

Sector briefing:

AIHW, *Housing outcomes for groups vulnerable to homelessness, 1 July 2011-31 December 2013*

INTRODUCTION

People who attended the National Homelessness Conference in September may have heard the Australian Institute of Health and Welfare's (AIHW)'s Geoff Neideck speak about this research, which was [published today](#). The research tracks the housing outcomes of nearly 95,000 of the almost 423,000 clients of Specialist Homelessness Services (SHSs) during a 30-month period from the commencement of the Specialist Homelessness Services Collection (SHSC). The research reaches significant conclusions about four vulnerable client groups and the support that SHSs provide them.

SOME NEW DATA

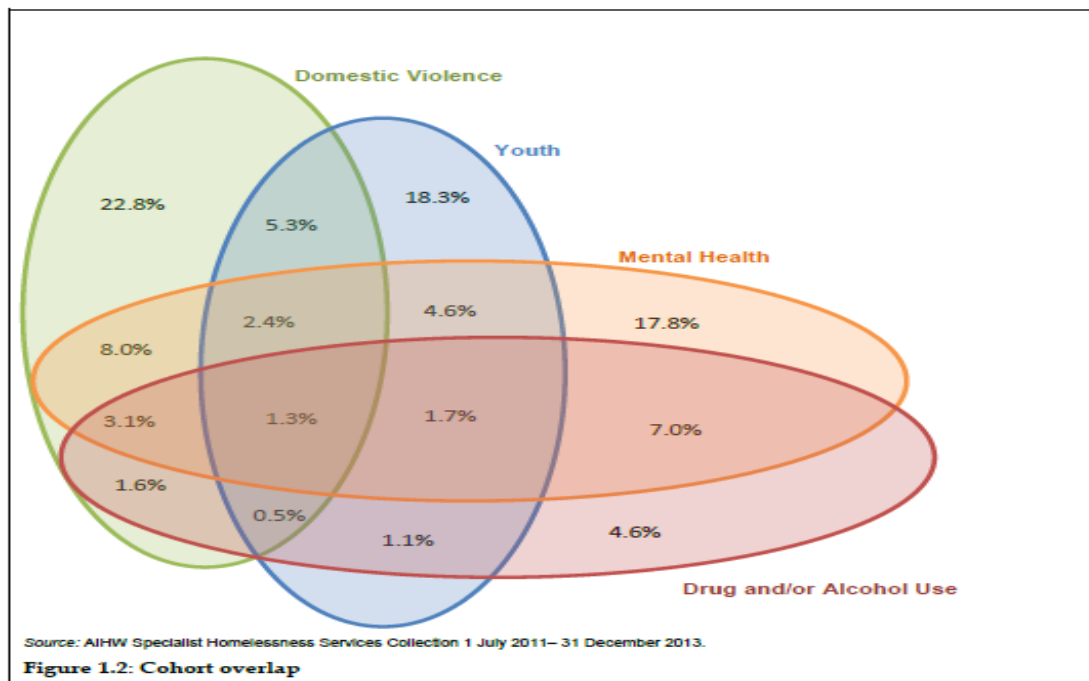
The research focuses on adult clients or youth presenting alone whose support periods had closed at 31 December 2013 and whose housing status before and after support was recorded. It therefore takes into account previously unpublished SHSC data for the final six months of 2013.

This longer 'snapshot' of the data has also shown that 32% of SHS clients are engaged with services for longer than 180 days.

THE FOUR VULNERABLE GROUPS

The four cohorts, which overlap in the ways shown in AIHW's Figure 1.2 below, are:

- Those with experience of domestic or family violence (42,581 clients, 88% of them female)
- Young people presenting alone (33,385 clients, 60% of them female)
- Clients with current mental health issues (43,479 clients, 55% of them female)
- Clients with problematic drug or alcohol use (19,768 clients, 62% of them male)



MAIN FINDINGS

The research finds that:

- Regardless of which of the four groups they belonged to, **more socially and economically disadvantaged clients** – those who were unemployed, had no income or were dependent on income support, had experienced past homelessness and had complex presenting issues – **had poorer housing outcomes** than other clients.
- The clients with the **poorest housing outcomes** were those with **problematic drug or alcohol use**.
- **SHSs put considerable effort into preventing those most at risk of losing their housing from falling into homelessness**. People who lost their housing *despite* receiving support received almost twice as many median days' support as those who maintained it.
- **Most clients who were housed when they presented to SHSs, and who received support, did not become homeless**. SHS support allowed 97% of clients with mental health issues, and 87% of women experiencing domestic violence, to remain housed.
- **It takes considerable SHS support to assist a homeless person into housing** – these clients were supported for the greatest median number of days. (By contrast, '[i]t appears to be easier for services to keep clients in existing housing than to support them into new housing'.)
- **'Many clients who remained homeless despite receiving SHS support 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... and were less likely to request support for accommodation than those who became housed.'

WIDER DEMOGRAPHICS

Among **clients with experience of domestic or family violence**, more than 20% were indigenous (in the case of females, 22%) or overseas-born (in the case of females, 29%), and 69% were aged 25-54 (in the case of females, 62%). 48% of males were unemployed. 53% of females were not in the labour force. 45% of males lived alone, whereas 42% of females lived with children.

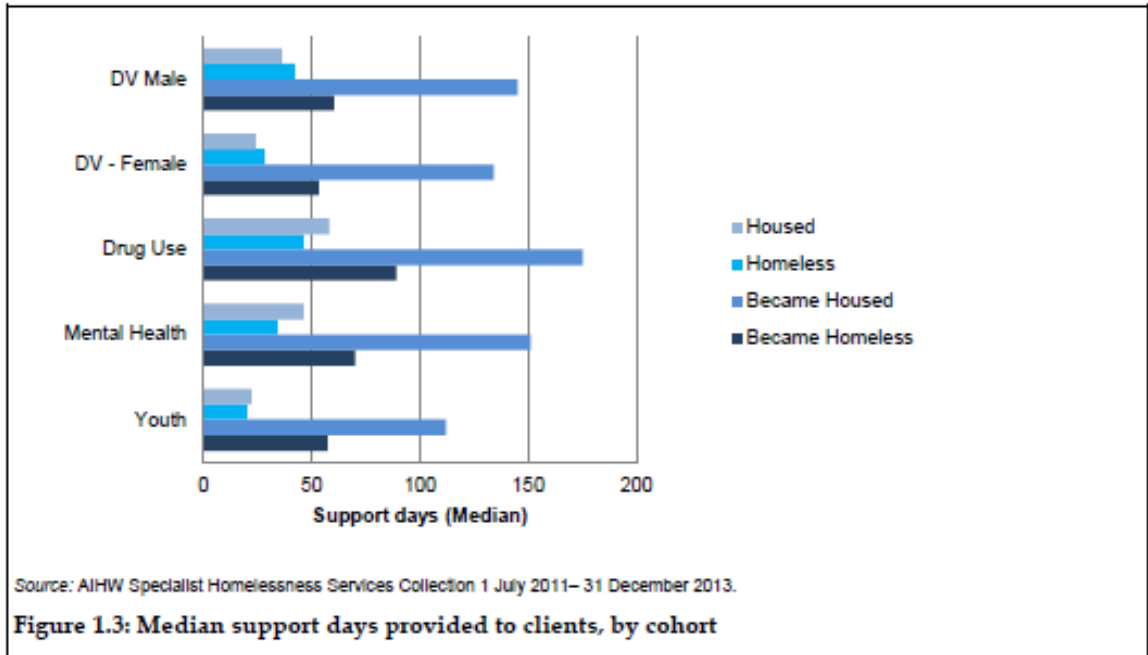
Of **young people presenting alone**, 25% were aged under 18, 22% indigenous, 18% overseas-born, 47% unemployed, 39% not in the labour force and 29% enrolled in study. 39% were living alone and 31% in a family or other group.

Among **clients with a current mental health issue**, 14% were indigenous, 20% were overseas-born, 67% were aged 25-54 but 24% 18-24, 50% were not in the labour force and 41% were unemployed. 48% were living alone and 20% with children. The gender bias in favour of females was only corrected in age groups above 55.

Among **clients experiencing problematic drug and alcohol use**, 22% were indigenous and 15% overseas-born, 70% were aged 25-54 and 18% between 18-24, 49% were unemployed and 45% not in the labour force. 57% of this group were living alone.

DURATION OF SUPPORT

As AIHW's Figure 1.3 shows, **moving people from homelessness to housing absorbs the longest median periods of SHS support.**¹ By contrast, people who did not change their housing status – from homelessness to housed, or from housed to homeless – required the shortest median support.



AIHW comments:

For those presenting homeless, achieving a housing outcome can be very difficult... A major reason... 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.

CLIENTS WHO HAD EXPERIENCED DOMESTIC OR FAMILY VIOLENCE

Female clients were more likely (65 per cent) to be housed than homeless (35%) when they sought SHS assistance. A small number of the girls and women who *had been housed* became homeless despite support, whereas more than half of those who were *already homeless* remained homeless at the end of support. Those who 'exited' into homelessness were more likely to be younger, indigenous and not raising children than those who 'exited' into housing. They were also less likely to be employed and more likely to be disadvantaged in other ways (eg seeking support mainly for domestic violence, seeking drug or alcohol counselling or mental health assistance) than those who gained or maintained housing. Clients who ended their support periods homeless also absorbed far fewer days of SHS support and accommodation than those who 'exited' support into housing.

Male D&FV clients were more likely (59 per cent) to be homeless than housed upon presentation – about one-third each as 'rough sleepers', 'couch surfers' and residents of short-term or temporary accommodation. The 41 per cent who were housed when they sought assistance were less likely than female clients to remain so. Many of the same disadvantages were present in this client group as for female D&FV clients, although the male clients who began and ended support homeless were more likely than their female counterparts to have drug and alcohol issues. Male D&FV clients absorbed longer periods of SHS support and accommodation than female D&FV clients, but as with women those who required the longest support were those who 'exited' into housing.

1 As the AIHW bulletin points out, this is just one way of measuring support effort – it tells us nothing about the intensity or complexity of support.

YOUNG PEOPLE PRESENTING ALONE

Young people who presented alone were more likely to be homeless (56%) than housed (44%), and more likely to be homeless than SHS clients overall (46% homeless) or clients in the other three groups. More than a quarter (27%) of homeless solo young people seeking SHS support were couch-surfing or otherwise without tenure, and 17% were in short-term or temporary accommodation. Of those ‘rough sleeping’, more than half were male.

Young people who were *already housed* when they sought SHS assistance were more likely to ‘exit’ that support into housing. Of the almost 15,000 young people housed before support, only about 2500 were homeless afterwards – the other 83% were still housed. However, **73 per cent of the almost 19,000 young people who were homeless when they sought assistance remained homeless at the end of support.** Clients more likely to ‘exit’ into homelessness were the very young, those who lived alone and/or had been ‘rough sleeping’ and those who were unemployed or had no income.

Of particular concern are AIHW’s observations that:

Those young people who *remained* homeless had the fewest days of support... They were also *less likely to request assistance for accommodation* than those who [subsequently] 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...

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 (emphasis added).

CLIENTS WITH A CURRENT MENTAL HEALTH ISSUE

Among these clients, 45% were housed when they sought support, and 55% were homeless. Consistently with patterns for the other groups considered, 82% of those who were housed upon presentation ‘exited’ support into housing, whereas just 31% of homeless clients ‘exited’ into housing.

Clients with a mental health issue who ended SHS support homeless were more likely to be male, indigenous (despite the relatively low proportion of indigenous people in this group compared to the wider SHS client population), **living alone, unemployed and to have ‘slept rough’ in the past month** than female, non-indigenous, partnered or living with other people etc.

AIHW also comments of this group:

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

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

CLIENTS WITH PROBLEMATIC DRUG OR ALCOHOL USE

This group was far more male (62%) than the wider SHS client population (41%), with 45% of it consisting of men aged 25-54. Only among 15-17-year-olds were there similar numbers of people of both genders.

Rates of prior homelessness (68%) among this group were much higher than for the other groups of vulnerable clients, and so were rates of subsequent homelessness (with 73% per cent of these clients not changing their housing status despite support). Being male, living alone, being unemployed and having slept rough during the past month were all factors increasing the likelihood of 'exiting' support into homelessness.

In this group as for young people presenting alone and clients with a current mental health issue, there may be differences in the level of service engagement that reflect prior homelessness. Alternatively, those differences reflect a common group membership:

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.

CONCLUSIONS

The AIHW bulletin concludes in the following way:

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.