

**ATTACHMENT "CHP-1"**

This is the attachment marked "**CHP-1**" referred to in the witness statement of Jenny Smith and Sarah Toohey, dated 14 July 2015.



Using data from specialist homelessness agencies, this bulletin examines four cohorts vulnerable to homelessness and the differences in the housing outcomes both across and within the groups. It seeks to better understand why some people in these groups may retain or attain housing while others become or stay homeless. It is expected that well known factors which make people more vulnerable to homelessness will also be key factors in their housing outcomes following support. This bulletin seeks to confirm that this is the case and also provide an indication of the extent of the impact of these factors.



# Housing outcomes for groups vulnerable to homelessness



**Australian Government**  
**Australian Institute of  
Health and Welfare**

*Authoritative information and statistics  
to promote better health and wellbeing*

# **Housing outcomes for groups vulnerable to homelessness**

**1 July 2011 to 31 December 2013**

Australian Institute of Health and Welfare  
Canberra

Cat. no. HOU 274

**The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is authoritative information and statistics to promote better health and wellbeing.**

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### **Australian Institute of Health and Welfare**

Board Chair  
Dr Mukesh Haikerwal AO

Director  
David Kalisch

Any enquiries about or comments on this publication should be directed to:

Digital and Media Communications Unit  
Australian Institute of Health and Welfare  
GPO Box 570  
Canberra ACT 2601  
Tel: (02) 6244 1032  
Email: [info@aihw.gov.au](mailto:info@aihw.gov.au)

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# Acknowledgments

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We are especially appreciative of all homelessness agencies and their clients for their participation in the collection.

# Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
DV	Domestic Violence
IH	Independent Housing
SHSC	Specialist Homelessness Services Collection

# Symbols

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



# Summary

In the 2 and a half years from 1 July 2011 to 31 December 2013, Specialist Homelessness Services (SHS) provided support to over 400,000 people. Some of these clients were at risk of losing their housing and others had already become homeless when they sought support. This analysis examines the housing outcomes of over 94,000 clients in four groups known to be vulnerable to homelessness: those experiencing domestic and family violence, young people presenting alone, people with problematic drug and alcohol use and those with a current mental health issue. The analysis found that:

- **Those who were more socially and economically disadvantaged had poorer housing outcomes across all cohorts.** These clients were more likely to be unemployed, had no income or were only on income support, had a past history of homelessness and had more complex presenting issues. Those who had the poorest housing outcomes were those who had problematic drug and alcohol use.
- **Specialist Homelessness Services put considerable effort into preventing those most at risk of losing their housing falling into homelessness.** Those clients who began support housed but went on to become homeless did so after having almost twice as many median days of support as those who maintained their housing (between 53 and 89 days).
- **The majority of clients who were housed on presentation did not become homeless with the support of homelessness services.** This was the highest for those with mental health issues (92% retaining housing) and for women experiencing domestic violence (87%).
- **It takes considerable support by agencies to assist a person into housing.** The group of clients who presented homeless and became housed were supported for the greatest median number of days with between 112 and 175 days of support.
- **Many clients who remained homeless appeared less 'housing ready' than other clients.** They were less engaged with the service system than those who became housed. They largely sought support for basic needs, had significantly fewer days of support (between 20 and 46 median days) and were less likely to request support for accommodation than those who became housed.

# 1. Introduction

The people who approach Specialist Homelessness Services for assistance do so for a variety of reasons. While they all share a common lack of suitable housing or the prospect of losing their housing, their characteristics and circumstances can differ considerably. Some population groups are disproportionately represented among clients. This is particularly the case for Indigenous Australians. In 2012–13, one in five clients were Indigenous, but only 3% of the total Australian population were Indigenous. Women are also substantially over-represented, as a major cause of homelessness in Australia is domestic and family violence which affects women more than men. Young people and children are also over-represented, also partly due to domestic violence.

Apart from Indigenous people, children and young people, and those fleeing domestic violence, the remaining adults fall into two key groups of roughly the same size:

- those who present with additional, often complex, needs such as mental health or drug and alcohol issues, who often also have long histories of being in and out of homelessness
- those primarily seeking support for housing and financial crises generally without other contributing issues, who are less likely to have a history of homelessness.

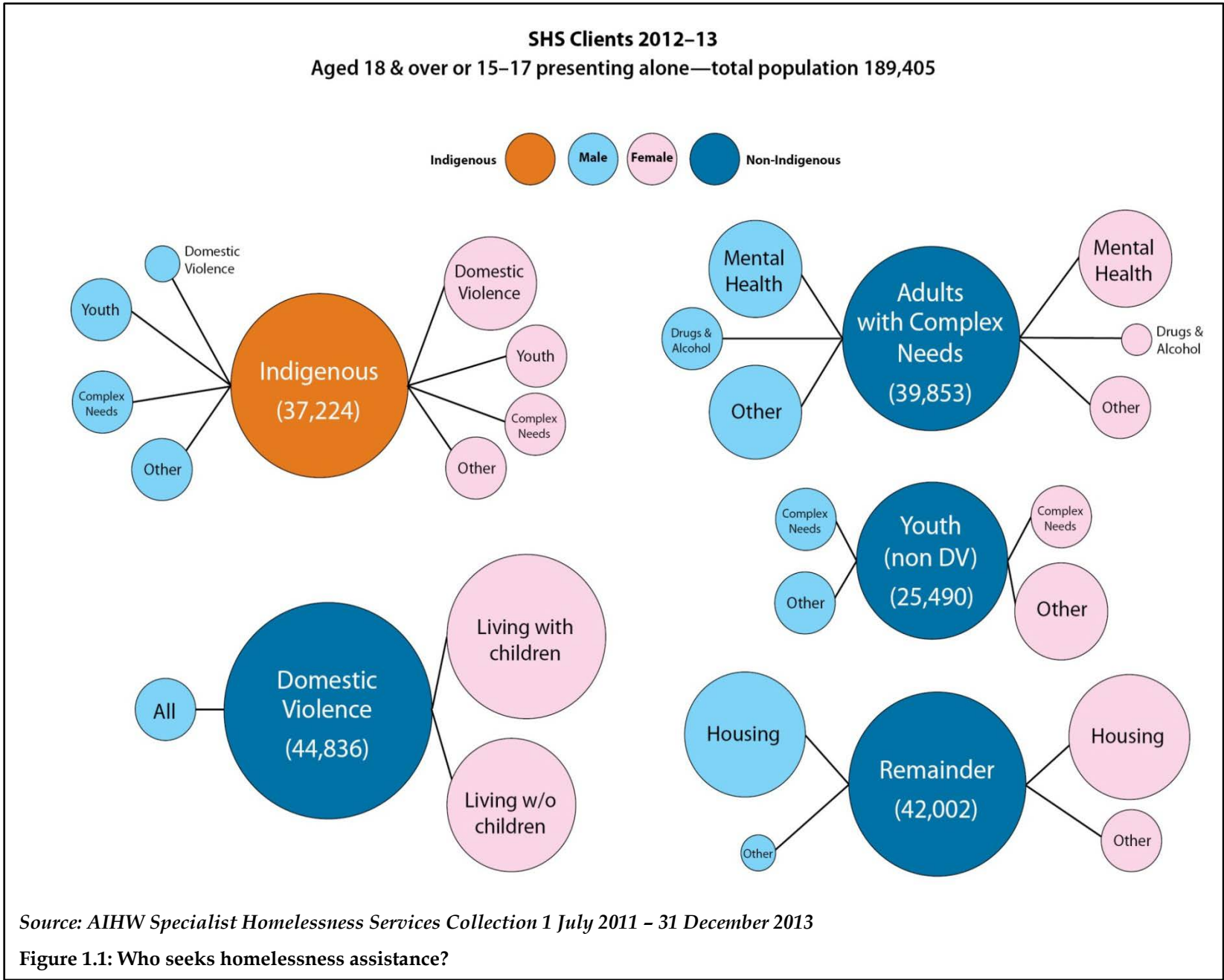
Research into homelessness supports the view that some life stages, personal situations and experiences can make individuals more vulnerable to homelessness (Johnson et al. 2008). In particular, young people leaving home because of family conflict, individuals experiencing domestic and family violence, those suffering from a mental illness and those who have issues with drug and/or alcohol use.

In 2012–13 an estimated 244,000 Australians accessed specialist homelessness services. Of these, 18% were young people presenting alone, 32% were people who had experienced domestic and/or family violence, 20% had a current mental health issue (AIHW 2013) and 9% were people who had problematic drug or substance misuse issues. These groups are not mutually exclusive. Figure 1.1, which presents clients by the main reason for seeking assistance only, shows the people in these groups make up a substantial proportion of SHS clients.

The vulnerabilities experienced by people in these groups increase their risk of homelessness. However, not all people who are affected by these vulnerabilities will face the prospect of homelessness. Many people will have the financial resources that provide them with other options, while others may be able to rely on their family or community for support.

For those without the resources or support to deal with a housing crisis, governments across Australia fund Specialist Homelessness Services that offer a wide range of programs and services. Some of these services provide basic support and assistance such as transport, meals, laundry and shower facilities, while others offer more specialised services such as professional legal services or health and medical services. Many of the services provided are not directly related to housing but target underlying barriers which need to be addressed before any improvements in housing can occur. The process of assisting some clients may take considerable time and intensive case worker support to achieve sustainable housing outcomes. For other clients some minimal assistance may be required as temporary support.

The extent to which agencies are able to assist clients achieve longer term sustainable housing outcomes is also dependant on the availability of affordable housing or housing that is adequate for particular client needs. Social housing waiting lists remain long, the supply of affordable rental housing is limited in many regions of Australia (AIHW 2013) and the supply of suitable housing for people with a disability on low incomes is constrained both in public housing and the private rental market (Productivity Commission 2011). State and territory governments and the agencies that deliver homelessness services therefore face considerable challenges allocating housing to those with the greatest needs.



Source: AIHW Specialist Homelessness Services Collection 1 July 2011 - 31 December 2013

Figure 1.1: Who seeks homelessness assistance?

## Analysis of key groups vulnerable to homelessness

This bulletin looks at the housing outcomes of four cohorts that have been identified as being particularly vulnerable to homelessness. These are people who have presented to homelessness services and:

- are experiencing domestic and family violence
- are young people presenting alone
- are experiencing drug and/or alcohol use issues
- have a current mental health issue.

Using data from specialist homelessness agencies, these four key groups have been examined for differences in the housing outcomes both across and within the groups. This analysis seeks to provide a better understanding of the reasons some people in these groups retain or attain their housing while others become or remain homeless.

This analysis focusses on 94,826 of around 422,712 people who accessed specialist homelessness services during the study period. Those not included in the analysis were either still receiving support at the end of reporting period and therefore may still yet to have a housing outcome or their housing situation was not known at the beginning or end of support and therefore could not be analysed.

It is expected that socioeconomic factors of disadvantage which make people more vulnerable to homelessness will also be key factors in their housing outcomes following support. This bulletin seeks to confirm that this is the case and also provide an indication of the extent of the impact of these factors.

For the purposes of this analysis the term 'housed' is used to describe any person who is not homeless. That is they were in a house/townhouse/flat either buying or renting (or living rent free) with tenure at the end of support.

It is recognised that many people who meet the definition of being homeless are not 'houseless', that is they are physically housed. These include clients in short-term temporary accommodation, emergency accommodation, living rent-free (with no tenure) or couch surfing.

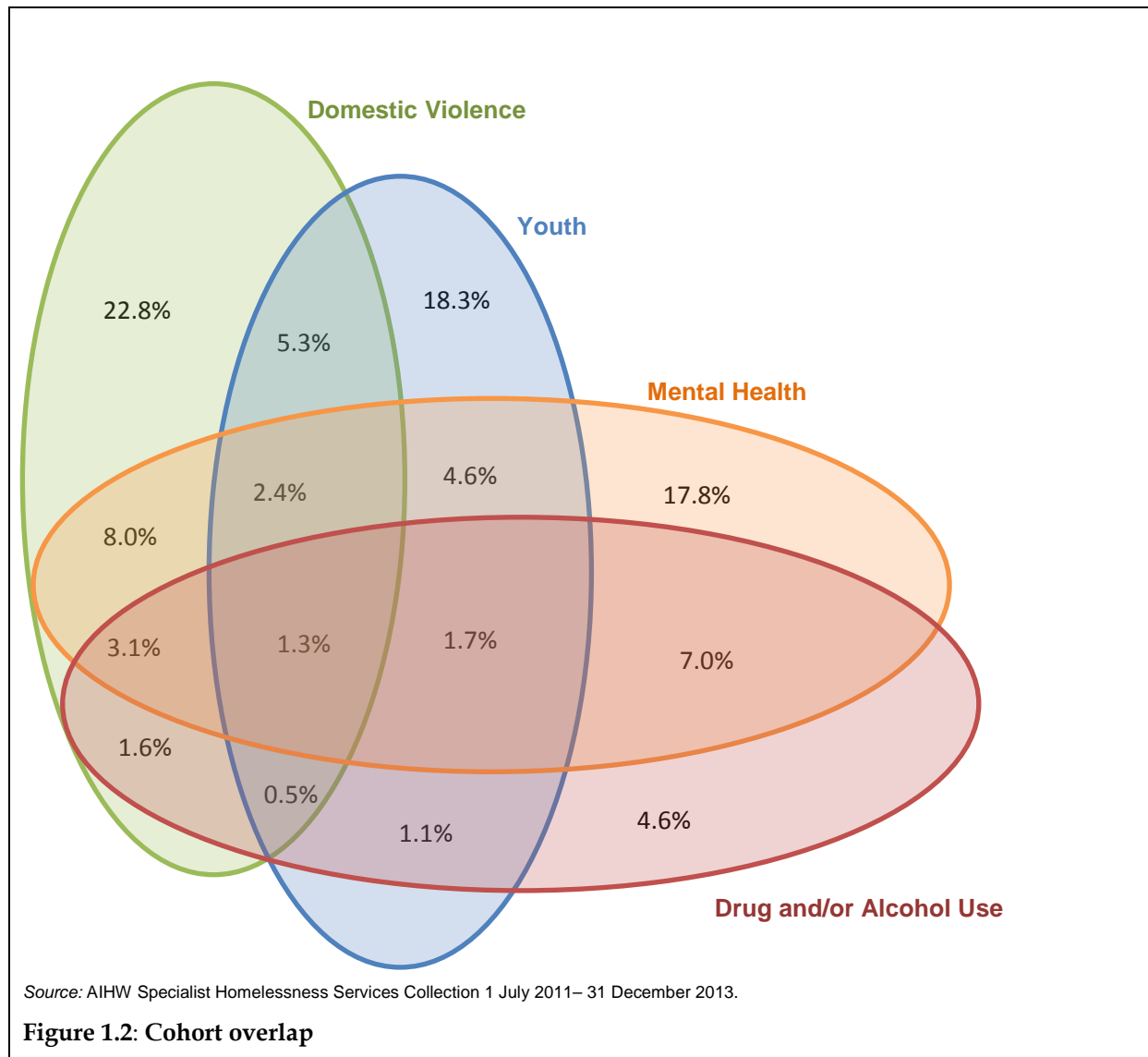
It is clear that when a client commences support already housed, their prospects of ending support in housing is considerably greater than for those who are already homeless. It appears to be easier for services to keep clients in existing housing than to support them into new housing. The reasons for this include the difficulty in sourcing appropriate housing compared to assisting a person to sustain their current tenancy; and the fact that those who are in housing generally have higher levels of social and economic participation evidenced by higher rates of employment and participation in some form of education/training. Those who are homeless when they first seek support also tend to have more complex needs than those who are already housed.

However, some clients who begin support in housing do become homeless. This analysis seeks to understand the characteristics and presenting issues of those who are unable to maintain their housing compared to those who do.

Conversely, some clients who are homeless when they present are successful in obtaining housing with the support of an SHS agency. This analysis also compares these clients with those who presented homeless and remained homeless.

## Overlap in Vulnerable Cohorts

Many people in these cohorts belong to more than one of the vulnerable groups (see Figure 1.2). That is, the cohorts are not mutually exclusive. This analysis does not look at the impact belonging to multiple vulnerable groups has on housing outcomes. The complex interplay of multiple vulnerabilities presents an opportunity for further research.

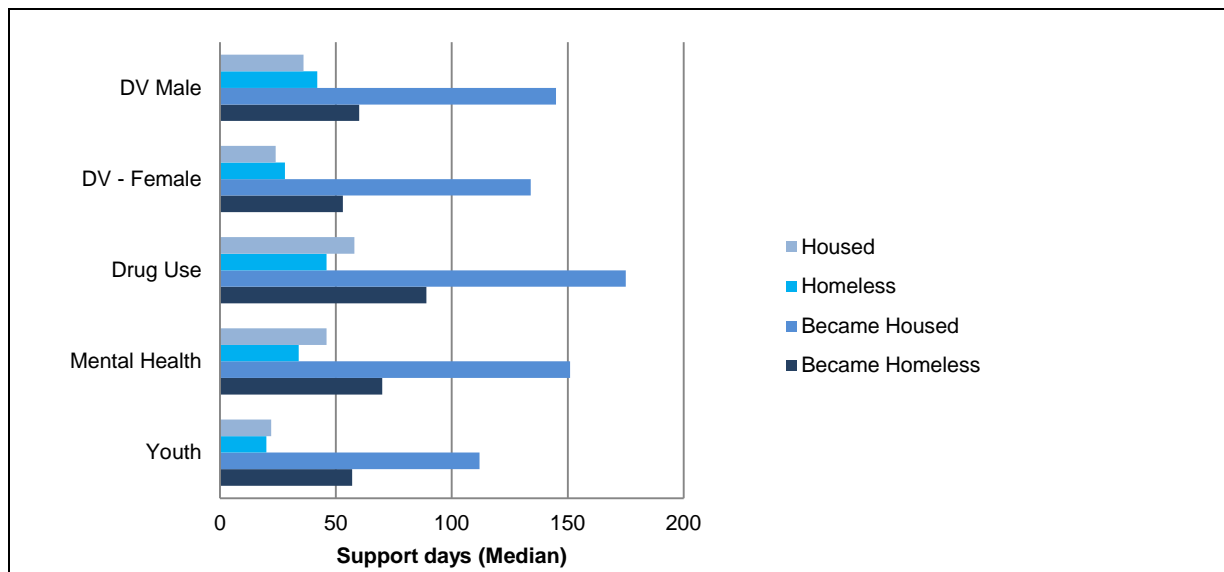


## Duration of Support

Agencies report data on the duration of support periods, or episodes of assistance provided to clients. An individual may have a number of support periods throughout the reporting period. The duration of support provides a general indication of the support effort provided to clients. However, it does not provide the full picture of service effort, as it does not capture the intensity nor complexity of support.

Source: AIHW Specialist Homelessness Services Collection 1 July 2011– 31 December 2013.

Figure 1.3 presents the median support days for clients in each group by the client's housing status recorded at the beginning and end of support.



Source: AIHW Specialist Homelessness Services Collection 1 July 2011– 31 December 2013.

**Figure 1.3: Median support days provided to clients, by cohort**

The shortest durations of support occur for those remaining housed and those remaining homeless. These clients were also more likely to have only 1 or 2 days of support. For people who are housed when they seek support, it is often easier to find a solution that enables them to retain their existing housing than to find alternative housing. Those who are homeless also have high proportions of very short support periods. It is evident that many in this group may not be 'housing-ready' This is consistent with their pattern of support, and high incidents of support for very basic services (such as meals and laundry) and short-term emergency accommodation.

By contrast clients whose housing situation changes, either from housed to homeless or homeless to housed, have the longest support periods. Again, this appears to be for quite different reasons. For those presenting homeless, achieving a housing outcome can be very difficult. These groups had the longest durations of support in each cohort. A major reason for this is likely to be the wait times for available housing, particularly public and community housing. Support durations may also be affected by the number and complexity of non-housing issues which may need to be resolved with these clients.

Those who received the next greatest number of days of support are those who begin support housed but who lose their housing. This group of people are more likely than those who maintain their housing to have complex needs and are less likely to have the financial resources to maintain their housing. They share a number of common characteristics with those who are already homeless.

For these clients it also indicates they are likely to be in more precarious housing situations which require a greater level of support or length of time to resolve. Unfortunately, despite support some do not sustain their housing.

## Data

The source of data for this analysis is the Specialist Homelessness Services Collection (SHSC) conducted by AIHW. Data spans the period from the commencement of the collection on 1 July 2011 to 31 December 2013 (30 months). As this analysis is focussed on the housing outcomes of clients following support, only clients for whom support has ended (closed

support) as at 31 December 2013 and for whom housing status was known at the beginning and end of support have been included in the analysis.

All statistics are based on adult clients (18 and above) and young people, (aged 15 to 17), who presented alone. Children are excluded as their needs, services and outcomes largely mirror the parent or carer they present with. The analysis does however look at family types as the presence of children is likely to impact on the needs, service responses and outcomes for clients.



## 2. Clients who have experienced domestic and family violence

Domestic and family violence is a major cause of homelessness in Australia. A large majority of victims are women and their children, although men may also be victims.

Domestic and family violence makes women and children vulnerable to homelessness in two ways: firstly, violence removes the sense of safety and belonging associated with the home; and secondly, leaving a violent situation usually requires leaving the family home (Southwell 2002).

Women and children who leave their home because of domestic and family violence experience severe social and personal disruption, poorer housing conditions and financial disadvantage (Spinney & Blandy 2011). In recognition of this, governments have introduced programs which aim to break the link between domestic and family violence and homelessness by focusing on ways in which those victims of domestic and family violence can safely remain in the family home. For example under the Staying Home Leaving Violence program in NSW, services work with the police and courts to remove the violent family member and provide services such as installing security in homes and helping with financial, legal and personal problems.

For some victims of domestic and family violence, however, it may be that they do have to leave the family home, either permanently or temporarily, to safeguard themselves and their children.

Domestic and family violence is widely recognised as a key driver of homelessness, however not all people who find themselves at risk of homelessness because of domestic violence are forced to leave their homes. People who experience domestic and family violence can come from a range of socioeconomic groups and can have vastly different life experiences and situations.

Of the 150,235 clients who were identified as having experienced domestic and family violence in the period 1 July 2011 to 31 December 2013, this analysis is constrained to 42,581 clients whose support had ended; had a housing situation known before and after support; and were adults or youth (over 14) who presented alone.

As a man's experience of domestic and family violence and homelessness is likely to be different from a woman who seeks assistance from specialist homelessness agencies, this analysis looks at males and females separately.

While analysis takes into account family composition, it excludes children under 14 as their outcomes largely reflect the outcomes of their parents.

**Table 2.1: Characteristics of clients who have experienced domestic and family violence**

<b>The Cohort</b>	<b>Number</b>			
Clients who have experienced domestic and family violence	42,581 adults and youth over 14 (15,738 children under 14)			
<b>Characteristics of people in the cohort</b>				
Male/Female split (excluding children)	13% : 88%			
Age and sex	Age (years)	Males	Females	<b>Total</b>
	15–17	2%	4%	6%
	18–24	3%	17%	20%
	25–54	7%	62%	69%
	55+	1%	5%	6%
	<b>Total</b>	<b>13%</b>	<b>88%</b>	<b>100%</b>
	<b>Males</b>	<b>Females</b>		
Indigenous status	20% Indigenous 80% Non-Indigenous	22% Indigenous 78% Non-Indigenous		
Country of Birth	79% Australian-born 21% Overseas-born	71% Australian-born 29% Overseas-born		
Living arrangements	45% Single person alone 12% Single person with children 8% Couple without children 13% Couple with children 22% Other family group or other group	21% Single person alone 42% Single person with children 7% Couple without children 14% Couple with children 15% Other family group or other group		
Labour force	15% Employed 48% Unemployed 37% Not in the labour force	19% Employed 28% Unemployed 53% Not in the labour force		
Housed at the START of support	41% IH 59% Non-IH	65% IH 35% Non-IH		
Housed at the END of support	47% IH 53% Non-IH	71% IH 29% Non-IH		

**Box 2.1: How we identified these clients?**

Clients who have experienced domestic and family violence include those clients:

- who reported 'domestic and family violence' as a reason for seeking assistance
- who required at some stage during their support 'assistance for domestic/family violence'.

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

The majority of those within this analysis group were females (88%) (Table 2.1). This corresponds to the representation of this group within the broader SHSC. In 2012–13, 82% of those over 15 years of age who presented for reasons of domestic and family violence were females.

For those females who sought assistance for domestic and family violence:

- 65% were housed on presentation; following support
  - 87% maintained their housing
  - 13% became homeless
- 35% were homeless on presentation; of those
  - 59% remained homeless
  - 41% became housed.

For those males who sought assistance for domestic and family violence:

- 59% were homeless on presentation; following support
  - 70% remained homeless
  - 30% became housed
- 41% were housed on presentation; of those
  - 72% remained housed
  - 28% became homeless.

Compared to females who were homeless when they presented, males were more likely to be:

- living without shelter or in an improvised dwelling (18% of males compared to 5% of females)
- couch surfing (18% compared to 13%)
- in short-term temporary accommodation (18% compared to 16%).

## What factors may influence housing outcomes?

### Females who were housed and became homeless

During the reporting period, 65% (23,990) of women began support in housing. Of these, just 13% were unable to sustain housing and ended support homeless. Compared to those who maintained their housing, those women who became homeless at the end of support were more likely to:

- be younger (28% of these females were under 25 compared to 17% who were successful in sustaining their housing)
- be Indigenous (28% compared to 18%)
- be receiving a government payment (79% compared to 70%)
- have slept rough in the last month (6% compared to 2%) and in the past year (8% compared to 3%)
- have been formally referred by a crisis agency (16% compared to 5%).

They were less likely to:

- be caring for children as either a single parent (38% compared to 44%) or in a couple (18% compared to 20%)
- have any other income source apart from a government pension (12% compared to 23%)
- be employed, either full-time (5% compared to 11%) or part-time (8% compared to 13%)
- have been formally referred by the police (10% compared to 21%).

The apparent comparative social and economic disadvantage of those females who were unsuccessful in sustaining their housing is also reflected in the services they required compared to those who remained housed.

In terms of the services they sought, those who were unsuccessful in sustaining their housing were also more likely to:

- identify housing crisis (7% compared to 3%) as the main reason for seeking assistance
- request assistance with mental health issues (19% compared to 11%)
- request drug/alcohol counselling (8% compared to 3%)
- have more days of support, with 53 days compared to 24 for those who maintained their housing.

## **Females who were homeless and remained homeless**

In the reporting period, 35% of female clients were homeless when they began support. Of these clients the majority (59%) remained homeless at the end of support.

When comparing those females who were homeless when they commenced support and those who were successful in obtaining housing compared to those who remained homeless, those who remained homeless were more likely to:

- be younger (34% were under 25 compared to 32% of those who were successful in obtaining housing)
- be Indigenous (28% compared to 25%)
- be presenting alone, without children (34% compared to 26%)
- to be unemployed (37% compared to 32%).

In terms of services sought, they were also more likely:

- to be mainly seeking support for domestic violence (58% compared to 49%)
- to have fewer days of accommodation (where accommodated) (21 days compared to 63 days).

They were less likely:

- to have utilised emergency accommodation in the last month (34% compared to 40%) and in the last year (38% compared to 45 %)

- to have been formally referred by police (5% compared to 9%)
- to be supported for longer (28 days compared to 134).

### **Males who were housed and became homeless**

When comparing those males who commenced support housed and remained that way, to those who became homeless, those who became homeless at the end of support were more likely to:

- be younger (43% were under 24 compared to 37%)
- live alone (30% compared to 24%)
- be unemployed (52% compared to 38%) and for those that were employed, were less likely to be employed full-time (7% compared to 16%)
- be receiving a government pension or benefit (74% compared to 66%).

In terms of the services sought and support received, those who became homeless were more likely to:

- identify housing crisis (16% compared to 10%) as the main reason for seeking support
- have slept rough in the last month (10% compared to 4%) and year (15% compared to 8%)
- have utilised emergency accommodation in the last month (17% compared to 10%) and year (22% compared to 14%)
- have more days of support (60 days compared to 36)
- be accommodated for longer (where accommodated) (39 days compared to 33).

### **Males who were homeless and remained homeless**

Compared to those males who were homeless when they commenced support and were supported into housing, those who remained homeless were less likely to:

- be mainly seeking support for a housing crisis (16% compared to 18%) or due to an inadequate or inappropriate dwelling (10% compared to 14%)
- request assistance with drug and alcohol issues (23% compared to 28% ) and where requested, less likely to receive that assistance (56% compared to 58% )
- be receiving a government pension or benefit (81% compared to 85%)
- have utilised emergency accommodation in the last month (32% compared to 35%) and year (38% compared to 41% compared)
- have more days of support (28 days compared to 145)
- receive longer periods of accommodation (where accommodated) (33 days compared to 67 days).

### **What does this tell us?**

Females experiencing domestic and family violence had the highest proportion of clients in housing when they first sought support compared to the other cohorts. This may be because women with children are more likely to seek support early before they become homeless.

The majority of these women remained housed. For these women it took relatively less support for services to maintain them in their housing. Lower rates of comorbidity (drug and alcohol or mental health issues) and higher rates of employment are also likely to indicate

better prospects of maintaining housing where domestic violence issues can be resolved. The median number of days of support for these females was 24 compared to 53 for females who did not maintain their housing.

Those who did not maintain their housing were less likely to be employed and had higher rates of comorbidity. They were also more likely to have had prior experiences of homelessness.

Females who did not maintain their housing were more likely to be younger than those who maintained their housing and less likely to have children. This may indicate young women leaving the family home due to family violence, young females having less established financial resources and the priorities of services to find outcomes where children are involved.

Notably, females who did not maintain their housing often had very similar characteristics to those who presented homeless and remained homeless. They were both more likely to be younger, Indigenous, unemployed and less likely to have children living with them.

Females who presented and remained homeless were also engaged with services for a much shorter period of time than those who became homeless. The median number of days of support was 28 compared to 53 for these who became homeless. They also sought assistance for more basic needs (such as laundry and meals), and were less likely to have been in emergency accommodation in the past. This may indicate a higher level of detachment from the services system.

Males experiencing domestic and family violence were much more likely to be homeless upon presentation compared to females. Males who were housed on presentation were also less likely than females to maintain their housing. Similarly to the females, those males who did not maintain their housing were likely to be younger, living alone and unemployed. They were also more likely to have slept rough or have previously used emergency accommodation. Males who were homeless upon presentation and remained homeless were also more likely than women to have issues with drug and alcohol.

Overall males had longer periods of support than females, but similarly to females, those males who had the longest periods of support were those who were supported into housing (median support days 145) and those began support housed but ended homeless (median support days 60).

### 3. Young people presenting alone

Research has shown that those who first experience homelessness at a young age are more likely to experience persistent homelessness in adulthood (Scutella & Johnson 2012). A major focus of government strategies to prevent homelessness is preventing young people from entering into a lifetime of homelessness.

In 2012–13 an estimated 45,071 young people presented alone to a specialist homelessness agency. Thirty nine per cent of these were either living with no shelter or inadequate shelter, couch surfing or otherwise homeless.

Homelessness among young people can arise for a variety of reasons with family breakdown and conflict being a significant contributing factor to youth homelessness (Barker et al. 2012).

Young people who have been in state care and protection systems are particularly vulnerable. In 2012–13, an estimated 2,146 clients of specialist homelessness agencies (including children) had a care and protection order. Research indicates that young people who experience homelessness are likely to have had traumatic family experiences including sexual and physical abuse, parental drug addiction and family violence (Chamberlain & Johnson 2011). Childhood trauma, of this type, has been linked to homelessness generally and long-term homelessness specifically in a number of studies (Scutella & Johnson 2012).

This section looks at those young people (aged 15–24) who presented alone to specialist homelessness agencies and the factors that may lead to better outcomes for some within this vulnerable group.

Of the 75,929 young clients who presented alone in the period 1 July 2011 to 31 December 2013, this report looks at 33,385 of those whose support had ended and whose housing situation was known before and after support (Table 3.1).

**Table 3.1: Characteristics of young people presenting alone**

<b>The Cohort</b>	<b>Number</b>			
Young people presenting alone	33,385			
<b>Characteristics of people in the cohort</b>				
Male/Female split	40% : 60%			
Age and sex	Age	Males	Females	<b>Total</b>
	15–17	10%	15%	25%
	18–24	30%	45%	75%
	<b>Total</b>	<b>40%</b>	<b>60%</b>	<b>100%</b>
Indigenous status	22% Indigenous 78% Non-Indigenous			
Country of Birth	82% Australian-born 18% Overseas-born			
Living arrangements	39% Single person alone 15% Single person with children 7% Couple without children 7% Couple with children 31% Other family group or other group			
Education enrolment	29% Enrolled 71% Not enrolled			
Labour force	13% Employed 47% Unemployed 39% Not in the labour force			
Housed at the START of support	44% IH 56% Non-IH			
Housed at the END of support	52% IH 48% Non-IH			



**Box 3.1: How we identified these clients?**

Young people presenting alone includes those clients:

- who when they first present for assistance are aged 15-24
- present by themselves.

The majority of young people presenting alone in this cohort were female (60%). This is consistent with the broader population of young people within the SHSC population. In 2012–13, 63% of young people presenting alone were female and 59% of the overall client population were female. This high representation of females is also consistent with high levels of this group experiencing domestic violence. As can be seen in Figure 2 in the introduction, there is a significant overlap between this cohort and the domestic violence cohort.

Seventy five per cent of this group were aged 18 to 24, and 25% were aged 15 to 17. In both age groups there were more females than males.

Young people presenting alone are more likely to be homeless when they first seek assistance than those who present in families or other groups. At the start of support over half (56%) of the clients in this cohort were homeless rather than at risk of homelessness. This compares to 46% of all clients in 2012–13 who were homeless when they sought support.

Among those in the domestic violence cohort young women were more likely than older women to become or remain homeless. Along with domestic and family violence, one of the main reasons for seeking support among this cohort is relationship/family breakdown which may indicate young women leaving the family home.

Nine per cent of the young people were with no shelter or in an improvised dwelling, and over one-quarter (27%) were either couch-surfing or without tenure when they first received assistance. A further 17% reported that they were living in short-term temporary accommodation. Only a small number (3%) were in institutional settings when they first received assistance.

Most of those living with no shelter or in an improvised dwelling at the start of support were males (60%), with males aged 18 to 24 making up about one-half of this group (51%). Of those who were couch-surfing or without tenure most were female (60%) with 41% females aged 18 to 24.

Of all young people presenting alone:

- 56% were homeless on presentation; following support
  - 73% remained homeless
  - 27% became housed
- 44% were housed on presentation; following support
  - 83% remained housed
  - 17% became homeless.

## What factors may influence housing outcomes?

### Young people who were housed and became homeless

During the study period, 44% (14,667) of young people presenting alone began in some form of housing, that is, were not homeless. Of these 17% (2,518) were unsuccessful in sustaining housing. When comparing those who maintained housing to those who became homeless, those who became homeless at the end of support were more likely to:

- be very young (31% were aged 15–17 compared to 22% who were successful in sustaining their housing)
- be Indigenous (24% compared to 21%)
- be unemployed (48% compared to 40%)
- be living alone (30% compared to 26%)
- report a nil income (16% compared to 12%).

In terms of the services sought or received, those who became homeless were more likely to:

- identify relationship/family breakdown (15% compared to 10%) and housing crisis (14% compared to 10%) as the main reason for seeking assistance
- request assistance with mental health issues (18% compared to 8%)
- request drug/alcohol counselling (10% compared to 3%) and health and medical services (21% compared to 8%)
- need court support (12% compared to 8%) and legal information (22% to 13%)
- have slept rough in the last month (8% compared to 4%) and year (12% compared to 6%)
- have utilised emergency accommodation in the last month (15% compared to 10%) and year (20% compared to 15%)
- be supported over more days (57 compared to 22 days)
- be accommodated for longer (where accommodated) (37 days compared to 23 days).

### Young people who were homeless and remained homeless

Over half (56%) of young people presenting alone were homeless when they presented for assistance. Of these, almost three-quarters (73%) remained homeless at the end of support. When comparing those young people who were homeless when they commenced support and obtained housing to those who remained homeless, those who remained homeless were more likely to:

- be very young (26% were 15–17 compared to 23% of those who were successful in obtaining housing)
- be unemployed (53% compared to 47%)
- live alone (50% compared to 41%)
- report a nil income (15% compared to 9%)
- not be enrolled in education (74% compared to 69%)
- have slept rough in the last month (23% compared to 20%) and year (26% compared to 24%).

There were also differences in the level of services requested and received between those who became housed and those who remained homeless. Those who remained homeless were more likely to:

- have fewer days of support (20 days compared to 112 days)
- have fewer days of accommodation (where accommodated) (20 days compared to 72 days).

They were also less likely to:

- request assistance with accommodation (71% compared to 81%)
- receive accommodation assistance where requested (58% compared to 66%)
- have utilised emergency accommodation in the last month (30% compared to 34%) and year (35% compared to 39%).

## **What does this tell us?**

Young people presenting alone are more likely to be homeless when they first seek assistance compared to those in families or other groups. This higher rate of homelessness is likely to be due to domestic and family violence and relationship breakdown.

Males were more likely than females to have been sleeping rough, with females more likely to be couch-surfing.

Similar to other cohorts, among this group those who became homeless and those who remained homeless had similar characteristics. They were more likely to be very young (aged 15 to 17), Indigenous, unemployed, report no income, live alone and not be enrolled in education. They were also more likely to have slept rough in the last month.

Those young people who remained homeless had the fewest days of support with a median of 20 days. They were also less likely to request assistance for accommodation than those who obtained housing, indicating a lower level of engagement with the service system.

Those who were engaged the longest with services were those who were homeless on presentation and in housing at the end of support (median 112 days), with those who were housed but became homeless with the next longest support at 37 days.

Those who did not maintain their housing had higher rates of comorbidity (drug and alcohol, mental health issues). They were also more likely to need court support and legal information than those who maintained their housing.

## 4. Clients with current mental health issues

Australian and international studies show that severe mental health disorders, such as psychotic illnesses, are a major risk factor leading to homelessness. Other research indicates that homelessness can cause mental health issues for some people, particularly anxiety and depression (St Vincent's Mental Health Services and Craze Lateral Solutions 2005).

For younger people with mental illness, research has shown that parental support enables them to remain housed. Where parents find it difficult to deal with their child's behaviour and family tensions increase, a young person with mental illness becomes vulnerable to homelessness. For older people with mental illness, their homelessness may have followed the death or incapacity of an elderly parent who had provided them with the support they needed. When people with mental health issues have no family support homelessness often follows (Chamberlain & Johnson 2011).

Of the 89,574 clients who were identified with a current mental health issue in the period 1 July 2011 to 31 December 2013, this analysis looks at 43,479 clients whose support had ended, had a housing situation known before and after support and were adults or youth (over 14) who presented alone (Table 4.1).

**Table 4.1: Characteristics of clients with current mental health issues**

<b>The Cohort</b>	<b>Number</b>			
Clients with current mental health issues	43,479			
<b>Characteristics of people in the cohort</b>				
Male/Female split	45% : 55%			
Age and sex	Age	Males	Females	<b>Total</b>
	15–17	2%	4%	6%
	18–24	7%	11%	18%
	25–54	31%	36%	67%
	55+	4%	4%	8%
	<b>Total</b>	<b>44%</b>	<b>55%</b>	<b>100%</b>
Indigenous status	14% Indigenous 86% Non-Indigenous			
Country of Birth	80% Australian-born 20% Overseas-born			
Living arrangements	48% Single person alone 20% Single person with children 5% Couple without children 8% Couple with children 19% Other family group or other group			
Labour force	9% Employed 41% Unemployed 50% Not in the labour force			
Housed at the START of support	45% IH 55% Non-IH			
Housed at the END of support	53% IH 47% Non-IH			

**Box 4.1: How we identified these clients?**

Clients with a current mental health issue include those clients:

- who reported 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
- whose formal referral source to the specialist homelessness agency was a mental health service
- who reported 'mental health issues' as a reason for seeking assistance
- whose dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit
- who reported they had been in a psychiatric hospital or unit at any time in the past 12 months
- who at some stage during their support period, was identified as needing psychological services, psychiatric services or mental health services.

The majority of clients with a current mental health issue were female (55%). This is similar to the profile of the broader SHSC population where 59% of clients were female in 2012–13. About two-thirds (67%) of this group are aged 25 to 54, but almost one-quarter (24%) are young people aged 15 to 24. Only at the oldest age group (55 or more) were there equivalent numbers of females and males. Fourteen per cent of clients identified themselves as being of Aboriginal and/or Torres Strait Islander origin, which is considerably lower than their overall representation among clients (22% in 2012–13) and one-fifth (20%) were born overseas, which is a higher rate than the overall client population (16% in 2012–13).

For those clients with a current mental health issue:

- 45% of clients were housed on presentation; following support
  - 82% remained housed
  - 18% became homeless
- 55% of clients were homeless when they first sought support; following support
  - 69% remained homeless
  - 31% became housed.

## What factors may influence housing outcomes?

### Mental health clients who were housed and became homeless

During the reporting period, 45% of clients with a current mental health issue began support housed. Of these 8% were unable to sustain housing. Compared to those who maintained their housing, those who became homeless at the end of support were more likely to:

- be male (45% compared to 30%)
- be Indigenous (16% compared to 12%)
- be living on their own (38% compared to 34%)
- be unemployed (43% compared to 34%)
- be seeking assistance because of a housing crisis (17% compared to 11%) or relationship/family breakdown (10% compared to 6%)

- have slept rough in the last month (9% compared to 3%) and year (13% compared to 6%)
- have been in emergency accommodation in the last month (15% compared to 8%) and in the last year (20% compared to 11%).

In terms of the services they sought, those who were unable to sustain their housing were more likely to:

- be in need of mental health services (42% compared to 30%) and health/medical services (35% compared to 19%) and drug and alcohol counselling (17% compared to 7%)
- be in need of more basic assistance such as meals (51% compared to 21%), transport (49% compared to 25%) and laundry/shower facilities (47% compared to 13%)
- receive more days of support (70 days compared to 46 days)
  - receive accommodation (64% compared to 21%)
  - have a case management plan (79% compared to 66%).

## **Mental health clients who were homeless and remained homeless**

In the reporting period, 55% (23,992) of clients were homeless when they began support. Of these clients, 69% (16,613) remained homeless at the end of support.

Compared to those who obtain housing, those who remained homeless were more likely to:

- be male (62% compared to 41%)
- be aged 25 to 54 (67% compared to 64%)
- be living on their own (65% compared to 47%)
- be unemployed (47% compared to 42%)
- have slept rough in the last month (35% compared to 28%) and in the last year (40% compared to 34%)
- have fewer days of support (34 days compared to 151 days).

They were also less likely to have used emergency accommodation in the last month (36% compared to 40%) and in the last year (42% compared to 47%).

In terms of services sought, those who remained homeless were less likely to:

- be in need of mental health services (35% compared to 47%) and health/medical services (29% compared to 40%) and financial advice and counselling (11% compared to 22%)
- request accommodation (56% compared to 62%) and where accommodated less likely to be accommodated for longer period of time (31 days compared to 78 days)
- have a case management plan (67% compared to 86%).

## **What does this tell us?**

Those who were identified as having a current mental health issue may not necessarily identify mental health issues as the primary reason for seeking assistance. Some of the clients in this cohort have been identified as having a mental health issue because they had been in a psychiatric hospital in the last year, had a formal referral source from a mental health service or a mental health services were identified as needed by a case-worker.

Like other cohorts, those clients who either became homeless or remained homeless had similar characteristics or circumstances. They were more likely to be male, living on their own, unemployed and have slept rough in the last month or year.

Although those with a current mental health issue were less likely than any other cohort to be Indigenous, those who were not successful in sustaining their housing were more likely to be Indigenous than those who maintained their housing.

Males were much less likely than females to either maintain or obtain housing. Males made up 56% of those who were homeless when they first sought assistance, and 59% of those who were homeless at the end of support.

As with other cohorts, the pattern of support indicates that clients who are unable to sustain their housing do not despite lengthy periods of support from homelessness services. They are also more likely to have a case management plan and be identified as requiring specialised assistance than clients who are housed.

Those who started support homeless and remained homeless appear to be less engaged with services. In comparison with those who were homeless and became housed, they were likely to have fewer days of support, not have a case management plan and be identified as requiring less specialised assistance.



## 5. Clients with problematic drug or alcohol use

There is a strong link between substance misuse, housing instability and homelessness. People with substance misuse issues are a small portion of the overall homeless population, but are disproportionately represented among the long term homeless (Scutella & Johnson 2012).

Problematic substance use has been identified as a pathway into homelessness. However, in some cases substance use issues emerge as a result of the experience of homelessness. Drugs and alcohol may be used to cope with the stress of being homeless. Research has also identified drug use as a form of 'initiation' for young people joining the homeless subculture (Chamberlain & Johnson 2011).

Exiting homelessness for people with substance use issues is a complex process. Drug users are often focussed on the immediate needs of raising money, buying and using drugs. Activities that could relieve their homelessness such as finding employment or secure accommodation are less likely to be pursued than among other groups. Further, the stigma associated with drug use makes it hard to reconnect with the mainstream. As a result, many in this group remain homeless for long periods of time and will experience bouts of homelessness as they are particularly susceptible to relapse (Johnson & Chamberlain 2008).

Of the 41,755 clients who were identified with a drug and alcohol use issue in the period 1 July 2011 to 31 December 2013, this analysis looks at 19,768 clients whose support had ended, had a housing situation known before and after support and were adults or youth (over 14) who presented alone (Table 5.1).

**Table 5.1: Characteristics of clients with problematic drug or alcohol use**

<b>The Cohort</b>	<b>Number</b>			
Clients with problematic drug or alcohol use	19,768			
<b>Characteristics of people in the cohort</b>				
Male/Female split	62% : 38%			
Age and sex	Age	Males	Females	<b>Total</b>
	15–17	3%	3%	6%
	18–24	10%	8%	18%
	25–54	45%	25%	70%
	55+	4%	2%	6%
	<b>Total</b>	<b>62%</b>	<b>38%</b>	<b>100%</b>
Indigenous status	22% Indigenous 78% Non-Indigenous			
Country of Birth	85% Australian-born 15% Overseas-born			
Living arrangements	57% Single person alone 11% Single person with children 5% Couple without children 6% Couple with children 21% Other family group or other group			
Labour force	6% Employed 49% Unemployed 45% Not in the labour force			
Housed at the START of support	32% IH 68% Non-IH			
Housed at the END of support	41% IH 59% Non-IH			

**Box 5.1: How we identified these clients?**

Clients with a drug and/or alcohol use issue include those clients:

- who reported they had been in rehabilitation in the last 12 months
- whose formal referral source to the specialist homelessness agency was a drug and alcohol service
- who reported 'problematic drug or substance use' or 'problematic alcohol use' as a reason for seeking assistance
- whose dwelling type either a week before presenting to an agency, or when presenting to an agency was rehabilitation
- who at some stage during their support period, were identified as needing drug and/or alcohol counselling.

The majority of clients with drug and/or alcohol use issues were male (63%). This is in contrast to the broader SHSC population in 2012–13, where 41% of clients were male. More than two-thirds (70%) of this group were aged 25 to 54, but almost one-quarter (24%) were young people aged 15 to 24. About one-half (45%) of the group were males aged 25 to 54. Only at the youngest age groups 15 to 17 were there similar numbers of females and males. Twenty two per cent (22%) of clients identified themselves as being of Aboriginal and/or Torres Strait Islander origin and 15% were born overseas.

For those clients with drug and/or alcohol use issues:

- 32% of clients with drug and/or alcohol use issues were housed on presentation; following support
  - 73% remained housed
  - 27% became homeless
- 68% of clients with drug and/or alcohol use issues were homeless when they first sought support; following support
  - 73% remained homeless
  - 27% became housed.

## What factors may influence housing outcomes?

### Drug and/or alcohol use clients who were housed and became homeless

During the reporting period 32% of clients with drug and/or alcohol use issues began support housed. Of these 27% or 1,717, were unable to sustain housing. Compared to those who maintained their housing, those who became homeless at the end of support were more likely to:

- be male (58% compared to 42%)
- be younger, 15 to 24 (29% compared to 22%)
- be living on their own (41% compared to 37%)
- be unemployed (46% compared to 39%)
- be without a source of income other than a government payment (5% compared to 10%)
- have slept rough in the last month (10% compared to 5%) and the last year (15% compared to 9%)

- been in emergency accommodation in the last month (16% compared to 10%) and in the last year (22% compared to 14%).

In terms of the services they sought, those who were unsuccessful in sustaining their housing were more likely to:

- be in need of mental health services (31% compared to 22%) and health/medical services (43% compared to 28%) and drug and alcohol counselling (50% compared to 40%)
- be in need of more basic assistance such as meals (61% compared to 33%), transport (55% compared to 36%) and laundry/shower facilities (56% compared to 24%)
- receive more days of support (89 days compared to 58 days)
- receive accommodation (73% compared to 35%)
- have a case management plan (83% compared to 71%).

## **Drug and/or alcohol use clients who were homeless and remained homeless**

In the reporting period 68% (13,451) clients were homeless when they began support. Of these clients 73% (9,866) remained homeless at the end of support.

Compared to those clients who were homeless when they commenced support and were successful in obtaining housing, those who remained homeless were more likely to:

- be male (74% compared to 58%)
- be living on their own (69% compared to 56%)
- be unemployed (53% compared to 48%)
- have slept rough in the last month (38% compared to 31%) and in the last year (44% compared to 40%).

They were also less likely to have been in emergency accommodation in the last month (34% compared to 37%) or last year (41% compared to 45%).

In terms of the services they sought, those clients who remained homeless were less likely to:

- be in need of mental health services (26% compared to 36%) and health/medical services (35% compared to 47%) and drug/alcohol counselling (43% compared to 52%)
- be provided with accommodation over a longer period of time (31 days compared to 71 days)
- have a case management plan (72% compared to 87%).

They were also more likely to have fewer days of support (46 days compared to 175 days).

## **What does this tell us?**

The majority of those who were identified as having an issue with drugs or alcohol were male. Clients in this cohort had the highest rates of homelessness at both the start and finish of support compared to other cohorts. However, they did have the highest proportionate rise in housing from 32% at the beginning of support to 41% at the end.

Those who became and remained homeless had similar profiles with both groups more likely to be male, living alone, unemployed and having a prior experience of homelessness, particularly sleeping rough.

Clients in this cohort who were homeless at presentation and remained homeless were less likely to have needed assistance for mental health services, health and medical services or

drug and alcohol counselling than those who were housed. This is in contrast to those who were unsuccessful in sustaining their housing who were more likely to be in need of mental health services and other health and medical services than those who remained housed.

This cohort had the greatest overlap with the other three cohorts. Of all the clients in the study group only 4.6% were in the drug and/or alcohol cohort alone. This compares to 23% of all clients in the domestic and family violence cohort alone, 18% of all clients in the mental health cohort alone and 18% of all clients who were only in the youth cohort.

## 6. Conclusion

In the two and a half years from 1 July 2011 to 31 December 2013, Specialist Homelessness Services provided support to over 400,000 people. Some were homeless when they first presented and some were housed but at risk of losing that housing.

The analysis found that those clients who began support housed were more likely to:

- be employed
- be enrolled in education or training
- not have a prior history of homeless
- be females with children.

Despite the efforts of service workers, some clients still lost their housing. These clients were:

- younger
- more likely to be males without children
- in receipt of more days of support than those who were homeless and remained homeless, indicating the effort of services in trying to keep them housed.

Clients who present to services already homeless were much more likely to:

- be male (indicative of the lower proportion of those experiencing domestic and family violence)
- be unemployed
- be younger
- have more need for mental health and drug and alcohol services
- have had a history of homelessness
- have fewer days of support than other clients.

Those who remained homeless had far fewer days of support and generally sought assistance for more basic needs such as meals and laundry facilities. This indicates potentially less engagement with the service system, or that their engagement is less intensive and doesn't resolve their housing, or that they have less readiness to be housed.

Many homeless clients are assisted into housing. These clients received far more support days than any other group, reflecting the service level response required to achieve a sustainable housing outcome for someone who is homeless (see Figure 3). These successfully housed clients were more likely to:

- be female
- be living with children
- be employed
- have utilised emergency accommodation in the last month and year – indicating that they are likely to be already known to the services that assist them into housing.

Across all four cohorts, there was a significant difference in the number of days of support received depending on whether a client remained in the housing status they presented with (either housed or homeless), or transitioned into either housing or homelessness.

Those who commenced support homeless and remained so, and those who commenced housed and remained so had the fewest support days. These clients also had the highest

proportion of clients with only a single day of support. This was consistent across all four cohorts.

Those who transitioned into or out of housing had significantly more days of support, and these clients were also less likely to have single days of support. This illustrates the level of effort that goes into assisting people to become housed or preventing clients from falling into homelessness, often where there are difficult or complex circumstances.

## Further analysis

The primary aim of this paper has been to introduce analysis of housing outcomes viewed over the longer term, following support, for cohorts recognised as being vulnerable to homelessness.

This is the first analysis of SHSC data focussing on clients over an extended period (30 months). The analysis serves to highlight the potential for further research based on longitudinal analysis of the SHSC data set. The 30-month snapshot has shown that about one-third (32%) of SHSC clients are engaged with homelessness services for over 180 days, so information about some clients covers a significant time period. With a longer time series of SHSC data now becoming available, longitudinal analysis will allow researchers to track the changing circumstances of people vulnerable to homelessness and provides for the possibility of identifying trigger events and consequences over the longer term.

Data over longer periods of time will enable analysis of patterns of multiple episodes of support and changing housing circumstances. This will allow for better analysis of the likelihood of successful outcomes for clients presenting with particular characteristics and provided with different services and levels of support.

## Additional Information

### Key definitions

#### Clients considered to be homeless

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, emergency accommodation or transitional housing
- house, townhouse or flat (couch surfing or with no tenure) – tenure type is no tenure; or conditions of occupancy are living with relatives rent free, couch surfing.

#### Relationship to Australian Bureau of Statistics (ABS) statistical definition of homelessness

These categories align as much as possible with the Australian Bureau of Statistics (ABS) statistical definition of homelessness (ABS 2012). However, there are two key areas where alignment may not occur:

- The ABS definition includes people living in severely crowded dwellings – no specific question is asked in the SHSC on crowding, so this group cannot be separately identified.

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

### **Housed and Independent Housing**

This bulletin uses the term 'housed' to refer to a client who is not homeless, that is, they are in a house, townhouse or flat either purchasing or renting (or living rent-free) with tenure. Renting encompasses housing in the private rental market as well as in public and community housing. In the SHSC, clients who are 'housed' when they seek assistance are defined as being at risk of homelessness. Clients who are housed but are no longer seeking support are sometimes referred to as being in independent housing. For those who are 'housed' at the end of support, however, no distinction is made regarding the quality or suitability of the housing, nor whether they continue to be at risk of homelessness even though their support has ceased.



# Glossary

**Couch surfer:** A person who is homeless and who typically moves from household to household intermittently, who is not regarded as being part of those households and who does not have any form of leased tenure over any accommodation.

**Living arrangement of the client:** Description of the group of people who the client lives with.

**Specialist homelessness service:** Assistance provided specifically to people who are experiencing homelessness or are at risk of homelessness.

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## Related publications

Other reports that present results from the Housing, Homelessness and Drugs Group:

- AIHW 2012. Specialist Homelessness Services Collection 2011–2012. Cat. no. HOU 267. Canberra: AIHW.
- AIHW 2013. Housing assistance in Australia 2013. Cat. no. HOU 271. Canberra: AIHW.
- AIHW (Australian Institute of Health and Welfare) 2013. Specialist Homelessness Services Collection 2012–2013. Cat. no. HOU 273. Canberra: AIHW.

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



Australian Government

Australian Institute of Health and Welfare

Using data from specialist homelessness agencies, this bulletin examines four cohorts vulnerable to homelessness and the differences in the housing outcomes both across and within the groups. It seeks to better understand why some people in these groups may retain or attain housing while others become or stay homeless. It is expected that well known factors which make people more vulnerable to homelessness will also be key factors in their housing outcomes following support. This bulletin seeks to confirm that this is the case and also provide an indication of the extent of the impact of these factors.



## Housing outcomes for groups vulnerable to homelessness