males (54,200) than in 2016-17 (Supplementary tables CLIENTS.11 and CLIENTS.37).

### Age and sex

## Reporting sex in the Specialist Homelessness Services Collection (SHSC)

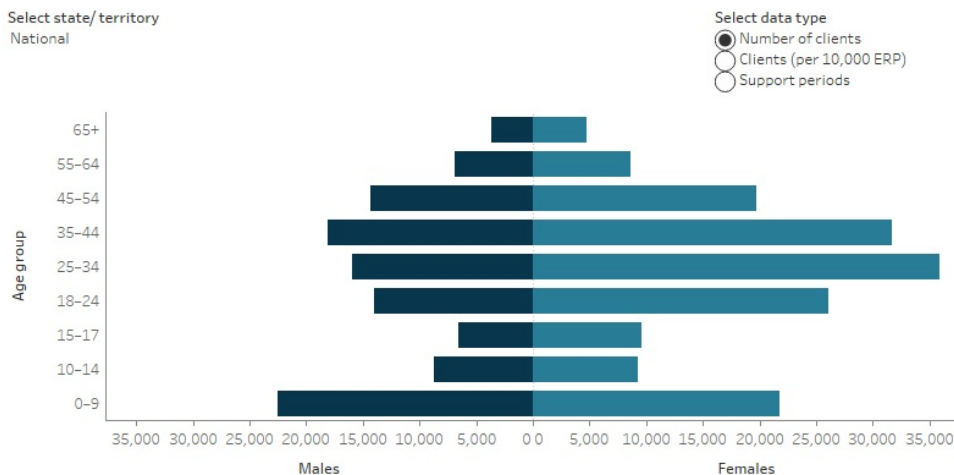
The additional category 'Other' has been added to the question which records the person's sex and applies to support periods and unassisted instances starting on or after 1 July 2019. Analysis of the updated 2020-21 sex of client data demonstrated some variable data quality and consistency of use among services. Consistent to the approach adopted for the 2019-20 Annual Report, for the 2020-21 Annual Report these clients were combined with the 'Female' category for reporting purposes only. For further information, please see the [Technical notes](#).

In 2020-21 (Figure CLIENTS.1):

- The majority of clients were female (60% or almost 167,400 clients).
- 3 in 10 clients were aged under 18 (28% or over 78,500).
- Among adult clients, the largest age group was those aged 25-34, accounting for almost 1 in 5 clients (19%), most of whom were female (69%).
- The overall rate of SHS clients was higher for females: 1 in 77 females in the Australian population received support compared with 1 in 115 males.
- Per 10,000 population, the highest rate of clients among all age groups were those aged 15-17 years: higher for females (224.0 per 10,000 population) than for males (146.2).
- The lowest rate of clients was for those aged 65 and over (20.1 per 10,000 population): higher for females (21.4 per 10,000 population) than males (18.6).

### Figure CLIENTS.1: Clients by age and sex, states and territories, 2020-21

This interactive horizontal population pyramid shows the marked differences between the age profiles of male and female SHS clients. Data are presented for the number of SHS clients, the rate of service use of SHS clients, and the number of support periods. The highest numbers of male clients were aged 0 to 9 years while females aged 25-34 were the age group with the highest number.



Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.1.

### Indigenous status

In 2020-21, Aboriginal and Torres Strait Islander people continued to be over-represented among SHS clients with more than one-quarter of clients (28% or almost 73,300) who provided information on their Indigenous status identifying as being of Aboriginal and/or Torres Strait Islander origin (Supplementary table INDIGENOUS.2). Nationally, this equated to 810.6 Indigenous clients per 10,000 Indigenous population compared with a rate of 80.2 for non-Indigenous clients.

For further information please see [Indigenous clients](#).

### State and territory

The largest number of clients accessed services in Victoria (105,500), followed by New South Wales (70,600) and Queensland (41,200) (Supplementary table CLIENTS.1), noting that clients may have accessed services in more than one state or territory.

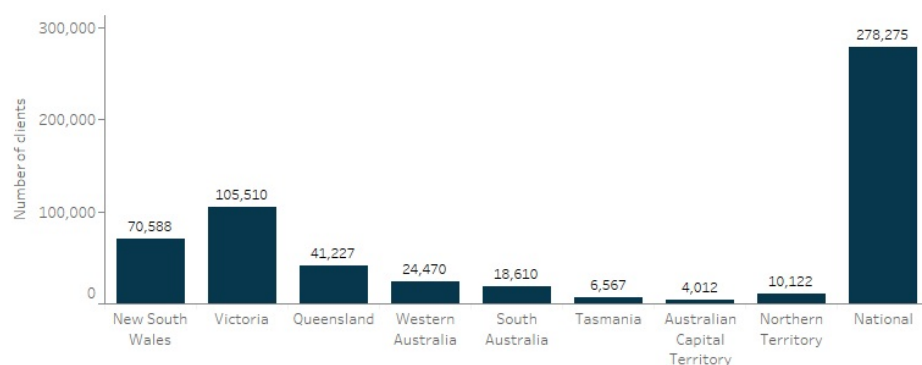
- The highest rate of SHS clients was in the Northern Territory where there were 411.5 clients per 10,000 population, followed by Victoria (157.6) and Tasmania (121.5) (Figure CLIENTS.2).
- Females had higher rates of service use than males across all states and territories; the Northern Territory had the most pronounced difference between males and females where 535.1 per 10,000 females received services compared with 294.3 per 10,000 males (Supplementary table CLIENTS.1).
- More than half of clients (61%) in 2020-21 had previously received SHS support at some point since the collection began in July 2011. The proportion of returning clients varied across jurisdictions with South Australia reporting the highest proportion (67%) and New South Wales the lowest (57%) (Supplementary table CLIENTS.2).

### Figure CLIENTS.2: Clients, by state and territory, 2020-21

This interactive bar graph shows the number of SHS clients, the rate of service use of SHS clients, and the number of support periods, for each of the states and territories. The Northern Territory had the highest rate and Queensland had the lowest rate.

Select data type

- Number of clients
- Clients (per 10,000 ERP)
- Support periods



Notes:

1. Clients may have received support in more than one state-territory so the sum may not add to the national total.
2. Rates are crude rates as detailed in the Technical information.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.1.

## Country of birth

Almost 9 in 10 clients (87% or 222,750 clients) of specialist homelessness agencies in 2020-21 were born in Australia (Supplementary table CLIENTS.3), higher than the general Australian population (70% were born in Australia; ABS 2021). Of those clients who reported their country of birth and were born overseas, the most common country of birth was New Zealand (1.6%) (Supplementary table CLIENTS.4). Over half of clients (58%) who were born overseas had arrived in Australia in 2011 or before (Supplementary table CLIENTS.5). Almost 9 in 10 (86% or almost 28,700) clients who were born overseas lived in *Major cities* (Supplementary table CLIENTS.6).

## Language

### Main language spoken at home other than English

In 2020-21, the most common language spoken at home by SHS clients other than English was Aboriginal English (so described) (22%), followed by Arabic (11%) and Vietnamese (3.2%) (Supplementary table CLIENTS.7).

### Proficiency in spoken English

In 2020-21, proficiency was highest among clients whose main language spoken at home (other than English) was grouped as Northern European languages (other than English), with 74% of clients reporting they spoke English very well and a further 20% reporting they spoke English well. English proficiency was lowest among clients whose main language other than English was grouped as Eastern Asian languages, with 25% rating their English proficiency as very well (Supplementary table CLIENTS.8).

## Living arrangements

Living alone may be a sign of social disadvantage (De Vaus and Qu 2015). For some, it is associated with lower income, low participation in the labour force and lower levels of education. Living alone has also been shown to be a substantial risk factor for loneliness (AIHW 2021). With limited economic resources and social networks, lone persons may be more vulnerable to homelessness. In 2016, 24% of households in Australia consisted of a lone person (ABS 2017).

The most common living arrangement reported by clients at the beginning of support in 2020-21 was lone parent with 1 or more children (33% or over 84,900), followed by lone persons (32% or over 82,000) and other family groups (13% or about 32,400) (Supplementary table CLIENTS.10). Female clients were more likely than male clients to be living as a single parent with 1 or more children (39% females compared with 23% males) while males were more likely than females to be living alone (42% males compared with 24% females). Among the states and territories, Tasmania (45%) and the Australian Capital Territory (44%) had higher proportions of SHS clients living alone than the national rate (32%). Queensland (38%) had the highest proportion of clients living as a single parent with child/ren.

## Selected vulnerabilities

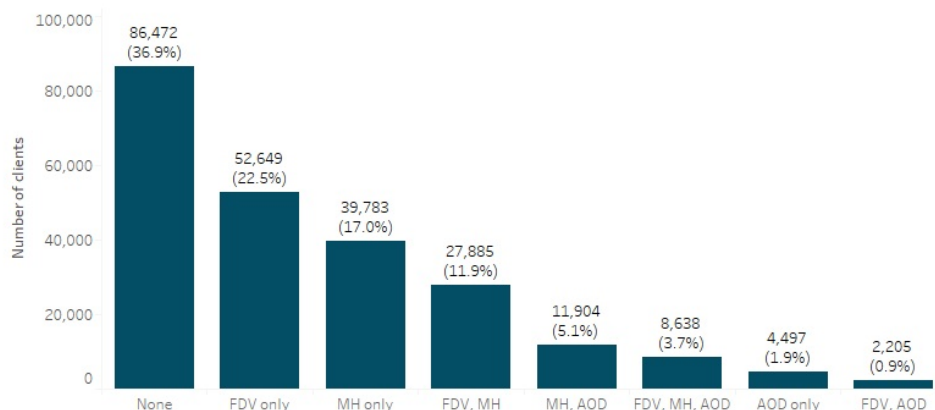
Many clients face additional challenges that may make them more vulnerable to experiencing homelessness. The selected additional vulnerabilities presented here include family and domestic violence, experiencing a current mental health issue and/or problematic drug and/or alcohol use. Clients may have one or any of these additional selected vulnerabilities.

In 2020-21, of the more than 234,000 clients aged 10 and over, 3 in 5 (63%) reported experiencing one or more of the selected vulnerabilities (Supplementary table CLIENTS.43, Figure CLIENTS.3):

- 2 in 5 reported a family and domestic violence (39% or almost 91,400 clients)
- almost 2 in 5 reported a current mental health issue (38% or over 88,200 clients)
- more than 1 in 10 reported problematic drug and or alcohol use (12% or over 27,200 clients)

- very few (3.7% or over 8,600 clients) reported experiencing all 3 vulnerabilities
- almost 2 in 5 (37% or almost 86,500 clients) reported experiencing none of these vulnerabilities.

**Figure CLIENTS.3: SHS clients, by selected vulnerability characteristics, 2020-21**



Key - FDV: Family and domestic violence; MH, current mental health issue; AOD: Problematic drug or alcohol use.

**Notes:**

1. Clients are assigned to one category only based on their vulnerability profile.
2. Totals may not sum due to rounding.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.43.

In 2020–21, of the around 234,000 clients, 8,638 had all three of the additional selected vulnerabilities while 37% had none.

- Two in five (39%) clients experienced family and domestic violence.
- One in ten (12%) clients reported experiencing problematic drug or alcohol use.
- Two in five (38%) clients had a current mental health issue.

## National Disability Insurance Scheme (NDIS)

### The National Disability Insurance Scheme (NDIS)

The National Disability Insurance Scheme (NDIS) supports people with a permanent and significant disability which affects their ability to take part in everyday activities. It is jointly governed and funded by the Australian and participating states and territory governments. The NDIS began its national rollout on 1 July 2016, and had been made available to all eligible Australians as of 1 July 2020 (NDIS 2020). Further details about the NDIS are provided in the [Technical notes](#).

### NDIS participation indicator

The NDIS participation indicator was introduced into the Specialist Homelessness Services Collection (SHSC) from 1 July 2019. A participant in the NDIS is an individual who reports they are receiving an agreed package of support through the National Disability Insurance Scheme. The NDIS question is asked of all clients at the start of a support period by SHS agency. Data are only available for clients who only had support period(s) starting from 1 July 2019 onwards.

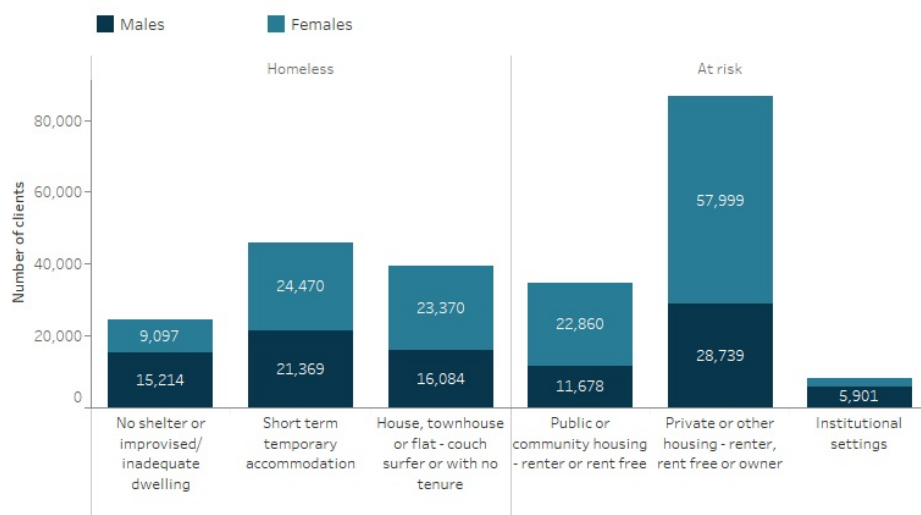
In 2020-21, 4.1% (around 9,500) of SHS clients indicated that they were receiving a package of support through the NDIS, ranging from 2.1% in the Northern Territory to 5.8% in Victoria. There was a high level of not stated responses for this measure: around 42,000 clients in 2020-21 (Supplementary table CLIENTS.17), similar to the previous year.

## Housing situation on first presentation

Among those clients whose housing status was known at the beginning of their first support period in 2020-21 (supplementary table CLIENTS.11):

- Most (57% or around 144,500 clients) were at risk of homelessness rather than homeless (43% or more than 111,100 clients) (Figure CLIENTS.4).
- More than 1 in 3 clients (31% or more than 86,700) were living in private or other housing (renter, rent-free, or owner).
- The proportion of males (52%) who were experiencing homelessness was higher than for females (38%).

**Figure CLIENTS.4: Clients by housing situation at the beginning of support, 2020-21**



Note:  
1. Housing situation 'Other' not shown.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.11.

Of those clients with no shelter/improvised dwelling (more than 24,300 clients), 45% were sleeping in no dwelling, either on the street, in a park or out in the open and a further 22% (1 in 5) were sleeping in a car (Supplementary table CLIENTS.13).

### Main source of income

Income support was high among SHS clients with 81% of clients aged 15 and over receiving some form of government payment as their main source of income at the time they sought support in 2020-21 (Supplementary table CLIENTS.16). The most common government payments were JobSeeker (33% or 60,350 clients), Parenting Payment (17% or 30,900) and Disability Support Pension (15% or 27,700). Around 1 in 10 (8.7%) of clients reported income from employment as their main source and 9.1% reported having no income.

As of 20 March 2020, JobSeeker Payment was introduced to replace Newstart Allowance. Existing recipients of Newstart Allowance were transferred to the new JobSeeker Payment. From this date, if a client reports that they are receiving 'JobSeeker Payment' it is recorded under the existing 'Newstart Allowance' category. During this time, JobKeeper payment was also introduced, to help businesses affected by the COVID-19 pandemic to cover the costs of their employees' wages, and for employees to retain jobs and continue to earn an income. As the JobKeeper payment is made to businesses and not individuals, if a client reports they are receiving 'JobKeeper Payment' it is recorded under the 'Employee income' category.

### Education

Of those whose educational status was known, over half of clients aged 5-24 (54% or over 45,300) were enrolled in some form of education in 2020-21 (Supplementary table CLIENTS.18). Almost 9 in 10 (87%) clients aged 5-14 were enrolled in school or other types of education, 13% of clients aged 5-14 (about 4,300) were not enrolled in education. Around two-thirds (68%) of clients aged 15-24 were not in some form of education (around 34,200 clients).

### Labour force

Around 97,100 (53%) clients aged 15 or over were unemployed at the beginning of support in 2020-21 (Supplementary table CLIENTS.19). Males (59%) were more likely to be unemployed than females (49%). Almost 64,000 (35%) clients were not in the labour force. More than 1 in 10 (13%) clients were employed and of these, 3 in 5 (61%) were employed on a part-time basis.

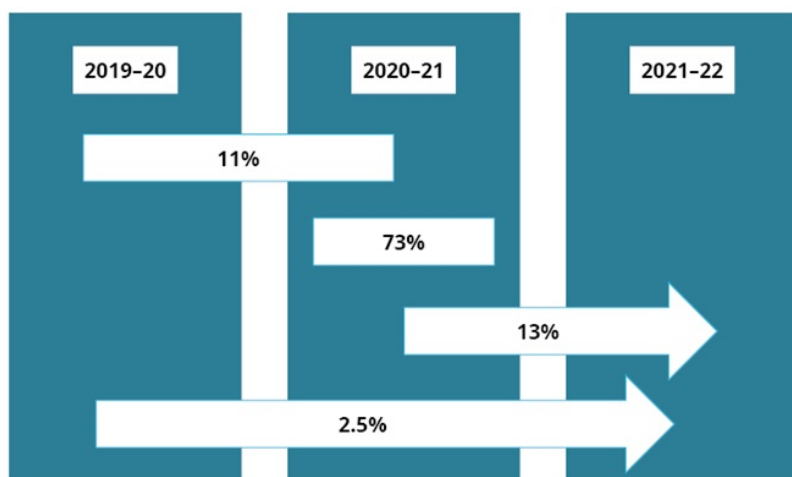
## Clients service use in 2020-21

### Support periods

Data collected by specialist homelessness agencies are based on support periods or episodes of assistance provided to clients (see [Technical notes](#) for further information). Clients may have had more than 1 support period in 2020-21, either with the same agency at different times or with different agencies. In 2020-21:

- Clients assisted by homelessness agencies had almost 507,000 support periods. The number of support periods has increased by an average annual growth of 3.0% each year since 2011-12 (Historical table HIST.CLIENTS).
- Two-thirds of clients had only 1 support period (65%) while 1 in 5 (20%) had 2 support periods, 7.3% had 3 support periods and 8.6% had 4 or more (Supplementary table CLIENTS.26).
- The majority of support periods were opened and closed within 2020-21 (73% or around 371,900). An additional 13% of support periods opened during the year and remained open on 30 June 2021. Just 2.5% were ongoing throughout the 2020-21 reporting period (Figure CLIENTS.5).

Figure CLIENTS.5: Support periods, by indicative duration over the reporting period, 2020-21



Source: Specialist Homelessness Services Collection 2020-21, Supplementary table CLIENTS.27

### Number of days clients received support

In 2020-21, 27.7 million support days were provided by SHS agencies to clients.

- The median number of support days for clients was 51 days, similar for males (50 days) and females (52 days), while clients received an average of 1.8 support periods (Supplementary table CLIENTS.28 and CLIENTS.44).
- The proportion of SHS clients receiving accommodation has been constant over time from 30% in 2016-17 to 31% in 2020-21, while the median number of nights accommodated has decreased, from 33 nights in 2016-17 to 31 nights in 2020-21 (Supplementary table CLIENTS.44).
- The needs of some clients can be met relatively quickly but clients with more complex needs received more support. Three in 10 clients (29% or more than 81,800) received between 6 and 45 days of support during 2020-21, while 18% received support for up to 5 days. Nineteen per cent received over 180 days of support; while 17% received support for 91-180 days (Supplementary table CLIENTS.28).

### Reasons that support ended

- More than half (57%) of support periods ended in 2020-21 because the client's immediate needs were met or case management goals were achieved (Supplementary table CLIENTS.29).
- Almost one-quarter (23%) of support periods ended because the client no longer requested assistance; that is, a client may have decided that they no longer required assistance or they may have moved from the state/territory or region.
- A further 13% of support periods closed because the client was referred to another specialist homelessness agency and 13% closed because contact was lost with the client.

### Clients' needs for assistance and services provided

The SHSC includes information about clients' needs for services from two perspectives:

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

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

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

### Reasons for seeking assistance

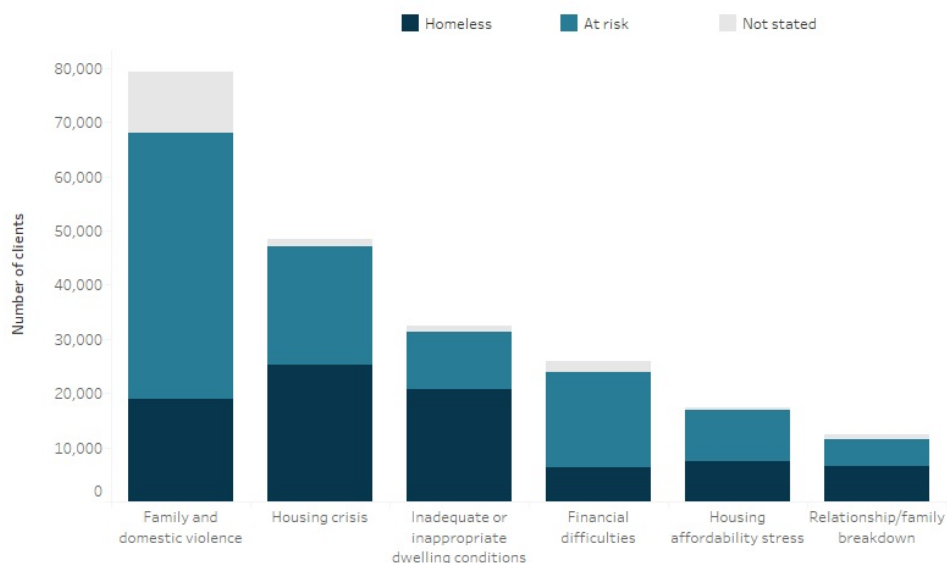
SHS clients can identify a number of reasons for seeking assistance, reflecting the range of situations that contribute to housing instability. SHS agencies also record the main reason for clients seeking assistance. In terms of the reasons why clients generally sought assistance in 2020-21 (Supplementary table CLIENTS.20):

- Accommodation issues (including housing crisis, inadequate or inappropriate dwelling conditions or that previous accommodation had ended) were nominated by 53% of clients (or around 146,600 clients).
- More than one-third (34% of clients) were experiencing housing crisis.
- A high proportion were experiencing financial difficulties, identified by 39% of clients, while over 1 in 4 clients were affected by housing affordability stress (29%).
- Interpersonal and relationship issues, including family and domestic violence, affected over half of all SHS clients (54% or about 148,100 clients). Within this group, 39% identified family and domestic violence.

The main reasons for seeking assistance in 2020-21 were similar to the reasons why clients generally sought assistance from SHS agencies (Supplementary table CLIENTS.21, Figure CLIENTS.6):

- Family and domestic violence was the most common main reason identified for seeking assistance for almost 1 in 3 clients (29% or more than 79,300 clients). For more information, see [Clients experiencing family and domestic violence](#).
- Almost 1 in 6 (18% or around 48,400) identified housing crisis as the main reason for seeking assistance.

**Figure CLIENTS.6: Main reasons for seeking assistance (top 6), by homelessness status, 2020-21**



**Notes:**

1. Top 6 reasons excludes 'Other' and cases where the main reason was 'Not stated'.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.22.

For those clients presenting at risk of homelessness, the most common main reasons for seeking assistance were (Supplementary table CLIENTS.22):

- family and domestic violence (34%)
- housing crisis (15%)
- financial difficulties (12%).

For those clients presenting as homeless, the most common main reasons for seeking assistance were:

- housing crisis (23%)
- inadequate or inappropriate dwelling conditions (19%)
- family and domestic violence (17%).

**Housing and accommodation services**

Housing and accommodation services provided by agencies include support to access:

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

In 2020-21, 60% of SHS clients identified a need for accommodation services. Of these 166,900 clients:

- 86,600 (52%) were provided with accommodation by the agency
- 26,500 (16%) were referred to another agency for accommodation provision
- 53,900 (32%) were neither provided nor referred for assistance. These clients are further described in [Unmet need](#).

Assistance to sustain tenancy/prevent eviction was needed by 32% of clients at some stage during their support in 2020-21. This group includes those who were still housed when they approached a SHS agency and were supported to remain in that housing. It also includes those who identified a need for accommodation, were assisted to secure new housing and then supported to sustain that housing. Most clients (74,000 clients, or about 82% of those who needed it) received assistance to sustain tenancy directly from the specialist homelessness agency.

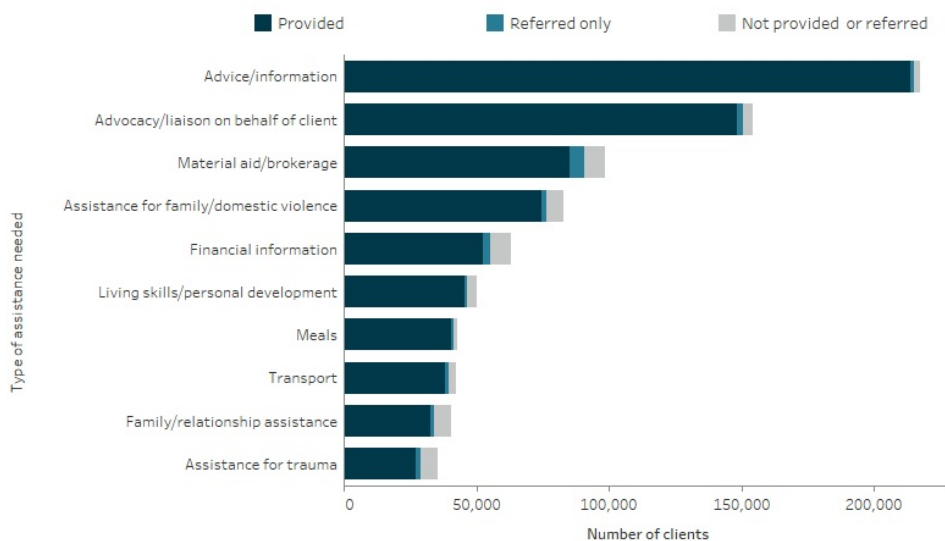
**General support and assistance**

Some types of assistance provided by SHS agencies can be described as 'general support and assistance', compared with more specialised services. These services include advice and information, material aid, meals and living skills. In 2020-21:



- Clients most commonly needed advice and information, needed by 78% of clients (more than 217,600). The next most common need was advocacy and liaison, needed by 55% of clients (more than 154,200) and material aid/brokerage which was needed by 35% of clients (more than 98,600) (Supplementary table CLIENTS.23, Figure CLIENTS.7).
- Services almost always provided the required advice and information. This differs from some specialised services, such as legal information and training or employment assistance, for which clients were more often referred to another agency (see Supplementary table CLIENTS.23).

**Figure CLIENTS.7: Clients, by need for general services and service provision status (top 10), 2020-21**



Notes:  
 1. Top 10 excludes 'Other basic assistance'.  
 2. A client may request multiple services and assistance types, therefore the sum of the categories is not equal to any total.

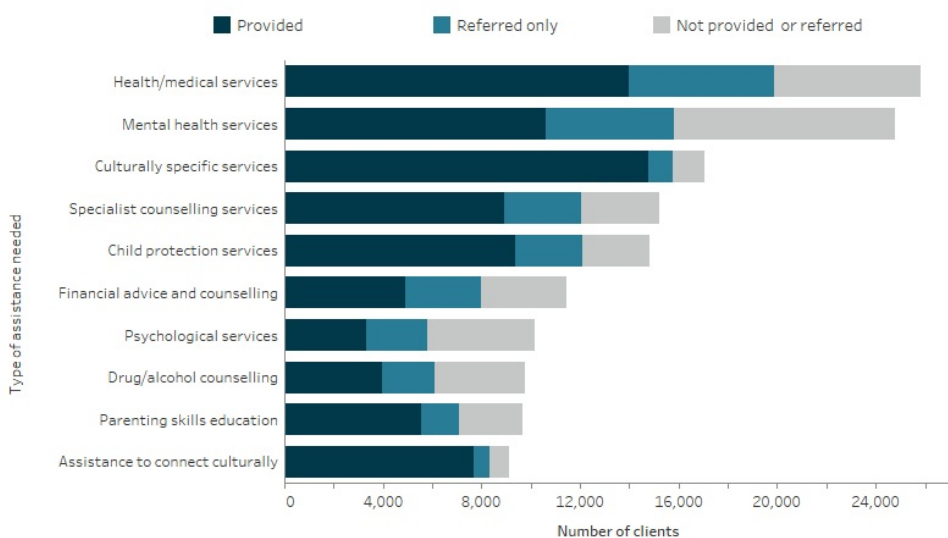
Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.23.

### Specialised services

Specialised services refer to those services that require specific knowledge or skills and are usually undertaken by someone with qualifications to provide the particular service.

- Health/medical services were identified as needed by almost 1 in 10 clients (or over 25,800) and were one of the services most often referred (23%) (Figure CLIENTS.8).
- There has been little change in the most common specialised services needed and provided over the past 5 years; for example, health/medical services, mental health services and specialist counselling remain the most commonly needed services.

**Figure CLIENTS.8: Clients by need for specialised services and service provision status (top 10), 2020-21**



Notes:  
 1. Excludes 'Other specialised service'.  
 2. A client may request multiple services and assistance types, therefore, the sum of the categories does not equal any total.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.23.

### Financial assistance

In 2020-21, \$109.4 million in financial assistance was provided to clients.

Around \$109.4 million in financial assistance was provided to clients in 2020-21, a 59% increase from the \$68.7 million provided in 2019-20 (not adjusted for inflation). This represents an average of \$1,592 provided per client requesting financial assistance, and an increase from \$976 in 2019-20 (not adjusted for inflation) (Supplementary table CLIENTS.25, Supplementary table CLIENTS.36).

- More than three-quarters (81%) of the financial assistance was used to assist clients with housing in 2020-21.
- More than half of the financial assistance (51% or \$56.1 million) was used to provide short-term or emergency accommodation.
- Around \$33.0 million (30%) of the financial assistance was used to assist clients to establish or maintain their existing tenancy.

The COVID-19 pandemic has continued to increase people's need for housing assistance. In response to this increased need, state and territory governments have implemented a range of funding assistance measures. Some of these measures have been aimed at purchasing short-term emergency accommodation and maintaining tenancies in mostly rental accommodation. For more information, see [Policy framework for reducing homelessness and service response](#).

## Outcomes at the end of support

Outcomes presented here describe the change in clients' housing situation between the start and end of support. Data is limited to clients who ceased receiving support during the financial year—meaning that their support periods had closed and they did not have ongoing support at the end of the year. Around 3 in 5 (163,600 clients or 59%) clients had support periods in 2020-21 that were both opened and closed and were non-ongoing at the end of the 2020-21 financial year.

Many clients had long periods of support or even multiple support periods during 2020-21. They may have had a number of changes in their housing situation over the course of their support. These changes within the year are not reflected in the data presented here, rather the client situation at the start of their first period of support during 2020-21 is compared with the end of their last period of support in 2020-21.

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

- The number of clients who were known to be homeless at the start of support reduced when support ended: 1 in 3 clients (33% or over 56,500) were known to be homeless when support ended, down from 44% (77,400) at the start of support (Supplementary table CLIENTS.30, Figure CLIENTS.9).
- The reduction in the proportion of clients who were homeless following support was due to decreases in the proportion of clients rough sleeping or with no shelter or living in improvised dwellings (from 10% to 5.9%) and in the proportion of clients living in a house, townhouse or flat as a 'couch surfer' with no tenure (from 16% to 11%).
- There was an increase in clients living in some form of tenure over the course of support, including an increase in the proportion of clients living in public or community housing from 15% (or 26,400 clients at the beginning of support) to 22% (or 37,500 clients at the end of support); and an increase in the proportion of clients living in private or other housing from 37% (or 65,500 clients at the beginning of support) to 42% (or 72,600 clients at the end of support).

These trends demonstrate that by the end of support, many clients have achieved or progressed towards a more positive housing solution. That is, clients ending support in public or community housing (renter or rent-free) or private or other housing (renter or rent-free) had increased compared with the start of support.

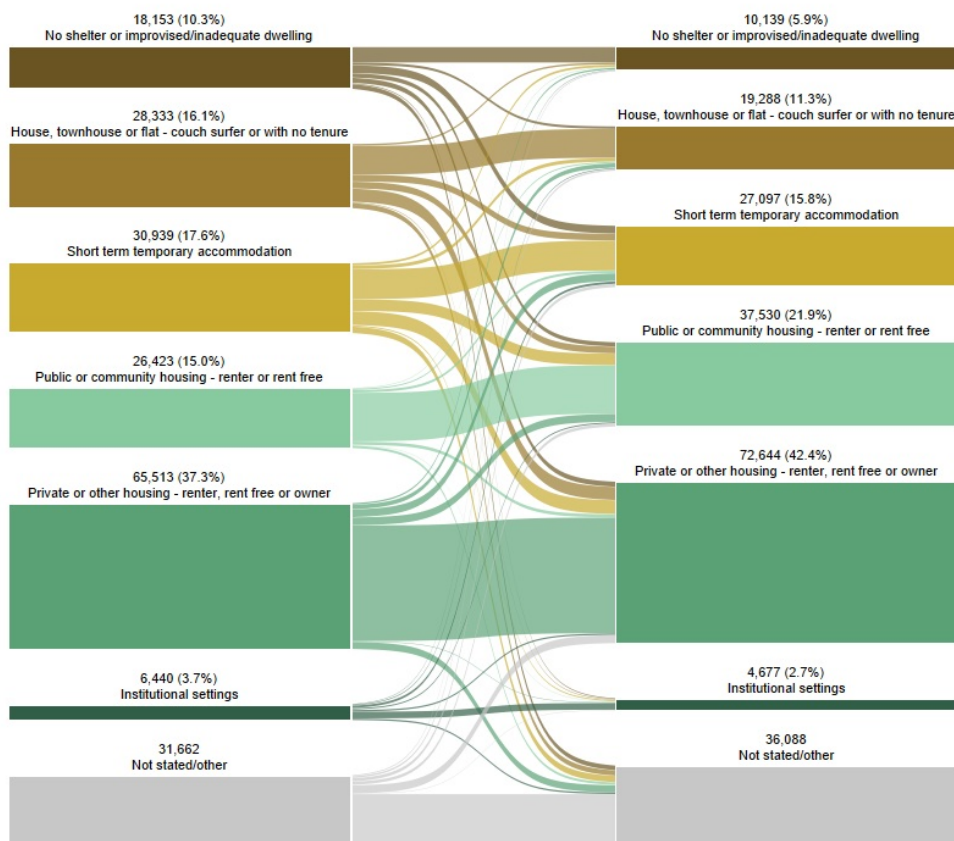
### Figure CLIENTS.9: Housing situation at beginning and at end of support for clients with closed support, 2020-21

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short term accommodation, public/community housing, private housing and institutional settings) of clients with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most clients started and ended support in private or other housing.

Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



**Note:**

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.30.

In 2020–21, 207,500 clients had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 98,400 clients) (Supplementary table CLIENTS.30):

- Around 52,500 clients maintained private housing at the end of support.
- Around 22,000 clients maintained public housing at the end of support.

Of those who were known to be homeless at the start of support (just over 77,400 clients):

- Around 20,100 clients ended support in short term accommodation.
- Around 14,400 ended support in private housing.
- Around 15,700 clients were couch surfing at the end of support.

**Other outcomes for clients**

Specialist homelessness agencies may support clients in a number of non-housing areas to reduce their vulnerability to homelessness. These include changes in educational enrolment status, labour force status and income. In 2020-21:

- **Employment:** Employment increased following support. Of those with a need for employment assistance, 14% were employed at the start of support and 23% were employed at the end of the support (Supplementary table CLIENTS.32).
- **Education:** Education enrolment remained stable: 21% at the start of support and 22% at the end of support (Supplementary table CLIENTS.31). Of those who needed support for education or training assistance, 42% were enrolled at the start of support and 43% were enrolled at the end of support.
- **Income:** Agencies assisted some clients with a need for and receiving a government payment: 73% at the start of support and 80% at the end of support (Supplementary table CLIENTS.33). There was a reduction following support in those reporting no income from 13% to 8.1%, and the proportion waiting for government benefits halved from 5.0% to 2.4%.

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## Client geography

### On this page

- [Key findings](#)
- [Geographic profile of SHS clients](#)
- [Housing situation](#)
- [References](#)

### Key findings

- The highest rate of clients were in the Northern Territory - Outback (621.3 clients per 10,000 population or around 6,100 clients) and Western Australia - Outback (North) (572.1 clients per 10,000 or 5,700 clients) regions.
- The lowest rate of clients were in the Queensland in Brisbane - West (13.1 clients per 10,000) and Moreton Bay (16.6 clients per 10,000) regions.
- In two thirds of the regions, the majority of SHS clients (where housing situation and SA4 were known) were at risk of homelessness; in the remaining one third of SA4 regions, the majority of clients in those regions were experiencing homelessness.
- The highest proportion of homeless clients was in the Perth - Inner (73%) region and the highest proportion of at risk clients was in the Sydney - Inner South West (76%) region.

The rate at which people access Specialist Homelessness Services (SHS) can vary geographically due to varying service availability and region-specific factors such as housing availability and affordability. It is important to note that the rate of SHS clients is a measure of service response and does not necessarily reflect the total number of people in a local area in unstable housing situations.

In Australia, market changes can influence the availability of housing options within an area (Wood et al. 2014). Although the rate of homelessness is higher in remote areas, it is increasingly more common in areas with decreasing availability of affordable private renting and increasing overcrowding, such as major cities (Parkinson et al. 2019).

This section provides an overview of the geography of clients supported by SHS clients across Australia based on the client's location prior to receiving SHS support.

### Identifying client location in the Specialist Homelessness Services Collection (SHSC)

This section examines people seeking SHS support based on where the person lived in the week before presenting to a SHS agency, as reported at the first support period during 2020-21. Clients are assigned to only one region for the financial year but may move to other regions before subsequent support periods. This location may not be a permanent address, for example, people who were couch surfing the week prior to seeking services may nominate the location of their temporary accommodation. Client location is classified to Statistical Area 4 (SA4) based on the 2016 Australian Statistical Geography Standard (ASGS) (ABS 2016). A total of 88 SA4s are reported in this section, which excludes non-geographic codes and Other Territories. Please note that other geographic analysis in the report is based on agency location. See [Technical information](#) for more details.

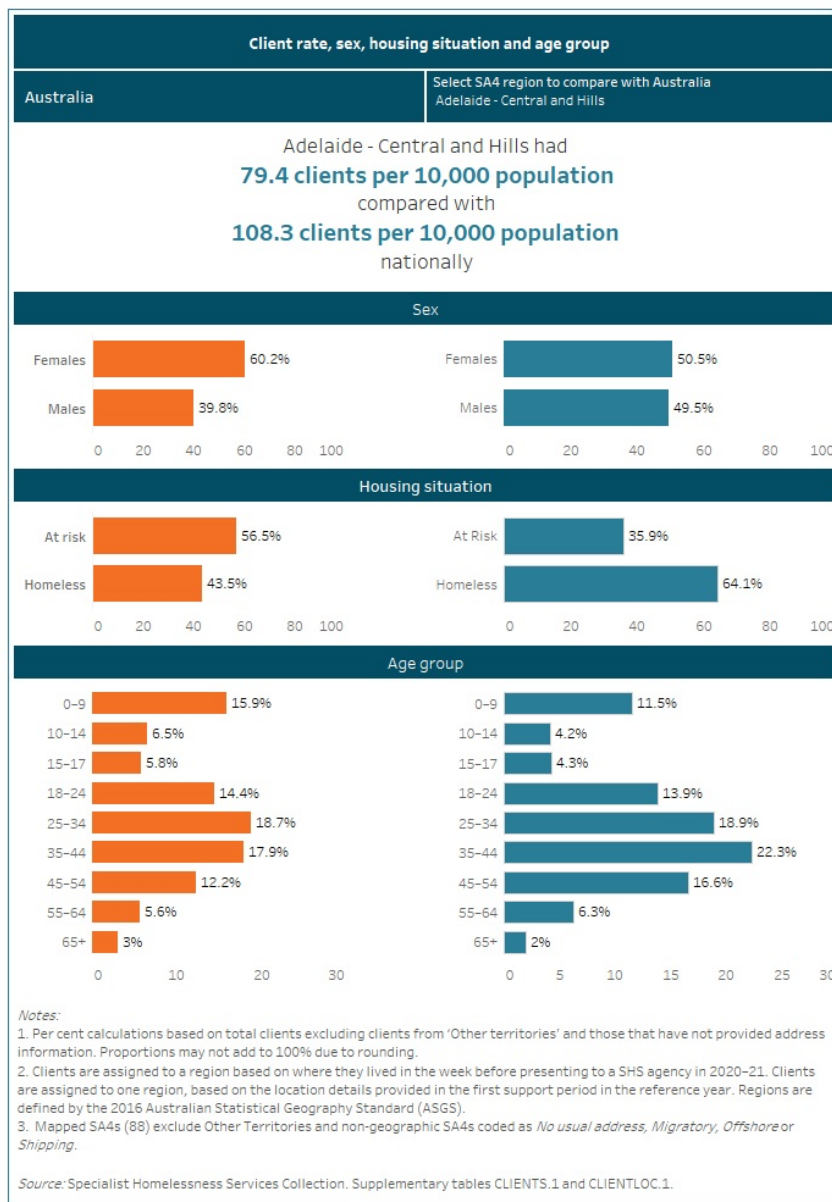
### Geographic profile of SHS clients

In 2020-21, SHS agencies assisted nearly 278,300 clients across Australia. The rate of people receiving SHS services varied by region in 2020-21 (Supplementary table CLIENTLOC.1):

- The highest rate of SHS clients were in Northern Territory - Outback (621.3 clients per 10,000 population), higher than the Northern Territory and national rates (411.5 and 108.3 respectively).
- The highest number of clients was in Melbourne - West (Victoria) (13,800 clients or 158.6 per 10,000 population).

### Figure CLIENTLOC.1: Clients by age and sex, Statistical Area 4 (SA4), 2020-21

This interactive dashboard includes an interactive map of Australia that shows the number and rate per 10,000 population of clients in each of Australia's Statistical Area 4 regions in 2020-21. The dashboard includes two interactive horizontal bar graphs that further show the proportion of clients seeking services by sex and age group in the selected SA4 region, compared to the proportion of clients in Australia by sex and age group.



Of the 278,300 SHS clients in 2020-21, females made up the majority of clients; 60% or around 167,400 clients (Supplementary table CLIENTS.1). The location of male and female clients the week before presenting to a SHS agency varied (Figure CLIENTLOC.1):

- The highest proportion of female clients receiving services were in Western Australia - Wheat Belt and Sydney - Ryde; 74% and 72% respectively.
- Male clients made up the majority of clients in more urban areas of state capital cities with the highest proportion of males in Perth - Inner (56%).

The age profile of clients receiving SHS assistance varied by geography across Australia in 2020-21 (Figure CLIENTLOC.1):

- The greatest proportion of child clients (aged 0 to 9 years) occurred in Ipswich (29% of clients) in Queensland and Far West and Orana (26% of clients) in New South Wales.
- The greatest proportion of young people (aged 15 to 24 years) occurred in Sydney - North Sydney and Hornsby (38% of clients) and Sydney - Sutherland (35% of clients).
- The greatest proportion of older clients (65 years and over) occurred in South East (6.2% of clients) in Tasmania and Melbourne - North West (6.2% of clients)

## Housing situation

Among clients whose housing status was known at the beginning of their first support period in 2020-21, around 111,100 clients presented homeless and 144,500 presented at risk of homelessness to SHS agencies across Australia (Supplementary table CLIENTS.11).

The proportion of homeless and at risk clients varied by geographic region (Figure CLIENTLOC.1):

- Clients presenting at risk of homelessness to a SHS agency made up the majority (more than 50% of clients where housing situation and SA4 was known) of clients in 59 SA4 regions while clients presenting homeless made up the majority in the remaining 29 SA4s.
- The highest proportion of clients who started support experiencing homelessness was in Perth - Inner (73% or 1,200 clients) while the highest proportion of clients who started support at risk of homelessness was in Sydney - Inner South West (76% or 1,800 clients).

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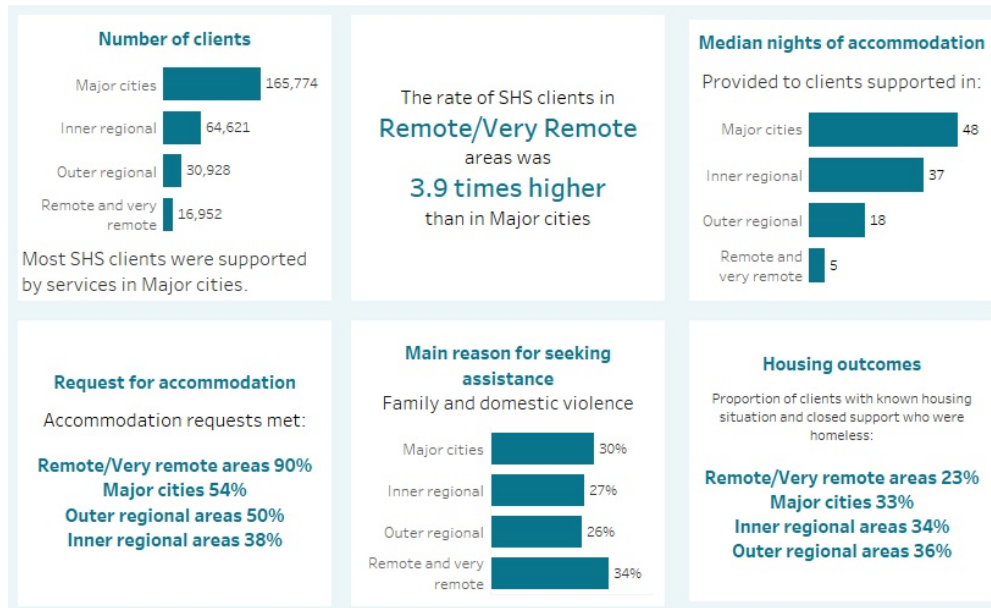


## Service geography

### On this page

- [Key findings](#)
- [Specialist homelessness services across urban and remote areas](#)
- [Services needed and provided](#)
- [Outcomes at the end of support](#)
- [References](#)

### Key findings: Clients of SHS agencies, by remoteness area, 2020-21



Access to services can become increasingly difficult the further away a client is from a major city (ABS 2018). For Specialist Homelessness Services (SHS), state and territory systems for the assessment, intake, referral and ongoing case management of SHS clients vary, ranging from agency-based to centralised management models (PC 2019). This section provides an overview of the geographical distribution of SHS support services provided across Australia, based on the location of the agency.

### Reporting service location in the Specialist Homelessness Services Collection (SHSC)

This section examines client service needs and characteristics based on the location of the SHS agency, where the service was received, that is, the profile of clients receiving support as provided by services in specific areas. Clients can access services in more than one remoteness area, however, for the purpose of the analysis, clients are assigned to one remoteness area based on the SHS agency where they first sought support in 2020-21. The 2016 Australian Statistical Geography Standard (ASGS) (ABS 2018) is used to classify agencies by remoteness area based on the location details of each agency (see [Technical information](#)).

State-wide SHS operate in some states/territories and can assist a high number of clients over the phone. Therefore, service location data may not be accurate or relevant for some clients.

In interpreting regional service trends throughout this section, 'urban areas' refer to *Major cities* and *Inner* and *Outer regional* areas and 'remote areas' refer to *Remote* and *Very remote* areas, unless otherwise stated.

### Specialist homelessness services across urban and remote areas

In 2020-21, clients receiving assistance from SHS agencies in urban and remote areas had different characteristics:

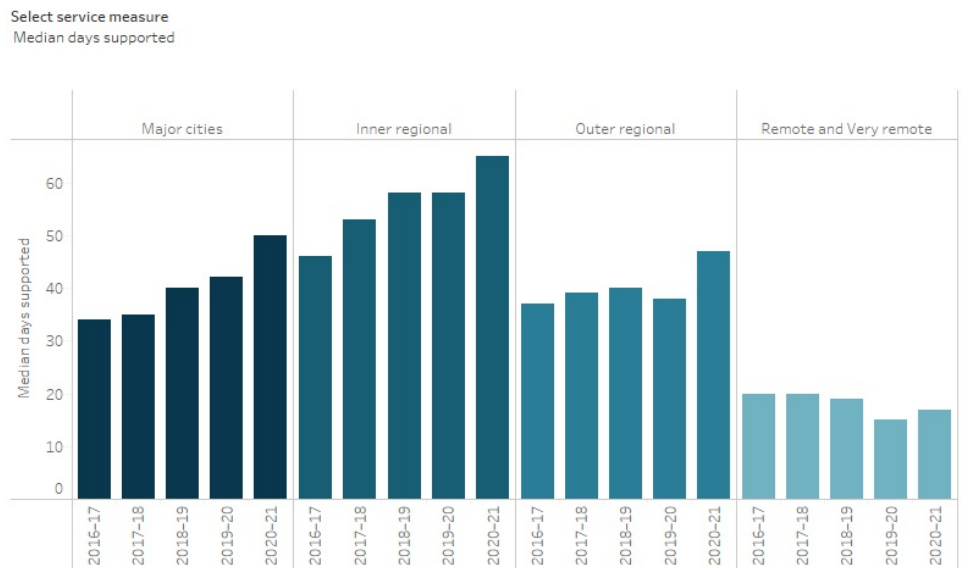
- The proportion of clients (with known housing situation) who were homeless upon presentation was lower among the clients receiving support from services in *Remote* areas (27%) compared with *Major cities* (44%) (Supplementary table REG.5).
- The median length of accommodation received by clients of services in *Major cities* was 48 nights, compared with 5 nights in *Remote* areas (Supplementary table REG.6).
- More than 9 in 10 clients (92%) receiving services in *Remote* and *Very remote* areas identified as Aboriginal or Torres Strait Islander and 1 in 5 (20%) were 0-9 years of age (Supplementary tables INDIGENOUS.5 and REG.2).
- Almost 9 in 10 (86%) SHS clients born overseas received support from SHS agencies located in *Major cities* (Supplementary table CLIENTS.6).



- Of those clients with a current mental health issue (around 88,200 clients), almost 2 in 3 (65%) received support from SHS agencies in *Major cities* and around 1 in 4 (26%) in *Inner regional* areas (Supplementary table CLIENTS.42).
- The most common main reasons clients sought assistance in the various remoteness areas (Supplementary table REG.1) were:
  - *Major cities*: family and domestic violence (30%), followed by housing crisis (18%).
  - *Inner and Outer regional areas*: family and domestic violence (27% and 26% respectively) and housing crisis (20% and 19% respectively).
  - *Remote and Very remote areas*: family and domestic violence (34%) and inadequate or inappropriate dwelling conditions (9.3%).

**Figure REG.1: Service use patterns for SHS clients by remoteness area, 2016-17 to 2020-21**

This interactive horizontal bar graph shows services needed by provision status and by remoteness area. Long term housing was the most needed service in major cities and inner regional areas and the least provided. Short term or emergency accommodation was the most commonly provided across remoteness areas.



Note:  
1. Data for 2016-17 has been adjusted for non-response. Due to improvements in the rates of agency participation and SLK validity, 2017-18 data are not weighted. The removal of weighting does not constitute a break in time series and weighted data are comparable with unweighted data.

Source: Specialist Homelessness Services Collection. Supplementary table REG.6.

Some key geographically based service trends between 2016-17 and 2020-21 (Figure REG.2) include:

- Taking into account population differences, agencies in *Remote* areas consistently had the highest rate of SHS clients. The rate of SHS clients receiving services located in *Remote/Very Remote areas* was 3.9 times higher than in *Major cities* in 2020-21, up from 2.7 times in 2016-17.
- Over the period, SHS support in *Major cities* provided accommodation to 3 in 5 clients each year (61%). This was higher than the proportion of clients provided with accommodation in *Remote/Very remote areas* (around 5%).

### Services needed and provided

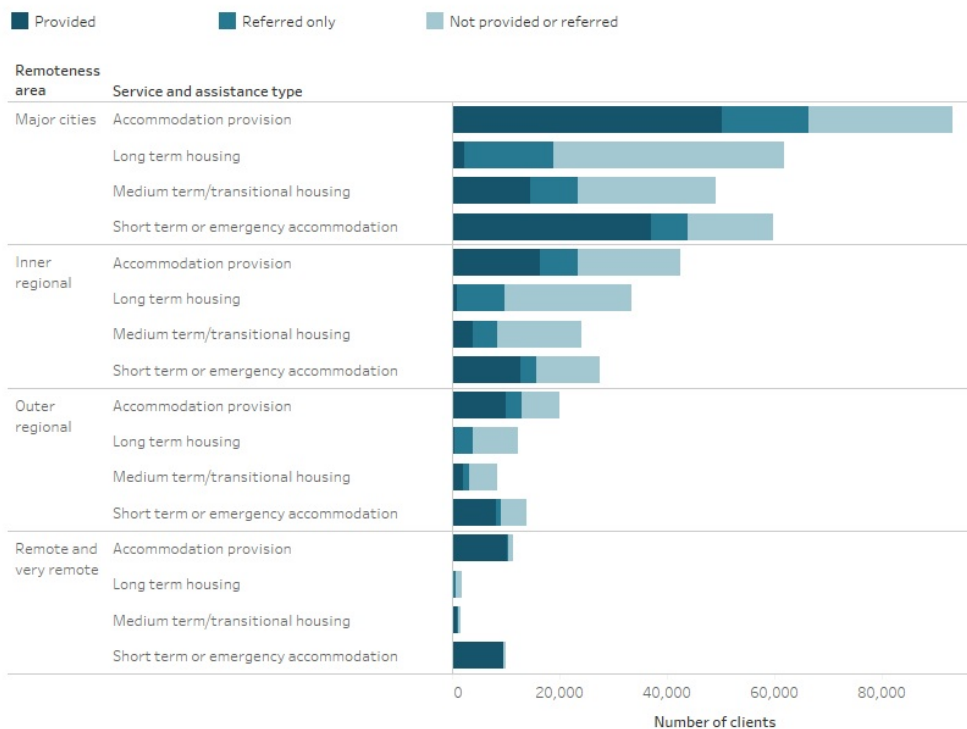
In 2020-21 (Figure REG.2, Supplementary table REG.4):

- The need for short-term or emergency accommodation was highest for clients of SHS agencies in more remote areas: *Major cities* 36%, *Inner regional* areas 43%, *Outer regional* areas 45%, and *Remote and very remote* areas 59%.
- Around half of clients of *Inner regional* services (52%) needed long-term housing compared with 37% in *Major cities*.
- Nine in 10 (90%) requests for accommodation were met by services in *Remote and very remote* areas, while clients of services in *Major cities* and *Inner regional* areas were less likely to receive accommodation (54% and 38% provided, respectively).
  - Referral rates for accommodation provision were lowest in *Remote and very remote* areas (3.0%) compared with all other remoteness areas (*Outer regional* 14%; *Inner regional* 17%; *Major cities* 17%).
  - Clients in *Remote and very remote* areas were more likely to receive short-term or emergency accommodation (94%) than those in *Major cities* (62%) and *Inner regional* (46%) areas.
  - Need for mental health services was higher among clients of services in *Major cities* (10%) and *Inner regional* areas (8.0%) than those in *Outer regional* areas (6.2%) and *Remote and very remote* areas (3.4%).

**Figure REG.2: Clients by services needed, by provision status, by remoteness area, 2020-21**

This interactive horizontal bar graph shows services needed by provision status and by remoteness area. Long term housing was the most needed service in major cities and inner regional areas and the least provided. Short term or emergency accommodation was the most commonly provided across remoteness areas.

Select service group type:  
Accommodation provision



Notes:  
1. Group is a count of unique clients within all categories in the service and assistance group. A client may request multiple services and assistance types; therefore the sum of the categories is not equal to the group total.  
2. Excludes General services. See source table for more information.

Source: Specialist Homelessness Services Collection. Supplementary table REG.4.

## Outcomes at the end of support

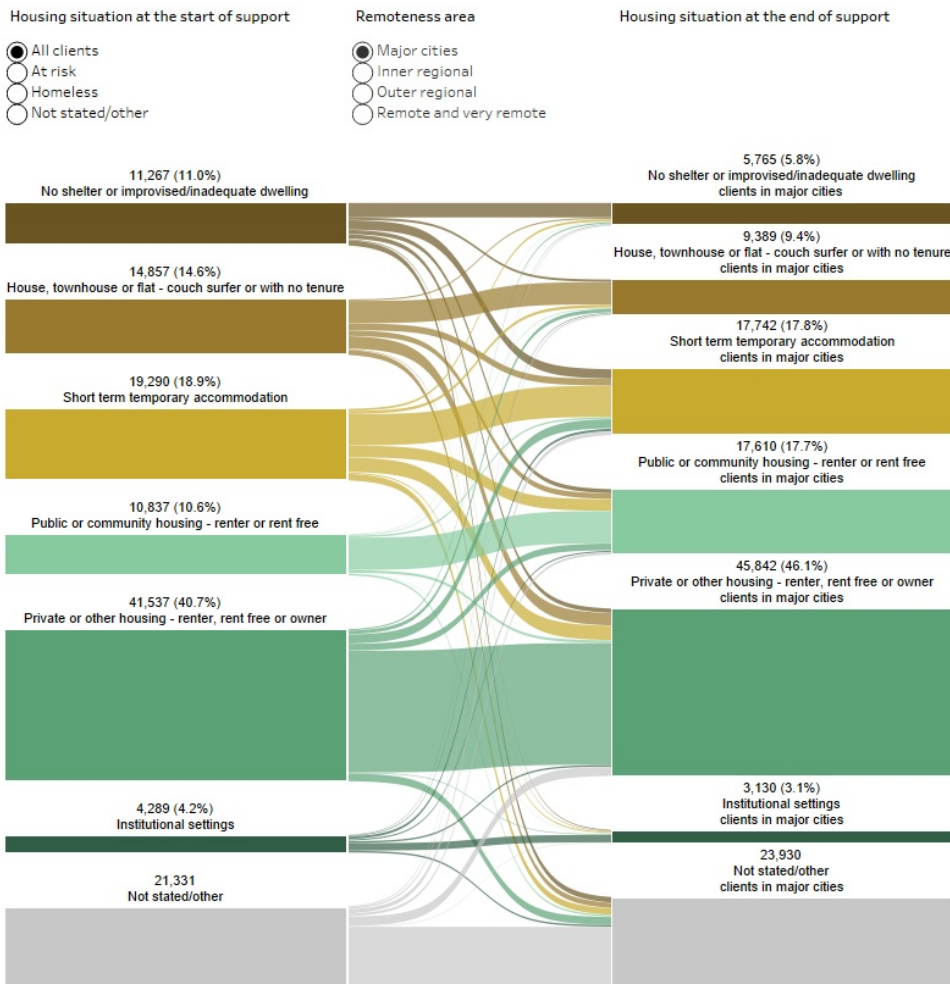
Outcomes presented here describe the change in clients' housing situation between the start and end of support during 2020-21. Data are limited to clients who ceased receiving support during the financial year - meaning that their support periods had closed and they did not have ongoing support at the end of the year.

Many clients had long periods of support or even multiple support periods during 2020-21. They may have had a number of changes in their housing situation over the course of their support. These changes within the year are not reflected in the data presented here, rather the client situation at the start of their first support period in 2020-21 is compared with the end of their last support period in 2020-21. A proportion of these clients may have sought assistance prior to 2020-21, and may again in the future.

- Clients of *Major cities* services (46%) were the most likely to be housed in private or other housing at the end of support.
- Clients of *Inner regional* areas were most likely to improve their housing situation following SHS assistance with 66% housed at the end of support, 13 percentage points higher from the beginning of support.
- Clients accessing services in *Outer regional* areas were the least likely to end support in housing (including institutions) (64%), noting that this group also had a similar proportion presenting to SHS experiencing homelessness (45%) as clients in *Major cities* (44%) and *Inner regional* areas (47%).
- Clients accessing agencies in *Remote and very remote* areas were more likely to report living in public or community housing (63%) at the beginning of their support. The majority of clients (77%) were in housing at the end of support.

**Figure REG.3: Clients with closed support, by remoteness area, by housing situation at the beginning and end of support, 2020-21**

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short term accommodation, public/community housing, private housing and institutional settings) of clients with closed support periods at first presentation and at the end of support, by remoteness area. The diagram shows clients' housing situation journey from start to end of support. Most clients started and ended support in private or other housing.



Note:  
 1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).  
 Source: Specialist Homelessness Services Collection. Supplementary table REG.5.

In 2020–21, 123,400 clients in major cities had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 56,600 clients) (Supplementary table REG.5):

- Around 33,600 clients maintained private housing at the end of support.
- Around 8,900 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just over 45,500 clients):

- Around 13,100 clients ended support in short term accommodation.
- Around 670 ended support in private housing.
- Around 7,600 clients were couch surfing at the end of support.

## References

ABS (Australian Bureau of Statistics) 2018. Australian Statistical Geography Standard (ASGS): Volume 5—Remoteness structure, July 2016. ABS cat. no. 1270.0.55.005. Canberra: ABS.

PC (Productivity Commission) 2019. Report of Government Services 2019: Part G, Section 19: Homelessness Services. Canberra: PC.

# Unmet demand for specialist homelessness services

## On this page

- [Overview](#)
- [Unassisted requests for services](#)
- [Clients' unmet need for services](#)
- [References](#)

Specialist homelessness services (SHS) in Australia supported, on average, an estimated 69,500 people each day in 2020-21. However, there were also people who approached agencies who were unable to be offered any assistance (unassisted requests for service) or who did not receive all the services that they required (client's unmet need for services).

It is important to note that these figures reflect people who approach SHS agencies for support and do not measure the population level unmet demand for support. Results from the 2014 General Social Survey suggest that of those who had experienced homelessness in the last 10 years, approximately 67% did not seek assistance (ABS 2014).

For those that do approach a SHS agency, there may be a range of reasons an agency cannot provide assistance. For example, the person may be seeking a specialised service not offered by that particular agency, the agency may not have the capacity to provide assistance at that time or the person may not be in the target group for the agency. An Australian Council of Social Service survey found that, in 2019, 76% of staff in housing and homelessness services reported an increase in the number of clients they were unable to support and 36% reported rarely or never being able to meet demand (ACOSS 2019).

## Unassisted requests for services

### Key findings - Unassisted requests for services

- In 2020-21, on average, there were more than 300 unassisted requests per day (UNASSISTED.1); a total of around 114,000 unassisted requests for 2020-21 (UNASSISTED.2), which was around 18,700 more than in 2019-20 (95,300).
- Almost two thirds (61%) unassisted requests involved short-term or emergency accommodation and a quarter (25%) unassisted requests involved other housing or accommodation (UNASSISTED.6).
- Most commonly, agencies were unable to offer requests for accommodation because there was no accommodation available at the time.
- The majority of unassisted requests were for females (67%). This is unchanged from 2019-20 (UNASSISTED.2)

### Identifying unassisted requests for services in the Specialist Homelessness Services Collection (SHSC)

Unassisted requests for services are instances where a person requests assistance from a SHS agency and receives no assistance at the time of request. The information required by the SHSC is limited as it is not always appropriate for an agency to collect the same detailed information as they would if the person was to become a client.

Importantly, for some central intake models, the role of intake agencies is to identify and link clients to an agency well suited to the individual client's needs. This may decrease the number of unassisted requests for services for jurisdictions operating central intake services.

See [Technical information](#) for more information on measuring unassisted requests in the SHSC.

## Unassisted requests for services 2020-21

Across Australia, there were around 114,000 unassisted requests in 2020-21.

- On average, there were more than 300 unassisted requests per day (Supplementary table UNASSISTED.1).
- Over two thirds (67%) daily unassisted requests were made by females and 33% by males (Supplementary table UNASSISTED.2). Among females, around 23% unassisted requests were from females aged 25-34 whereas for males the most common age group was 0-9 (25% males).
- The majority (88%) of unassisted requests from single adults with children were from females (Supplementary table UNASSISTED.7).

## Unassisted requests for services, trends over time

Some key trends in unassisted requests since 2016-17 include:

- The number of unassisted requests increased between 2019-20 and 2020-21 from 95,250 to 114,000 requests (Historical data table HIST.UNASSISTED). The increase in unassisted requests was primarily due to increases in Victoria and Western Australia. For further details, see the [data quality information](#) and [Technical notes](#).
- The proportion of unassisted requests from persons living alone has decreased from 60% in 2016-17 to 57% in 2020-21 while the proportion of unassisted requests from single parents has remained at 35% between 2016-17 and 2020-21.

Analysis of how often a person requested assistance and how many later became SHS clients can only be examined and understood where the statistical linkage key (SLK) was complete and valid (around 52% of all unassisted requests). Of the valid data, in 2020-21 on average each unassisted person approached an agency 1.7 times (Historical data table HIST.UNASSISTED).

In 2020-21, 47% of people with a valid SLK later went on to become clients and received services during the year, similar to 2019-20 (48%). The future service use experience for the remaining 53% were unknown; they may have received assistance from a non-SHS service, used their own support networks or continued to experience unstable housing or homelessness. Alternatively, these people may go on to become clients in future years.

## Services requested

In 2020-21:

- The majority (61%) of daily unassisted requests involved short-term or emergency accommodation (Supplementary table UNASSISTED.4).
  - Females were more likely than males to have unassisted requests for short-term or emergency accommodation - on average there were approximately 117 unassisted requests from females for short-term or emergency accommodation per day compared with 58 for males.
  - A quarter (25%) of daily unassisted requests involved housing or accommodation other than short-term or emergency accommodation, with more unassisted requests from females than males (approximately 45 and 27 respectively).
- Unassisted requests on average most commonly came from people presenting alone (208 instances per day) or single people with children (nearly 65 instances) (Supplementary table UNASSISTED.5).
- When a reason was recorded, most commonly agencies could not meet requests for any accommodation because there was no accommodation available at the time of the request (Supplementary table UNASSISTED.6).

## Clients' unmet need for services

### Key findings - Clients' unmet need for services

- Around 166,900 SHS clients (60%) identified a need for accommodation services in 2020-21 and this service was provided to more than half of these clients (around 86,600 clients or 52%) (CLIENTS.23).
- The ability of agencies to provide certain specialist services was similar to the previous year. For example, in 2020-21, around 35% mental health service requests were neither provided nor referred (CLIENTS.23), remaining steady from 2019-20 (35%).

Clients receiving support from SHS agencies often need a wide range of services. Some needs arise more than once in a support period and this makes it difficult to assess the extent to which the need has been met from the available data.

### Reporting unmet need for services in the Specialist Homelessness Services Collection (SHSC)

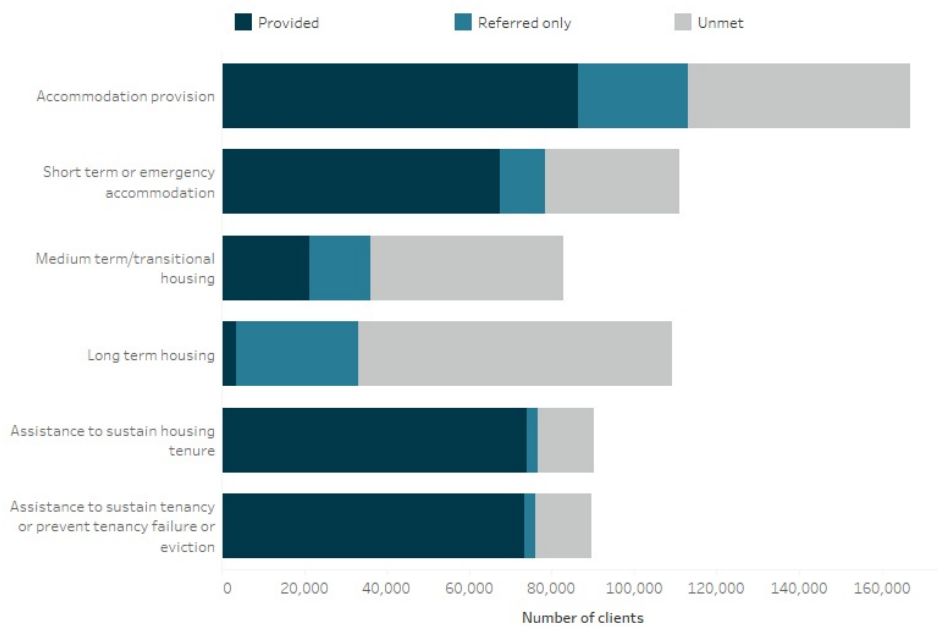
Unmet need is recorded when an SHS client has some, but not all, their identified needs for services met. Agencies can also refer clients to another service for assistance.

## Unmet need for accommodation and housing assistance services

More than half (60%) of all clients needed at least one type of accommodation service (Figure UNASSISTED.1 and Supplementary table CLIENTS.23):

- Nearly 40% (or 111,100 clients) needed short-term or emergency accommodation; nearly 67,400 (61%) of those requesting this service were provided with assistance.
- Around 109,200 clients (39%) identified a need for long-term housing; about 3.4% (nearly 3,700 clients) of these clients were provided with this type of support.
- The number of clients requesting either short-term or emergency accommodation or long-term housing were similar; however, the difference in the proportion of clients receiving these types of accommodation highlights the substantial unmet need for long-term housing encountered by SHS clients (70% or nearly 76,200 clients with unmet need for long-term housing).

Figure UNASSISTED.1: Clients with unmet need for accommodation and housing assistance services, 2020-21



**Notes:**

1. A client may request multiple services and assistance types, therefore the sum of the categories is not equal to the group total.
2. 'Unmet' indicates a services was neither provided nor was the client referred to another agency for that service type.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.23.

### Unmet need for general and specialised services

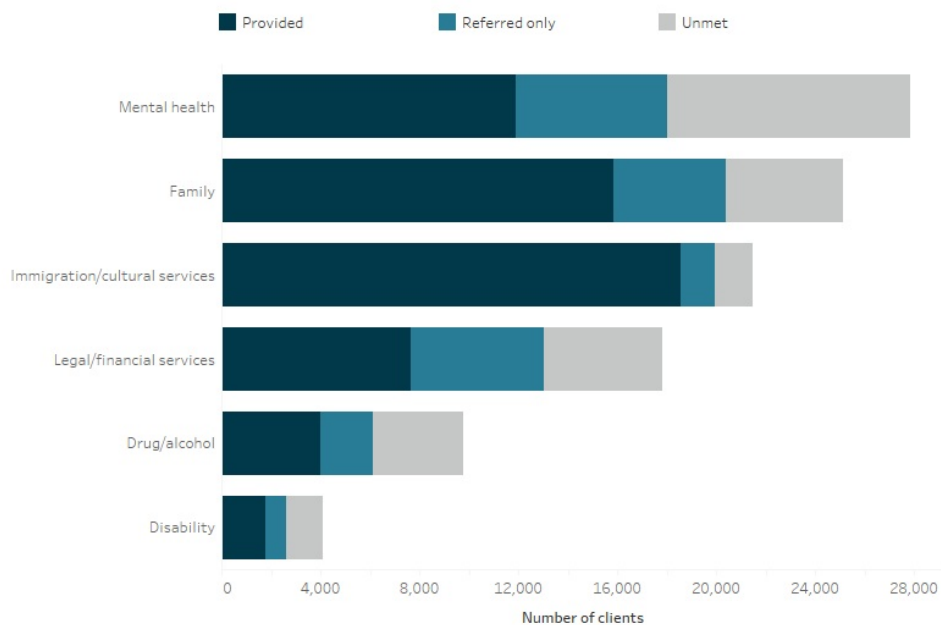
Agencies were able to meet the general needs of most clients. For example, of the over 217,600 clients who needed advice/information, 98% were provided assistance, and of the more than 154,200 clients requesting advocacy/liaison, 96% were provided with assistance (Supplementary table CLIENTS.23).

Other types of client needs were less commonly met. For example, among those SHS clients who required professional legal services (3.0% or more than 8,200 clients), the level of unmet need was substantial, around 26% at the end of support. This may be because of the specialist skills required to provide legal services and the limited availability of these skills within the SHS agencies and other referral services offered to clients.

The level of unmet need for broad groups of specialised services can be determined (Figure UNASSISTED.2 and Supplementary table CLIENTS.23):

- Mental health services, including psychological, psychiatric and mental health services, were one of the most common specialised services needed by clients; however, these needs were frequently unmet with 35% neither provided nor referred these services.
- Many of those identifying a need for disability services (36%) or drug and alcohol services (37%) did not have their needs met.
- Immigration and cultural services, needed by 7.7% of SHS clients (nearly 21,500 people), were provided for most requiring them (86%).

**Figure UNASSISTED.2: Clients with unmet needs for specialised services (grouped), 2020-21**



**Notes:**

1. A client may request multiple services and assistance types, therefore the sum of the categories is not equal to the total clients.
2. 'Unmet' indicates a services was neither provided nor was the client referred to another agency for that service type.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.23.

## References

ABS (Australian Bureau of Statistics) 2014. General Social Survey: Summary Results, Australia, 2014. ABS Cat. no. 4159.0. Canberra: ABS.

ACOSS (Australian Council of Social Service) 2019. Demand for Community Services Snapshot December 2019. Sydney: ACOSS.

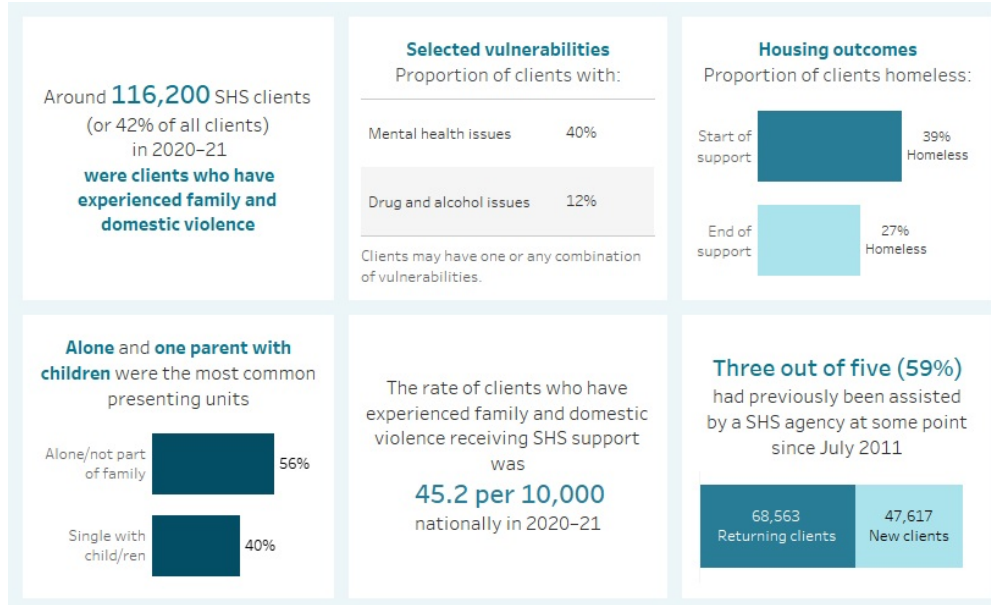


## Clients who have experienced family and domestic violence

### On this page

- [Key findings](#)
- [Client characteristics](#)
- [Service use patterns](#)
- [Main reasons for seeking assistance](#)
- [Housing situation and outcomes](#)
- [References](#)

### Key findings: Clients who have experienced family and domestic violence, 2020-21



Family and domestic violence affects people of all ages and from all backgrounds, but it predominantly affects women and children (AIHW 2019). In Australia, 1 in 6 women (17% or 1.6 million) and 1 in 16 men (6% or 548,000) have experienced physical or sexual violence from a current or previous cohabiting partner since the age of 15 (ABS 2017). Approximately 2.5 million Australian adults (13%) experienced abuse during their childhood; the majority knew the perpetrator and experienced multiple incidents of abuse (ABS 2017).

Family and domestic violence is the main reason women and children leave their homes in Australia (AHURI 2021), with those who have experienced family and domestic violence making up 42% of Specialist Homelessness Services (SHS) clients in 2020-21. Since 2011-12, the number of SHS clients who have experienced family and domestic violence increased by an annual average of 4.2% (Historical data table HIST.FDV).

In March 2021, the Parliamentary inquiry into family, domestic and sexual violence found that victims-survivors of violence often bear the costs for leaving the relationship, the family home and their community (HRSCSPLA 2021). The inquiry recommended federal, state and territory governments consider funding for emergency accommodation for people who use violence (perpetrators) to prevent victim-survivors being forced to flee their homes or continue residing in a violent home (HRSCSPLA 2021).

In February 2019, the Australian Government announced \$78.4 million for the Safe Places package to provide safe places for people impacted by family and domestic violence. Safe Places was designed to provide new or expanded emergency and crisis accommodation for women and children experiencing family and domestic violence. The program aimed to build up to 450 safe places and assist up to 6,500 people escaping family and domestic violence each year (DSS 2020). On 28 September 2020, it was announced that Safe Places would receive additional funding for 40 projects, as well as another \$12.6 million on 11 May 2021 as part of the 2021-22 Budget (Ruston & Sukkar 2021).

SHS agencies provide a crisis response service for people who have to leave their home due to violence, yet data suggests that the pathway into stable, secure, long-term housing is challenging (Flanagan et al. 2019). Women and children affected by family and domestic violence are a national priority cohort in the National Housing and Homelessness Agreement, which came into effect on 1 July 2018 (CFFR 2019) (see [Policy section](#) for more information).



In the SHSC, a client is reported as experiencing family and domestic violence if in any support period during the reporting period the client sought assistance as a result of physical or emotional abuse inflicted on the client by a family member or if as part of any support period a person required family or domestic violence assistance.

The SHSC had information on clients experiencing family and domestic violence of any age. Changes made to the SHSC separates victim and/or perpetrators support services provided to clients. However, for 2020-21, separation of the victim and perpetrator service information is not provided due to data quality concerns that are common in the first reporting period after implementation. For more information, see [Technical information](#).

#### **Data quality statement note:**

From 2017-18 to 2018-19, there was a three per cent decrease in the total number of Victorian homelessness clients and a 10 per cent decrease in family violence clients following years of steady increases in these numbers. The decrease was primarily due to a practice correction in how some family violence agencies were recording clients. In addition, during 2018-19, a phased process to shift family violence intake to non-SHS services began, which may result in an overall decrease in the number of SHS family violence clients over the coming years. Caution should be used when comparing Victorian client numbers over recent years. For more information, see [2019-20 SHS Data Quality Statement](#) and [2020-21 SHS Data Quality Statement](#).

In 2020-21 (Supplementary table FDV.1):

- SHS agencies assisted around 116,200 clients (of any age) who experienced family and domestic violence, equating to 42% of all SHS clients.
- There was a decrease in the number of SHS clients who had experienced family and domestic violence (around 3,000 SHS clients) compared with 2019-20.

The rate of SHS clients who experienced family and domestic violence was 45.2 per 10,000 population, a decrease from 47.4 in 2016-17.

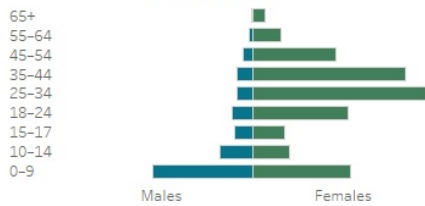
#### **Client characteristics**

##### **Figure FDV.1: Key demographics, SHS clients who have experienced family and domestic violence, 2020-21**

This interactive image describes the characteristics of around 116,200 clients who have experienced family and domestic violence and received SHS support in 2020-21. Most clients were female, aged 25-44 years. More than a quarter were Indigenous. Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Most were at risk of homelessness at the start of support. Most were in major cities.

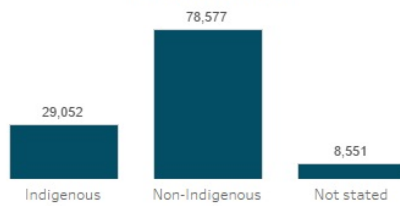
In 2020–21, around **116,200** clients who have experienced family and domestic violence received support from specialist homelessness services.

### Age and sex



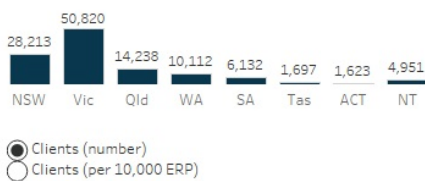
A total of 88,907 females (77%) and 27,273 males (23%) received support from SHS agencies.

### Indigenous status



Just over a quarter (27%) of clients identified as Indigenous.

### States and territories



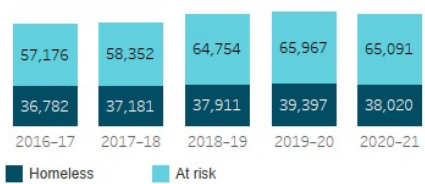
SHS agencies based in Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients.

### New or returning clients



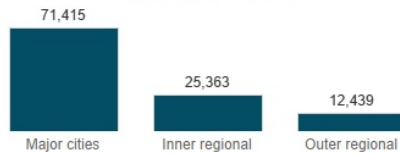
Three out of five (59%) clients had previously been assisted by a SHS agency at some point since July 2011.

### Proportion experiencing homelessness



In 2020–21, 65,091 (63%) of clients were at risk of homelessness at the start of support.

### Remoteness area



The majority of clients who have experienced family and domestic violence (62%) were in major cities.

## Presenting unit and Living arrangements

Children experiencing family and domestic violence may seek SHS support with their family, or independently if fleeing the home. For children in particular, SHS support is critical to reduce the likelihood of a long term experience/risk of homelessness (Kaleveld et al. 2018).

In 2020–21, clients who experienced family or domestic violence most commonly presented to a specialist homelessness agency for support alone (56% or almost 65,500 clients), or as a single parent with child/ren (40% or almost 46,800 clients) (Supplementary table CLIENTS.40).

In 2020–21, of the 116,200 clients who experienced family and domestic violence and stated their living arrangement at the beginning of SHS support (Supplementary table CLIENTS.41):

- nearly half (46% or almost 47,300 clients) were living as a single parent with one or more children
- approximately 20% (or around 20,800 clients) were living alone
- approximately 13,300 people (13%) were living with other family, which can mean a person with or without children living (in a couch surfing arrangement) with others.

## New or returning clients

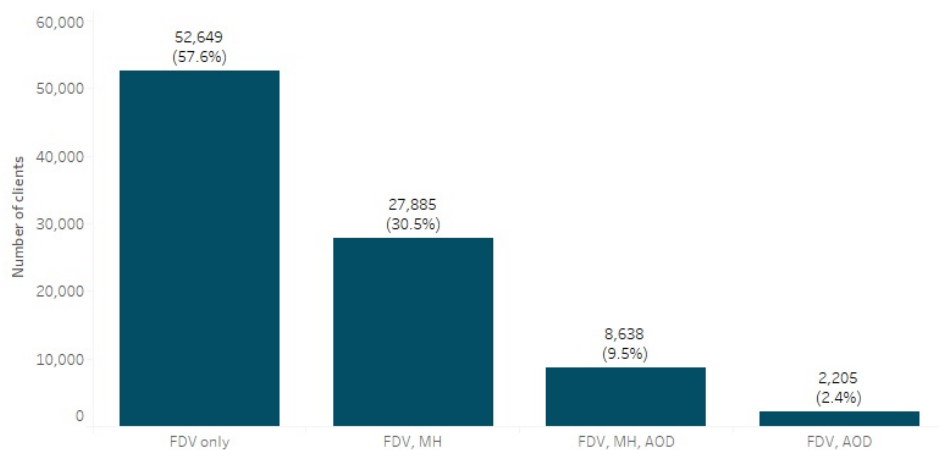
In 2020–21 (Supplementary table CLIENTS.38):

- Of the 116,200 SHS clients who experienced family and domestic violence, 41% were new SHS clients and 59% were returning clients who had previously been assisted by a SHS agency at some point since the collection began in July 2011. This does not necessarily mean that previously assisted SHS clients were experiencing family and domestic violence when they were previously supported.
- Of the new clients, 42% (20,200 clients) were aged under 18, 52% were aged 18–54, and 5.8% were aged 55 and over. By contrast, of the returning clients, fewer (19,400 clients or 28%) were under 18.

## Selected vulnerabilities

People who experience family and domestic violence may experience other vulnerabilities in addition to experiencing homelessness, such as a current mental health issue and/or problematic drug and/or alcohol use.

**Figure FDV.2: Clients who have experienced family and domestic violence, by selected vulnerabilities, 2020-21**



Key - FDV: Family and domestic violence; MH, current mental health issue; AOD: Problematic drug or alcohol use.

**Notes:**

1. Clients are assigned to one category only based on their vulnerability profile.
2. Totals may not sum due to rounding.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.43.

In 2020-21, of the around 91,400 clients, 8,638 had both of the additional selected vulnerabilities.

- One in ten (12%) clients reported experiencing problematic drug or alcohol use.
- Two in five (40%) clients had a current mental health issue.

## Service use patterns

In 2020-21, SHS clients who had experienced family and domestic violence received a median of 60 days of support, up from 39 days in 2016-17, an average of 2.0 support periods per client, and a median of 32 nights of accommodation (Supplementary table CLIENTS.44).

## Main reasons for seeking assistance

In 2020-21, of those SHS clients who experienced family and domestic violence:

- Approximately 69% identified family and domestic violence as the main reason for accessing SHS services, while a further 8.2% identified housing crisis (Supplementary table FDV.4).
- For clients presenting at risk of homelessness, the most common main reasons for seeking assistance were (Supplementary table FDV.5):
  - family and domestic violence (76%)
  - housing crisis (5.7%)
  - financial difficulties or relationship/family breakdowns (both 3.1%).
- For clients presenting as homeless, the most common main reasons for seeking assistance were:
  - family and domestic violence (50%)
  - housing crisis (14%)
  - inadequate or inappropriate dwelling conditions (11%).

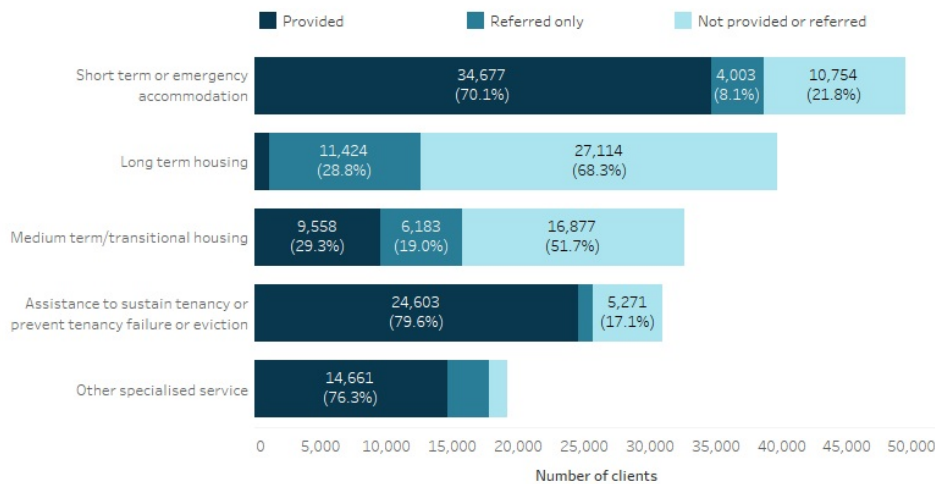
## Services needed and provided

In 2020-21, nearly 83,000 (71%) SHS clients who experienced family and domestic violence needed specific assistance for this reason, including therapeutic discussion or group sessions, counselling and specialised support services.

**Figure FDV.3: Clients who experienced family or domestic violence, by services needed and provided, 2020-21**

This interactive stacked horizontal bar graph shows the services needed by clients who have experienced family and domestic violence and their provision status. Short term accommodation was the most needed and most provided service. Long term housing was the least provided by need.

Select assistance category  
All



Notes:

- 1. Excludes 'General services'
  - 2. 'Short-term accommodation' includes temporary and emergency accommodation.
- Source: Specialist Homelessness Services Collection, Supplementary table FDV.2.

In 2020-21, clients who experienced family and domestic violence needed:

- short-term or emergency accommodation (43% or around 49,400), with 70% of those needing this service receiving this service.
- assistance for family/domestic violence (71% or around 83,000 clients), with 90% receiving this service.
- material aid/brokerage (39% or around 45,400 clients), with 88% receiving this service.
- long-term housing (34% or around 39,700 clients), with 2.9% receiving this service.

### Housing situation and outcomes

Outcomes presented here describe the change in clients' housing situation between the start and end of support. Data is limited to clients who ceased receiving support during the financial year - meaning that their support periods had closed and they did not have ongoing support at the end of the 2020-21 reporting period.

Many clients had long periods of support or even multiple support periods during 2020-21. They may have had a number of changes in their housing situation over the course of their support. These changes within the year are not reflected in the data presented here, rather the client situation at the start of their first support period in 2020-21 is compared with the end of their last support period in 2020-21. A proportion of these clients may have sought assistance prior to 2020-21, and may again in the future.

By the end of support, many clients have achieved or progressed towards a more positive housing solution. That is, the number and/or proportion of clients ending support in public or community housing (renter or rent-free) or private or other housing (renter or rent-free) had increased compared with the start of support.

For clients who experienced family and domestic violence in 2020-21, around 24,600 clients (39%) were experiencing homelessness at the start of support; 12,400 (19%) were in short term temporary accommodation. By the end of support, 73% of clients were housed (Figure FDV.4).

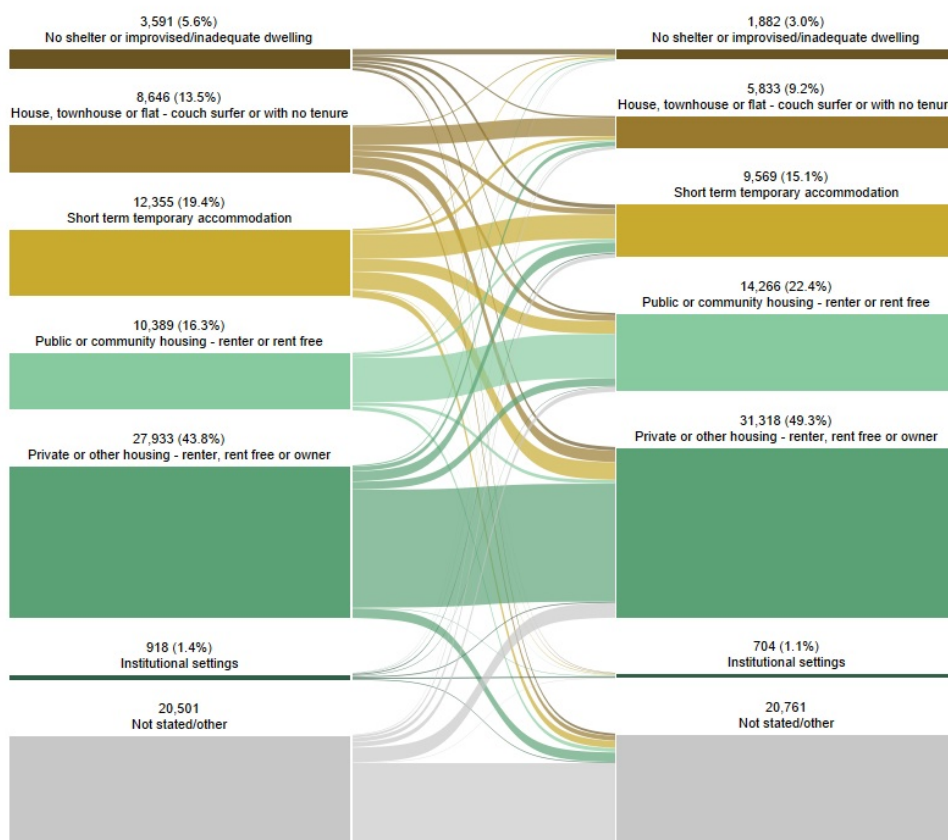
### Figure FDV.4: Housing situation for clients who have experienced family and domestic violence with closed support, 2020-21

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short term accommodation, public/community housing, private housing and institutional settings) of clients who have experienced family and domestic violence with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most clients started and ended support in private or other housing.

Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:  
 1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).  
 Source: Specialist Homelessness Services Collection. Supplementary table FDV.3.

In 2020–21, 84,300 clients who have experienced family and domestic violence had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 39,200 clients) (Supplementary table FDV.3):

- Around 21,800 clients maintained private housing at the end of support.
- Around 8,100 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 24,600 clients):

- Around 6,300 clients ended support in short term accommodation.
- Around 6,000 ended support in private housing.
- Around 4,300 clients were couch surfing at the end of support.

Clients accessing SHS agencies who have experienced family and domestic violence have some notable differences from other client groups. Compared with other client groups, more clients who experienced family and domestic violence were in private housing at the start and end of SHS support. Perhaps driven by their greater likelihood of presenting while housed, their service use patterns were considerably less than other client groups and they were less likely to need accommodation overall. Short-term accommodation was their greatest housing need which is in contrast to other groups which often needed long-term housing the most. This client group was more likely to be new, rather than returning clients, and more likely to experience only one selected vulnerability (family and domestic violence).

It is important to note that this analysis is based on the almost 116,200 clients of SHS agencies in 2020-21. While there are various support services available, many people do not seek advice or support after incidents of family or domestic violence. For example, data from the 2016 ABS Personal Safety Survey shows that for those who experienced physical and/or sexual violence from a current cohabiting partner, 1 in 2 women and 7 in 10 men never sought advice or support (ABS 2017). It is possible more were not able to engage with services during the reporting period due to living with their abuser during a lockdown as a result of COVID-19 outbreaks (Boxall et al. 2020).

People fleeing violence often require safe, affordable, independent housing in which to live in the long term and yet, some are unable to secure it (Flanagan et al. 2019). In the absence of an appropriate housing solution, some people may consider returning to a violent relationship (Flanagan et al. 2019). While the availability of long-term housing is a key challenge for SHS clients overall, it is particularly so for this large client group.

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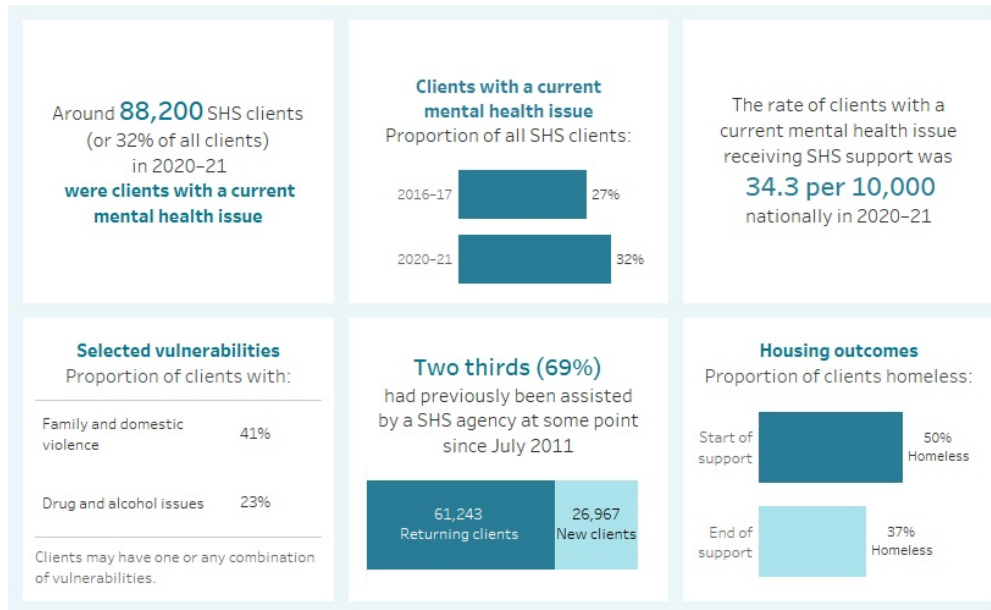


## Clients with a current mental health issue

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### Key findings: Clients with a current mental health issue, 2020-21



Mental health is a fundamental and integral component of the health of individuals, their families, and the population (ABS 2018, AIHW 2020, Schulz & Sherwood 2008, WHO 2018, WHO 2019). Mental health is “a state of well-being in which an individual realises his or her own abilities, can cope with normal stresses of life, can work productively and is able to make a contribution to his or her community” (WHO 2018). Conversely, a mental illness may be defined as a “clinically diagnosable disorder that significantly interferes with a person’s cognitive, emotional or social abilities” (COAG Health Council 2017). The term ‘mental health issues’ captures the entire range of mental health problems and as such, clients with a current mental health issue are a diverse group, as the severity of symptoms differ between individuals.

Mental health issues are common in Australia. In any year, around 1 in 5 Australians aged 16-85 experience a mental health disorder. However, the rate of mental health issues is substantially higher among people with a history of homelessness (54%) compared to the general population (19%) (AIHW 2021a).

People with mental health issues are particularly vulnerable to experiencing homelessness (Brackertz et al. 2020). Environmental stress associated with experiences of housing instability or homelessness can trigger, exacerbate or magnify mental health issues (Brackertz et al. 2018, CHP 2018, Johnson & Chamberlain 2016, Kaleveld et al. 2018, Walter et al. 2016). Symptoms of mental illnesses that increase psychological distress and impair decision-making in daily life can contribute to worse health outcomes, reduced support and experiences of financial hardship. In this way, people with mental health issues are especially susceptible to entering or maintaining homelessness (Johnstone et al. 2016, Brackertz et al. 2020, Fazel et al. 2014).

People experiencing homelessness with mental health issues require the support of various services. Navigating through these services can be particularly challenging, and adequate support from homelessness and mental health services is crucial for these people to find and retain housing (MHCA 2009, Jones et al. 2014, Wood et al. 2016, ABS 2014).

#### Reporting clients with a mental health issue in the Specialist Homelessness Services Collection (SHSC)

Specialist Homelessness Services (SHS) clients are identified as having a current mental health issue if they are aged 10 years or older and have provided any of the following information:

- They indicated that at the beginning of support they were receiving services or assistance for their mental health issues or had in the last 12 months.

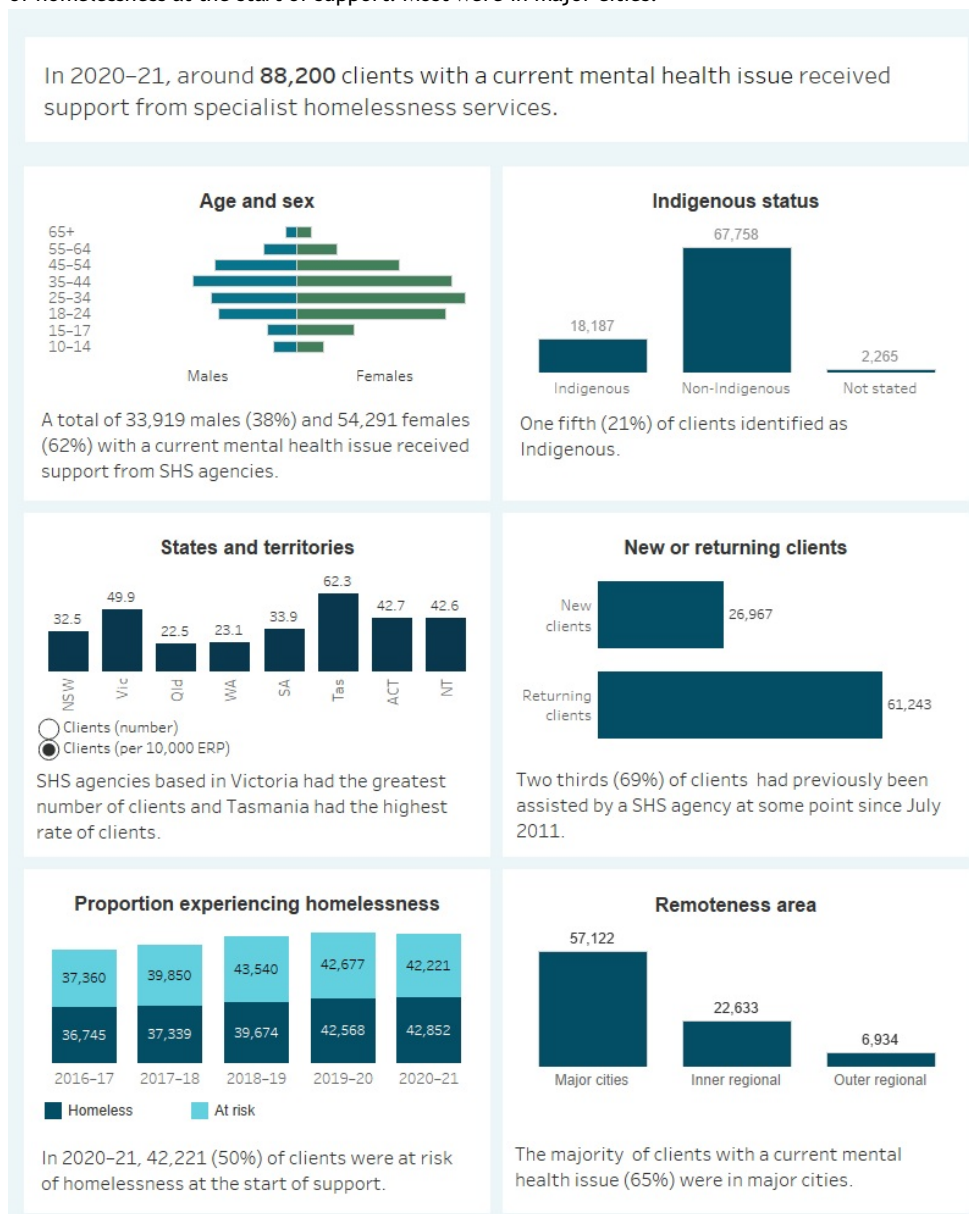
- Their formal referral source to the SHS was a mental health service.
- They reported 'mental health issues' as a reason for seeking assistance.
- Their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit.
- They had been in 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.

The coronavirus (COVID-19) pandemic has imposed significant health, lifestyle and economic challenges in Australia. Emerging evidence indicates there has been a negative impact on the mental health of the population since the start of the pandemic in 2020 (Dawel et al. 2020, Newby et al. 2020, NMHC 2020). Research suggests that various risk factors of poor mental health, including uncertainty, fear of potential exposure, job loss, financial strain and social isolation, have become more pervasive among the population (Biddle et al. 2020, Ricci-Cabello et al. 2020, Newby et al. 2020). A recent study, for instance, found that pandemic-related changes to social and working conditions were strongly associated with poorer mental health (Dawel et al. 2020). In 2020-21, subsidised mental health-specific services processed by Medicare increased substantially compared to previous years (AIHW 2021a). In terms of support provided by SHS agencies, there has been general upward trend in the number SHS clients with a current mental health issue since the start of the pandemic, especially among females (AIHW 2021b).

## Client characteristics

**Figure MH.1: Key demographics, SHS clients with a current mental health issue, 2020-21**

This image describes the characteristics of around 88,200 clients with a current mental health issue and received SHS support in 2020-21. Most clients were female, aged 18-44. One fifth were Indigenous. Victoria had the greatest number of clients and Tasmania had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Half were at risk of homelessness at the start of support. Most were in major cities.



## Living arrangements and presenting unit type



In 2020-21, at the beginning of support clients with a current mental health issue (aged over 10) were more likely to be living alone (40,500 clients or 47%) or as a lone parent with child(ren) (19,500 clients or 23%) rather than in a group (6,400 clients or 7.4%) or as a couple without child(ren) (4,500 or 5.3%) (Supplementary table CLIENTS.41).

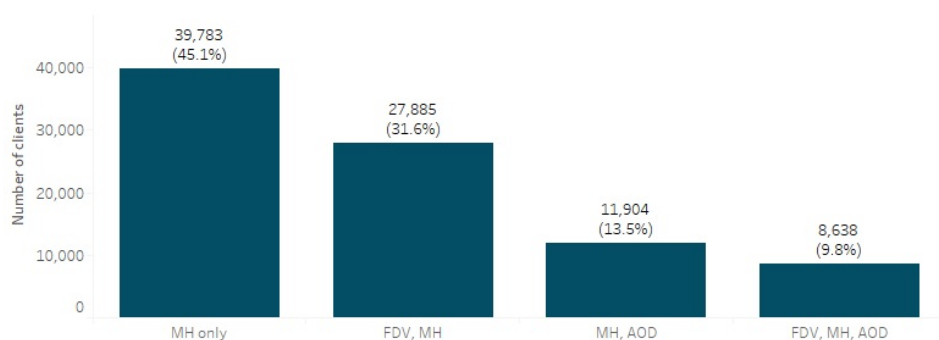
Compared to other client groups, SHS clients with a current mental health issue were also more likely to present to a SHS agency alone (80% or 70,700 clients) compared with all SHS clients (63%) (Supplementary tables CLIENTS.40 and CLIENTS.9).

### Selected vulnerabilities

In 2020-21, of the 88,200 SHS clients who had a current mental health issue, over half (55% or 48,400 clients) were experiencing additional selected vulnerabilities (Supplementary table CLIENTS.43).

These figures provide an insight into the multiple disadvantages clients experiencing mental health issues face and highlight the value of an integrated service response to homelessness for these clients (Flatau et al. 2013).

**Figure MH.2: Clients with a current mental health issue, by selected vulnerability characteristics, 2020-2**



Key - FDV: Family and domestic violence; MH, current mental health issue; AOD: Problematic drug or alcohol use.

#### Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Clients are aged 10 and over.
3. Totals may not sum due to rounding.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.43.

In 2020-21, of the around 88,200 clients, 9.8% had both of the additional selected vulnerabilities.

- Two in five (41%) clients experienced family and domestic violence.
- Just less than a quarter (23%) of clients reported experiencing problematic drug or alcohol use.

### Service use patterns

The length of support that clients with a current mental health issue received in 2020-21 increased to a median of 85 days compared to 75 days in 2019-20. The median number of nights accommodated increased to 48 in 2020-21 from 39 nights in 2019-20 (Supplementary table CLIENTS.44). The increases in the total number of nights of accommodation provided to clients can largely be attributed to the homelessness policy responses to the COVID-19 pandemic. In late March 2020, four state governments initiated programs to rapidly provide temporary accommodation to people sleeping rough to minimise the risk of community transmission (Pawson 2021, AIHW 2021b).

### Changes over time since 2011-12

The number of clients with a current mental health issue receiving assistance from SHS agencies has increased at a faster rate than any other client group since the collection began in July 2011. Unlike other client groups, both the number and proportion of clients with a current mental health issue has generally increased with each successive year. Between 2011-12 and 2020-21 (Supplementary table HIST.MH):

- Clients with a current mental health issue represented over one third (32%) of all SHS clients in 2020-21, up from around one fifth (19%) in 2011-12.
- The total number of clients with a current mental health issue who received support from SHS agencies increased by an average of 7.8% annually over the 10 years to 2020-21, from 44,700 clients in 2011-12; around four times faster than for all SHS clients generally (1.8%) over the same period.
- The rate of SHS clients with a current mental health issue increased to 34.3 clients per 10,000 population, from 20.0 in 2011-12, an annual average increase of 6.1%. The annual average increase for females (7.2%) was higher than males (4.6%).
- The number of support periods that clients with a current mental health issue received from SHS agencies increased by an average of 9.5% annually over the 10 years to 2020-21; three times faster than for all SHS clients generally (3.0%) over the same period.

### New or returning clients

In 2020-21, of those SHS clients with a current mental health issue (Supplementary table CLIENTS.38):

- Most (69% or nearly 61,200 clients) were returning clients, that is, they had previously received assistance from a SHS agency at some point since the collection began in July 2011.
- One-third (31% or almost 27,000 clients) were new to SHS agencies, having not previously received services.

### Main reasons for seeking assistance

In 2020-21, the most common main reasons for seeking SHS assistance for clients with a current mental health issue were (Supplementary table MH.4):

- family and domestic violence (20% or 17,800 clients)
- housing crisis (20% or more than 17,400 clients)
- inadequate or inappropriate dwelling conditions (14% or almost 12,000 clients).

Main reasons for seeking assistance at first presentation the clients experiencing homelessness and clients at risk of homelessness (Supplementary table MH.5):

- More than a quarter of clients who were at risk of homelessness at first presentation (26% or 11,000 clients) reported family and domestic violence as their main reason for seeking assistance; almost 1 in 5 (17% or 7,300 clients) reported housing crisis.
- Around 1 in 5 clients who were experiencing homelessness at first presentation reported housing crisis (23% or almost 9,900) or inadequate or inappropriate dwelling conditions (20% or 8,300 clients) as their main reason for seeking assistance.

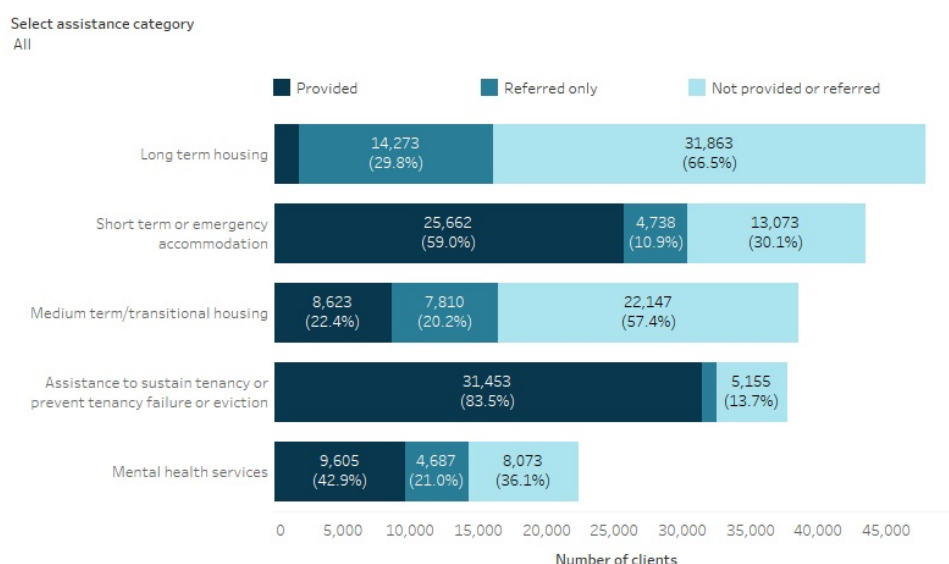
### Services needed and provided

Over 1 in 4 (28% or 24,900) clients with a current mental health issue identified a need for mental health-based services (Supplementary table MH.2). Specifically:

- 25% (22,400 clients) needed mental health services, with 43% (9,600 clients) provided with this type of service.
- 10% (almost 8,900 clients) identified a need for psychological services with 32% (2,800 clients) of these requests met.
- 6.2% (5,500 clients) identified a need for psychiatric services with 33% (1,800 clients) of these requests met.

**Figure MH.3: Clients with a current mental health issue, by services needed and provided, 2020-21**

This interactive stacked horizontal bar graph shows the services needed by clients with a current mental health issue and their provision status. Assistance to sustain tenancy or prevent tenancy failure or eviction was the most provided service. Long term housing was the least provided service.



Notes:

1. Excludes 'General services'
2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table MH.2.

In 2020-21, clients with a current mental health issue needed:

- short-term or emergency accommodation (49% or around 43,500 clients), with 59% of those needing this service receiving this service.
- assistance for family/domestic violence (27% or around 23,700 clients), with 84% receiving this service.
- material aid/brokerage (47% or around 41,400 clients), with 87% receiving this service.
- long-term housing (54% or around 47,900 clients), with 3.7% receiving this service.

### Housing situation and outcomes

Outcomes presented here describe the change in client's housing situation between the start and end of support. Data is limited to clients who ceased receiving support during the financial year—meaning that their support periods had closed and were not receiving ongoing support at the end of the year.

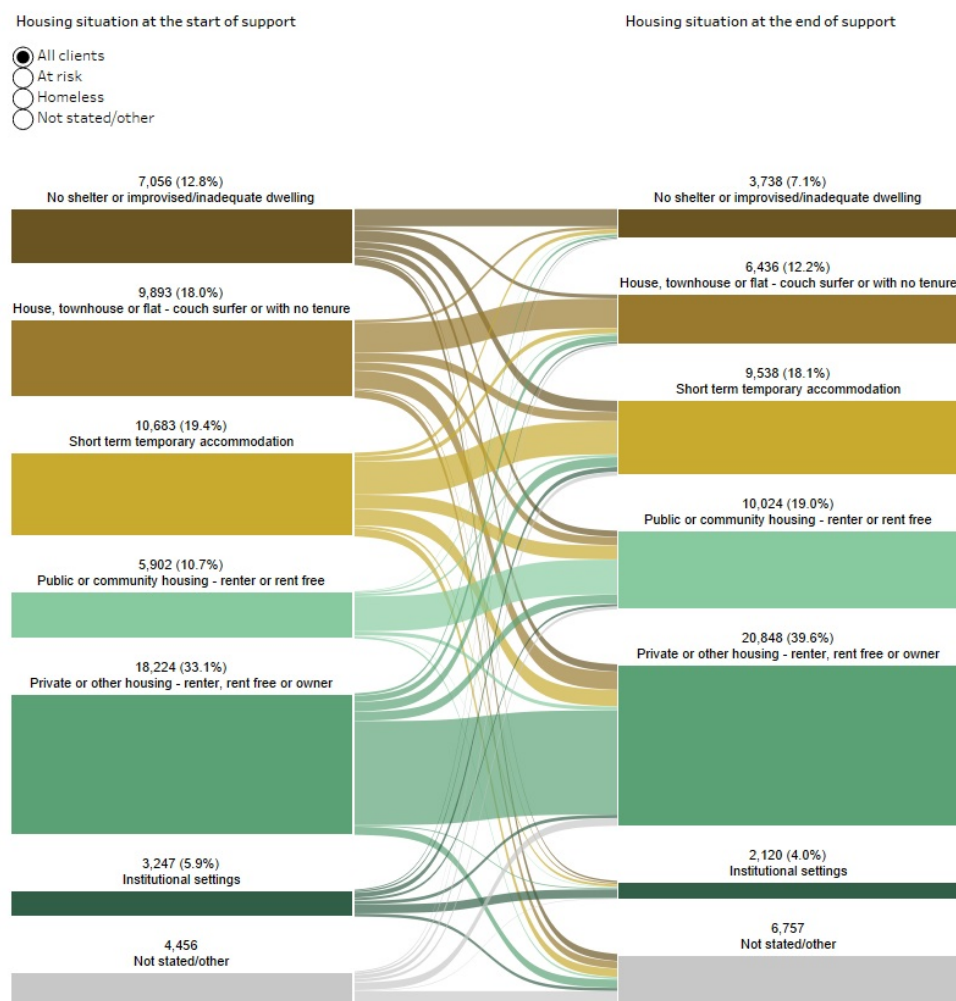
Many clients had long periods of support or even multiple support periods during 2020-21. Various changes to a client's housing situation over the course of their support partly explains this occurrence. These changes throughout the year are not reflected in the data presented. Instead, only the client situation at the start of their first support period in 2020-21 is compared with the end of their last support period in 2020-21. A proportion of these clients may have sought assistance prior to 2020-21, and may seek assistance again in the future.

In 2020-21, half (50% or 27,600 clients) of clients with a current mental health issue were experiencing homelessness at the start of support; almost 10,700 (19%) were in short-term temporary accommodation and almost 9,900 (18%) were couch surfing.

By the end of support, fewer clients with a current mental health issue were known to be experiencing homelessness (37%); most (63%) were living in stable accommodation, be it public or community, private or other housing or an institutional setting (Supplementary table MH.3).

#### Figure MH.4: Housing situation for clients with a current mental health issue with closed support, 2020-21

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short-term accommodation, public/community housing, private housing and institutional settings) of clients with a current mental health issue with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most started and ended support in private housing.



**Note:**

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table MH.3.

In 2020-21, 59,500 clients with a current mental health issue had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 27,400 clients) (Supplementary table MH.3):

- Around 13,600 clients maintained private housing at the end of support.
- Around 4,500 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just under 27,700 clients):

- Around 6,900 clients ended support in short term accommodation.
- Around 5,400 ended support in private housing.
- Around 5,000 clients were couch surfing at the end of support.

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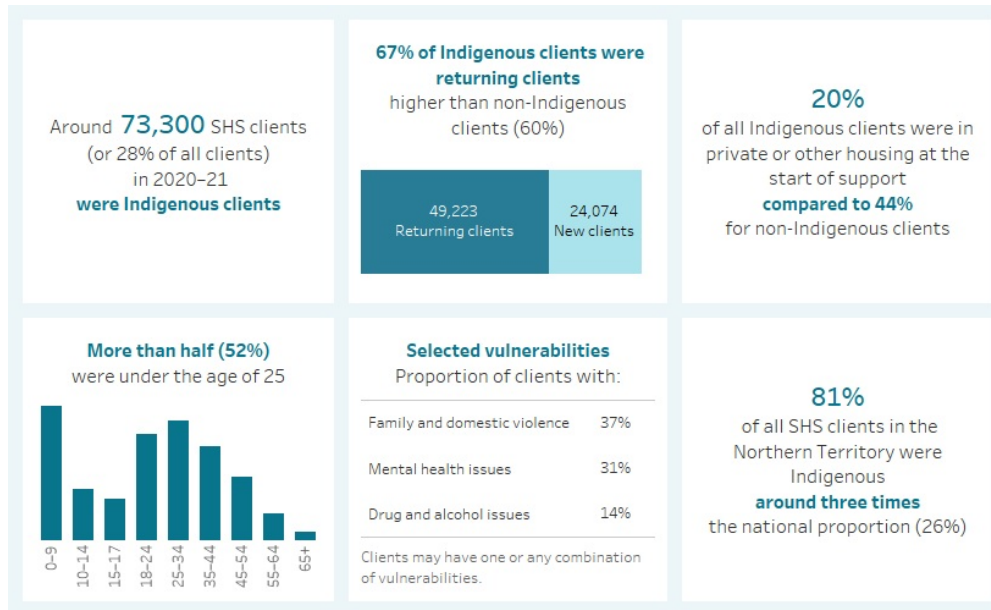
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## Indigenous clients

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### Key findings: Indigenous SHS clients, 2020-21



Stable and secure housing is critical to the health and well-being of Australians. Aboriginal and Torres Strait Islander people are more likely to experience insecure housing, live in overcrowded dwellings and experience homelessness, including intergenerational homelessness, than non-Indigenous Australians (AIHW 2019). Aboriginal and Torres Strait Islander people make up around 3.1% of the Australian population (ABS 2019) yet they made up around 20% of the estimated number of people experiencing homelessness on Census night in 2016 (ABS 2018) and over a quarter or 28% of the clients (an estimated 73,300 clients) assisted by specialist homelessness services (SHS) in 2020-21.

Severe overcrowding as a form of homelessness is particularly prevalent in Indigenous families and communities. Indigenous Australians are more than three times as likely to live in overcrowded conditions than non-Indigenous Australians (ABS 2016), and more than twice as likely to need one or more extra bedrooms compared to other households (ABS 2017), even though the Census estimates may under represent the extent of homelessness among Indigenous people.

Aboriginal and Torres Strait Islander people are a national priority cohort in the National Housing and Homelessness Agreement, which came into effect 1 July 2018 (CFFR 2018) (see [Policy section](#) for more information). This agreement provides a framework for all levels of government to work together to improve housing and homelessness outcomes for Indigenous Australians (AIHW 2019).

Findings from the House of Representatives Standing Committee Inquiry into Homelessness (HRSC 2021) recommended a review of the data collection and estimation methods, recommending greater inclusion of Indigenous Australian cultural practices and perspectives, particularly regarding the circumstances in which persons living in severely crowded dwellings and boarding houses should be categorised as homeless. The findings also highlight the effectiveness and appropriateness of Aboriginal community-controlled housing services, and recommended the development of a national integrated approach to housing and homelessness services for Indigenous Australians, co-designed with Indigenous community-controlled organisations and grounded in the principle of self-determination.

Over 298,200 Indigenous clients have been supported by homelessness agencies since the Specialist Homelessness Services Collection (SHSC) began in July 2011. The number of Indigenous clients has been steadily increasing over this time, most notably (Historical data table HIST.INDIGENOUS):

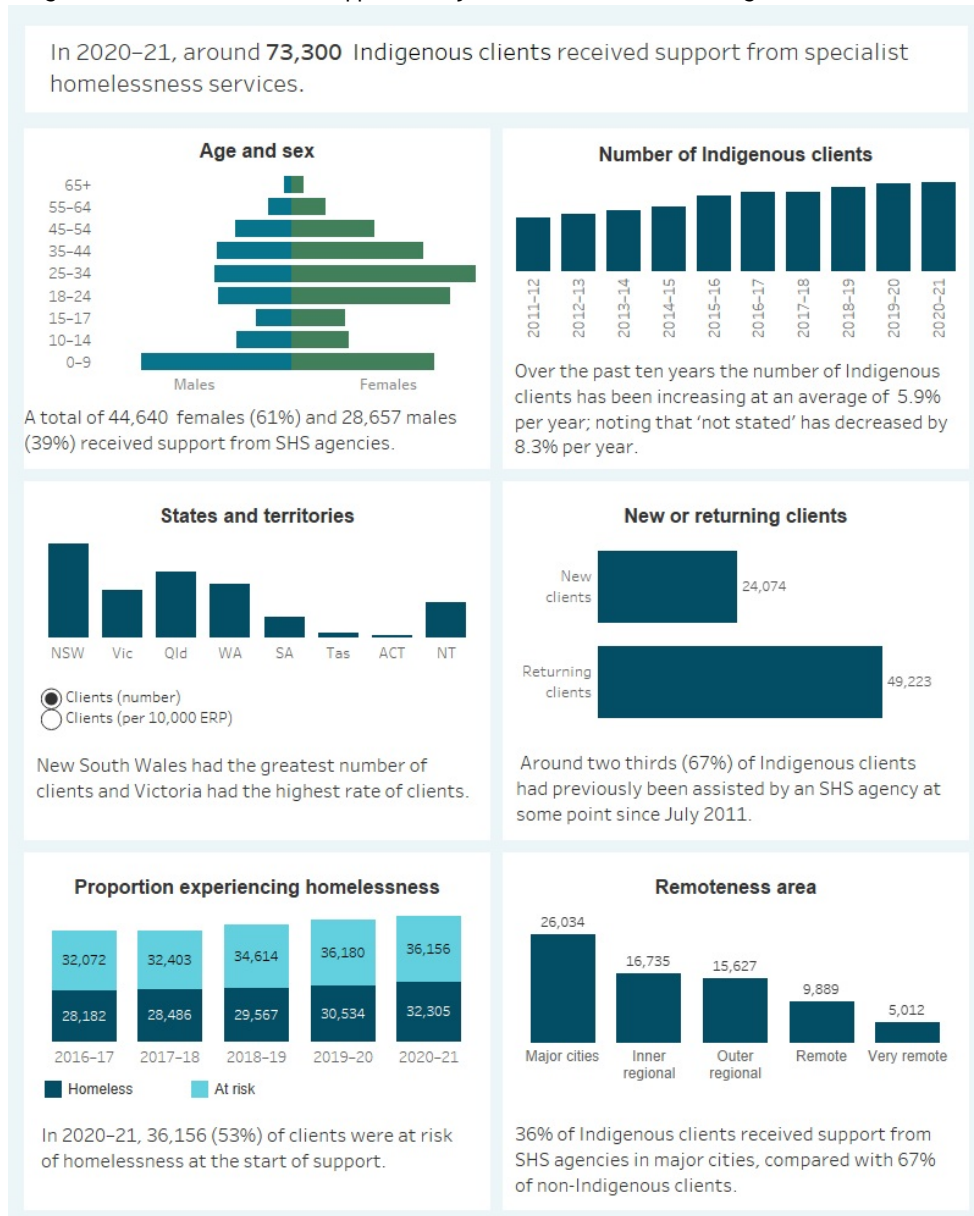
- The rate of service use by Indigenous clients increased from 755.4 clients per 10,000 Indigenous people in 2016-17 to 810.6 in 2020-21.
- The ratio between the rate of Indigenous SHS clients compared with non-Indigenous clients has also increased, from 8.5 in 2016-17 to 10.1 in 2020-21.

- The total number of Indigenous clients who received support from SHS agencies increased by an average rate of 5.9% annually over the last 10 years to 2020-21, three times faster than for non-Indigenous clients (1.9%) over the same period. During this time the number of 'not stated' Indigenous status responses has markedly decreased.

## Client characteristics

**Figure INDIGENOUS.1: Key demographics, Indigenous SHS clients, 2020-21**

This interactive image describes the characteristics of around 73,300 Indigenous clients who received SHS support in 2020-21. Most clients were female, aged 25-44. The number of Indigenous clients has been increasing, while 'not stated' has decreased. New South Wales had the greatest number of Indigenous clients and Victoria had the highest rate of Indigenous clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. More than half were at risk of homelessness at the start of support. A third of Indigenous clients received SHS support in major cities while most non-Indigenous clients received support in major cities.



## Presenting unit

In 2020-21, over half of the Indigenous clients presenting to a SHS agency presented alone (56% or almost 41,100 clients) and a further 33% (or almost 24,300 clients) presented as a single parent with child/ren (Supplementary table INDIGENOUS.8).

## Living arrangements

In 2020-21, at the beginning of support (Supplementary table INDIGENOUS.9):

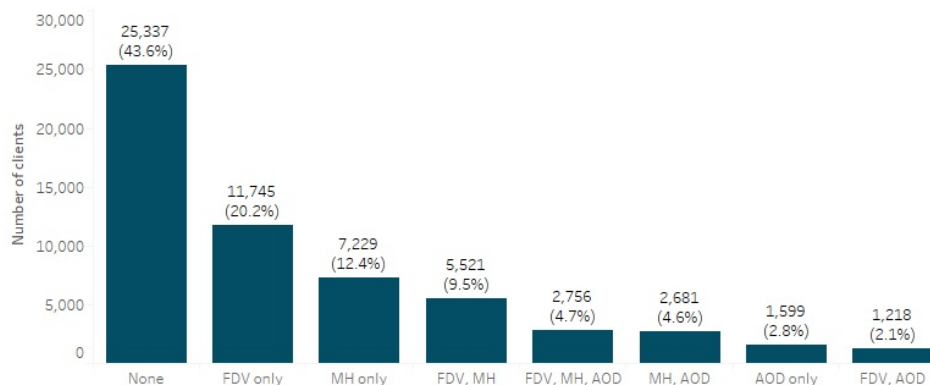
- Indigenous clients (33% or about 23,200 clients) were most likely living as a single parent with child(ren)
- 1 in 4 (almost 18,000 or 26%) Indigenous clients were living alone
- A further 18% (or almost 12,800) Indigenous clients were living with other family.

## Selected vulnerabilities

SHS clients can face additional vulnerabilities that make them more susceptible to becoming homeless, in particular family and domestic violence, a current mental health issue and problematic drug and/or alcohol use.

- Less than half (44% or around 25,300) Indigenous clients did not experience any of the selected vulnerabilities which was higher than the rate for all SHS clients (37%).
- While Indigenous clients had a higher rate of reported problematic drug and alcohol use (14% compared to 12% for all SHS clients), a lower rate of Indigenous clients reported experiencing Family and domestic violence (37% compared to 39%), and a significantly lower proportion of Indigenous clients reported experiencing a mental health issue (31% compared to 38%).

**Figure INDIGENOUS.2: Indigenous clients, by selected vulnerability characteristics, 2020-21**



Key - FDV: Family and domestic violence; MH, current mental health issue; AOD: Problematic drug or alcohol use.

**Notes:**

1. Clients are assigned to one category only based on their vulnerability profile.
2. Totals may not sum due to rounding.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.43.

In 2020-21, of the around 58,100 clients, 4.7% had all three of the additional selected vulnerabilities while 44% had none.

- Around a third (37%) of clients experienced family and domestic violence.
- One in six (14%) clients reported experiencing problematic drug or alcohol use.
- Around a third (31%) of clients had a current mental health issue.

### Service use patterns

The median length of support received by Indigenous clients increased to 55 days in 2020-21, up from 46 days in 2016-17. The average number of support periods per client was 1.8 in 2020-21. The proportion of clients receiving accommodation decreased from 42% in 2016-17 to 41% in 2020-21, while the median number of nights accommodated decreased from 20 in 2016-17 to 16 in 2020-21 (Supplementary table CLIENTS.44).

### New or returning clients

In 2020-21, there were more returning Indigenous clients (67%) (that is, those who had received SHS services at some point since the collection began in July 2011) than there were new Indigenous clients (33%) (Supplementary table INDIGENOUS.6). The proportion of returning non-Indigenous clients was lower (60%).

### Main reasons for seeking assistance

The three most common main reasons why Indigenous clients sought assistance from SHS agencies in 2020-21 were (Supplementary table INDIGENOUS.7):

- family and domestic violence (25% or 17,800 clients)
- housing crisis (17% or 12,300 clients)
- inadequate or inappropriate dwelling conditions (14% or almost 10,200 clients).

### Services needed and provided

In 2020-21, the need for accommodation assistance was broadly similar between Indigenous and non-Indigenous clients, with the exception of short-term or emergency accommodation (Supplementary table INDIGENOUS.3).

Half of Indigenous clients (52% or 37,900) needed short-term or emergency accommodation, higher than the proportion of non-Indigenous clients (37% or 69,900). Two-thirds of Indigenous clients who needed short-term or emergency accommodation received this support (65%); a higher proportion than non-Indigenous clients (58%).

For some general services, needs were higher for Indigenous clients when compared with non-Indigenous clients, including meals (29% compared with 11%), laundry/shower facilities (23% compared with 8%) and transport (25% compared with 13%).

**Figure INDIGENOUS.3: Indigenous clients, by services needed and provided, 2020-21**

This interactive stacked horizontal bar graph shows the services needed by Indigenous clients and their provision status. Short term accommodation was the most needed and most provided service. Long term housing was the least provided service.

Select assistance category  
All



Notes:

1. Excludes 'General services'
  2. 'Short-term accommodation' includes temporary and emergency accommodation.
- Source: Specialist Homelessness Services Collection. Supplementary table INDIGENOUS.3.

In 2020–21, Indigenous SHS clients needed:

- long-term housing (39% or around 28,600 clients), with 3.3% receiving this service.
- short-term or emergency accommodation (52% or around 37,900 clients), with 65% of those needing this service receiving this service.
- assistance for family/domestic violence (27% or around 20,100 clients), with 90% receiving this service.
- material aid/brokerage (36% or around 26,100 clients), with 88% receiving this service.

### Housing situation and outcomes

In 2020–21, at the beginning of the first support period, more than half (53%) of clients whose Indigenous status was known presented to services at risk of homelessness, while less than half (47%) were experiencing homelessness. These proportions have remained consistent since 2015–16 (Supplementary table CLIENTS.12).

Outcomes presented here describe the changes in a client’s housing situation between the start and end of support. Data is limited to clients who ceased receiving support during the financial year—meaning that their support periods had closed and they did not have ongoing support at the end of the year.

Many clients had long periods of support or even multiple support periods during 2020–21. They may have had a number of changes in their housing situation over the course of their support. These changes within the year are not reflected in the data presented here, rather the client situation at the start of their first support period in 2020–21 is compared with the end of their last support period in 2020–21. A proportion of these clients may have sought assistance prior to 2020–21, and may again in the future.

By the end of support, many clients have achieved or progressed towards a more positive housing solution. That is, the number and/or proportion of clients ending support in public or community housing (renter or rent-free) or private or other housing (renter or rent-free) had increased compared with the start of support.

For Indigenous clients with closed support (Supplementary table INDIGENOUS.4):

- At the start of support, Indigenous clients were about 3.5 times more likely to be in public or community housing (31%) compared to non-Indigenous clients (8.9%), while non-Indigenous clients were about twice as likely to be in private or other housing (44%) compared to Indigenous clients (20%).
- At the end of support, Indigenous clients were about 2.5 times more likely to be in public or community housing (39%) compared to non-Indigenous clients (15%), while non-Indigenous clients were about twice as likely to be in private or other housing (50%) compared to Indigenous clients (23%).
- At the end of support, fewer Indigenous clients were known to be homeless, decreasing from 47% to 36%, while more clients were living in housing with some form of tenure, mainly an increase in clients living public or community housing (from 31% to 39%).

### Figure INDIGENOUS.4: Housing situation for Indigenous clients with closed support, 2020–21

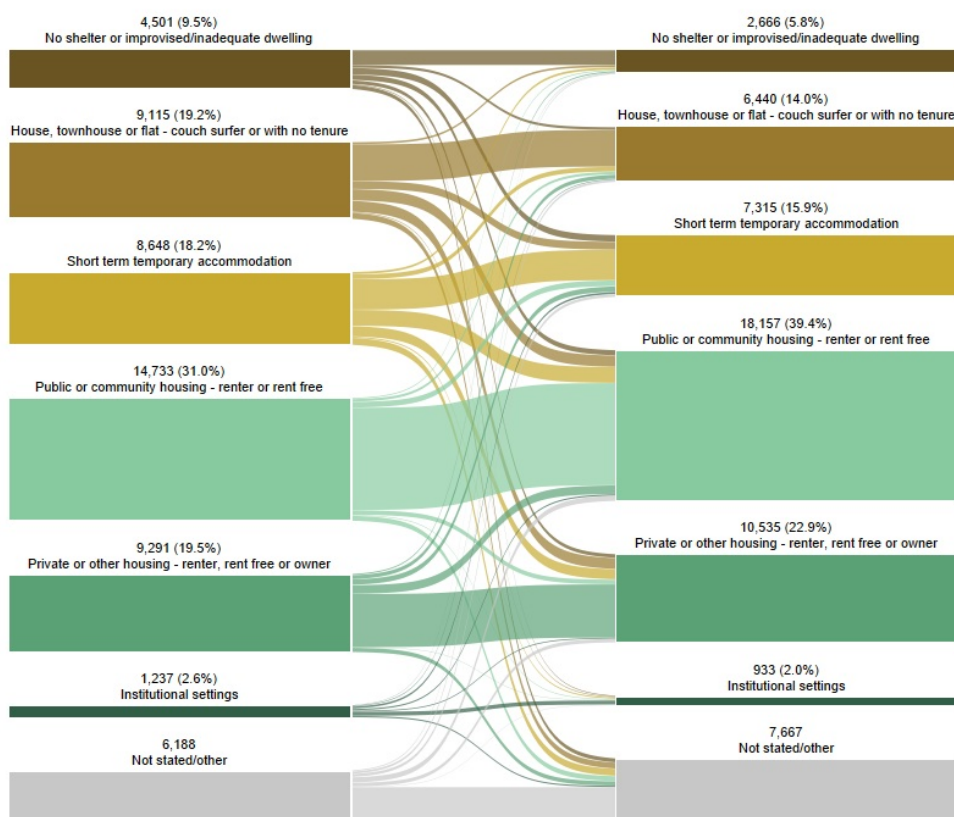
This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short-term accommodation, public/community housing, private housing and institutional settings) of Indigenous clients with closed support periods at first presentation and at the end of support. The diagram shows clients’ housing situation journey from start to end of support. Most clients started and ended support in public housing.



Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table INDIGENOUS.4.

In 2020–21, 53,700 Indigenous clients had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 25,200 clients) (Supplementary table INDIGENOUS.4):

- Around 6,500 clients maintained private housing at the end of support.
- Around 12,400 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just over 22,200 clients):

- Around 5,400 clients ended support in short term accommodation.
- Around 630 ended support in private housing.
- Around 5,300 clients were couch surfing at the end of support.

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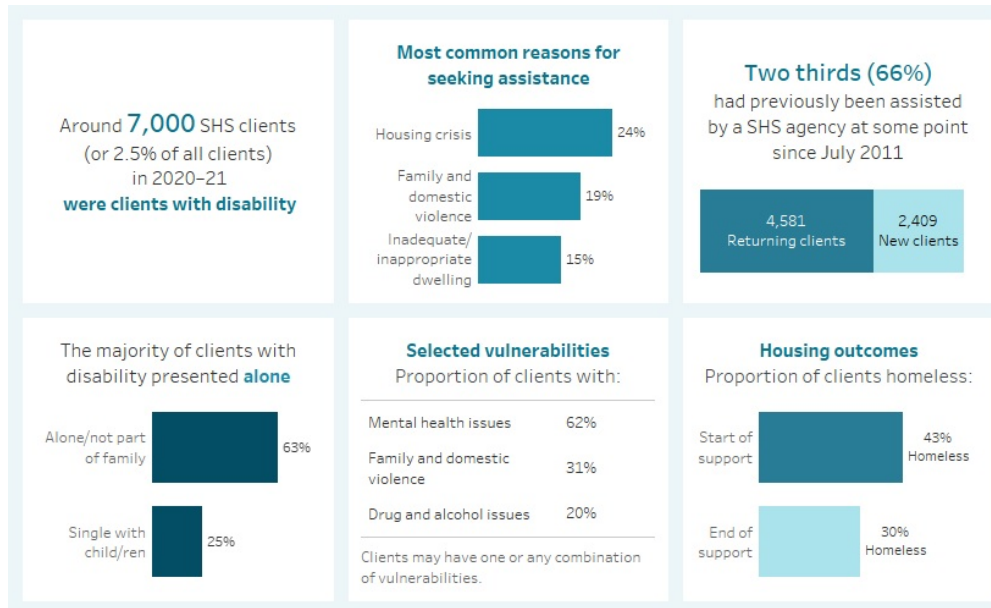
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## Clients with disability

### On this page

- [Key findings](#)
- [Client characteristics](#)
- [Service use patterns](#)
- [Main reasons for seeking assistance](#)
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### Key findings: Clients with disability, 2020-21



People with disability are a diverse group, with varying types and levels of disability across all socioeconomic and demographic groups (AIHW 2020). Their pathways into and out of homelessness are just as varied, and can be influenced by disability type, location and the level of their disability (Beer et al. 2019). People with disability may have a greater exposure to risk factors associated with homelessness than the general population (Beer et al. 2012). Low income, lack of social support, limited engagement with the labour market, compounded by the need for specialised assistance and services, can leave some people with disability increasingly vulnerable to the risk of homelessness and the negative impact of homelessness.

Timely access to safe, suitable and long-term housing can be critical to the wellbeing of people with disability, providing independence and the ability to participate in social, economic, sporting and cultural life. Housing that meets accessibility requirements, is in close proximity to transport and to quality and affordable support services is also vital for those with disability (COAG 2011).

In 2018, an estimated 1 in 5 Australians (4.4 million people, or 18% of the total population) had disability (ABS 2019), ranging from mild to profound disability; 5.7% of the population (or 1.4 million people) lived with severe or profound disability. Similar to 2006 and 2011, the 2016 Census identified around 5,700 people experiencing homelessness with disability in Australia (defined as people with a need for assistance with core activities) (ABS 2018). People with disability represented 5% of those experiencing homelessness on Census night in 2016.

#### Reporting clients with disability in the Specialist Homelessness Services Collection (SHSC)

Disability is a challenging concept to measure and there are numerous definitions. The SHSC disability questions aim to establish whether a client has any difficulty and/or need for assistance with 3 core activities (self-care, mobility and communication). These questions are asked of all SHS clients. For the purposes of this report, people who identified that they have a limitation in core activities (and who also reported that they always or sometimes needed assistance with one or more of these core activities) are described as living with a disability. The term 'severe or profound core activity limitation' is used to refer to this subgroup of people living with disability in the report.

Data for clients with disability who required assistance may not be comparable across age groups due to differences in the interpretation of the SHSC disability questions. This issue mainly relates to young children, and therefore any comparisons between age groups should be made with caution.

Further details about measuring disability in the SHSC and the definition of a client with severe or profound core activity limitation are provided in the [Technical notes](#).

## Client characteristics

In 2020-21, around 7,000 SHS clients always or sometimes needed assistance with core activities (self-care, communication and/or mobility). These clients are described as having severe or profound core activity limitation(s), or throughout this section, as living with disability.

**Figure DIS.1: Key demographics, SHS clients with disability, 2020-21**

This interactive image describes the characteristics of around 7,000 clients with disability who received SHS support in 2020-21. Most clients were aged 0-9. A quarter were Indigenous. Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Most started support at risk of homelessness. Most were in major cities.



## Changes over time

There have been changes in the number of SHS clients with severe or profound disability over time. The number of clients with severe or profound disability increased from around 7,000 clients (2.7% of all SHS clients) in 2013-14 to almost 11,000 clients (3.8% of all SHS clients) in 2016-17 but declined to around 7,000 clients (2.5% of all SHS clients) in 2020-21 (Historical table HIST.DIS).

The pattern of change in the number and rate of SHS clients with severe or profound disability that received services in the states and territories was similar, with declines since peaks around 2016-17 (Historical data table HIST.DIS).

## Living arrangements and presenting unit type

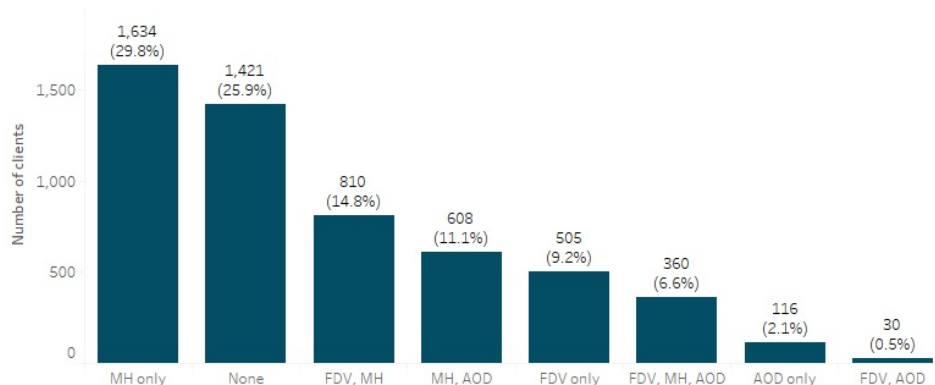
In 2020-21, of the almost 7,000 clients with severe or profound disability, the most common living arrangement reported at the beginning of SHS support was living alone (40% or more than 2,700 clients) (Supplementary table CLIENTS.41). The next most common living arrangement was one parent with child/ren (26% or around 1,800) followed by other family (14% or over 900 clients).

The majority of clients with severe or profound disability presented alone (63% or over 4,400 clients) to a SHS agency in 2020-21. This was followed by clients presenting who were single with children (25% or almost 1,800) (Supplementary table CLIENTS.40).

### Selected vulnerabilities

Living with disability may not be the only challenge faced by this group of SHS clients. In 2020-21, 74% (or around 4,100) of clients with severe or profound disability (aged 10 and over) reported experiencing one or more selected vulnerabilities: a current mental health issue, problematic drug and/or alcohol use or family and domestic violence (Supplementary table CLIENTS.43) (Figure DIS.2). The remaining 26% (or more than 1,400 clients) did not report any of the selected vulnerabilities.

**Figure DIS.2: Clients with disability, by selected vulnerability characteristics, 2020-21**



Key - FDV: Family and domestic violence; MH, current mental health issue; AOD: Problematic drug or alcohol use.

#### Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Totals may not sum due to rounding.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.43.

In 2020-21, of the around 5,500 clients, 6.6% had all three of the additional selected vulnerabilities while 26% had none.

- Around a third (31%) of clients experienced family and domestic violence.
- One fifth (20%) of clients reported experiencing problematic drug or alcohol use.
- Three out of five (62%) clients had a current mental health issue.

### The National Disability Insurance Scheme (NDIS)

The National Disability Insurance Scheme (NDIS) supports people with a permanent and significant disability which affects their ability to take part in everyday activities. It is jointly governed and funded by the Australian and participating states and territory governments. The NDIS began its national rollout on 1 July 2016, and has been fully implemented to all eligible Australians as of 1 July 2020 (NDIS 2020). Further details about the NDIS are provided in the [Technical notes](#).

#### NDIS participation indicator

The NDIS participation indicator was introduced into the Specialist Homelessness Services Collection (SHSC) from 1 July 2019. A participant in the NDIS is an individual who is receiving an agreed package of support through the National Disability Insurance Scheme. The NDIS question is asked of all clients at the start of support from a SHS agency. Data are not available for clients who only had support period(s) starting before 1 July 2019.

#### NDIS and COVID-19

The National Disability Insurance Agency (NDIA) provides information about coronavirus-19 (COVID-19) specifically relevant to people with disability including how NDIS participants can receive support during the COVID-19 pandemic. The NDIA website provides information including [Disability Gateway](#), updates and advice, frequently asked questions, accessible resources, participant fact sheets as well as other information. For addition details see [Coronavirus \(COVID-19\) information for people with disability](#) (NDIS Quality and Safeguards Commission 2021).

### National Disability Insurance Scheme (NDIS) participants

A person can be identified as being a SHS client with severe or profound disability but not be a participant in the NDIS. This may be because the client did not meet the NDIS eligibility criteria, has not applied for the NDIS or has a pending application. These clients may still be receiving disability support under the National Disability Agreement (NDA) (NDIS 2021). In 2020-21, of the 7,000 SHS clients with severe or profound disability 2,100 (35%) indicated that they received an agreed package of support through the NDIS.

For further information regarding the number of SHS clients receiving support through the NDIS see [Clients, services and outcomes](#).

### Service use patterns

The length of support clients with severe or profound disability received increased in 2020-21 to a median of 87 days, up from 65 days in 2016-17. The average number of support periods per client however has remained consistent over time from an average of 2.4 support periods per client in 2018-19 to 2020-21. The proportion of clients receiving accommodation decreased from 39% in 2016-17 to 37% in 2020-21, while the median number of nights accommodated increased from 50 in 2018-19 to 57 in 2019-20 and 61 in 2020-21 (Supplementary table CLIENTS.44).

### New or returning clients

The episodic or cyclic nature of homelessness can be explored by determining whether clients with severe or profound disability were new to SHS agencies, or returning clients. In 2020-21, 66% (almost 4,600 clients) of SHS clients with severe or profound disability had received SHS assistance at some time since the collection began in July 2011 (Supplementary table CLIENTS.38), higher than all SHS clients (61%) (Supplementary table CLIENTS.2).

### Main reasons for seeking assistance

In 2020-21, for SHS clients with severe or profound disability the most common reasons for seeking assistance were (Supplementary tables DIS.4 and DIS.5):

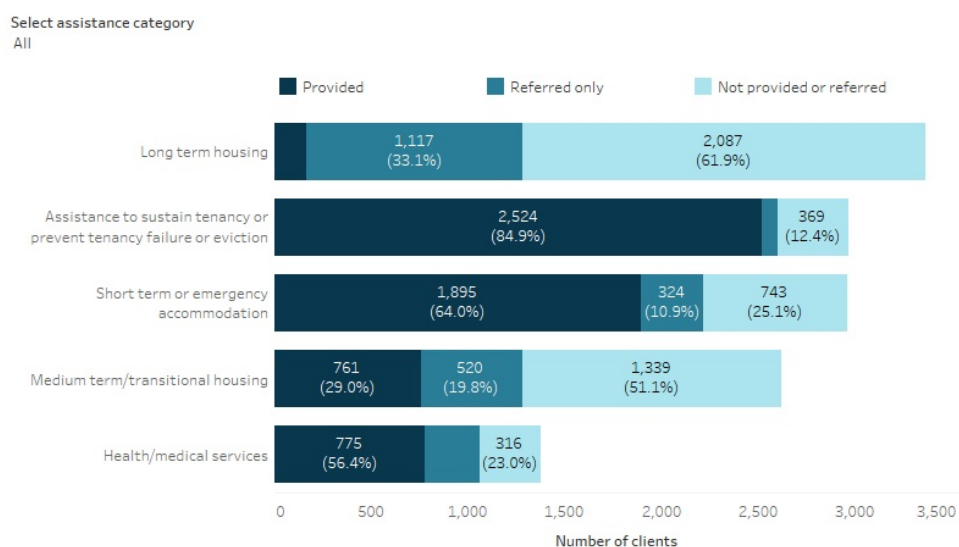
- Housing crisis (24% or almost 1,700 clients); most common for clients experiencing homelessness (29% or 860 clients) and those at risk of homelessness (21% or around 770 clients).
- Family and domestic violence (19% or 1,300 clients).
- Inadequate or inappropriate dwellings conditions (15% or around 1,100 clients).

### Services needed and provided

The most common reasons clients with severe or profound disability sought SHS assistance were housing-related. Other common reasons were for financial reasons and for advice and advocacy (Supplementary table DIS.2) (Figure DIS.3).

**Figure DIS.3: Clients with disability, by services needed and provided, 2020-21**

This interactive stacked horizontal bar graph shows the services needed by clients with severe or profound disability and their provision status. Long term housing was the most needed service and the least provided. Assistance to sustain tenancy or prevent tenancy failure or eviction was the most provided service.



Notes:  
 1. Excludes 'General services'  
 2. 'Short-term accommodation' includes temporary and emergency accommodation.  
 Source: Specialist Homelessness Services Collection, Supplementary table DIS.2.

In 2020-21, clients with severe or profound disability needed:

- short-term or emergency accommodation (42% or around 3,000), with 64% of those needing this service receiving this service.
- assistance for family/domestic violence (23% or around 1,600 clients), with 87% receiving this service.
- material aid/brokerage (43% or around 3,000 clients), with 88% receiving this service.
- long-term housing (48% or around 3,400 clients), with 4.9% receiving this service.

Other services that were needed by clients with severe or profound disability included (Supplementary tables CLIENTS.23 and DIS.2) (Figure DIS.3):

- One in 5 clients (20% or around 1,400) needed health/medical services and 77% (or around 1,100) of clients with these identified needs either received the services or were referred elsewhere for services.
- About one-quarter of clients (23% or 1,600) needed assistance for family and domestic violence and 87% (or about 1,400) of clients with these identified needs were provided with assistance and 3.4% (55 clients) were referred.
- Clients with severe or profound disability were more likely to need transport (21% or almost 1,500 clients), assistance with challenging social/behavioural problems (19%) and assistance for trauma (16%) than the general SHS population (15%, 12% and 13% respectively).

## Housing situation and outcomes

Outcomes presented here highlight the changes in clients' housing situation between the start and end of support. Data is limited to clients who ceased receiving support during the financial year - meaning that their support periods had closed and they did not have ongoing support at the end of the year.

Many clients had long periods of support or even multiple support periods during 2020-21. They may have had a number of changes in their housing situation over the course of their support. These changes within the year are not reflected in the data presented here, rather the client situation at the start of their first period of support during 2020-21 is compared with the end of their last period of support in 2020-21. A proportion of these clients may have sought assistance prior to 2020-21, and may again in the future.

SHS agencies were able to assist many clients secure or maintain housing, reducing the experience and risk of homelessness among clients with severe or profound disability. At the start of SHS support, more clients with severe or profound disability were at risk of homelessness (almost 2,400 or 58%) than experiencing homelessness (1,800 or 42%), similar to all clients (56% and 44% respectively); more clients with severe or profound disability (1,500 or 35%) were in private housing than any other housing situation.

For clients with severe or profound disability in 2020-21, around 1,800 clients (42%) were experiencing homelessness at the start of support; 800 (19%) were in short term temporary accommodation. By the end of support, there were fewer clients with severe or profound disability experiencing homelessness (1,200 clients or 30%) and 64% of clients were housed, with most clients living in private rental accommodation (1,500 clients or 38%) (Figure DIS.4).

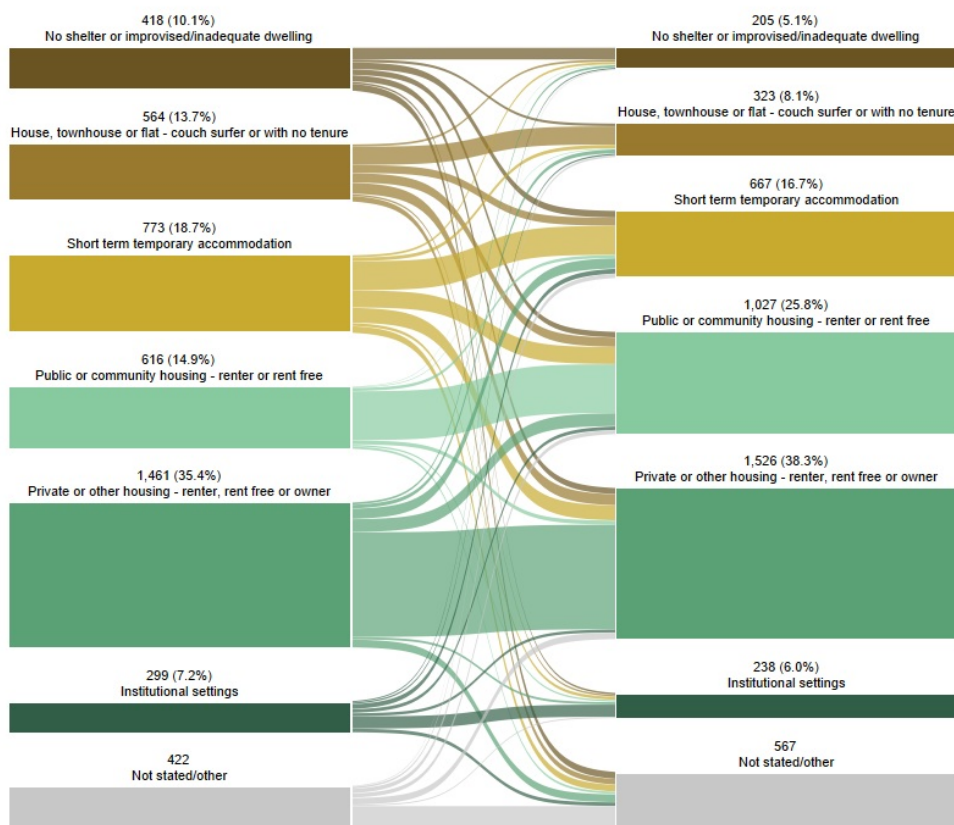
### Figure DIS.4: Housing situation for clients with disability with closed support, 2020-21

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short term accommodation, public/community housing, private housing and Institutional settings) of clients with severe or profound disability with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most started and ended support in private housing.

Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table DIS.3.

In 2020–21, 4,600 clients with disability had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 2,400 clients) (Supplementary table DIS.3):

- Around 1,100 clients maintained private housing at the end of support.
- Around 500 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just over 1,800 clients):

- Around 440 clients ended support in short term accommodation.
- Around 320 ended support in private housing.
- Around 250 clients were couch surfing at the end of support.

For more information on people with disability, see [People with disability in Australia, AIHW](#).

## References

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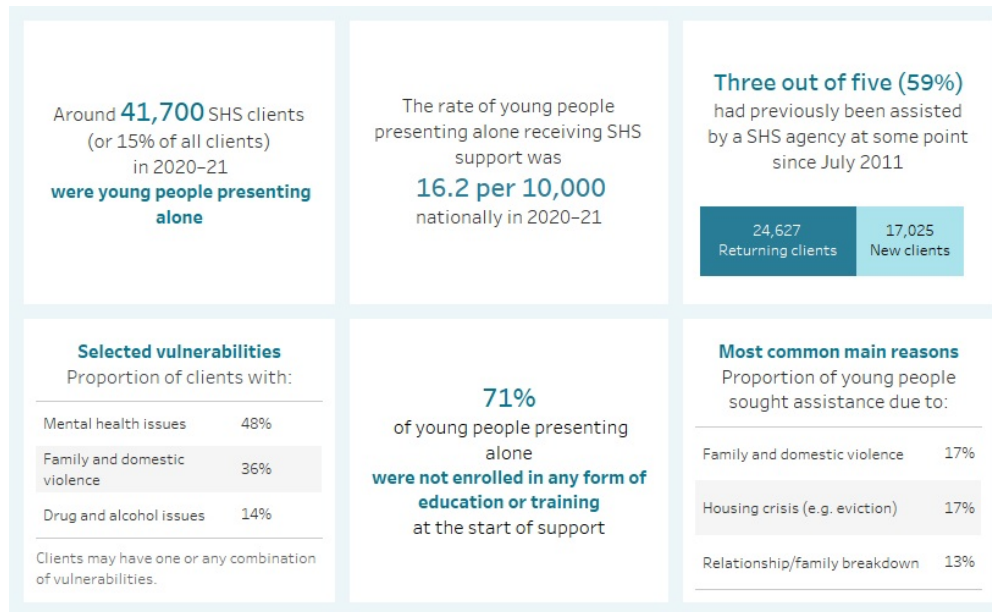


## Young people presenting alone

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- [Main reasons for seeking assistance](#)
- [Housing situation and outcomes](#)
- [Where do I go for more information?](#)
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### Key findings: Young people presenting alone, 2020-21



Some known drivers of youth homelessness include drug issues, mental health issues, gender and LGBTIQ+ issues, difficult family situations (including parental drug and alcohol abuse and family and domestic violence), insecure employment and a lack of income (MacKenzie et al. 2020). Young people may also face discrimination in the private rental market due to lack of rental references and fewer financial resources (Homelessness Australia 2016) and they are less able to access social housing (MacKenzie et al. 2020). As such, leaving the parental home prior to establishing stable employment is also a significant risk factor for youth homelessness (Carlisle et al. 2018, Steen & MacKenzie 2017).

Recognising the severe impact that homelessness may have on the lives of young Australians, children and young people are a national priority homelessness cohort in the National Housing and Homelessness Agreement (CFFR 2018) (see [Policy section](#) for more information).

In 2020-21, around 41,700 people aged 15-24 presented alone to SHS agencies, accounting for 15% of all SHS clients (Supplementary table YOUNG.1).

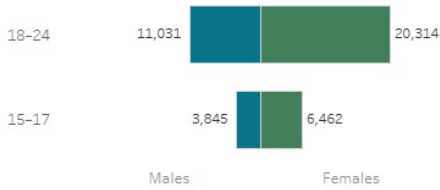
### Client characteristics

#### Figure YOUNG.1: Key demographics, young people presenting alone, 2020-21

This interactive image describes the characteristics of around 41,700 young people presenting alone who received SHS support in 2020-21. Most clients were female, aged 18-24 years. Around a third were Indigenous. New South Wales had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Half were experiencing homelessness at the start of support. Most were in major cities.

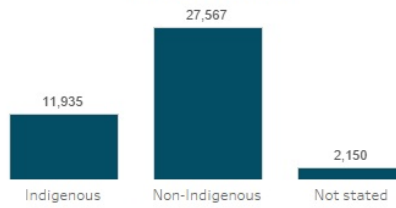
In 2020–21, around **41,700** young people presenting alone received support from specialist homelessness services.

### Age and sex



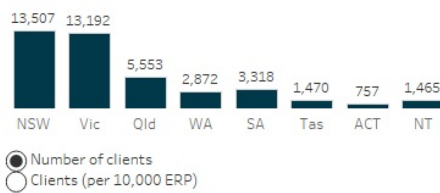
A total of 26,776 females (64%) and 14,876 males (36%) received support from SHS agencies.

### Indigenous status



Around a third (30%) of clients identified as Indigenous.

### States and territories



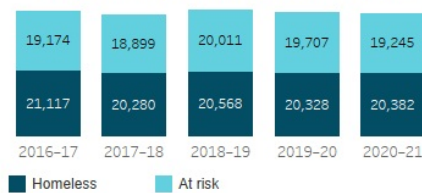
New South Wales had the greatest number of clients and the Northern Territory had the highest rate of clients per population size.

### New or returning clients



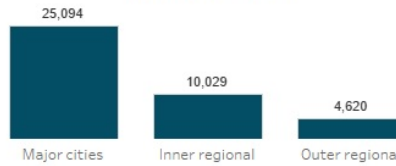
Three out of five (59%) of young people had previously been assisted by a SHS agency at some point since July 2011.

### Proportion experiencing homelessness



In 2020–21, 19,245 (49%) of young people were at risk of homelessness at the start of support.

### Remoteness area

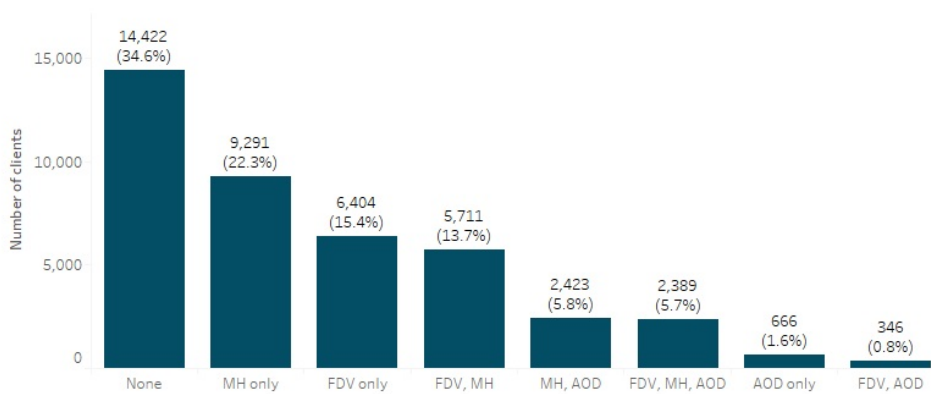


The majority of young people who presented alone (60%) were in major cities.

## Selected vulnerabilities

Young people presenting alone may face additional vulnerabilities that make them more susceptible to homelessness, in particular, family and domestic violence, mental health issues and problematic drug and/or alcohol use.

Figure YOUNG.2: Young people presenting alone, by selected vulnerability characteristics, 2020-21



Key - FDV: Family and domestic violence; MH, current mental health issue; AOD: Problematic drug or alcohol use.

**Notes:**

1. Clients are assigned to one category only based on their vulnerability profile.
2. Clients are aged 18 and over.
3. Totals may not sum due to rounding.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.43.

In 2020–21, of the around 41,700 young people, 2,389 had all three of the additional selected vulnerabilities while 35% had none.

- Around a third (36%) of young people experienced family and domestic violence.
- One in six (14%) young people reported experiencing problematic drug or alcohol use.
- Just under half (48%) of young people had a current mental health issue.

### Service use patterns

The length of support young people presenting alone received increased in 2020-21 to a median of 60 days, up from 47 days in 2016-17. The average number of support periods per client has remained consistent over time from an average of 1.9 support periods per client in 2016-17 to 1.9 in 2020-21. The proportion of clients receiving accommodation has remained constant; 31% in 2016-17 and 32% in 2020-21. The median number of nights accommodated increased from 44 in 2016-17 to 46 in 2020-21 (Supplementary table CLIENTS.44).

### Main reasons for seeking assistance

In 2020-21, the main reasons for seeking assistance among young people presenting alone were (Supplementary table YOUNG.4):

- family and domestic violence (17% or around 7,000 clients)
- housing crisis (17% or around 7,000 clients)
- relationship/family breakdown (13% or over 5,200 clients).

Young people who were known to be homeless at first presentation were more likely to identify housing crisis (22%, compared with 13% of clients at risk) or inadequate or inappropriate dwelling conditions (17%, compared with 8.9% at risk) as their main reason for seeking assistance (Supplementary table YOUNG.5).

Family and domestic violence was the most commonly reported main reason for seeking assistance among young people presenting alone who were known to be at risk of homelessness (21%, compared with 9.9% of homeless clients) (Supplementary table YOUNG.5).

### Services needed and provided

Similar to the overall SHS population, the majority of young people presenting alone needed general services that were provided by SHS agencies including advice/information, advocacy/liaison on behalf of the client and other basic assistance.

Young people presenting alone were more likely than the overall SHS population to request services including (Supplementary tables YOUNG.2, CLIENTS.23):

- living skills/personal development (34%, compared with 18%), with 91% receiving this service
- educational assistance (19%, compared with 8.3%), with 73% receiving this service
- employment assistance (17%, compared with 6.0%), with 69% receiving this service
- training assistance (13%, compared with 3.9%), with 65% receiving this service.

### Figure YOUNG.3: Young people presenting alone, by services needed and provided, 2020-21

This interactive stacked horizontal bar graph shows the services needed by young people presenting alone and their provision status. Long term housing was the most needed service and least provided by need. Assistance to sustain tenancy or prevent tenancy failure or eviction was the most provided service.

Select assistance category  
All



Notes:

1. Excludes 'General services'

2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table YOUNG.2.

In 2020-21, young people presenting alone needed:

- long-term housing (47% or around 19,400 clients), with 4.1% receiving this service.
- short-term or emergency accommodation (44% or around 18,300 clients), with 52% of those needing this service receiving this service.
- assistance for family/domestic violence (20% or around 8,500 clients), with 82% receiving this service.
- material aid/brokerage (35% or around 14,400 clients), with 85% receiving this service.

### Housing situation and outcomes

Outcomes presented here describe the change in a clients' housing situation between the start and end of support. Data is limited to clients who ceased receiving support during the financial year - meaning that their support periods had closed and they did not have ongoing support at the end of the year.

Many clients had long periods of support or even multiple support periods during 2020-21. They may have had a number of changes in their housing situation over the course of their support. These changes within the year are not reflected in the data presented here, rather the client situation at the start of their first support period in 2020-21 is compared with the end of their last support period in 2020-21. A proportion of these clients may have sought assistance prior to 2020-21, and may again in the future.

By the end of support, many clients have achieved or progressed towards a more positive housing solution. That is, the number and/or proportion of clients ending support in public or community housing (renter or rent-free) or private or other housing (renter or rent-free) had increased compared with the start of support.

For young people presenting alone in 2020-21, around 14,000 clients (54%) were experiencing homelessness at the start of support; 7,600 (29%) were couch surfing. By the end of support, 60% of clients were housed (Supplementary table YOUNG.3).

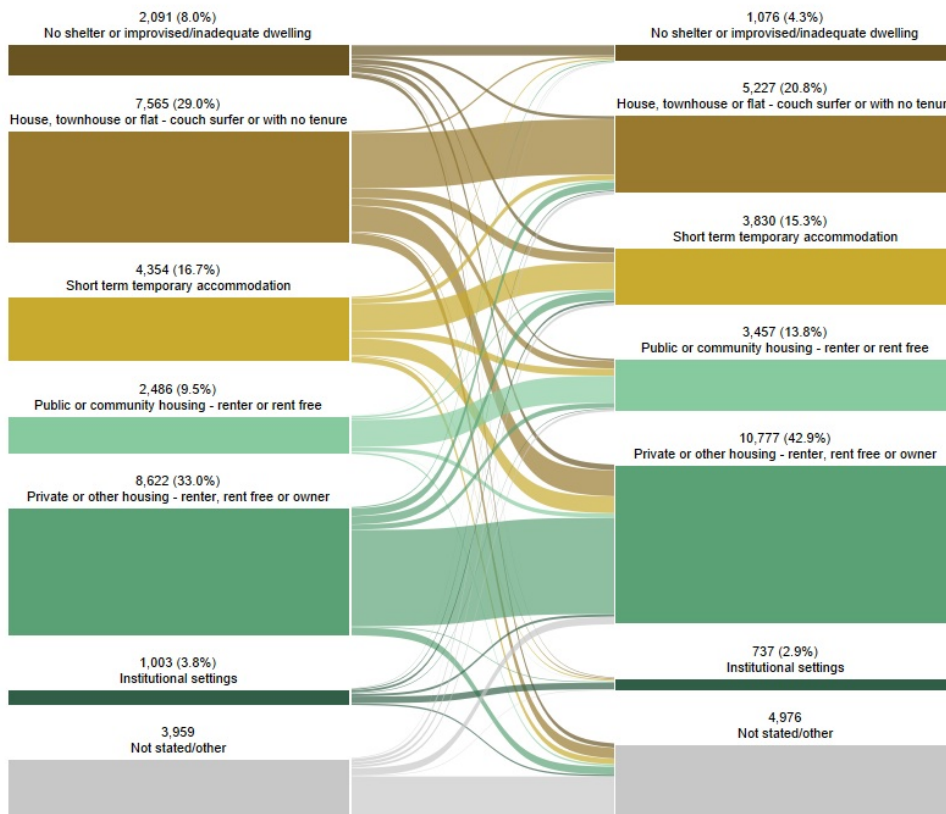
### Figure YOUNG.4: Housing situation for young people presenting alone with closed support, 2020-21

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short-term accommodation, public/community housing, private housing and institutional settings) of young people presenting alone with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most clients started and ended support in private housing or other housing.

Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:  
 1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).  
 Source: Specialist Homelessness Services Collection. Supplementary table YOUNG.3

In 2020–21, 30,100 young people presenting alone had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 12,100 clients) (Supplementary table YOUNG.3):

- Around 6,600 young people maintained private housing at the end of support.
- Around 1,800 young people maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just over 14,100 young people):

- Around 2,800 young people ended support in short term accommodation.
- Around 3,300 ended support in private housing.
- Around 4,300 young people were couch surfing at the end of support.

## Where do I go for more information?

See [Homelessness services](#) for more information on this topic.

For more information on young people and homelessness and homelessness services, see:

- [Couch surfers](#): a profile of Specialist Homelessness Services clients
- [Australia's children](#): Homelessness snapshot
- [Homelessness and homelessness services](#), Australia's Welfare.

## References

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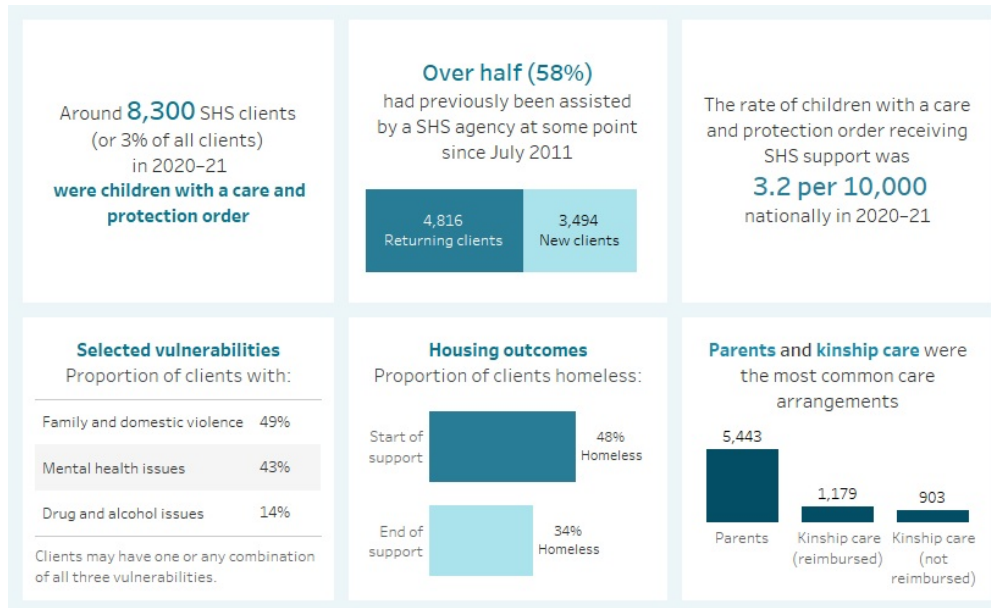


## Children on care and protection orders

### On this page

- [Key findings](#)
- [Service use patterns](#)
- [Housing situation and outcomes](#)
- [References](#)

### Key findings: Children on a care and protection order, 2020-21



Care and protection orders (CPOs) are legal orders or arrangements that place some responsibility for a child's welfare with child protection authorities. In Australia, state and territory governments are responsible for statutory child protection. Their respective departments work with children and families to protect them from abuse, neglect or other harm (AIHW 2021).

Between 2014-15 and 2019-20, the rate of children on care and protection orders increased from 9.1 per 1,000 children to 11 per 1,000 children (AIHW 2021). Of the 60,900 children on care and protection orders at 30 June 2020, most were living in home-based care, either with relative/kinship carers (36%) or in foster care (28%). While many children are moved into out-of-home care, others remain living at home with family support provided by community-based agencies.

Pathways into homelessness for children on care and protection orders are complex. For example, children who present alone may have absconded from their home due to family violence, abuse or neglect (Noble-Carr & Trew 2018). Children may also seek support from SHS agencies with their carers.

Family and domestic violence is one of the main reasons that families at risk of homelessness seek assistance from SHS agencies. It is also one of the leading reasons for statutory intervention, and SHS agencies often work with the same families and children as child protection authorities (MICAH Projects 2016). Linked data has been used to describe the characteristics of children and young people who received both child protection (an investigated notification, care and protection order or out-of-home care) and specialist homelessness services (SHS) (AIHW 2016). Compared with children who accessed only SHS, children who accessed both child protection and SHS were more likely to have experienced family and domestic violence (53%, compared with 44%). For more information about children on care and protection orders, see [Child protection Australia 2019-20](#).

#### Reporting children on care and protection orders in the Specialist Homelessness Services Collection (SHSC)

A client is reported as being under a care and protection order (CPO) if they are under 18 and have provided any of the following information in any support period during the reporting period.

They reported that they were under a CPO and had the following care arrangements:

- residential care
- family group home
- relatives/kin/friends who are reimbursed
- foster care
- other home-based care (reimbursed)

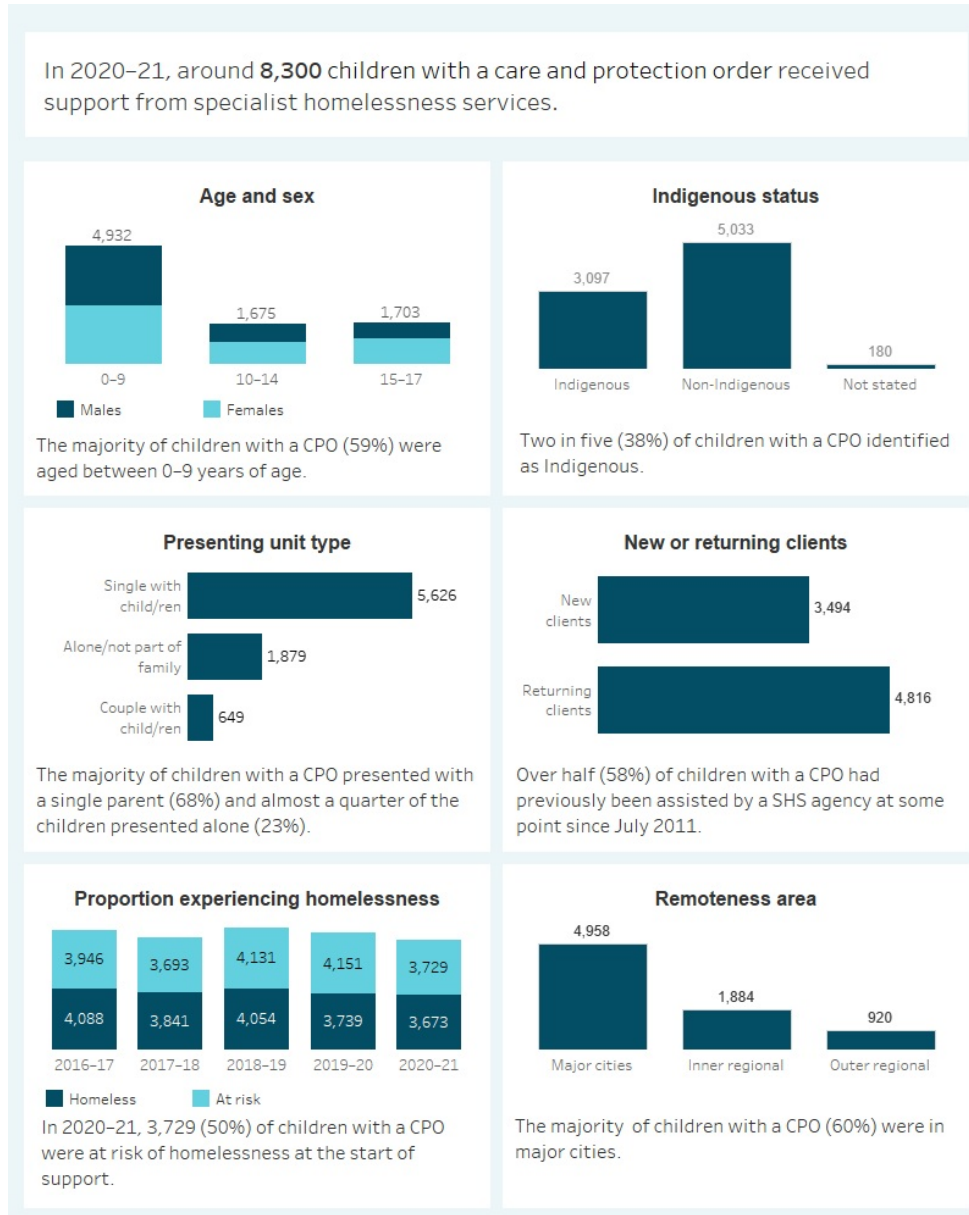
- relatives/kin/friends who are not reimbursed
- independent living
- other living arrangements
- parents, or

They have reported ‘transition from foster care/child safety residential placements’ as a reason for seeking assistance or the main reason for seeking assistance.

For more information, see [Technical notes](#).

### Figure CPO.1: Characteristics of children on care and protection orders

This interactive image describes the characteristics of around 8,300 children on a care and protection order who received SHS support in 2020-21. Most clients were aged 0-9 years. More than a third were Indigenous. Most presented with a single parent. The majority of clients had previously been assisted by a SHS agency since July 2011. Half were at risk of homelessness at the start of support. Most were in major cities.



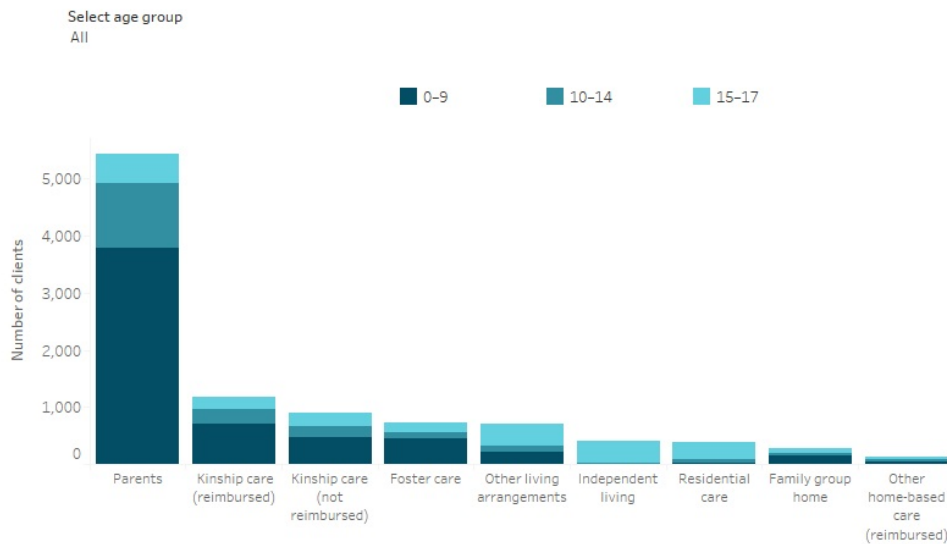
### Care arrangement type

Children on care and protection orders may reside with their parents or in placements approved by each state or territory’s child protection authority where they are unable to live with their families due to safety concerns.

### Figure CPO.2: Children on care and protection orders, by placement type, 2020-21

This interactive stacked bar graph shows children on a care and protection order by placement type and age group. The most common care arrangement was with parents, followed by kinship care, foster care, other living arrangements, independent living, residential care, family group home and other home-based care.





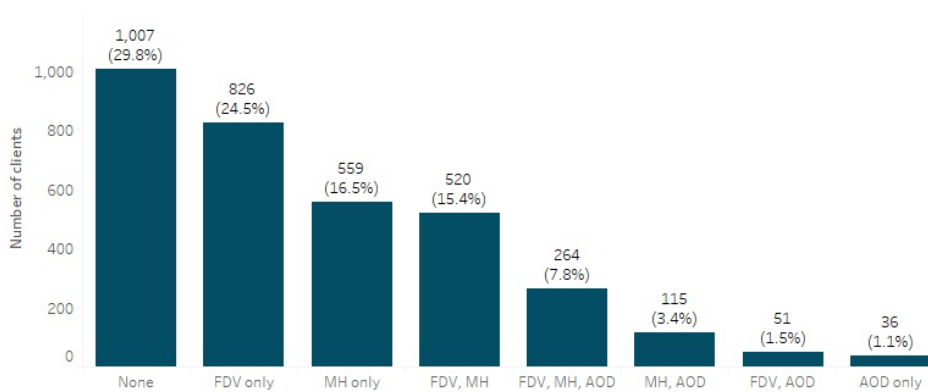
Source: Specialist Homelessness Services Collection. Supplementary table CPO.6.

- The most common care arrangement among children on a CPO was parents (65% or around 5,400 children), followed by relative(s) or kin (25% or almost 2,100 clients) (Supplementary table CPO.6).
- Most clients aged 0-9 had parents as their care arrangement (77% or around 3,800 children), followed by relative(s) or kin (24% or almost 1,200 children).
- Among clients aged 15-17, similar proportions had parents (30% or over 500 clients), kinship carers (26% or around 400), independent living (22% or around 370 clients) and other living arrangements (23% or around 390 clients) as care arrangements.

### Selected vulnerabilities

Children on a CPO may face additional vulnerabilities that make them more susceptible to becoming homeless, in particular family and domestic violence, a current mental health issue and problematic drug and/or alcohol use. These vulnerabilities are only assessed in clients aged 10 and over.

Figure CPO.3: Children on care and protection orders, by selected vulnerabilities, 2020-21



Key - FDV: Family and domestic violence; MH, current mental health issue; AOD: Problematic drug or alcohol use.

Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Children with a care and protection order are aged under 18 years.
3. Totals may not sum due to rounding.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.43.

In 2020-21, of the around 3,400 children on a CPO who were aged 10 and over, 7.8% had all three of the additional selected vulnerabilities while 30% had none.

- Just under half (49%) of children experienced family and domestic violence.
- One in six (14%) children reported experiencing problematic drug or alcohol use.
- Two in five (43%) children had a current mental health issue.

### Service use patterns

The length of support children on protection orders received increased in 2020-21 to a median of 102 days, up from 99 days in 2016-17. The average number of support periods per client however has remained consistent over time from an average of 1.8 support periods per client in 2016-17 to 1.7 in 2020-21. The proportion of clients receiving accommodation has decreased from 53% in 2016-17 to 49% in 2020-21, while the median number of nights accommodated increased from 69 in 2016-17 to 76 in 2020-21 (Supplementary table CLIENTS.44).

### New or returning clients

More than half of the children on a CPO (58% or around 4,800 clients) were returning clients (Supplementary table CLIENTS.38), having received assistance from a SHS agency at some point since the collection began in July 2011. Returning clients were more likely than new clients to be aged 10-17 (42%, compared with 38%), conversely new clients were more likely to be aged 0-9 years (62% compared with 58% of returning clients).

### Main reasons for seeking assistance

In 2020-21, the main reasons for seeking assistance among children on a CPO were (Supplementary table CPO.4):

- family and domestic violence (39% or over 3,200 clients)
- housing crisis (16% or around 1,300 clients)
- inadequate or inappropriate dwelling conditions (10% or over 800 clients).

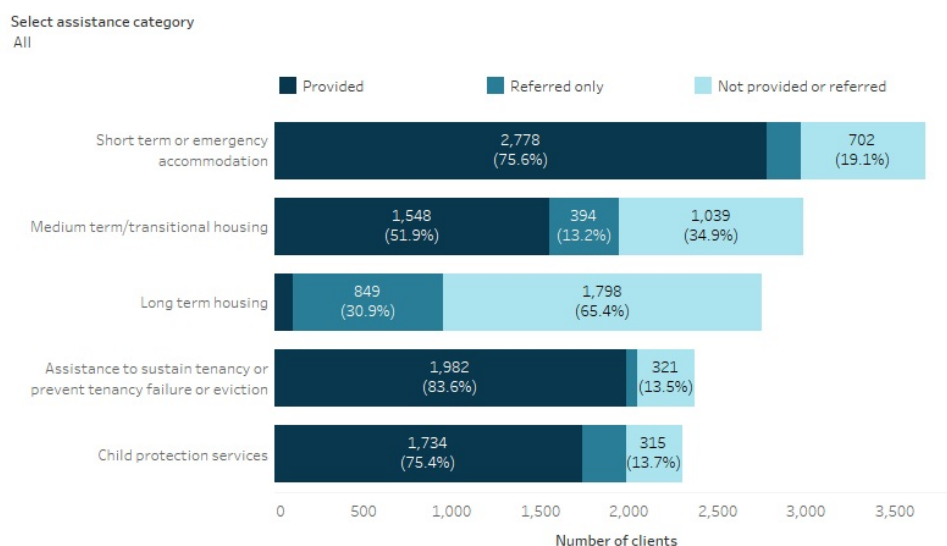
Family and domestic violence was the most common reason for seeking assistance for both homeless and at risk children on CPO, though the proportion was much higher for children at risk (48% or nearly 1,800 clients, compared with 29% or just over 1,000) (Supplementary table CPO.5).

### Services needed and provided

Similar to the overall SHS population, most children on a CPO needed general services that were provided by SHS agencies including advice/information, advocacy/liaison on behalf of client and other basic assistance.

**Figure CPO.4: Children on care and protection orders, by services needed and provided, 2020-21**

This interactive stacked horizontal bar graph shows the services needed by children on a care and protection order and their provision status. Short term accommodation was the most needed and most provided service. Long term housing was the least provided service.



Notes:

1. Excludes 'General services'
  2. 'Short-term accommodation' includes temporary and emergency accommodation.
- Source: Specialist Homelessness Services Collection. Supplementary table CPO.2.

In 2020-21, children with a CPO needed:

- short-term or emergency accommodation (44% or around 3,700 clients), with 76% of those needing this service receiving this service.
- assistance for family/domestic violence (43% or around 3,600 clients), with 91% receiving this service.
- material aid/brokerage (43% or around 3,600 clients), with 86% receiving this service.
- long-term housing (33% or around 2,700 clients), with 3.7% receiving this service.

Children on a CPO were also more likely than the overall SHS population to need services including (Supplementary tables CPO.2 and CLIENTS.23):

- family/relationship assistance (29%, compared with 15%), with 83% receiving this service
- child protection services (28%, compared with 5.3%), with 75% receiving this service
- assistance for trauma (23%, compared with 13%), with 80% receiving this service
- assistance with challenging social/behavioural problems (22%, compared with 12%), with 86% receiving this service.

### Housing situation and outcomes

Outcomes presented here describe the change in clients' housing situation between the start and end of support. Data is limited to clients who ceased receiving support during the financial year - meaning that their support periods had closed and they did not have ongoing support at the end of the year.

Many clients had long periods of support or even multiple support periods during 2020-21. They may have had a number of changes in their housing situation over the course of their support. These changes within the year are not reflected in the data presented here, rather the client situation at the start of their first support period in 2020-21 is compared with the end of their last support period in 2020-21. A proportion of these clients may have sought assistance prior to 2019-20, and may again in the future.

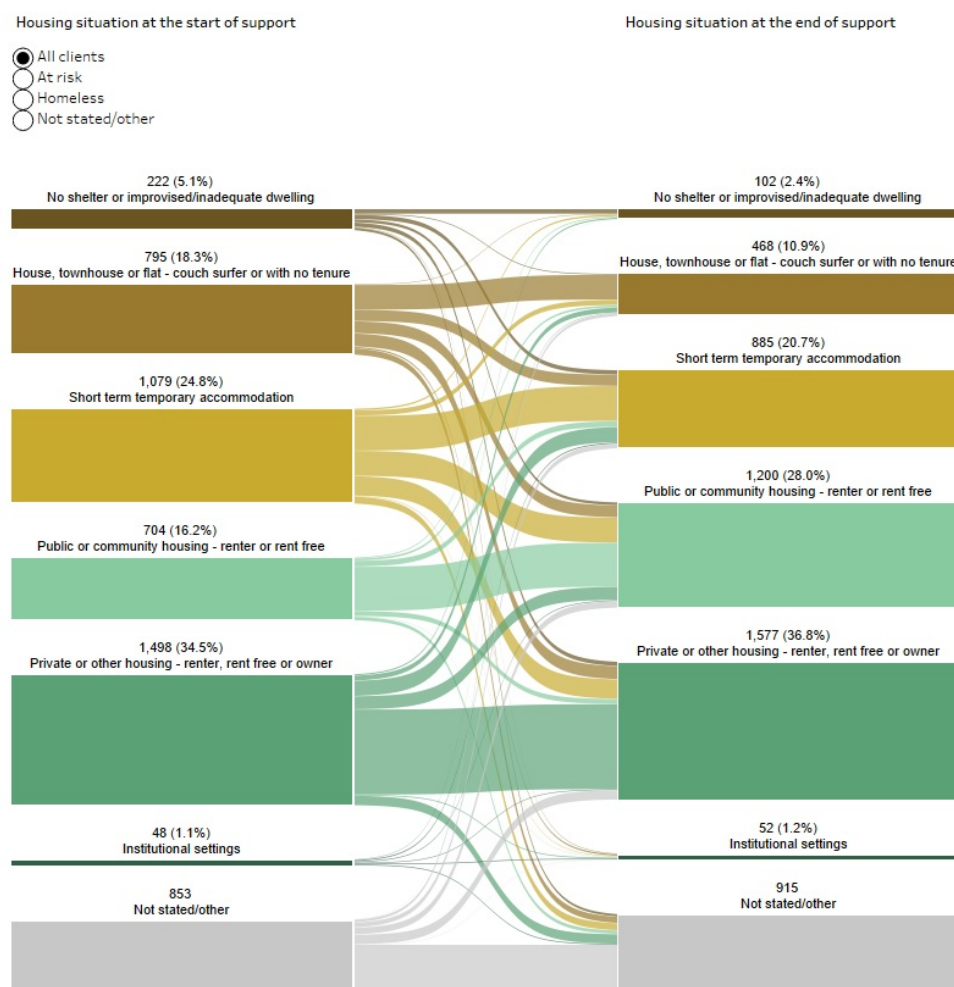
Children were considered homeless when at the start of support they were identified as having no shelter or improvised/inadequate dwelling, were in short term temporary accommodation or were couch surfing with no tenure in a house townhouse or flat.

By the end of support, many clients have achieved or progressed towards a more positive housing solution. That is, the number and/or proportion of clients ending support in public or community housing (renter or rent-free) or private or other housing (renter or rent-free) had increased compared with the start of support.

For children on care and protection orders in 2020-21, around 2,100 clients (48%) were experiencing homelessness at the start of support; 1,100 (25%) were in short term temporary accommodation. By the end of support, 66% of clients were housed (Figure CPO.5).

### Figure CPO.5: Housing situation for children on a care and protection order with closed support, 2020-21

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short-term accommodation, public/community housing, private housing and institutional settings) of children on a care and protection order with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most started and ended support in private housing.



**Note:**

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table CPO.3.

In 2020-21, 5,200 children with a care and protection order had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 2,200 clients) (Supplementary table CPO.3):

- Around 980 children maintained private housing at the end of support.
- Around 510 children maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just over 2,100 children):

- Around 580 children ended support in short term accommodation.
- Around 420 ended support in private housing.
- Around 350 children were couch surfing at the end of support.

## References

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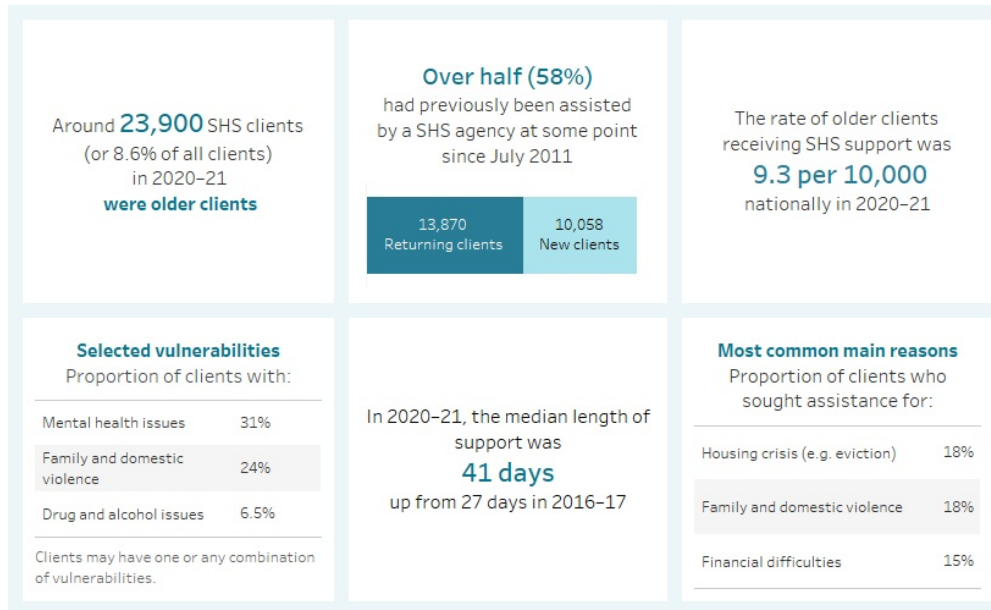


## Older clients

### On this page

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- [Client characteristics](#)
- [Service use patterns](#)
- [Main reasons for seeking assistance](#)
- [Housing situation and outcomes](#)
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### Key findings: Older clients, 2020-21



Australian and international research suggest that there are two main and contrasting pathways into homelessness for older people, each with different risk factors. Firstly, many people who experience homelessness for the first time later in life have led “conventional” lives (Shinn et al. cited in Petersen et al. 2014) involving employment, residential stability and family; these people only experienced homelessness after critical life events such as relationship breakdown, financial trouble or the onset of illness (Petersen et al. 2014). Three factors may be important for this subgroup, which is more often female, educated and in good health: (1) they have an element of financial insecurity, often because of a history of low paid or insecure work, (2) they are unfamiliar with health and welfare systems, (3) they may have a reluctance to draw on existing social capital (Burns and Sussman, 2018).

Secondly, there is also a population of older adults who have experienced long-term, or chronic, homelessness often with poor physical and mental health and histories of substance misuse and institutionalisation (Petersen et al. 2014). For this group, the pathway to homelessness is an ongoing issue, featuring repeated attempts to obtain assistance, long-term housing instability, little or no social capital and limited options before becoming homeless at later ages (Burns and Sussman, 2018).

Affecting both groups is the increasing cost of home ownership and of rental accommodation, which has resulted in fewer older Australians owning their own home (ABS 2019), and many older Australians on low incomes being unable to compete in rental markets (Nesbitt and Johnson 2019). Also relevant is a lack of age-specific services for older people as well as an unawareness of available services and, in some cases, an unwillingness to engage with services because of shame (Thredgold et al. 2019).

The Royal Commission into Aged Care Quality and Safety (2021) found that the current aged care system is not adequately equipped to support people from a range of backgrounds, including those who have experienced homelessness or are at risk of becoming homeless. The Commission made a series of recommendations relating to SHS agencies such as providing personal advisers for older people in order to link them with housing services as well as developing more affordable and appropriate housing. The Government responded to the Commission’s recommendations on 1 May 2021 and committed to providing grants for aged care in regional, rural and remote areas that assist First Nations people, as well as those experiencing or at risk of experiencing homelessness. The Government also upheld a commitment to the 30% increase in the Viability and Homelessness Supplement that commenced in March 2020 until commencement of the Australian National Aged Care Classification (AN-ACC) funding model.

For the purposes of the Specialist Homelessness Services Collection (SHSC), older people are defined as clients aged 55 years and over. For further information, see [Technical notes](#).

## Older women

Older women are increasingly experiencing homelessness due to lower lifetime incomes, less access to financial assets such as superannuation because they are more likely to take on informal care responsibilities, relationship breakdown, and the consequences of family and domestic violence (Power et al. 2018; Cameron 2013). In 2016, there were an estimated 6,900 older homeless women on Census night, an increase of 2,100 (44%) from 4,800 in 2006 (ABS 2012, ABS 2018a). Research has suggested that there may be more homeless women than data suggests given the tendency of women to 'self-manage' their homelessness rather than utilising SHS (Australian Human Rights Commission 2019).

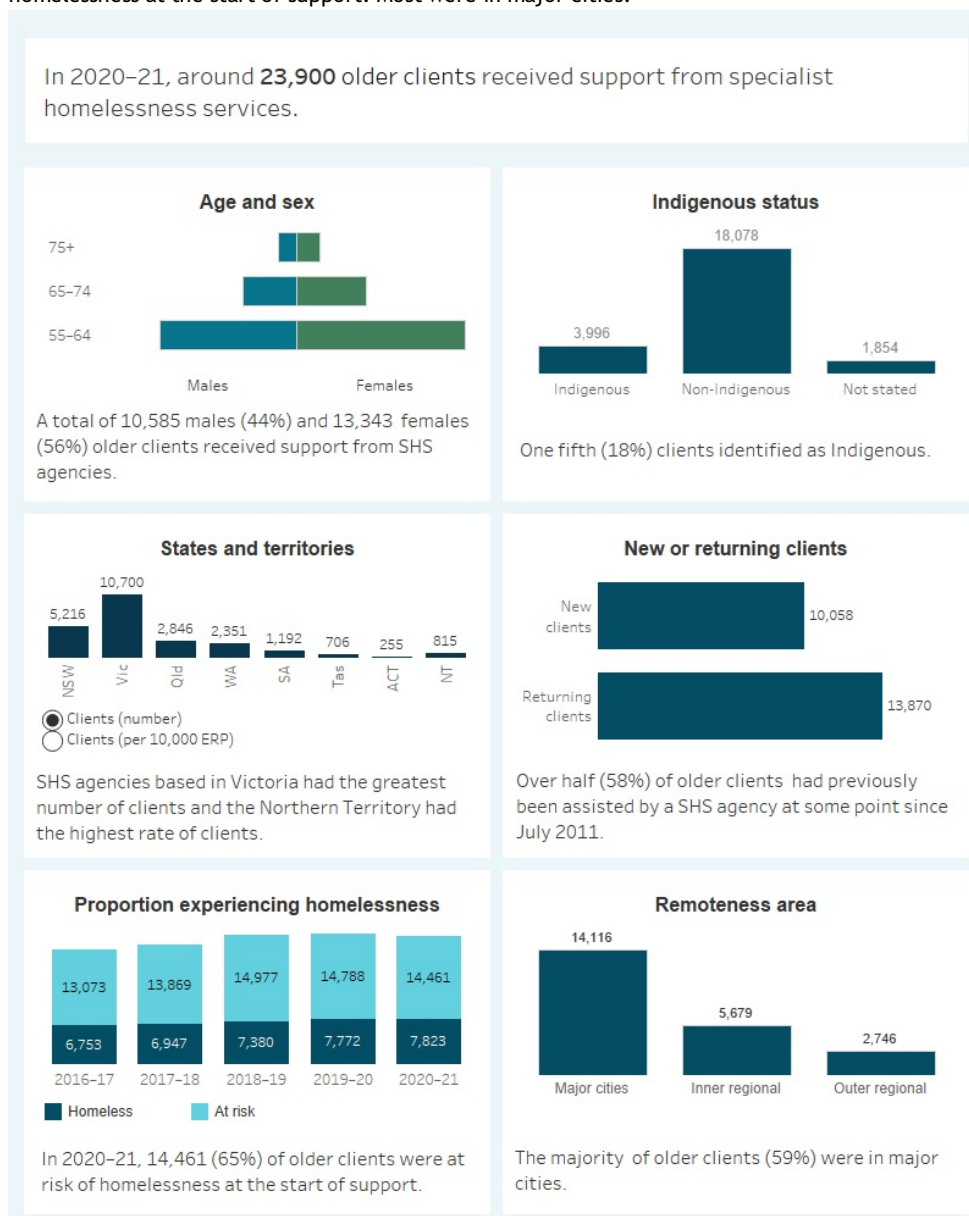
During their lifetime, women are more likely to take leave from the workforce and return to paid employment on a part-time or casual basis, which influences their lifetime superannuation savings.

- In 2017-18, a smaller proportion of women (64%) than men (75%) aged 20-74 years were employed and of those employed, women (44% of those employed) were more likely to be working part-time compared with men (16%) (ABS 2018b).
- In 2015-16, the median superannuation balance at, or approaching, 55-64 years, for women was \$96,000, considerably lower than \$166,300 for men (ABS 2018b).
- In 2015-16, for those aged 65 years and over who were not in the labour force, a smaller proportion of women relied on their superannuation pension or annuity as their main source of income than men (14% of women compared with 22% of men) (ABS 2018b).

## Client characteristics

**Figure OLDER.1: Key demographics, older SHS clients, 2020-21**

This interactive image describes the characteristics of around 23,900 older clients who received SHS support in 2020-21. Most were female, aged 55-64. Around one in six were Indigenous. Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Most were at risk of homelessness at the start of support. Most were in major cities.



In 2020-21 (Supplementary tables OLDER.1, CLIENTS.1 and Historical table HIST.OLDER):

- SHS agencies assisted nearly 24,000 clients aged 55 and over. Since 2016-17, the number of clients aged 55 and over has risen by nearly 1,500 clients.
- Older clients represented 8.6% of all SHS clients, which has been relatively stable since 2016-17.
- The rate of older clients was 9.3 per 10,000 Australian population in 2016-17 and again in 2020-21.
- The age specific rate of service use among older Australians was 52.0 clients per 10,000 population for those aged 55-64 and 20.1 per 10,000 for those aged 65 and over.

### Labour force

- In 2020-21, the majority of older clients were not in the labour force (53%). Around two fifths (41%) were unemployed (that is, seeking work) and 6.7% were employed (Supplementary table OLDER.6).
- Of the older clients with known labour force status, female clients were more likely to be employed part-time (5.3% of all female older clients) than males (2.2%). Male clients (44%) were more likely to be unemployed than females (38%).

### Living arrangements

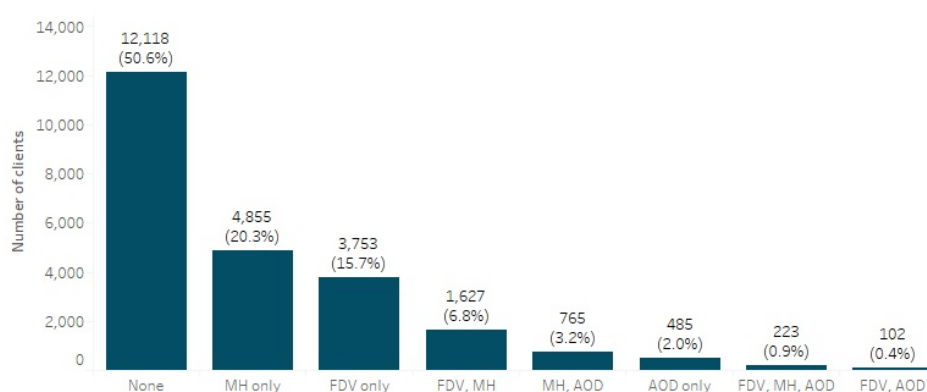
In 2020-21, of the almost 21,900 clients with known living arrangement upon presentation to a SHS agency (Supplementary table CLIENTS.41):

- most (13,400 clients) were living alone; higher for males (71% of older male clients) than females (53%)
- more than 1 in 10 (12% or 2,600 clients) were living as a lone parent or couple with children
- over 2,700 people (12%) were living with other family which can include a person with or without children living (as a couch surfing arrangement) with others.

### Selected vulnerabilities

The majority of older clients (51% or 12,100) did not have additional vulnerabilities (that is, a current mental health issue, experiencing family and domestic violence, or problematic drug and/or alcohol use) (Figure OLDER.2, Supplementary table CLIENTS.43).

Figure OLDER.2: Older clients, by selected vulnerability characteristics, 2020-21



Key - FDV: Family and domestic violence; MH, current mental health issue; AOD: Problematic drug or alcohol use.

#### Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Clients are aged 55 and over.
3. Totals may not sum due to rounding.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.43.

In 2020-21, of the around 23,900 older clients, 0.9% had all three of the additional selected vulnerabilities while 51% had none.

- Just less than a quarter (24%) of older clients experienced family and domestic violence.
- One in twenty (6.6%) older clients reported experiencing problematic drug or alcohol use.
- Around a third (31%) of older clients had a current mental health issue.

### Service use patterns

The length of support older clients received increased in 2020-21 to a median of 41 days, up from 27 days in 2016-17. The average number of support periods per client however has remained consistent over time from an average of 1.5 support periods per client in 2016-17 to 1.6 in 2020-21. The proportion of clients receiving accommodation increased, from 17% of older clients in 2016-17 to 20% in 2020-21, while the median number of nights accommodated decreased from 30 to 24 (Supplementary table CLIENTS.44).

### New or returning clients

More than half (58% or 13,900) of older SHS clients were returning clients, having previously been assisted by a SHS agency at some point since the collection began in July 2011 (Supplementary table CLIENTS.38). Most (69%) returning clients were aged 55-64; 31% were aged 65 and over. Of the new clients, 59% were aged 55-64.

### Main reasons for seeking assistance

The 3 main reasons older clients sought assistance from SHS agencies in 2020-21 were (Supplementary table OLDER.4):

- housing crisis (18% or 4,300 clients)
- family and domestic violence (18% or 4,200)
- financial difficulties (15% or 3,500).

The main reason older clients sought assistance was different for those experiencing homelessness compared with those presenting to services at risk of homelessness (Supplementary table OLDER.5).

• For those experiencing homelessness the main reasons for seeking assistance were:

- inadequate or inappropriate dwelling conditions (25% or over 1,900 clients)
- housing crisis (24% or over 1,800)
- financial difficulties (7.8% or 600).

• For those at risk of homelessness:

- family and domestic violence (20% or 2,800 clients)
- housing crisis (17% or 2,500).
- financial difficulties (17% or 2,400).

### Services needed and provided

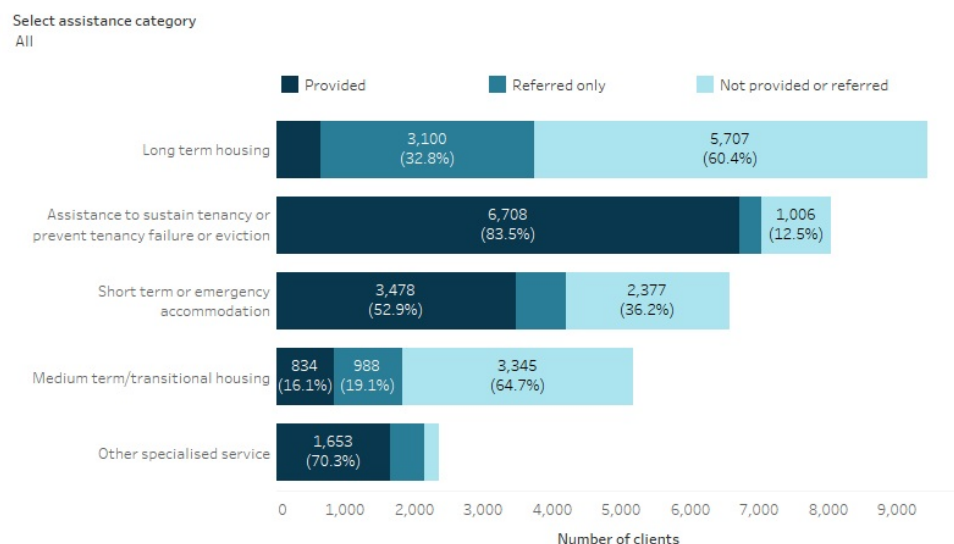
In 2020-21, over half (52% or 12,400) of older SHS clients needed accommodation, of those 38% were provided with some type of accommodation assistance and a further 23% were referred to another agency for this type of support. Demand was highest for long-term accommodation (40% or 9,400 needed long-term accommodation) compared with medium-term (22% or 5,200) and short-term or emergency accommodation (28% or 6,600). Of the older clients who needed long-term housing, less than 7% were provided this type of assistance (Figure OLDER.3, Supplementary table OLDER.2).

Other services most commonly needed by older clients during 2020-21 were:

- assistance to sustain tenancy or prevent tenancy failure or eviction (34%), with 84% provided this assistance
- material aid/brokerage (31%), with 88% provided this assistance
- financial information (18%), with 84% provided with assistance.

**Figure OLDER.3: Older clients, by services needed and provided, 2020-21**

This interactive stacked horizontal bar graph shows the services needed by older clients and their provision status. Long term housing was the most needed and least provided service. Assistance to sustain tenancy or prevent tenancy failure or eviction was the most provided service.



**Notes:**

1. Excludes 'General services'
  2. 'Short-term accommodation' includes temporary and emergency accommodation.
- Source: Specialist Homelessness Services Collection. Supplementary table OLDER.2.

In 2020-21, older SHS clients needed:

- long-term housing (40% or around 9,400 clients), with 6.7% receiving this service.
- short-term or emergency accommodation (28% or around 6,600 clients), with 53% of those needing this service receiving this service.
- assistance for family/domestic violence (18% or around 4,200 clients), with 91% receiving this service.
- material aid/brokerage (31% or around 7,400 clients), with 88% receiving this service.

### Housing situation and outcomes

Outcomes presented here describe the change in clients' housing situation between the start and end of support. Data are limited to clients who ceased receiving support during the financial year—meaning that their support periods had closed and they did not have ongoing support at the end of the year.



Many clients had long periods of support or even multiple support periods during 2020-21. They may have had a number of changes in their housing situation over the course of their support. These changes within the year are not reflected in the data presented here. Instead, the client situation at the start of their first support period in 2020-21 is compared with the end of their last support period in 2020-21. A proportion of these clients may have sought assistance prior to 2020-21, and may again in the future.

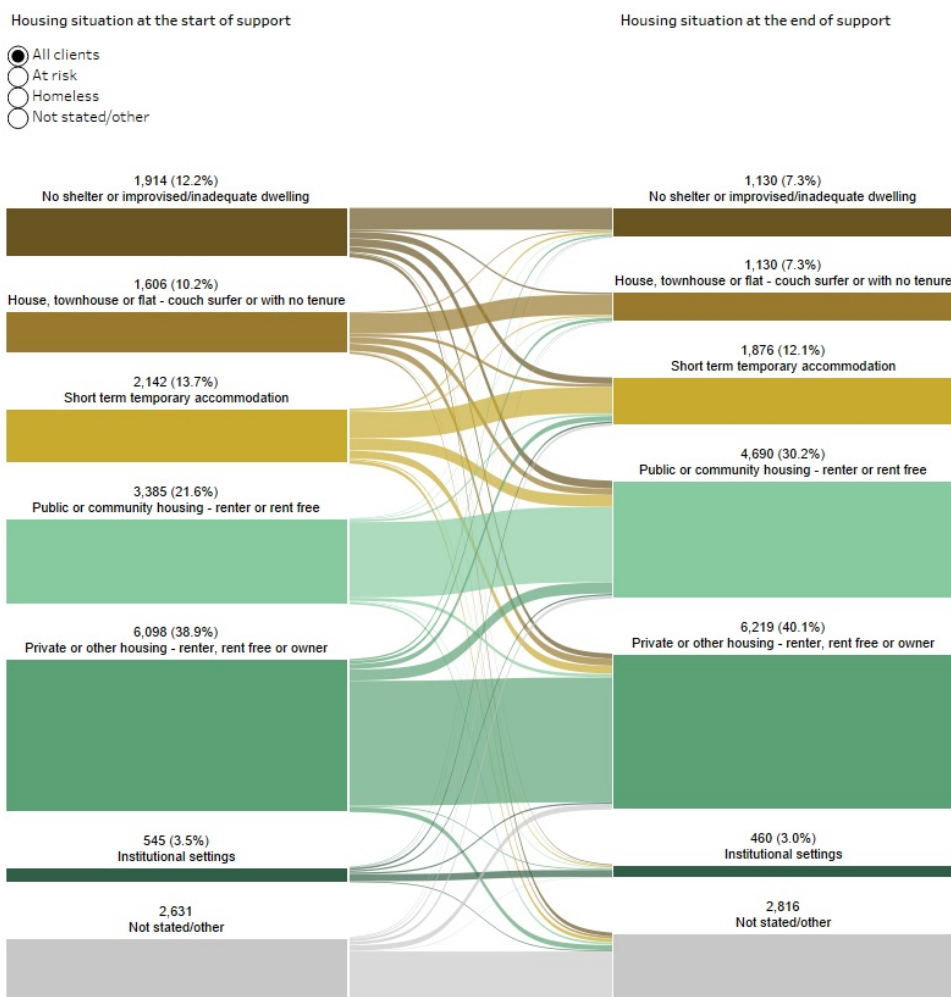
While overall housing outcomes generally reflect trends towards more favourable housing, experiences of homelessness, particularly rough sleeping, were more common for clients with problematic drug and/or alcohol use both at the start and end of SHS support.

For older clients in 2020-21, more than one third (36% or 5,700 clients) were experiencing homelessness at the start of support; over 2,100 (14%) were in short term temporary accommodation and 1,900 (12%) had no shelter or were in an improvised/inadequate dwelling.

By the end of support, housing outcomes generally demonstrate that fewer older clients were known to be experiencing homelessness (27%) and most (73%) were living in stable accommodation by the end of support in 2020-21, be it public or community, private or other housing or an institutional setting. Of those clients that commenced their support in 2020-21 homeless and with no shelter or in an improvised/inadequate dwelling, nearly half (46%) were in the same situation at the end of their support in 2020-21 (Supplementary table OLDER.3). Most commonly, older clients commenced support at-risk of homelessness, nearly all of these (83% of those in private dwellings, 90% of those in public or community housing) remained in the same situation at the end of support.

#### **Figure OLDER.4: Housing situation for older clients with closed support, 2020-21**

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short term accommodation, public/community housing, private housing and Institutional settings) of older clients with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most clients started and ended support in private housing.



Note:  
1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).  
Source: Specialist Homelessness Services Collection, Supplementary table OLDER.3.

In 2020–21, 18,300 older clients had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 10,000 clients) (Supplementary table OLDER.3):

- Around 5,000 older clients maintained private housing at the end of support.
- Around 3,000 older clients maintained public housing at the end of support.

Of those who were known to be homeless at the start of support (just over 5,600 older clients):

- Around 1,400 older clients ended support in short term accommodation.
- Around 790 ended support in private housing.
- Around 940 older clients were couch surfing at the end of support.

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## Clients with problematic drug and/or alcohol use

### On this page

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- [Client characteristics](#)
- [Service use patterns](#)
- [Main reasons for seeking assistance](#)
- [Housing situation and outcomes](#)
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### Key findings: Clients with problematic drug and/or alcohol use, 2020-21



There is a strong association between problematic alcohol or other drug use and experiences of homelessness (AIHW 2021). Problematic drug and/or alcohol use can be a pathway into homelessness or develop while experiencing homelessness (Robinson 2014; Johnson & Chamberlain 2008). It can lock people into homelessness and compound the effects of limited service engagement and increased social isolation. Problematic alcohol or other drug use is related to several homelessness risk factors, including low socioeconomic status and family and domestic violence (Lalor 2020). The Journeys Home project identified that people were more likely to have risky levels of alcohol and drug use, the longer they were homeless (Scutella et al. 2014).

Problematic drug and/or alcohol users are at great risk of serious and preventable health issues and death, particularly those who are homeless (AIHW 2021). They are also likely to have the most persistent and challenging problems (Johnson & Chamberlain 2008; Scutella et al. 2014).

#### Reporting clients with problematic drug and/or alcohol use in the Specialist Homelessness Services Collection (SHSC)

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

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

The identification of clients with problematic drug and/or alcohol use may be current or recent; referring to issues at presentation, just prior to receiving support or at least once in the 12 months prior to support.

For more information see [Technical notes](#).

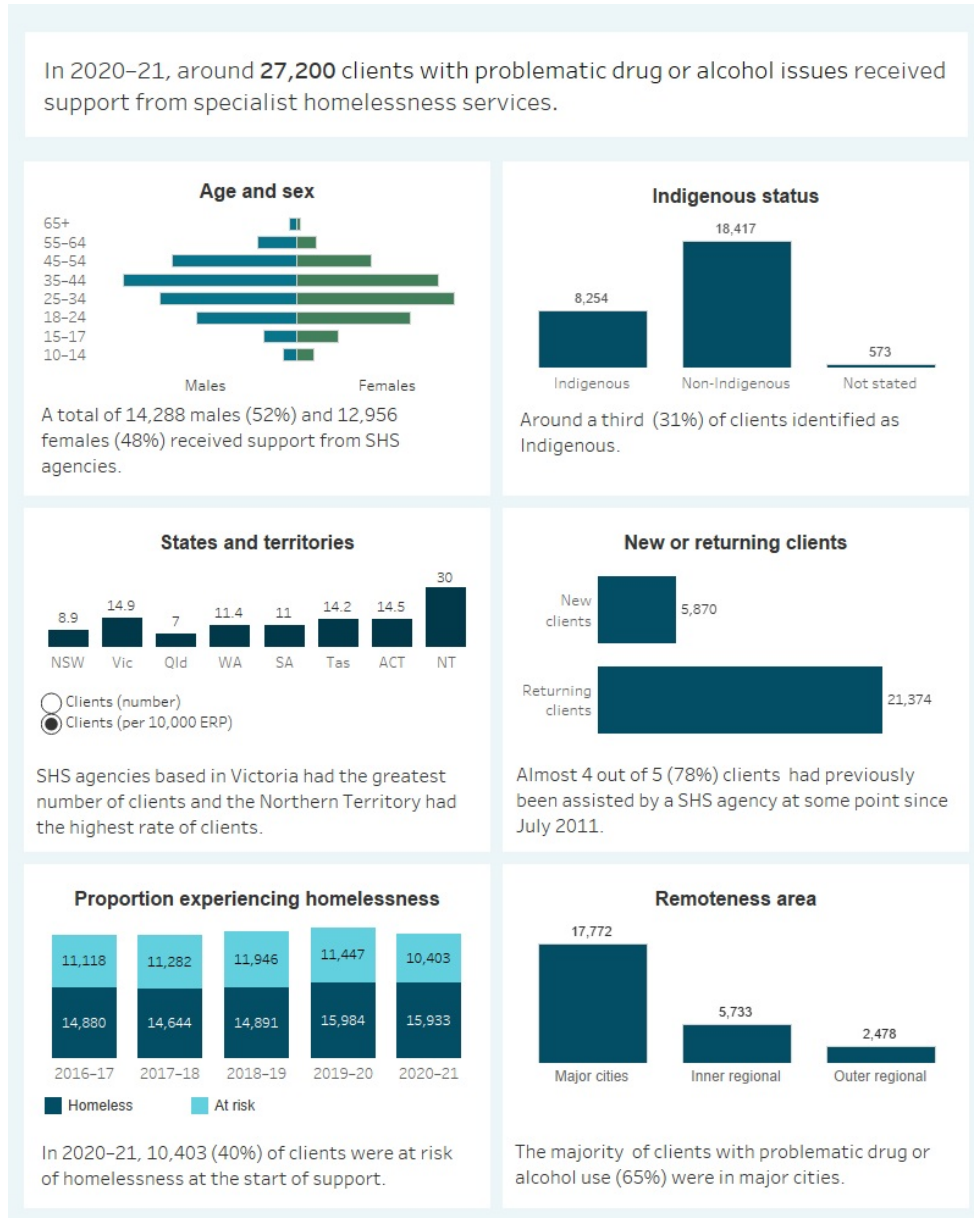
In 2020-21:

- SHS agencies assisted more than 27,200 clients (aged 10 and over) with problematic drug and/or alcohol use, a decrease from almost 28,500 in 2019-20 (Historical data table HIST.SUB).
- Clients with problematic drug and/or alcohol use represented 9.8% of all SHS clients. (Supplementary table CLIENTS.37).

## Client characteristics

**Figure SUB.1: Key demographics, clients with problematic drug and/or alcohol use, 2020-21**

This interactive image describes the characteristics of the approximately 27,200 clients with problematic drug and/or alcohol use and received SHS support in 2020-21. The majority of clients were male, aged 25-44. Nearly a third were Indigenous. Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Most were experiencing homelessness at the beginning of support. Most were in major cities.



## Presenting unit and Living arrangements

Most clients (87% or over 23,600) with problematic drug and/or alcohol use presented to services for assistance alone, higher than for all SHS clients (63%) (Supplementary tables CLIENTS.9 and CLIENTS.40). A further 8.0% (or more almost 2,200) of clients who were single with one or more children, which was much lower than the rate for all SHS clients (28%).

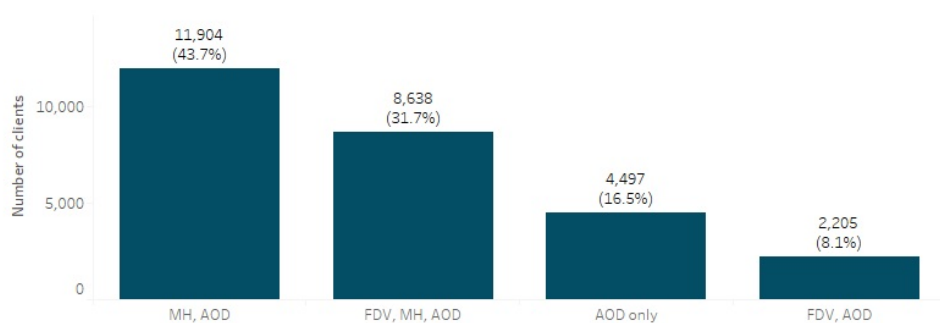
The living arrangements reported by SHS clients with problematic drug and/or alcohol use at the beginning of support were quite different from the overall SHS population and other client groups. In 2020-21 (Supplementary table CLIENTS.10):

- Almost 60% (or around 15,800) clients with problematic drug and/or alcohol use were living alone at the beginning of SHS support (Supplementary table CLIENTS.41), higher than the proportion for all SHS clients (32%) and other client groups, such as clients with a current mental health issue (47%) and clients with disability (39%).
- Comparatively fewer clients with problematic drug and/or alcohol use were living as one parent with child(ren) (11% or 3,050 compared with 33% of all SHS clients) (Supplementary table CLIENTS.10 and CLIENTS.41).

## Selected vulnerabilities

Most clients with problematic drug and/or alcohol use face additional challenges which may make them more vulnerable to homelessness. The selected additional vulnerabilities presented here include family and domestic violence and/or a current mental health issue.

**Figure SUB.2: Clients with problematic drug and/or alcohol use, by selected vulnerabilities, 2020-21**



Key - FDV: Family and domestic violence; MH, current mental health issue; AOD: Problematic drug or alcohol use.

**Notes:**

1. Clients are assigned to one category only based on their vulnerability profile.
2. Clients are aged 10 and over.
3. Totals may not sum due to rounding.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.43.

In 2020-21, of the around 27,200 clients, 8,638 had both of the additional selected vulnerabilities.

- Two in five (40%) clients experienced family and domestic violence.
- Three quarters (75%) of clients had a current mental health issue.

## Service use patterns

The length of support provided to clients with problematic drug and/or alcohol use increased in 2020-21 to a median of 110 days, up from 83 days in 2016-17. The average number of support periods per client has been relatively consistent over time from an average of 2.9 support periods per client in 2016-17 to 3.1 in 2020-21. The proportion of clients receiving accommodation has increased slightly from 49% in 2016-17 to 52% in 2020-21, while the median number of nights accommodated increased from 40 in 2016-17 to 47 in 2020-21 (Supplementary table CLIENTS.44).

## New or returning clients

In 2020-21 (Supplementary table CLIENTS.38):

- Clients with problematic drug and/or alcohol use were more likely to have received SHS services in the past (78% or almost 21,400 clients) than be new clients (22% or almost 5,900). That is, more clients had previously been assisted by a SHS agency at some point since the collection began in July 2011.
- Clients with problematic drug and/or alcohol use were more likely to be returning (78%), compared with other client groups, for example 69% of clients with a mental health issue and 61% of the all SHS clients. This may reflect the cyclical nature of insecure housing among people with problematic drug and/or alcohol use.

## Main reasons for seeking assistance

In 2020-21, the main reasons clients with problematic drug and/or alcohol use presented to SHS agencies were (Supplementary tables SUB.4 and CLIENTS.21):

- housing crisis (19%, compared with 18% of the overall SHS population)
- inadequate/inappropriate dwelling conditions (16%, compared with 12%)
- family and domestic violence (13%, compared with 29%).

Few clients (4.3%) with problematic drug and/or alcohol use reported substance use issues as the main reason for seeking SHS assistance.

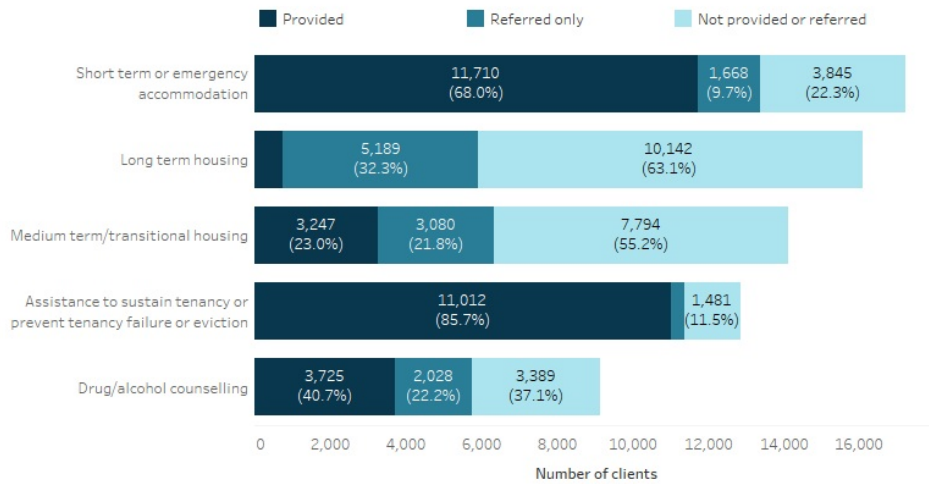
## Services needed and provided

In 2020-21, the top 6 needs reported by SHS clients with problematic drug and/or alcohol use mainly related to housing and tenure (Supplementary table SUB.2).

**Figure SUB.3: Clients with problematic drug and/or alcohol use, by services needed and provided, 2020-21**

This interactive stacked horizontal bar graph shows the services needed by clients with problematic drug and/or alcohol use and their provision status. Short term accommodation was the most needed and most provided service. Long term housing was the least provided service.

Select assistance category  
All



Notes:

1. Excludes 'General services'

2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection. Supplementary table SUB.2.

In 2020–21, clients with problematic drug or alcohol issues needed:

- short-term or emergency accommodation (63% or around 17,200 clients), with 68% of those needing this service receiving this service.
- assistance for family/domestic violence (25% or around 6,700 clients), with 79% receiving this service.
- material aid/brokerage (53% or around 14,500 clients), with 90% receiving this service.
- long-term housing (59% or around 16,100 clients), with 4.6% receiving this service.

### Housing situation and outcomes

Outcomes presented here highlight the changes in clients’ housing situation between the start and end of support. Data is limited to clients who ceased receiving support during the financial year—meaning that their support periods had closed and they did not have ongoing support at the end of the 2020-21 reporting period.

Many clients had long periods of support or even multiple support periods during 2020-21. They may have had a number of changes in their housing situation over the course of their support. These changes within the year are not reflected in the data presented here, rather the client situation at the start of their first period of support during 2020-21 is compared with the end of their last period of support in 2020-21. A proportion of these clients may have sought assistance prior to 2020-21, and may again in the future.

While overall housing outcomes generally reflect trends towards more favourable housing, experiences of homelessness, particularly rough sleeping, were more common for clients with problematic drug and/or alcohol use both at the start and end of SHS support.

The characteristics of people with problematic drug and/or alcohol use as well as their service use patterns and housing outcomes were different from the other client groups presented in this report. Clients with problematic drug and/or alcohol use over the age of 10 were more likely to be male, present to agencies alone and be homeless at first presentation compared with all SHS clients. They were also more likely to be returning clients and use support services to a greater extent.

For people with problematic drug and/or alcohol use in 2020-21, over half (60% or 9,800 clients) were experiencing homelessness at the start of support; nearly 3,100 (19%) had no shelter or were in an improvised/inadequate dwelling. By the end of support, 53% of clients were housed (Supplementary table SUB.3).

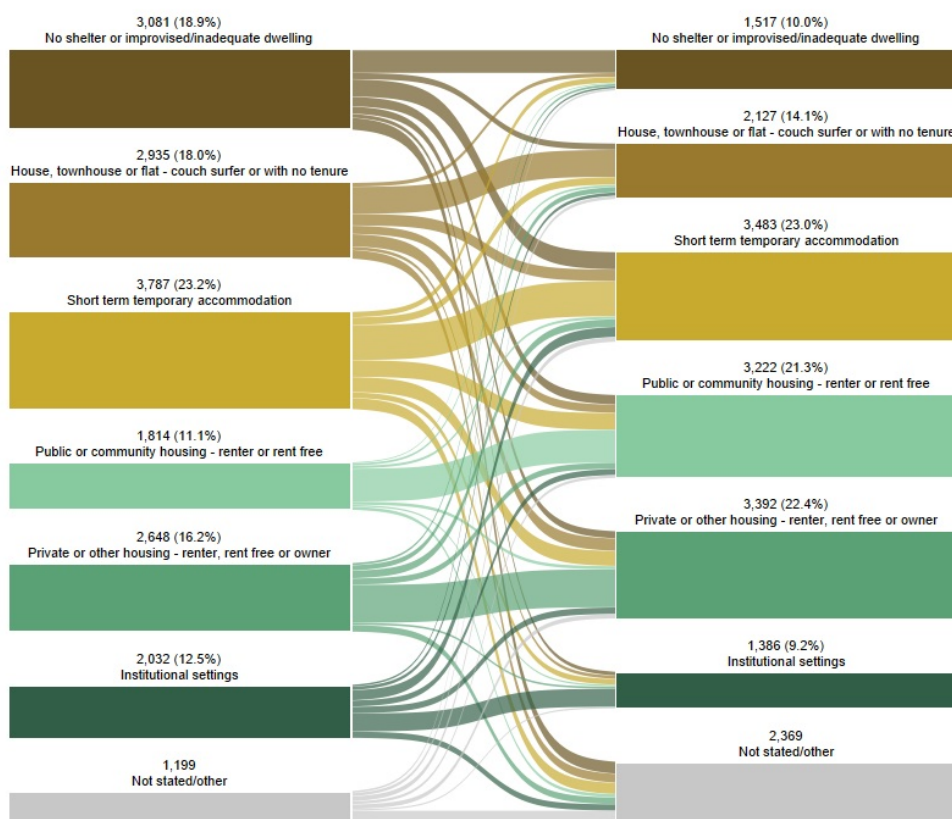
### Figure SUB.4: Housing situation for clients with problematic drug or alcohol issues with closed support, 2020-21

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short term accommodation, public/community housing, private housing and Institutional settings) of clients with problematic drug and/or alcohol use with closed support periods at first presentation and at the end of support. The diagram shows clients’ housing situation journey from start to end of support. Most started and ended support experiencing homelessness, in short term accommodation.

Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:

1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).

Source: Specialist Homelessness Services Collection. Supplementary table SUB.3.

In 2020–21, 17,500 clients with problematic drug or alcohol issues had closed support.

Of those who were known to be at risk of homelessness at the start of support (around 6,500 clients) (Supplementary table SUB.3):

- Around 1,500 clients maintained private housing at the end of support.
- Around 1,300 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just over 9,800 clients):

- Around 2,500 clients ended support in short term accommodation.
- Around 1,300 ended support in private housing.
- Around 1,600 clients were couch surfing at the end of support.

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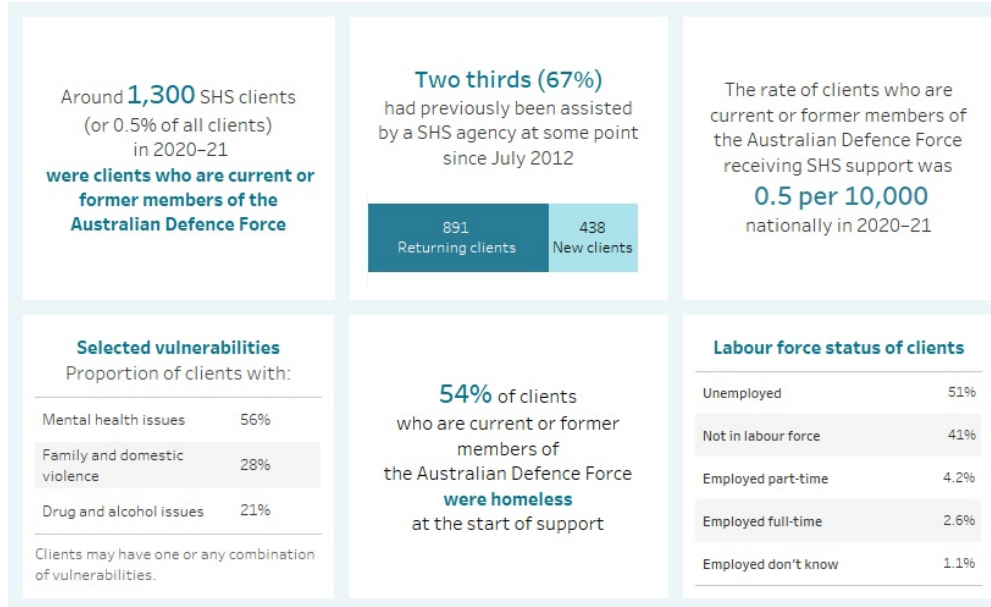


# Clients who are current or former members of the Australian Defence Force

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- [Main reasons for seeking assistance](#)
- [Housing situation](#)
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## Key findings: SHS clients who are current or former members of the ADF, 2020-21



The long-term welfare of Australian Defence Force (ADF) members is important as the nature of military service may result in serving and ex-serving personnel having been exposed to a greater number of risk factors that may influence their likelihood of experiencing homelessness, including:

- Complex personal needs - mental health issues and other complex vulnerabilities can be reflective of the unique demands of service (McFarlane et al. 2011).
- Financial stress - employment can become an issue for ADF members when transitioning from service to civilian life (Searle et al. 2019).

At 30 June 2020, there were more than 59,700 permanent current ADF members (Defence 2020). In addition, there were estimated to be around 622,500 living veterans, including all living persons who have ever served in the ADF either full-time or as reservists (DVA 2020).

Serving ADF personnel have access to housing and rental assistance through Defence Housing Australia. However, once personnel discharge from the ADF they are no longer able to access this housing support. Current or former ADF members can access a range of housing and homelessness services through government and non-government organisations, including access to reduced home loan rates and other benefits and discounts (Defence 2017).

To provide a better understanding of the extent to which current or former ADF members may need support from specialist homelessness services (SHS), the Australian Defence Force (ADF) indicator was introduced into the Specialist Homelessness Services Collection (SHSC) in July 2017.

It is important to note that variability in the implementation of this item has meant that coverage is still considered to be incomplete and limited analyses have been conducted to date. As is common with new data items, upon implementation there was a high number of 'don't know' (14% in 2017-18) responses to the ADF question. In 2019-20, the number of 'don't know' (9.0%) responses decreased, and decreased again in 2020-21 (8.0%). A 'don't know' response is selected if the information is not known or the client refuses to provide the information. Expectations are that data quality will continue to improve over time, at which time further analyses may be undertaken.

The [Use of homelessness services by contemporary ex-serving Australian Defence Force members 2011-17](#) report linked SHSC and Defence personnel data to identify contemporary ex-serving ADF members (those who discharged after 1 January 2001) who had used services between 2011-12 and 2016-17. The report provides a longer-term view of clients, prior to the implementation of the ADF indicator in the SHSC.

In 2020-21 (Supplementary table CLIENTS.37):

- SHS agencies assisted more than 1,300 clients who identified as current or former members of the ADF.
- Clients who identified as current or former members of the ADF made up less than 1% of all SHS clients.

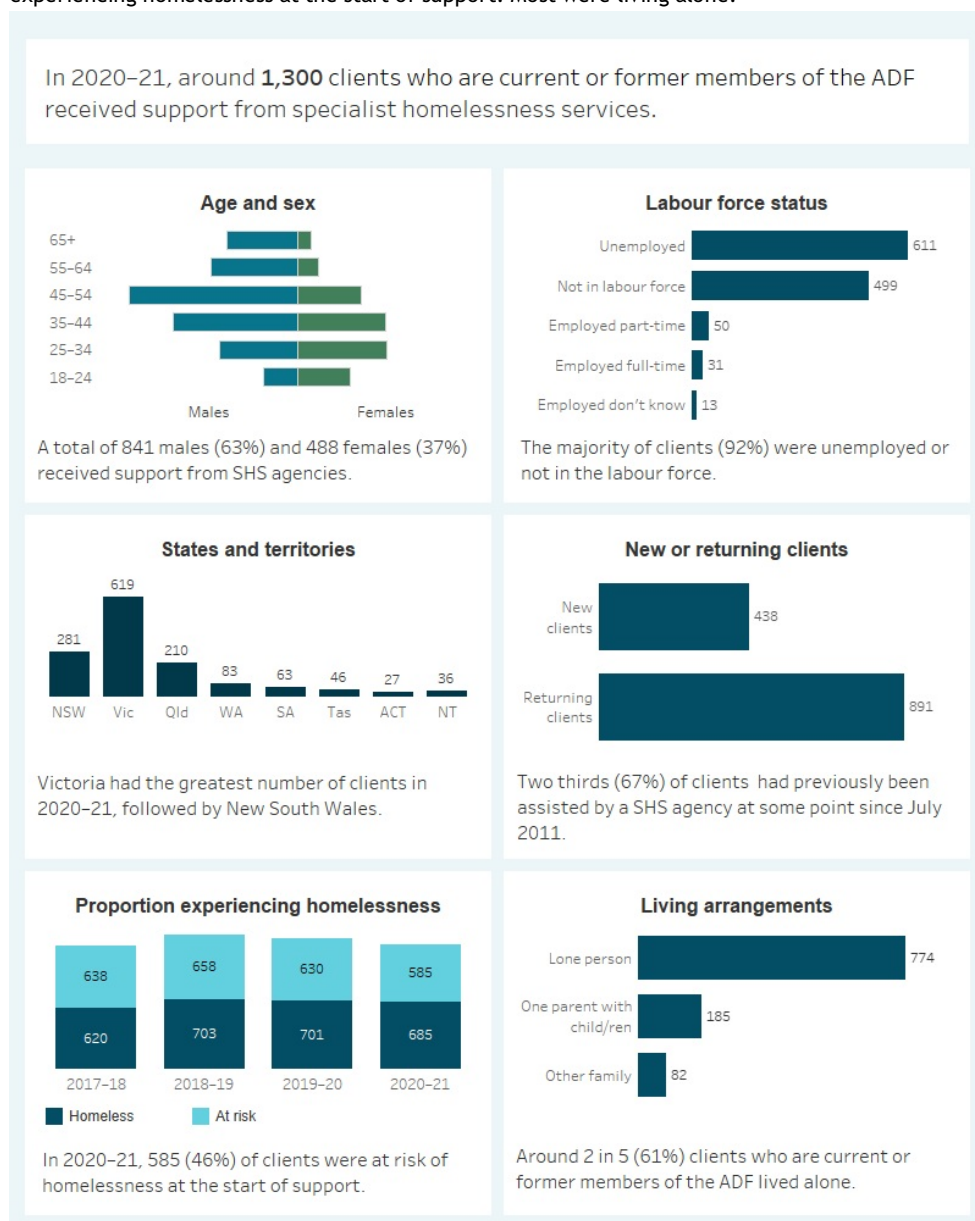
### Reporting ADF clients in the Specialist Homelessness Services Collection (SHSC)

The SHS ADF indicator is applied when a client self-identifies as a current or former ADF member. The ADF indicator is not applicable to clients who may have served in non-Australian defence forces, reservists who have never served as a permanent ADF member or clients under the age of 18. Note that differences between the results of this and other publicly reported estimates may be due to differences in how an ADF member is defined. Further details about the ADF indicator in the SHSC are provided in [Technical information](#).

## Client characteristics

### Figure ADF.1: Key demographics, SHS clients who are current or former members of the ADF, 2020-21

This interactive visualisation describes the characteristics of the approximately 1,300 clients who are former or current member of the ADF who received SHS support in 2020-21. The majority of clients were male, aged 35-54. Most were unemployed. Victoria had the most clients, followed by New South Wales. The majority of clients had previously been assisted by a SHS agency since July 2011. More than half were experiencing homelessness at the start of support. Most were living alone.



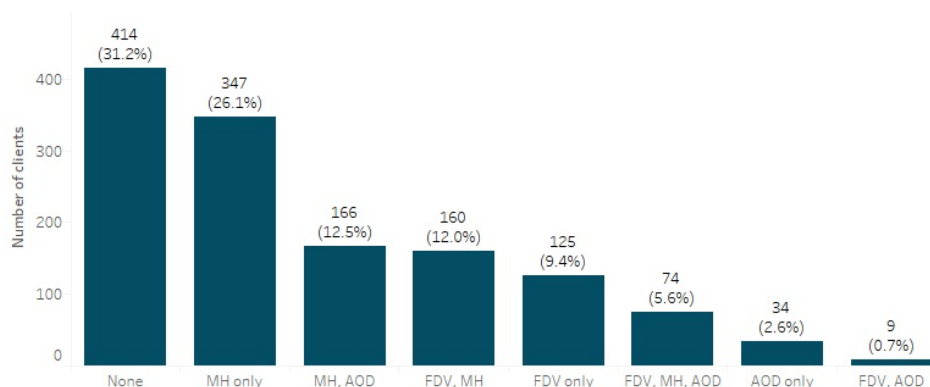
### Labour force status

In 2020-21, fewer than 1 in 10 clients (7.9%) with known labour force status and who identified as current or former members of the ADF were employed when they first presented to a SHS agency in the financial year. The majority of clients (51% or over 600 clients) were unemployed, while two fifths of clients (41% or around 500 clients) were not in the labour force (Supplementary table ADF.6).

### Selected vulnerabilities

SHS clients can face additional vulnerabilities that make them more susceptible to experiencing homelessness, in particular family and domestic violence, a current mental health issue and problematic drug and/or alcohol use.

**Figure ADF.2: Clients who identified as current or former members of the ADF, by selected vulnerability characteristics, 2020-21**



Key - FDV: Family and domestic violence; MH, current mental health issue; AOD: Problematic drug or alcohol use.

**Notes:**

1. Clients are assigned to one category only based on their vulnerability profile.
2. Clients are aged 18 and over.
3. Totals may not sum due to rounding.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.43.

In 2020–21, of the around 1,300 clients, 5.6% had all three of the additional selected vulnerabilities while 31% had none.

- Just over a quarter (28%) of clients experienced family and domestic violence.
- One fifth (21%) of clients reported experiencing problematic drug or alcohol use.
- Over half (56%) of clients had a current mental health issue.

### Service use patterns

The length of support clients who identified as current or former members of the ADF received increased from a median of 53 days of support in 2017-18 to 64 days in 2020-21. These clients had an average of 3.0 support periods per client in 2020-21. The proportion of clients receiving accommodation increased from 36% in 2017-18 to 41% in 2020-21 for a median of 32 nights per client (Supplementary table CLIENTS.44).

### New and returning clients

In 2020-21, clients were either presenting to SHS agencies for the first time as new clients or had previously been assisted by a SHS agency at some point since the collection began in July 2011.

Around a third of clients in 2020-21 were new (33% or over 400 clients), less than the general SHS population (39%) (Supplementary tables CLIENTS.2 and CLIENTS.38). One in 5 (21%) new clients were aged 45-54 years and an additional 1 in 5 (20%) were aged 35-44 years.

Of the 900 clients returning to SHS agencies for assistance, males were more likely to be aged 45-54 (32% or around 200 clients), while females were more likely to be aged 35-44 (28% less than 100).

### Main reasons for seeking assistance

SHS agencies provide a range of support services. For clients who identified as current or former members of the ADF receiving SHS support in 2020-21 (Supplementary tables ADF.4 and ADF.5):

- The main reason for seeking assistance was housing crisis (21% or around 300 clients), followed by inadequate or inappropriate dwelling conditions (14% or around 200 clients).
- Both homeless and at risk clients identified housing crisis as either their main reason or second main reason for seeking assistance (26% or around 200 clients and 17% or almost 100 clients respectively).
- Clients at risk of homelessness were more likely to report financial difficulties as a main reason for seeking assistance (16%) than clients presenting as homeless (8%).

### Services needed and provided

In 2020-21, the provision of support services to clients varied based on their identified need on presentation (Figure ADF.3, Supplementary table ADF.2):

- Advice/information was most likely to be needed by clients (89% or almost 1,200 clients) and was provided to 99% of those who needed it.
- More than 2 in 3 (70%) clients needed accommodation and it was provided to almost two thirds of those who needed it (60%).

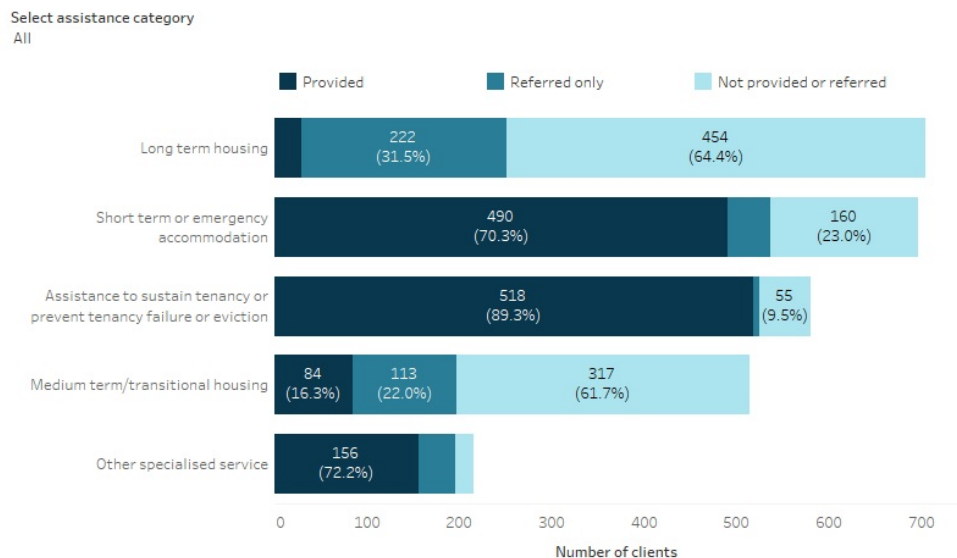
Compared with the general SHS population, clients who identified as current or former members of the ADF were more likely to need:

- Advocacy liaison (70% compared with 55% in the general SHS population)
- Long term housing (53% compared with 39%)

- Short term or emergency accommodation (52% compared with 40%).

**Figure ADF.3: Clients who identified as current or former members of the Australian Defence Force: services needed and provided, 2020-21**

This interactive stacked horizontal bar graph shows the services needed by clients who identified as current or former members of the ADF and their provision status. Long term housing was the most needed service and the least provided. Assistance to sustain tenancy or prevent failure or eviction was the most provided service.



**Notes:**

1. Excludes 'General services'
  2. 'Short-term accommodation' includes temporary and emergency accommodation.
- Source: Specialist Homelessness Services Collection. Supplementary table ADF.2.

In 2020–21, clients who are current or former members of the ADF needed:

- long-term housing (53% or around 700 clients), with 4.1% receiving this service.
- short-term or emergency accommodation (52% or around 700 clients), with 70% of those needing this service receiving this service.
- assistance for family/domestic violence (18% or around 200 clients), with 87% receiving this service.
- material aid/brokerage (46% or around 600 clients), with 91% receiving this service.

### Housing situation

In 2020-21, of those clients who identified as current or former members of the ADF (Supplementary tables ADF.3 and CLIENTS.11):

- On presentation to services for assistance more than half of clients (54%) were experiencing homelessness (compared with 43% of the general SHS population):
  - 21% (260 clients) were rough sleeping (compared with 8.7% of the general SHS population)
  - 20% (around 250 clients) were in short-term or emergency accommodation (compared with 16% of the general SHS population).
- Just under half (46%) presented to services at risk of homelessness (compared with 57% of the general SHS population):
  - 26% were in private or other housing (compared with 31% of the general SHS population)
  - 9.4% were in public or community housing (compared with 12% of the general SHS population).

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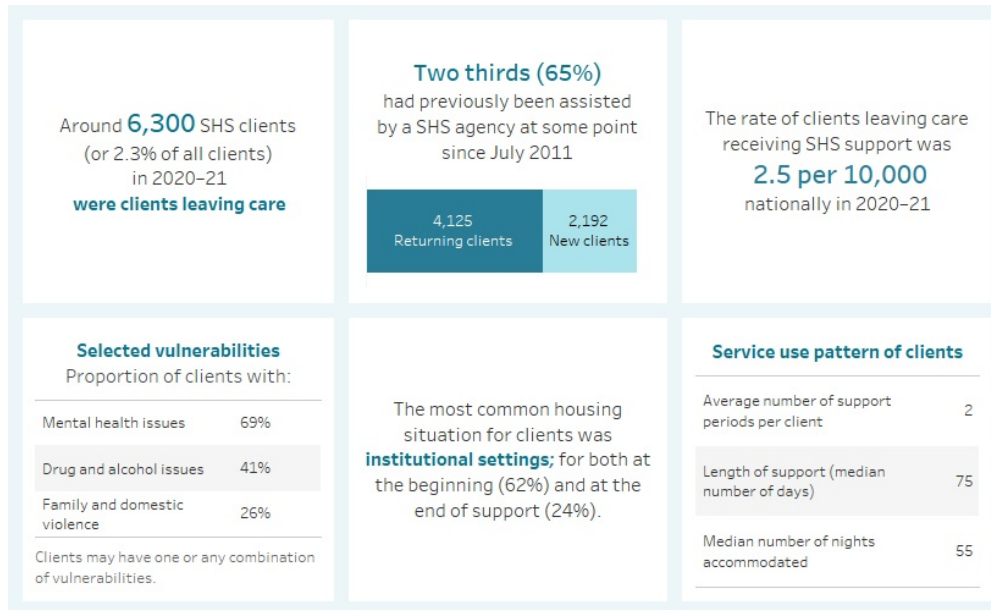
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## Clients leaving care

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### Key findings: Clients exiting care, 2020-21



People leaving care arrangements, including people transitioning from health care settings (hospitals, psychiatric hospitals, rehabilitation and aged care facilities) and young people transitioning from out-of-home care (foster care and residential care facilities), can find themselves particularly vulnerable to homelessness. This can be due to inadequate transition planning, undertaking discharge assessments in time or resource-pressured environments and limited options for exit into suitable and secure housing (Brackertz et al. 2018).

People exiting institutions and care into homelessness are a national priority homelessness cohort identified in the National Housing and Homelessness Agreement which came into effect on 1 July 2018 (CRRF 2018) (See [Policy section](#) for more information).

In 2018-19, around 3,400 young people aged 15-17 were discharged from out-of-home care in Australia (AIHW 2020), corresponding with the end of formal support in the child protection system. One in 3 young people leaving out-of-home care experience homelessness within 12 months of leaving (McDowall 2009). Young people transitioning from out-of-home care face barriers to accessing the same opportunities as their non-care peers who increasingly rely on parental resources in young adulthood (Wilkins et al. 2019). During this accelerated transition to independence, young people leaving care need adequate support to access safe and stable housing, education, employment, financial security, supportive relationships and networks, and life skills (FaHCSIA 2011).

People transitioning from health care settings are also at risk of being discharged into homelessness. In a study of people who have experienced homelessness, 17% had been admitted to hospital for a mental health diagnosis in the previous 2 years (Wood et al. 2016). Discharge from a psychiatric hospital in particular has been identified as a key pathway into homelessness among people with mental health issues (Nielsen et al. 2018).

### Reporting clients leaving care in the Specialist Homelessness Services Collection (SHSC)

In the SHSC, a client is identified as transitioning from care arrangements if, in their first support period during the reporting period, either in the week before or at presentation:

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

Note that these dwelling types are part of the broad housing situation 'Institutional settings', which also includes categories relating to custodial arrangements. See the associated section for information specifically relating to [Clients exiting custodial arrangements](#).

For more information see [Technical notes](#).

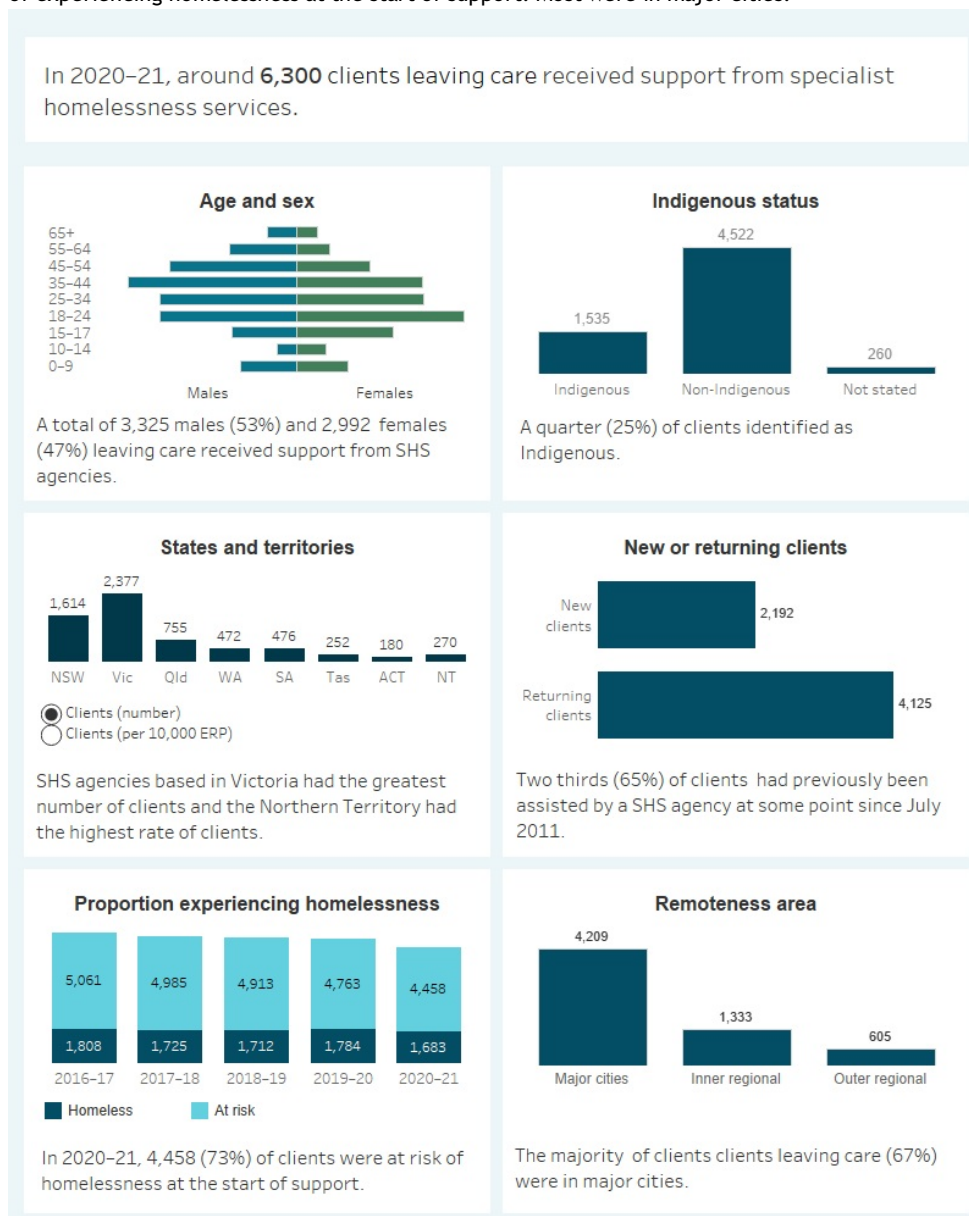
In 2020-21 (Supplementary tables LCARE.1 and Historical data table HIST.LCARE):

- SHS agencies assisted over 6,300 clients leaving care, equating to 2.3% of all SHS clients in 2020-21
- there were around 400 fewer SHS clients leaving care compared with 2019-20; the number of SHS clients leaving care has steadily decreased since the peak of around 7,100 clients in 2016-17
- the rate of SHS clients leaving care was 2.5 per 10,000 population, a decrease from 2.9 in 2016-17.

## Client characteristics

**Figure LCARE.1: Key demographics, SHS clients leaving care, 2020-21**

This interactive image describes the characteristics of around 6,300 clients leaving care who received support in 2020-21. Most clients were male, aged 18-44. Around a quarter were Indigenous. Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Most were at risk of experiencing homelessness at the start of support. Most were in major cities.



## Dwelling type at beginning of support

In 2020-21, of the 6,300 SHS clients who were leaving care and stated their dwelling type at the beginning of support (Supplementary table LCARE.6):

- more than 1,700 clients (28%) were living in independent housing (house/townhouse/flat)
- nearly 1,200 (19%) were staying in a psychiatric hospital or unit
- around 1,000 (17%) were staying in a hospital (excluding psychiatric).

## New or returning clients

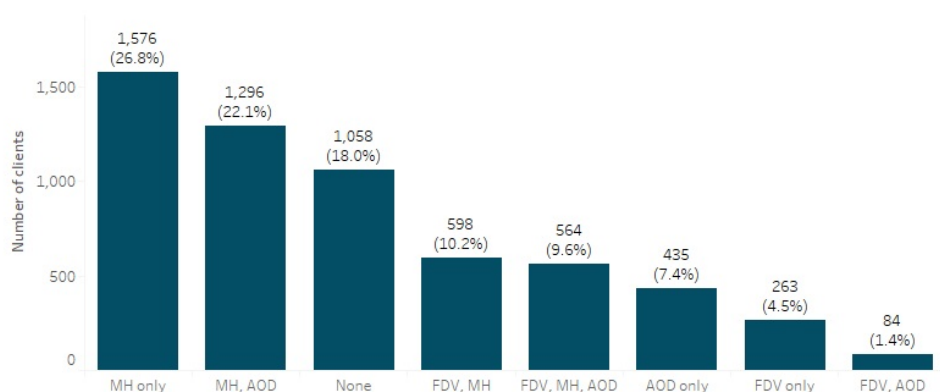
In 2020-21, of the more than 6,300 SHS clients leaving care (Supplementary table CLIENTS.38):

- Around 35% (nearly 2,200 clients) were new to SHS services and 65% (more than 4,100 clients) were returning clients, having previously been assisted by a SHS agency at some point since the SHSC began in July 2011.
- Nearly half 50% (more than 650 clients) of the clients under 18 were returning clients while approximately 65% (around 820 clients) of clients who were aged 18-24 were returning clients. These age groups include young people who may have left foster care or other out-of-home care arrangements.
- The proportion of clients who had previously been assisted by SHS agencies was similar for males and females (almost 65% males, compared with around 66% females).

### Selected vulnerabilities

Clients leaving care may face challenges that make them more vulnerable to experiencing homelessness, more specifically, family and domestic violence, a current mental health issue and problematic drug and/or alcohol use.

**Figure LCARE.2: Clients leaving care, by selected vulnerability characteristics, 2020-21**



Key - FDV: Family and domestic violence; MH, current mental health issue; AOD: Problematic drug or alcohol use.

#### Notes:

1. Clients are assigned to one category only based on their vulnerability profile.
2. Clients are aged 10 and over.
3. Totals may not sum due to rounding.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.43.

In 2020-21, of the around 5,900 clients, 9.6% had all three of the additional selected vulnerabilities while 18% had none.

- Just over a quarter (26%) of clients experienced family and domestic violence.
- Two in five (41%) clients reported experiencing problematic drug or alcohol use.
- Two thirds (69%) of clients had a current mental health issue.

### Service use patterns

The length of support clients leaving care received increased in 2020-21 to a median of 75 days, an increase from 62 days in 2016-17. The average number of support periods was 2.0 per client. The proportion of clients receiving accommodation was 45% for a median of 55 nights of accommodation (Supplementary table CLIENTS.44).

### Main reasons for seeking assistance

In 2020-21, the main reasons for seeking assistance among clients leaving care were (Supplementary table LCARE.4):

- housing crisis (15% or more than 950 clients)
- transition from other care arrangements (13% or over 800 clients)
- inadequate or inappropriate dwelling conditions (11% or more than 700 clients).

Clients leaving care who were at risk of homelessness at first presentation were more likely to identify mental health issues (10% of those at risk, compared with 6.2% experiencing homelessness) and family and domestic violence (9.5%, compared with 5.8% experiencing homelessness) as their main reason for seeking assistance (Supplementary table LCARE.5).

Clients leaving care who were experiencing homelessness at first presentation were more likely to report transition from other care arrangements (19%, compared with 10% at risk) or transition from foster care and child safety residential placements (11%, compared with 4.5% at risk) as their main reason for seeking assistance.

### Services needed and provided

Similar to the overall SHS population, clients leaving care needed general services which were provided by SHS agencies including advice/information, advocacy/liaison on behalf of client and other basic assistance.

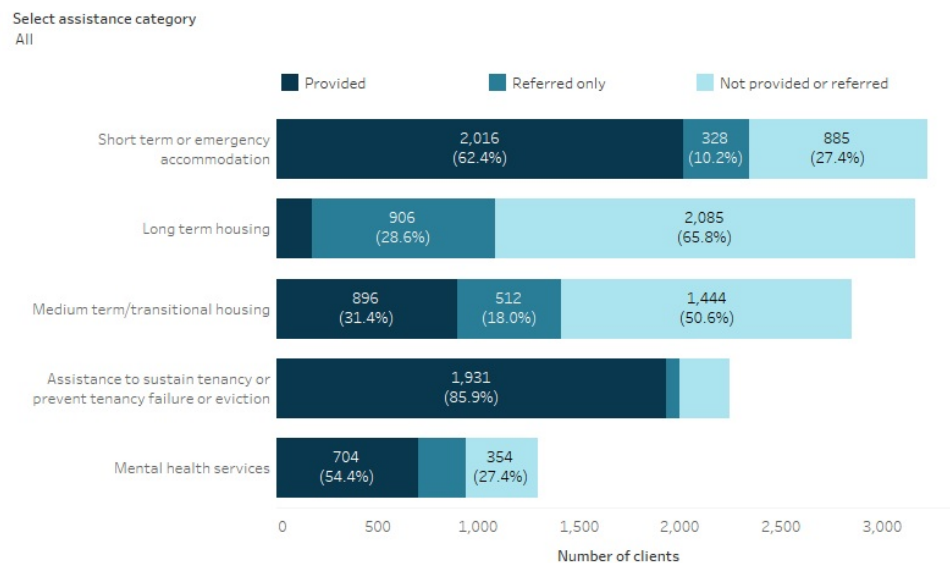
Clients leaving care were more likely than all SHS clients to need services including (Supplementary tables LCARE.2, CLIENTS.23):

- living skills/personal development (33%, compared with 18%), with 91% receiving this service
- transport (25%, compared with 15%), with 91% receiving this service

- assistance with challenging social/behavioural problems (23%, compared with 12%), with 87% receiving this service
- mental health services (approximately 20%, compared with 8.9%), with 54% receiving this service and a further 18% referred
- health/medical services (19%, compared with 9.3%), with 59% receiving this service and a further 22% referred.

**Figure LCARE.3: Clients leaving care, by services needed and provided, 2020-21**

This interactive stacked horizontal bar graph shows the services needed by clients leaving care and their provision status. Short term accommodation was the most needed service and provided to the most clients. Long term housing was the least provided service.



Notes:  
 1. Excludes 'General services'  
 2. 'Short-term accommodation' includes temporary and emergency accommodation.  
 Source: Specialist Homelessness Services Collection. Supplementary table LCARE.2

In 2020-21, clients leaving care needed:

- short-term or emergency accommodation (51% or around 3,200 clients), with 62% of those needing this service receiving this service.
- assistance for family/domestic violence (15% or around 1,000 clients), with 80% receiving this service.
- material aid/brokerage (40% or around 2,500 clients), with 86% receiving this service.
- long-term housing (50% or around 3,200 clients), with 5.6% receiving this service.

## Housing situation and outcomes

Outcomes presented here describe the change in clients' housing situation between the start and end of support. Data is limited to clients who ceased receiving support during the financial year - meaning that their support periods had closed and they did not have ongoing support at the end of the year.

Many clients had long periods of support or even multiple support periods during 2020-21. They may have had a number of changes in their housing situation over the course of their support. These changes within the year are not reflected in the data presented here, rather the client situation at the start of their first support period in 2020-21 is compared with the end of their last support period in 2020-21. A proportion of these clients may have sought assistance prior to 2020-21, and may again in the future.

By the end of support, some clients have achieved or progressed towards a more positive housing solution, however for some clients transitioning from institutional setting can be challenging. The most common housing situation for clients leaving care at both the beginning and end of SHS support was institutional settings; nearly 2,600 clients (62%) at the beginning and around 880 clients (24%) at the end of support. Institutional settings include hospitals, psychiatric hospital/units, rehabilitation and aged care facilities.

Outside of institutional settings, the number and/or proportion of clients housed in public or community housing (renter or rent-free) or private or other housing (renter or rent-free) increased compared with the start of support. For clients leaving care arrangements in 2020-21, around 1,000 clients (25%) were experiencing homelessness at the start of support; 600 (14%) were in short term temporary accommodation. By the end of support, 39% of clients were housed in either public, community, private or other housing, however 24% either remained in or transitioned into short term temporary accommodation (Figure LCARE.4).

**Figure LCARE.4: Housing situation for clients leaving care with closed support, 2020-21**

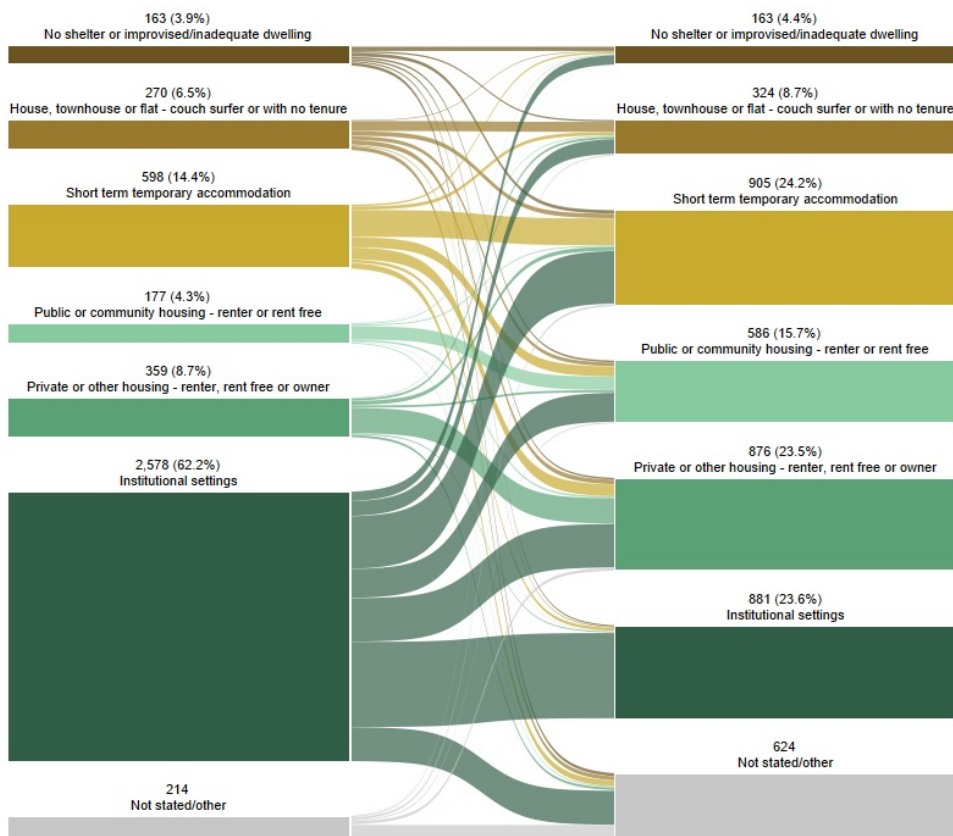
This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short-term accommodation, public/community housing, private housing and institutional settings) of clients leaving care with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most started support in institutional settings. Most ended support in either institutional settings or private housing.



Housing situation at the start of support

Housing situation at the end of support

- All clients
- At risk
- Homeless
- Not stated/other



Note:  
 1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).  
 Source: Specialist Homelessness Services Collection, Supplementary table LCARE.3.

In 2020–21, 4,400 clients leaving care had a known housing status at both the start and end of support.

Of those who were known to be at risk of homelessness at the start of support (around 3,200 clients) (Supplementary table LCARE.3):

- Around 240 clients maintained private housing at the end of support.
- Around 130 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just over 1,100 clients):

- Around 330 clients ended support in short term accommodation.
- Around 170 ended support in private housing.
- Around 140 clients were couch surfing at the end of support.

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## Clients exiting custodial arrangements

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### Key findings: Clients exiting custodial arrangements, 2020-21



Upon release, people discharged from prison can face stigma associated with a history of incarceration and discrimination from landlords and potential employers (Schetzer & StreetCare 2013). Prisoners applying for parole may experience difficulties securing appropriately located and affordable accommodation, leading to refusal of parole or breach of parole conditions and subsequent return to prison. Parole officers must approve accommodation conditions for the duration of parole and if the assigned accommodation (including temporary or supported accommodation) becomes unavailable, it puts these people in breach of their parole conditions (Schetzer & StreetCare 2013).

Many adults entering prison were previously experiencing homelessness, with 1 in 3 homeless in the 30 days prior to being incarcerated (AIHW 2019). More than a quarter (27%) of surveyed women in prisons were in short-term or emergency accommodation in the 30 days prior to being incarcerated (AIHW 2020). The inter-relationship between housing insecurity and imprisonment and re-imprisonment is relatively well established (summarised in Martin et al. 2021). Post-release housing assistance can be an effective measure in addressing the imprisonment-homelessness cycle. Critically, rates of re-imprisonment have shown to be less for ex-prisoners with complex needs who receive public housing compared with those who receive private rent assistance only (Martin et al. 2021).

Young people leaving youth detention can also become entangled in a cycle of detention and homelessness. Housing instability and homelessness are often cited as drivers of an increasing youth detention population, with young people remanded in detention due to a lack of appropriate options for accommodation (Cunneen et al. 2016; Richards 2011). Among those released from detention, 8% of young people accessed homelessness support within 12 months of release (AIHW 2012). Moreover, people with a history of youth justice supervision remain vulnerable to homelessness in adulthood. Adults who were previously under youth justice supervision are almost twice as likely to sleep rough or in squats (Bevitt et al. 2015). In comparison with people who have only experienced specialist homelessness services, those who have experienced both these services and youth justice supervision were more likely to report having a drug and/or alcohol issue, and to end specialist homelessness services support sleeping rough (AIHW 2016).

On June 30 2020 there were 41,060 prisoners in Australian prisons, a 5% decrease from 30 June 2019 and the first national decrease since 2011 (ABS 2020). More than half (54%) of prison dischargees expected to be homeless upon release, with 44% of prison dischargees planning to stay in short-term or emergency accommodation (AIHW 2019). Having stable accommodation helps people exiting prison to transition successfully into society and reduces the likelihood of reoffending. Currently, 46% of prison dischargees return to prison with a new sentence within two years (SCRGSP 2020a). With the cost of imprisonment at \$113,000 per person per year, there are substantial cost savings associated with decreasing the rate of recidivism in Australia (SCRGSP 2020b).

People exiting institutions and care into homelessness are a national priority homelessness cohort identified in the National Housing and Homelessness Agreement which came into effect on 1 July 2018 (CFFR 2018) (see [Policy section](#) for more information).

### Reporting clients exiting custodial arrangements in the Specialist Homelessness Services Collection (SHSC)

In the SHSC, a client is identified 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/juvenile justice detention centre or immigration detention centre
- they identified transition from custodial arrangements as a reason for seeking assistance, or
- their source of formal referral to the agency was youth or juvenile justice detention centre or adult correctional facility.

Some of these clients were still in custody at the time they began receiving support. Note, in the SHSC, it is not possible to distinguish between clients who have received assistance without leaving an institutional setting and those who may have left an institutional setting but returned prior to the end of support.

Children aged under 10 cannot be charged with a criminal offence in Australia. Therefore, clients aged under 10 who were identified as exiting from adult correctional facilities or youth/juvenile justice detention centres have been excluded.

For more information, see [Technical notes](#).

In 2020-21 (Supplementary table EXIT.1):

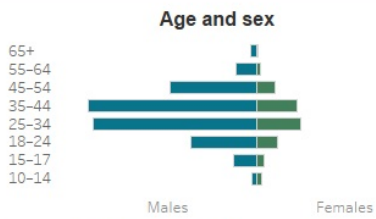
- there were 8,900 SHS clients who exited custodial arrangements equating to 3.2% of all SHS clients
- there were almost 600 fewer SHS clients exiting custodial arrangements compared with 2019-20
- the rate of SHS clients exiting custodial arrangements was 3.5 per 10,000 population, a decrease from 3.7 in 2019-20.

### Client characteristics

#### Figure EXIT.1: Key demographics, SHS Clients exiting custodial arrangements, 2020-21

This interactive image describes the characteristics of around 8,900 clients existing custodial arrangements who received SHS support in 2020-21. Most clients were male. More than a quarter were Indigenous. Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients per 10,000 population. The majority of clients had previously been assisted by a SHS agency since July 2011. Most were at risk of homelessness at the start of support. Most were in major cities.

In 2020–21, around **8,900** clients exiting custodial arrangements received support from specialist homelessness services.



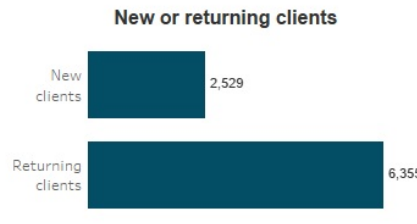
A total of 7,061 males (79%) and 1,823 females (21%) exiting custodial arrangements received support from SHS agencies.



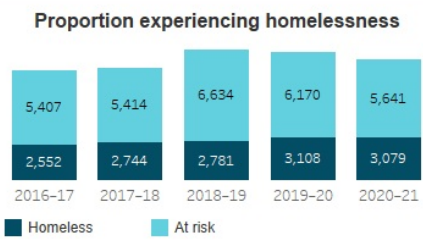
Around a third (29%) of clients identified as Indigenous.



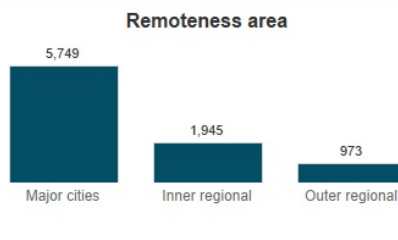
SHS agencies based in Victoria had the greatest number of clients and the Northern Territory had the highest rate of clients.



Just under three quarters (72%) of clients had previously been assisted by a SHS agency at some point since July 2011.



In 2020–21, 5,641 (65%) of clients were at risk of homelessness at the start of support.



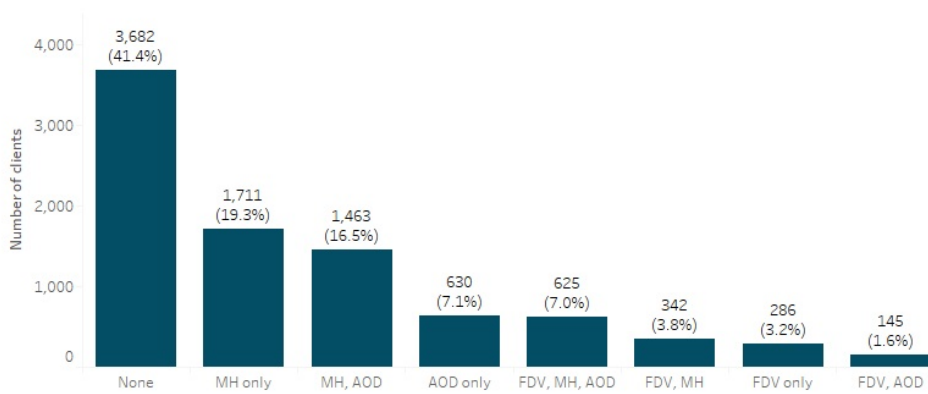
The majority of clients exiting custodial arrangements (65%) were in major cities.

### Selected vulnerabilities

Clients exiting custodial arrangements may face challenges that make them more vulnerable to experiencing homelessness. The vulnerabilities presented here include family and domestic violence, a current mental health issue and problematic drug and/or alcohol use.

In 2020-21, of the almost 8,900 clients exiting custodial arrangements, around 3 in 5 (59%) reported experiencing one or more vulnerabilities (Supplementary table CLIENTS.43), the lowest of all SHS client groups and all SHS clients generally (63%). Almost half (47% or around 4,100 clients) reported a current mental health issue, as a single vulnerability or in combination with other vulnerabilities.

Figure EXIT.2: Clients existing custodial arrangements, by selected vulnerability characteristics, 2020-21



Key - FDV: Family and domestic violence; MH, current mental health issue; AOD: Problematic drug or alcohol use.

**Notes:**

1. Clients are assigned to one category only based on their vulnerability profile.
2. Clients are aged 10 and over.
3. Totals may not sum due to rounding.

Source: Specialist Homelessness Services Collection. Supplementary table CLIENTS.43.

In 2020–21, of the around 8,900 clients, 7% had all three of the additional selected vulnerabilities while 41% had none.

- One in six (16%) clients experienced family and domestic violence.
- Around a third (32%) of clients reported experiencing problematic drug or alcohol use.
- Just under half (47%) of clients had a current mental health issue.

### Service use patterns

The length of support clients exiting custodial arrangements received increased in 2020-21 to a median of 48 days, up from 46 days in 2019-20. The average number of support periods per client was 2.1 support periods per client in 2020-21. The proportion of clients receiving accommodation was 41% with a median of 20 nights per client (Supplementary table CLIENTS.44).

### New or returning clients

In 2020-21 (Supplementary table CLIENTS.38):

- Of the 8,900 clients exiting custodial arrangements, 28% (around 2,500 clients) were new to SHS agencies and 72% (almost 6,400 clients) were returning clients, having previously been assisted by a SHS agency at some point since the collection began in July 2011. The proportion of returning clients was one of the highest among all SHS client groups and higher than all SHS clients (61%; Supplementary table CLIENTS.2).
- New clients exiting custodial arrangements were more likely to be under 18 (10%, compared with 4.2% of returning clients).
- While female clients comprised 21% of all clients exiting custodial arrangements, a higher proportion of females were returning clients (78%, compared with 70% males).

### Main reasons for seeking assistance

In 2020-21, the main reasons for seeking assistance among clients exiting custodial arrangements were (Supplementary table EXIT.4):

- transition from custodial arrangements (66% or 5,800 clients)
- inadequate or inappropriate dwelling conditions (6.6% or about 580 clients)
- housing crisis (6.2% or almost 550 clients).

Clients exiting custodial arrangements who were at risk of homelessness at first presentation were more likely to identify transition from custodial arrangements as their main reason for seeking assistance (77%, compared with 46% experiencing homelessness) (Supplementary table EXIT.5).

Clients exiting custodial arrangements who were experiencing homelessness at first presentation were more likely to report housing crisis (11%, compared with 3.8% at risk) or inadequate or inappropriate dwelling conditions (14%, compared with 2.7% at risk) as their main reason for seeking assistance.

### Services needed and provided

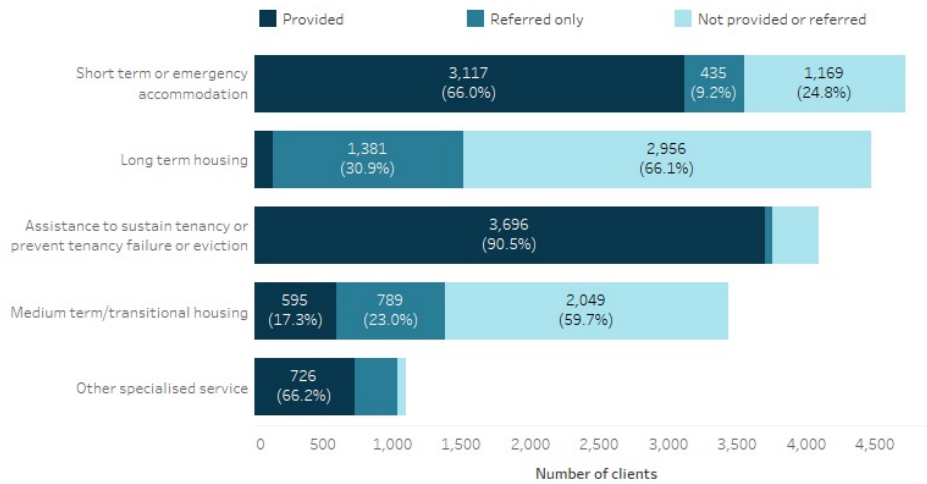
Clients exiting custody were more likely than all SHS clients to need services including (Supplementary tables EXIT.2, CLIENTS.23):

- assistance with challenging social/behavioural problems (18%, compared with 12%), with 86% receiving this service
- drug/alcohol counselling (9.3%, compared with 3.5%), with 38% receiving this service
- employment assistance (9.2%, compared with 6.0%), with 71% receiving this service.

### Figure EXIT.3: Clients exiting custodial arrangements, by services needed and provided, 2020-21

This interactive stacked horizontal bar graph shows the services needed by clients exiting custodial arrangements and their provision status. Short term accommodation was the most needed service and provided to most of these clients. Assistance to sustain tenancy or prevent tenancy failure or eviction was the most provided service. Long term housing was the least provided service.

Select assistance category  
All



Notes:

1. Excludes 'General services'

2. 'Short-term accommodation' includes temporary and emergency accommodation.

Source: Specialist Homelessness Services Collection, Supplementary table EXIT.2

In 2020-21, clients exiting custodial arrangements needed:

- short-term or emergency accommodation (53% or around 4,700 clients), with 66% of those needing this service receiving this service.
- assistance for family/domestic violence (8% or around 700 clients), with 69% receiving this service.
- material aid/brokerage (35% or around 3,100 clients), with 90% receiving this service.
- long-term housing (50% or around 4,500 clients), with 3% receiving this service.

### Housing situation and outcomes

Outcomes presented here describe the change in clients' housing situation between the start and end of support. Data is limited to clients who ceased receiving support during the financial year - meaning that their support periods had closed and they did not have ongoing support at the end of the year.

Many clients had long periods of support or even multiple support periods during 2020-21. They may have had a number of changes in their housing situation over the course of their support. These changes within the year are not reflected in the data presented here, rather the client situation at the start of their first support period in 2020-21 is compared with the end of their last support period in 2020-21. A proportion of these clients may have sought assistance prior to 2020-21, and may again in the future.

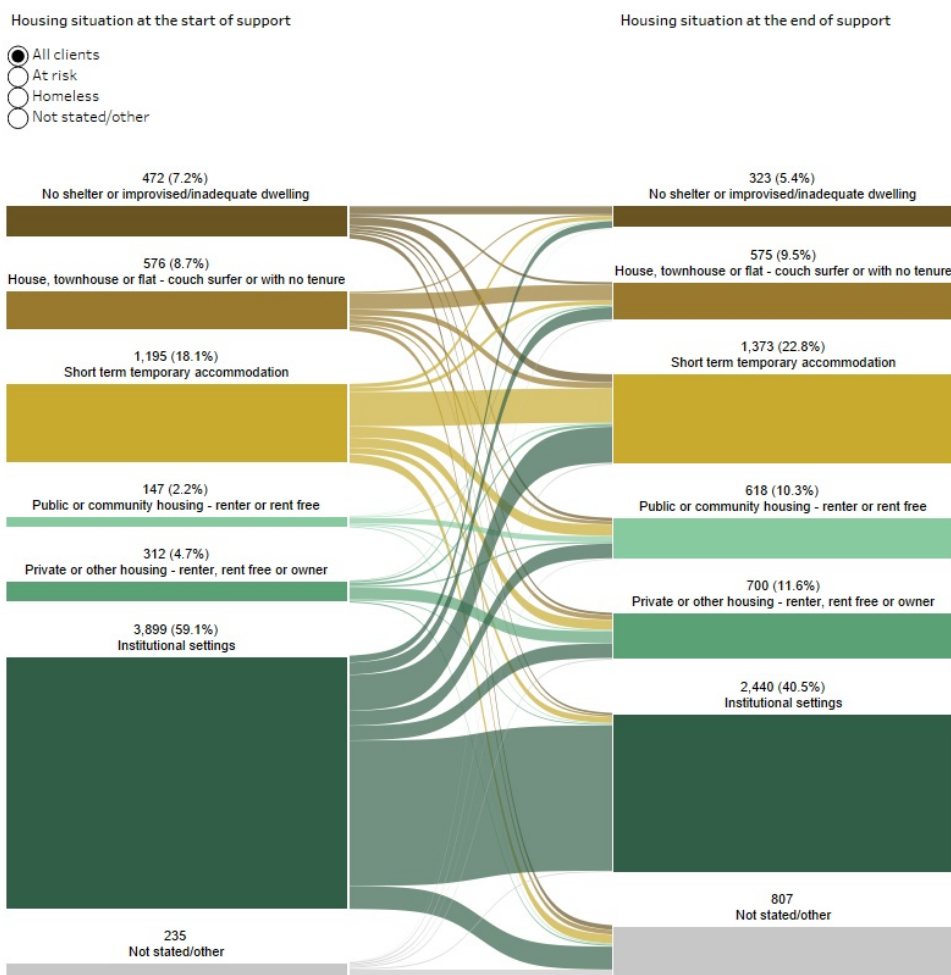
In 2020-21, for clients exiting custodial arrangements (Supplementary table EXIT.3):

- Almost 2 in 5 (38%) clients were experiencing homeless at the end of support, an increase from 34% at the beginning of support, reflective of the housing challenges faced by people leaving prison. Most of those experiencing homelessness at the end of support (around 1,400 clients) were living in short term temporary accommodation.
- Among clients leaving institutional settings, the number living in public or community housing increased by about 470 clients at the end of support and the number of clients living in private or other housing increased by almost 390 clients.

These trends demonstrate that known housing outcomes at the end of support can be challenging for clients transitioning from institutional settings. While some clients progressed towards more positive housing solutions, many remained in institutional settings, returned to institutional settings or were in temporary accommodation at the end of support.

### Figure EXIT.4: Housing situation for clients exiting custodial arrangements with closed support, 2020-21

This interactive Sankey diagram shows the housing situation (including rough sleeping, couch surfing, short-term accommodation, public/community housing, private housing and institutional settings) of clients exiting custodial arrangements with closed support periods at first presentation and at the end of support. The diagram shows clients' housing situation journey from start to end of support. Most started and ended support in institutional settings.



Note:  
1. Includes only those clients who ceased receiving support during the financial year (meaning that their support period(s) had closed and they were not in ongoing support at the end of the year).  
Source: Specialist Homelessness Services Collection. Supplementary table EXIT.3

In 2020–21, 6,800 clients exiting custodial arrangements had a known housing status at both the start and end of support.

Of those who were known to be at risk of homelessness at the start of support (around 4,300 clients) (Supplementary table EXIT.3):

- Around 180 clients maintained private housing at the end of support.
- Around 90 clients maintained public housing at the end of support.

For those who were known to be homeless at the start of support (just over 2,300 clients):

- Around 750 clients ended support in short term accommodation.
- Around 260 ended support in private housing.
- Around 340 clients were couch surfing at the end of support.

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## Technical notes

### Key data quality information: Specialist Homelessness Services Collection, 2020-21

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

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

Data Quality Statements are developed for each data set and made available on the AIHW Metadata Online Registry (METeOR). The [2020-21 Specialist Homelessness Services Collection Data Quality Statement](#) is available from METeOR.

#### Breaks in time series

*Clients subject to care and protection orders:* Improvements made in 2015-16 to the method used to identify clients subject to care and protection orders mean that data from 2011-12 to 2014-15 are not comparable with data from 2015-16 onwards.

*Source of income—DVA pension or payment:* In 2017-18, the response options for source of income were updated and the three response options relating to payments or pensions from the Department of Veterans Affairs (disability pension—DVA, service pension—DVA and war widow(ers) pension—DVA) were replaced with a single response option of 'DVA pension or payment'. As the single 'DVA pension or payment' response option can include more payment types than the three options previously available, data on the 3 DVA pension or payments from 2011-12 to 2016-17 are not comparable with data on 'DVA pension or payment' from 2017-18 onwards.

*The addition of 'Other' to the Sex item:* On 1 July 2019 the inclusion of a Sex = Other category in both the Client and Unassisted persons components of the SHSC was introduced. This change had minimal impact on the collection with 0.8% of clients identifying as Sex = Other in 2019-20, in 2020-21 this was 0.4%. However, this change has meant that there has been a break in time series for some clients as their SLK (client identifier) has changed to reflect their change in recorded sex.

This change has also been implemented differently across states and territories with much higher numbers of clients identifying as Sex = Other in some states and in the unassisted collection. The Sex = Other option may have also been applied by some agencies to young children where their sex was not obvious or for those who did not want to state their sex.

Due to these issues, as well as the confidentiality concerns that accompany small numbers of clients, those clients identifying as Sex = Other have been included in the 'Female' category when reporting the data for 2020-21. This merging of Sex = Other clients with Female clients has not caused any impact on the validity of Female clients for 2020-21 as the number of Sex = Other clients is so small.

As more data is collected, and the data quality of this item improves, AIHW will review how this data is presented.

#### Data issues that require caution when making comparisons

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

*Presenting unit type:* Data for presenting unit type may not be comparable across age groups due to differences in interpretation of presenting units and how they are recorded. This issue mainly concerns young children and presenting unit type 'lone person'.

*Housing crisis, financial difficulties and housing affordability:* Improvements made during 2014-15 resulted in changes to the way agencies were required to report 'main reason' and 'reasons for seeking assistance'. In addition, wording providing a specific example of housing crisis was removed from the section relating to reason for seeking assistance. Caution should be used when making comparisons over time as the reporting of these items may be inconsistent between agencies. These changes in agency reporting were evident in the data from all states and territories.

*Children presenting alone:* South Australia has a comparatively high number of children reported as presenting alone. This may be due to a difference in how presenting units are recorded in South Australia's client management system. Caution should be used when comparing data for children presenting alone in South Australia with other states and territories.

*Case management:* Some aspects of case management are recorded differently in South Australia's client management system. Caution should be used when comparing data on case management for South Australia with other states and territories.

*Services and Assistance: Assertive outreach:* In 2017-18, there was a clarification made to the response option used to record clients who needed, or were provided, or referred assertive outreach services. The option was changed to specify that this service was directly targeted at rough sleepers. Due to this change, caution should be taken when comparing the number of clients receiving assertive outreach services before and after 2017-18.

**COVID-19:** From 26 March 2020, SHS agency workers were instructed to add 'COVID-19' in the free text section of the 'Other reason for seeking assistance' item if the client and/or the agency were affected directly or indirectly by the crisis. This change has been implemented differently across jurisdictions and therefore caution should be taken if making any comparisons between jurisdictions.

Funding for COVID related social support was also implemented differently across jurisdictions and SHSC data will only show services delivered where funding was provided to SHS agencies.

**Jurisdictional changes:** More detailed information on the responses by state and territory government to the COVID pandemic is available in the [Specialist Homelessness Services: monthly data](#) report.

Over the years there have also been other changes made by jurisdictions to specialist homelessness service delivery models and policies. If making jurisdictional comparisons over time please read the [SHSC Data Quality Statement](#) to ensure all these changes are considered in the analysis.

## Improvements to data items

**Mandatory data items:** Changes made in 2014-15 resulted in a substantial improvement in data quality for mandatory data items and in particular resulted in a decline in the number of non-response or missing values for these data items. Care should be used when comparing results from 2011-12 to 2013-14 with results from 2014-15 onwards.

**Housing situation:** Following improvement in the derivation for housing situation used in the SHSC in 2016-17, clients with a tenure status of 'life tenure scheme' are now counted under the housing situation category 'private or other housing (renter, rent-free or owner)' if their dwelling status was 'housing/townhouse/flat'. This change has very little impact on housing situation percentages and hence does not constitute a break in time series.

**Age:** In 2017-18, age and age-related variables were derived using a more robust calculation method. Caution should be used when comparing results with publications from December 2018 onwards that include 2017-18 data with previously issued publications.

**Family and domestic violence:** In July 2019 the following changes were made to improve the collection of information regarding family and domestic violence (FDV) in the SHSC:

- The inclusion of an 'FDV agency' option in the 'Formal sources of referral' item to capture clients referred from non-SHS funded FDV services.
- A change to the 'Services and assistance' received item to separately identify clients who received services for 'FDV victims' and/or services for 'FDV perpetrators'.
- The inclusion of an FDV services category to the 'Type of service requested' in the unassisted persons component of the SHSC.

These changes have not resulted in any break in time series as the addition of the new FDV referral item has only increased the number of FDV clients by 0.5%. The change to collect both victim and perpetrator services can also be combined to reflect the general FDV services item used prior to 1 July 2019.

The data distinction between victim and perpetrator services has not been widely reported in 2020-21. This is due to the change being implemented differently between agencies causing data quality issues, as well as the small numbers of perpetrator services provided resulting in confidentiality issues.

**Culturally and Linguistically Diverse (CALD) Clients:** On 1 July 2019, a question was added to record a client's main language spoken at home. A follow up question was also added for those who did not speak English as a main language at home. This second question collects information on how proficient the client feels they are at speaking English. These questions have been added to strengthen the data collected regarding clients from CALD backgrounds.

**Clients with disability:** On 1 July 2019 a National Disability Insurance Scheme (NDIS) indicator was included to gain an understanding of the number of clients who were receiving an agreed NDIS package of support at the time of presentation to an SHS agency. This indicator was introduced to strengthen information regarding clients with a disability.

Further information on the data quality of 2020-21 SHSC data can be found in the Explanatory notes in the [Supplementary tables](#) and the [SHSC 2020-21 Data Quality Statement](#).

## Imputation and weighting

Data from 2011-12 to 2016-17 are weighted to account for variable rates of agency response and SLK validity. However, due to improvements in agency response and SLK validity rates, data for 2017-18 onwards are not weighted. Unweighted data for 2017-18 onwards are directly comparable with weighted data for 2011-12 to 2016-17. The removal of weighting does not constitute a break in time series.

The annual SHS report and accompanying products presenting financial year data for 2011-12 to 2016-17 are weighted. However, other AIHW publications that analyse the pathways of individual clients over time periods more than a single financial year and publications using SHS data linked with data from other collections, do not use weighted data.

## Technical notes

### Data presentation

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

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

### 2020-21 Data derivations

#### Homelessness status and other housing categories

All clients of specialist homelessness services are considered to be either homeless or at risk of homelessness. Homelessness and at-risk status is determined by the specific criteria described below using three aspects of a client’s housing situation: dwelling type, housing tenure and their conditions of occupancy.

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

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

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

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

Clients who did not provide any information regarding the three aspects of their housing situation are classified as ‘not stated’.

In some cases, information about a client’s dwelling type, tenure and conditions of occupancy may be partially complete and therefore there is not enough information to assign a client to any of the specific housing situation criteria above. Where analysis and report content relates to these more detailed housing situation categories, those clients with incomplete information are grouped with other clients with missing data as ‘other/not stated’.

However, there may be enough information to determine whether the client is broadly homeless or at risk, in which case the client will be assigned to either ‘other - homeless’ or ‘other - at risk’ for some analysis.

More specifically, those allocated to ‘other - homeless’ includes clients who stated that they have ‘no tenure’ or that they are a ‘couch surfer’. Clients in the ‘other - at-risk’ category are clients that have stated a response to at least one of the three aspects of their housing situation but there is not enough information to classify them as homeless.

Please see the footnotes for each table or figure to confirm the inclusion or exclusion of ‘other’ and ‘not stated’ categories.

The homeless and at-risk categories are designed to, as far as is possible, align with the Australian Bureau of Statistics (ABS) statistical definition of homelessness (ABS 2016a). However, there are some key areas where alignment may not occur. The ABS definition includes people living in severely crowded dwellings and as no specific question on crowding is included in the SHSC, this group cannot be separately identified.

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

### **Support periods**

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

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

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

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

To calculate accommodation and support length, every night (for length of accommodation) or day (for length of support) the client received support or accommodation in 2020-21 is added together. This means that the total number of days/nights presented for clients does not necessarily represent a consecutive number of days/nights the client received support/accommodation. For example, a client who received accommodation for 7 nights may have had 2 separate periods of accommodation: 1 for 5 nights and another for 2 nights.

### **Agency remoteness area**

Agencies have been classified according to their remoteness area (RA) as defined by the Australian Statistical Geography Standard (ASGS) Remoteness Structure (ABS 2016b). The latest available version of the RA indicator (from the 2016 Census) has been developed by the ABS. The Remoteness Areas divide Australia into five classes of remoteness on the basis of relative access to services. Access to services is measured using the Accessibility and Remoteness Index of Australia (ARIA+), developed by the Hugo Centre for Migration and Population Research at the University of Adelaide. ARIA+ is derived by measuring the road distance from a point to the nearest Urban Centres and Localities in five separate population ranges.

Using this classification, agencies participating in the SHSC were assigned to an RA based on their recorded state, suburb, postcode and/or Local Government Area (LGA) values. Where available, a combination of these fields was used to assign RA for a given agency to improve accuracy.

### **Client geography**

Clients have been assigned to a region based on where they lived in the week before presenting to a SHS agency. Regions are defined by the 2016 Australian Statistical Geography Standard (ASGS), developed by the ABS (ABS 2016c).

Clients are assigned to only one region, based on the location details (locality, postcode and state/territory) provided in the first support period active in the reference year. The first support period is defined as the earliest starting support period active in the financial year.

Where there are multiple support periods that meet this criteria (i.e. share the same start date), a support period is randomly selected as the first support period.

In 2020-21, approximately 9% of clients could not be assigned to a statistical area 2 (SA2) region due to missing or incomplete address information.

## **Identifying and meeting service needs**

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

The SHSC collects information on the needs of clients during their period of support from a specialist homelessness agency. Needs may be identified by the client and/or the service provider. Although this information is collected at the beginning of a support period, updated at the end of each month a client is supported and again at the end of each support period, each individual need is only recorded once in any collection month. For these analyses, a client need for a service is recorded if the client needed that service at any time in 2020-21. 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 2020-21, regardless of the number of months over which this need was recorded, or the number of times during 2020-21 they presented with this need.

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

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

All information on services that are provided, whether referred or not, are recorded in the same way as service needs. That is, a service is recorded as provided if the client was provided that type of assistance at any time in 2020-21.

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

### **Indigenous clients**

A client is considered as Indigenous if, in any support period in 2020-21, they identified as being of Aboriginal and/or Torres Strait Islander origin.

In the SHSC, information on Indigenous status is only provided with explicit client consent to report this information. Indigenous status was not reported for 6.4% of clients in 2020-21.

### **Clients born overseas**

A client is identified as overseas-born, if in the majority of support periods in 2020-21, they identified that their country of birth was a country other than Australia.

In the SHSC, information on country of birth is only provided with explicit client consent to report this information. Country of birth information was not reported for 8.0% of clients in 2020-21.

### **Young people presenting alone**

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

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

### **Older people**

Older people are defined as clients aged 55 or older.

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

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

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

- The client was formally referred from a non-SHS FDV agency to an SHS agency, or
- 'family and domestic violence' was reported as a reason they sought assistance, or
- during any support period they required family or domestic violence assistance.

Note: The option for including clients formally referred from a non-SHS FDV agency was introduced on 1 July 2019 and only applies to support periods starting on or after this date.

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

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

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

This analysis does not include clients aged under 10.

In the SHSC, information on a mental health issue is only provided with explicit client consent to report this information.

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

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

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

In the SHSC, if a client is under the age of 18 and has a care and protection order, consent is required to determine their care arrangements.

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

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

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

### **Clients leaving care**

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

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

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

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

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

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

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

### **New and returning clients**

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

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

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

- had previously been assisted by a specialist homelessness agency at any time since the collection began in 2011-12.

This measure provides contextual information about service use patterns.

### **Unassisted requests for services**

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

The data are presented as a daily average of requests for services because the information that is used to create the SLK was not available for 48% of the unmet requests for service in 2020-21. Without a valid SLK, it is not possible to identify whether a person requested the same service more than once from the same agency or from different agencies on different days. Similarly, people who received services at a later date, thus becoming clients, cannot be identified where a valid SLK is not available.

Over recent years, a number of jurisdictions have made changes to services delivery models and in particular toward central intake service delivery models. In practice, these systems often require agency workers to provide assistance of some kind to all presenting individuals. Therefore, caution should be used when comparing data over time and between states and territories, particularly data relating to unassisted requests.

## Technical notes

### Population estimates used for rates calculations

All rates in this report, including historical rates, have been calculated using population estimates based on the 2016 Census. All Indigenous rates in this report are calculated using the Indigenous population estimates and projections, based on the 2016 Census.

### Population rates

Crude rates are calculated using the Australian Bureau of Statistics estimated resident population (ERP) at the start of the range (for example, rates for 2011-12 were calculated using the ERP at 30 June 2011). Rates for 2020-21 data were calculated using the preliminary ERP at 30 June 2020.

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

### Age-standardised rates

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

### Rate ratio

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

### Average annual rates of change

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

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

where:

$P_n$  = value in the later time period

$P_o$  = value in the earlier time period

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





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## Technical notes

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

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**SHS clients are identified as being on a care and protection order** if they are aged under 18 and provided any of the following information in any support period (any month within the support period) during the reporting period (either the week before, at the beginning of the support period or during support).

They reported that they are on a care and protection order and that they had the following care arrangements:

**Client on a care and protection order**

- residential care
- family group home
- relatives/kin/friends who are reimbursed
- foster care
- other home-based care (reimbursed)
- relatives/kin/friends who are not reimbursed
- independent living
- other living arrangements
- parents; or
- they have reported 'Transition from foster care/child safety residential placements' as a reason for seeking assistance, or main reason for seeking assistance.

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**SHS clients with a current mental health issue** are identified as such if they have provided any of the following information:

**Client with a current mental health issue**

- 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 as 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.

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**SHS clients with a current problematic drug and/or alcohol use** are identified as such if they are 10 years or older and have provided any of the following information:

**Client with problematic drug and/or alcohol use**

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

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**SHS clients with severe or profound disability** are identified as such if at any time they have provided the following information:

- they 'always/sometimes need help or supervision' with self-care, mobility or communication for any support period during the reporting period.

**Client with disability**

The definition used to identify clients with disability (for the purposes of analyses for this report) is similar to that used for ABS Census questions that measure 'core activity need for assistance'. The Census questions are a simplified version of the comprehensive questions used in the ABS Survey of Disability and Carers (SDAC). The Census's simplified questions are conceptually comparable with 'severe or profound core activity limitation' in the SDAC.

The ABS Census aims to identify people who need assistance in their day-to-day lives with any or all of the following core activities: self-care, mobility or communication (ABS 2012b). The SHSC takes a similar approach in gathering information from clients of specialist homelessness services about disability.

To align with the ABS definition of 'core activity need for assistance', clients who did not report needing assistance (such as 'have difficulty but don't need help/supervision' or 'don't have difficulty, but use aids/equipment') with self-care, mobility or communication are not included as clients with severe or profound disability for SHS analyses.

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### Measuring disability in the SHSC

A long-term health condition is one that has lasted, or is expected to last, 6 months or more.

Examples of long-term health conditions that might restrict everyday activities include severe asthma, epilepsy, mental health conditions, hearing loss, arthritis, autism, kidney disease, chronic pain, speech impediment and stroke.

Disability is a general term that covers:

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

### Disability measurement in the SHSC

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

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

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### General services include:

- family/relationship assistance
- assistance for incest/sexual assault
- legal information
- material aid/brokerage
- financial information
- educational assistance
- training assistance
- employment assistance
- assistance to obtain/maintain government allowances
- assertive outreach for rough sleepers
- child care
- assistance for trauma
- assistance for challenging social/behavioural problems
- living skills/personal development
- court support
- advice/information
- retrieval/storage/removal of personal belongings
- advocacy/liaison on behalf of client
- school liaison
- structured play/skills development
- child contact and residence arrangements
- meals
- laundry/shower facilities
- recreation
- transport and
- other basic assistance.

### General services

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For the purpose of the SHSC a person is defined as homeless if they are living in either:

- non-conventional accommodation or ‘sleeping rough’, or
- short-term or emergency accommodation due to a lack of other options.

Non-conventional accommodation (primary homeless) is defined as:

- living on the streets
- sleeping in parks
- squatting
- staying in cars or railway carriages
- living in improvised dwellings
- living in the long grass.

## Homelessness

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

Short-term or emergency accommodation (secondary homeless) includes:

- refuges
- crisis shelters
- couch surfing or no tenure
- living temporarily with friends and relatives
- insecure accommodation on a short-term basis
- emergency accommodation arranged by a specialist homelessness agency (for example, in hotels, motels and so forth).

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

The measurement of Homelessness in the SHSC is defined in the Data derivation section.

The ABS definition of homelessness for estimates derived from the Census of Population and Housing can be found in ABS catalogue 2049.0 (ABS 2012a).

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## National Disability Insurance Scheme (NDIS)

The NDIS provides support to eligible people with intellectual, physical, sensory, cognitive and psychosocial disability. If a person meets the eligibility criteria they can apply for the NDIS.

To become an NDIS participant, a person must satisfy the following access criteria:

- be under 65 years of age
- live in Australia and be an Australian citizen, permanent resident or special category visa holder
- have a permanent and significant disability or a developmental delay
- need support from a person or equipment to do everyday activities (NDIS 2020).

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## Other support services

**Other support services** refer to the assistance, other than accommodation services, provided to a client. They include family/domestic violence services, mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, other specialist services and general assistance and support.

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## Specialist homelessness agency

A **specialist homelessness agency** is an organisation which receives government funding to deliver specialist homelessness services to a client. These can be either not-for-profit or for profit agencies.

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## Specialist homelessness service(s)

**Specialist homelessness service(s)** is assistance provided by a specialist homelessness agency to a client aimed at responding to or preventing homelessness. The specialist homelessness services in scope for this collection include accommodation provision, assistance to sustain housing, family/domestic violence services, mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, other specialist services and general assistance and support.

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## Stable housing

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

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## Technical notes

### Abbreviations

<b>ABS</b>	Australian Bureau of Statistics
<b>AHURI</b>	Australian Housing and Urban Research Institute
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>CPO</b>	Care and Protection Order
<b>ERP</b>	Estimated Resident Population
<b>DSS</b>	Department of Social Services
<b>FDV</b>	Family and Domestic Violence
<b>NAHA</b>	National Affordable Housing Agreement
<b>NDIS</b>	National Disability Insurance Scheme
<b>NHHA</b>	National Housing and Homelessness Agreement
<b>NPAH</b>	National Partnership Agreement on Homelessness
<b>SDAC</b>	Survey of Disability, Ageing and Carers
<b>SHS</b>	Specialist Homelessness Services
<b>SHSC</b>	Specialist Homelessness Services Collection
<b>SLK</b>	Statistical Linkage Key

### Symbols

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



## Technical notes

1. ABS 2012. [Census data quality statement: core activity need for assistance](#). Canberra: ABS.
  2. ABS (Australian Bureau of Statistics) 2016a. [Census of population and housing: Estimating homelessness methodology, 2016](#). Canberra: ABS.
  3. ABS 2016b. [Australian Statistical Geography Standard \(ASGS\): Volume 5 - Remoteness Structure July 2016](#). ABS cat. no. 1270.0.55.005. Canberra: ABS.
  4. ABS 2016c. [Australian Statistical Geography Standard \(ASGS\): Volume 1 - Main structure and Greater Capital City Statistical Areas July 2016](#). ABS cat. no. 1270.0.55.001. Canberra: ABS.
  5. AIHW (Australian Institute of Health and Welfare) 2011. [Principles on the use of direct age-standardisation in administrative data collections: for measuring the gap between Indigenous and non-Indigenous Australians](#). Data linkage series. Cat. no. CSI 12. Canberra: AIHW.
  6. AIHW 2021. [Specialist Homelessness Services: monthly data](#). Cat. no. HOU 321. Canberra: AIHW.
  7. NDIS (National Disability Insurance Scheme) 2020. [Am I eligible](#). Viewed 31 August 2021.
- 



## National Housing and Homelessness Agreement Performance Indicators

People experiencing homelessness or situations placing them at risk of homelessness can receive assistance from [specialist homelessness services \(SHS\)](#).

The [National Housing and Homelessness Agreement \(NHHA\)](#) aims to improve access to safe, affordable and sustainable housing and to prevent and address homelessness, and to support social and economic participation. The indicators presented here are two of the agreed National performance indicators set out in the agreement, namely:

- Indicator (h) a decrease in the number of people that experience repeat homelessness, and
- Indicator (i) an increase in the proportion of people who are at risk of homelessness that receive assistance to avoid homelessness.

These indicators will be used to report the progress against the objectives and outcomes of the NHHA. This is the first time these indicators have been produced and the data are not consistent with any previously published indicators on these topics. The data cannot be interpreted as an estimate of prevalence of homelessness or population level need for specialist homelessness services. Interpretation of trends based on three observations may not be statistically robust. Comparisons between states and territories should be made with caution given the differing models of support delivered through the SHS system in each state/territory.

NHHA client cohort groups are not mutually exclusive and SHS clients may be included in more than one cohort group.

See the [Supporting technical information](#) section below for more detail on each of the indicators presented, and the Explanatory Notes for state/territory specific data quality issues.

The data visualisation shows an interactive display of data for the NHHA Performance Indicator (h) “A decrease in the number of people that experience repeat homelessness” and Indicator (i) “An increase in the proportion of people who are at risk of homelessness that receive assistance to avoid homelessness”. All data are presented for the period 2018-19 to 2020-21, by state and NHHA client cohort groups. Two line charts are shown for Indicator (h): People experiencing persistent homelessness, and People returning to homelessness. Two line charts are shown for Indicator (i): People that avoided homelessness - client level, and People that avoided homelessness - service level, by sex. Data are available in the file available for download on this webpage.

# NHHA National Performance Indicators

Australia

NSW

Vic

Qld

WA

SA

Tas

ACT

NT

Select cohort:

All clients

## Indicator (h)

A decrease in the number of people that experience repeat homelessness

People experiencing homelessness are among Australia's most socially and economically disadvantaged. SHS agencies aim to support clients experiencing homelessness to transition into secure housing. Two indicators have been developed to measure the number of SHS clients experiencing repeat homelessness:

- i. clients experiencing persistent homelessness
- ii. clients returning to homelessness after a period of more secure housing.

These indicators present the number of clients who had prolonged or ongoing interactions with SHS agencies.

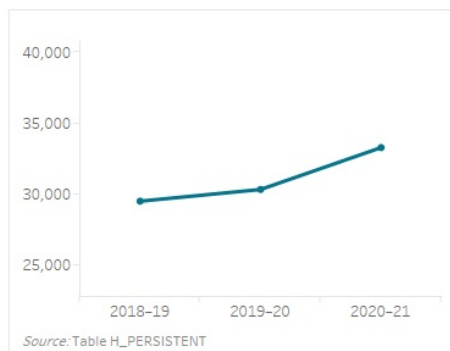
## Indicator (i)

An increase in the proportion of people who are at risk of homelessness that receive assistance to avoid homelessness

People can be at risk of homelessness, for example, at risk of eviction, financial stress, or inadequate and inappropriate dwelling conditions, and seek SHS support to avoid homelessness. The indicator intends to describe how often SHS support provided to clients at risk of homelessness resulted in the avoidance of a client becoming homeless. Two indicators have been developed:

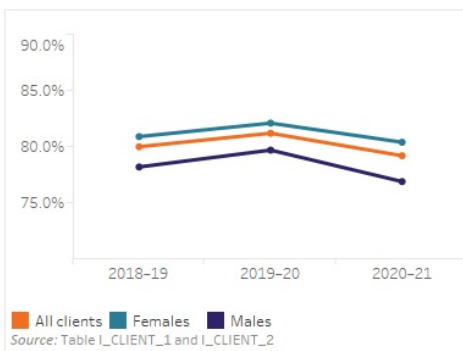
- i. client level version describing the impact of support regardless of whether the client received support from multiple different agencies.
- ii. service level version describing the impact of support from individual agencies.

### People experiencing persistent homelessness Australia



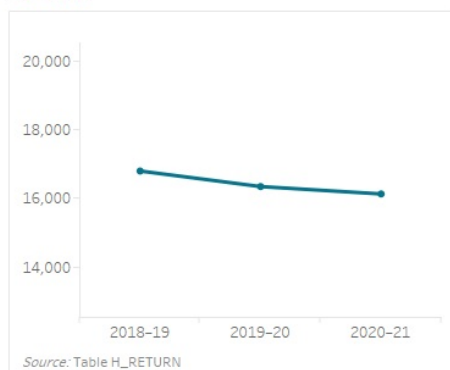
In Australia, in 2020-21, there were **33,300** people experiencing persistent homelessness; a **3,800** client increase since 2018-19.

### People that avoided homelessness – client level Australia



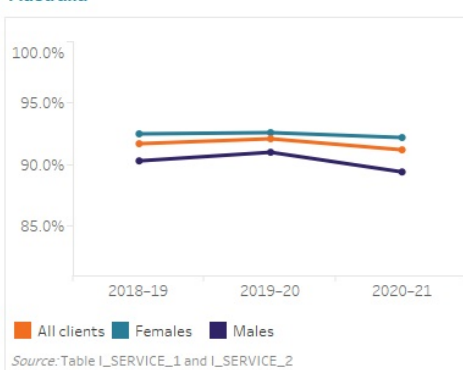
In Australia, in 2020-21, **79.2%** (or **53,500**) people who were at risk of homelessness avoided homelessness; a **0.8** percentage point decrease since 2018-19.

### People returning to homelessness Australia



In Australia, in 2020-21, there were **16,100** people that returned to homelessness after a period of more secure housing; a **670** client decrease since 2018-19.

### People that avoided homelessness – service level Australia



In Australia, in 2020-21, **91.2%** (or **146,000**) people who were at risk of homelessness avoided homelessness at the service level; a **0.5** percentage point decrease since 2018-19.

Source data: SHS indicator data tables 2018-19 to 2020-21

## Supporting technical information

The data reflect high level insights into the SHS support system in each state or territory. Under the NHHA, state and territory governments are responsible for the delivery of homelessness services to support local needs, which means that each state and territory funds specific services through the SHS system, taking into consideration all other programs and services delivered through other funding pathways in the



individual state or territory. The result is that the profile of SHS clients and their needs may differ between states and territories and therefore comparisons between the states and territories may not be valid.

More detailed information about how the data is collected and how the indicators are derived is available in the [Supplementary technical documentation](#).

#### Indicator (h) Persistent homelessness:

Describes the number of SHS clients who have been homeless for more than 7 months over a 24-months study period, that is, 30% of the study period. The homeless months do not need be consecutive. Clients must have at least one support period with a homeless housing status during the specific financial year, e.g. 2020-21. Data is based on the housing situation recorded on the last service provision date of each month during a client's support period, therefore, may not reflect whether a client was continuously homeless over the entire period.

For example, for the 2020-21 financial year:

- A client is in scope if they have at least one support period between July 2020 and June 2021.
- If the in-scope client's final support month is September 2020, then their monthly housing statuses are assessed back over 24-month period from September 2020 (i.e., October 2018 to September 2020) to identify whether the client has been homeless for more than 7 months during that period. If yes, then the client is considered to have experienced persistent homelessness.

This indicator identifies clients with a more chronic experience of homelessness than other clients. The identified cohort is not mutually exclusive with clients who return to homelessness after achieving housing. A persistently homeless client can be counted as:

- a persistent homelessness but not a return to homelessness client, or
- a return to homelessness and a persistent homelessness client.

For more detailed information on the methodology behind this indicator, see the Technical Specifications in the [Supplementary technical documentation](#).

#### Indicator (h) Return to homelessness:

Describes the number of SHS clients who experienced an episode of homelessness during the financial year and a pattern of homeless-housed-homeless in the 24-months prior to the most recent record of homelessness. Data is based on the housing situation recorded on the last service provision date of each month during a client's support period, therefore, may not reflect whether a client had continuous days experiencing homeless or more secure housing.

For example, for the 2020-21 financial year:

- A client is in scope if they have at least one support period with a monthly housing status of homeless between July 2020 and June 2021.
- If the in-scope client's last homeless month is September 2020, then their monthly housing statuses are assessed back over 24-month period from September 2020 (i.e., October 2018 to September 2020) to identify whether the client has experienced a homeless-housed-homeless pattern in any time during that 24-month period. If yes, then the client is considered to be returning to homelessness after achieving housing.

This indicator identifies clients who return to homelessness after achieving housing. The identified cohort is not mutually exclusive with clients who experience persistent homelessness. A return to homelessness client can be counted as:

- a return to homelessness but not a persistent homelessness client, or
- a return to homelessness and a persistent homelessness client.

For more detailed information on the methodology behind this indicator, see the Technical Specifications in the [Supplementary technical documentation](#).

#### Indicator (i) Client level:

Measures whether an SHS client who presented to an SHS agency at risk of homelessness within the first six months of a financial year was assisted to avoid homelessness over the following six months.

Clients:

- must have been at risk of homelessness at any time during the first 6 months of the reporting period.
- who completed their support period after the follow up period or whose housing status during the follow up period was not stated were not included in this indicator.

The follow up period is derived by incrementing the start date by 6 months. For example, for the in scope period from 1 July 2020 to 31 December 2020, if a client's first at-risk support period commenced on 20 August 2020 then the follow up period would commence on 20 August 2020 and end on 20 February 2021.

Date/s	Nomenclature
1 July 2020 to 31 December 2020	In scope period

20 August 2020	Example, First recorded in scope 'At risk' support period
20 August 2020 to 20 February 2021	Follow up period

For more detailed information on the methodology behind this indicator, see the Technical Specifications in the [Supplementary technical documentation](#).

### Indicator (i) Service-level:

Measures whether SHS clients at risk of homelessness were assisted to avoid homelessness over the period of an individual support period.

The indicator is derived from support periods; the period of time during which a client is receiving SHS support. A client's housing status (that is, either at risk of homelessness or homeless) must be known at both the time of presentation and the end of the support period. Data are limited to only include those support periods which began and ended during the financial year reported period.

For more detailed information on the methodology behind this indicator, see the Technical Specifications in the [Supplementary technical documentation](#).

### Supplementary technical documentation:

Supplementary technical documentation outlining the calculation of the indicators, logic diagrams explaining visually how clients are included and excluded in the calculation of the indicators, as well as an explanation of how state/territory counting rules are applied, is available for both indicators:

[National Housing and Homelessness Agreement: Indicator \(h\) - Supplementary technical document \(DOCX, 232KB\)](#)

[National Housing and Homelessness Agreement: Indicator \(i\) - Supplementary technical document \(DOCX, 332KB\)](#)

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## Fact sheets by state and territory

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## On any given day infographics

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# Data

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## Report editions

### Newer releases

- Specialist homelessness services annual report 2021-22 |  
**Web report** | 08 Dec 2022
- 

### This release

Specialist homelessness services annual report 2020-21 | 07 Oct 2022

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### Previous releases

- Specialist homelessness services annual report 2019-20 |  
**Web report** | 11 Dec 2020
  - Specialist Homelessness Services annual report 2018-19 |  
**Web report** | 18 Dec 2019
  - Specialist homelessness services annual report 2017-18 |  
**Web report** | 13 Feb 2019
  - Specialist homelessness services annual report 2016-17 |  
**Web report** | 12 Feb 2018
  - Specialist homelessness services 2015-16 |  
**Web report** | 15 Dec 2016
  - Specialist homelessness services 2014-15 |  
**Web report** | 11 Dec 2015
  - Specialist homelessness services 2013-14 |  
**Publication** | 15 Dec 2014
  - Specialist homelessness services 2012-13 |  
**Publication** | 17 Dec 2013
  - Specialist Homelessness Services 2011-12 |  
**Publication** | 18 Dec 2012
-



## Related material

### Resources

### Related topics

- [Housing assistance](#)
- 

