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Sleeping rough

A profile of Specialist
Homelessness Services clients



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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
SHS	Specialist Homelessness Services
SHSC	Specialist Homelessness Services Collection

Summary

On Census night in 2016, around 8,200 Australians were sleeping rough (ABS 2018)—living on the streets, sleeping in parks, squatting, staying in cars or living in improvised dwellings. Despite accounting for only around 1 in 14 Australians who are homeless, rough sleepers are the most visible of those experiencing homelessness and are recognised as some of the most disadvantaged and vulnerable people in society (Phillips and Parsell 2012). This report presents, for the first time, a comprehensive analysis of Australia's rough sleepers, over a 4 year period, using the Specialist Homelessness Services Collection (SHSC).

Rough sleepers are more likely to be male, aged 35 or over, unemployed, living alone and have mental health and/or drug or alcohol issues

As a group, the nearly 13,700 rough sleepers showed different demographic characteristics from all other adult clients (143,000) who sought the assistance of specialist homelessness services (SHS) upon their first presentation to services in 2011–12:

- 66% were male, compared with 36% of other adult SHS clients
- 54% were aged 35 or over, compared with 45% of other adult SHS clients
- 94% were unemployed or not in the labour force, compared with 87% of other adult SHS clients
- 68% were living alone, compared with 34% of other adult SHS clients
- 47% had a mental health issue (34% of other adult SHS clients) and 34% reported a drug and/or alcohol issue (17% of other adult SHS clients).

Analysis of the service use patterns of rough sleepers presenting to SHS in 2011–12 revealed 3 cohorts of rough sleepers

Persistent service users: accessed services every financial year from 2011–12 to 2014–15 and account for 13% of all rough sleepers.

Service cyclers accessed services in 2 or 3 years of the 4-year period and account for 42% of all rough sleepers.

Transitory service users accessed services in 2011–12 only and account for 44% of all rough sleepers.

Service use increases with increasingly complex needs

While rough sleepers have a similar demographic profile, they showed increasing service use according to their needs or 'vulnerability conditions'—in this analysis, based on whether someone had ever reported: a mental health issue, experienced problematic drug and/or alcohol use, and/or experienced domestic or family violence.

Persistent service users (1,800 people) had the most complex needs. Eight in 10 reported a mental health issue, while two-thirds reported at least 2 of the 3 vulnerability conditions.

Service cyclers (5,800 people): more than half reported a mental health issue, while 2 in 5 reported at least 2 of the 3 vulnerability conditions.

Transitory service users (6,100 people) were the least likely to report experiencing mental health issues, domestic or family violence and/or problematic drug and/or alcohol use. Fewer than 1 in 5 reported at least 2 out of 3 vulnerability conditions.

Rough sleepers most frequently seek accommodation and financial services

Accommodation and financial services were most commonly sought by all 3 groups of rough sleepers. Younger clients aged 15–24 were more likely to seek these services than clients aged 50 and over.

Rough sleepers also sought assistance with interpersonal relationships—particularly domestic and family violence, and sexual abuse. Across all 3 groups of rough sleepers, females were around 5 times as likely as males to seek assistance with domestic and family violence and sexual abuse.

Short-term or emergency accommodation most commonly provided to rough sleepers

Rough sleepers were much more likely to receive short-term or emergency accommodation (ranging from 65% of transitory service users to 86% of persistent service users), over medium-term or transitional housing (20%–41% across the 3 groups) and only a small proportion received a long-term housing solution (6%–14%).

Accordingly, a lack of long-term housing solutions—that is, neither receiving nor being referred to another agency for a long-term housing solution—was identified as the largest gap in service provision.

Persistent service users most likely to engage with services

Consistent with persistent service users accessing support in all 4 years examined, they were also more likely to have more frequent contact with services (a greater number of support periods per person) than all rough sleepers. Almost half of this group had 10 or more support periods, while fewer than 1 in 10 service cyclers had the same level of engagement. As transitory service users accessed support only in 2011–12 this group had far less engagement—three-quarters (76%) had only 1 support period.

Persistent service users were also more likely to receive more nights of accommodation, compared with both service cyclers and transitory service users.

Many rough sleepers experience repeat episodes of homelessness

Despite receiving support from SHS agencies, many rough sleepers experienced repeat episodes of homelessness, and remained homeless at the end of the 4-year period. More than 6 in 10 persistent service users had repeat periods of homelessness during the 4 years (that is, transitioned from homeless to housed and then to homeless again) and around 5 in 10 remained homeless at the end of the study, even after accessing services in each of the 4 years being reported. Around one-quarter of service cyclers also experienced repeat episodes of homelessness and 4 in 10 were homeless at the end of the period. While transitory service users accessed services only in 2011–12, more than 6 in 10 were homeless after their support. For up to 1 in 5 rough sleepers who accessed support over the 4 years, their housing outcome was unknown at the end of the reporting period.

Linking data sets could provide more comprehensive information

This analysis reports only on clients accessing services from SHS agencies, and not all homeless or rough sleepers. It also reports only on findings to 30 June 2015. Linking this data to other sources—for example, information on rent assistance, income support, or social housing—would provide more comprehensive information on a client's circumstances, journey and outcomes, to better inform service responses.

1 Introduction

Many Australians experience events in their life that may place them at risk of homelessness. On Census night in 2016, more than 116,400 men, women and children in Australia were homeless (ABS 2018). Of these, an estimated 8,200 (7%) were 'sleeping rough'—that is, they were living on the streets, sleeping in parks, squatting, staying in cars or living in impoverished dwellings. This is a 20% increase in the number from the 2011 Census estimate of rough sleepers, where 102,400 people were homeless and 6,810 of them were sleeping rough (ABS 2018). It also represents an increase in the rate of rough sleepers from 3.2 to 3.5 per 10,000 population.

Most people approaching Specialist Homelessness Services (SHS) for assistance are at risk of homelessness and remain housed following support. The rough sleeper cohort is small yet distinct from other SHS clients, and represents the most visible population of people experiencing homelessness. They are recognised as some of the most disadvantaged and vulnerable people in Australian society (Phillips and Parsell 2012).

Defining homelessness

There is no 1 universally agreed definition of homelessness. For example, the Australian Bureau of Statistics (ABS) defines it as a lack of 1 or more of the elements that represent home—which may include a sense of security, stability, privacy, safety and the ability to control living space (ABS 2012). The literature also refers to 3 types of homelessness based on a cultural definition which identifies shared community standards regarding the minimum level of housing that people have a right to expect:

- primary homelessness, when people don't have conventional accommodation: for example, are sleeping rough (UNSD 2017; Chamberlain & Mackenzie 2008)
- secondary homelessness, when people are forced to move from one temporary shelter to another (UNSD 2017; Chamberlain & Mackenzie 2008)
- tertiary homelessness, when people live in accommodation that falls below minimum standard, for example, single rooms in private boarding houses without their own bathroom, kitchen or security of tenure (Chamberlain & Mackenzie 2008).

The **SHSC** considers clients homeless if they are living in any of the following circumstances:

- non-conventional accommodation or 'sleeping rough'—defined as living on the streets, sleeping in parks, squatting, staying in cars or railway carriages, living in improvised dwellings or living in the long grass. This definition aligns closely with the cultural definition of primary homelessness
- short-term or emergency accommodation due to a lack of other options, including: refuges, crisis shelters, couch surfing, 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 aligns closely with the cultural definition of secondary homelessness (AIHW 2013).

For further information please refer to Appendix A: Background information.

Of the nearly 13,700 rough sleepers who sought the help of SHS in 2011–12:

- two-thirds (66%) were male
- more than half (54%) were aged 35 or over
- the vast majority (94%) were unemployed or not in the labour force
- nearly half (47%) reported ever experiencing a mental illness
- almost one-quarter (23%) had ever experienced domestic or family violence, and of these clients, 56% were aged under 35.

Compared with all other adult SHS clients, rough sleepers were more likely to be male, unemployed, presenting alone and have drug, alcohol or mental health issues. The main reasons for seeking assistance were accommodation, financial and/or relationship issues.

The profiles of adult rough sleepers and other adult SHS clients are presented in Table 1.

Table 1: Profile of rough sleepers and other SHS clients (per cent)

Characteristic	Adult rough sleepers ¹	Other adult SHS clients ¹
 Male	66%	36%
 Female	34%	64%
 Age	46% aged 15–34 54% aged 35 and over	55% aged 15–34 45% aged 35 and over
 Receive services in <i>Major cities</i>	61%	62%
 Indigenous	22%	20%
 Employed	6%	13%

(continued)

Table 1 (continued): Profile of rough sleepers and other SHS clients (per cent)

Characteristic	Adult rough sleepers ¹	Other adult SHS clients ¹
 Living alone	68%	34%
 Ever experienced domestic or family violence	23%	40%
 Ever reported a mental health issue	47% mental health issue 39% mental health diagnosis	34% mental health issue 26% mental health diagnosis
 Ever reported problematic drug and/or alcohol use	34%	17%
 Experienced repeat homelessness ²	19%	10%

Notes

1. For the purposes of this report, the SHS rough sleeper population consists of clients aged 15–17 and presenting alone, and those aged 18 and over, who were sleeping rough (no shelter or improvised dwelling) on first presentation to a SHS agency between 1 July 2011 and 30 June 2012. The other SHS population includes all clients aged 15–17 and presenting alone, and those aged 18 and over, who also accessed specialist homelessness services between 1 July 2011 and 30 June 2012 but were not rough sleeping on first presentation.
2. Repeat homelessness refers to clients who had transitioned from being homeless, to housed, and then homeless again at least once during the study period.

This report presents, for the first time, a comprehensive analysis of Australia's rough sleepers, using longitudinal data from the AIHW's Specialist Homelessness Services Collection (SHSC). It examines the circumstances, experiences, and housing outcomes for adults who were sleeping rough as well as teenagers aged 15–17 presenting alone to SHS seeking services (these clients have been included as they presented to services unaccompanied while sleeping rough, without an established support system in place. As such they are treated as adults). It analyses the service use patterns of rough sleepers and describes the:

- characteristics of rough sleepers
- reasons they seek assistance
- services provided and unmet demand
- service engagement patterns (days of support, span of support periods, nights of accommodation, number of support periods)
- housing outcomes of rough sleepers.

This report is the first of 3 in the AIHW's Housing Journeys of Homeless Clients Project. Follow-up reports will include profiles of couch surfers and people living in short-term emergency accommodation using SHSC data. For more information on the SHSC and the project, see Appendix A.

Supplementary tables accompanying this release are available at <www.aihw.gov.au> and are referenced throughout this report as Supplementary table S.x.

Specialist Homelessness Services Collection

Specialist Homelessness Services (SHS) assist people who are homeless, or at risk of homelessness, by assessing their needs, providing direct assistance such as emergency accommodation, and referring clients to other services as required. The Specialist Homelessness Services Collection (SHSC) is conducted by the AIHW to monitor the assistance provided and to contribute to the evidence base that shapes policy and service development. Data are provided to the AIHW by around 1,500 homelessness agencies.

The SHSC only includes data on homeless clients or clients at risk of homelessness who presented to services. It therefore does not represent all people who are homeless or who are at risk of homelessness.

A **support period** is the length of time for which a client receives services from a SHS agency. It starts on the day a client first receives a direct service and ends when services stop. Clients may receive multiple support periods across time.

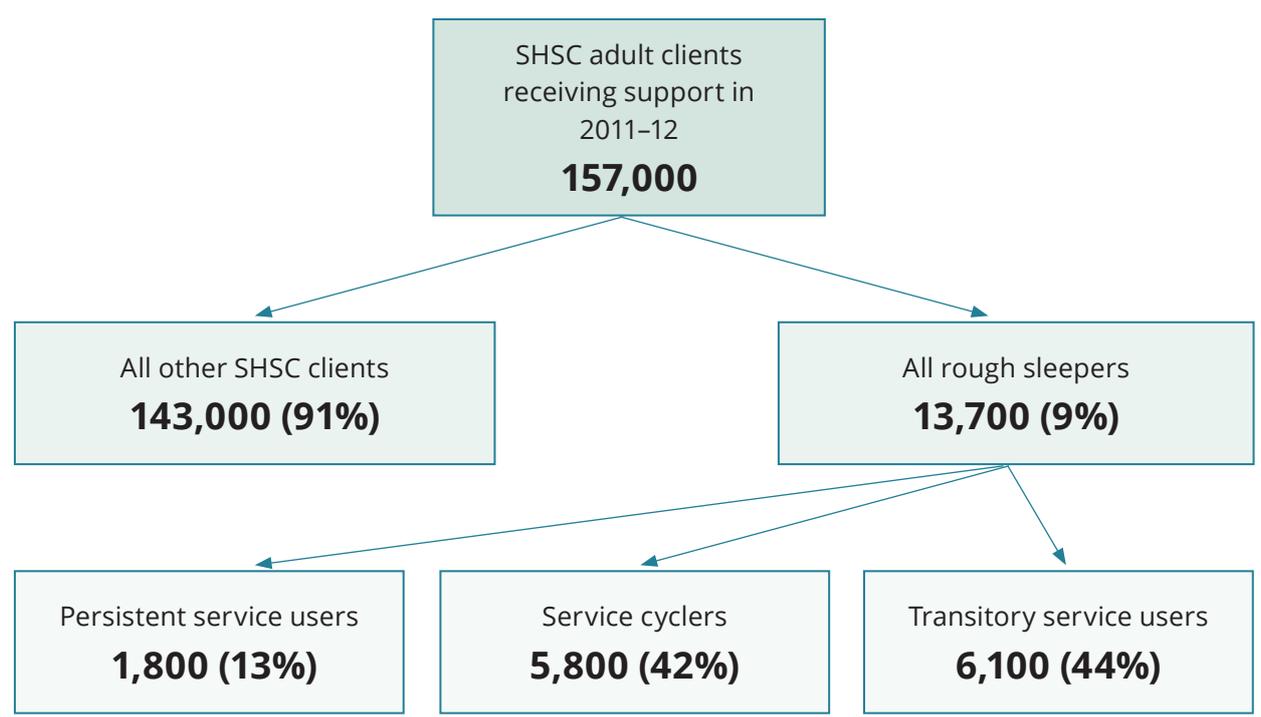
Different types of rough sleepers

This report focuses on clients who identified as sleeping rough (no shelter or improvised dwelling) when first presenting to SHS for assistance between 1 July 2011 and 30 June 2012. Three cohorts of rough sleepers were selected based on their service use over the subsequent 3 years (to 30 June 2015).

- **Persistent service users**—clients who had at least 1 support period in each financial year between 1 July 2011 and 30 June 2015.
- **Service cyclers**—clients who had a least 1 support period between 1 July 2011 and 30 June 2012 and at least 1 other support period between 1 July 2012 and 30 June 2015.
- **Transitory service users**—clients who had at least 1 support period between 1 July 2011 and 30 June 2012, but did not receive any support between 1 July 2012 and 30 June 2015.

More than 5 in 10 clients (55%) sought the help of SHS in more than 1 year over the 4-year period; however, only 13% of these clients were assisted in each of the 4 years (Figure 1).

Figure 1: Overview of rough sleepers and defined service use cohorts

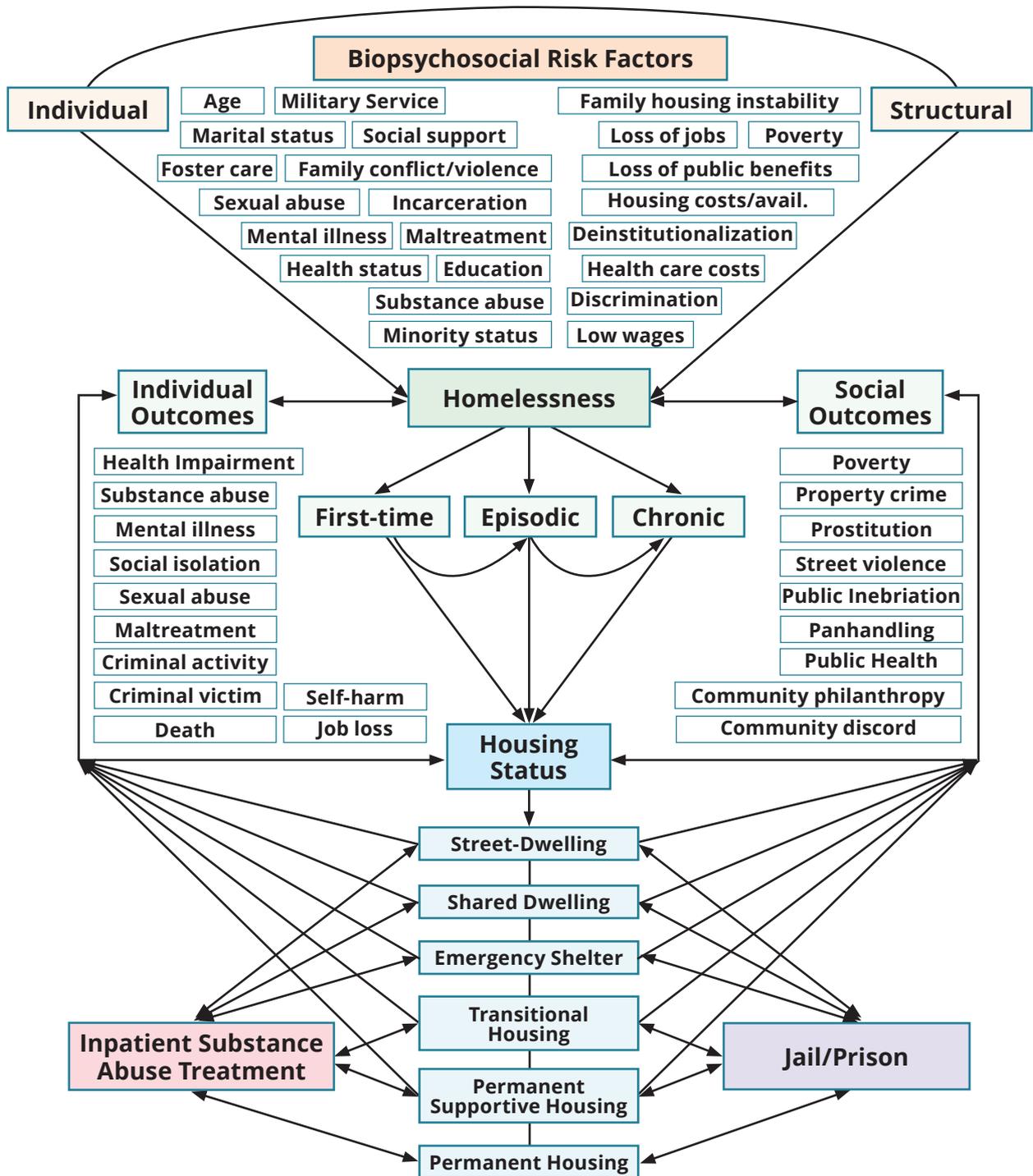


Note: Percentages may not always add to 100% due to rounding.

How do people become homeless?

A key aspect of homelessness research has been to examine how clients become homeless, experience homelessness, and how they exit homelessness. Analysing client pathways or ‘careers’ through homelessness is useful in identifying general causes of homelessness—including structural and individual factors—and exits from homelessness (Johnson et al. 2015, Pillinger 2007). It also provides a better understanding of the types of services that are needed across a range of situations. Structural factors influencing homelessness can include lack of adequate income and limited access to affordable and available housing (Johnson et al. 2015, Wood et al. 2015). Individual factors that place a person or household more at risk of becoming homeless include low educational attainment and recent work experience, family and domestic violence, ill health and disability, trauma, and substance misuse (Fitzpatrick et al. 2013). Figure 2 illustrates how these factors and many others may contribute to people becoming homeless.

Figure 2: Ecological model of homelessness



Source: Nooe & Patterson 2010:107.

Johnson & Chamberlain (2011) examined over 4,000 case histories of people experiencing homelessness in 2005–06 and identified 5 typical pathways into adult homelessness:

- housing crisis
- family breakdown
- substance abuse
- mental health
- transitioning from being homeless in youth ('youth to adult').

Categories were also used to examine the length of time that people remained homeless, and covered the short (3 months or less), medium (4–11 months) and long term (12 months or more). People who entered homelessness through housing crisis or family breakdown were usually homeless for 3 months or less, while those who became homeless through substance abuse, mental health and from youth to adult were usually homeless for 12 months or more.

The triggers associated with homelessness increase with a person's age and previous durations of 'rooflessness' and/or episodic homelessness (Pillinger 2007, Ravenhill 2003). Individual factors, such as ill health, trauma and disability can be both a cause and a consequence of homelessness, including prolonged rough sleeping (Chamberlain & Johnson. 2011).

How do people exit homelessness?

According to Ravenhill (2003), just as there are triggers for a person's becoming homeless, events can prompt people experiencing homelessness long-term (specifically rough sleepers) to want to end homelessness. These include that people:

- felt they had reached rock bottom and the only way was up
- couldn't cope with the rough sleeping or chronic homeless lifestyle
- had a sudden shock or trauma, usually as a witness or victim of assault, rape, disabling accident or near death experience, or experiencing the death of a close street friend
- realised that someone cared.

Additional catalysts include 'doing it for their children' and 'not wanting to be stigmatised for being homeless'.

However, exiting homelessness was found to depend on the availability of homelessness services (Ravenhill 2003). Access to these services was found to be the most significant factor in the resettlement process, including access to:

- advice
- crisis accommodation
- resettlement help
- women's refuges
- rehabilitation programs
- supported accommodation
- follow-on support (Ravenhill 2003).

Chronic homelessness and rough sleepers

According to Reynolds (2008), the vast majority of people who experience homelessness do so only once, and for a short time. There are also people who do not realise they are homeless, such as when staying with friends or family. Chronic homelessness is different—it lasts 6 months or more, or comprises multiple episodes of homelessness over a 12-month period. People who experience chronic homelessness are likely to have complex needs, which usually means more than one of the following:

- developmental disability
- traumatic brain injury
- serious physical health problems
- history of abuse and/or trauma
- mental illness
- mental disorder
- psychiatric disability
- addictions (to alcohol and/or drugs)
- literacy problems (Reynolds 2008).

In 2008, Reynolds estimated that in developed countries, around 15%–20% of the homeless population were chronically homeless. Chronically homeless people also cycle through services, temporary accommodation (such as boarding houses), or living permanently or semi-permanently on the streets (Zaretsky et al. 2013).

A recent situation appraisal of rough sleeping in Victoria (DHHS 2017) identified chronic rough sleepers as 1 of the main groups sleeping rough in the Melbourne CBD, making up about 10%–15% of the rough sleeper population.

The report found the majority of rough sleepers in Victoria were male (66%) and aged 20–54 (84%). Nearly three-quarters were single persons living alone, while 8% were accompanied by young children. The rough-sleeping population could be split into 3 groups using a time-based approach:

- recently homeless and sleeping rough (50%–60% of all rough sleepers). Most people were sleeping rough only briefly, and were likely to be single adults and families sleeping in cars. The triggers associated with homelessness were financial crisis, high cost of housing, family violence and family breakdown
- persistently homeless, who intermittently sleep rough (30%–35% of all rough sleepers). This group consisted mostly of older men with mental illness and/or problematic drug use, who were usually homeless long-term, alternating between rough sleeping and poor accommodation types
- chronic rough sleeping (10%–15% of all rough sleepers), usually with multiple and complex needs. The most common demographic was single adult men, though women, older people, young people and Indigenous people were also present. There was a generally high level of mental illness and/or problematic drug use.

By analysing the groups outlined above, the Victorian State Government (2018) developed an action plan accounting for the differing needs of each group, especially in terms of re-housing and support services.

2 Who seeks help for homelessness?

Clients who approach SHS for assistance do so for a variety of reasons, yet they all share 1 thing—they lack suitable housing, or are at risk of not being able to maintain their current housing situation. They may be currently homeless, or facing the prospect of losing their housing (at risk of homelessness).

Who is sleeping rough?

Between 1 July 2011 and 30 June 2012, nearly 156,700 adults presented to a SHS for assistance and of these, nearly 13,700 clients (9% of all SHS clients aged either 15–17 and presenting alone, or aged 18 and over) were sleeping rough.

Looking at the nearly 13,700 clients who were sleeping rough:

- 2 in 3 were male (66%)
- more than 5 in 10 (54%) were aged 35 or over, with male rough sleepers generally older:
 - 15–24 years: 18% males, 28% females
 - 25–34 years: 23% males, 27% females
 - 35 years and over: 59% males, 46% females
- more than 2 in 10 (22%) were Indigenous
 - 18% of males compared with 31% of females
- fewer than 1 in 10 (6%) were employed, 49% were unemployed and 45% were not in the labour force upon their first presentation to a SHS for assistance
- 6 in 10 (61%) rough sleepers were receiving services in *Major cities*:
 - males were more likely to be receiving services in *Major cities* (66% compared with 53% of females)
 - females were more likely to be receiving services in *Regional areas* (42% compared with 32% of males)
- nearly 7 in 10 (68%) were living alone; 17% were living with at least 1 child:
 - males were more likely to live alone (81% compared with 43% of females)
 - females were more likely to live with at least 1 child (34% compared with 7% of males).

Typically, rough sleepers are...

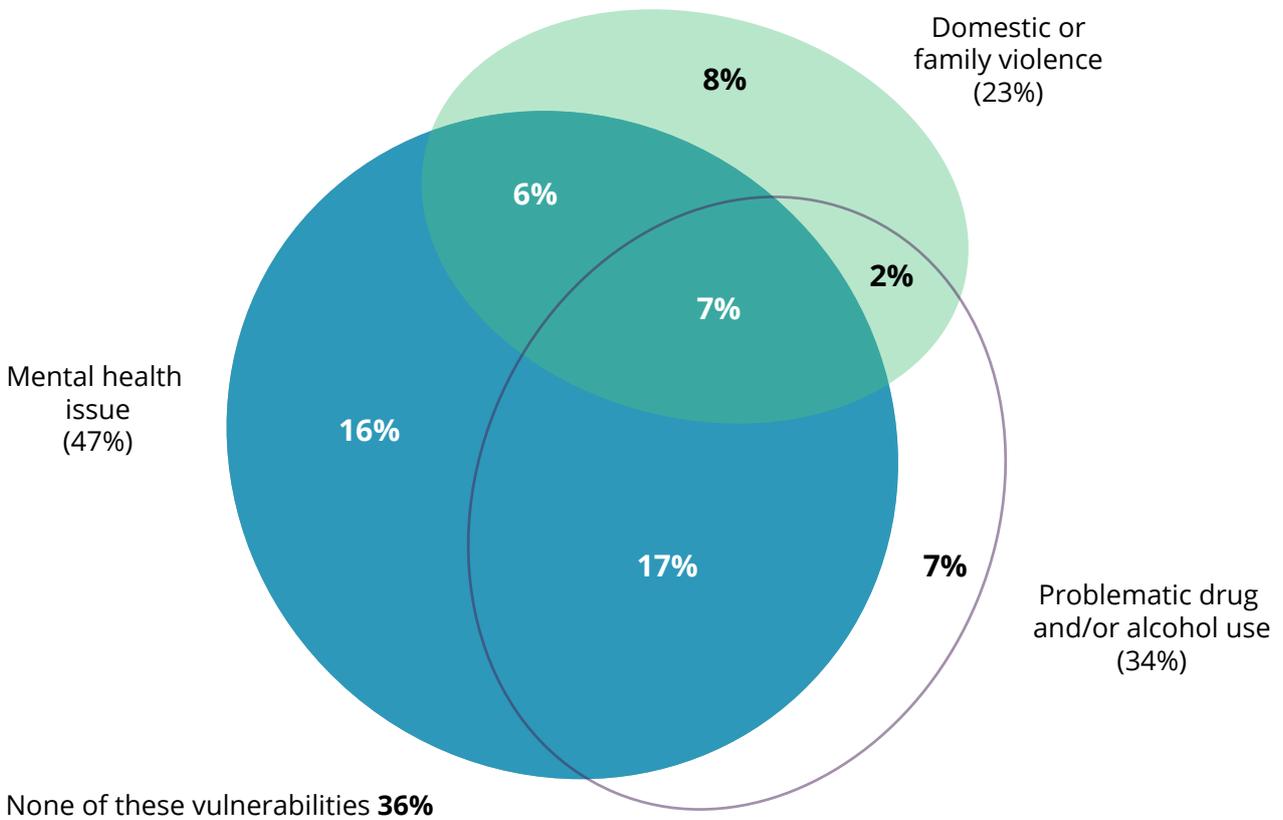
male, aged 35 years or over, unemployed, located in *Major cities*, live alone, and report that they have a mental health issue and/or diagnosis and experience problematic drug and/or substance use.



Source: A profile of Specialist Homelessness Services homeless clients 2011–12 to 2014–15, available at: <https://www.aihw.gov.au/reports/homelessness-services/a-profile-of-specialist-homelessness-services>.

One in 3 (33%) rough sleepers experienced 2 or more vulnerabilities (defined as ever experiencing domestic or family violence, ever reporting a mental health issue, or ever experiencing problematic drug and/or alcohol use, see Box 1) (Figure 3).

Figure 3: All rough sleepers, by vulnerabilities (per cent)



Notes:

1. Includes all adult rough sleepers presenting to SHS agencies for assistance between 1 July 2011 and 30 June 2015.
2. Percentages may not always add to 100 due to rounding.

- More than 2 in 10 (23%) clients reported ever experiencing domestic or family violence:
 - More than 5 in 10 (56%) rough sleepers who ever reported experiencing domestic or family violence were aged under 35, compared with fewer than 1 in 10 (9%) aged 50 and over.
 - Female rough sleepers were 4 times as likely as males to report ever experiencing domestic or family violence (46% compared with 11%).
 - Of those who reported ever experiencing domestic or family violence, males were more likely to be aged 15–24 than females (29% compared with 27%), while males were less likely to be aged 25–34 (25% compared with 30%).
- Nearly 5 in 10 (47%) identified as having a current mental health issue:
 - Overall, male rough sleepers were more likely than female rough sleepers to report ever having a mental health issue (49% compared with 42%).
 - Of those clients who reported a mental health issue, females were more likely to be younger (aged 15–24) than males (26% compared with 15%).
- Nearly 4 in 10 rough sleepers (39%) reported ever having a mental health diagnosis:
 - Higher for males (41%) than for females (35%).

- One in 3 (34%) rough sleepers identified as ever having problematic drug and/or alcohol use:
 - Males were more likely than females (39% compared with 24%).
 - Females who identified as having problematic drug and/or alcohol use were more likely to be younger (aged 15–24) than males (24% compared with 14%) and males were more likely to be older (50 and over) than females (16% compared with 8%).

Box 1: Ever flags

In terms of the SHSC, an 'ever' flag is generated if a particular reason, need or service is ever reported.

'Ever' reported domestic or family violence

Clients are counted as experiencing domestic or family violence if during any support period within the study period they nominated 'domestic and family violence' as a reason for seeking assistance, or if during any support period they required and/or were either provided with or referred for domestic or family violence assistance.

'Ever' reported a mental health issue

Clients are identified as having a current mental health issue if they provided any of the following information:

- at the beginning of a support period they were receiving assistance for mental health issues
- the referral source to SHS was a mental health service
- they reported mental health issues as a reason for seeking assistance
- their dwelling type prior to presenting to an agency for assistance was a psychiatric hospital or unit
- they had been in a psychiatric hospital or unit in the past 12 months
- at some stage during their support period a need for mental health services was identified.

'Ever' reported problematic drug and/or alcohol use

Clients are identified as having problematic drug and/or alcohol use if they provided any of the following information at the beginning of support or in any support period during the reporting period:

- their dwelling type was rehabilitation
- formal referral source to SHS was a drug and alcohol service
- during 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.

Key comparative findings

As outlined in Chapter 1, this report analysed 3 groups of rough sleepers based on their service use patterns: persistent service users, service cyclers, and transitory service users.

Demographics

There are several demographics worth noting, including differences in these service user cohorts (Table 2):

- The majority of rough sleepers in all 3 cohorts were male.
- Rough sleepers were less likely to be aged 15–24, although persistent service users in general were older than either transitory service users or service cyclers.
- Around 1 in 5 rough sleepers were Indigenous, although persistent service users were more likely than either service cyclers or transitory service users to be Indigenous. In addition, of female persistent service users, 43% were Indigenous.
- Very few rough sleepers across all cohorts were employed, although persistent service users were less likely to be in the labour force.
- The majority of rough sleepers across all cohorts were receiving services in *Major cities*.
- The majority of rough sleepers across all cohorts presented alone, although transitory service users and service cyclers were more likely than persistent service users to present with children.

Table 2: Summary of rough sleeper cohort demographics (per cent)

		Persistent Service Users (n=1,810)	Service Cyclers (n=5,796)	Transitory Service Users (n=6,054)	All adult Rough Sleepers (n=13,660)	All other SHSC clients (n=143,026)
Sex	Male	67.6	65.0	65.4	65.5	35.7
	Female	32.4	35.0	34.6	34.5	64.3
Age	15–24	17.0	20.8	22.5	21.1	32.4
	25–34	26.7	24.5	24.0	24.6	22.6
	35–44	30.5	28.6	24.9	27.1	23.2
	45–54	18.0	18.0	18.1	18.0	13.5
	55–64	6.2	6.6	7.8	7.1	5.5
	65+	1.5	1.6	2.8	2.1	2.7
Indigenous status	Indigenous	28.4	23.9	18.5	22.3	20.3
	Non-Indigenous	71.6	76.1	81.5	77.7	79.7
Employment status	Employed	3.8	4.8	7.3	5.7	12.6
	Unemployed	44.9	50.2	50.1	49.5	37.6
	Not in labour force	51.3	45.0	42.5	44.7	49.7

(continued)

2

Who seeks help for homelessness?

Table 2 (continued): Summary of rough sleeper cohort demographics (per cent)

		Persistent Service Users (n=1,810)	Service Cyclers (n=5,796)	Transitory Service Users (n=6,054)	All adult Rough Sleepers (n=13,660)	All other SHSC clients (n=143,026)
Location	<i>Major city</i>	66.0	60.7	60.6	61.4	62.4
	<i>Inner regional</i>	17.9	22.6	22.2	21.8	23.5
	<i>Outer regional</i>	12.7	13.3	14.1	13.6	10.4
	<i>Remote</i>	2.8	3.0	2.6	2.8	2.7
	<i>Very remote</i>	0.7	0.4	0.5	0.5	0.9
Living arrangements	Lone person	73.1	67.5	66.9	67.9	33.9
	One parent with child(ren)	7.5	11.3	10.9	10.6	26.8
	Couple with child (ren)	4.5	6.2	6.2	6.0	12.4
	Couple without child(ren)	9.6	8.5	8.3	8.5	6.4
	Other family	1.9	2.6	3.5	2.9	11.5
	Group	3.4	4.0	4.3	4.0	8.9

Note: All client demographics, apart from Indigenous status, are based on the first support period in 2011-2012. A client is considered Indigenous if, at any time within the reporting period, they identified as being of Aboriginal and/or Torres Strait Islander origin.

Additional vulnerabilities

Compared with other SHS clients, rough sleepers were:

- less likely to report ever experiencing domestic and family violence
- more likely to ever report a mental health issue or a mental health diagnosis
- around twice as likely to ever report problematic drug and/or alcohol use.

When comparing vulnerabilities across the service user cohorts (Table 3):

- persistent service users were more likely to ever report: experiencing domestic and family violence; a mental health issue; a mental health diagnosis; or ever report problematic drug and/or alcohol use
- transitory service users were the least likely cohort to report these vulnerabilities.

These differences are consistent with the literature findings that suggest that people who experience homelessness over a longer period of time are more likely to have complex needs (Reynolds 2008).

Table 3: Summary of rough sleeper cohort vulnerabilities, (per cent)

		Persistent Service Users (n=1,810)	Service Cyclers (n=5,796)	Transitory Service Users (n=6,054)	All adult Rough Sleepers (n=13,660)	All other SHSC clients (n=143,026)
Domestic and family violence	Ever experienced	37.7	27.8	14.7	23.3	39.9
	Not experienced	62.3	72.2	85.3	76.7	60.1
Mental health issue	Ever reported	77.5	54.9	29.4	46.6	33.7
	Not reported	22.5	45.1	70.6	53.4	66.3
Mental health diagnosis	Diagnosed	68.7	45.6	22.6	38.5	26.2
	Not diagnosed	23.6	31.0	24.4	27.1	23.1
	Don't know/missing	7.6	23.5	53.0	34.5	50.7
Problematic drug /alcohol use	Yes	63.3	39.8	19.4	33.9	17.4
	No	36.7	60.2	80.6	66.1	82.6

2 Who seeks help for homelessness?

Reasons for seeking assistance

While not all rough sleepers present to services for the same reason, the most common reasons for seeking assistance across all rough sleeper cohorts were related to accommodation or financial difficulties.

Notably, higher proportions of persistent service users presented with multiple reasons or needs than service cyclers or transitory service users.

The key distinguishing feature of male and female rough sleepers was that in all 3 service user cohorts, females consistently reported domestic and family violence as a reason for seeking assistance—at a level 5 times higher than males.

Service use

Service engagement across a 4-year period was the underlying basis for the 3 cohort descriptions. When comparing the service duration across the groups, there are distinct differences:

- The majority of persistent service users (54%) received over 365 days of support across the 4-year period with many clients engaging with agencies 10 or more times.
- Around 2 in 5 (41%) service cyclers received up to 90 days of support over the 4-year period, with less frequent contact with agencies apparent (1–3 support periods only).
- Almost half of all transitory service users received up to 7 days of support (46%).

These patterns of service use mirror the types of rough sleeper groups outlined in the literature (Reynolds 2008; Zaretsky 2013; Johnson et al. 2015).

The temporary nature of homelessness for the largest group of rough sleepers—transitory service users who appear only in the first year of the study, receive up to 7 days of support, and have a low reporting of complex needs—suggests that some of these clients face relatively temporary issues that SHS are able to assist with or that they themselves are able to resolve. It is important to note, however, for this group, the low proportion of clients housed at the end of support (14%). Linkage to other data sets would greatly improve our understanding of the outcomes for this homeless cohort.

The demand for accommodation services was high for all 3 service user cohorts. The common characteristic of these SHS clients was that they were sleeping rough when they first presented in 2011–12. The rate of not getting accommodation increased with lowering service engagement: more than half of transitory service users did not receive accommodation (55%) compared with around one-third (36%) of service cyclers. This figure fell to just 15% for persistent service users.

While accommodation services were supplied in some form to a large proportion of rough sleepers, it is important to note that the largest gap in service delivery remains long-term housing solutions.

Housing outcomes

Housing outcomes looks at a client's situation at the end of their last closed support period within the study period, that is, up to 30 June 2015. Also of interest is repeat homelessness (where a client transitions from homeless, to housed, to homeless again). Overall, around 1 in 5 rough sleepers experienced repeat episodes of homelessness. Persistent service users were the most likely to experience repeat homelessness and this was consistently higher for both Indigenous and younger clients (those aged 15–24).

Following engagement with agencies, more than one-quarter (27%) of rough sleepers were housed. This was highest for persistent service users (39%) and lowest for transitory service users (14%). Interestingly, service cyclers had the largest proportion of clients whose housing outcomes were unknown at the end of the reporting period (23%).

One in 4 (25%) persistent service users were in ongoing support at the end of the study period, consistent with their high frequency of engagement and high level of support (days of support). In contrast just 5%–6% of service cyclers and transitory service users remained in ongoing support at the end of the study.

3 Persistent service users

Key findings

Persistent service users are those clients who had at least 1 support period in each financial year between 1 July 2011 and 30 June 2015.

Consistent with the broader group of rough sleepers:

- the majority of persistent service users were male, with most aged 35 or over. Most received services in Major cities and were living alone
- the most common reasons for seeking assistance were related to accommodation or financial difficulties, and younger clients were more likely to report these reasons than older clients
- persistent service users were most likely to receive short-term or emergency accommodation rather than medium- or long-term accommodation. Females were more likely to receive medium- or long-term accommodation than males
- male persistent service users (compared with females) were more likely to receive mental health and drug and alcohol services.

Persistent service users, when compared with service cyclers and transitory service users, were more likely to:

- ever experience a mental health issue
- experience 2 or 3 of the 3 vulnerability conditions (domestic and family violence, mental health issue, problematic drug and/or alcohol use)
- receive some form of accommodation and have greater numbers of support periods per person, over the study period
- experience repeat episodes of homelessness.

By the end of the study period in 2014–15, almost half (48%) of persistent service users were homeless, including one-quarter (25%) living in short-term temporary accommodation, 17% rough sleeping and 6% couch surfing. Two-fifths (39%) of persistent service users were housed, while the housing situation of more than 1 in 10 (13%) was unknown.



Who are persistent service users?

Persistent service users are those clients who presented to SHS agencies for assistance in each year of the reporting period (2011–12 to 2014–15). That is, they presented to an agency for assistance at least once between 1 July 2011 and 30 June 2012, 1 July 2012 and 30 June 2013, 1 July 2013 and 30 June 2014, and 1 July 2014 and 30 June 2015. It is important to note that some of these clients may have received assistance prior to 1 July 2011 and may have continued receiving assistance beyond 30 June 2015. The persistent service user cohort totals around 1,800 clients.

Of these 1,800 clients:



2 in 3 were **male** (68%) compared with 32% female.



More than 5 in 10 (56%) were **35 years or over** with males in general older than females:

- 15–24 years: 12% males, 28% females
- 25–34 years: 26% males, 29% females
- 35 years and over: 63% males, 43% females.



Almost **3 in 10** (28%) were **Indigenous**: 22% of males compared with 43% of females.



4% were **employed**, 45% were unemployed and 51% were not in the labour force.



Almost **2 in 3** (66%) were receiving services in **Major cities**:

- Males were more likely to be receiving services in *Major cities* (72% compared with 54% females)
- Females were more likely to be receiving services in *Regional* areas (40% compared with 26% males).



More than **7 in 10** (73%) were **living alone**, **12%** lived with **at least one child**:

- Males were more likely to live alone (86% compared with 47% females)
- Females were more likely to live with at least one child (29% compared with 4% males).



Almost **4 in 10** (38%) reported having **ever experienced domestic or family violence**.

- Females were much more likely to report *ever* experiencing domestic or family violence (74% compared with 20% for males).
- Younger clients (15–24 years) were more likely to report *ever* experiencing domestic or family violence. More than half (57% of persistent service users who reported *ever* experiencing domestic or family violence) were under the age of 35 compared with less than 1 in 10 (6%) aged 50 years and over.
- Females who reported *ever* experiencing domestic or family violence were more likely to be aged 15–29 years compared to males (44% compared with 38%), while males were more likely to be aged 30–39 years (34% compared with 29%).



Almost **8 in 10** (78%) reported **ever having a mental health issue**.

- Overall, male persistent service users were more likely than female persistent service users to report *ever* having a mental health issue (80% compared with 72%). Of these, females were more likely to be aged 15–24 years than males (28% compared with 12%).

Almost **7 in 10** (69%) reported **ever having a mental health diagnosis**.

- Higher for males (73%) than for females (61%).



Almost **2 in 3** (63%) **ever reported problematic drug and/or alcohol use**. Higher for:

- Males than females (69% compared with 52%)
- Young females (15–24 years) than young males (25% compared with 11%)
- Older males (50 years and over) than older females (13% compared with 6%).

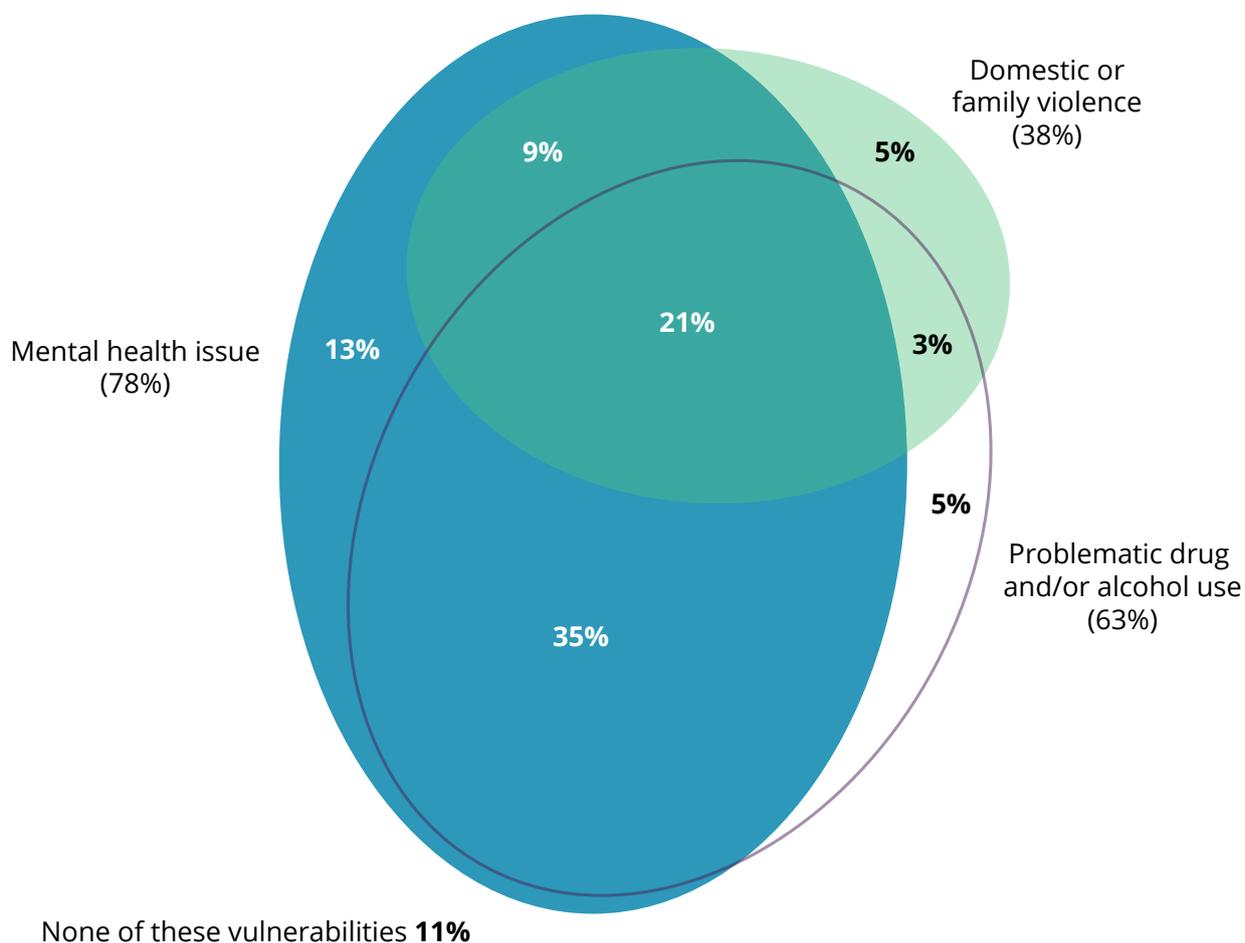
Notes:

1. Percentages may not always add to 100 due to rounding.
2. All client demographics, apart from Indigenous status, are based on the first support period in 2011–2012. A client is considered Indigenous if, at any time within the reporting period, they identified as being of Aboriginal and/or Torres Strait Islander origin.
3. For further information on *ever* experiencing domestic or family violence, *ever* reporting a mental health issue or *ever* reporting problematic drug and/or alcohol use please see Box 1: *Ever flags*.



Overall, more than three-quarters (78%) of persistent service users ever reported experiencing a mental health issue. One in 5 (21%) experienced **all three** vulnerability conditions (defined as ever experiencing domestic or family violence, ever reporting a mental health issue, or ever reporting problematic drug and/or alcohol use, while two-thirds (68%) experienced **two or more** vulnerability conditions). Just 1 in 10 (11%) reported none of these conditions (Figure 4).

Figure 4: Persistent service users, by vulnerabilities (per cent)



Notes:

1. Includes all adult rough sleepers presenting to SHS agencies for assistance between 1 July 2011 and 30 June 2015.
2. Percentages may not always add to 100 due to rounding.

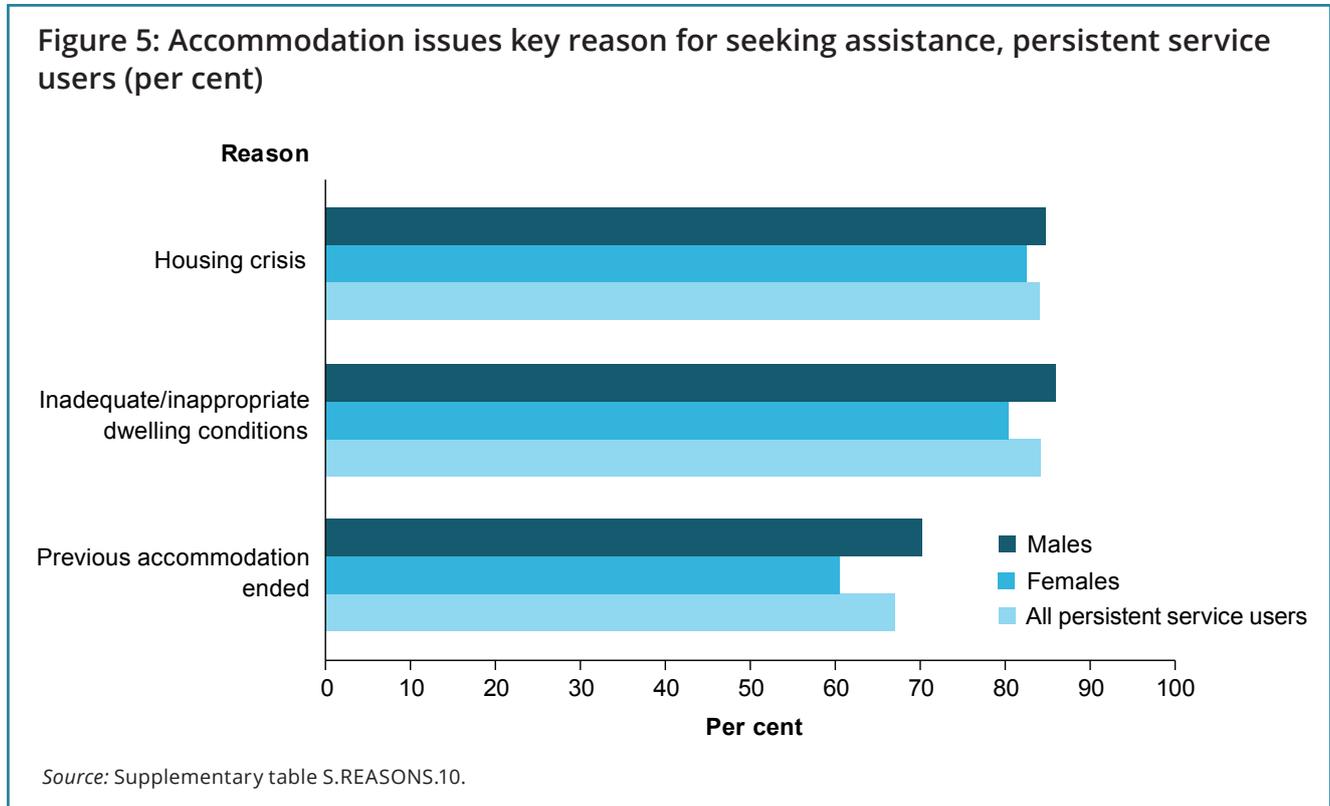
Why did persistent service users seek assistance?

When approaching SHS agencies for assistance, clients may identify a number of reasons for seeking assistance. These reasons can highlight the risk factors associated with homelessness, and can be grouped into broad categories covering: financial issues, accommodation, interpersonal relationships, health/medical, and ‘other’ reasons.

It is important to note that persistent service users might have identified any of these reasons at any point of contact with SHS agencies across the 4-year study. They may have identified the same reason on more than one occasion, however, it is only captured once in the reporting. The reasons analysed here refer to **all** reasons for seeking assistance. The high proportions of persistent service users reporting many of the reasons (higher than other cohorts) reflects the numerous challenges and situations experienced by this cohort in support of their journey through homelessness.

Persistent service users most commonly sought assistance for accommodation or financial issues

Seeking assistance from an SHS agency while sleeping rough, it is unsurprising that the vast majority of persistent service users sought assistance for accommodation issues (96%). More specifically, clients sought assistance for housing crisis (84%), inadequate or inappropriate dwelling conditions (84%) or because their previous accommodation had ended (67%) (Figure 5).



Males were more likely than females to report inadequate or inappropriate dwelling conditions (86% compared with 80%) and that their previous accommodation had ended (70% compared with 61%).

Young clients (15–24 years) were more likely than **older clients** (50 and over) to seek assistance for:

- housing crisis (90% compared with 73%)
- inadequate or inappropriate dwelling conditions (89% compared with 84%)
- prior accommodation ending (71% compared with 59%).

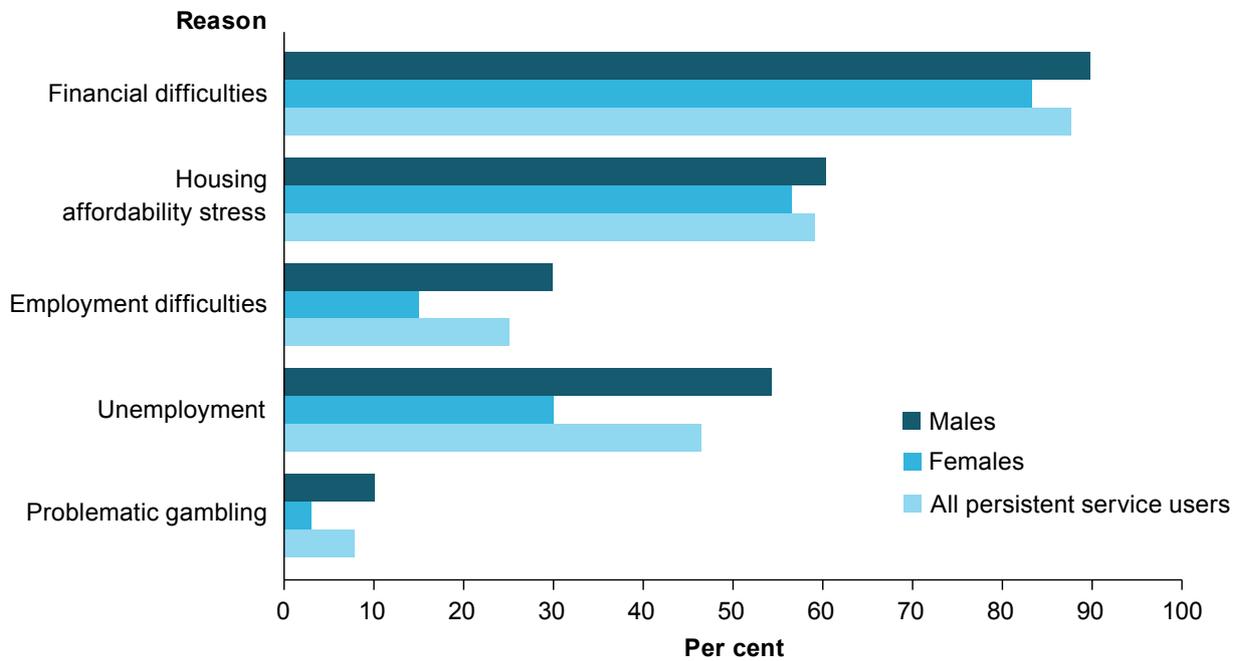
Non-Indigenous clients were more likely than **Indigenous clients** to seek assistance for:

- housing crisis (86% compared with 80%)
- prior accommodation ending (70% compared with 61%).

Indigenous and non-Indigenous clients were equally likely to seek assistance for inadequate or inappropriate dwelling conditions (both 84%).

More than 9 in 10 (92%) persistent service users also sought assistance from SHS agencies for financial issues, with financial difficulties being the highest reported reason for seeking assistance (88%), followed by housing affordability stress (59%) (Figure 6).

Figure 6: Financial issues as a reason for seeking assistance, persistent service users (per cent)



Source: Supplementary table S.REASONS.10.

While unemployment (46%), employment difficulties (25%) and problematic gambling (8%) were less likely to be cited as a reason for seeking assistance than financial difficulties or housing affordability stress, males were more likely to report these reasons than females:

- unemployment: 54% of males compared with 30% of females
- employment difficulties: 30% of males compared with 15% of females
- problematic gambling: 10% of males compared with 3% of females.

Young clients (15–24 years) were more likely than **older clients (50 and over)** to seek assistance for:

- financial difficulties (87% compared with 83%)
- housing affordability stress (63% compared with 55%)
- employment difficulties (33% compared with 18%)
- unemployment (49% compared with 31%).

Older clients were more likely to seek assistance for problematic gambling (12% compared with 4% of younger clients).

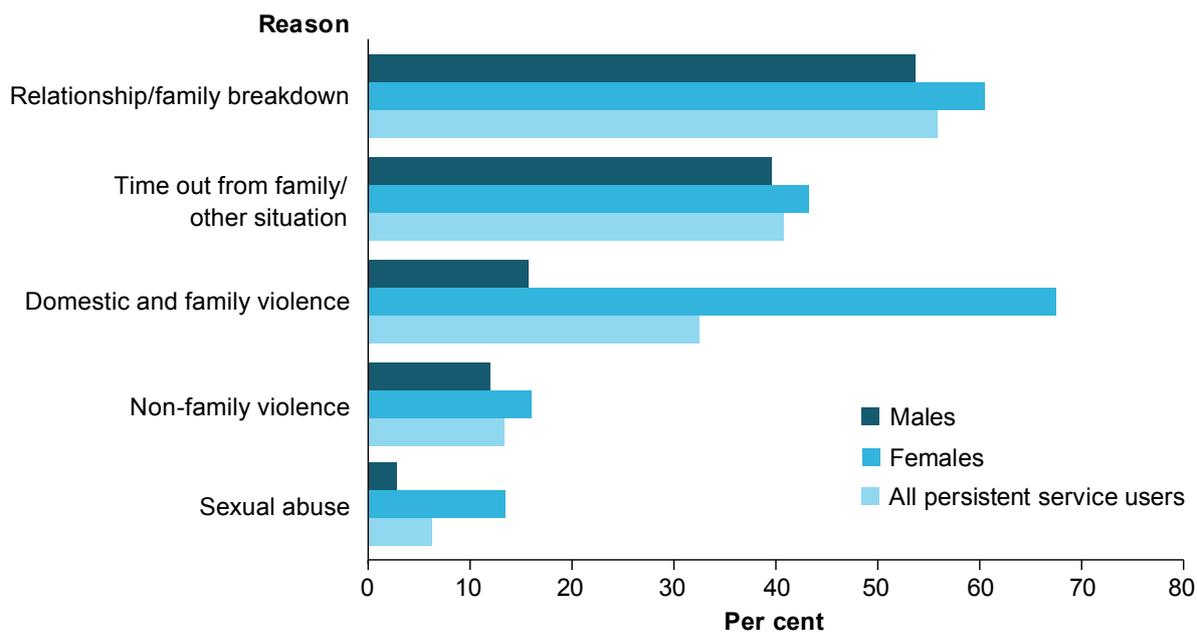
Non-Indigenous clients were more likely than **Indigenous clients** to seek assistance for:

- financial difficulties (91% compared with 81%)
- housing affordability stress (62% compared with 54%)
- employment difficulties (27% compared with 20%)
- unemployment (48% compared with 44%)
- problematic gambling (9% compared with 5%).

Persistent service users also sought assistance for issues with interpersonal relationships

Overall, almost three-quarters (73%) of persistent service users sought assistance with interpersonal relationships, most commonly for relationship/family breakdown (56%). The breakdown of a relationship could be a trigger for homelessness, particularly if financial pressures prevent a person from securing another property. Other reasons for seeking assistance included needing time out from family/other situation (41%) and domestic and family violence (33%) (Figure 7).

Figure 7: Interpersonal relationships as a reason for seeking assistance, persistent service users (per cent)



Source: Supplementary table S.REASONS.10.

Persistent service users who were either female, Indigenous and/or younger (15–24 years) had the highest proportions seeking assistance from SHS agencies for specific issues related to interpersonal relationships.

Three-quarters (74%) of female persistent service users ever reported experiencing domestic or family violence, but only 68% reported this as a reason for seeking assistance from SHS. Overall, females were more likely than males to report all aspects of interpersonal relationships as a reason for seeking assistance, the largest differences being for domestic and family violence and sexual abuse:

- domestic and family violence: females 68%, males 16% (females 4.3 times more likely than males)
- relationship/family breakdown: females 61%, males 54%
- sexual abuse: females 14%, males 3% (females 4.7 times more likely than males)
- non-family violence: females 16%, males 12%
- time out from family/other situation: females 43%, males 40%.



Young clients (15–24 years) were more likely than **older clients** (50 and over) to seek assistance for **all** aspects of interpersonal relationships:

- relationship/family breakdown (77% compared with 36%)
- time out from family/other situation (58% compared with 31%)
- domestic and family violence (52% compared with 10%)
- non-family violence (17% compared with 6%)
- sexual abuse (12% compared with <1%).

Indigenous clients were more likely than **non-Indigenous clients** to seek assistance for:

- domestic and family violence (48% compared with 27%)
- time out from family/other situation (45% compared with 40%)
- sexual abuse (8% compared with 6%).

Indigenous and non-Indigenous clients were equally likely to seek assistance for:

- relationship/family breakdown (57% compared with 56%)
- non-family violence (14% compared with 13%).

Other reasons for persistent service users to seek assistance

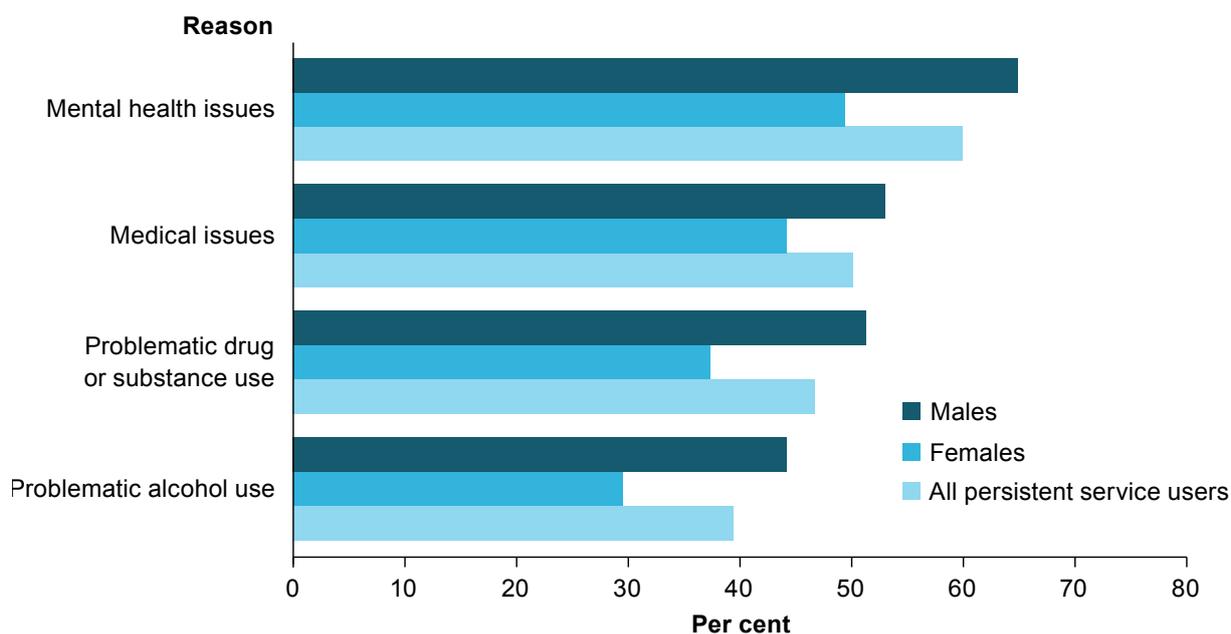
Persistent service users also sought assistance for issues categorised as either ‘health/medical’ or ‘other’ reasons. Four in 5 (80%) persistent service users approached SHS agencies for assistance with health/medical issues (Supplementary table S.REASONS.10).

Males were more likely than females to report all aspects of health/medical issues as a reason for seeking assistance from SHS agencies (Figure 8):

- mental health issues: males 65%, females 49%
- problematic drug or substance use: males 51%, females 37%
- problematic alcohol use: males 44%, females 30%
- medical issues: males 53%, females 44%.

Non-Indigenous and/or younger clients were the most likely to seek assistance from SHS agencies for specific issues related to health.

Figure 8: Health/medical issues as a reason for seeking assistance, persistent service users (per cent)



Source: Supplementary table S.REASONS.10.

What services did persistent service users need?

While the focus of SHS support is on providing stable housing or assisting clients to remain housed, agencies provide or refer clients to many other services targeting underlying barriers to sustainable housing. These services range from basic support and assistance such as meals, shower facilities, laundry and transport to more complex and specialist services such as health and medical and professional or legal services.

Persistent service users presented to SHS agencies at least once in each financial year of the reporting period (2011–2015) and might have reported multiple needs in each support period, or the same need may have been presented on multiple occasions.

Persistent service users are highly likely to need services related to accommodation provision

Accommodation is the service and assistance type most commonly requested by persistent service users, with almost all persistent service users (96%) seeking this service. Persistent service users most commonly requested short-term or emergency accommodation (88%) followed by long-term housing (82%). The need for medium-term or transitional housing is lower but still high at 76%.

While there was little difference overall for males and females, males were slightly more likely to need short-term or emergency accommodation (89% compared with 86%) and females were slightly more likely to need medium-term or transitional housing (78% compared with 75%) and long-term housing (83% compared with 81%).

Younger clients (15–24 years) were slightly more likely to need assistance with accommodation than older clients (50 and over) (96% compared with 93%). Short-term or emergency accommodation was requested most frequently by younger clients (91% compared with 83%), followed by medium-term or transitional housing (85% compared with 60%) and long-term housing (85% compared with 79%).

Persistent service users are also likely to need 'general services'

Virtually all clients needed at least 1 service categorised as a 'general service'; 1,809 clients out of 1,810 clients needed at least 1 general service. For persistent service users, the most common needs were advice/information (99%), advocacy/liaison (96%), and material aid/brokerage (91%). More than 7 in 10 clients also needed financial information (73%) and meals (72%), and 63% of persistent service users needed laundry/shower facilities.

In general, males were more likely than females to need:

- meals (77% compared with 61%)
- laundry/shower facilities (70% compared with 51%)
- retrieval/storage/removal of personal belongings (60% compared with 54%)
- recreation facilities (59% compared with 46%)
- employment assistance (29% compared with 23%).

In comparison, females were more likely than males to need:

- transport (77% compared with 71%)
- general financial information (76% compared with 71%)
- assistance for domestic/family violence (60% compared with 10%)
- family/relationship assistance (60% compared with 35%)
- legal information (52% compared with 45%)
- assistance for trauma (37% compared with 23%).

Highlighting the fact that female persistent service users are more likely to be caring for children, females were more likely than males to need services including:

- child care (14% compared with 2%)
- assistance with child contact and residential arrangements (14% compared with 5%).

Indigenous persistent service users were more likely than non-Indigenous persistent service users to need assistance for domestic/family violence (39% compared with 22%); family/relationships (49% compared with 41%); and transport (81% compared with 70%).

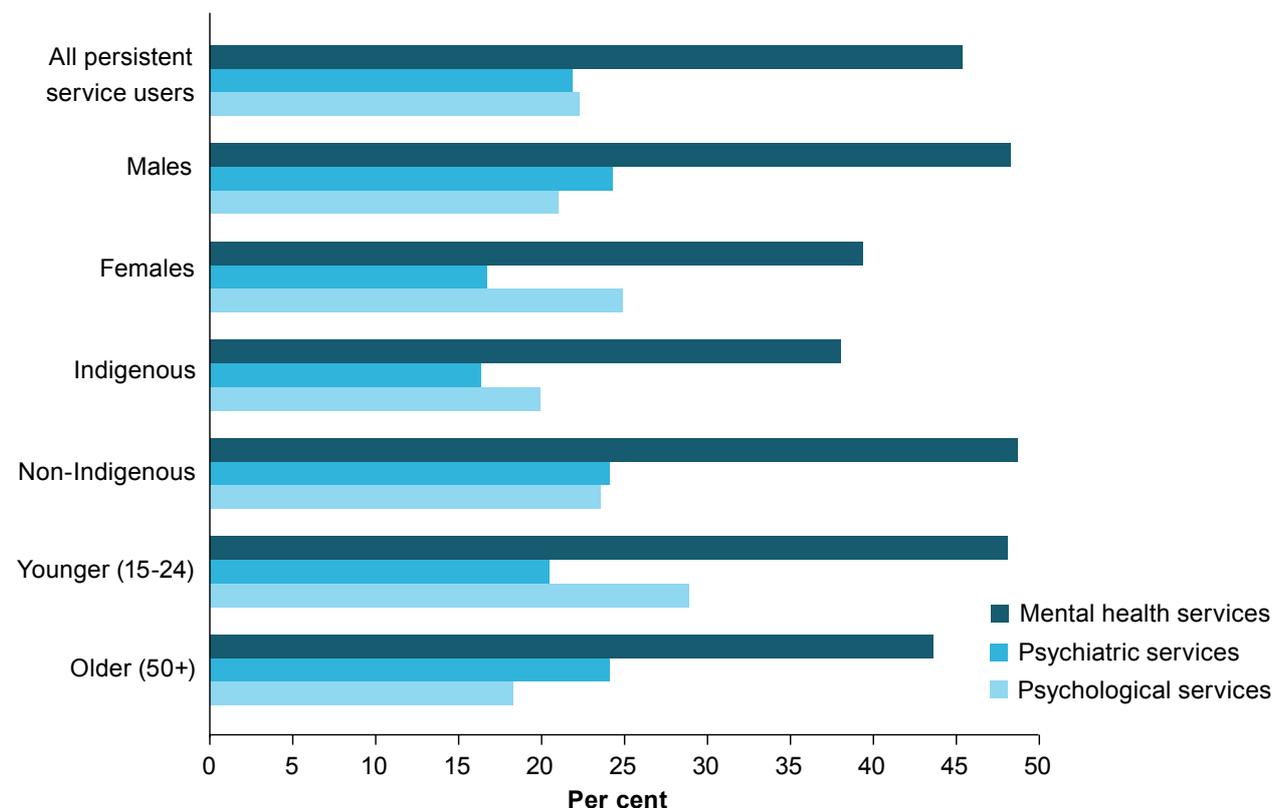
Younger persistent service users (15–24 years) were more likely than older persistent service users (50 and over) to need assistance with obtaining/maintaining a government allowance (58% compared with 41%); employment (45% compared with 15%); training (43% compared with 15%) and education (47% compared with 11%). More than half (58%) of young persistent service users also needed legal information, while more than one-third needed court support (35%).

Persistent service users need services related to mental health or drug and alcohol counselling

Mental health includes psychological services, psychiatric services, and mental health services.

Half of all persistent service users (50%) needed at least 1 of these services, most commonly mental health services (45%), with psychological and psychiatric services needed by around 1 in 5 clients (both at 22%) (Figure 9).

Figure 9: Needs—mental health services, persistent service users (per cent)



Source: Supplementary table S.PSU NEEDS.11.

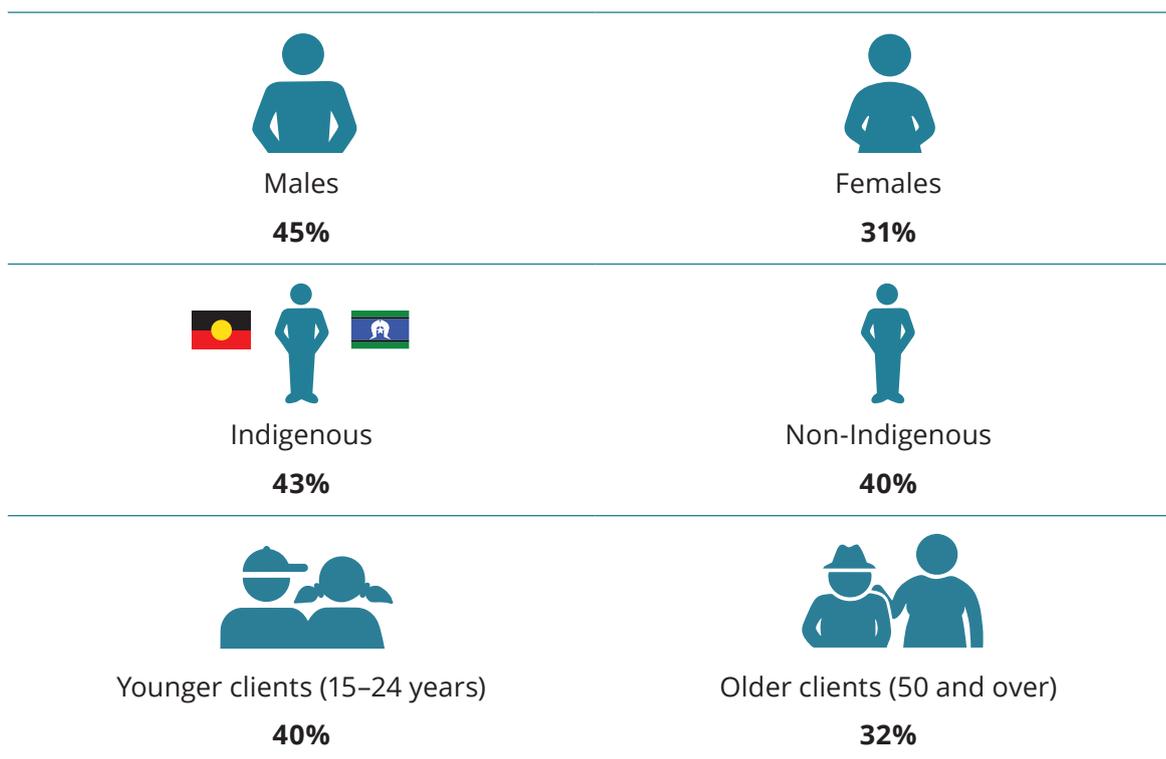
Male persistent service users were more likely than female persistent service users to require assistance with mental health overall (52% compared with 45%) and were more likely to require both mental health services (48% compared with 39%) and psychiatric services (24% compared with 17%), although females were more likely than males to need psychological services (25% compared with 21%).

Indigenous persistent service users were less likely than non-Indigenous persistent service users to identify a need for mental health services (38% compared with 49%). Indigenous clients were also less likely to require psychological services (20% compared with 24% of non-Indigenous clients).

Overall, more than half of young (15–24 years) persistent service users needed some type of mental health service (53%), compared with older (50 and over) persistent service users (46%). A greater proportion of younger persistent service users (compared to older clients) identified a need for psychological services (29%) and mental health services (48%), while older persistent service users identified more need for psychiatric services (24%).

Around 2 in 5 (41%) persistent service users needed drug and alcohol counselling. Of these clients, males, Indigenous and younger clients were over-represented (Table 4).

Table 4: Needs—drug and alcohol counselling, persistent service users (per cent)



What services were provided to persistent service users?

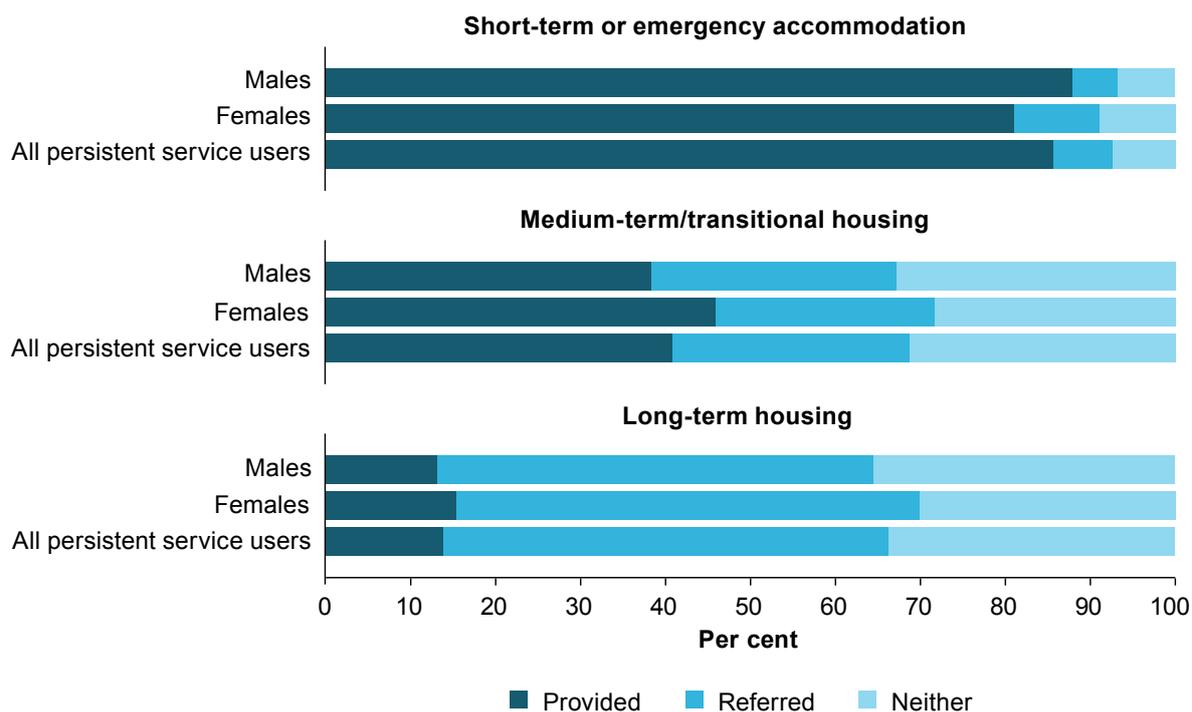
Services available to clients range from the direct provision of accommodation, such as a bed in a shelter, to specialised services such as counselling or legal support. Either the agency provides these services directly to the client, or if the agency is unable to provide the service directly, it may refer the client to another service.

Persistent service users were most likely to be provided with short-term or emergency accommodation

Almost 9 in 10 persistent service users identified a need for accommodation services when they approached a SHS agency for assistance. Of these clients (Figure 10):

- 88% needed short-term or emergency accommodation, and it was provided to 86% of those needing this service
- 76% needed medium-term or transitional housing, provided to 41%
- 82% needed long-term housing, provided to 14%.

Figure 10: Accommodation service provision, persistent service users (per cent)



Source: Supplementary tables S.PSU PROVIDED.12, S.PSU REFERRED.13, S.PSU GAP 14.

Male persistent service users were more likely than female persistent service users to receive short-term or emergency accommodation (88% compared with 81%). In comparison, females were more likely to receive medium-term or transitional housing (46% compared with 38% of males) or long-term housing (15% compared with 13% of males).

Non-Indigenous persistent service users were more likely to be provided with medium-term accommodation (42% compared with 39% of Indigenous users). In contrast, long-term accommodation was more likely to be provided for Indigenous persistent service users (16% compared with 13%).

Younger (15–24 years) persistent service users were more likely to be provided with medium-term or transitional housing (46% compared with 37% of older clients), while long-term accommodation was provided to younger and older clients at similar rates (15% younger clients compared with 16% older clients).

Interestingly, while the client was rough sleeping when first presenting to services for assistance, the need for ‘assistance to sustain housing tenure’ was commonly required by this cohort over the study period. This assistance can include mediation and liaison services with roommates or real estate agents and reflects the assistance provided by SHS in the transition from homelessness to becoming housed. Of those persistent service users who needed this assistance (79% or 1,425 clients), 94% received it.

The services most commonly needed by persistent service users were also some of the services most likely to be provided:

- advice/information: needed by 99%, and provided to 100% of those needing this service
- advocacy/liason: needed by 96%, provided to 100%
- material aid/brokerage: needed by 91%, provided to 98%.

Services most commonly provided to persistent service users included: assistance with challenging social/behavioural problems (92%), retrieval/storage/removal of personal belongings (95%) and health/medical services (77%).

Male persistent service users were more likely to be provided with drug and alcohol counselling and mental health services

Of those persistent service users who identified a need for drug or alcohol counselling, more males than females needed and were provided with this service (70%) compared with female persistent service users (60%).

Higher proportions of males (68%) and older clients (69%) were provided with services for mental health than females (55%) and younger clients (61%) (Table 5).

Table 5: Drug and alcohol counselling and mental health services provided by SHS, by sex, persistent service users (per cent)

Service		
Drug and alcohol counselling	70%	60%
Mental health	68%	55%
Psychological services	50%	37%
Psychiatric services	53%	n.p.
Mental health services	67%	56%

n.p. not publishable because of small numbers, confidentiality or other concerns about the quality of the data.

Provision of general services

Virtually all persistent service users (100% or 1,809 out of 1,810 clients) required at least 1 general service. Certain types of services were provided to persistent service users more frequently:

- material aid/brokerage (needed by 91%, provided to 98%)
- retrieval/storage/removal of personal belongings (needed by 58%, provided to 95%)
- financial information (needed by 73%, provided to 93%)
- assistance with challenging social/behavioural problems (needed by 53%, provided to 92%).

Females were more likely than males to be provided with assistance for:

- domestic or family violence (94% of females compared with 73% of males)
- court support (83% compared with 77%).

Indigenous persistent service users were more likely than non-Indigenous persistent service users to be provided with assistance for:

- domestic or family violence (91% compared with 86% for non-Indigenous clients)
- court support (84% compared with 77%).

Older persistent service users (50 years and over) were slightly more likely to receive assistance with challenging social/behavioural problems than younger persistent service users (aged 15–24) (92% of older clients compared with 90% of younger clients).



Referral of services

The SHSC also collects referral information from an agency. This is a referral for the client to attend an alternative service provider and includes when that service provider accepts the client for an appointment or interview.

Of those clients who needed an accommodation service, the most frequently referred service for all persistent service users was long-term housing (52%). Of the persistent service users:

- older clients were most frequently referred for long-term housing (58%)
- Indigenous clients were more likely than non-Indigenous clients to be referred for medium-term/transitional housing (32% compared with 26%)
- females were twice as likely to be referred for short-term or emergency accommodation than males (10% compared with 5%).

What are the gaps in service provision?

Clients receiving support from specialist homelessness services often cite (or identify) a wide range of services. Some needs arise more than once in a support period and this makes it difficult to assess (from the available data) the extent to which needs have been met. Unmet needs are those that a client identified in a particular support period, but which were either not provided or for which the client was not referred to a different agency.

The largest gap in service provision for persistent service users regarding accommodation is for medium-term transitional housing or long-term housing

The need for any accommodation is high for persistent service users (96%). As such, it is perhaps unsurprising that the proportion of persistent service users not provided with or referred for some accommodation overall is low (4%).

Despite this, around one-third of persistent service users who identified a need for either medium- or long-term accommodation were not provided with or referred for these housing solutions:

- short-term or emergency accommodation: 7% neither provided nor referred
- medium-term/transitional housing: 31% neither provided nor referred
- long-term housing: 34% neither provided nor referred.

While overall the service gap in accommodation was similar for males and females, there were differences across the accommodation types; for example, males were more likely than females not to be provided with or referred for long-term housing (Table 6).

Table 6: Accommodation services not provided or referred, persistent service users, by sex (per cent)

		
Accommodation overall	4%	3%
Short-term or emergency accommodation	7%	9%
Medium-term/ transitional housing	33%	28%
Long-term housing	36%	30%

Note: Refers to the percentage of clients who identified a need for these services.

The service gap was greater for non-Indigenous than Indigenous persistent service users needing long-term housing (36% not provided with or referred compared with 29% for Indigenous persistent service users). Likewise, younger clients (aged 15–24) were more likely to experience a gap in service provision for long-term housing (33% not provided with nor referred) compared with older clients (50 and over) (26%).

The gap in service delivery for mental health services is small for persistent service users

Overall, a low proportion of persistent service users did not receive assistance or a referral for mental health services (13%) (Table 7).

Table 7: Mental health services not provided or referred, persistent service users, by sex (per cent)

	All persistent service users	Male	Female
Mental Health Services overall	13%	12%	18%
Psychological services	28%	23%	36%
Psychiatric services	21%	17%	n.p.
Mental health services	14%	13%	19%

n.p. not publishable because of small numbers, confidentiality or other concerns about the quality of the data.

Note: Refers to the percentage of clients who identified a need for these services.

Overall, females and younger persistent service users (15–24 years) were less likely to be provided with or receive a referral for mental health services:

- 18% of female persistent service users were not provided with or referred for mental health services compared with 12% of male persistent service users.
- 17% of younger persistent service users (15–24 years) were not provided with or referred for mental health services compared with 9% of older persistent service users (50 and over).

How do persistent service users engage with services?

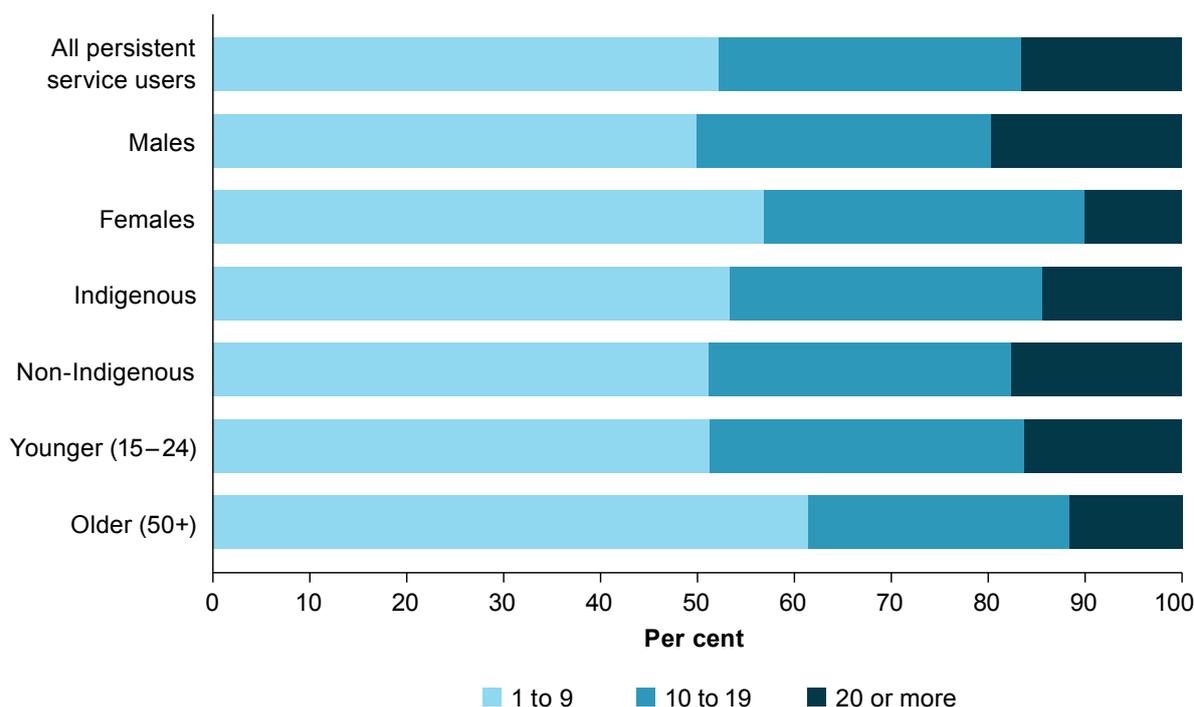
While there is no single measure to assess the level of service engagement by a client a number of proxy measures provide information on engagement with SHS including: the number of support periods a client receives, the length of those support periods, the days of support and the nights of accommodation. The impact that higher levels of support (or contact) have on the housing outcomes for clients can thus be inferred.

Number of support periods

Persistent service users were more likely to have more frequent contact (higher numbers of support periods per person) than all rough sleepers, with almost half (48%) of persistent service users having 10 or more support periods compared with 10% of all rough sleepers. While this is, in part, due to the nature of the cohort derivation, with persistent service users accessing SHS agencies for assistance across the 4 years of the reporting period, it does not account for the greater proportion of service contacts (Figure 11).



Figure 11: Number of support periods, persistent service users (per cent)



Source: Supplementary table S.SUPPORT.23.

Persistent service users

One in 5 (20%) male persistent service users had 20 or more support periods during 2011–12 and 2014–15 compared with 10% of female persistent service users. Overall, female persistent service users were more likely to have fewer support periods in total:

- 1–9 support periods: females 57%, males 50%
- 10–19 support periods: females 33%, males 30%

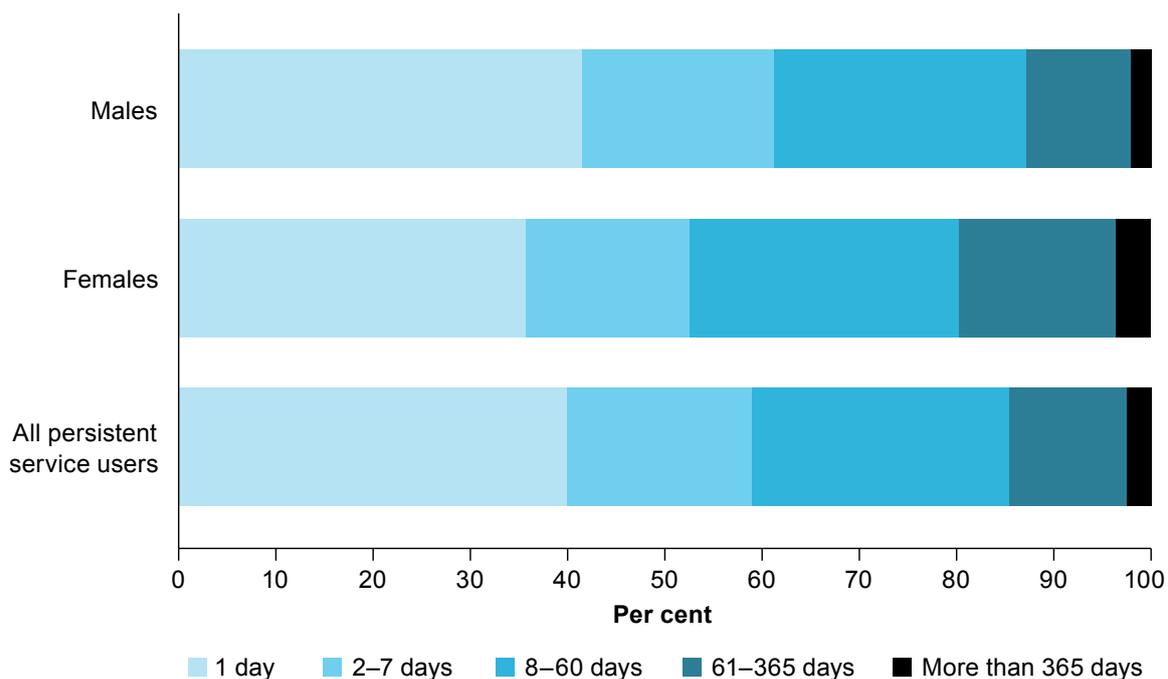
Male persistent service users received 17,421 support periods in total across the 4-year reporting period. Of these, males aged 35–49 received 8,288 (48%) of all male support periods. In comparison, female persistent service users received 6,137 support periods across the 4-year reporting period. Of these, females aged 18–34 received 3,332 (55%) of all female support periods.

Younger persistent service users (15–24 years) received more frequent support than older persistent service users (50 and over). Nearly half of younger persistent service users (49%) had 10 or more support periods across the 4 years of the reporting period compared with 39% of older persistent service users.

Length of support periods

Of the 23,558 support periods for persistent service users, nearly 3 in 5 (59%) lasted between 1 and 7 days. (Figure 12). Males were more likely than females to have shorter support periods. For males, 3 in 5 (61%) support periods were for 7 days or less, compared with 53% of support periods for females. One in 5 (20%) support periods for females lasted more than 60 days, compared with just over 1 in 10 (13%) for males.

Figure 12: Length of support period, persistent service users (per cent)

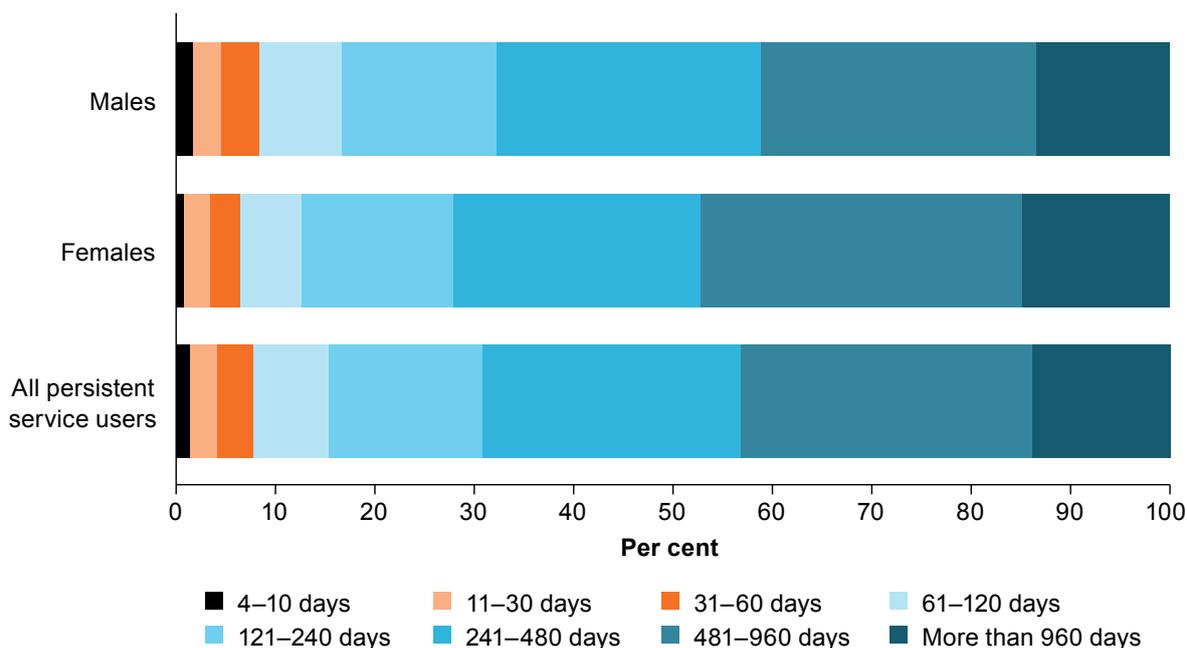


Source: Supplementary table S.SUPPORT.24.

Days of support

Around two-thirds (69%) of persistent service users received 240 days of support or more (or around 8 months or greater) across the 4-year reporting period, with 14% receiving upwards of 960 days of support (or more than 32 months). Females were slightly more likely to receive a higher number of days of support than males (Figure 13). It is important to note that these days of support may not be consecutive—they may occur at any point (support period) over the 4 years of the study.

Figure 13: Number of days client received support, persistent service users (per cent)

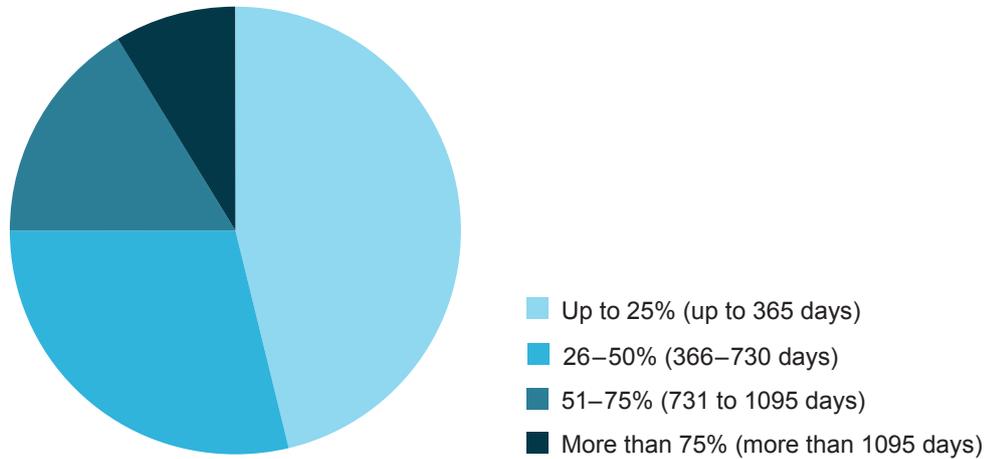


Source: Supplementary table S.SUPPORT.24.



Almost half (46%) of all persistent service users spent up to one-quarter (that is up to 365 days) of the reporting period in support, while another 29% spent between one-quarter and one-half of the reporting period in support. About 1 in 10 (9%) persistent service users spent more than 75% of the time in support (Figure 14).

Figure 14: Proportion of time spent in support, persistent service users (per cent)

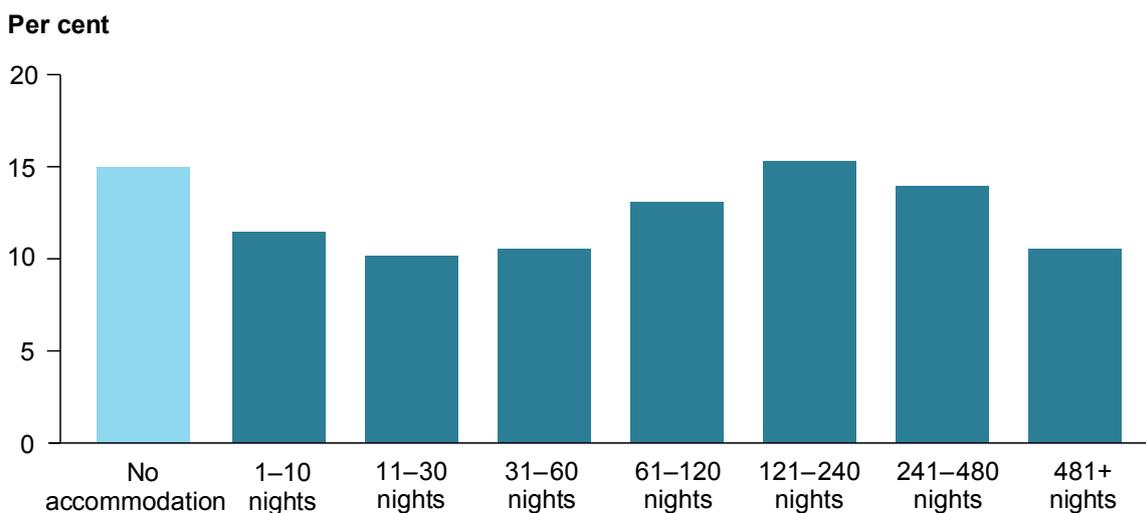


Source: Supplementary table S.SUPPORT.24.

Nights of accommodation

Despite presenting to agencies for assistance as sleeping rough, 15% of persistent service users did not receive any nights of accommodation during the reporting period (2011–12 to 2014–15). A further 11% received 1–10 nights of accommodation only. The majority (53%) of persistent service users received between 31 and 480 nights of accommodation (or between 1 and 16 months) over the 4 years (Figure 15).

Figure 15: Nights of accommodation, persistent service users (per cent)



Source: Supplementary table S.SUPPORT.24.

A higher proportion of female persistent service users did not receive any accommodation (17%) compared with male persistent service users (14%). Male persistent service users were also more likely to receive more accommodation nights, with 54% receiving 61 or more nights compared with 50% of female persistent service users. Male persistent service users were also more likely to receive accommodation in each of the 4 years (28%) than female persistent service users (17%).

Non-Indigenous persistent service users tended to receive more accommodation nights than Indigenous persistent service users (55% compared with 49% for 61 nights or more). Indigenous persistent service users were slightly more likely than non-Indigenous persistent service users not to receive any accommodation across the 4-year reporting period (16% compared with 14%), however, Indigenous persistent service users were more likely to receive accommodation in each of the 4 years (27%) than non-Indigenous persistent service users (24%).

The majority of persistent service users (52%) received between 11 and 240 nights of short-term accommodation. In comparison, less than one-third (31%) received any nights of accommodation in medium-term/transitional housing, and 1 in 10 (11%) received any nights of accommodation in long-term accommodation.

It is interesting to note that nearly one-quarter of persistent service users (24%) received accommodation in each of the 4 years of the reporting period while 19% received accommodation in only 1.

What are the housing outcomes for persistent service users?

The housing outcomes presented here consider the changes in a client's situation from the beginning of their first support period to the end of the reporting period, 30 June 2015. The number and length of support periods varied among clients, and consequently the total number of days in support spanned from as few as 4 to as many as 1,461. Clients might have had few support periods that were relatively long in length, while others may have had more support periods of a shorter duration. Others still might have had a combination of both. Clients may also have had a number of changes in their housing situation over the course of the 4 years of the reporting period. The data presented here do not reflect changes within the reporting period; instead, they compare the client's rough sleeper situation at the start of their first period of support during 2011–12 to their housing situation at the end of the study period. One-quarter (25%) of persistent service users were in ongoing support at the end of the study period, much higher than for any other rough sleeper cohort. A proportion of persistent service users are likely to seek assistance again in future years.

Repeat episodes of homelessness

Around 3 in 5 (61%) persistent service users experienced repeat episodes of homelessness between 2011–12 and 2014–15 (Table 8). This means the client had transitioned from being homeless, to housed, and then homeless again at least once during this time. This is significant as it highlights the 'journey' component of exiting homelessness.



Table 8: Repeat episodes of homelessness experienced by persistent service users (per cent)

Persistent service users	
 Repeat homelessness	61% experienced repeat homelessness
 sex	60% of males experienced repeat homelessness 62% of females experienced repeat homelessness
 Indigenous status	65% of Indigenous clients experienced repeat homelessness 59% of non-Indigenous clients experienced repeat homelessness
 Age	69% of younger clients experienced repeat homelessness 48% of older clients experienced repeat homelessness

What is the housing situation at the end of the last closed support period for persistent service users?

At the beginning and end of each support period, an SHS agency records the housing situation of clients. To determine a client's housing situation, 3 aspects are considered: dwelling type, housing tenure, and the conditions of occupancy.

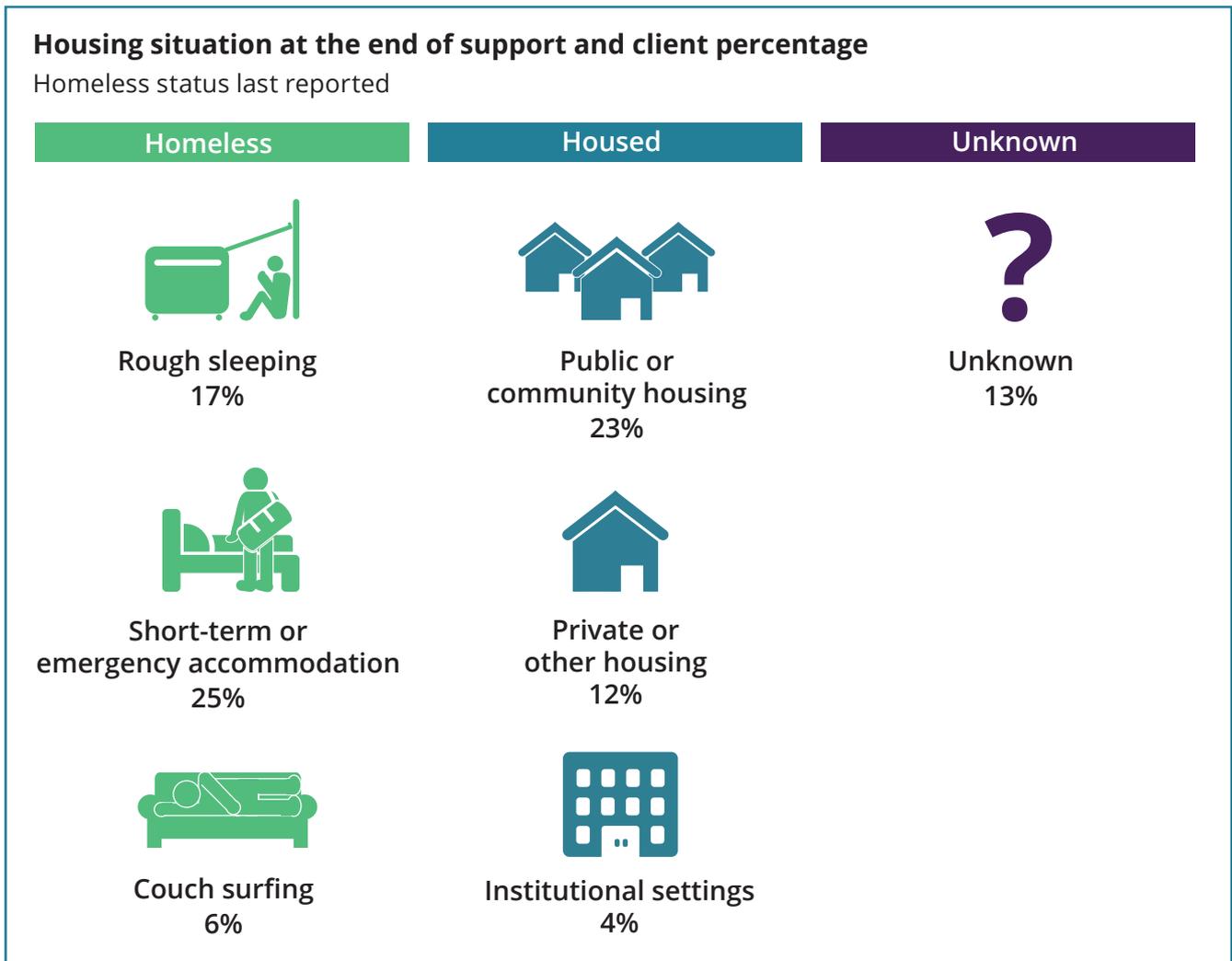
At the end of the study period, 30 June 2015, 25% of persistent service users were receiving ongoing SHS support, while the remainder had ended their latest support period. This is about 5 times higher than for any other rough sleeper cohort.

Looking at the end of the last closed support period of all persistent service users:

- almost half (48%) of persistent service users were homeless:
 - 17% were rough sleeping or in an improvised dwelling
 - 25% were living in short-term temporary accommodation
 - 6% were couch surfing or with no tenure
- two-fifths (39%) of persistent service users were housed:
 - 23% living in public or community housing
 - 12% in private or other housing
 - 4% living in institutional settings.

Overall, the housing situation of 13% of persistent service users was unknown at the end of support (Table 9).

Table 9: Housing outcomes at the end of the last closed support period, persistent service users



- Female persistent service users were more likely to be housed at end of their last closed support period (47%), with nearly 3 in 10 living in public or community housing (28%) and 16% in private or other housing.
- In comparison, male persistent service users were more likely to be homeless at the end of their last closed support period (53%), with one-quarter (27%) in short-term temporary accommodation, 1 in 5 (21%) sleeping rough and 5% couch surfing or with no tenure.
- Younger clients (15–24 years) were likely to be homeless (41%) or housed (40%) in similar proportions at the end of their last closed support period:
 - Of those who were homeless, 18% were in short-term temporary accommodation and 14% were rough sleeping or in an improvised dwelling.
 - Of those who were housed, 1 in 5 (21%) were in private or other housing while 17% were in public or community housing.
- As with younger clients, similar proportions of older persistent service users (50 years and over) were likely to be homeless (47%) or housed (46%) at the end of their last closed support period:
 - Of those who remained homeless, one-quarter (25%) were in short-term temporary accommodation, while 1 in 5 (20%) were rough sleeping or in an improvised dwelling.
 - Of those who were housed, one-third (33%) were in public or community housing while fewer than 1 in 10 (8%) were in private or other housing.



What does this tell us?

Persistent service users were the smallest of the 3 cohorts, accounting for just over 1 in 10 rough sleepers (13%) in this study. The majority of persistent service users were male, aged 35 or over and presenting for assistance alone. In addition, two-thirds of this cohort experienced at least 2 of the 3 vulnerability conditions: domestic or family violence, mental health issue, or problematic drug and/or alcohol use. This highlights the additional barriers and complex needs experienced by this cohort on their journey out of homelessness.

As with all rough sleeper cohorts, accommodation was the key reason that persistent service users sought assistance from SHS—indicating that they were seeking accommodation solutions, and were not entrenched in the rough sleeping lifestyle. Younger persistent service users were more likely to need accommodation than older persistent service users, and short-term or emergency accommodation was the most common accommodation type provided to persistent service users.

Repeat episodes of homelessness were common in the persistent service user cohort, with 3 in 5 clients experiencing homelessness more than once during the reporting period. That is, they had transitioned from homelessness to being housed to homelessness again at least once in the 4 years of the reporting period. This highlights the ‘journey’ nature of exiting homelessness for many rough sleeper clients.

Engagement with SHS does not mean an immediate end to homelessness. By the end of 2014–15, when persistent service users had engaged with SHS over a period of at least 4 years, almost half remained homeless—this is higher than for service cyclers or transitory service users—while the remainder were housed.

Case study 1: Persistent service user

Michael*, 46, lost his job 5 years ago, and has been unable to secure stable employment or housing since. He currently lives in a park in one of Australia’s capital cities. When it rains, he tries to find a more sheltered spot to sleep.

Michael first sought help from a Specialist Homelessness Services agency 4 years ago when he could no longer afford to pay his rent. He had been living in his car for a month but felt he could no longer cope. The agency was able to provide a meal and a shower, crisis mental health counselling, and employment assistance, but did not have any suitable available accommodation to offer him.

Michael has contacted SHS at least once every year since and, on one occasion, received some short-term accommodation in a refuge. The rest of the time he has been sleeping rough, usually out in the open. He sold his car a long time ago because he had no money, and he believes that this prolonged period of homelessness has contributed to his alcohol and drug use. Last week, he tried to intervene when his best friend on the street was assaulted. This week, he is going back to the SHS agency.

* This case story is not based on an actual person. It is based on de-identified data collated from the SHSC. It is intended to present an example of a ‘typical’ persistent rough sleeper; it is not the intention of the AIHW to stereotype homelessness clients.

4 Service cyclers

Key findings

Service cyclers are clients who had a least 1 support period between 1 July 2011 and 30 June 2012 and at least 1 other support period between 1 July 2012 and 30 June 2015.

Consistent with the broader group of rough sleepers:

- the majority of service cyclers were male, with most aged 35 or over. Most were receiving services in Major cities and were living alone
- the most common reasons for seeking assistance were related to accommodation or financial difficulties, and younger clients were more likely to report these reasons for seeking assistance
- short-term or emergency accommodation was more likely than medium- or long-term accommodation to be provided: though more commonly provided to males than females. Younger clients were most likely to be provided with medium-term/transitional housing
- older clients (compared with younger clients) and male service cyclers (compared with females) were more likely to need and be provided with mental health or drug and alcohol services.

Service cyclers were less likely than persistent service users yet more likely than transitory service users to:

- experience 2 or 3 of the 3 vulnerability conditions (domestic and family violence, mental health issue, problematic drug and/or alcohol use)
- receive some form of accommodation. Yet around 2 in 5 who identified a need for longer-term accommodation were not provided with or referred to an agency for this housing solution
- have more frequent contact with SHS (higher numbers of support periods per person) yet more than all rough sleepers
- receive at least 1 night of accommodation (68%), less than that for persistent service users (85%). This is still higher than the proportion of other SHS clients (40%)
- experience repeat episodes of homelessness.

By the end of their last closed support period, 4 in 10 service cyclers (41%) were homeless, including one-fifth (18%) living in short-term temporary accommodation, 17% rough sleeping and 6% couch surfing. More than one-third (36%) were housed, while the housing situation of almost 1 in 4 (23%) was unknown.

Who are service cyclers?

Service cyclers are those clients who presented to SHS agencies for assistance in the first financial year of the reporting period (2011–12) and again at least once prior to 30 June 2015. That is, they presented to an agency for assistance at least once between 1 July 2011 and 30 June 2012, and at least once more between 1 July 2012 and 30 June 2015, but did not appear in each financial year of the reporting period. The service cyler cohort in this data collection totals around 5,800 clients.

Of these 5,800 clients:



Almost **2 in 3** were **male** (65%) compared with 35% female.



More than half (55%) were **35 years or over** with males in general older than females:

- 15–24 years: 17% males, 28% females
- 25–34 years: 23% males, 28% females
- 35 years and over: 61% males, 44% females.



Almost **1 in 4** (24%) were **Indigenous**: 19% of males compared with 33% of females.



5% were **employed**, 50% were unemployed and 45% were not in the labour force.



6 in 10 (61%) were receiving services in **Major cities**:

- Males were more likely than females to be receiving services in *Major cities* (66% compared with 51%)
- Females were more likely than males to be receiving services in *Regional areas* (43% compared with 32%).



2 in 3 (68%) were **living alone**, **18%** lived with at least one child:

- Males were more likely than females to live alone (82% compared with 41%)
- Females were more likely than males to live with at least one child (37% compared with 7%).



Almost **3 in 10** (28%) reported having *ever* **experienced domestic or family violence**.

- Females were much more likely to report *ever* experiencing domestic or family violence (55% compared with 13% for males).
- Younger clients (15–24 years) were more likely to report *ever* experiencing domestic or family violence with more than half (57%) under the age of 35 *ever* experiencing domestic or family violence, compared with less than 1 in 10 (8%) of those aged 50 years and over.
- Females aged 15–29 years were more likely than males aged 15–29 years to report *ever* experiencing domestic or family violence (45% compared with 40%), while males aged 30–39 years were more likely than females aged 30–39 (43% compared with 40%).



More than **5 in 10** (55%) reported *ever* **having a mental health issue**.

- Overall, male service cyclers were more likely than female service cyclers to report *ever* having a mental health issue (58% compared with 49%), however when looking at those aged 15–24 years the situation is reversed with 27% of female service cyclers reporting *ever* having a mental health issue compared with 15% of males.

Almost **half** (46%) reported *ever* **having a mental health diagnosis**.

- Higher for males (48%) than for females (41%).



2 in 5 (40%) *ever* reported **problematic drug and/or alcohol use**. This was higher for:

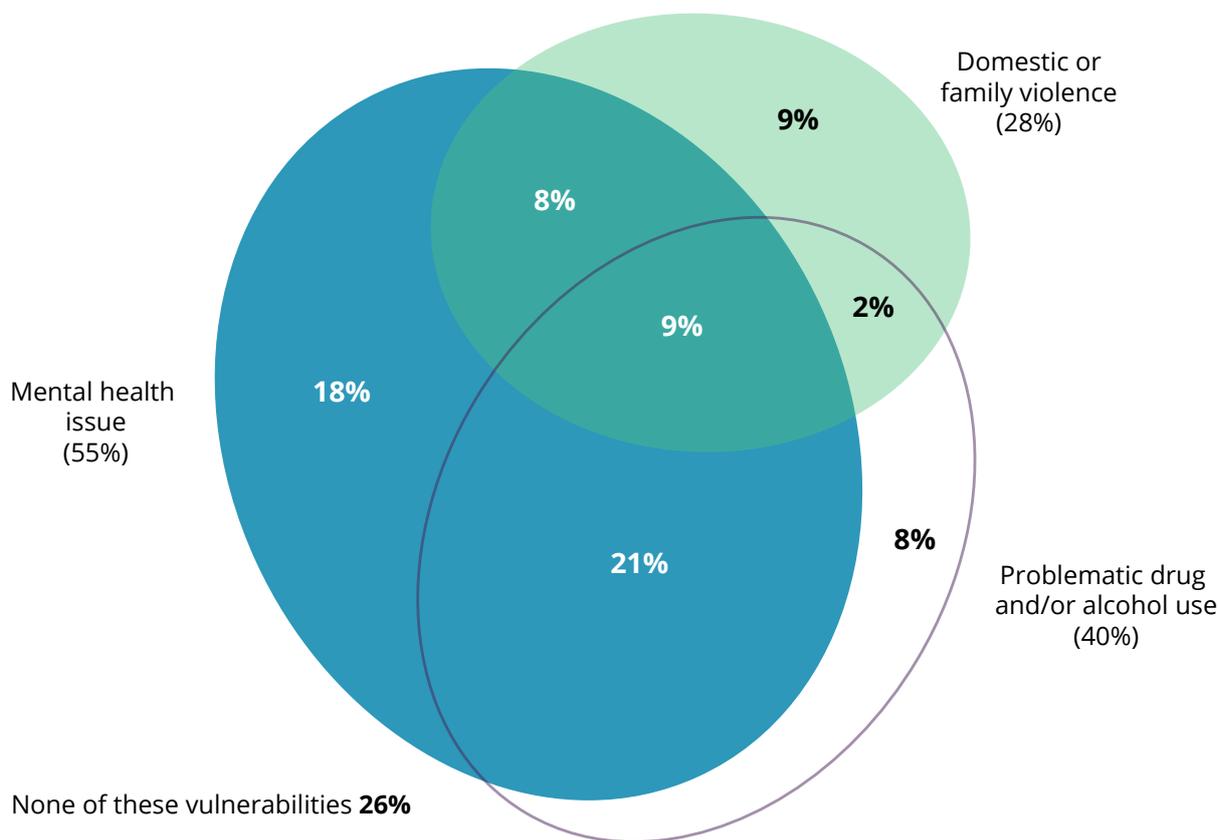
- Males than females (46% compared with 28%)
- Young females (15–24 years) than young males (22% compared with 14%)
- Older males (50 years and over) than older females (15% compared with 9%).

Notes:

1. Percentages may not always add to 100 due to rounding.
2. All client demographics, apart from Indigenous status, are based on the first support period in 2011–2012. A client is considered Indigenous if, at any time within the reporting period, they identified as being of Aboriginal and/or Torres Strait Islander origin.
3. For further information on *ever* experiencing domestic or family violence, *ever* reporting a mental health issue or *ever* reporting problematic drug and/or alcohol use please see Box 1: *Ever flags*.

Mental health was the most frequently reported vulnerability by service cyclers with over half reporting this issue (56%). Two in 5 (40%) service cyclers experienced 2 or more vulnerability conditions (defined as ever experiencing domestic or family violence, ever reporting a mental health issue, or ever reporting problematic drug and/or alcohol use) (Figure 16). This is in comparison to 68% of persistent service users. One-quarter of service cyclers (26%) reported none of these vulnerabilities; 11% of persistent service users reported none.

Figure 16: Service cyclers, by vulnerabilities (per cent)



Notes:

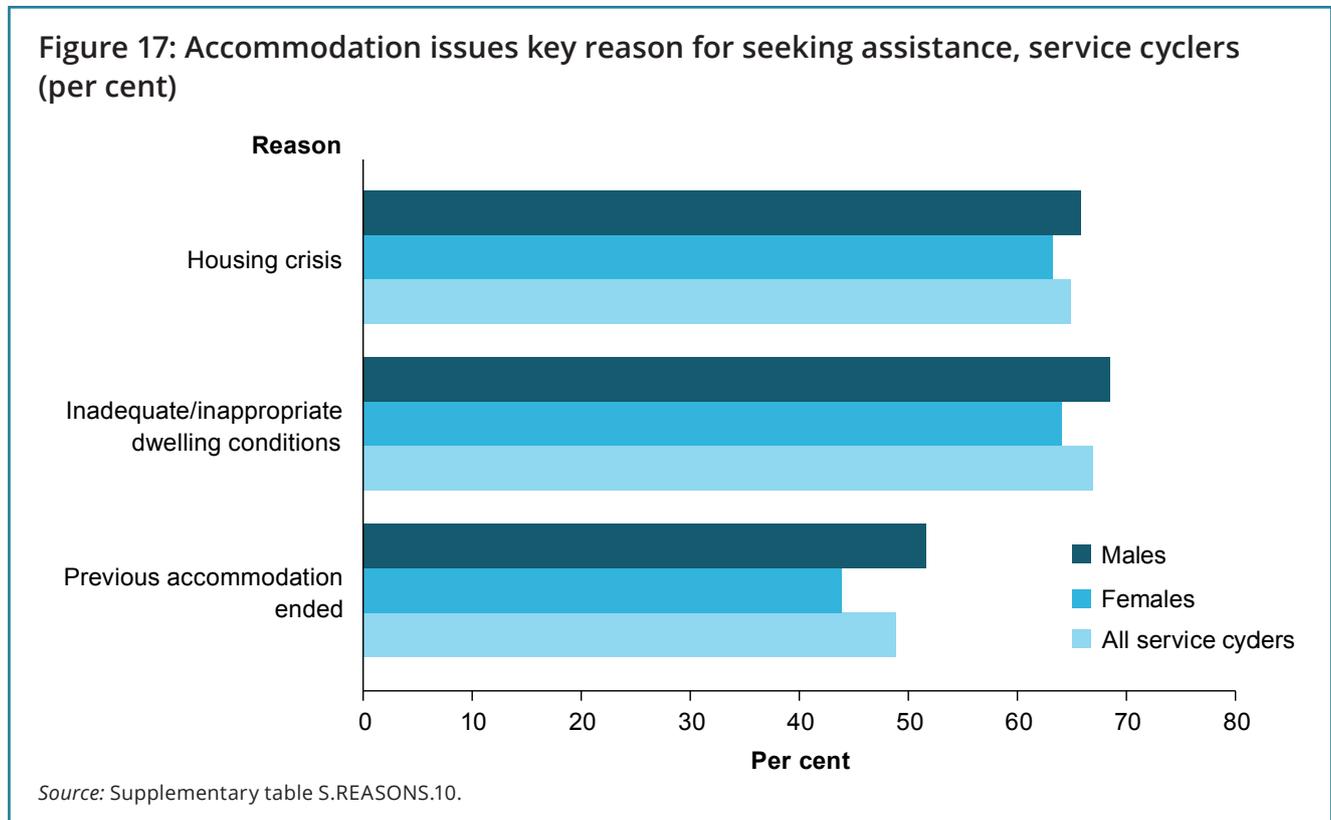
1. Includes all adult rough sleepers presenting to SHS agencies for assistance between 1 July 2011 and 30 June 2015.
2. Percentages may not always add to 100 due to rounding.

Why did service cyclers seek assistance?

When approaching SHS agencies, clients may identify a number of reasons for seeking assistance. It is important to note that as with persistent service users, service cyclers might have identified any of these reasons at any point of contact with SHS agencies across the 4-year period in this study. They may have identified the same reason on more than 1 occasion, but it is reported only once. It is also important to note the impact that increased frequency of contact for service cyclers might have had on the reporting of reasons for seeking assistance, likely increasing the range of reasons reported.

Service cyclers most commonly sought assistance for accommodation or financial issues

As with other rough sleeper cohorts, the most common reason service cyclers sought assistance from SHS agencies was for accommodation issues (90%). More specifically, for service cyclers the accommodation issues were inadequate or inappropriate dwelling conditions (67%), housing crisis (65%), or previous accommodation ending (49%) (Figure 17).



4

Service cyclers

Male service cyclers were more likely than female service cyclers to report inadequate or inappropriate dwelling conditions (69% compared with 64%), housing crisis (66% compared with 63%) and that their previous accommodation had ended (52% compared with 44%).

Young clients (15–24 years) were more likely than **older clients** (50 and over) to seek assistance for:

- housing crisis (68% compared with 57%)
- prior accommodation ending (53% compared with 42%).

Younger (64%) and older (65%) clients were similarly likely to seek assistance for inadequate or inappropriate dwelling conditions.

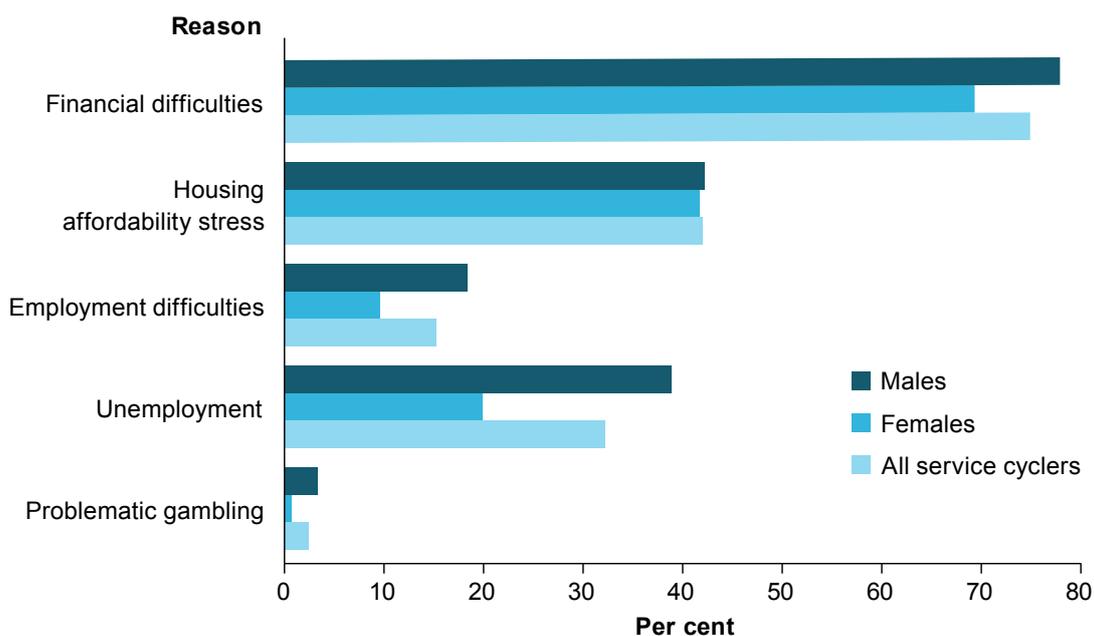
Indigenous clients were more likely than **non-Indigenous clients** to seek assistance for inadequate or inappropriate dwelling conditions (69% compared with 67%).

Non-Indigenous clients were more likely than **Indigenous clients** to seek assistance for:

- housing crisis (67% compared with 58%)
- prior accommodation ending (51% compared with 46%).

More than 4 in 5 (82%) service cyclers also sought assistance from SHS agencies for financial issues, with financial difficulties being the highest reported reason for seeking assistance (75%), followed by housing affordability stress (42%) (Figure 18).

Figure 18: Financial reasons as a reason for seeking assistance, service cyclers (per cent)



Source: Supplementary table S.REASONS.10.

While unemployment (32%), employment difficulties (15%) and problematic gambling (2%) were less likely than financial difficulties or housing affordability stress to be cited as a reason for seeking assistance, males were around twice as likely to report these reasons as females.

Young clients (15–24 years) were more likely than **older clients** (50 and over) to seek assistance for:

- housing affordability stress (40% compared with 39%)
- employment difficulties (16% compared with 11%)
- unemployment (33% compared with 26%).

Older clients (50 years and over) were more likely than **younger clients** (15–24) to seek assistance for:

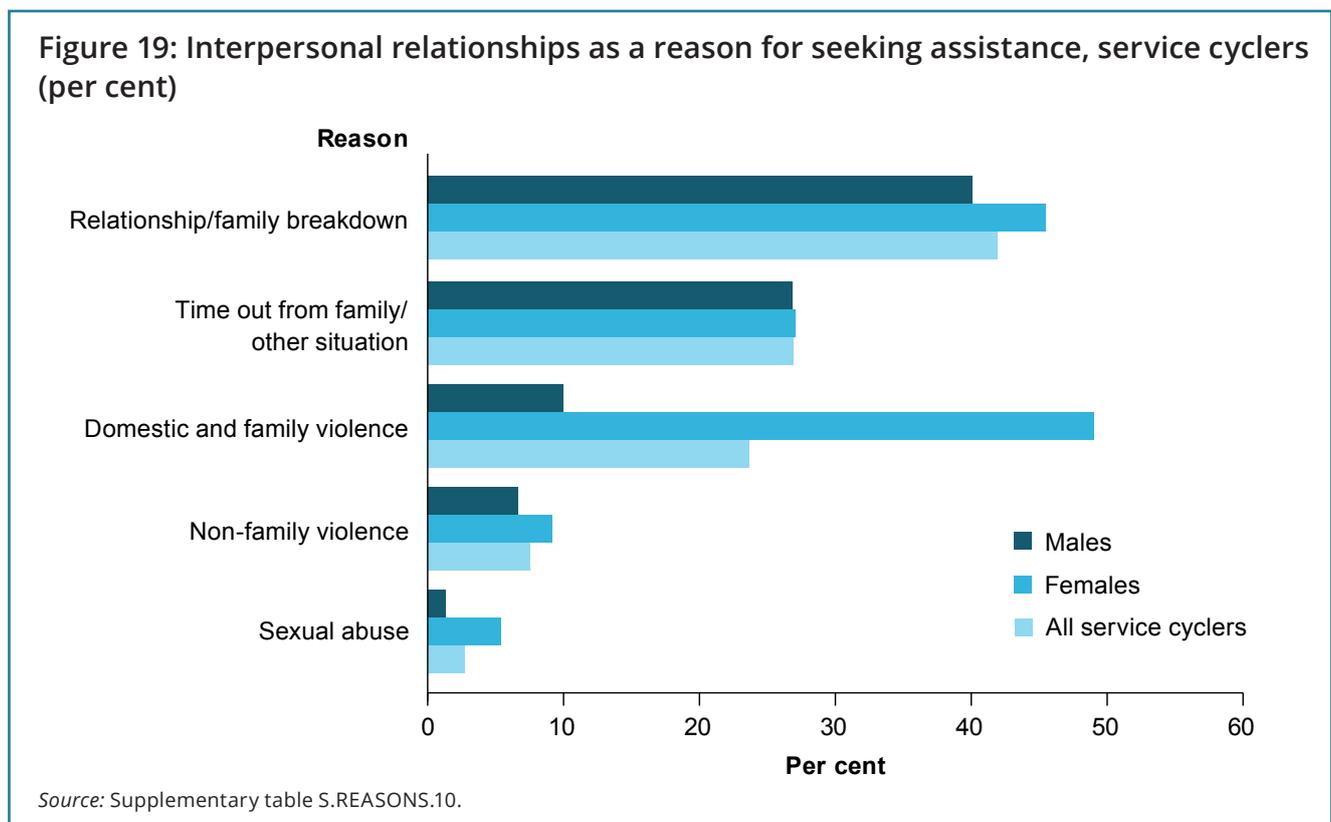
- financial difficulties (71% compared with 69%)
- problematic gambling (4% compared with 1%).

Indigenous clients were less likely than **non-Indigenous clients** to seek assistance for:

- financial difficulties (71% compared with 77%)
- housing affordability stress (40% compared with 43%)
- employment difficulties (14% compared with 16%)
- unemployment (32% compared with 33%)
- problematic gambling (2% compared with 3%).

Service cyclers also sought assistance with interpersonal relationships

Overall, 3 in 5 (60%) service cyclers sought assistance with interpersonal relationships (compared with 73% of persistent service users). The most common reason was relationship/family breakdown (42%) (Figure 19).



Female service cyclers were more likely than male service cyclers to report most aspects of interpersonal relationships as a reason for seeking assistance from SHS agencies. While 55% of females ever reported experiencing domestic or family violence, 49% reported this as a reason for seeking assistance (compared with 10% for males).

4

Service cyclers

Young clients (15–24 years) were more likely than **older clients** (50 and over) to seek assistance for:

- relationship/family breakdown (57% compared with 28%)
- time out from family/other situation (36% compared with 20%)
- domestic and family violence (33% compared with 11%)
- sexual abuse (4% compared with 2%).

Young and older clients were equally likely to seek assistance for non-family violence (7% for both).

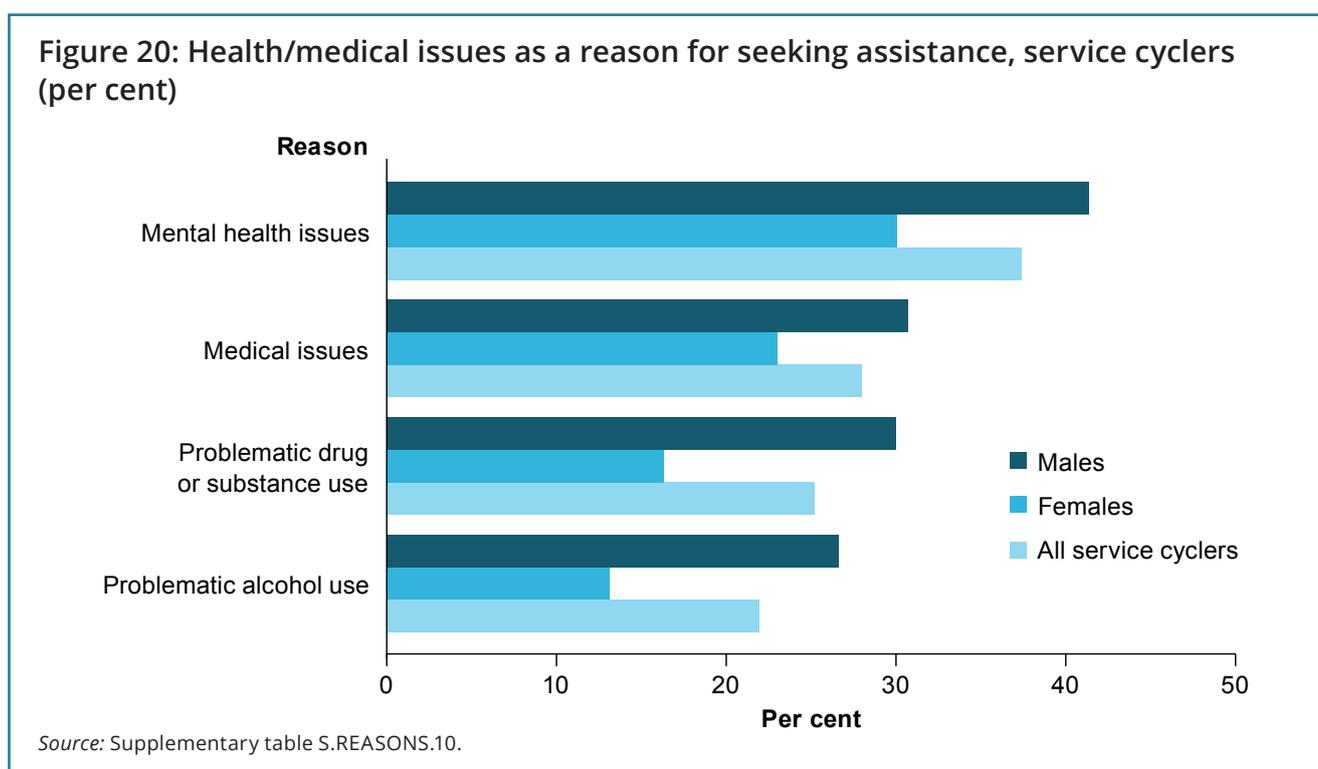
Indigenous clients were more likely than **non-Indigenous clients** to seek assistance for:

- domestic and family violence (33% compared with 21%)
- time out from family/other situation (33% compared with 26%)
- non-family violence (10% compared with 7%)
- sexual abuse (4% compared with 3%).

Similar proportions of Indigenous and non-Indigenous clients were likely to seek assistance for relationship/family breakdown (42% and 43%, respectively).

Other reasons for service cyclers to seek assistance

Service cyclers also sought assistance for issues categorised as either health/medical or ‘other’ reasons. Around 3 in 5 (59%) service cyclers approached SHS agencies for assistance with health/medical issues (lower than for persistent service users at 80%) (Figure 20).



Males were more likely than females to report all health/medical issues as a reason for seeking assistance from an SHS agency, with the greatest difference reported for problematic drug and /or alcohol use:

- problematic drug or substance use: 30% males, 16% females
- problematic alcohol use: 27% males, 13% females.

Younger service cyclers (15–24 years) were more likely to seek assistance for problematic drug and/or substance use than older service cyclers, while older service cyclers (50 and over) were more likely to seek assistance for all other health/medical issues (Table 10).

Table 10: Health/medical issues as a reason for seeking assistance, service cyclers, by age (per cent)

	Younger service cyclers (15–24 years)	Older service cyclers (50 years and over)
Mental health issues	31%	35%
Medical issues	16%	43%
Problematic drug or substance use	22%	14%
Problematic alcohol use	11%	26%

Indigenous service cyclers were more likely to seek assistance for problematic alcohol use than non-Indigenous service cyclers, while non-Indigenous service cyclers were more likely to seek assistance for mental health issues than Indigenous service cyclers (Table 11).

Table 11: Health/medical issues as a reason for seeking assistance, service cyclers, by Indigenous status (per cent)

	Indigenous service cyclers	Non-Indigenous service cyclers
Mental health issues	30%	41%
Medical issues	29%	28%
Problematic drug or substance use	26%	25%
Problematic alcohol use	29%	20%

What services did service cyclers need?

While the focus of SHS support is on providing stable housing or assisting clients to remain housed, other services that target underlying barriers to sustainable housing are offered. These services range from basic support and assistance to more complex and specialist services such as health and medical and professional or legal services.

Service cyclers are most likely to need services related to accommodation provision

Almost 9 in 10 (89%) service cyclers sought help with accommodation, most commonly short-term or emergency accommodation (78%). Almost two-thirds (64%) needed long-term housing. The need for medium-term/transitional housing was lower but still relatively high at 52%.

While there was little difference overall between male and female service cyclers, males were slightly more likely to need short-term or emergency accommodation (79% compared with 74% of females) and females were slightly more likely to need medium-term or transitional housing (52% compared with 51% of males) and long-term housing (67% compared with 62% of males).

While service cyclers in general had a high need for accommodation services, younger service cyclers (15–24 years) were slightly more likely to need assistance with accommodation than older service cyclers (aged 50 and over) (91% compared with 86%). Short-term or emergency accommodation was requested more frequently by younger service cyclers (78% compared with 74%), followed by long-term housing (67% compared with 60%). Medium-term or transitional housing was the accommodation type least requested by both younger and older service cyclers, but again was most commonly requested by younger clients (59% compared with 44%).

‘General services’ are also commonly needed by service cyclers

As with the other rough sleeper cohorts, virtually all service cyclers (99%) needed at least 1 service classified as ‘general services’. For service cyclers, the most common of these were advice/information (96%), advocacy/liaison (81%), and material aid/brokerage (73%). Around half of all service cyclers also needed: meals (56%), transport (49%), laundry/shower facilities (49%), financial information (49%), and living skills/personal development (47%).

In general, males were more likely than females to need:

- meals (61% compared with 46%)
- laundry/shower facilities (55% compared with 38%)
- living skills/personal development (48% compared with 43%)
- recreation (42% compared with 31%)
- retrieval/storage/removal of personal belongings (41% compared with 31%).

In comparison, females were more likely than males to need:

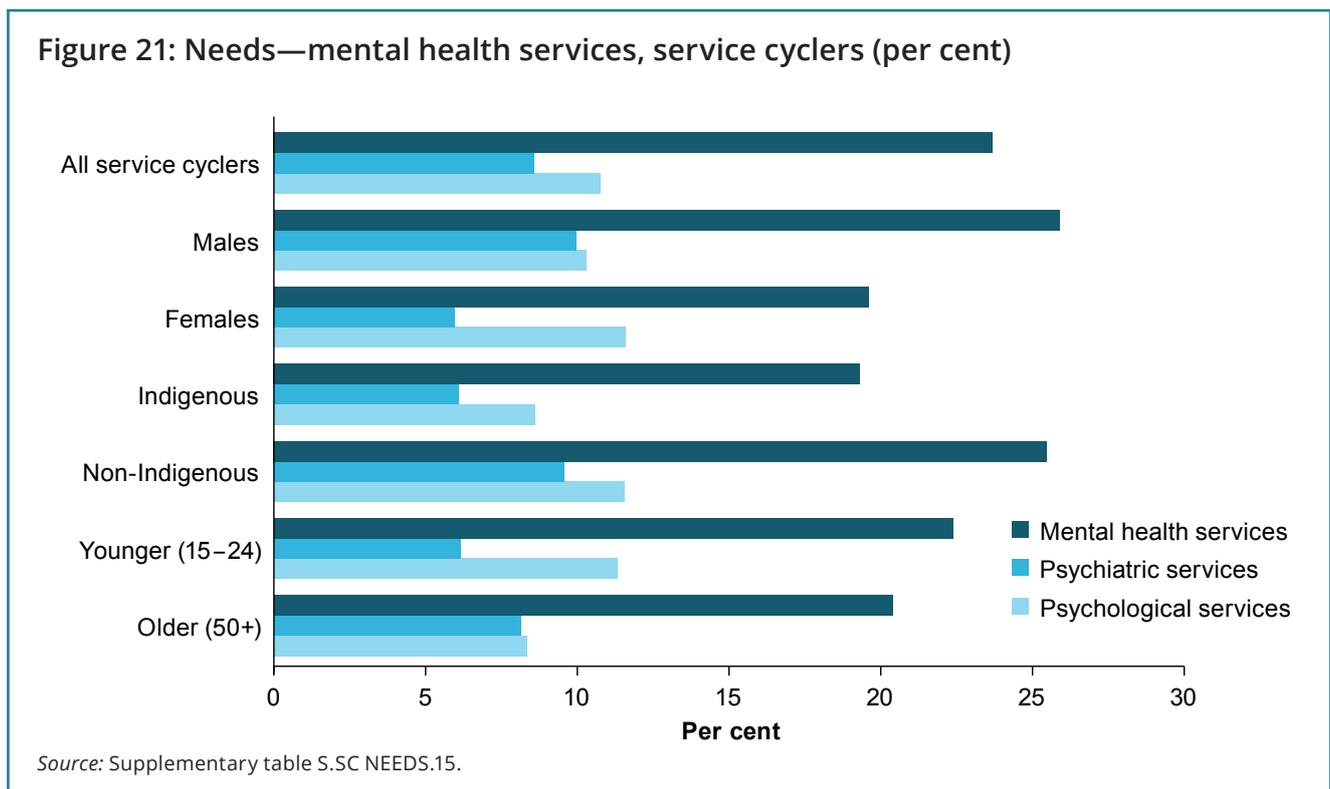
- financial information (52% compared with 47%)
- assistance for domestic/family violence (41% compared with 6%)
- family/relationship assistance (39% compared with 21%)
- legal information (31% compared with 25%)
- assistance for trauma (21% compared with 12%).

Indigenous service cyclers were more likely than non-Indigenous service cyclers to need assistance with meals (63% compared with 54%), transport (61% compared with 47%), laundry/shower facilities (56% compared with 48%), living skills/personal development (50% compared with 46%), assertive outreach (46% compared with 35%), and recreation (43% compared with 37%).

Young service cyclers (15–24 years) were more likely than older service cyclers (50 and over) to need assistance with transport (58% compared with 50%), living skills/personal development (55% compared with 46%), financial information (55% compared with 45%), family/relationships (40% compared with 20%) and help to obtain/maintain a government allowance (37% compared with 24%).

Service cyclers need services related to mental health or drug and alcohol counselling

Mental health includes psychological, psychiatric and mental health services. Around a quarter (27%) of all service cyclers needed at least 1 of these services (lower than persistent service users at 50% yet higher than transitory service users at 10%). The most common need was for mental health services (24%) (Figure 21).

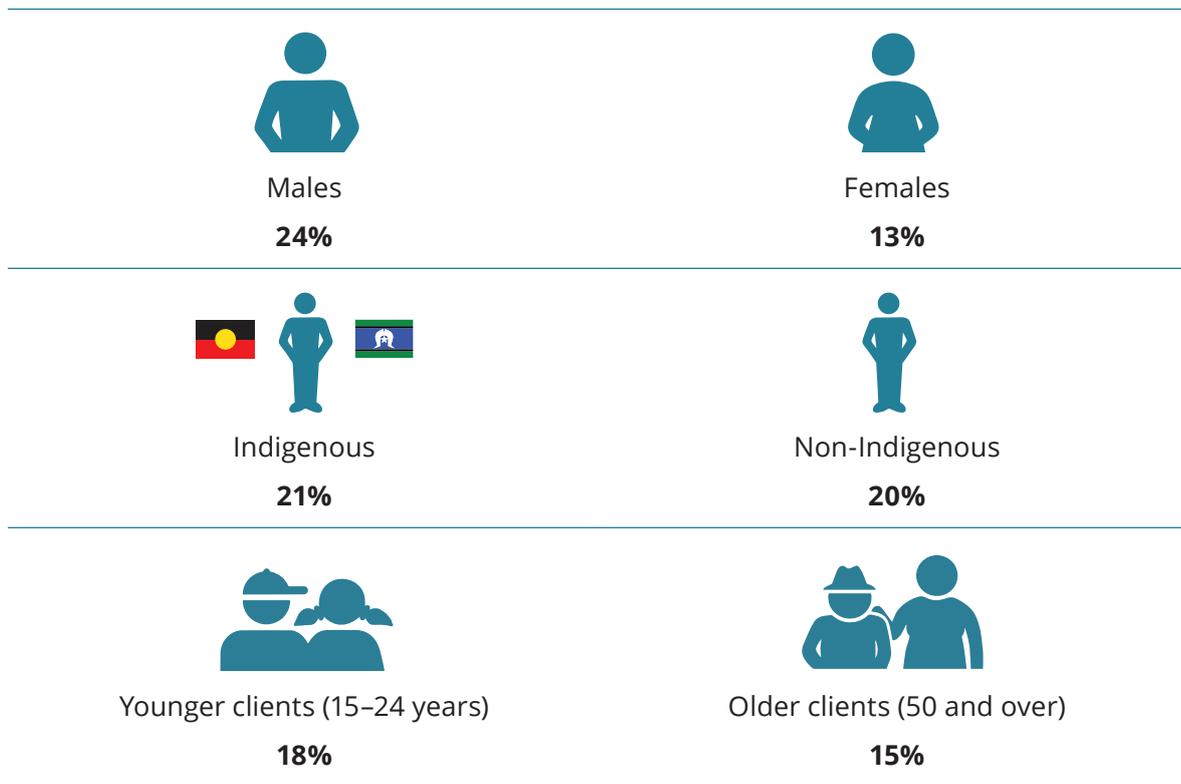


Male service cyclers were more likely than female service cyclers to need assistance with mental health (29% compared with 24%) and were more likely to require both mental health services (26% compared with 20%) and psychiatric services (10% compared with 6%).

Indigenous service cyclers were less likely than non-Indigenous service cyclers to need mental health services (19% compared with 26%). They were also less likely than non-Indigenous service cyclers to need psychological (9% compared with 12%) or psychiatric services (6% compared with 10%).

Overall, around a quarter of both younger service cyclers (26%) and older service cyclers (23%) needed some type of mental health service. A greater proportion of younger service cyclers needed psychological services (11% compared with 8%) and mental health services (22% compared with 20%), while older service cyclers were more likely to need psychiatric services (8% compared with 6% of younger clients). One in 5 (20%) service cyclers needed drug and alcohol counselling (lower than persistent service users at 41%). Of these service cyclers males and younger clients were over-represented (Table 12):

Table 12: Needs—drug and alcohol counselling, service cyclers (per cent)



4

Service cyclers

What services were provided to service cyclers?

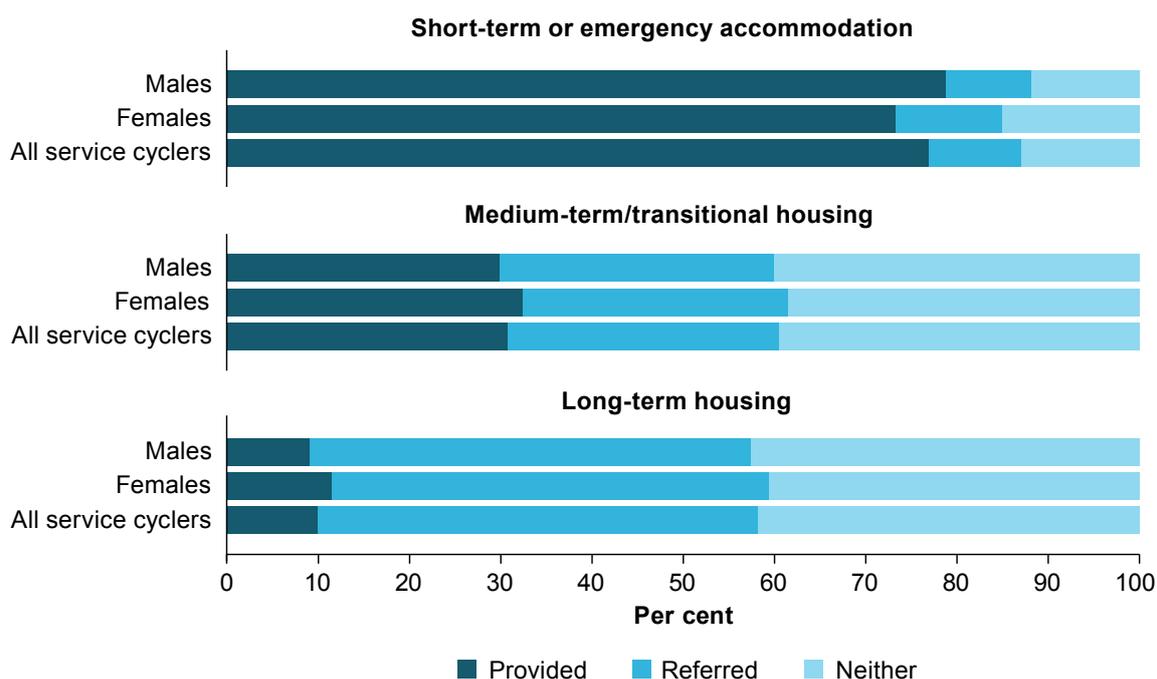
Services available to clients range from accommodation, such as a bed in a shelter, to specialised services such as counselling or legal support. The agency may provide these services directly to clients, or if unable to provide assistance they may refer the client to another service.

Service cyclers were more likely to be provided with short-term or emergency accommodation than other accommodation types

Around 9 in 10 (89%) service cyclers identified a need for accommodation when they approached a SHS for assistance (Figure 22). Of these clients:

- 78% needed short-term or emergency accommodation; it was provided to 77% of those who needed it
- 52% needed medium-term or transitional housing—provided to 31%
- 64% needed long-term housing—provided to 10%.

Figure 22: Accommodation service provision, service cyclers (per cent)



Source: Supplementary table S.SC PROVIDED.16, SC REFERRED.17, SC GAP.18.

Of those clients who needed accommodation, male service cyclers were more likely than female service cyclers to receive short-term or emergency accommodation (79% compared with 73%). In comparison, females were slightly more likely to receive medium-term or transitional housing (33% compared with 30% of males) or long-term housing (12% compared with 9%).

Indigenous service cyclers were slightly more likely than non-Indigenous service cyclers to be provided with short-term or emergency accommodation (79% compared 77%), and there was little difference in the provision of medium-term or transitional housing (30% Indigenous compared with 31% non-Indigenous) and long-term housing (9% Indigenous compared with 10% non-Indigenous).

Younger service cyclers (15–24 years) were more likely than older service cyclers (50 and over) to be provided with medium-term or transitional housing (34% compared with 26%), while older clients were slightly more likely to be provided with short-term or emergency accommodation (75% compared with 73%) or long-term housing (13% compared with 11%) than younger clients.

As with persistent service users, around half of service cyclers (53%) needed assistance to sustain housing tenure. This assistance can take the form of mediation or liaison services with housemates and/or real estate agents. It is a reflection of the assistance provided by SHS in the transition from homelessness to becoming housed. Of those clients who needed this service (53% or 3,046 clients), almost 9 in 10 (89%) received it.

Some of the most commonly needed general services were also some of the most likely to be provided to service cyclers:

- advice/information: needed by 96%, provided to 100% of those who needed it
- advocacy/liason on behalf of client: needed by 81%, provided to 98%
- material aid/brokerage: needed by 73%, provided to 93%.

Older clients and male service cyclers were more likely to be provided with drug and alcohol counselling and mental health services

Of those service cyclers who identified a need for drug or alcohol counselling, males were more likely to request and receive this service (59%) compared with female service cyclers (49%). In addition, agencies provided older service cyclers with this service more frequently than younger service cyclers (57% compared with 52%).

Male service cyclers (57%) compared with female service cyclers (51%) more frequently received mental health services (Table 13).

Table 13: Drug and alcohol counselling and mental health services provided by agencies, by age and sex, service cyclers (per cent)

Service		
Drug and alcohol counselling	59%	49%
Mental health services	57%	51%
Psychological services	46%	43%
Psychiatric services	45%	47%
Mental health services	58%	49%

Note: Refers to the percentage of clients who identified a need for these services.

Provision of general services

Almost all (99%) service cyclers required at least 1 service categorised as a 'general service'. More than 9 in 10 clients needing the service received it. For example:

- advice/information (needed by 96%, provided to 100%)
- advocacy/liaison on behalf of client (needed by 81%, provided to 98%)
- laundry/shower facilities (needed by 49%, provided to 97%)
- meals (needed by 56%, provided to 96%)
- recreation (needed by 38%, provided to 95%)
- transport (needed by 49%, provided to 95%).

Of those clients who needed a service, females were more likely than males to need and be provided with assistance for:

- domestic or family violence (90% of females compared with 77% of males)
- family/relationships (87% compared with 81%)
- trauma (83% compared with 79%)
- education (76% compared with 68%)
- training (69% compared with 62%).

4

Service cyclers

Referral of service

Along with information about a client's needs and the provision of services, the SHSC also collects referrals from an agency. This is a referral for the client to attend an alternative service provider and includes information on whether that service accepts the client for an appointment or an interview.

The most frequently referred accommodation service for service cyclers was long-term housing (48%). Of the service cycler clients:

- older clients (50 years and over) were slightly more likely than younger clients (aged 15–24) to be referred for long-term housing (48% compared with 45%)
- Indigenous clients were more likely to be referred for both medium-term transitional housing (33% compared with 29% non-Indigenous clients) and long-term housing (50% compared with 48% non-Indigenous clients)
- females were slightly more likely than males to be referred for short-term housing (12% compared with 9%), however there was little difference in referral patterns for medium-term transitional or long-term housing.

Younger clients (15–24 years) were more likely than older clients (50 and over) to be referred for drug and alcohol counselling (27% compared with 18%).

What are the gaps in service provision?

Clients receiving support from SHS agencies often identify as needing a wide range of services. Some needs arise more than once in a support period and this makes it difficult to assess (from the available data) the extent to which needs have been met. Unmet needs are the services that a client identified as needing but either did not receive or was referred to another agency for the service.

The largest gap in service provision for service cyclers regarding accommodation is for long-term housing

The need for accommodation is high for service cyclers (89%). As such, it is unsurprising that the proportion of service cyclers not provided with or referred to any accommodation overall is low (11%). Despite this, around 2 in 5 service cyclers who identified a need for longer-term accommodation were not provided with it or were referred to an agency for these housing solutions:

- short-term emergency accommodation: 13% neither provided nor referred
- medium-term transitional housing: 40% neither provided nor referred
- long-term housing: 42% neither provided nor referred.

The service gap in accommodation was similar for male and female service cyclers with small differences, for example in short-term emergency accommodation (Table 14).

Table 14: Accommodation services not provided or referred, service cyclers, by sex (per cent)

		
Accommodation overall	10%	12%
Short-term or emergency accommodation	12%	15%
Medium-term/ transitional housing	40%	39%
Long-term housing	43%	41%

Note: Refers to the percentage of clients who identified a need for these services.

Older service cyclers (50 and over) were more likely than younger service cyclers (aged 15–24) not to receive medium-term/transitional housing (44% not provided or referred compared with 36% of younger clients) and less likely not to receive long-term housing (39% compared with 44%).

The gap in service delivery for mental health services is small for service cyclers

Overall, fewer than 1 in 5 (17%) service cyclers did not receive assistance or a referral for mental health services. Service cyclers did, however, have a higher proportion of clients who identified a need but did not receive assistance or a referral for psychological or psychiatric services (Table 15).

Table 15: Mental health services not provided or referred, service cyclers, by sex (per cent)

	 All service cyclers	 Male	 Female
Mental Health Services overall	17%	16%	21%
Psychological services	24%	23%	26%
Psychiatric services	24%	22%	30%
Mental health services	18%	16%	24%

Note: Refers to the percentage of clients who identified a need for these services.

Overall, a relatively low proportion of male service cyclers did not receive assistance or a referral for mental health services (16%) compared with female service cyclers (21%). This is consistent for all mental health services.

How do service cyclers engage with services?

As previously stated, a support period refers to the period of time a client receives services from an agency, beginning on the day a client first receives a service and ending on the day the client last receives services from an agency (AIHW 2017).

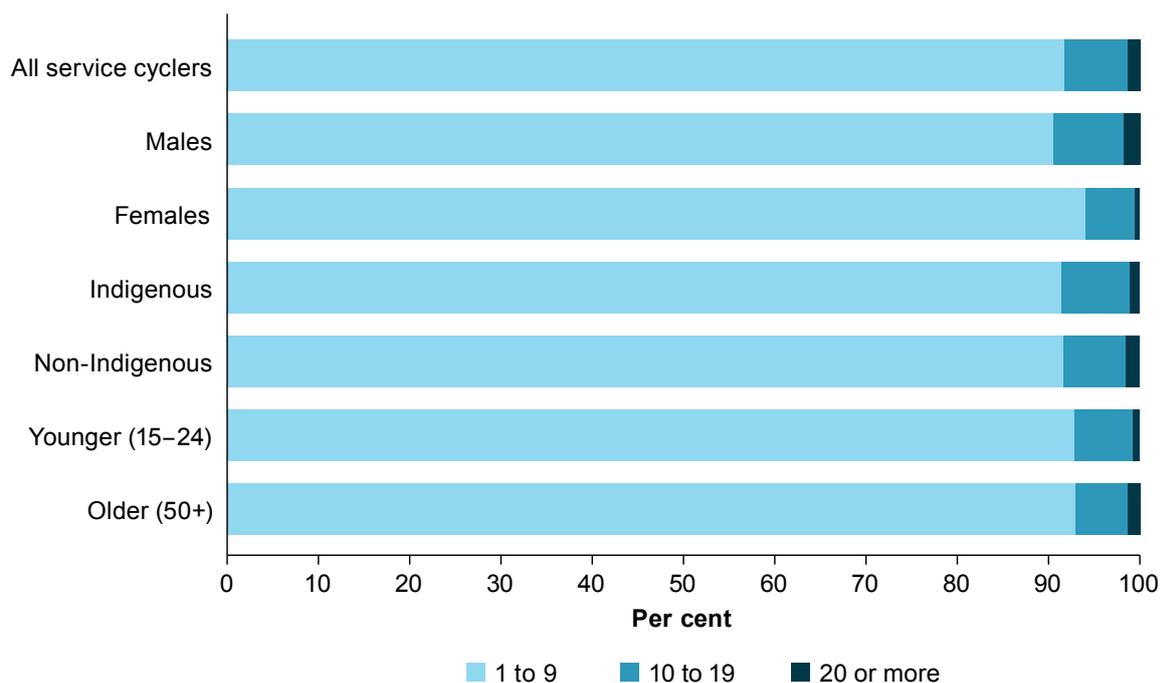
While there is no single measure to assess the level of service engagement by a client a number of proxy measures provide information on engagement with SHS including: the number of support periods a client receives, the length of those support periods, the days of support and the nights of accommodation. Thus the impact that higher levels of support (or contact) have on the housing outcomes of clients can be inferred.

Number of support periods

Service cyclers were more likely to have more frequent contact (higher numbers of support periods per person) than transitory service users, yet much lower than persistent service users. Almost one-third (34%) of service cyclers had 5 or more support periods compared with 85% of persistent service users and only 2% of transitory service users. The higher number of support periods per client for persistent service users and service cyclers is, in part, due to these cohorts accessing SHS for assistance in more than 1 financial year of the reporting period.

The vast majority of service cyclers (92%) had between 1 and 9 support periods over the 4 years of the study. Fewer than 1 in 10 (8%) had 10 or more support periods, and very few (1%) had more than 20 support periods (Figure 23).

Figure 23: Number of support periods for service cyclers (per cent)



Source: Supplementary table S.SUPPORT.23.

Overall, female service cyclers were more likely than male service cyclers to have fewer support periods in total, the greatest difference being in the 1–4 support period range (females 71%, males 64%).

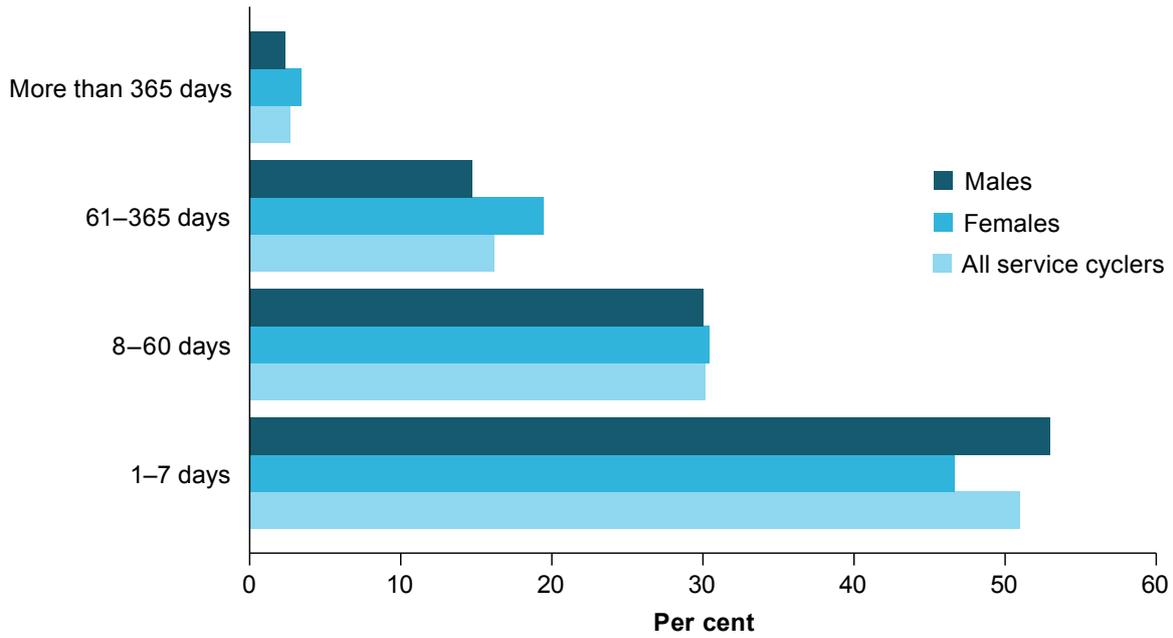
Male service cyclers received 18,168 support periods in total across the 4-year reporting period. Of these, males aged 30–49 received 58% (10,530) of all male support periods. In comparison, females received 8,297 support periods across the reporting period. Of these, females aged 18–34 received 52% (4,273) of all female support periods across the reporting period.

Length of support periods

A total of 26,465 support periods were provided to service cyclers with males accounting for more than two-thirds (69%) of them. Support periods ranged from 1 day to more than 365 days.

Males were more likely than females to have shorter support periods, with 53% spanning 1–7 days (compared with 47% for females), while almost 1 in 4 support periods for females spanned 2 months or more (23% compared with 17% of males) (Figure 24).

Figure 24: Length of support periods, service cyclers, by sex (per cent)

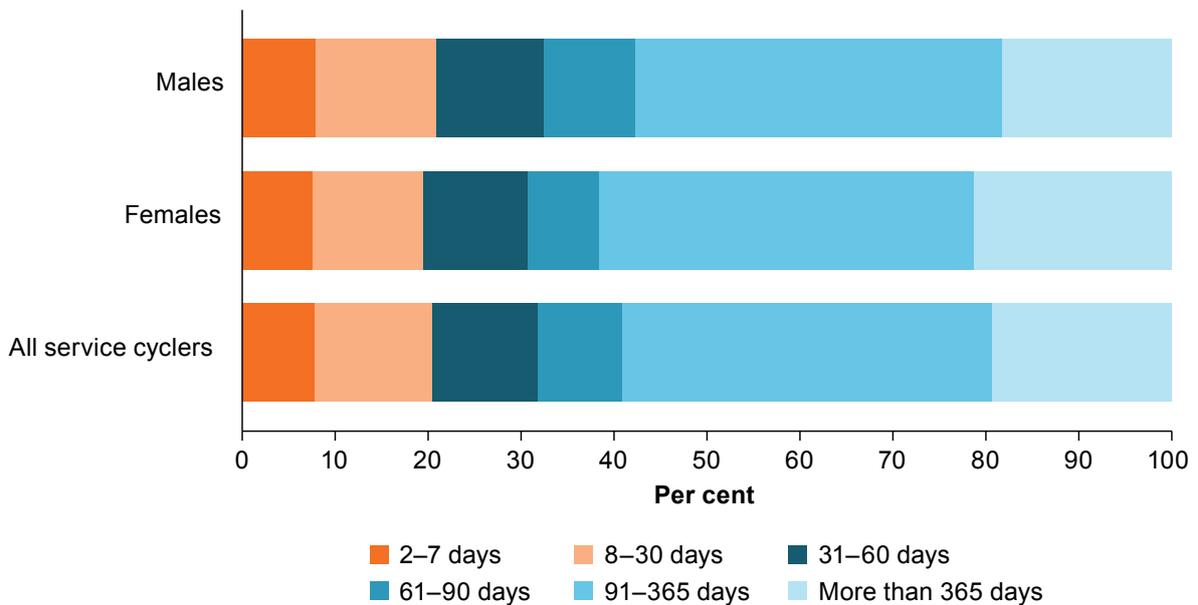


Source: Supplementary table S.SUPPORT.24.

Days of support

Overall nearly half (49%) of all service cyclers received 120 days or fewer, while around 1 in 5 (19%) service cyclers received more than 365 total days of support. The differences between males and females was small (Figure 25). Note these days may have not been consecutive.

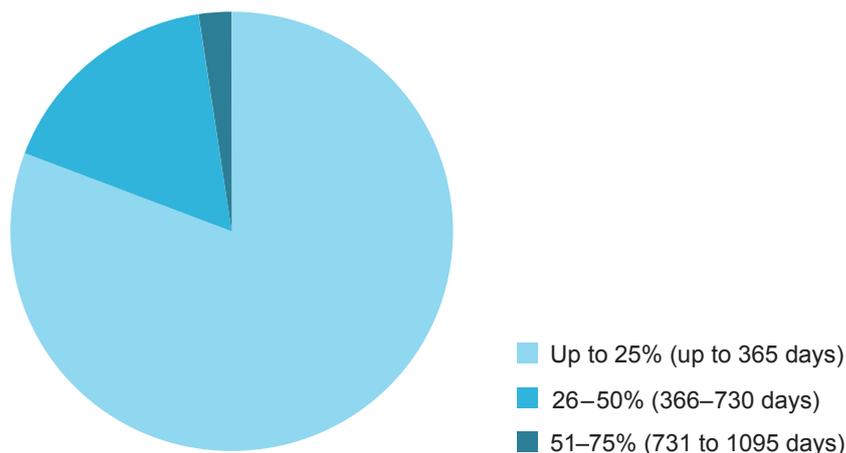
Figure 25: Number of days client received support, service cyclers (per cent)



Source: Supplementary table S.SUPPORT.24.

Around 8 in 10 clients (81%) spent up to 25% of the reporting period in active support from SHS agencies and a further 17% spent between 25% and 50% of the period in support (Figure 26).

Figure 26: Proportion of time spent in support, service cyclers (per cent)

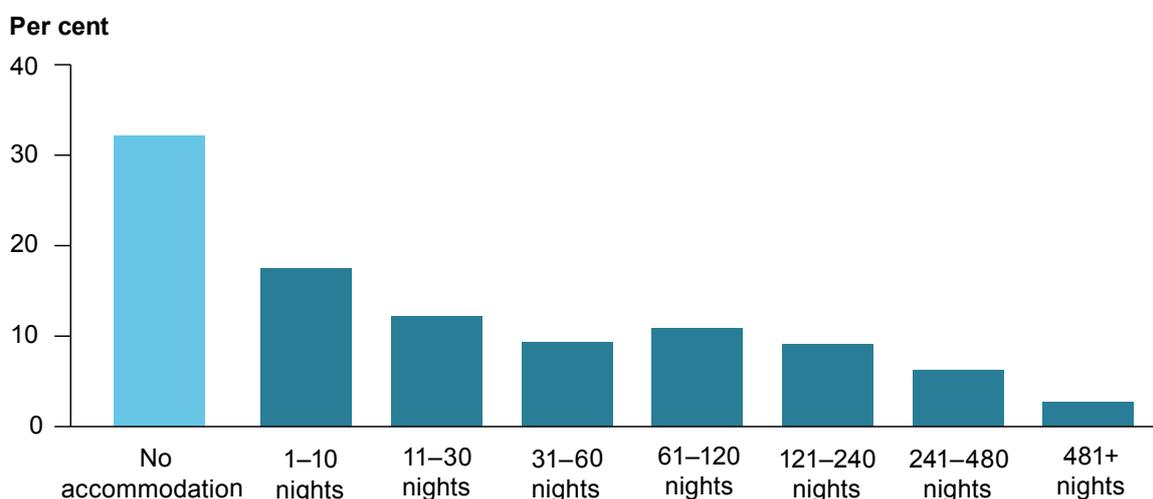


Source: Supplementary table S.SUPPORT.24.

Nights of accommodation

Despite presenting to services for assistance while sleeping rough, almost one-third (32%) of service cyclers did not receive any nights of accommodation during the reporting period (2011-12 to 2014-15). A further 18% received 1-10 nights of accommodation only. More than one-third (36%) of service cyclers received between 31 and 480 nights of accommodation (or 1 and 16 months in total) over the 4-year study period (Figure 27). It is interesting to note that almost 1 in 10 (9%) service cyclers received accommodation in 3 of the 4 years of the reporting period, while a further 29% received accommodation in 2 of the 4 years.

Figure 27: Nights of accommodation, service cyclers (per cent)



Source: Supplementary table S.SUPPORT.24.

Around 1 in 5 (19%) service cyclers received between 1 and 10 nights of short-term accommodation. While a further 41% received between 11 and 960 nights of short-term accommodation, a similar proportion received accommodation other than short-term (8%) or no accommodation at all (32%). In comparison, fewer than 1 in 5 (16%) received medium-term accommodation, and 6% received long-term accommodation.

As with persistent service users, a higher proportion of female service cyclers did not receive any accommodation (35%) compared with male service cyclers (30%).

What are the housing outcomes for service cyclers?

The housing outcomes presented here look at changes in a client’s situation from the beginning of their first support period to the end of the reporting period, 30 June 2015. The number and length of support periods varied among clients, and the total number of days in support spanned from as few as 2 to as many as 1,093. Clients might have had few support periods relatively long in length, while others may have had more support periods of a shorter duration. Others might have had a combination of both. Clients may also have had a number of changes in their housing situation over the 4 years of the reporting period. The data presented here do not reflect changes within the reporting period; instead, they compare the client’s rough sleeper situation at the start of their first period of support during 2011–12 to their housing situation at the end of the study period, 30 June 2015.

Repeat episodes of homelessness

One in 4 (25%) service cyclers experienced repeat homelessness (Table 16). This means the client had transitioned from being homeless, to housed and then homeless again at least once during this time. This highlights the ‘journey’ component to exiting homelessness for many clients.

Younger service cyclers (15–24 years) were more likely to have experienced repeat episodes of homelessness than older service cyclers (50 and over) (29% compared with 19%), and Indigenous service cyclers were more likely than non-Indigenous service cyclers to have experienced repeat homelessness (29% compared with 24%).

Table 16: Repeat episodes of homelessness, service cyclers (per cent)

Service cyclers	
 <p>Experienced repeat homelessness</p>	<p>25% experienced repeat homelessness</p>
 <p>sex</p>	<p>24% of males experienced repeat homelessness 26% of females experienced repeat homelessness</p>
 <p>Indigenous status</p>	<p>29% of Indigenous clients experienced repeat homelessness 24% of non-Indigenous clients experienced repeat homelessness</p>
 <p>Age</p>	<p>29% of younger clients experienced repeat homelessness 19% of older clients experienced repeat homelessness</p>

What is the housing situation at the end of the last closed support period for service cyclers?

At the beginning and end of each support period, the housing situation for clients is recorded.

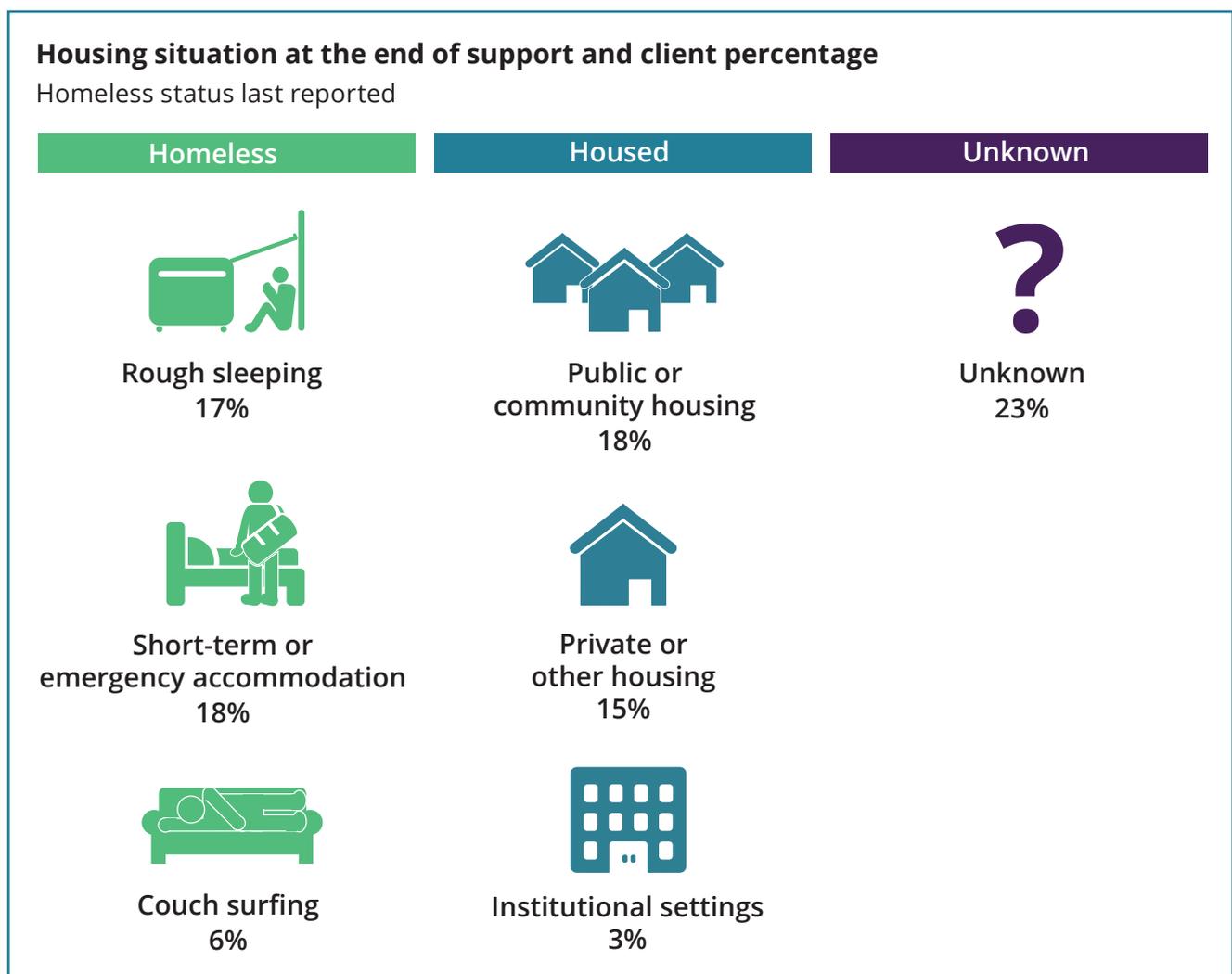
At the end of the study, 6% of service cyclers were in ongoing SHS support, much lower than with persistent service users (25%).

Looking at the end of the last closed support period of all service cyclers:

- more than 2 in 5 (41%) service cyclers were homeless:
 - 17% were rough sleeping or in an improvised dwelling
 - 18% were living in short-term temporary accommodation
 - 6% were couch surfing or with no tenure
- around two-fifths (36%) of service cyclers were housed:
 - 18% were living in public or community housing
 - 15% were in private or other housing
 - 3% were living in an institutional setting.

The housing situation for about a quarter (23%) of service cyclers was unknown (Table 17).

Table 17: Housing outcomes at the end of the last closed support period, service cyclers



Female service cyclers were more likely than male service cyclers to be housed at the end of their last closed support period (44% compared with 31%), with similar proportions living in public or community housing and in private or other housing (22% and 21%, respectively).

Male service cyclers, on the other hand, were more likely to be homeless at the end of support (46% compared with 32% of females), with 1 in 5 (21%) in short-term temporary accommodation, and 1 in 5 (20%) sleeping rough or in an improvised dwelling.

Younger service cyclers (15–24 years) were just as likely to be housed or homeless at the end of their support (37% housed compared with 36% homeless):

- Of those who were housed, 1 in 5 (22%) were in private or other housing, 13% were in public or community housing, and 2% were in institutional settings.
- Of those who were homeless, 15% were in short-term temporary accommodation, 11% were couch surfing and 10% were rough sleeping or in an improvised dwelling.

The pattern for older service cyclers (50 and over) was different from that of younger service cyclers (15–24 years), with 43% homeless and 37% housed.

- Of those who remained homeless, more than 1 in 5 (22%) were rough sleeping or in an improvised dwelling and 18% were in short-term temporary accommodation.
- Of those who were housed, almost 1 in 4 (23%) were in public or community housing and 10% were in private or other housing.

What does this tell us?

Service cyclers were similar in number to the transitory service users, accounting for just over 4 in 10 (42%) of all rough sleepers in this study. Similar to persistent service users, the majority of service cyclers were male, aged 35 or over and were living alone. The level of vulnerability was also high in this group, with around 4 in 10 service cyclers experiencing at least 2 of the 3 vulnerability conditions: domestic or family violence, mental health issue, or problematic drug and/or alcohol use.

As with the other rough sleeper cohorts, accommodation was the key reason that service cyclers sought assistance from SHS—primarily housing crisis or inadequate or inappropriate dwelling conditions. Younger service cyclers were more likely to report these reasons than older service cyclers. Despite the highest need for service cyclers being accommodation, almost one-third did not receive any nights of accommodation during the reporting period, more than double the proportion of persistent service users.

Females were much more likely to report domestic and family violence as a reason for seeking assistance. Older clients and males were more likely to receive mental health services or drug or alcohol counselling.

Repeat episodes of homelessness were lower for service cyclers than for the persistent service user cohort, but still notable. One in 4 service cyclers experienced homelessness more than once during the reporting period. That is, they had transitioned from homelessness to being housed to homelessness again at least once in the 4 years of the reporting period, again highlighting the ‘journey’ nature of exiting homelessness for many rough sleeper clients.

Engagement with SHS does not mean an immediate end to homelessness. By the end of their last known support period, when service cyclers had engaged with SHS for a period of between 2 and 3 years, almost half were homeless (this is higher than for transitory service users but lower than for persistent service users). The remainder were housed. The housing outcome for almost 1 in 4 service cyclers was unknown at the end of the reporting period. It is possible that these clients re-engaged with SHS agencies and sought further assistance after 30 June 2015.

Case study 2: Service cycler

Rebecca*, 24, is settling into her new home with her toddler, Amy, 2. They moved into a public housing unit a week ago. The unit is close to the park and neighbourhood shops and Rebecca is hopeful about their future. Two years ago, she was not so optimistic.

Just after Amy was born, she and her partner began to argue. He was emotionally abusive and took control of their finances. She thought about leaving, but had nowhere to go. She went to a SHS agency for support and advice. Rebecca was offered crisis accommodation, but she didn't take it. She wanted to give the relationship another go.

The arguments escalated. Rebecca was on edge all of the time and feared for her and Amy's safety. One night, while her partner was at work, she packed a bag with some of their belongings and left. It was late, she didn't know where to go, so she and Amy slept in a bus shelter. The next day she returned to the SHS agency and that night they slept in a women's refuge. They spent several weeks at the refuge before Rebecca was told that she had secured a public housing place.

* This case story is not based on an actual person. It is based on de-identified data collated from the SHSC. It is intended to present an example of a 'typical' persistent rough sleeper; it is not the intention of the AIHW to stereotype homelessness clients.

5 Transitory service users

Key findings

Transitory service users are clients who had at least 1 support period between 1 July 2011 and 30 June 2012, but did not receive any support between 1 July 2012 and 30 June 2015.

Consistent with the broader group of rough sleepers:

- the majority of transitory service users were male, with most aged 35 or over. Most were receiving services in Major cities and were living alone
- the most common reasons for seeking assistance were for accommodation issues (73%). Males were more likely than females to seek assistance for financial difficulties (56% compared to 47%) and unemployment (19% compared to 10%)
- female transitory service users were more likely than males to report domestic or family violence as a key reason for seeking assistance (27% compared to 6%).

Transitory service users, when compared with persistent service users and service cyclers, were less likely to:

- ever report having a mental health issue, problematic drug and/or alcohol use or experiencing domestic or family violence than other rough sleeper cohorts
- receive accommodation. While 3 in 4 needed accommodation (74%) almost 1 in 5 (19%) of these clients did not receive accommodation services
- transitory service users were most likely to have only 1 support period (76%): one-quarter (25%) of clients received only 1 day of support and about half (46%) received 7 days or fewer
- more than half (55%) of all transitory service users did not receive any nights of accommodation, more than other rough sleeper cohorts.

Within 1 year, 14% of this cohort were assisted into housing; none of these clients presented again for SHS assistance in the following 3 years. Despite the housing situation recorded for the majority of this cohort at the end of support being that they were homeless (66%), and a further 21% where the housing situation was unknown, none of these approximately 4,000 clients returned for assistance.

Who are transitory service users?

Transitory service users are those clients who presented to SHS agencies for assistance in only the first financial year of the study. That is they presented to an agency for assistance at least once between 1 July 2011 and 30 June 2012, and did not present again prior to 30 June 2015. The transitory service user cohort totals around 6,100 clients.

Of these 6,100 clients:



2 in 3 were **male** (65%) and 35% female.



More than 5 in 10 (54%) were **35 years or over** with males generally older than females:

- 15–24 years: 20% males, 27% females
- 25–34 years: 23% males, 25% females
- 35 years and over: 57% males, 47% females.



Almost **2 in 10** (19%) were **Indigenous**: 15% of males compared with 25% of females.



Less than **1 in 10** (7%) were **employed**, 50% were unemployed and 43% were not in the labour force.



3 in 5 (61%) received services in **Major cities**:

- Males were more likely than females to receive services in *Major cities* (64% compared with 54%)
- Females were more likely than males to receive services in *Regional areas* (42% compared with 34%).



Almost **7 in 10** (67%) were **living alone**, **17% lived with at least one child**:

- Males were more likely to live alone (79% compared with 45%)
- Females were more likely to live with at least one child (33% compared with 9%).



15% reported having *ever* **experienced domestic or family violence**.

- More than half (53%) of those who reported *ever* experiencing domestic or family violence were under the age of 35, compared with 12% aged 50 years and over.
- Females were more than 4 times as likely as males to report *ever* experiencing domestic or family violence (30% compared with 7%).
- Males who reported *ever* experiencing domestic or family violence were more likely to be younger (aged 15–24 years) than females (37% compared with 21%). Females were more likely to be aged 25–34 years (31% compared with 21%) and 35 years or over (48% compared with 44%).



3 in 10 (29%) reported *ever* **having a mental health issue**.

- Overall, males were slightly more likely than females to report *ever* having a mental health issue (30% compared with 28%). 1 in 4 (25%) females who *ever* reported having a mental health issue were aged 15–24 years, compared with 19% of males.

More than **2 in 10** (23%) of all transitory service users reported *ever* **having a mental health diagnosis**.

- Similar for males (23%) and females (22%).



1 in 5 (19%) *ever* reported **problematic drug and/or alcohol use**. Higher for:

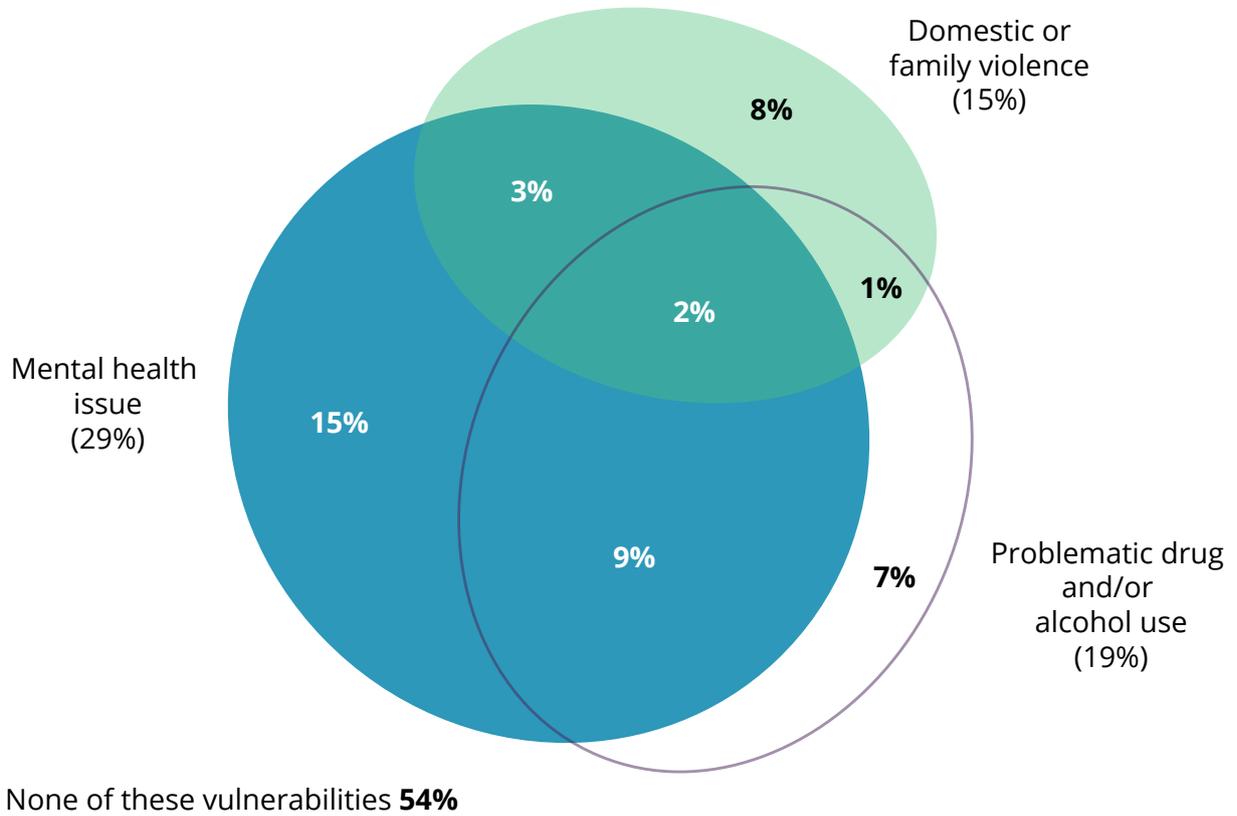
- Males than females (23% compared with 12%)
- Females were more likely to be younger (15–24 years) than males (27% compared with 17%)
- Males were more likely to be older (50 years and over) than females (20% compared with 9%).

Notes:

1. Percentages may not always add to 100 due to rounding.
2. All client demographics, apart from Indigenous status, are based on the first support period in 2011–2012. A client is considered Indigenous if, at any time within the reporting period, they identified as being of Aboriginal and/or Torres Strait Islander origin.
3. For further information on *ever* experiencing domestic or family violence, *ever* reporting a mental health issue or *ever* reporting problematic drug and/or alcohol use please see Box 1: *Ever* flags.

The most common self-reported vulnerability for transitory service users was mental health (29%). Fewer than 1 in 5 (15%) transitory service users experienced 2 or more vulnerabilities (defined as ever experiencing domestic or family violence, ever reporting a mental health issue, or ever reporting an issue with drugs or substance abuse) (Figure 28). The majority reported none (54%).

Figure 28: Transitory service users, by vulnerabilities (per cent)



Notes:

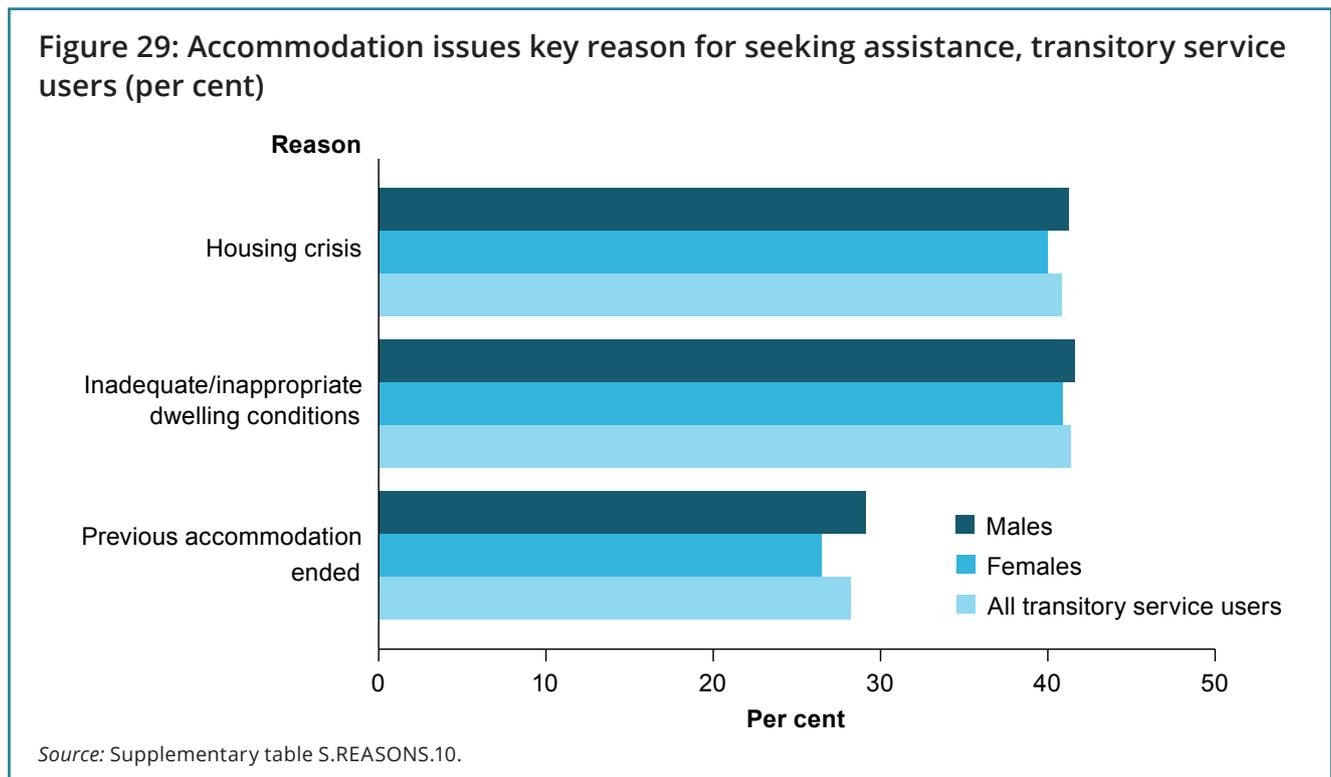
1. Includes all adult rough sleepers presenting to SHS agencies for assistance between 1 July 2011 and 30 June 2015.
2. Percentages may not always add to 100 due to rounding.

Why did transitory service users seek assistance?

Transitory service users might have identified a number of reasons for seeking assistance from SHS agencies in 2011–12, either in 1 or more support periods. In general, lower proportions of transitory service users reported accommodation, financial issues or interpersonal relationship reasons than in the other 2 cohorts.

Transitory service users most commonly sought assistance for accommodation or financial issues

Accommodation issues were the most common reason for transitory service users to seek assistance from SHS agencies (73%). More specifically, clients sought assistance due to inadequate or inappropriate dwelling conditions (41%), housing crisis (41%) and the end of previous accommodation (28%) (Figure 29).



Overall, male transitory service users were more likely than female transitory service users to seek assistance due to previous accommodation ending (29% compared with 26%) but there was little difference in the other accommodation categories.

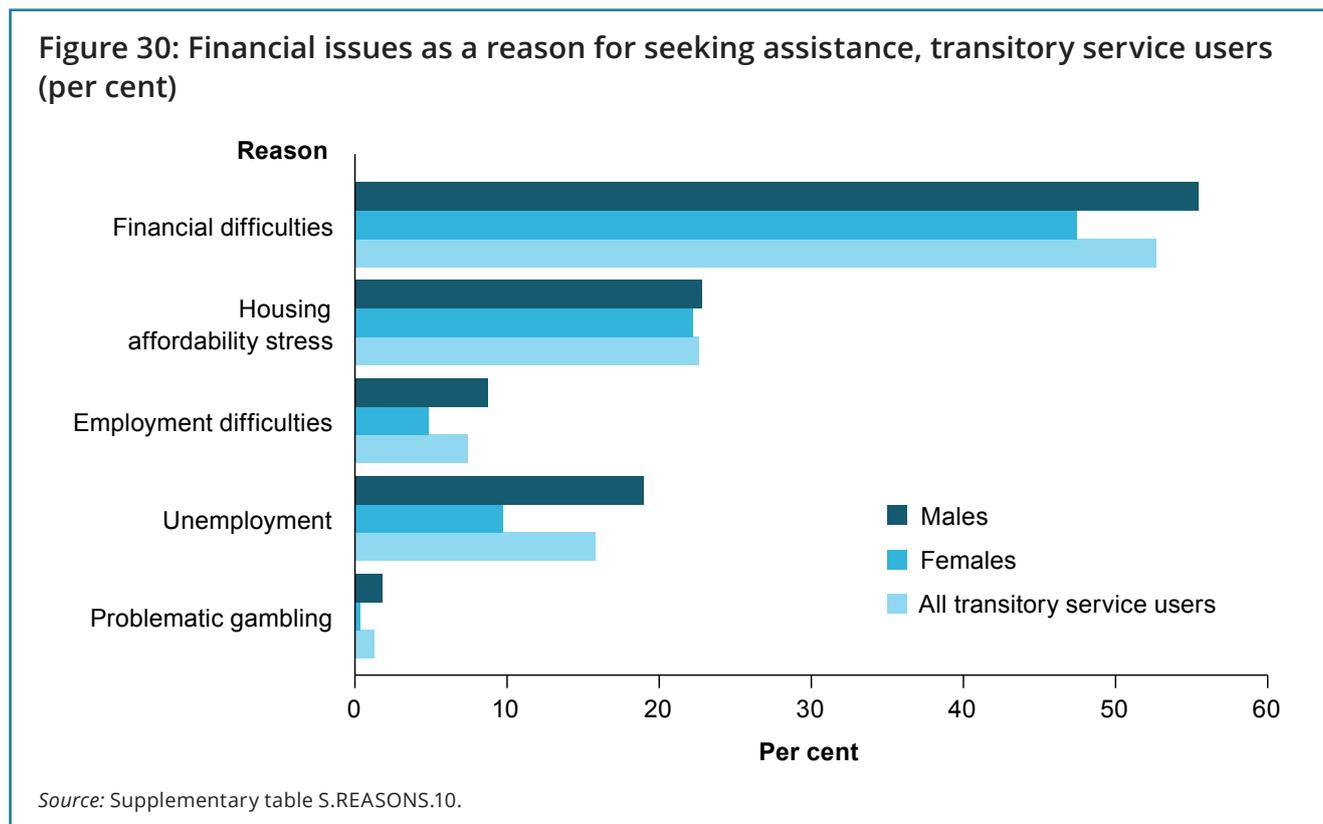
Young clients (15–24 years) were more likely to report housing crisis as a reason than **older clients** (50 and over) (44% compared with 36%).

Older clients were more likely to seek assistance for inadequate or inappropriate dwelling conditions (45%) compared with younger clients (39%).

Non-Indigenous clients were more likely than **Indigenous clients** to report:

- housing crisis (44% compared with 32%)
- previous accommodation ended (30% compared with 28%).

Three in 5 (61%) transitory service users sought assistance from SHS agencies for financial problems. Financial difficulties (53%) and housing affordability stress (23%) were the most common financial reasons for seeking assistance (Figure 30).



Male transitory service users were more likely than female transitory service users to seek assistance for all financial reasons but in particular financial difficulties (56% compared with 47%) and unemployment (19% compared with 10%).

Young clients (15–24 years) were more likely than **older clients (50 and over)** to seek assistance for:

- unemployment (15% compared with 12%)
- employment difficulties (8% compared with 6%).

Older clients were more likely than younger clients to seek assistance for:

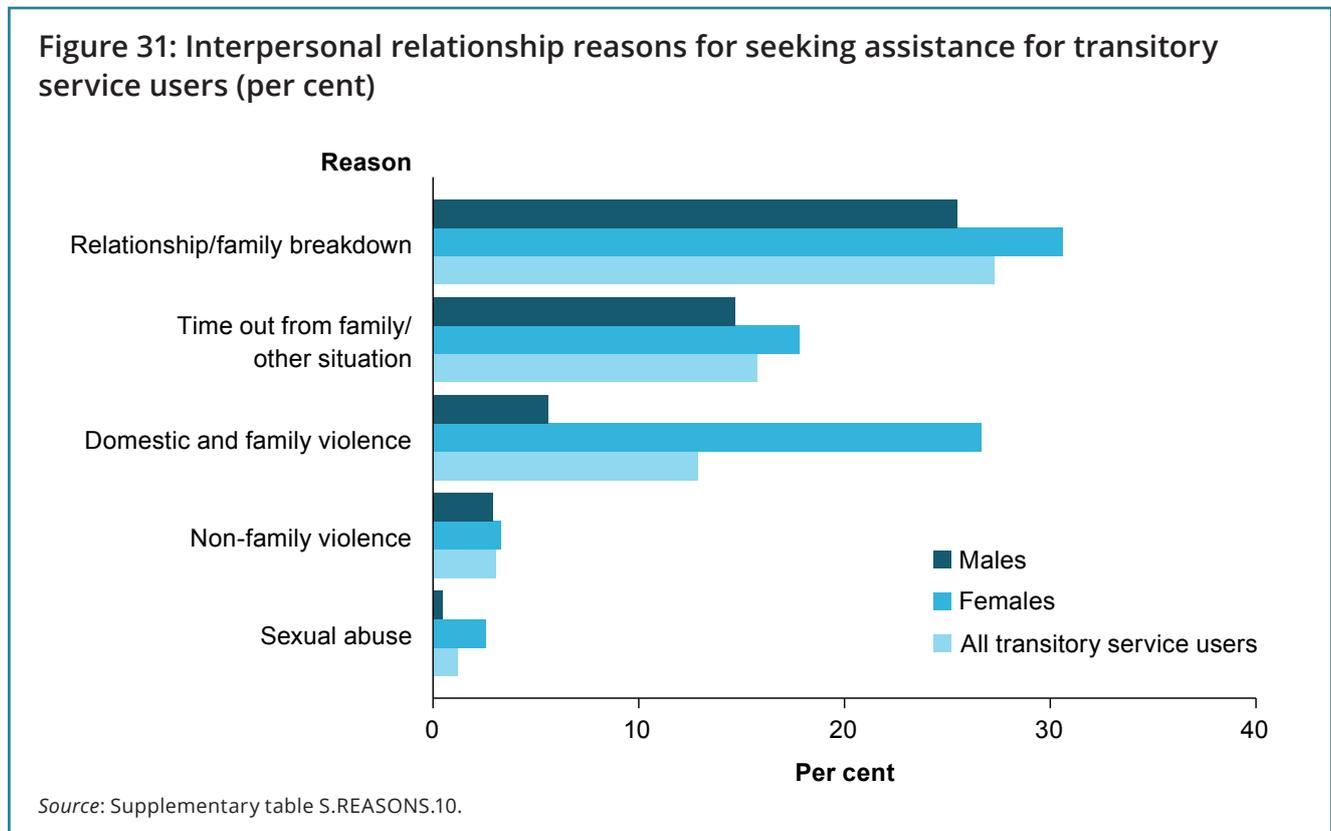
- financial difficulties (52% compared with 48%)
- housing affordability stress (25% compared with 20%).

Non-Indigenous clients were more likely than **Indigenous clients** to seek assistance for:

- financial difficulties (56% compared with 49%)
- housing affordability stress (25% compared with 21%).

Transitory service users also sought assistance with interpersonal relationships

Overall, 2 in 5 (41%) transitory service users sought assistance with interpersonal relationships. Relationship/family breakdown (27%) was the most common reason followed by time out from family/other situation (16%) (Figure 31).



Female transitory service users were more likely than male transitory service users to seek assistance for interpersonal relationships. While 30% of females ever reported experiencing domestic or family violence, 27% reported this as a reason for seeking assistance (compared with 6% for males).

Young clients (15–24 years) were more likely than **older clients** (50 and over) to seek assistance for:

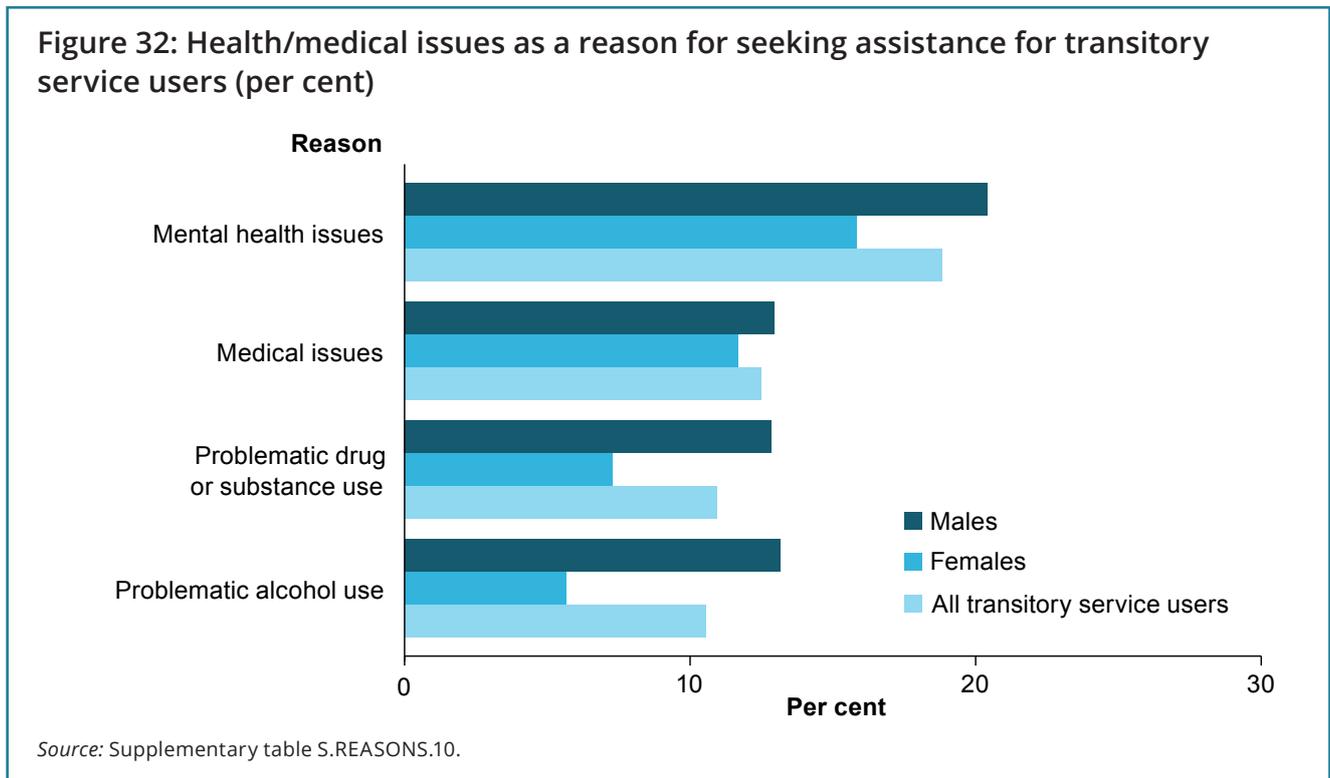
- relationship/family breakdown (40% compared with 19% of older clients)
- time out from family/other situation (24% compared with 11%)
- domestic and family violence (14% compared with 8%).

Indigenous clients were more likely than **non-Indigenous clients** to seek assistance for:

- time out from family/other situation (22% compared with 16%)
- domestic and family violence (18% compared with 12%).

Other reasons for transitory service users to seek assistance

More than one-third (34%) of transitory service users sought assistance from SHS agencies for health/medical issues (Figure 32).



Male transitory service users were more likely than female transitory service users to seek assistance from SHS agencies for most health/medical reasons, with the greatest difference seen for problematic drug and /or alcohol use:

- problematic drug or substance use: 13% of males, 7% of females
- problematic alcohol use: 13% of males, 6% of females.

Older clients (50 years and over) were more likely than younger (15–24) transitory service users to seek assistance for all health/medical issues except problematic drug or substance use (Table 18).

Table 18: Health/medical issues as a reason for seeking assistance, transitory service users by age group (per cent)

	Younger transitory service users (15–24 years)	Older transitory service users (50 years and over)
Mental health issues	14%	19%
Medical issues	6%	22%
Problematic drug or substance use	11%	7%
Problematic alcohol use	6%	13%

Indigenous transitory service users were more likely to seek assistance for problematic alcohol use and problematic drug or substance use while non-Indigenous transitory service users were more likely to seek assistance for mental health issues (Table 19).

Table 19: Health/medical issues as a reason for seeking assistance, transitory service users by Indigenous status (per cent)

	Indigenous transitory service users	Non-Indigenous transitory service users
Mental health issues	15%	20%
Medical issues	13%	13%
Problematic drug or substance use	13%	11%
Problematic alcohol use	18%	9%

What services did transitory service users need?

While the focus of SHS support is on providing stable housing or assisting clients to remain housed, agencies offer many other services targeting underlying barriers to sustainable housing.

Although transitory service users presented to SHS agencies only in the first year of the reporting period (2011–12) these clients might have reported multiple needs within 1 or several support periods.

Transitory service users are most likely to need services related to accommodation provision

As with other rough sleeper cohorts, the need for any accommodation was high—needed by almost 3 in 4 (74%) transitory service users. Assistance with short-term or emergency accommodation was requested most frequently (62%) followed by long-term housing (36%). Medium-term/transitional housing was requested by around one-quarter (23%) of transitory service users.

Overall, there was little difference between male and female transitory service users in the need for both short-term accommodation (63% compared with 60%) and medium-term/transitional housing (22% compared with 25%). However, females were more likely to need long-term housing than males (40% compared with 34%).

Indigenous transitory service users were more likely than non-Indigenous transitory service users to need accommodation overall (83% compared with 75%), more specifically short-term or emergency accommodation (69% compared with 62%) and long-term housing (42% compared with 37%).

There was no difference between younger transitory service users (aged 15–24) and older transitory service users (50 and over) in their need for short-term or emergency accommodation (both at 61%). Younger clients, (15–24 years) however, had a greater need for medium-term/transitional housing (30% compared with 19% of older clients) and long-term housing (39% compared with 36% of older clients).

‘General services’ are also commonly needed by transitory service users

The majority of transitory service users (93%) needed at least 1 ‘general service’, the most common of these being advice/information (78%), advocacy/liaison (46%) and material aid/brokerage (38%). More than one-third of transitory service users needed meals (37%) and laundry facilities (34%).

In general, male transitory service users were more likely than females to need:

- meals (40% compared with 31%)
- laundry/shower facilities (37% compared with 27%).

In comparison, female transitory service users were more likely than males to need:

- transport services (26% compared with 20%)
- family/relationship assistance (19% compared with 9%)
- assistance for domestic/family violence (19% compared with 2%).

Younger transitory service users (aged 15–24) were more likely than older transitory service users (50 and over) to need transport services (33% compared with 21%); living skills/personal development (30% compared with 21%); financial information (26% compared with 17%); family/relationship assistance (21% compared with 7%) and assistance to obtain/maintain a government allowance (17% compared with 8%).

Indigenous transitory service users were more likely than non-Indigenous transitory service users to need meals (44% compared with 37%); laundry/shower facilities (41% compared with 34%); transport services (32% compared with 22%) and assertive outreach (24% compared with 14%).

Transitory service users needed access to mental health and other specialist services

Transitory service users were much less likely than persistent service users (50%) or service cyclers (27%) to need access to mental health services, with 1 in 10 (10%) needing mental health services. This included access to mental health services (8%), psychological services (3%) and psychiatric (3%) services.

One in 5 (20%) transitory service users needed other specialist services. These services included health/medical services (13%), specialist counselling services (5%) and other specialised services (8%). Female transitory service users were more likely than male transitory service users to need specialist counselling services (8% compared with 3%), while Indigenous transitory service users were more likely than non-Indigenous transitory service users to need health/medical services (18% compared with 12%).

What services were provided to transitory service users?

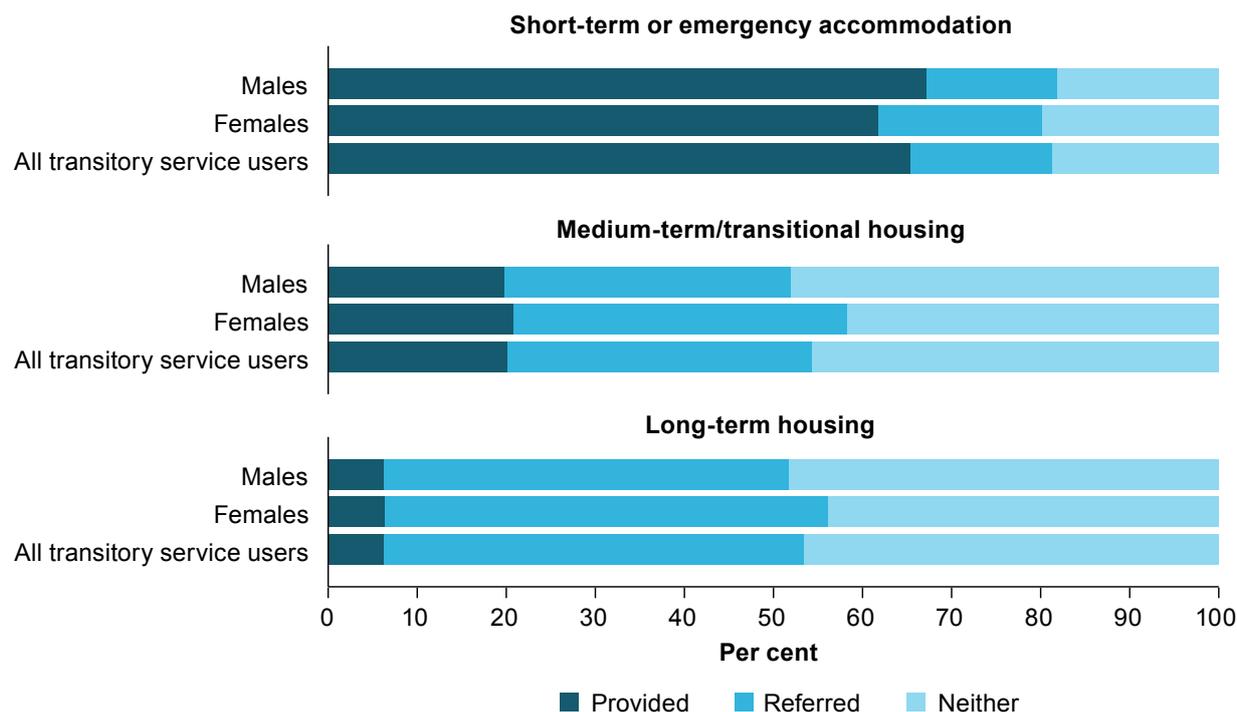
Services available to clients range from the direct provision of accommodation to specialised services such as counselling or legal support. Agencies may provide these services directly to clients, or they may refer them to another service.

Transitory service users were most likely to be provided with short-term or emergency accommodation

Almost 3 in 4 (74%) transitory service users identified a need for accommodation services (Figure 33). Of these clients:

- 62% needed short-term or emergency accommodation, provided to 65%
- 23% needed medium-term or transitional housing, provided to 20%
- 36% needed long-term housing, provided to 6%.

Figure 33: Accommodation service provision, transitory service users (per cent)



Source: Supplementary table S.TSU PROVIDED.20, TSU REFERRED.21, TSU GAP.22.

Male transitory service users were slightly more likely to be provided with short-term or emergency accommodation than female transitory service users (67% compared with 62%). Males and females were equally likely to receive medium-term/transitional housing (20% and 21%) or long-term housing (both at 6%).

Non-Indigenous transitory service users were more likely than Indigenous transitory service users to be provided with medium-term/transitional housing (23% compared with 15%) or long-term housing (7% compared with 3%).

Overall, there were no notable differences in accommodation provision between younger (aged 15–24) and older clients (50 and over).

Although initially presenting to agencies for assistance while sleeping rough, one-fifth (21%) of transitory service users needed assistance to sustain housing tenure (which can include mediation and liaison services with roommates and real estate agents). This likely reflects support for those assisted into housing through SHS agencies. Of these clients (21% or about 1,300 clients), 84% were provided with this service.

Males were most likely to be provided with mental health and other specialised services

Of those transitory service users who identified a need for mental health services, male transitory service users were more likely to receive these services (49% compared with females 39%).

Of those who needed other specialist services, male transitory service users were more likely than female transitory service users to receive:

- health/medical services (61% compared with 44%)
- specialist counselling services (55% compared with 46%).

Non-Indigenous transitory service users were also more likely than Indigenous transitory service users to receive health/medical services (59% compared with 42%).

Provision of general services

The majority (93%) of transitory service users needed at least 1 general service. Overall, clients who needed these services were also likely to receive these services:

- advice/information (needed by 78%, provided to 98%)
- recreation (needed by 20%, provided to 96%)
- laundry/shower facilities (needed by 34%, provided to 95%)
- transport (needed by 22%, provided to 94%)
- meals (needed by 37%, provided to 93%)
- advocacy/liaison on behalf of client (needed by 46%, provided to 95%).

Referral of services

For transitory service users the most frequently referred accommodation service was long-term housing; 47% of clients who needed this type of accommodation were referred to an alternative service provider. Additionally, more than 1 in 3 (34%) clients who needed medium-term/transitional housing and 1 in 6 (16%) clients who needed short-term accommodation were referred to another service.

Older transitory service users (50 years and over) were more likely than younger clients (15–24) to be referred for medium-term/transitional (40% compared with 32%) and long-term housing (51% compared with 43%). Indigenous transitory service users were more likely than non-Indigenous transitory service users to be referred for long-term housing (56% compared with 46%).

What are the gaps in service provision?

Unmet needs (also referred to as a gap in service provision) are those services that a client identified as needing but either did not receive or for which the client was referred to another agency.

Transitory service users accessed support within the first year of the study period only, therefore their needs are assessed within this time period only.

The largest gaps in service provision for transitory service users are in medium-term/transitional housing and long-term housing.

Similar to other rough sleeper cohorts, transitory service users were likely to need any accommodation services (74%), however almost 1 in 5 (19%) of these clients were neither provided with it nor referred to another agency for assistance. Transitory services users were less likely than persistent service users and service cyclers to receive accommodation. This unmet need varies across accommodation types:

- short-term accommodation: 19%
- medium-term accommodation: 46%
- long-term accommodation: 47%.

Younger clients (15–24 years) were less likely to be provided with or referred for accommodation than older clients (50 and over), with half of those who needed medium-term/transitional (49%) or long-term housing (50%) not receiving these accommodation services (Table 20).

Table 20: Accommodation services not provided or referred, transitory service users by age (per cent)

	Younger transitory service users (15–24 years)	Older transitory service users (50 years and over)
Accommodation overall	20%	17%
Short-term or emergency accommodation	20%	16%
Medium-term/ transitional housing	49%	41%
Long-term housing	50%	43%

Note: Refers to the percentage of clients who identified a need for these services.

How do transitory service users engage with services?

As stated earlier, a support period refers to the time a client receives services from an agency, beginning on the day a client first receives a service and ending on the day the client last receives services from an agency (AIHW 2017).

Number of support periods

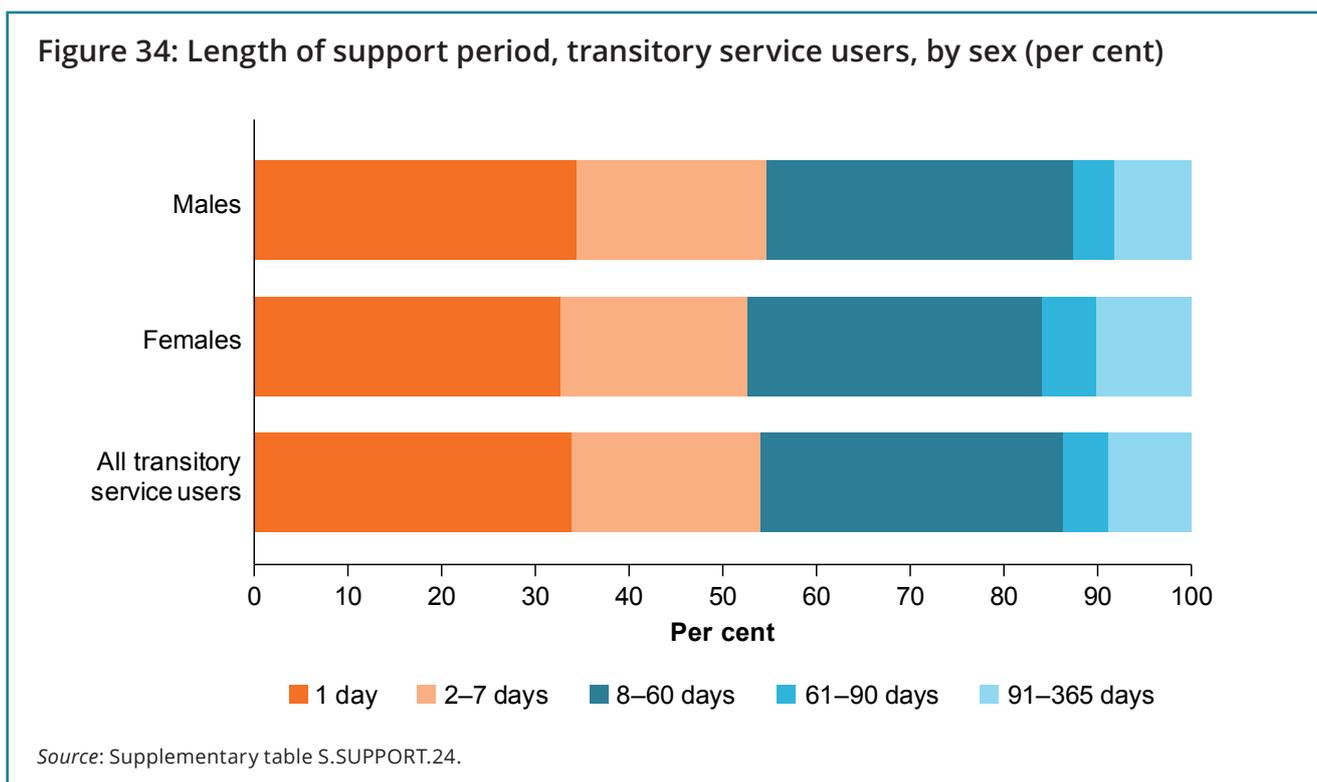
More than three-quarters (76%) of transitory service users had only 1 support period between 1 July 2011 and 30 June 2012. Almost 1 in 7 (15%) had 2 support periods and 1 in 20 (5%) had 3. Only a small proportion had 4 or more support periods (4%).

There was no notable differences in the number of support periods by sex, Indigenous status or age group.

Length of support periods

In 2011–12, the total number of support periods for transitory service users was 8,528. Consistent with the sex distribution of this cohort, males accounted for 67% of all support periods.

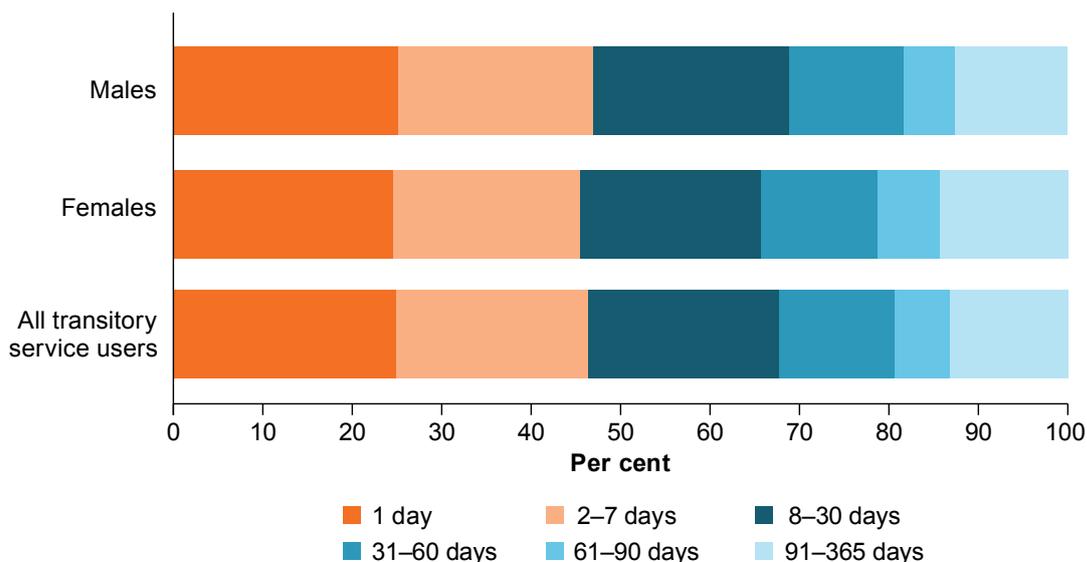
More than one-third (34%) of all support periods for transitory service users were for 1 day only. Half (52%) of all support periods spanned 2–60 days (Figure 34). There was little difference in the length of support periods by sex.



Days of support

As with other rough sleeper cohorts, the number of days of support ranged widely. The vast majority of transitory service users (87%) received up to 90 days of support in 2011–12 (Figure 35). One in 4 (25%) transitory service users received only 1 day of support from SHS agencies, and almost 1 in 2 (46%) received 7 days or fewer (Supplementary table S.SUPPORT.24).

Figure 35: Number of days client received support, transitory service users (per cent)



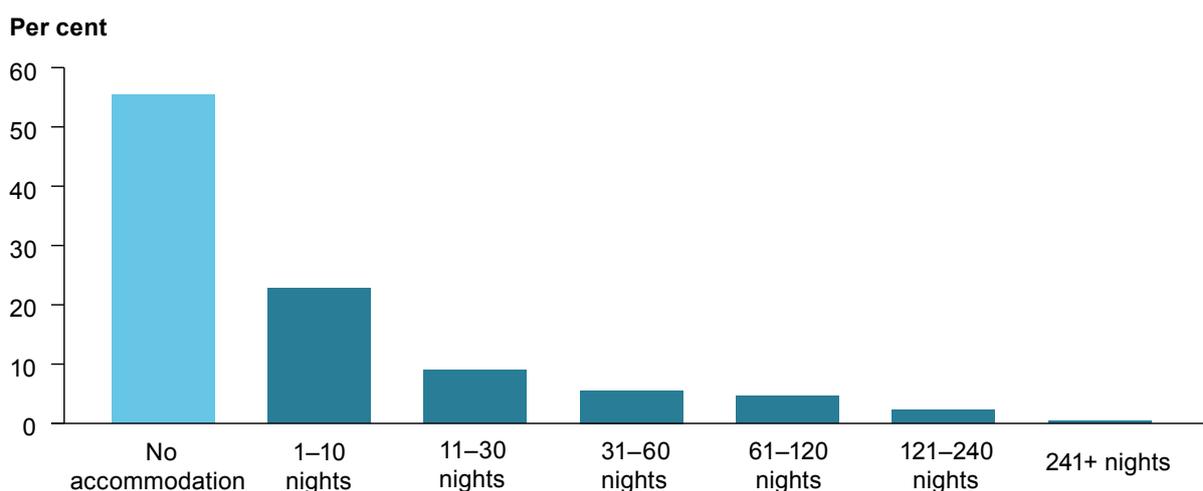
Source: Supplementary table S.SUPPORT.24.

There was little difference between male transitory service users and female transitory service users in number of days of support received.

Nights of accommodation

Despite presenting initially to agencies for assistance while sleeping rough, more than half (55%) of all transitory service users did not receive any nights of accommodation in 2011-12. This is much higher than the proportion for persistent service users (15%) and service cyclers (32%). Almost 1 in 4 (23%) received up to 10 nights' accommodation, and 22% received more than 10 nights' accommodation (Figure 36).

Figure 36: Nights of accommodation, transitory service users (per cent)



Source: Supplementary table S.SUPPORT.24.

A higher proportion of female transitory service users did not receive any accommodation (58%) than male transitory service users (54%), which is a pattern similar to other rough sleeper cohorts.

Indigenous transitory service users were less likely to receive no nights of accommodation (49%) compared to non-Indigenous transitory service users (54%), and were more likely to receive 1-10 nights of accommodation (29% compared with 22% for non-Indigenous transitory service users).

What are the housing outcomes for transitory service users?

The housing outcomes of clients are based on the last support period wherein the agency 'closed' the support. Most transitory clients (76%) had only 1 support period in 2011–12, so the housing situation at the end of support for these clients is accessed from a single engagement with an SHS.

Repeat episodes of homelessness

For transitory service users, only 2% reported transitioning from being homeless, to housed and then homeless again at least once during 2011–12. This is perhaps not surprising given the time and/or contact frequency requirements of this measure (see Appendix B for details) combined with the very low number of support periods and total days of support for this cohort.

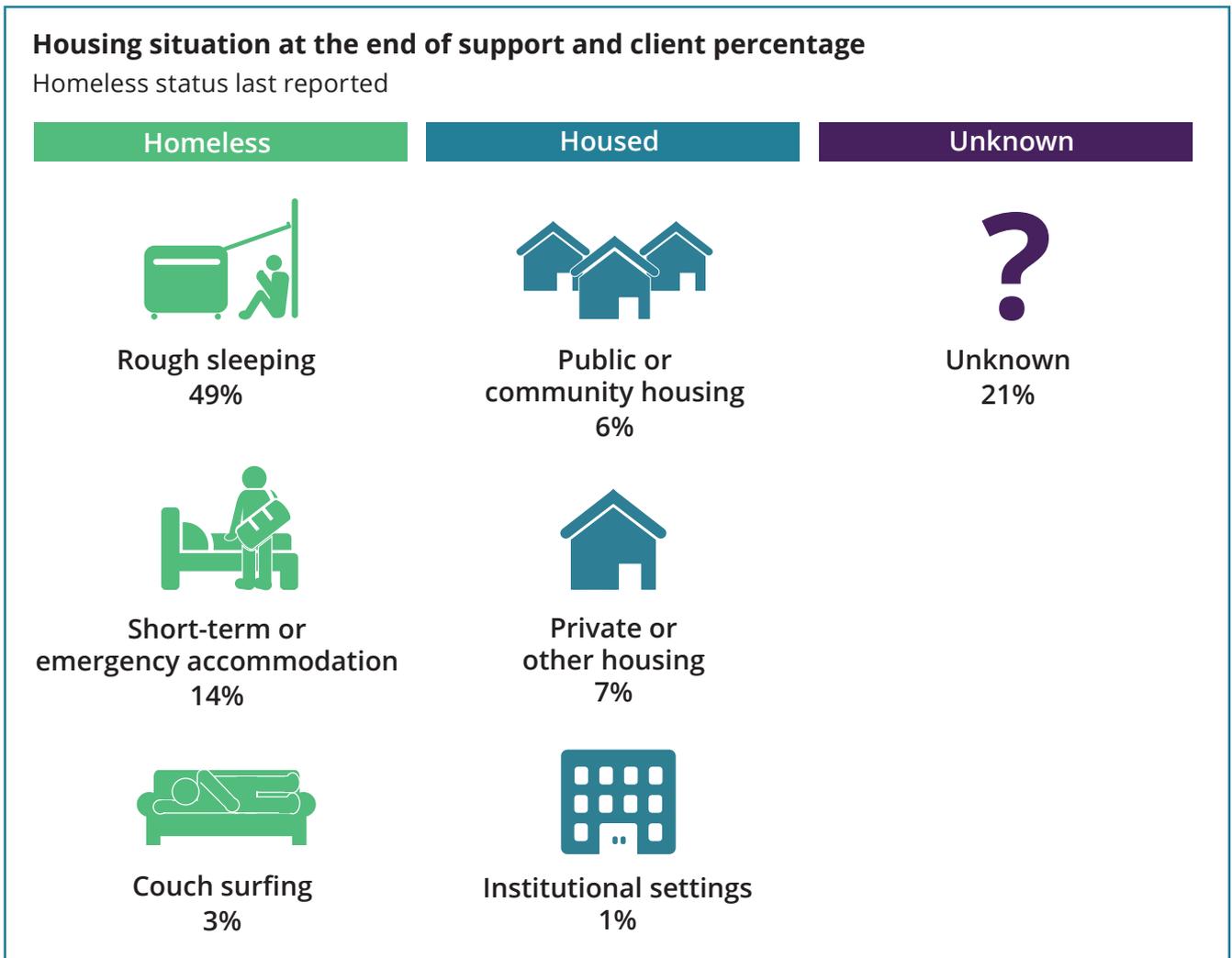
What is the housing situation at the end of the last closed support period for transitory service users?

Looking at the end of the last closed support period of all transitory service users:

- almost 2 in 3 (66%) remained homeless:
 - 49% were rough sleeping or in an improvised dwelling
 - 14% were in short-term temporary accommodation
 - 3% were couch surfing or with no tenure
- 14% of transitory service users were housed:
 - 7% were in private or other housing
 - 6% were living in public or community housing
 - 1% were in an institutional setting.

The housing situation for more than 1 in 5 (21%) transitory service users was unknown at the end of their last closed support period (Table 21).

Table 21: Housing outcomes at the end of the last closed support period, transitory service users



- Male transitory service users were more likely than female transitory service users to be homeless at the end of their last closed support period (69% compared with 60%), with most (51%) sleeping rough.
- Female transitory service users were more likely than male transitory service users to be housed at the end of their last closed support period (18% compared with 11%), with 9% in public or community housing and 9% in private accommodation.
- At the end of their last closed support period non-Indigenous transitory service users were more likely to be homeless than Indigenous transitory service users (66% compared with 59%).
- Older transitory service users (50 years and over) were more likely to remain homeless (72%) than younger service users (15–24) (62%); however the housing outcome of younger transitory service users was more likely to be unknown (24% compared with 15%).

What does this tell us?

Transitory service users were the largest of the 3 cohorts, accounting for 44% of all rough sleepers in this study group. Overall, transitory service users had a small number of support periods—the majority received support for up to 10 days in 2011–12. This is consistent with the literature that suggests most people who experience homelessness do so for a short period (Reynolds 2008).

Of all rough sleepers, transitory service users were the least likely to have reported experiencing mental health issues, domestic or family violence and/or problematic drug and/or alcohol use. This is consistent with the literature suggesting that this group has less complex needs than those who access services for a longer amount of time (Reynolds 2008).

While the majority of transitory service users (74%) needed accommodation, less than other rough sleeper cohorts, they were also less likely than other cohorts to receive accommodation (55%).

Transitory service users sought assistance from SHS agencies over a shorter period than other cohorts and they were more likely to report being homeless at the end of support (66% compared with 50% for persistent service users and 43% for service cyclers) and almost half (49%) remained rough sleeping. The housing outcome of almost 1 in 5 (18%) transitory service users was unknown at the end of their last support period.

Beyond receiving support from SHS agencies, the housing journey of these clients cannot be followed further, so it is not possible to determine how long these clients remained homeless or how many became housed after support ended. With the future availability of SHSC longitudinal data sets over longer periods of time and the potential to integrate the SHSC with other administrative data sets, the outcomes of these clients could be better understood.

Case study 3: Transitory service user

Joel*, 36, is in the waiting area at a SHS agency. He sees a poster on the wall and realises that it is talking about him—a 'rough sleeper'. For the last 2 nights, he had wandered the streets. A month ago, he would never have believed this could have happened.

He had a part-time job and his boss had indicated that a full-time position was coming up. Money was tight, but he was able to rent a small flat not far from work. He was doing okay. Then he got a call from his landlord. He had 4 weeks to find somewhere else to live. He could not find anything in his price range and his family are interstate.

The SHS agency helps Joel to secure another rental flat. It is not as close to work, but the rent is a bit cheaper. The lease is for 12 months, by which time Joel hopes to be working full time. The agency also provided advice on what to do when his lease is due to expire, but Joel hopes this landlord is happy to renew.

* This case story is not based on an actual person. It is based on de-identified data collated from the SHSC. It is intended to present an example of a 'typical' persistent rough sleeper; it is not the intention of the AIHW to stereotype homelessness clients.

Appendix A: Background information

Specialist Homelessness Services (SHS) assist people who are homeless, or at risk of homelessness, by assessing their needs, providing direct assistance and/or referring clients to other services as required. The Specialist Homelessness Services Collection (SHSC) began on 1 July 2011, replacing the previous Supported Accommodation Assistance Program (SAAP) National Data Collection, which collected data from homelessness agencies from 1996 to 2011. The SHSC is designed to enable monitoring of the assistance provided to people who are either homeless or who are at risk of homelessness, and to contribute to the evidence base that shapes policy and service development.

The primary objective of the current project is to create a greater understanding of the use of specialist homelessness services by cohorts of vulnerable people as well as their circumstances and experiences throughout the process. The project also explores the housing outcomes of cohorts of homeless clients and examines the characteristics of those clients, and their housing outcomes.

Preliminary results

The preliminary results of this study are outlined in the web report *A profile of Specialist Homelessness Services homeless clients 2011–12 to 2014–15* (AIHW 2016). This web report provided a summary of the key cohorts of interest (rough sleepers, couch surfers and clients in short-term or emergency accommodation) and covered basic demographic details, reasons for seeking assistance, what services were needed, what services were provided, and housing outcomes for clients.

Background to the Housing Journeys project

Defining homelessness

There is no one universally agreed definition of homelessness; rather, there are significant complexities in both defining homelessness and the characteristics of people who might be considered homeless. Commonly referred to definitions of homelessness include the statistical definition developed by the Australian Bureau of Statistics (ABS), the United Nations definition of homelessness, and the cultural definition of homelessness developed by Chamberlain & Mackenzie (2008).

The Australian Bureau of Statistics statistical definition of homelessness

The ABS definition of homelessness is informed by an understanding of homelessness as 'homelessness' not 'rooflessness'. Homelessness is a lack of 1 or more of the elements that represent home—which may include a sense of security, stability, privacy, safety and the ability to control living space (ABS 2012).

In brief, the ABS definition states that when a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement:

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

It is important to note that people who lack 1 or more of these elements are not necessarily defined as homeless. While homelessness is not a choice, some people may choose to live in situations that mirror homelessness for a variety of reasons; these people are not included in homelessness counts (ABS 2012).

The United Nations definition of homelessness

The United Nations identifies homeless people within 2 broad categories:

- primary homelessness (or ‘rooflessness’) which includes persons living on the streets or without a shelter or living quarters
- secondary homelessness, which may include persons:
 - with no usual place of residence who move frequently between various types of accommodation (including dwellings, shelters or other living quarters)
 - persons usually resident in long-term ‘transitional’ shelters or similar arrangements for the homeless
 - persons living in private dwellings but reporting ‘no usual address’ on their census form (UNSD 2017).

Chamberlain & Mackenzie’s cultural definition of homelessness

The definition of homelessness widely used in the homelessness sector is that developed by Chamberlain & Mackenzie (2008). According to this definition, people are considered homeless when they live in accommodation that falls below a community’s minimum standards.

This definition comprises 3 categories capturing the diversity of the homelessness experience:

- primary homelessness—when people don’t have conventional accommodation; for example, sleeping rough or in improvised dwellings such as a car
- secondary homelessness—when people are forced to move from one temporary shelter to another; for example, moving between emergency accommodation and refuges. This includes ‘couch surfing’, which is when someone ‘crashes’ at the home of a friend or relative
- tertiary homelessness—a boarding house or caravan park, or a household that is severely overcrowded.

SHSC clients considered to be homeless

For the purposes of the SHSC, clients are considered to be homeless if they are living in any of the following circumstances:

- no shelter or improvised dwelling—including where the dwelling type is no dwelling, street, park, in the open, in a motor vehicle, improvised building/dwelling, caravan, cabin, boat or tent, or tenure type is renting or living rent-free in a caravan park
- house, townhouse or flat (couch surfing or living with no tenure)—tenure type is no tenure, or conditions of occupancy are living with relatives rent-free, couch surfing
- short-term temporary accommodation—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.

These categories align as closely as possible with the ABS statistical definition of homelessness outlined above. However, it is important to note 2 key areas where alignment with the ABS statistical definition may not occur:

- The ABS statistical 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 (AIHW 2018).
- Those who choose to live in situations that mirror homelessness (for example, students living in halls of residence, people who are travelling, or who may be living in a shed while their house is being built) are excluded from ABS homelessness counts. If people in these circumstances present to specialist homelessness agencies for assistance they are defined as homeless or as being at risk of homelessness depending on how they report their current housing situation.

Exiting homelessness

The Melbourne Institute (using the Journeys Home longitudinal data set) employed statistical modelling techniques to test whether people's exits from homelessness were influenced by the length of time they had been homeless (Codd-Clark et al. 2014). Two definitions of homelessness were used for modelling:

- cultural homelessness (including people couch surfing and living in caravans, cabins, hostels, boarding houses, hotels and motels)
- literal homelessness (sleeping rough, squatting or emergency accommodation).

The modelling concluded that exit rates from cultural homelessness initially increase, peaking at the 4- to 6-month period, then decline over time, while exits from literal homelessness peak at the 7- to 9-month period. The modelling also found that the length of time people are homeless is influenced by their personal circumstances—sex, age, labour force participation and education.

Just as there are 'triggers' for entering homelessness, there are events which can act as catalysts to prompt long-term homeless (specifically rough sleepers) into wanting to exit homelessness (Ravenhill 2003). Several catalysts have been identified:

- They felt they had reached rock bottom and the only way was up from this point.
- They found the rough sleeping or chronic homeless lifestyle was becoming too much to cope with.
- They had a sudden shock or trauma (usually saw or were the victim of assault, rape, disabling accident, near death experience or death of a close street friend).
- They realised that someone cared.

Additional catalysts include doing it for their children and not wanting to be stigmatised for being homeless. Being able to capitalise on a catalyst event and begin the process of exiting homelessness depends on the homelessness services available to the individual.

Further research using the Journeys Home longitudinal data set examined relationships between structural factors, individual characteristics and homelessness. One study used modelling to determine the impact of different factors on a person's entry into or exit from homelessness (Johnson et al. 2015). Regarding exits from homelessness, exiting homelessness was less likely for some groups than for other demographic groups. The key findings indicated that:

- men are more likely to enter homelessness, and less likely to exit
- there are higher rates of older people being homeless, due to their low rates of exit
- people who are married or in a de facto relationship are less likely to become homeless, but if they do, they are also less likely to exit homelessness (Johnson et al. 2015).

Homeless individuals who hadn't engaged in the 'homeless culture' and had maintained a connection to mainstream society were more likely to exit homelessness and stay housed in the long term if they could secure and afford housing (Ravenhill 2003).

Housing availability and affordability are 2 structural factors to exiting homelessness and tie into the role different types of housing have in preventing the reoccurrence of homelessness. Due to the lack of affordable housing and long waiting lists for public housing, people often end up living in transitional and emergency accommodation for long periods, and sometimes, when the transitional accommodation runs out, return to being homeless. Even if permanent housing is available, sometimes it is not suitable for the person due to its quality or location, and preventing reoccurrence of homelessness is then compromised (Johnson 2006).

Though housing is important in helping people exit homelessness, some formerly homeless individuals or households need more than just the provision of housing to remain re-housed. This is called 'housing plus' and emphasises that different homeless groups need varying types and levels of assistance to resolve their homelessness long-term and maintain being housed. A large part of becoming homeless again is that it's difficult for formerly homeless people to re-engage with mainstream society and form new social networks which aren't based on the 'homeless culture' (Johnson 2006). Some, such as people who have been homeless since their youth, also have no experience or knowledge of living independently (Crane et al. 2016).

In 2008, Reynolds estimated that in developed countries the incidence of chronically homeless people was approximately 15%–25% of the homeless population. Chronically homeless people also end up cycling through services and temporary accommodation (such as boarding houses), or living permanently or semi-permanently on the streets (Zaretzky et al. 2013).

A recent appraisal of rough sleeping in Victoria (DHHS 2017) identified chronic rough sleepers as 1 of the main cohorts sleeping rough in the Melbourne CBD, making up approximately 10%–15% of the rough sleeper population. A variety of data sources (the 2011 ABS census of population and housing, the City of Melbourne StreetCount, the Melbourne Street to Home study, and the SHSC), were used for the appraisal, as well as some service-specific data sets such as the Rough Sleeper Initiative.

The study found that the majority of rough sleepers in Victoria (in particular in Melbourne) were male (66%) and aged between 20 and 54 (84%) and that nearly three-quarters were single persons by themselves, while 8% were accompanied by young children. The rough sleeping population could be split into 3 temporal-based typologies:

- recently homeless and sleeping rough. This was the largest cohort (50%–60%) with most people sleeping rough only briefly. It consisted of single adults and families sleeping in cars. The triggers associated with this cohort's homelessness were financial crisis, high cost of housing, family violence, and family breakdown
- persistently homeless, who intermittently sleep rough. This cohort consisted mostly of older men with mental illness and/or problematic drug use. It was the second largest cohort (30%–35%) and its members were usually homeless long-term, alternating between rough sleeping and poor accommodation types
- chronic rough sleeping. The smallest cohort (10%–15%) but usually with multiple and complex needs. The most common demographic was single adult men, although women, older people, young people and Indigenous people were also present. There was generally high levels of mental illness and/or problematic drug use.

Through analysis of these cohorts, the Victorian State Government (2018) has developed an action plan of initiatives taking into account the differing needs of each group, especially regarding re-housing and support services.

The chronically homeless are often targeted with the aim of breaking the cycle of homelessness. This is usually done by providing rapid access to sustained permanent housing in conjunction with 'wrap-around' services for health, well-being and social outcomes (Mackie et al. 2017). These programs are usually known as 'housing first', and were adapted from models used in the United States of America where housing was prioritised for chronically homeless people before any other type of service (Reynolds 2008).

In Australia, several housing first programs have been trialled and evaluated, mostly in capital cities such as Sydney, Melbourne, Brisbane and Perth, focussing on the most vulnerable people in the homeless population. For example, the J2SI research study in Melbourne focused exclusively on people who had been sleeping rough (primary homelessness) for 12 months consecutively at some point in the past, and/or had had at least 3 episodes of any form of homelessness in the last 3 years (primary/secondary/tertiary homelessness). The participants were provided with individually tailored, ongoing and intensive support for 3 years, at which point 85% of the group receiving J2SI services had retained their housing (Johnson et al. 2014, Miscenko et al. 2017).

Other examples of housing first programs (in which a high proportion of the participants had been or were sleeping rough at the beginning of the program) include:

- 50 Lives 50 Homes in Perth (Wood et al. 2017)
- Common Ground, Platform 70 and Way2Home in Sydney (Parsell & Jones 2012, Whittaker et al. 2017)
- Brisbane's Street to Home (Parsell & Jones 2012)
- the Melbourne Street to Home program (Johnson & Chamberlain 2015).

Data

The source of data for this analysis is the Specialist Homelessness Services Collection (SHSC) conducted by the AIHW. Data spans the period from the commencement of the collection on 1 July 2011 to 30 June 2015 (a period of 4 years).

It is important to note that the SHSC includes data only on those homeless clients or clients at risk of homelessness who presented to services for assistance. It does not represent all of those who are homeless or at risk of homelessness.

All statistics are based on unique adult clients (18 years and above) and young people (15–17 years) presenting alone to SHS for assistance (these clients have been included as they presented to services unaccompanied while sleeping rough, without an established support system in place. As such they are treated as adults).

Children are out of scope for this analysis as their needs, services and outcomes largely mirror the parent or carer with whom they present to services.

Scope of the Housing Journeys project

This is the first in a 3-part series of reports which examine the 'housing journeys' of 3 primary populations of homeless clients. For the purposes of these reports, analysis was restricted to clients who first presented to SHS agencies for assistance between 1 July 2011 and 30 June 2012.

Each report will focus on 1 of these populations:

- those who identified as 'rough sleepers' on presentation to a SHS agency in 2011–12
- those who identified as 'couch surfers' on presentation to a SHS agency in 2011–12
- those who were in 'short-term temporary accommodation' on presentation to a SHS agency in 2011–12.

These cohorts were further divided into 3 sub-groups to identify clients of interest:

- persistent service users: clients who had at least 1 support period in each financial year between 1 July 2011 and 30 June 2015
- service cyclers: clients who had a least 1 support period between 1 July 2011 and 30 June 2012 and at least 1 other support period between 1 July 2012 and 30 June 2015
- transitory service users: clients who had at least 1 support period between 1 July 2011 and 30 June 2012, and did not receive support in any following financial year.

Aims of the Housing Journeys project

The focus of the overall analysis is on developing an understanding of:

- the characteristics of persistent service users, transitory service users, and service cyclers
- the reasons clients in these cohorts seek assistance
- the services provided to clients (as well as the services not provided—that is, unmet needs)
- the intensity of support (that is, days of support, span of support periods, nights of accommodation, number of support periods)
- the housing outcomes for clients in these cohorts at the end of their support.

Housing Journeys aims to improve knowledge about SHSC clients in terms of demographics; personal circumstances (including housing circumstance, living arrangements and reasons for seeking assistance); service provision (identified needs, length of support and services not provided); and outcomes for SHS clients.

Scope and aims of the rough sleeper report

The focus of the current report is clients who presented to SHS agencies for assistance between 1 July 2011 and 30 June 2012, already homeless and sleeping rough. The scope and aims of the overall study will be applied to the rough sleeper population.

Rough sleepers are the most visible population of people experiencing homelessness, despite their statistically smaller numbers than other homeless populations, such as couch surfers and people living in temporary or emergency accommodation (AIHW 2017).

Appendix B: Technical information

Scope and coverage

The Specialist Homelessness Services Collection (SHSC) was established on 1 July 2011 and collects data from SHS agencies funded by state and territory governments to respond to or prevent homelessness. The collection does not include all homeless people and those at risk of homelessness, rather it captures those who seek assistance from an SHS agency. A person becomes a 'client' once they receive services from the agency.

The aim of this study is to examine the characteristics and experiences of clients who were sleeping rough on first presentation to a specialist homelessness agency between 1 July 2011 and 30 June 2012. Therefore, clients who appeared in the SHSC for the first time after 1 July 2012 are not included in the study group for this report. Three cohorts of rough sleepers were selected based on their level of service engagement over the subsequent 3 financial years (to 30 June 2015). Table B1 provides an overview of the possible patterns of service use by cohort across the study period.

Table B1: Rough sleeper cohorts by patterns of service use 2011–12 to 2014–15

Rough sleeper cohort	Financial year support from specialist homelessness services was received			
	2011–12	2012–13	2013–14	2014–15
Persistent service users	✓	✓	✓	✓
Service cyclers	✓	✓	✗	✗
	✓	✓	✓	✗
	✓	✓	✗	✓
	✓	✗	✓	✗
	✓	✗	✓	✓
Transitory service users	✓	✗	✗	✗

All data in this report are based on unique adult clients (18 years and above) and young people (those aged 15–17) presenting alone to SHS agencies for assistance.

Data on accommodation or support provided before 1 July 2011 are not available; therefore the length of support and accommodation may be underestimated for clients who were already receiving support at the beginning of the reporting period for this study. Similarly, some clients may have continued to receive SHS support beyond 30 June 2015 but this information is not within the scope of this report.

Data quality and Indigenous Australians

A client is considered Indigenous if, at any time between 1 July 2011 and 30 June 2015, they identified as being of Aboriginal and/or Torres Strait Islander origin. Data about Indigenous Australians are affected by a number of issues, the most common being the under-identification of Indigenous people. This may happen when:

- people are not asked about their Indigenous status
- people are asked but in an inconsistent way
- information about a person's Indigenous status is recorded inaccurately.

Under-identification can vary across time and between jurisdictions. In the SHSC, information on Indigenous status is provided only with explicit consent to report this information. Indigenous status was not reported for 12% of the rough sleeper population from this study.

Incomplete data

Not all in-scope agencies submit data, and not all information sought from SHS clients is answered. This means data may not be completely representative of people receiving specialist homelessness services. How much this affects the representativeness of the data depends on how much information is missing, and how those people whose information was not collected are distributed among the study group. An imputation strategy has not been applied to correct for missing or incomplete data, therefore all SHSC data used for this analysis are unweighted.

Further information can be found in the SHSC data quality statements available on the AIHW Metadata Online Registry (METeOR) for each reporting year:

- the 2014–15 Specialist Homelessness Services Collection Data Quality Statement <<http://meteor.aihw.gov.au/content/index.phtml/itemId/626455>>
- the 2013–14 Specialist Homelessness Services Collection Data Quality Statement <<http://meteor.aihw.gov.au/content/index.phtml/itemId/593778>>
- the 2012–13 Specialist Homelessness Services Collection Data Quality Statement available in Appendix A of the 2012–13 national data report <<http://www.aihw.gov.au/publication-detail/?id=60129545629>>
- the 2011–12 Specialist Homelessness Services Collection Data Quality Statement available in Appendix B of the 2011–12 national data report <<http://www.aihw.gov.au/publication-detail/?id=60129542549>>.

Analysis of the 2011–12 SHSC data identified some data quality issues. In particular, the rate of invalid/'don't know'/missing responses was high for a number of data items. Data completeness has improved each year and this is important to consider when making comparisons between the cohorts within the study group as they differ based on the number of years for which specialist homelessness services were accessed.

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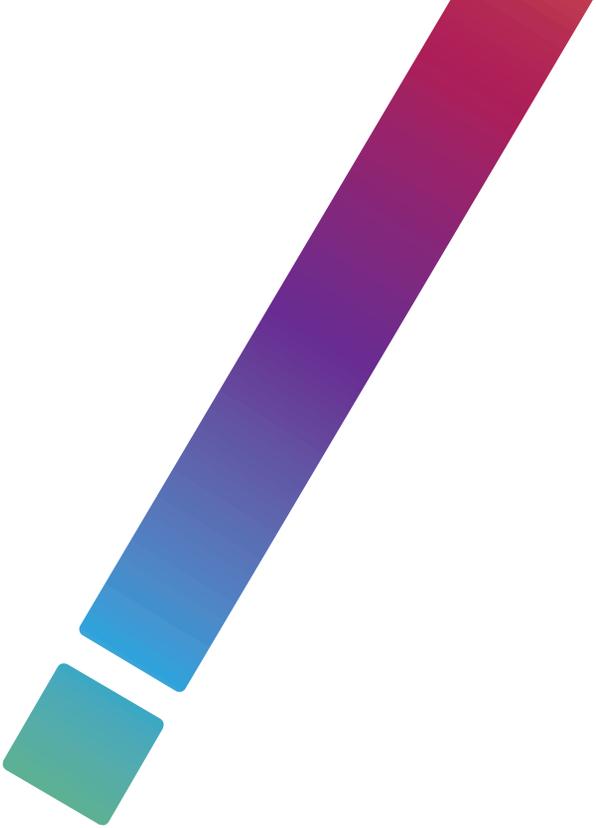
Related publications

This report, *Sleeping rough: a profile of Specialist Homelessness Services clients*, is the first in a 3-part series of the Housing Journeys Project. The editions published subsequently can be downloaded free from the AIHW website <<http://www.aihw.gov.au/publications/index.cfm/series/405>>. The website also includes information on ordering printed copies.

Supplementary tables relating to this report were published separately online as *Sleeping rough: a profile of Specialist Homelessness Services clients—Supplementary Tables*. See <<http://www.aihw.gov.au/publications/index.cfm/title/12624>>.

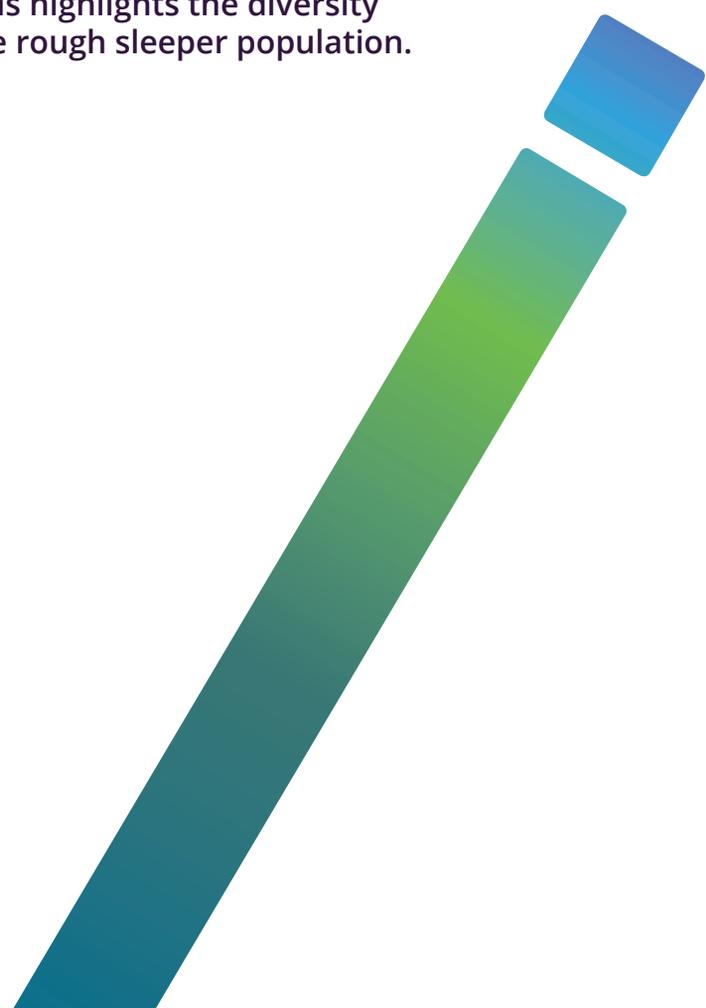
The following AIHW publications relating to homelessness might also be of interest:

- AIHW 2016. Domestic and family violence and homelessness 2011–12 to 2013–14. Web report. First published 3 February 2016. Canberra: AIHW. <<https://www.aihw.gov.au/reports/domestic-violence/domestic-family-violence-homelessness-2011-12-to-2013-14/contents/summary>>.
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Rough sleepers are the most visible population experiencing homelessness. This report explores the circumstances, experiences and housing outcomes of rough sleepers who sought assistance from specialist homelessness services between 1 July 2011 and 30 June 2015.

Based on service use patterns across a 4-year period, this comprehensive analysis highlights the diversity and the complexities of the rough sleeper population.



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