Final Report

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The cost of homelessness and the net benefit of homelessness programs: a national study

Findings from the Baseline Client Survey

authored by

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ACRONYMS

ABS	Australian Bureau of Statistics
AHURI	Australian Housing and Urban Research Institute
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal Torres Strait Islander
CALD	Culturally and linguistically diverse
CAP	Crisis Accommodation Program
COAG	Council of Australian Governments
CSHA	Commonwealth State Housing Agreement
DSP	Disability Support Pension
EST	Establishing Successful Tenancies
HASI	Housing and Accommodation Support Initiative
HOME Advice	Housing Organisational Management Expenses Advice
HSS	Housing Support Services
HSP	Homeless Support Program
IART	Intervention in Tenancies at Risk
ITS	Intensive Tenancy Support
MCOT	Mobile Clinical Outreach Team
NAHA	National Affordable Housing Agreement
NDC	National Data Collection
NDCA	National Data Collection Agency
NGO	Non-government Organisations
NPAH	National Partnership Agreement on Homelessness
NPSH	National Partnership on Social Housing
NSW	New South Wales
PHIP	Public Housing Infrastructure Program
ROGS	Report on Government Services
S2H	Street-to-home
SA	South Australia
SAAP	Supported Accommodation and Assistance Program
SCRGSP	Steering Committee for the Review of Government Service Provision
SHAP	Supported Housing Assistance Program
SHASP	Social Housing Advocacy and Support Program
SHLV	Safe at Home Leaving Violence

STP	Supported Tenancies Program
THM	Transitional Housing Management
Vic	Victoria
WA	Western Australia
WHO QoL-BREF (Australian Version)	World Health Organization Quality of Life (BREF Australian Version)

EXECUTIVE SUMMARY

Aims and objectives

Homelessness occurs when an individual does not have access to safe, adequate or secure shelter. Homelessness can lead to much higher use of mainstream public support services, such as health and justice services, than is evident in the general population (Flatau et al. 2008; Zaretzky et al. 2008). At the same time, services supporting homeless people may assist them to achieve positive change in their life and so reduce the use of these services and their reliance on welfare services. Increased housing stability can also result in decreased costs for providers of public housing through a decrease in the number of evictions. Given the costs of homelessness, the provision of homelessness services may result in 'whole-of-government' budgetary savings as a result of improved client outcomes.

With the Australian Government's White Paper on Homelessness, *The Road Home* (2008) and the commencement of the National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH), there has been increased emphasis on examining the outcomes of homelessness support programs and whether these programs are cost-effective.

This study addresses this research priority, examining:

- The extent to which outcomes for clients of specialist homelessness programs is changed by receiving support. Data to examine outcome changes is gathered via a longitudinal survey of clients of specialist homelessness services, administered when a period of support commences and again after 12 months.
- The costs of non-homelessness services used by persons at risk of homelessness. This is estimated across the health, justice and income support domains, as well as an estimate of the cost of children being placed in care due to unstable accommodation circumstances, and the cost of public tenancy evictions for persons who are subsequently homeless.
- The cost of providing specialist homelessness programs. This is examined both through a survey of agencies delivering specialist homelessness services and from government administrative data. The potential savings in non-homelessness services are netted off against the cost of providing homelessness support to determine the net cost to government of providing homelessness assistance.
- Investigating the potential to use linked administrative homelessness, health, justice, income and welfare support data to quantify the costs of homelessness and the costs and benefits of homelessness program assistance.

Scope of the study

The study extends a Western Australia study by Flatau et al. (2008), Flatau and Zaretzky (2008) and Zaretzky and Flatau (2008), extending the range of programs examined to incorporate initiatives introduced with the NPAH, and to include programs operating in New South Wales, Victoria and South Australia, as well as Western Australia. These four states represent approximately 75 per cent of the total population (ABS 2010a) and approximately 66 per cent of the homeless population (Chamberlain & Mackenzie 2009).

Intervention points examined are:

- *Supported accommodation* for single men and single women, including those escaping domestic violence.

- *Street-to-home* programs providing long-term supported accommodation to those leaving primary homelessness with mental health and/or drug and alcohol needs.
- *Tenancy support* programs; early intervention programs assisting persons who already have a public or private tenancy to maintain that tenancy.

This is the first of two Final Reports from the present AHURI Cost of Homelessness study. It outlines the methodological framework for the study, describes the homelessness support environment and reports on the Baseline Client Survey, including a preliminary analysis of the cost-effectiveness of the programs examined and the extent to which it is possible to identify quasi-experimental comparison groups for the target treatment groups.

The second Final Report will examine the findings of the 12-Month Client Follow-up and Agency Surveys and will further examine program cost-effectiveness. It will also discuss the extent to which current administrative data sets can be utilised to examine the relation between homelessness and utilisation of non-homelessness services, such as welfare payments, health and justice.

The Baseline Client Survey

In total, 47 homelessness services providers from 26 agencies across the four states were approached to participate in the study. Of these, 37 services from 18 agencies agreed to participate. From these services, a total of 204 Baseline Client Surveys met the requirements to be incorporated in the analysis; 190 case managed clients (69 clients of single men's programs; 74 for single women's, 41 for tenancy support programs and six street-to-home) plus 14 day centre clients.

Client needs and outcomes

Respondent clients represented a diverse group who came from a variety of different backgrounds and experienced a broad range of social, economic and health issues. The average age of respondents was 38.5 years with the majority single on entering the period of support. Approximately 80 per cent of respondents were born in Australia. Overall, 15.3 per cent of participants were of Aboriginal or Torres Strait Islander (ATSI) background. A greater proportion of day centre respondents identified as ATSI (42.9%) than case managed respondents (13.3%). Nearly two-thirds of respondents left school before completing year 12.

Accommodation circumstances of respondents prior to receiving support and during support varied by program. Not surprisingly, on entering support, 63.2 per cent of tenancy support clients were in public/community or private rental accommodation, and the proportion in this type of accommodation after support commenced increased to 91.9 per cent. In contrast, 67.6 per cent of single men, 59.4 per cent of single women and 83.3 per cent of street-to-home respondents reported sleeping rough, or being in some type of temporary, short-term or crisis accommodation prior to support commencing. At the time of the survey, over 90 per cent of single men and single women were in crisis accommodation, while 80 per cent of street-to-home clients were in public/community or private rental accommodation.

Overall, the majority of respondents had slept rough (68.5%), lived in crisis accommodation (72.9%), stayed with relatives or friends because they had nowhere else to go (74.7%) or lived in boarding or rooming houses (52.5%) at some time in their lives. Many report that their first experience of homelessness occurred before the age of 18.

Only 7 per cent of respondents were employed at the time the survey was administered. The vast majority (98% of clients) reported receiving some type of

income, with the major source being ‘unemployment benefits’ or ‘sickness/disability benefits’.

Just over 60 per cent of all respondents reported a long-standing physical health condition. The prevalence of diagnosed mental health disorders was high; particularly mood disorders (44.2%) and anxiety disorders (38.7%), both of which are considerably higher than among the general Australian population. Over one-third (40.7%) of respondents reported they were currently receiving support from a mental health service.

Psychological distress (measured using the Kessler K10) was also very high for all clients; the majority (62.4%) scored in the high or very high distress categories. In contrast, in the Australian population the majority score in the low (67%) or moderate (21%) psychological distress categories. Compared with the Australian population, respondents had lower mean scores on all World Health Organisation (WHO) Quality of Life (QoL) – BREF domains with the greatest difference seen for the social relationships domain; a result consistent with all our previous work using this scale (see Flatau et al. 2008, 2012).

Non-homelessness service use and cost-offsets

International and Western Australian evidence find that persons who are homeless are heavy users of government services, such as health and justice services. They are also less likely to be able to find employment. Moreover, there is a greater chance of those with a public tenancy being evicted, and there is the potential for unstable accommodation to compound other factors, such as mental health problems, which may result in any accompanying children being placed in care. Assistance to prevent a period of homelessness creates better outcomes and, on average, a lower level of contact with non-homelessness services is observed. This reduced utilisation of non-homelessness services potentially creates whole-of-government budgetary savings, referred to as cost offsets.

Potential offsets examined relate to health and justice services, eviction rates from public tenancies, the cost of children placed in care due to housing instability, income levels and sources, and the effect of this on government welfare payments and taxation receipts. The method to estimate the value of cost offsets follows Flatau et al. (2008).

This report uses two types of comparisons, both of which are not without conceptual difficulties, to examine the cost to government of a high use of non-homelessness services and the associated potential cost offsets.

- *Population-based analysis of cost to government*; reported utilisation rates (and implied expenditures) from the Baseline Client Survey are compared with population rates. This provides information regarding the extent to which persons who are homeless are heavy users of non-homelessness services and can be used to examine potential cost offsets resulting from preventing a period of homelessness. However, differences between the homeless population and the general population, such as physical and mental health issues, alcohol and drug use, mean that even with intensive support, many clients of homelessness services are unlikely to experience outcomes consistent with the general population. Therefore, only a portion of cost offsets calculated from this comparison are likely to represent realisable offsets.
- *Within sample-based analysis of cost to government*; for each program type, Baseline Survey service utilisation rates for respondents who had experienced a period of homelessness within the previous 12 months is compared with those

who had not. This provides a more conservative estimate of potential offsets. The comparison is reported for health and justice services for single men, single women and tenancy support clients only. No within sample comparison group of adequate size is available for the other client cohorts or in relation to the other areas of government expenditure. A difficulty with this approach is that it provides a distorted picture of the costs of homelessness in the case of those who transit rapidly from institutional settings, such as jail and hospitals, into homelessness support. Those in this category may not register a spell of homelessness prior to the support period but will have very high government costs in the year prior to support, which will be greater than the costs associated with homelessness.

Population-based analyses of cost to government

The dollar value of higher than population use of health and justice services by people who are at risk of homelessness, is calculated as:

> (average annual use by clients) * (unit cost of service) – (population average annual use) * (unit cost of service)

This provides the estimated potential health and justice cost offsets for a year. Table 1 reports on health and justice costs as well as other costs included in the study. The table also reports average lifetime cost offsets.

Table 1: Population-based cost offsets per client, annual and average life outcomes

	Single men	Single women	Tenancy support	Street-to-home	Total case managed	Day centre
	$	$	$	$	$	$
Total annual offset per client						
Health	22,824	13,247	4,254	4,575	14,507	877
Justice	10,684	2,749	4,536	1,302	5,906	4,393
Welfare and taxation foregone (average wage)	10,482	4,558	3,503	8,937	6,620	12,523
Children placed in care	8	2,734	5,908	-101	2,342	-101
Eviction	139	64	0	0	75	685
Potential offset per client—annual	44,137	23,352	18,201	14,712	29,450	18,377
Average life outcomes						
(n = 43, i = 3%)						
Health	547,361	317,677	102,020	109,713	347,898	21,039
Justice	256,222	65,921	108,782	31,218	141,630	105,353
Welfare and taxation foregone (average wage)	251,384	109,313	84,018	214,335	158,758	300,321
Children placed in care	199	65,561	141,683	-2,428	56,172	-2,428
Eviction	3,325	1,544	-12	-12	1,806	16,433
Potential offset per client—average life outcome	1,058,491	560,016	436,492	352,826	706,264	440,718

For all programs examined, the cost of health services used by clients exceeds the population average. Over the four case managed programs the total difference in health services varies between $22 824/year for single men and $4254/year for tenancy support clients. The average difference between population and client cost for all case managed clients is $14 507. In contrast, health service costs for day centre clients were on average a comparatively small $877/year higher than the population. Across all programs 'nights in hospital' represents the area of largest cost difference, being $7590/person/year higher than the population average cost, or 52 per cent of the total difference in health care cost.

For all programs, the cost of justice services used by clients of homelessness programs exceeds the population average. For the case managed programs, the cost differential varies between $10 684/person/year for single men and $1302/person/year for street-to-home clients. The average differential across all case managed programs is $5906/person/year. For day centre clients the amount by which justice services costs exceeds the population average is $4393/year, comparable with the average for case managed clients. The dominant driver of the justice cost differential for single men is different from all other programs. Single men report a very high incidence of being held in prison and remand or detention; accounting for $4992 and $2123, respectively, or 66 per cent of the total differential in reported justice costs. For all other programs the highest justice cost differentials are observed for 'Victim of assault or robbery' and 'In Court'.

The results of the present study are largely consistent with those reported in our original WA study (Flatau et al. 2008) and in the recently completed Michael Project (Flatau et al. 2012). Health and justice costs are consistently higher for persons at risk of homelessness than for the general population, with health-related costs representing approximately 70 per cent of the combined differential. All three studies show the dominant role of utilisation of hospital services, in particular hospital stays, in the high health costs. In relation to justice services, all three studies find the high cost for single men relates to time in prison, remand or detention and court costs.

Calculation of cost offsets relating to welfare payments is modified to reflect the low labour force participation rate of homeless persons that results from issues such as disabilities and mental health problems. For these people it is unlikely that entitlement to government benefits would alter materially with accommodation circumstances or homelessness assistance. Therefore, the analysis focuses on the effect of high unemployment levels on Newstart payments and tax receipts foregone for persons available to work.

Estimated taxation receipts foregone are dependent on assumed earnings. Two estimates are made: the first based on average weekly earnings and the second based on the minimum wage rate. The lower than population average educational attainment of survey respondents suggests that if the unemployment rate of persons at risk of homeless were to decrease to population rates, on average earnings would be less than population average earnings and taxation receipts would be correspondingly lower.

When taxation foregone is based on average wage rates, it is, on average, $15 923/person available to work for case managed clients, or $10 455/person available to work when taxation foregone is based on minimum wage rates. The proportion of cost relating to payment of Newstart compared with taxation receipts foregone is dependent on assumed earnings. Payment of Newstart benefits represents $9217 or 58 per cent of the total cost when taxation foregone is based on the average wage and a much larger 88 per cent of the total cost when based on the minimum wage rate.

Once this cost is averaged across all program clients, as opposed to those available to work, the cost per person is both considerably lower ($6620/client/year) and displays much greater variation across programs due to differences in labour force participation rates.

The cost of children being placed in care due to unstable accommodation circumstances relates to only those instances where children were placed in formal out-of-home care which incurs a cost to government. The likelihood of having a child placed in care is dependent upon the ratio of dependent children aged 17 and under to persons aged over 17. This varies across programs and is different from the population average. Therefore, the cost is reported on a 'per child', 'per family' and 'per client' basis.

As expected, the cost of children being placed in care is dependent on the nature of the homelessness program. Single women, tenancy support and single men programs all report a much higher incidence of children being placed in care than the population average. In contrast, street-to-home and day centre clients do not report any incidents of children being placed in care.

Cost offsets relating to the cost of eviction from a public tenancy are dependent upon having a public tenancy. For respondents who were able to access a public tenancy, and who were not part of a tenancy support program, the probability of eviction was very high; at around 50 per cent. This incurs significant cost to government that potentially could be avoided through ongoing support. However, the low rate at which respondents, other than clients of tenancy support services, were able to access public tenancies means that the cost of eviction per client is comparatively low.

Following Flatau et al. (2008) and Raman and Inder (2005) the 'average life outcome' is also estimated and is defined as the present value of a stream of annual cost savings, where the real value of each year's savings is equal to the identified annual savings. The annual cost differential is assumed to continue over 43 years, being the difference between the average age of clients surveyed (39 years) and the average life expectancy of 82 years. Future year estimates are made in 2010–11 dollars and discounted at 3 per cent to reflect time preference.

Across all case managed programs the total annual potential cost offset is estimated at $29 450/client/year. The offset varies between programs, from $14 712/client/year for street-to-home clients to $44 137/client/year for single men's services. Once the potential offset is estimated over the average remaining client life, the average life outcomes range varies between $1 058 491/client for single men and $352 826/client for street-to-home programs. This represents a large financial benefit for government if a person is able to be supported in such a manner that utilisation of non-homelessness services over their remaining life decreases to levels observed for the population.

Indigenous status is also potentially linked to a person's use of non-homelessness services. To examine this link for persons at risk of homelessness, we examine the difference in use of health and justice services for clients of single men's, single women's and tenancy support services based on Indigenous status.

The sample size for Indigenous clients is small and the results should be viewed as indicative, especially those for single men's services. However, the overall pattern of lower use of health services by Indigenous persons than non-Indigenous, but higher contact with justice services for Indigenous respondents is consistent across clients of the three cohorts, providing some confidence in this finding. The pattern of comparatively low use of health services and a very high rate of contact with justice services is particularly evident for Indigenous clients of single men's services.

Within-sample analysis of cost to government

An alternative method to analyse how a period of homelessness affects utilisation of non-homelessness service utilisation is to compare prior year service utilisation by respondents who had experienced a period of homelessness in the prior year with those who had not. This provides a more conservative estimate of possible cost offsets.

A shortcoming in this approach is that it can provide a distorted picture of the costs of homelessness. For example, those who are currently homeless but were in health and justice institutions in the prior year (and did not experience homelessness) experience much higher costs in the prior year than during the time they are homeless. Simply put, homelessness is less costly to government than jail sentences and long periods in residential mental health facilities. It turns out that this scenario was important in the case of single men.

The annual dollar value of the differential in health and justice service use for different cohorts of people accessing homeless assistance programs is estimated as:

> (average annual use by persons experiencing homelessness) * (unit cost of service) (average annual use by clients not experiencing homelessness) * (unit cost of service)

Single men who have not experienced homelessness report much higher health and justice costs than those who have experienced homelessness. This was not an unsurprising result. The higher costs relate predominantly to nights spent accommodated in institutional settings, hospital, prison and remand or detention, which in total add up to $31 203/person/year in additional costs.

This pattern of higher hospital, prison and remand costs for single men at risk of homelessness but who had not experienced homelessness in the previous year, is consistent with that observed in the WA study (Flatau et al. 2008). Further research is required to examine the causality between time accommodated in hospital and jail, and experiences of homelessness among single men.

When considering single women and tenancy support clients, the combined cost of health and justice services is $4590/person/year higher for single women and $3596/person/year higher for tenancy support clients when a period of homelessness was experienced.

Conclusion

Persons at risk of homelessness are heavy users of health, justice and welfare services, as well as being more likely to have children placed in out-of-home care and experience eviction from a public tenancy. This higher than population use of non-homelessness services represents both a cost to government and a potential cost savings to government where support is provided to prevent homelessness. Although point estimates of cost offsets must be treated with care, the pattern in health and justice costs in this Baseline Study is largely consistent with those found in the WA study conducted by Flatau et al. (2008), and the Michael Project (Flatau et al. 2012)[1]. The second Final Report will further examine the issue of potential cost offsets, as well as the cost of providing Specialist Homelessness Services and the potential to utilise linked administrative data sets in future homelessness research.

[1] These studies focused on the cost of health and justice costs, and did not report on the other cost categories considered here. The Michael Project examined issues relating to single men only.

1 INTRODUCTION

Homelessness occurs when an individual does not have access to safe, adequate or secure shelter. While the absence of safe, adequate and secure shelter is crucial to an assessment of whether an individual is homeless, the experience of homelessness is one which goes well beyond the housing dimension. It is driven by, and in turn, compounds mental health and other health conditions, substance abuse problems, low income, the experience of domestic violence and family breakdown. There is also a complex set of interactions between homelessness and the justice system. Those who are homeless are more likely than others to be picked up by the police on the streets, face court appearances and go to jail. And those exiting jail are, themselves, more prone to homelessness (Australian Government 2008).

As a consequence of these complex interactions, homelessness can lead to much higher use of mainstream public support services, such as health and justice services, than is evident in the general population (Flatau et al. 2008; Zaretzky et al. 2008; Flatau & Zaretzky 2008). At the same time, services supporting homeless people may assist them to achieve positive change in their lives and so reduce the use of mainstream health, justice and welfare services. Increased housing stability can also result in decreased costs for providers of public housing through a decrease in the number of evictions, improved property conditions and reduced maintenance costs. Although unstable housing itself may not be a primary cause for children being placed in out-of-home care, it may compound other issues which place accompanying children at risk. Thus, preventing a period of housing instability may reduce instances of children being placed in care and the potential negative longer-term effects of homelessness on children. Consequently, budget outlays in all of these areas may fall immediately or over time, as a result of effective homelessness service provision and the positive outcomes produced for clients of these services.

Given the costs of homelessness, the provision of homelessness services may result in 'whole-of-government' budgetary savings as a result of improved client outcomes. Economic analyses of homelessness and homelessness programs are of fundamental importance to the formulation of effective homelessness and housing policies. First, they provide crucial evidence on the public cost burden of homelessness. If homelessness generates significant costs to non-homelessness budgets, then an *a priori* case for significant publicly funded interventions to prevent and end homelessness is established. Second, economic analyses of homelessness programs provide crucial evidence on the cost-effectiveness of homelessness programs. If it can be shown that homelessness programs produce positive outcomes for clients at relatively low cost, provide significant cost savings to mainstream health, justice, income support and welfare support programs, then the case for intervention is well and truly established.

This is the first of two reports that examine the cost and associated benefits of providing homelessness services. A longitudinal survey of clients of homelessness services is utilised to collect primary data on outcomes for persons who are homeless or at risk of homelessness and the change in those outcomes when a period of support is provided by a specialist homelessness service. Outcomes examined include housing, employment and income, utilisation of health and child support services and contact with justice services.

There are two waves of the Client Survey; a Baseline Survey, at the time a new period of homelessness support is entered into, and a 12-Month Follow-up Survey. A survey of the Agencies delivering specialist homelessness programs is also conducted. This

collects information regarding composition of the client group, program cost structure and sources of funding, government and non-government.

This first Final Report outlines the methodological framework for the study, describes the homelessness support environment and reports on the Baseline Client Survey, including a preliminary analysis of the cost-effectiveness of the programs examined and the extent to which it is possible to identify quasi-experimental comparison groups for the target treatment groups.

The second Final Report will examine the findings of the 12-Month Follow-up Client Survey and the Agency Survey and will further examine program cost-effectiveness. It will also discuss the extent to which current administrative data sets can be utilised to examine the relation between homelessness and utilisation of non-homelessness services such as welfare payments, health and justice.

The White Paper on homelessness provides a framework to provide assistance for maintaining tenancies, support and accommodation for people who are homeless, for social housing and home purchase. The new NAHA commenced in January 2009. It replaced the Supported Accommodation Assistance Act (1994) and provides the current policy framework for the Commonwealth, state and territory effort on housing and homelessness. Of the total $6.1 billion to be provided over the five years from 2008 to 2009, $800 million is to be spent on services to prevent homelessness. This is to be delivered under the NPAH. This study focuses on the effectiveness of homelessness assistance services and tenancy support.

With the Government White Paper on Homelessness, *The Road Home* (2008) and the commencement of the NAHA and the NPAH, there has been increased emphasis on examining the outcomes of homelessness support programs and whether these programs are cost-effective. The White Paper specifies as research priorities population-based research, cost–benefit analysis and analysis of effectiveness of interventions, as well as the integration of homelessness and mainstream information technology systems to facilitate reporting. This study addresses each of these research priorities.

With increased government funding being channeled toward the specialist homelessness sector, it is important to examine the extent to which these programs result in a change in outcomes for their clients. For government it is also important to understand how those outcome changes impact demand for other government services. Where support to prevent homelessness results in a decrease in the use of other government non-homelessness services, the potential savings to government creates an offset to the cost of providing homelessness support, thus potentially reducing the net cost to government of providing homelessness assistance. Where an increase in demand is observed, the additional cost should be seen as part of the total cost of assisting clients to obtain and maintain stable accommodation.

Australian literature examining the cost-effectiveness of homelessness programs is sparse, but has expanded in the last couple of years. Two major literature reviews published prior to 2008 examining the cost and cost-effectiveness of homelessness support (Berry et al. 2003; Pinkey & Ewing 2006) point out the lack of Australian evidence at that time on the cost of providing homelessness support and the cost-effectiveness of the existing programs. In 2006, Reynolds et al. estimated it could cost as much as $34 000 a year for some people to remain chronically homeless in Sydney. Baldry et al. (2012) use an empirical case study approach and data from the Mental Health and Cognitive Disability in the Criminal Justice System (MHDCD) dataset to provide an estimate of the cost to government of community services, justice, health and housing services, incurred by 11 chronically homeless individuals

over their lives to-date. The estimated costs range from $962 741 (28-year-old man) to $5.5 million (22-year-old woman). The costs for the majority of individuals considered ranged between $1 million and $3 million. Although these costs relate to a small number of chronically homeless individuals and do not necessarily reflect the average cost to government of homelessness, they do show that the costs of non-homelessness service use over a person's entire lifetime can be very large. Baldry et al. (2012) point out the study is not a cost-effectiveness study:

> However, the evidence suggests that the disproportionately high criminal justice and emergency service costs incurred by individuals in the case studies could have been better spent supporting these most vulnerable individuals to greater well-being. (p.112)

Four recent Australian studies that did examine issues of cost-effectiveness found that the cost to government of providing support to prevent homelessness is potentially offset by reduction in utilisation of non-homelessness services. A 2007 evaluation of the Housing and Accommodation Support Initiative (HASI), which operates in Sydney found the cost of accommodation support was substantially offset by reduced hospitalisation costs. HASI provides social housing accommodation and intensive support for homeless persons diagnosed with mental illness and high levels of psychiatric disability. Participants reported improved physical health and psychological wellness with a corresponding reduction in hospitalisation rates, resulting in a reduction in hospital costs of $35 127 per person per year (2004–05) (Social Policy Research Centre 2007). An AHURI study conducted in Western Australia by Flatau et al. (2008) provided a first assessment of the cost-effectiveness of specialist homelessness programs operating in that state. People experiencing homelessness or being at risk of homelessness, were found to be higher users of expensive health services and had more contacts with justice services than the population in general. Also, clients of homelessness services who had experienced a previous period of homelessness or precarious living were on average more likely to use expensive health services and have contact with justice services. It concluded that the cost of support to prevent homelessness was potentially offset by savings in the areas of both health and justice. If health and justice service use of the homeless population was bought to that of the general population, homelessness programs would have the potential to save over twice the value of capital and recurrent funding of such programs (Flatau et al. 2008; Zaretzky et al. 2008).

These findings were also reflected in the Michael Project (Flatau et al. 2010, 2012), which examined the health and justice costs of single men accessing Mission Australia outreach, and supported accommodation services. The baseline sample of 253 men displayed heavy use of health and justice costs compared with the population in general; in particular, they experienced more nights in hospital, mental health institutions and drug and alcohol facilities, and nights in correctional facilities than the population in general. These are all high-cost areas for government.

The Final Report for the Michael Project (Flatau et al. 2012) displays findings for the sub-set of 106 respondents who participated in both the Baseline and the 12-Month Follow-up Survey. It shows the health and justice costs of this cohort when they entered the Michael Project to be more than 10 times, or $22 080, greater than that observed for the population in general. It also found that respondents' uses of health and justice services on average reduced, subsequent to being provided with support to prevent homelessness; and the reduction in costs associated with that reduced non-homelessness service utilisation either mostly or completely offset the costs of providing homelessness support.

Another study, undertaken on behalf of the City of Sydney, (Wilhelm et al. 2012), examined health and justice costs, plus the costs of other support provided by non-government agencies that are associated with sleeping rough, and compared that with the costs of housing rough sleepers. The sample was predominantly men and the approach taken was to compare the costs associated with service use by persons currently sleeping rough with that of persons who had previously been rough sleepers and had been housed for at least 12 months. The study found that the health costs of those who were housed were actually higher than for rough sleepers over the first two years of being housed, but the justice costs were much lower. The higher health costs were interpreted as a positive outcome, reflecting greater access to health services, with it being likely that these costs may decrease as health conditions stabilise. Overall, it was estimated that the cost of a person sleeping rough is $28 700/person/year, approximately $26 000/person/year more than the cost for the general population, and $10 200/person/year more than the average cost of street-to-home support. The study concluded that it was cheaper over the long term to house people rather than service homelessness.

The Australian findings are consistent with US studies which also report that people receiving housing support are, on average, less likely to utilise health, welfare and justice services than those who do not receive such support. The cost savings from reduced service use is found to substantially offset the cost of providing housing services (Culhane et al. 2002; Corporation for Supportive Housing 2004; Colorado Coalition for the Homeless 2006, Mondello et al. 2007; Matruax &Culhane 2009). In one of the first studies examining potential savings that might be made by ensuring people have affordable housing and ongoing support, Culhane et al. (2002) estimated the total annual cost of shelter use, hospital presentations and interactions with corrective services by chronically homeless persons in New York at about US$41 000 compared with the annual cost of supporting previously homeless persons in supportive housing of US$995 per annum.

In this study we extend the available evidence on cost-effectiveness of Specialist Homelessness Services (SHS). The study undertaken by Flatau et al. (2008) examined the cost-effectiveness of Specialist Homelessness Services operating in Western Australia in the pre-NAHA policy environment. Here we follow the method adopted in the Western Australian study and apply it to provide evidence of cost-effectiveness in the post-NAHA environment for services operating in four states: New South Wales, Victoria, South Australia and Western Australia. The intervention points examined are extended to include street-to-home programs and the extended range of tenancy support programs introduced as part of the NPAH.

The aims of this project are to:

- Estimate the costs of homelessness across the health, justice, income support and welfare services domains and assess the potential cost to government of not undertaking programs designed to assist homeless people and those at risk of becoming homeless.
- Assess the costs and benefits of programs designed to assist those who are homeless or who are at risk of becoming homeless.
- Investigate the potential to use linked administrative homelessness, health, justice, income and welfare support data to quantify the costs of homelessness and the costs and benefits of homelessness program assistance.

Intervention points examined are:

- *Tenancy support* services assisting those at risk of homelessness in public and private rental sectors. These are early intervention programs operated and funded

primarily by Commonwealth and state governments under the NPAH. They assist people who currently have a public or private tenancy and are at risk of eviction. These programs operate as the Social Housing Advocacy and Support Program (SHASP) in Victoria, Intensive Tenancy Support Program (ITS) in South Australia and in Western Australia as the Supported Housing Assistance Program (SHAP) delivered by the Department of Housing for public tenancies and Public and Private tenancy support programs operated by the Department of Child Protection. Tenancy support projects in NSW currently focus on Indigenous people living in regional areas (NSW Government 2009a, 2011a) and are not included in this study. A range of tenancy support programs were extended and introduced with the NPAH to assist people who are leaving institutional settings to access and maintain a tenancy. These programs are not specifically examined in this study.

- *Street-to-home* services providing street outreach and long-term supported accommodation to those leaving primary homelessness with mental health and/or drug and alcohol needs. Street-to-home is a long-term intensive support initiative funded by Commonwealth and state governments under the NPAH. A street-to-home program has been operational in South Australia since 2005 and subsequent programs introduced through the NPAH have been modeled on it. Programs in the other states commenced during 2010, although some states had previously trialed similar programs. Accommodation for street-to-home clients is provided through both NAHA (previously Crisis Accommodation Program (CAP)) and mainstream social housing.
- *Homelessness support programs* for single men and for single women. These programs provide assistance for single men and single women who are without secure accommodation, including those affected by domestic violence and those with accompanying children. The programs currently operate as part of the NAHA and NPAH. Assistance for victims of domestic violence is predominantly through crisis accommodation and women's refuge services. Currently a small number are supported through the Safe at Home Program, a new initiative introduced as part of the NPAH. Under the Safe at Home Program the victim of domestic violence is supported to remain in the family home and the perpetrator is removed from the home and in some cases provided with supported accommodation. Recurrent funding for the programs is provided by the Commonwealth and state governments. Capital funding for accommodation is provided through NAHA. Prior to the introduction of NAHA, supported accommodation services operated under the Supported Accommodation Assistance Program (SAAP) and capital funding occurred through the CAP.

Also investigated is the feasibility of identifying and accessing potential quasi-experimental comparison groups for these intervention points. Clients of day centres who are experiencing homelessness or a state of precarious living but are not receiving case managed support, potentially represent a comparison group for all intervention points except tenancy support. Persons in a tenancy and identified as at risk of homelessness, but not able to access support to maintain the tenancy due to system limitations, are a potential comparison group for tenancy support.

A measure of cost-effectiveness requires consideration of the cost of delivering the homelessness support program and how that support changes outcomes for clients of services. Where changed client outcomes results in a change in demand for non-homelessness government services, there is potential for government expenditure on these non-homelessness services to also change. Alternatively, a given level of expenditure may be able to meet a larger proportion of total demand for services in that area.

To examine cost-effectiveness the study considers:

- The cost of providing specialist homelessness programs. This includes recurrent funding provided by state and Commonwealth governments, funds raised by service providers through donations, rent receipts and other sources, and the cost of capital invested in accommodation utilised to provide accommodation support.
- The extent to which outcomes for clients of these programs is changed by receiving support, as opposed to that when no support was received and a period of homelessness was experienced. Data to examine outcome changes is gathered via the longitudinal survey of clients of specialist homelessness services.
- The potential savings to government in non-homelessness services when a period of homelessness is prevented; for example, through decreased welfare payments, reduction in instances of eviction, reduced utilisation of expensive health services, reduced contact with justice services and fewer instances of children being placed in care due to unstable accommodation circumstances. The potential savings in non-homelessness services are netted off against the cost of providing homelessness support, to determine the net cost to government of providing homelessness assistance.

As noted previously, the interaction between homelessness and use of non-government services is complex and a range of factors play a role in experiences of homelessness, including mental health issues, physical disabilities, previous experiences of homelessness, educational attainment and engagement in the labour market. This level of complexity means that preventing homelessness is unlikely, on average, to reduce the use of non-homelessness services by persons at risk of homelessness to a level observed for the population on average. However, Australian and overseas evidence discussed previously does suggest there is less intensive and more efficient use of non-homelessness services when homelessness support is provided, and so there is potential for the cost of support to be offset.

It is also relevant to note that the provision of support may also lead to an appropriate increase, rather than a decrease in utilisation of non-homelessness services. For example, where a person is without shelter and without a permanent address, it is often more difficult to access welfare payments. Some people entering a period of homelessness support have untreated physical or mental health problems. In these instances the support service may assist the client to access appropriate government services, improving outcomes for the client and increasing demand for non-homelessness services. This of course may increase government costs. However, US studies have shown that even where utilisation of health services is increased, because people are being directed to more appropriate cost-effective services, the total cost to government is decreased (Colorado Coalition for the Homeless 2006; Mondello et al. 2007). We pay particular attention in the health area to differentiating between the use of health services resulting from participation in rehabilitation programs and mental health support services, and the use of services as a consequence of poor management of health needs and drug and alcohol dependence problems.

The cost of delivering specialist homelessness programs represents the recurrent cost to government of funding the programs as reported by the relevant government department. An imputed opportunity cost of capital employed in providing accommodation is added to this recurrent cost to obtain a 'Total Cost'. The Western Australian study by Flatau et al. (2008) showed that many SAAP service providers supplement recurrent funding received from government by charging clients rent, or from other sources such as vending machines. A survey of agencies providing homelessness service will be used to gather data on the extent to which providers supplement available funds through such measures. It will also examine the

breakdown of the cost of providing services. The findings of this Agency Survey will be presented in the second Final Report.

As part of the present study, we will also examine the potential to estimate the costs of homelessness on the basis of administrative data rather than retrospective self-report data. Such an approach requires linking homelessness program client identifiers with similar identifiers in health, justice, welfare support and income support datasets. This component of the research will seek to develop a research design for a future study on the estimation of whole-of-government costs of homelessness in Australia using administrative datasets.

This first report presents the results of the Baseline Client Survey and a preliminary analysis of the cost offsets of the programs examined. The final project report will present the findings of the 12-Month Follow-up Survey along with program costs and a cost–benefit analysis.

The structure of this report is as follows. Chapter 2 outlines project method and research design, and describes the structure of the study's three surveys, paying particular attention to the Baseline Client Survey. Issues in accessing a suitable quasi-experimental comparison group are also discussed. Chapter 3 discusses the operation of homelessness services in the four included states: New South Wales, Victoria, South Australia and Western Australia. Chapter 4 provides a detailed examination of findings regarding client circumstances at the time of entering a period of support, and in the 12 months prior to entering the support period. In Chapter 5 we present findings on potential cost offsets from non-homelessness services. The Conclusion provides a summary of findings.

The second Final Report will be published subsequent to completion of both the 12-Month Follow-up Client Survey and the Agency Survey. It will present further insights into the effectiveness of homelessness support services, as well as examining the cost structure of agencies providing homelessness programs and the cost of providing homelessness support, inclusive of direct government and non-government sources of financing for these programs. This information will be used to examine the whole-of-government costs of providing homelessness services, net of cost offsets. The extent to which administrative datasets can be used in future homelessness research will also be addressed.

2 METHOD AND CONCEPTS

In this chapter we define the key concepts used in the study and the methodological framework. Section 2.1 outlines the study's research questions and how they are addressed; Sections 2.2 and 2.3 address terminology and definitions; the cost-effectiveness and cost-benefit framework is outlined at Section 2.4; the Client Survey is discussed at Section 2.5; the method for determining cost offsets is outlined at Sections 2.6 and 2.7; Sections 2.8 and 2.9 briefly discuss the method to be employed to estimate program costs and use of administrative datasets in examining homelessness issues, both of which will be addressed in the second Final Report. Section 2.10 provides the conclusion.

2.1 Research questions

The project is organised around the following research questions.

Research Question 1 (RQ1): The health, justice, income support and welfare support costs of homelessness. To what extent and in what ways are homeless people and those at risk of homelessness, heavy users of health, justice, income support and welfare support programs? What are the patterns of service use among homelessness support clients and how are these patterns affected by the needs and homelessness histories of those involved? What savings (or cost offsets) may accrue to government programs as a result of reduced utilisation of health, justice, income and welfare support programs? In what ways may service utilisation actually increase as a result of improved assistance to homeless people and what are the long-term benefits of such increased assistance?

Research Questions 2 (RQ2): Recurrent and capital government costs incurred in operating homelessness programs. What are capital and recurrent costs of homelessness programs per day of support? How do costs of support differ according to the client base, the nature of the clients being supported and differences in state and territory program funding models?

Research Question 3 (RQ3): The benefits and costs of homelessness programs. What are the benefits and what is the net cost of assisting homeless people and those at risk of homelessness? To what extent do reduced expenditures in the areas of health, justice, welfare support and income support payments offset the costs of homelessness programs?

Research Question 4 (RQ4): Exploration of administrative data linkages between homelessness and other services. To what extent is it possible to link administrative datasets to evaluate the whole-of-government costs of homelessness and the cost offsets associated with homelessness programs?

Research Question 1 is addressed through a survey of clients of homelessness support services and using administrative data. The Client Survey is longitudinal with a Baseline Survey conducted when a client enters a period of homelessness support and Follow-up Survey 12 months after support commenced. The Baseline Survey collects data on the client's circumstances at the time of entering a period of support and during the previous 12 months. It provides an understanding of: 1) the demographics of the homelessness population and those at risk of homelessness; 2) their accommodation, health, justice and welfare outcomes; and 3) utilisation of associated services.

In this report, comparison with population norms sourced from administrative data is used to examine the extent of differences in service utilisation between the general and the homeless population, and thus provide insight into the extent to which

persons at risk of homelessness are heavy users of non-homelessness services. Administrative data is then used to determine unit costs for services, and to cost the differential in service utilisation. Within a cost-effectiveness framework, to the extent that non-homelessness service utilisation has a potential to decrease as a result of homelessness support, this represents a potential savings or cost offset for government. It should be noted that due to differences in the characteristics of the homeless and general populations, potential cost offsets estimated using this method represent an upper limit to achievable offsets.

Research Question 1 and the value of potential cost offsets will be further examined in the second Final Report. Evidence from the Baseline Client Survey and the 12-Month Follow-up Client Survey will be compared to examine the extent to which respondent's circumstances and use of non-homelessness services have changed over the 12 months since the period of homelessness support commenced. Administrative data will be used to examine the change in cost to government from any difference in non-homelessness service utilisation and provide further information on cost offsets associated with a period of homelessness support. In some instances it is expected that a period of support will, at least in the short-to-medium term, result in an increase in utilisation of non-homelessness services as a client's needs are better met. Data from the Client Survey and discussion with homelessness service providers is used to identify benefits accruing from increased service utilisation. It should be recognised that a person's circumstances and outcomes, and the change in these over the 12-month period, is likely to be affected by a range of unobservable variables in addition to the provision of homelessness support. The current limited data availability means it is not possible to control for these factors. The cost offsets should therefore be interpreted as an average of potential offsets from providing homelessness support, recognising that each person's circumstances are different and thus the impact of support on their outcomes will also be different.

To address Research Question 2, in Chapter 3 a detailed description is given of programs examined in this study, the type of support provided by each and how programs differ between states. Data from the Client Survey is used to provide a detailed picture in Chapter 4 of characteristics of clients of each of the programs examined. The government cost of delivering specialist homelessness programs will be examined in the second Final Report. Information regarding the recurrent cost of program delivery is obtained from secondary sources and information requested from the government departments administering the programs. Data on capital invested in supported accommodation is also obtained from the relevant government departments. Data from a survey of agencies delivering Specialist Homelessness Services will be used to report on the extent to which service providers supplement government recurrent funding, and the sources of these additional funds (e.g. rent receipts from clients).

Research Question 3 is addressed by drawing together findings from Research Question 2 regarding the cost of providing homelessness services and those from Research Question 1 regarding the potential cost offsets resulting from preventing a period of homelessness. Within a cost-effectiveness framework the net of these two amounts represents the net cost to government of providing homelessness programs.

The ability to estimate the costs of homelessness on the basis of administrative data would reduce the reliance on retrospective self-report data. Such an approach requires linking homelessness program client identifiers with similar identifiers in health, justice, welfare support and income support datasets. This component of the research will seek to develop a research design for a future study on the estimation of whole-of-government costs of homelessness in Australia using administrative data

sets. The benefit of being able to access this type of data is demonstrated by US studies (e.g., Culhane et al. 2002; Colorado Coalition for the Homeless 2006).

Question 4 will be addressed in the second Final Report. Both state/territory and Commonwealth authorities are currently addressing the question of administrative data linkage and this is currently a matter being addressed at the national level by the Australian Institute of Health and Welfare. Each jurisdiction will be approached to determine the extent to which an economic analysis can be undertaken of the costs associated with homelessness, the costs linked to the provision of support and the cost savings associated with specific interventions. A report of the status of linked administrative data projects in each state, the usefulness in using available linked administrative data in conducting economic analyses of homelessness and homelessness support, and the ease of access and use of such datasets will be provided in the second Final Report.

2.2 SAAP/NAHA transition and terminology

From 1 January 2009, government response to homelessness is administered under the NAHA and the NPAH. The range of programs administered under these agreements is jointly referred to as Housing Support Services (HSS). Prior to this a range of Commonwealth, state and territory programs existed to assist persons who were homeless or at risk of homelessness in Australia, of which the SAAP was the largest.

At the time of undertaking this research the process used to gather data on homelessness services and associated reporting continues to largely align with the reporting required under the previous SAAP V arrangements and continues to use the terminology and labels of data produced under that agreement. For example, 'SAAP/CAP accommodation' continues to be reported as a type of support in the SAAP National Data Collection Agency (NDCA) Annual Report (AIHW 2010b). The SAAP National Data Collection Annual Report 2008–09 (AIHW 2010b) states:

> The development and implementation of new services under the revised arrangements has been ongoing. It is not possible to quantify the extent to which services changed or new services were added in the first 6 months of operation of the NAHA, although it is known that these were not extensive. That is, the majority of existing services under SAAP continued. (p.viii) and
>
> The jurisdictions are continuing to include existing 'SAAP-like' agencies, as well as progressively introducing new agencies funded under the revised arrangements. The rate of inclusion of these agencies in the collection is not uniform across the states and territories. (p.1)

To be consistent with this transitional reporting environment this study also employs terminology that is largely aligned with the previous SAAP environment. The SAAP NDCA Annual Report is utilised where appropriate when examining continuing 'SAAP-like' services which are continued from the pre-NAHA policy environment, for example, supported accommodation services for single men and for single women. Data relating to programs not incorporated within the SAAP; tenancy support, Safe at Home and street-to-home programs, is obtained from relevant government departments.

The AIHW has developed a new Specialist Homelessness Services data collection, which commenced on 1 July 2011 and is available from the 2011–12 year. This replaces the SAAP data collection and has been expanded to include other homelessness services funded by governments. It will support national reporting under the NAHA and the NPAH (NSW Government 2011a).

2.3 Definition of homelessness

The project reports on outcomes of clients of specified homelessness prevention and assistance programs accessing support between October 2010 and May 2011. As noted in Flatau et al. (2008, p.20), 'by utilising a client based approach to determine study participant's eligibility, we rely on the program's eligibility rules'. We examine both supported accommodation and tenancy support services. SAAP applied a comprehensive definition of homelessness: a person is considered homeless if they have 'inadequate access to safe and secure housing'. This included people who have accommodation but are not safely housed due to domestic violence, or situations where their tenure is not secure or the accommodation does not meet the community norms of adequacy. The NPAH similarly takes a comprehensive approach, stating the objective as contributing to the NAHA outcome that: 'People who are homeless or at risk of homelessness achieve sustainable housing and social inclusion' (COAG 2009). The range of programs administered under NAHA and NPAH is designed to assist state and territory governments to meet this objective. Each program type will then have a sub-set of criteria to determine eligibility for that program. For example, street-to-home programs cater for people who are without conventional accommodation and have complex needs. Tenancy support services assist people who are 'at risk of homelessness'. The services incorporated in this study assist people facing possible eviction from their current public, social or private rental accommodation who would have difficulties sourcing new permanent accommodation. Tenancy support services are also available for persons leaving institutional care, such as jail, hospital or a mental health facility, who would have difficulties obtaining permanent accommodation. These clients may be housed in public, community housing or private rental accommodation, depending upon availability.

The other definition of homelessness commonly utilised is the cultural definition. This is the definition utilised in the White Paper on Homelessness (2008) and is used in this study when discussing accommodation circumstances of clients of Specialist Homelessness Services. The cultural definition describes three kinds of homelessness:

- *Primary homelessness*, people without conventional accommodation. This includes those sleeping rough or living in improvised dwellings.
- *Secondary homelessness*, people staying in or moving between various forms of temporary accommodation. This includes staying with friends or relatives with no other usual address and people staying in Specialist Homelessness Services.
- *Tertiary homelessness*, including people living in boarding houses or caravan parks with no secure lease and no private facilities, both short- and long-term (Chamberlain & Mackenzie 1992).

The definition of homelessness utilised in the NPAH is also based on the cultural definition. It also provides a definition for rough sleeping, being 'primary homeless people' (COAG 2009).

It is also advisable to differentiate between homelessness and chronic homelessness. Reynolds (2008) states that the vast majority of people who experience homelessness will have only a brief episode and it will occur only once. It may be caused by events such as sudden unemployment or illness, or family breakdown. In contrast, chronic homelessness is defined as 'an episode of homelessness lasting 6 months or longer or multiple episodes of homelessness over a 12-month period or more' (Reynolds 2008). Reynolds states that in developed countries approximately 15 to 25 per cent of the homeless population is chronically homeless. People who experience chronic homelessness are likely to have 'complex needs', experiencing one or more of a

range of mental and physical health issues, a history of abuse or trauma, addictions and literacy problems. Reynolds (2008) states the SAAP-funded services typically provided short-term or crisis 'congregate' care services and this type of program is not well suited to meet the multi-dimensional or long-term needs of the chronically homeless. Chronically homeless people often end up cycling through SAAP services, boarding houses or living semi-permanently on the streets.

2.4 The cost-effectiveness and cost–benefit framework

A measure of program cost-effectiveness requires an estimate of the cost of implementing the program and the extent to which participation in the program changes outcomes for the participants. Cost–benefit analysis attempts to quantify costs and requires that a dollar impact of the change in client outcomes be quantified, often in terms of lifetime costs and benefits. Ideally the analysis would involve a control group in which members do not partake in the program. A comparative analysis examines outcomes for the control group compared with persons who do receive support from the program. The cost of providing the program net of the dollar impact of any changes in outcomes for program clients represents the net cost of providing the program. Generally where the costed benefits of a program exceed program costs, there is an argument that the program should proceed.

Both cost-effectiveness and cost–benefit require assessment of client outcomes against an alternative. In this case the alternative is one of no intervention. It is not possible to compare across programs the cost of program delivery, change in client outcomes or cost offsets. The programs examined target different clientele, with differing backgrounds and levels of complexity of needs. More intensive and longer support periods are typically required for programs targeting persons with long histories of homelessness and more complex needs. These programs are typically of higher cost, with a larger potential for large changes in client outcomes but often that change occurs in small increments over a long period. Studies such as this capture outcome changes that occur over a portion of that time. In contrast, where it is possible to intervene early in the homelessness cycle, doing so is a comparatively cost-effective method of dealing with the issues of homelessness. As pointed out in the Evaluation of the HOME Advice Program (Mackenzie et al. 2007) the cost of early intervention is substantially less than providing assistance to homeless families in SAAP. It also provides a range of benefits to clients and society.

The change in a person's circumstances and outcomes is affected by a range of unobservable variables in addition to the provision of homelessness support. Ideally, to isolate the effect of a period of homelessness support it would be necessary to create a control group which does not receive support. This is currently not possible in the homelessness environment. To create a true control group it would be necessary to deny support to persons who are otherwise eligible, and compare the outcomes of this control group with those of persons who are provided support (the treatment group); ethical considerations make this approach impractical.

An alternative approach is to identify a quasi-experimental comparison group: persons who are eligible for support but are not receiving it due to system constraints or for other reasons. The difficulty of this approach lies in both identifying and accessing such a group. Persons requiring but not able to access support are difficult to identify and make contact with. They are also likely to have less motivation to participate in a survey. In addition, who is and who is not provided support is not determined randomly; it is often a function of need and/or the person's motivation to access support. Therefore, there is the question of being able to identify a group with similar characteristics to the treatment group, but not receiving support. We examine the

extent to which it is possible to identify a quasi-experimental control group. The approach taken is discussed further in Section 2.7.

2.5 The Client Survey—support and outcomes

To examine program cost-effectiveness, data is required regarding how outcomes change as a result of intervention. For SAAP services limited outcome data is available through the NDCA annual reporting process, where client accommodation, employment, income source and educational status before and after seeking assistance are reported. Comparable data is not available for tenancy support services. No data is routinely collected regarding outcomes in the areas where both international and Australian studies have shown the major impact on cost to government from homelessness intervention to be: utilisation of health services and contact with justice services. Availability of linked data sources in the areas of homelessness assistance, health, welfare and justice would allow this information to be collated. The second part of this study will examine the extent to which such linking can currently be undertaken in Australia and the issues involved in allowing data linking to occur. The second Final Report will address the findings of this investigation.

In the absence of such linked data sources, primary data on client outcomes is gathered using a longitudinal survey of clients of homelessness assistance services, referred to as 'the Client Survey'. A Baseline Survey is administered with clients of homelessness services when they first enter a period of support, and a Follow-up Survey will be conducted 12 months after the support period commenced. To be eligible to participate an individual had to be 18 years or over and to have begun a period of support in one of the designated programs in the period October 2010 to May 2011[2]. As there was another research project focusing on the cost-effectiveness of youth homelessness programs over the same period, it was not possible for this project to collect data from clients in this sector. Baseline Survey results are reported in Chapter 4 of this report. Follow-up Survey findings will be examined in the second Final Report.

2.5.1 Homelessness intervention points examined

Interventions proposed in the White Paper on Homelessness (2008) are intended to provide a framework for preventing homelessness occurring in the first place (turning off the tap) and to strengthen available services to break the cycle of homelessness. The White Paper recognises that early intervention can be more productive and less costly.

Therefore, we examine a range of intervention points, from tenancy support programs for those who are currently in housing but at risk of losing their tenancy, to street-to-home programs for rough sleepers with complex needs. The four intervention sites examined are:

- *Tenancy support* services assisting those at risk of homelessness in the public and private rental sector. These services aim to stop homelessness occurring in the first place.
- *Street-to-home services* providing long-term supported accommodation to those leaving primary homelessness with mental health and/or drug and alcohol needs.
- *Supported accommodation services for women*, including women escaping domestic violence. AIHW (2010b) reports that 49 per cent of women with children cite domestic violence as the main reason for seeking assistance.

[2] The majority of Baseline Client Surveys were conducted between November 2010 and March 2011. The data collection period was extended to May 2011 for programs where the response rate was low.

→ *Supported accommodation services for men*, including services for men removed from the family home due to domestic violence and are at risk of homelessness.

These intervention sites are all case managed. A small sample of day centre clients is also surveyed as a potential comparison group. See Section 2.7 for further discussion.

Tenancy support services represent a key element to the White Paper strategy of 'turning off the tap'. These services provide a range of support mechanisms to people at risk of losing either a private or public tenancy. Assistance is designed to improve the tenant's ability to maintain the tenancy, thus preventing a period of homelessness. The types of issues addressed include budgeting so that rental arrears can be met, arranging for treatment of mental health issues, modification of anti-social behaviour and development of housekeeping skills. Private tenancy support services include financial assistance such as bond, rental and removal payments (Australian Government 2008). The Western Australian cost–benefit study found tenancy support services to be a comparatively low-cost support mechanism, with a cost per client of between $2145 and $3437 (2005–06 dollars) (Flatau et al. 2008).

Tenancy support services also deliver assistance under the NPAH policy of 'no exits into homelessness' from statutory, custodial care and hospital, mental and drug and alcohol services. Under this program housing support workers assist people exiting care to access long-term accommodation and provide support to maintain the tenancy.

The street-to-home program is a new initiative under the NPAH. It is aimed at rough sleepers with complex needs and a long history of repeated periods of homelessness. As such it involves high levels of support over a long period and is a high-cost program. The sampling methodology requires that the Baseline Survey be conducted close to the commencement of a client's support period. This sampling requirement, combined with the long-term nature of this program, implying client low turnover, creates a bias against street-to-home respondents being included in the study. Despite this bias, as this is an important new initiative it was considered appropriate that the intervention point be examined as much as is practical within the constraints of the project. Programs launched under the NAHA and NPAH initiative of Assertive Outreach programs for rough sleepers are not specifically addressed by the study. Difficulties involved in locating and accessing clients of these programs make them outside the scope of the study. The street-to-home programs (intervention site 2) include programs for rough sleepers who may previously have accessed outreach services.

Domestic violence is a key driver of homelessness. The Australian government has targeted that by 2013: 'The number of families who maintain or secure safe and sustainable housing following domestic or family violence is increased by 20 per cent" (Australian Government 2008, p.18). The NPAH introduced the 'Safe at Home Strategy' for women who enter crisis accommodation due to domestic violence. Under the program, where it is judged safe, the woman is supported to return to the family home and is supported within that environment. To keep these women and children safe, the perpetrator of the violence should be removed (Australian Government 2008). The intervention site 'supported accommodation services for women' includes those assisted as part of a 'Safe at Home' strategy. 'Supported accommodation services for men' includes programs catering for men removed from the family home and who are at risk of homelessness.

At the time of the 2006 Census couples and families with children made up one-quarter of the homeless population (Urbis 2009). This study did not specifically target families. Families were incorporated to the extent that they accessed the four

intervention sites examined. Families were included as an intervention point examined by Flatau et al. (2008). However, the sample was comparatively small; representing only ten per cent of total survey respondents. Flatau et al. (2008) noted that the small sample size related to the requirement to conduct the Baseline Survey near to the commencement of the respondents' support period. Families seeking accommodation are more likely to stay in crisis accommodation for a longer period than single people, and are more likely to be turned away from SAAP (AIHW 2011i). The combination of sampling requirements and these issues create selection bias against families being included in the sample. Given the time limitations of this study, it was determined that it was unlikely that a sufficiently large sample would be obtained.

Services providing support to young people at risk of homelessness are also not targeted in the study. Specialist homelessness services targeting young people were already participating in a study examining the cost-effectiveness of youth homelessness services. Therefore young people are only represented to the extent that they were using general services in the four intervention points examined.

Under the NPAH, clients of supported accommodation services judged to have the skills to maintain a tenancy, and who are prepared to take on the associated responsibility, are to be progressed from crisis accommodation to longer-term social housing with support. The Baseline Client Survey examines this cohort at the stage at which they first enter a period of supported accommodation. The 12-Month Follow-up Survey will capture any subsequent longer-term accommodation support and the relation between ongoing support and outcomes.

2.5.2 The Client Survey sample

The size of the Client Survey sample is partly determined by the logistics of administering it. These include the requirement for the Baseline Client Survey to be conducted at the start of a new support period, the complexity of the survey, availability of suitable persons to administer the survey and cost to administer it. The nature of the homeless population introduces issues such as identification of and access to suitable respondents, sensitivity to their situation and ability to follow-up respondents to administer the second wave of the survey.

To examine the relation between receiving a period of support and outcomes, it is necessary that the Baseline Client Survey is conducted near to the commencement of the respondent's current support period. This requirement means the data collection period for the Baseline Survey must be sufficiently long to allow for some turnover of the participating services' client base, and thus a number of people entering a new period of support. It also creates a bias toward inclusion of clients of programs with comparatively short support periods, such as short-term crisis accommodation support, and a bias against clients of programs with longer support periods, such as the street-to-home program.

To deal with this bias toward respondents from shorter-term service providers, purposeful sampling was used in an attempt to obtain proportional representation of clients from each target population. However, as discussed below, the ultimate sample size and composition was determined by the capacity of service providers to conduct the surveys.

In total 47 homelessness service providers from 26 agencies across the four states were approached to participate in the study. Of these, 37 services from 18 agencies agreed to participate. Each service committed to completing between five and 20 surveys, depending on the size of the service and the length of the typical support period, and thus the probability of the service having new clients during the data collection period. This represented approximately 100 surveys from each of single

men's, single women's and tenancy support services, 45 from street-to-home providers and 20 from day centres. Street-to-home is a comparatively new program with long support periods and a limited number of providers, restricting the potential number of surveys that could be conducted. The day centre sample is included to investigate the feasibility of identifying and accessing a potential quasi-experimental comparison group for clients of single men's, single women's and street-to-home services. As clients are not case managed, the surveys were conducted by research centre staff. To meet logistical and budgetary restrictions, the potential sample was restricted to a small number of respondents from day centre services operating in WA.

The research team were in constant contact with service providers over the data collection period and provided training and support where required. In WA, where the research team is based, this included the research team conducting some of the interviews in cases where the service agreed to participate but subsequently indicated that they had insufficient capacity to do so. In total 239 surveys were returned from 30 services (see Table 2): 118 from WA, 54 from Victoria, 51 from NSW and 16 from SA. Of these, 204 surveys met the requirements to be incorporated in the analysis: 69 (34%) from single men's services; 74 (36%) from single women's services; 41 (20%) from tenancy support services; six (3%) from street-to-home services; and 14 (7%) day centre clients. Although the total sample size is not large, it does provide evidence from a broad cross-section of relevant services that operate in capital city and inner suburban locations, and a smaller number of services operating in major regional cities.

Table 2: Baseline Surveys conducted, by state and program type

Program type	State				Total	Proportion of sample
	NSW	SA	VIC	WA		%
Valid surveys:						
Single men	10	4	29	26	69	34
Single women	35	1	5	33	74	36
Tenancy support	0	7	14	20	41	20
Street-to-home	1	0	0	5	6	3
Day centre	0	0	0	14	14	7
Total valid surveys	46	12	48	98	204	100
Surveys not included	5	4	6	20	35	
Total clients interviewed	51	16	54	118	239	

Thus, the sampling base for services offering programs for single men, single women and tenancy support in city or inner-suburban environments is strong and the study findings in relation to these services should be viewed as robust. The sample size obtained in relation to street-to-home and day centre services is small and findings in relation to these programs should be viewed as indicative only.

The Client Survey sample over-represents SAAP single men's services and under-represents SAAP single women's services. Just under half of the SAAP-based surveys conducted were with single men, and just over half were with single women. This compares with 37 per cent of all clients accessing SAAP services being single men and 54 per cent being single women (AIHW 2011d). Nevertheless the sample

sizes in each case, of 69 clients of single men's services and 74 clients of single women's services, are sufficient for analysis.

As discussed at Section 2.5.2, in relation to intervention points examined, the survey did not specifically include services targeting families or services targeting youths. Accordingly these groups are underrepresented in the sample. The exclusion of services specifically targeting youths also results in the mean age of survey respondents (38 years) being older than the mean for clients accessing SAAP on average (32.3 years (AIHW 2011d)).

One Indigenous specific service provider did participate in the study. However, Indigenous persons are not specifically targeted. Indigenous persons make up 9 per cent of the homeless population and 18 per cent of SAAP clients across Australia (AIHW 2011c), but only 10 per cent of clients of Specialist Homelessness Services in urban areas (AIHW 2008). Of the survey sample, Indigenous persons make up 13.3 per cent of the case managed survey sample population and 15.3 per cent of the total sample, including day centre clients. Therefore the proportion of Indigenous clients in the overall sample is representative of the proportion in the population accessing SAAP services overall.

Of the 35 returned surveys that did not meet the requirements to be included in the analysis, 30 were excluded because the survey was conducted too long after the start of the respondent's support period. The Baseline Survey captures client circumstances at the start of a period of support. A cut-off was established to include in the analysis surveys conducted within three months of the start of a client's support period. A further four surveys conducted with day centre clients were excluded because respondents were not homeless or living in precarious circumstances and so did not meet requirements to be included in the day centre cohort as defined for the study. One survey was cancelled due to client distress and was substantially incomplete.

Although every attempt was made to obtain a representative sample from each intervention point, the process of accessing respondents and conducting the survey requires considerable co-operation and resources from relevant government departments and non-government organisations (NGOs) involved in delivering the intervention programs (see Section 2.5.3). Although all service providers approached expressed interest in the study and the survey, ultimately sample size and composition was determined by their capacity to conduct the surveys.

The main reasons cited by services for not participating in the study were lack of staff availability to administer surveys and/or that several surveys or evaluations were currently being conducted, resulting in insufficient capacity to accommodate another survey. Services that agreed to participate but ultimately did not complete any surveys cited two primary reasons: lack of staff availability and difficulty in engaging clients. Some of these issues related to the survey being conducted at the same time as major changes to the system, new programs and funding arrangements, staff movements and the introduction of a new National Data Collection system.

These issues are particularly relevant when considering the limited success in obtaining street-to-home client interviews. This is a new program, with few providers and comparatively long support periods. Although all street-to-home providers in the target geographical areas were approached to participate in the study, issues with other ongoing evaluations, limited staff availability and difficulty in engaging clients in the survey were greater than encountered with the other target populations, resulting in programs that originally agreed to participate in the survey subsequently not being able to accommodate the commitment.

The lack of sufficient financial incentive for clients to partake in the survey was also cited as an issue that limited service providers' abilities to engage respondents. Although respondents were provided with a $15 voucher for taking part in the survey, services advised that the size of this incentive should be considered in context, where a person can apply for a $25 food and clothing voucher and not be required to give up one hour of their time to receive it.

Logistical and budgetary issues associated with recruiting, training and liaising with service providers also influenced the geographical locations where the survey was able to be conducted. The sampling was designed to cover a broad representation of program delivery across Australia within the logistical, timeliness and budgetary restraints. The sample included service providers operating in city locations plus a small number of regional locations: Sydney and Newcastle in NSW, Melbourne and Shepparton in Victoria, Adelaide in SA, Perth and the Peel region of WA. These four states represent approximately 75 per cent of the total population (ABS 2010a) and approximately 66 per cent of the homeless population (Chamberlain & Mackenzie 2009). The states vary in both economic and policy environments, providing an insight into cost-effectiveness of services across these differing environments.

As noted above, reported findings should be viewed as robust in relation to services and clients of services that operate in the space where the survey evidence was drawn. That is, findings are applicable for persons accessing supported accommodation services for single men and for single women, and for clients of tenancy support services, where these services operate in city, inner suburban and major regional locations. The small sample of street-to-home and day centre respondents means that findings in relation to these cohorts should be viewed as indicative only. In addition, care should be taken not to generalise reported findings across the broad homeless population. Only a small percentage of the homeless population seeks assistance from homelessness support services[3]. Persons who are chronically homeless, or those with more complex needs, are less likely to seek support or be eligible to receive support, and so will be less likely to be represented in the sample. For example, this may be because of sobriety requirements of support providers (Phillips et al. 2011). Survey respondents are required to provide informed consent, which may bias against participation by particular clients. The scarcity of data relating to the homeless population means that it is not possible to quantify the extent to which the demographics, circumstances and outcomes of persons receiving support and consenting to participate in the study differs from non-participants. Therefore, study findings cannot be generalised to apply to the entire homeless population. In addition, all service providers included in the study operate within inner-city, inner-suburban or major regional city environments; none operate within a rural or remote environment. Engagement of service providers in rural and remote locations requires considerably greater time and financial resources than is available and is outside the project scope. The extent and nature of the homeless population, and use, availability and cost of assistance services differs greatly between city/urban environments and rural/remote environments[4]. Study findings cannot be generalised to apply to ho melessness assistance services delivered in rural or remote areas.

[3] Chamberlain and Mackenzie (2009) report that at the time of the 2006 Census only 19 per cent of the homeless population was in SAAP accommodation. The remainder was in boarding houses (20%), with friends and relatives (45%) or sleeping rough (16%).

[4] A higher rate of homelessness exists in WA, Queensland and NT, and a lower percentage of homeless people access SAAP services, when compared with the southern states (Chamberlain & Mackenzie 2009). Eighty-one per cent of agencies receiving SAAP funding in 2008–09 were located in major cities and inner regional areas (AIHW 2010b). The SAAP Annual Report indicates the cost of service delivery

2.5.3 Role of NGOs in the Baseline Survey

Successful implementation of the Baseline Survey is largely reliant on engagement of NGO service providers. They play a pivotal role in identifying eligible respondents and in conducting the interviews. The study requires a large number of client outcomes to be addressed in a meaningful way. As a result the survey document is comparatively lengthy and relatively complex. To obtain maximum data validity it is necessary for the person completing the survey to have an understanding of the purpose and content of the survey. Client outcomes are dependent on the needs of the client and the level of wraparound support provided. Ideally assessment of these issues is provided by a professional person, such as the respondent's case worker. To achieve this level of understanding the survey is administered via an interview process, where the client's case worker or other agency worker conducts the survey. A training session is provided by the research team for persons administering the survey to enhance consistency of data collection.

The key roles of NGO service providers in the Baseline Survey are as follows.

Identify suitable respondents. To examine the relation between homelessness support and outcomes, the Baseline Survey is administered as close as possible to commencement of a period of support. A new client is approached by the service provider as soon as possible after the support period is commenced but after their immediate needs are attended to.

Facilitate and administer the Client Survey. As discussed previously, the survey is administered via an interview process by either the respondent's case worker or other suitable service employee. As well as ensuring data validity, this arrangement addresses problems relating to the potentially vulnerable psychological state of the target population. For some clients, especially women escaping domestic violence, such vulnerability may cause unwillingness to participate in the survey, or the survey question may lead to distress. This possibility is minimised by having the survey conducted by somebody they have become familiar with in the support environment and who is appropriately trained to assist in case of distress.

Provide data regarding the type of assistance each respondent requires and how that assistance is to be provided. This data is provided at Part 3 of the Client Survey by the respondent's case worker and provides background information on the complexity of client needs and the extent to which wraparound support services are provided.

Participation of service providers in the Baseline Survey does create significant costs and some limitations. Costs exist for both service providers and the research team, primarily relating to engagement of service providers, training sessions and ongoing one-to-one interaction. Limitations are caused by the potential for inconsistencies in the collection of data when different parties are involved. Also the capacity of a service to participate affects the survey sample size and composition.

Engagement, training and support of NGO personnel involved in administering the survey are critical elements in obtaining the required number of valid survey responses. All services involved in the survey were offered training, either face-to-face or where this was not logistically possible, via teleconference. Training was an essential element to familiarise the NGO worker with the purpose and content of the survey, ensuring consistency in the collection of data, ensuring informed consent was provided by respondents, understanding the importance of obtaining respondent contact information to facilitate the 12-month follow-up. This training was supported by

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may be higher in remote and very remote areas than in capital cities and reports differing patterns in support provided for each of the states and territories (AIHW 2010b).

a printed guide to completing the survey, which outlined the NGO worker's role in the survey process, and provided further explanation of the survey questions.

2.5.4 Contact information to facilitate 12-month follow-up

Due to its nature, the homelessness population is difficult to access, particularly when attempting contact outside a period of support. Several initiatives are incorporated within the Baseline Survey to increase the likelihood of locating respondents for the 12-Month Follow-up Survey. In addition to providing current contact details, respondents were asked to provide consent for the research team to contact other parties to provide updated contact details in the event the respondent is not able to be contacted using the details provide at the time of the Baseline Survey. These parties included the respondent's case worker, friends and /or relatives with stable accommodation circumstances, Centrelink and the public housing authority in the relevant state.

Table 3 reports the percentage of respondents providing each type of information and/or consent.

Table 3: Information and consent to facilitate respondent follow-up

Information/consent requested	Respondents where information/consent provided %
Respondent contact details	74.0
Permission to contact case worker	93.7
Contact details for relative/friend	60.2
Permission to contact Centrelink	76.5
Permission to contact state public housing authority	69.9

Provision of both the respondent's current contact details and the consent to contact other parties was entirely voluntary and participation in the Baseline Survey was not conditional on a respondent providing this information.

Respondents will be contacted by the research team six months after the Baseline Survey being conducted and to arrange for the 12-Month Follow-up Survey. The six-month contact is to maintain respondent engagement and to obtain updated contact information for the client and any nominated friends and relatives.

2.5.5 Client demographics, circumstances, needs and outcomes

The Client Survey aimed to collect primary data regarding the demographics, current circumstances, needs and outcomes of persons who are homeless or at risk of homelessness. A multi-indicator approach was utilised, guided by previous literature[5] and findings of the WA study. The Baseline Survey is divided into five sections: 1) administrative data; 2) Part 1—the client interview, the main section of the survey; 3) Part 2—a self-completion section, which the client completes and seals by stapling the pages together. This section contains items the client may not wish their case worker to be aware of. Allowing for it to be sealed increases the likelihood of the client providing an honest assessment of these issues. It contains questions regarding the clients' drug and alcohol use, self-assessed life satisfaction and quality-of-life

[5] See for example, Culhane et al. 2002; Berry et al. 2003; Corporation for Supportive Housing 2004; Pinkey and Ewing 2006, Philips 2007; Social Policy Research Centre 2007; Reynolds 2008; Metraux and Culhane 2009.

outcomes and their satisfaction and assessment of the current support period; 4) Part 3—the case worker section, which the client's case worker completes, providing details of the client's needs and how they will be met; and 5) Part 4—the interviewer's feedback on the interview process. The Follow-up Survey will be similarly structured.

Data collected on the Client Survey largely replicates that collected for the WA study. The main differences are:

- Program-specific data items are not included, for example, reason for referral and program-specific client outcomes.
- Drug and alcohol use items are placed in a sealed self-completion section. The intent of the sealed section is to allow respondents who are currently using drugs and/or alcohol to respond accordingly to these questions without jeopardising the relationship with the support provider. This decreases potential for response bias relating to the zero tolerance policies of support providers.
- Includes more items potentially resulting in cost offsets for government, such as more specific questions regarding income sources and relating to instances of eviction; also questions relating to the cost of children being placed in care due to housing instability.
- An increased emphasis on client-specific circumstances during the 12 months prior to the current support period.
- Includes items to further examine the relation between a period of homelessness support and utilisation of health services. The WA study found utilisation of health services increased in some cases as a result of support. This issue is examined by asking about both contact with health services and whether that contact resulted from homelessness support.
- Includes items to assess the type(s) of wraparound, non-accommodation support received during a period of homelessness support. Government policy currently stresses wraparound support as integral to breaking the cycle of homelessness. It is important to examine the relation between non-accommodation support and outcomes.

The Client Survey contains the following items:

- Socio-demographic status: age, gender, country of birth, Indigenous status, household formation status and dependent children, English language capabilities, education and training status.
- Labour force participation, participation in education and training, main income sources and levels: the client's circumstances at the time of the survey and in the previous 12 months. Education and training, labour force participation, income source and income level calendars are included in the Baseline Survey to record the client's status during the 12 months prior to commencing support, and in the 12-Month Follow-up Survey to record their status in the 12 months after they commence support. Also recorded is whether the client currently has or has had partner(s) during the previous 12 months who contributed toward living expenses, and the partner's income source and level.
- Mental and physical health conditions and disability status: the client's self-reported requirement for support by general practitioner, allied health, mental health services and the level to which these services are accessed.
- Alcohol and drug use: the client's self-reported use of drugs and alcohol and whether they thought their drug and alcohol use or both was problematic;[6] the

[6] These items are included in 'Part 2—The Self Completion section', which the client is able to seal.

client's self-reported requirement for support by drug and alcohol rehabilitation services and the extent to which these are accesses.

- Housing and homelessness outcomes: an accommodation calendar is included in the Baseline Survey to record the client's accommodation status during the 12 months prior to commencing support, and in the 12-Month Follow-up Survey to record accommodation status in the 12 months after they commence support. Items relating to instances of eviction, access to public housing options, client's history of homelessness and unsafe living are also included.
- Non-accommodation support: the nature of non-accommodation support provided during a period of homelessness support and who provided the non-accommodation support; that is, the client's case worker, another professional within the agency or by referral.
- Children in care: where a client has dependent children we ask about any instances when children have been placed in care due to unstable accommodation circumstances.
- Utilisation of health and justice services: client's use of medical services and hospital facilities, their interaction with police, prisons and the justice system prior to and following the provision of support. The WA study identified that in some instances utilisation of health services increased when accommodation support was provided. We include questions to further examine the relation between homelessness support and utilisation of health services.
- Client needs and capabilities assessment: included in the Baseline Survey is a rating of the client's needs and the support they would need, whether the support would be provided by the agency or by referral to another agency.
- Client's self-assessed life satisfaction and quality-of-life outcomes: using the WHO's QoL Survey WHO QoL-BREF Australian Version (May 2000).
- Client's assessment of the effectiveness of support: client's open response comments on the outcomes resulting from the provision of support and what they believe would most likely have occurred if support had not been provided[7].

Ethics approval for the project was provided by Murdoch University and the University of New South Wales' Ethics Committees and by the relevant government departments. Individual client consent was required prior to completion of the Baseline Client Survey, through the signing of a consent letter. Clients were advised that information collected would only be used for research purposes and names and addresses collected would not be recorded on any Client Survey database or in subsequent data collections. Agencies were advised that, if the completion of the survey was expected to have a negative effect on the client, then clients should not be approached to complete it. In all other cases, agencies were requested to seek participation from all clients or a random sample of clients entering the programs in a five-month period following the Client Survey going into the field (extended for some programs where client respondent numbers were low).

The project budget provided small cash support to agencies to assist in the gathering of client-based data. It also provided a $15 voucher to respondents to cover any costs involved in participating in the Baseline Survey. When the 12-Month Follow-up Survey is conducted a $30 voucher will be provided to respondents to cover costs of participating. Strict protocols have been followed in service provider data collection processes to ensure client and agency confidentiality.

[7] These items are included in 'Part 2—The Self-Completion section', which the client is able to seal.

2.6 Examining the relation between homelessness support, client outcomes and cost offsets

International and WA evidence[8] find that persons who are homeless are heavy users of government services such as health and justice. They are also less likely to be able to find employment and there is the potential for any accompanying children to be placed in care due to unstable accommodation circumstances. Although a complex interaction exists between homelessness and a range of other factors, such as mental health, evidence to-date does suggest that assistance to prevent a period of homelessness creates better outcomes and, on average, a lower level of contact with non-homelessness services is observed. This reduced utilisation of non-homelessness services potentially creates whole-of-government budgetary savings, referred to as cost offsets. The net cost to government of providing homelessness services is defined as the program cost net of cost offsets.

The method to estimate the value of cost offsets follows that used in Flatau et al. (2008). That study examined the use of health and justice services by persons at risk of homelessness in WA. In addition to health and justice services, this study examines offsets relating to eviction rates, instances of children placed in care due to unstable accommodation circumstances, income levels and sources, and the effect of this on government welfare payments and taxation receipts. It should be noted that client service utilisation rates are self-reported, based on memory of occurrences over the previous year. This could create a bias in client utilisation rates that does not exist in population averages. As discussed in Pinkey and Ewing (2006) and previously in this report, privacy issues and lack of linked administrative datasets mean that more objective data is generally not currently available and survey responses represent the best estimate.

A recent study that examined the use of non-homelessness services by persons sleeping rough in Sydney (Wilhelm et al. 2012) does provide limited insight into the accuracy of self-reported utilisation rates. The study compares self-reported inpatient hospital stays over the previous 12 months with administrative records. In 22 per cent of cases the self-reported stays were accurate, a further 28 per cent were within a range of one, and eight per cent were in a range of two. However, in 10 per cent of cases the self-reported stays differed from administrative data by more than two and no information was available in relation to 32 per cent of cases. Also, there is no indication of whether a bias exists in the difference between self-reported stays and administrative records; that is, whether respondents are more likely to under- or over-report stays in hospital. Further research is required before any clear conclusions can be drawn on likely bias in self-reported utilisation rates.

The Client Survey documents circumstances and realised outcomes for persons accessing assistance from homelessness support services. This is utilised when examining two issues raised by the research questions:

- From RQ1: to what extent and in what ways are homeless people and those at risk of homelessness heavy users of non-homelessness services and what savings (or cost offsets) may accrue to government programs as reduced utilisation of non-homelessness services.
- From RQ3: what are the benefits of assisting homeless people and those at risk of homelessness, and to what extent do reduced expenditures in non-homelessness services offset the cost of homelessness programs.

[8] Refer to Chapter 1 for details.

This report utilises Baseline Client Survey results to examine the issues raised in RQ1. In the second Final Report results from the Agency Survey and Client Survey results from both the Baseline and the 12-Month Follow-up Survey are used to examine RQ3.

2.6.1 Baseline survey—initial estimates of cost offsets

In this report RQ1 is addressed using two types of comparisons:

- *Population*: reported utilisation rates from the Baseline Client Survey are compared with population rates. This comparison is conducted for health and justice services, welfare payments, out-of-home care services for children and eviction from public tenancies. It is consistent with Flatau et al. (2008) and previous cost–benefit studies[9]. It provides information regarding the extent to which persons who are homeless are heavy users of non-homelessness services. It can also be used to examine potential cost offsets resulting from preventing a period of homelessness. However, differences between the homeless population and the general population, such as physical and mental health issues, alcohol and drug use, mean that even with intensive support, many clients of homelessness services are unlikely to experience outcomes consistent with the general population. Therefore, cost offsets calculated from this comparison are unlikely to represent realisable offsets.
- *Within sample*: for each program type, Baseline Survey service utilisation rates for respondents who had experienced a period of homelessness within the previous 12 months is compared with those who had not. The comparison is reported for health and justice services only. This is due to the very small numbers of respondents with a main income source other than welfare, with children placed in care or experiencing eviction from public housing.

Homeless clients are defined to include those experiencing at least one spell of no shelter or one spell of 'temporary accommodation' in the previous 12 months. The 'temporary accommodation' category includes those who couch-surfed with extended family members, friends or acquaintances, or lived in caravans, boarding or rooming houses or in hostels. It does not include those living in assisted crisis accommodation.[10]

Consistent with Flatau et al. (2008) and Zaretzky and Flatau (2008b) this comparison is utilised to provide a more conservative estimate of the effect of homelessness on utilisation of health and justice services and potential cost offsets. An analysis of sub-sample characteristics likely to affect client outcomes, such as education and employment status, income level, physical and mental health status and drug and alcohol use, is reported in Appendix 1. Although equality of the sub-sample characteristics cannot be rejected for many characteristics identified as risk factors for homelessness, there are some characteristics where the hypothesis is rejected at the 5 per cent level. In all cohorts, persons who have experienced homelessness in the previous year received Newstart benefits for a longer time. Single women and tenancy support clients who experienced homelessness in the previous year also reported a statistically longer total time of homeless or precarious living circumstances over their lives[11]. To the extent that these characteristics differ, it is not possible to determine the

[9] For example, Raman and Indra (2005).

[10] Flatau et al. (2008) also included persons who had experienced a period of unsafe accommodation, for example domestic violence, in the comparison group.

[11] Differences are also found for some cohorts in relation to likelihood of having dependent children, working 35 or more hours per week in the present or past, requiring support for drug and alcohol-related issues. See Appendix 1 for further discussion.

extent to which the differences in utilisation of non-homelessness services relate to these characteristics and the extent to which they relate to the prior year's experiences of homelessness. However, estimated cost offsets obtained using this method represent a more realistic estimate of achievable offsets than those obtained via comparison with the general population.

Separate comparisons with population are presented for each of the target case managed service/client groups: single men, single women including domestic violence, tenancy support and street-to-home, and for day centre clients. The within-sample comparison is made for health and justice services, for single men, single women and tenancy support clients only. All but one street-to-home client and all day centre clients had experienced homelessness in the prior 12 months, so no within-sample comparison is possible.

The method employed to calculate each of the offsets is outlined below and further discussed in Chapter 5.

Estimating the annual dollar value for each health and justice service

The estimated annual dollar value of the differential in health and justice service use observed for people who are at risk of homelessness compared with the population in general is calculated as:

> (average annual use by clients) * (unit cost of service) – (population average annual use) * (unit cost of service)

The estimated dollar value of the differential in health and justice service use observed for different cohorts of people accessing homeless assistance programs is calculated as:

> (average annual use by persons experiencing homelessness) * (unit cost of service) – (average annual use by clients not experiencing homelessness) * (unit cost of service)

This provides the estimated health and justice cost savings for a year.

Estimating the annual dollar value of welfare payments and taxation receipts foregone

When considering cost offsets relating to welfare payments, the calculation is modified to reflect the low labour force participation rate of homeless persons that results from issues such as disabilities and mental health problems. For these people it is unlikely that entitlement to government benefits would alter materially with accommodation circumstances or homelessness assistance. For example, 37.9 per cent of case managed and 36.9 per cent of all respondents report their main income source as Disability Support Pension (DSP) or sickness benefits. Evidence indicates that within the population few people leave DSP other than to transfer to the Age Pension, with only 2 per cent leaving DSP each year to return to work (Australian Government 2010). The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) Annual Report states the average duration on the DSP to be 618 weeks (FaHCSIA, 2010b). Thus, if a person is receiving a DSP they are likely to be entitled to the benefit irrespective of their accommodation circumstances. Similarly, the employment circumstances of clients whose main income source is Aged Pension or Parenting Payment is unlikely to alter materially as a result of accommodation circumstances.

Thus when examining the relation between risk of homelessness, welfare payments and taxation receipts, the primary area where a relationship is expected to be observed is for clients of homelessness services who are classified as being labour force participants: persons who are employed or are looking for a job and either receiving no income, or receiving Newstart benefits or Youth Allowance (other). Receipt of Youth Allowance (other) is reported by one client only[12]. Therefore, the analysis focuses on the effect of high unemployment levels on Newstart payments and tax receipts foregone. The potential cost-offset is reported both as the offset per person available for work and also as the offset per client; adjusting for the labour force participation rate of the client cohort. Population welfare recipient statistics are point-in-time. To be consistent, client main income source at the point of the Baseline Survey is used to estimate welfare cost offsets.

Comparing Newstart payments and taxation receipts foregone for people who are at risk of homelessness with the population in general;

Cost per person available for work is calculated as:

> (proportion of clients available for work who are unemployed) * (unit cost) – (proportion of population available for work and unemployed) * (unit cost)

Cost per person is calculated as:

> (Cost per person available for work) * (cohort labour force participation rate)

Where cohort labour force participation rate is defined as the proportion of cohort clients whose main income source is Newstart, wages, salary or own business, or no income and looking for work.

Estimated taxation receipts assume persons receiving Newstart pay zero tax. Although Newstart is taxed as income, the low income tax offset and the beneficiary tax offset ensure that most recipients do not have to pay tax. Based on the population average Newstart allowance of $11 372 in 2010–11 (see Appendix 4 for details), after taking into account the low income and the beneficiary tax rebates, a Newstart recipient can earn up to $10 000 in other income before they are required to pay tax.[13] Only one respondent who reported Newstart as their main income source reported receiving other income. In addition four respondents reported wages/salaries as their main income source and also received Newstart. Given the average total income of these respondents, the taxation per respondent would at most be approximately $750/year each, and less where other rebates are allowable, for example for dependents. This represents a maximum of $46 per respondent receiving Newstart; conclusions are not sensitive to this amount not being included in estimated taxation receipts.

Estimated taxation receipts foregone are dependent on assumed earnings. Two estimates are made; the first based on average weekly earnings and the second based on the minimum wage rate ($15/hour (DEEWR 2010)) and average hours worked per week (32.8 hours (ABS 2010e)) or $492/week. This is between the 20th and 25th percentile weekly total cash earnings per person, May 2010, of $430/week

[12] The survey sample is for clients 18 and over, only eight clients interviewed (one single woman and seven Tenancy Support clients) were within the age group to be eligible for Youth Allowance (other).

[13] This is based on rebates that apply in 2010–11. The effective low income tax threshold is expected to increase from July 2012.

and $528/week, respectively (ABS 2011f). The second figure provides a more conservative estimate of potential taxation receipts foregone. Human capital theory suggests that earning potential is positively related to educational attainment. Although estimates of the earnings premium related to educational levels varies, completion of year 12 and attainment of a degree represent major trigger points for positive earnings premiums (see Watson 2011 for a summary of recent Australian studies). Fifty-five per cent of respondents report they did not complete year 12, compared with 23 per cent of the population and only ten per cent of respondents have a university degree compared with 26 per cent of the population (ABS 2010c). The lower than population average educational attainment suggests that if the unemployment rate of persons at risk of homeless were to decrease to population rates, on average earnings would be less than population average earnings and taxation receipts would be correspondingly lower.

Estimating the annual dollar value of children placed in care

When considering cost offsets relating to the cost of children placed in care due to unstable accommodation, the likelihood of this occurring is dependent upon the ratio of dependent children aged 17 and under to persons aged over 17. This varies across programs and is different from the population average. The cost is reported on a 'per child', 'per family' and 'per client basis'.

Cost per child is calculated as:

> (out-of-home placement nights per dependent child aged 17 or under) * (unit cost) – (population placement nights per dependent child aged 17 or under) * (unit cost)

Cost per family and cost per client are calculated in the same manner.

Estimating the annual dollar value of eviction costs

Cost-offsets relating to the cost of eviction from a public tenancy are dependent upon having a public tenancy. This varies across programs and is different from the average population. Therefore, the cost of eviction is reported both as the cost per public tenancy and the cost per household.

Cost per public tenancy is calculated as:

> (evictions per public tenancy) * (unit cost) – (population evictions per public tenancy) * (unit cost)

Cost per household is calculated in the same manner.

Estimating average life outcomes

In many cases, the provision of support has an ongoing effect on the prevalence of service utilisation beyond the 12-month period being considered. Following Flatau et al. (2008) and Raman and Inder (2005) we also estimate the 'average life outcome'; defined as present value of a stream of annual cost savings, where the real value of each year's savings is equal to the identified annual savings. The annual cost differential is assumed to continue over 43 years, being the difference between the average age of clients surveyed of 39 years and the average life expectancy of 82 years (ABS 2010f). Future year estimates are made in 2010–11 dollars and discounted at 3 per cent to reflect time preference. The 3 per cent discount rate is

consistent with Flatau et al. (2008). Australian government interest rates and inflation targets are not materially different from those that applied at the time that study was undertaken[14]. Sensitivity to assumptions regarding the discount rate and the time the cost differential is expected to last is also reported. Refer to Flatau et al. (2008) for further discussion of methodological issues surrounding estimation of 'average life outcome' and the appropriate discount rate.

2.6.2 Estimating cost offsets: government unit costs and population utilisation rates

To estimate the value of cost offsets, the unit cost of delivering each of the non-homelessness services of interest is estimated and applied in conjunction with prevalence indicators of service utilisation by the various client cohorts and for the population in general. Except for eviction, unit cost and population utilisation rates are obtained from published sources, as discussed below and further detailed in Appendices 3 and 4. Where an Australian average unit cost or utilisation rate is published, this figure is used. Police and eviction costs are only available for some states; the unit cost represents either an average of state costs or the most appropriate available figure. Taxation receipts foregone are based on both average weekly earnings and minimum wage rate, and are adjusted for the Low Income Rebate.

As noted in Flatau et al. (2008), although top-down unit costs are not ideal, Pinkey and Ewing (2006) indicated that they are the most likely source of such data for Australian researchers. In a recent study examining the life course costs of non-homelessness service use by a small group of chronically homelessness persons, Baldry et al. (2012) noted that due to limitations with government unit costs data and the different ways government departments gather and report cost data, it is necessary to adopt a flexible approach to cost data gathering and analysis. Although the research team devoted considerable resources to working with government departments to develop bottom-up unit costs specific to the case studies, in many instances the data was not available. The unit costs applied in the study predominantly represented average unit costs, often sourced from publically available sources such as annual reports and the Commonwealth Productivity Commission's Steering Committee for the Review of Government Service Provision (SCRGSP) annual Report on Government Services (ROGS).

Ideally cost offsets would be estimated in terms of both marginal and average offsets. This would provide information both on what the potential effect on government cost would be at the margin if homelessness were to be avoided for a single person, and an estimate of the average offset per person if support results in homelessness being avoided for a large number of individuals. Cost-effectiveness studies in both Australia and overseas, as detailed at Chapter 1, typically report findings based on the average cost of providing a period of homelessness support, and the average cost to government of non-homelessness service use. The unit cost data available from public sources relates to the average unit costs of government services. Marginal unit cost data is not publically available. As stated in Pinkey and Ewing (2006), public sources are the most likely sources of unit cost information. Given the findings of Baldry et al. (2012) discussed above, it is unlikely that marginal cost data would be available from individual government departments. Therefore, the cost offsets presented here relate to average costs, and must be interpreted accordingly. For

[14] Flatau et. al. (2008) reports the long-term Government Bond rate fluctuated between 5.13 and 5.79 per cent in the 12 months prior to June 2006. In the 12 months to March 2011 the long-term Government Bond rate fluctuated between 4.97 per cent and 5.61 per cent. In both periods the Reserve Bank of Australia's target inflation rate was between 2 and 3 per cent. (www.rba.gov.au, accessed 1/6/2011)

example, the average cost of going to the Emergency Department is $438. If one fewer person accesses the Emergency Department, the change in cost at the margin is likely to be minimal, as the same number of staff and other facilities will be required. However, if prevention of homelessness for a large number of individuals results in a decrease in overall Emergency Department demand, then fewer facilities are required, or there is less need to build more facilities, or with the same amount of facilities the level of unmet demand will be lower. Under these scenarios average cost represents a better estimate of offsets than does marginal cost. It is also relevant to note that in the second Final Report the issue of cost-effectiveness will be examined in terms of average costs. All available information on the cost of providing Specialist Homelessness Services relates to average cost; none is available on the marginal cost of Specialist Homelessness Services. To be comparable with available information relating to the cost of providing support, cost offsets must also be in terms of average cost.

Cost offsets are expressed in 2010–11 dollars. The Baseline Survey collects data on client service utilisation in the 12 months prior to the data collection period, covering the period November 2009 to May 2011. The second Final Report will provide estimated program costs per client for 2010–11. The 12-Month Follow-up Survey will gather information on service utilisation during the year after clients entered a period of support. The associated cost offsets reported in the second Final Report will also be expressed in 2010–11 dollars, to be consistent with program cost estimates.

One of the limitations of published unit cost and service utilisation data is that it is not all from a common time period. Data used to estimate population utilisation rates and the cost of government services spans the period 2008–09 to 2010–11. Reported unit cost data for a period prior to 2010–11 is adjusted for inflation. The Total Health Price Index (AIHW 2011f) is applied to health costs to 2009–10 and the health component of the CPI is applied to adjust costs from 2009–10 to 2010–11. The GDP Chain Price Index (ABS 2011b) is applied to justice and children-in-care costs. Welfare and taxation-related costs are all available in 2010–11 dollars. The GDP price index is applied rather than the CPI, as it takes into account price changes across the entire economy (e.g. wages) not just tradable goods (Mayhew 2003). As noted in Flatau et al. (2008), estimating the 2010–11 cost of services by combining costs and utilisation statistics from a range of time periods assumes no change over this period except for inflation.

Health, justice and children-in-care data sources

Unit cost data and population utilisation for health and justice services and children-in-care are obtained from published sources. Top-down unit costs for a number of government services is published in sources such as the ROGS, AIHW publications and the Police Annual Reports. These sources also publish service utilisation rates for the population.

Welfare payments and taxation receipts

Population labour force participation, employment and wage rates are obtained from published sources available through the Australian Bureau of Statistics and the Department of Education, Employment and Workplace Relations (DEEWR). Details of welfare payments and recipients are available from FaHCSIA and DEEWR publications. Taxation rates and tax offsets are sourced from the Australian Taxation Office web site.

Eviction cost data sources

Published data is not available to determine the cost of eviction, or prevalence. The relevant Department of Housing in each state was approached to provide an estimate of both the average cost to government of an eviction event and the prevalence of eviction events for public housing tenants. Data was obtained from Vic, NSW and WA. The estimated cost per eviction ranged from $3000 in NSW to $15 673 in WA. A conservative average of these estimates of $4800/eviction event was applied when determining the value of cost offsets. The rate of eviction events per public tenancy ranged from 0.14 per cent in NSW to 0.67 per cent in WA. Further detail of how these estimates were derived is provided in Appendix 3.

2.7 Further examination of cost offsets

In the second Final Report, Client Survey results from both the Baseline and 12-Month Follow-up Client Surveys will be used to further examine the potential for cost offsets of homelessness services. Some of the methodological considerations in addressing these issues are discussed here.

To examine how outcomes and utilisation of non-homelessness government services is changed by a period of support, it is necessary to identify what may have happened if no support were provided; that is, to identify the counterfactual. A range of unobserved variables will affect the extent and manner in which homelessness support changes a person's circumstances and outcomes. Ideally, to isolate the effect of homelessness support on outcomes, a randomised controlled experiment would be used. Persons with similar needs would be randomly allocated to two groups: one which is provided with support (treatment group) and one which is not (control group). For ethical reasons a randomised control experiment is not possible.

Instead the effect of support is intended to be examined in two ways:

- *Matched sample*: comparison of respondent outcomes during the 12 months prior to support commencing (from the Baseline Survey) with outcomes during the 12 months after support commenced (from the 12-Month Follow-up Survey). This analysis will be included in the second Final Report.
- '*Quasi-experimental comparison group'*: we examine whether it is possible to identify a group of people who are homeless or at risk of homelessness and not receiving case managed support, but have similar characteristics to those receiving support. The extent to which this is possible is examined in this report. In the second Final Report, in the case that sufficient numbers of both a treatment and comparison group participate in the 12-Month Follow-up Survey, comparison will be made of outcomes for those receiving support with outcomes for persons who are homeless or at risk of homelessness and do not receive case managed support.

The utilisation of a 'quasi-experimental comparison group' will provide indicative information only. Possible comparison groups are selected with a view to minimising differences between the 'treatment group' and the 'comparison group'; however, they cannot be viewed as control groups. Observed outcomes will be affected by the characteristics and experiences of the respondent, as well as support received. Homelessness services attempt to match the requirements of homeless individuals with the service type(s) which best meet their needs. Individuals and families most in need of assistance are more likely to receive assistance, so persons not receiving assistance, or receiving less intensive assistance, may be those with lower levels of need. Alternatively, many support programs have sobriety and behavioural requirements which work to exclude some of the people with the most complex needs

from gaining assistance. There is also evidence that persons with the most complex needs often chose not to seek support (Philips et al. 2011). Available modeling does not allow us to determine the extent to which differences in characteristics result in the observed differences in outcomes. Any observed differences in outcomes will be the result of both observed and unobserved differences in characteristics and provision of homelessness support.

2.7.1 'Quasi-experimental comparison groups' investigated and methodology issues

Potential 'quasi-experimental comparison groups' investigated are:

- *Clients of day centres* who are experiencing primary homelessness or precarious living; including persons living in a boarding house or hostel or couch-surfing. This cohort represents a potential comparison group for clients of street-to-home and supported accommodation services.
- *Persons on the waiting list for tenancy support services*, who are not receiving support due to system constraints. This cohort represents a potential comparison group for tenancy support services.
- *Persons identified by Centrelink* as at risk of homelessness due to issues with their tenancy, but not receiving support. This cohort is potentially a comparison group for tenancy support services.

Although attempts were made to interview respondents from each of these groups, it was only possible to obtain a representative sample of day centre clients. Fourteen day centre clients participated in the Baseline Client Survey: 13 male and one female. This cohort potentially represents a comparison group for street-to-home clients, who are also predominantly male. Male day centre respondents potentially represent a comparison group for single men clients. Issues affecting the ability to identify and engage comparison groups are discussed first, followed by the method used to examine suitability of day centre clients as a quasi-experimental comparison group.

Factors affecting ability to identify and engage a quasi-experimental comparison group

Factors encountered which limit the ability to identify and engage a comparison group were both logistical and to do with the client cohorts.

The main logistical issues were as follows.

- As respondents were not case managed, interviews were conducted by the research team. The logistics of conducting the surveys imposed time and flexibility requirements that could only be met by the resources available in WA.
- People accessing day centres are often only on site for a couple of hours in the morning. As the Baseline Survey takes 60 to 70 minutes, only one or two interviews can typically be conducted each time a researcher visits a day centre. The interviewer incurs travel as well as interview time.
- Surveys for persons requiring but not receiving tenancy support were to be administered individually at a mutually agreed location. Again, travel time is incurred and times had to be arranged that met the needs of both the respondent and the interviewer.

Issues relating to day centre clients:

- *Women*: comparatively few women attend day centres. Only one day centre that catered exclusively for women agreed to participate. Women are eligible to attend 'mixed' day centres; however, the majority of clients at these centres are men. The

women who attended day centres were generally not prepared to participate in the survey. Given these issues, it was not considered feasible, within the resource constraints of the project, to obtain a sufficiently large sample of women to form a 'comparison group' for single women.

- *Men*: only a small proportion of men accessing day centres were able to be classified as homeless or with precarious living circumstances and without any type of support to maintain a tenancy. Discussion with day centre staff indicated that, although they do not provide case management, they do provide important informal support for clients, often assisting them to access and maintain tenancies. Several clients of one day centre had previously experienced primary homelessness and were now participating in the street-to-home program while continuing to access the day centre.

Issues relating to persons on the waitlist for tenancy support are as follows.

- The Department of Housing in WA controls the number of people placed on the waitlist for the WA tenancy support program, SHAP. The agency delivering the program provided all required assistance to contact persons on the waitlist and arranged for the survey to be administered. However, of the 11 people on the waitlist, six entered a period of support before it was possible to organise for a survey to be administered. Some of these people were subsequently interviewed by their case worker and were included in the tenancy support cohort. Of the five people ultimately meeting the criteria, only two ultimately agreed to participate in the survey.
- This process proved to be quite resource-intensive for the NGO assisting to organise the interviews. Due to privacy requirements, before the research team could contact the potential respondent, a case worker was required to make the initial contact, determine willingness to participate, where and when the interview could be conducted and what contact details could be provided to the research team. Often a potential respondent was only contactable by visiting their home.
- Given these issues, it was not considered feasible, within the resource constraints of the project, to use this source to obtain a sufficiently large sample of people requiring but not receiving tenancy support to form a 'comparison group.'

Issues relating to persons identified as eligible for the Household Organisational Management Expenses (HOME) Advice Program but not able to access it, or other homelessness support.

- FaHCSIA delivers the HOME Advice Program in partnership with Centrelink and community organisations. Centrelink and other 'first-to-know' agencies flag families considered to be at risk of homelessness. One Centrelink social worker is funded in each state or territory to provide clients with detailed advice on a range of Centrelink services. Community organisations provide specialised assistance around a range of issues (www.fahcsia.gov.au/sa/housing/progserv/homelessness accessed 23/3/2011).
- The program only operates in one location in each state and territory. Persons flagged as 'at risk of homelessness', but not able to access the HOME Advice Program, and not receiving case management under another program, represent a potential comparison group.
- It did not prove possible to organise contact with this group of people without addressing extensive logistical and ethical considerations. Establishing the protocols and acceptable practices to access this potential comparison group represents an area for future research.

Comparison between the treatment and comparison group

Day centre clients who are homeless and not receiving case managed assistance are considered a potential comparison group for the treatment groups 'single men accessing crisis accommodation' and 'street-to-home' clients. If the characteristics of day centre clients are found to be similar to either of the treatment groups, comparison of outcomes for day centre clients, who do not receive case managed support, with outcomes for the treatment group, would provide insight into the differential effect of case managed support, controlled for the effect of these observable characteristics. It should be noted that it is not possible to control for the effect of any unobservable characteristics that affect outcomes.

Fourteen Baseline Client Surveys were administered with this group of day centre clients: 13 male and one female. Although this is a small sample, it represents the only potential comparison group where adequate primary data was collected to allow demographics and life experiences to be compared with the relevant treatment group.

To determine suitability of day centre clients as a potential comparison group, selected characteristics from each cohort are compared using the Mann–Whitney test. Comparison groups assessed are:

- Day centre and street-to-home.
- Day centre (male respondents) and single men.

The Mann–Whitney test is a non-parametric test for equality of medians. The test power is dependent on total sample size:[15] 20 for day centre/street-to-home and 82 for the day centre (male)/single men. Characteristics assessed include age; whether respondents are of ATSI origin; employment and income circumstances; existence of physical, mental health or drug and alcohol issues; and previous experiences of homelessness or precarious living.

Test results (see Appendix 2) show day centre clients to represent a better quasi-experimental comparison group for street-to-home than for single men clients. For all characteristics assessed, when comparing the responses of day centre and street-to-home clients, it is not possible to reject the hypothesis that the median characteristic of day centre and street-to-home clients is equivalent. In contrast, for male day centre and single men clients, the hypothesis of equality of median is rejected at the 5 per cent level of significance for characteristics of Indigenous status (P = 0.000), total current income (P = 0.037), instances of homelessness experienced in the previous year (P = 0.008) and time spent homeless in the previous 12 months (P = 0.004). The hypothesis of equality is rejected at the 10 per cent level of significance for currently requiring support for drug and alcohol related issues (P = 0.076) and the total time during the respondent's life spent in homelessness or precarious living circumstances (P = 0.051). These characteristics are all considered important risk characteristics for homelessness, inferring that day centre clients are unlikely to represent a feasible quasi-experimental control group for clients of single men's services.

If it is possible to obtain, an adequate 12-month follow-up sample for street-to-home and day centre clients, differential impact of interventions on client outcomes will be examined in the second Final Report. Any difference in outcomes will reflect differences in the characteristics of the comparison and treatment groups. However, while it may be possible to proportionally match members of the comparison group with members in the treatment group, we would note that such matching will be imprecise if there are significant unobservable determinants of whether someone

[15] The Mann-Whitney test has statistical power where the total sample size is > 7.

receives support or does not receive support. Quantitative analysis in the homelessness area is not currently available to evaluate the extent to which this affects reported results.

2.8 The cost of providing Specialist Homelessness Services

The cost of providing Specialist Homelessness Services will be examined in the second Final Report. Some methodological issues are discussed here. Specialist Homelessness Services examined in the study are primarily funded by Commonwealth and state governments, and delivered by NGOs. The cost to government of providing the services consists of recurrent funding provided to the NGO service providers, costs incurred within government departments to administer the programs and the capital cost of providing client accommodation. Cost measures incorporating all three of these component costs to government will be presented in the second Final Report.

Our base measure of program cost is the direct recurrent funding provided by government to NGO service providers. This measure is the most objective. However, it excludes the other potentially significant sources of cost incurred in program delivery. Both the total funding provided by the Commonwealth and four state governments to deliver the Specialist Homelessness Services examined in the study and the cost per client supported will be reported. Recurrent funding for each program and the number of clients assisted will be obtained from the following sources.

Tenancy support: these programs are funded predominantly under the NPAH and cost per client information is not publicly available via the current National Data Collection. Where available the data will be sourced from the annual report of the relevant government department in each state. Alternatively, a request for cost information will be placed with the government department.

Supported Accommodation services for single men and women: the cost of SAAP case managed services will be sourced from the SAAP National Data Collection Annual Report. The Safe-at-Home program for women escaping domestic violence is funded under the NPAH. A request for cost information will be placed with the relevant government department administering the program in each state.

Street-to-home: these programs are also funded under NPAH. Cost per person will be sourced either from annual reports or via a request to relevant state government departments.

Our second measure of program cost is government recurrent funding as determined above, plus an imputed opportunity cost of the capital employed to provide client accommodation. This measure applies to supported accommodation and street-to-home programs, which both provide clients with supported accommodation. Tenancy support programs do not provide accommodation. Capital funding for supported accommodation occurs through NAHA. Prior to the NAHA, capital funding for supported accommodation was provided via the CAP. Street-to-home programs aim to assist clients from primary homelessness to permanent accommodation. These programs utilise both CAP-funded accommodation and mainstream social and public housing. Accommodation units used by supported accommodation and street-to-home programs range from hostel-type crisis accommodation, to two or three bedroom units and four or five bedroom houses. The capital value of accommodation units utilised to provide supported accommodation services, including street-to-home services, is to be requested from the relevant state government departments.

A sensitivity analysis will provide a third measure: recurrent funding plus the imputed cost of capital (as outlined above) plus other government costs. Two sources of other

government department costs will be considered: those relating to the administration of Specialist Homelessness Services and costs incurred when clients of homelessness services are provided assistance through referral to other services. No data is readily available to estimate the extent of these additional costs. The amount of SAAP funding not distributed to NGOs to deliver programs is able to be quantified; however, how that funding is applied across the different categories of SAAP programs is not able to be determined from SAAP NDCA reports. Other administration costs are accounted for as part of the relevant state government department's overall budget. However, they should not be ignored when reporting the total cost of providing Specialist Homelessness Services. Discussion with government departments administering specialist homelessness programs will be used to collect insight into the types of administration, training and other auxiliary costs incurred in addition to direct program funding.

2.8.1 The Agency Survey

Flatau et al. (2008) found that in WA many NGOs providing SAAP services supplement government funding from sources such as donations and rent received from clients. Some NGOs also utilise accommodation provided by sources other than government agencies. The Agency Survey will be administered with NGOs delivering Specialist Homelessness Services. This survey will provide data regarding the extent to which cost subsidisation occurs across the four states being examined. This will be used to provide an estimate of total program cost, inclusive of this non-government funding. The Agency Survey will also gather data regarding the cost structure of specialist homelessness service programs, which will be examined in the second Final Report.

2.9 Administrative datasets

One of the objectives under the NAHA strategy is to achieve improved information technology systems to assist integration between homelessness services and mainstream services. This is seen as important to facilitate reporting against COAG's performance indicators (Australian Government 2008). The availability of integrated databases is also important to facilitate research into the homelessness sector. Studies such as the current one provide limited data for a comparatively small sub-set of people accessing homelessness services. Service utilisation and other data is self-reported, and so subject to error, and the task of conducting surveys consumes a large amount of time and is comparatively expensive. Development of improved and integrated systems would vastly improve data availability and integrity at a comparatively low ongoing cost.

Presently there are two major sources of information regarding people who are homeless: 1) the ABS Census conducted every five years which provides estimates of the number of people who are homeless; and 2) the SAAP National Data Collection. This provides information on clients of SAAP funded services, including demographic data, services provided and where people go when they stop receiving assistance. However, these services come in touch with only 19 per cent of people who are homeless on any given day (Australian Government 2008). To better understand the pathways through service systems for people who are homeless, the government plans to pilot data linkage projects across child protection, housing, homelessness, criminal justice services and Centrelink.

Central to this issue is developing a common definition of homelessness to be used by all agencies and for non-homelessness agencies to consistently identify accommodation circumstances. Centrelink recently introduced a 'flag' to identify

clients who are homeless or at risk of homelessness. The ‘flag’ is designed to improve the service Centrelink provides to this group.

The final section of this study (published in the second Final Report) will examine the extent to which integrated databases can currently be utilised to examine the outcomes of people experiencing homelessness. This will help to provide a framework around which to build improved systems.

2.10 Conclusion

In conclusion, the research questions are addressed by examining primary data collected via a longitudinal Client Survey administered with clients of Specialist Homelessness Services, and an Agency Survey administered with agencies delivering these services. Administrative data is also utilised to estimate population norms and government costs. This report outlines the method used to answer the research questions; Baseline Client Survey results are examined, as well as the cost to government of higher than population average use of non-homelessness services by persons at risk of homelessness and the associated potential cost offsets. The second Final Report will utilise data obtained from both the Baseline and 12-Month Follow-up Client Surveys to further examine cost offsets. The cost of providing Specialist Homelessness Services and use of administrative data sets will also be addressed in the second Final Report.

3 SPECIALIST HOMELESSNESS SERVICES

This chapter identifies and discusses the Specialist Homelessness Services available in NSW, Victoria, SA and WA. 'A specialist homelessness service is an organisation that is funded to deliver services specifically to people who are homeless or at risk of homelessness. Specialist homelessness services deliver services that include crisis or supported accommodation, transitional support, crisis support, housing information and referral, etc. Specialised legal, employment or advocacy services may be considered a specialist homelessness service if that service (or that component of their business) is specifically funded for the provision of services to homeless clients or those at risk of homelessness' (FaHCSIA 2010a). Specialist homelessness services are primarily delivered by NGOs and funded by the Commonwealth and state governments.

The Specialist Homelessness Services predominantly operate under the NAHA and NPAH, commenced during 2009, between the Commonwealth and state governments. While the new partnership arrangements saw the introduction of new programs, for example street-to-home, there are several programs from previous National Partnership Agreements still operational but are now funded under the new agreements. This chapter examines how the Specialist Homelessness Services operate in each of the jurisdictions. All states offer services funded under NAHA and NPAH but the implementation, management and operation of these services are not the same. The states have introduced and implemented various programs to meet the needs of their clientele and have adapted the programs to their existing government and private operational structures. For example, the street-to-home program has been operating in SA since 2005 but the other states have only just introduced the program as it is a requirement under the National Partnership Agreement.

State government departments responsible for administering and funding the programs in each state are: in NSW the programs are delivered by the Department of Family and Community Services (previously named the Department of Human Services); in SA by the Department for Communities and Social Inclusion (previously named the Department of Families and Communities); in Victoria by the Department of Human Services; and in WA by the Department of Child Protection and the Department of Housing.

It is difficult to determine the exact number of homeless people in Australia at any particular time. The lack of accommodation, the mobility of homeless persons, not all persons seek assistance when homeless, all add to the difficulty in determining an appropriate count. The last census conducted in 2006[16] identified the number of people experiencing housing difficulties on that night. On Census night in 2006, the proportion of Australians who were homeless was 53 per 10 000 Australians (Chamberlain & Mackenzie 2009).

The census data provides a snapshot of the impact and amount of people struggling with housing issues. The number and rate of homelessness varies across the different jurisdictions with remote areas having higher rates of homelessness than city locations. The number of homeless persons in each state and territory is detailed in Table 4.

Most homeless people were sheltered somewhere on Census night, with 45 per cent staying temporarily with friends or relatives, 21 per cent staying in boarding houses, and 19 per cent staying in supported accommodation (e.g. hostels for the homeless,

[16] The most recent Census was conducted in August 2011 but this data is not yet available.

night shelters and refuges). Around one-sixth of homeless people were classified as primary homeless (Chamberlain & Mackenzie 2009).

Table 4: Homeless persons by state and territory on Census night 2006

NSW	VIC	QLD	WA	SA	TAS	NT	ACT	AUST
27,374	20,511	26,782	13,391	7,962	2,507	4,785	1,364	104,676

Source: 2006 Census of Population and Housing. Australian Census Analytic Program: Counting the Homeless (cat. no. 2050.0), <www.abs.gov.au>

Another measure of the number of homeless persons is through SAAP National Data Collection (SAAP NDC) which was conducted annually and reported by AIHW. From 1 July 2011 this SAAP NDC has been replaced by a new data collection system to include the reporting requirements under the NAHA and NPAH.

In the 2010–11 SAAP annual report 230 500 (1/103 Australians) used a government-funded specialist homelessness service (AIHW 2011d). This is an increase from 2009–10 where 219 900 people (1/100 Australians) received support at some point during that year (AIHW 2011c). Most assistance requested during 2010–11 was for non-accommodation issues with only 27 per cent of clients Australia-wide requiring support for accommodation. But there were variances across the states with the type of support required. Only 26 per cent of clients seeking assistance from a government-funded specialist homelessness service in SA required accommodation, while in WA over 43 per cent of clients needed accommodation support (AIHW 2011e, Table A4).

Data collected under the SAAP NDC also identified outcomes of support when the support period of the client concludes. Generally the position of the client has improved through the support period and the longer the client is supported the more likely they are to have a source of income, to be employed, and to have a positive housing outcome (AIHW 2011d).

3.1 National agreements

Australian governments have recognised the need to provide assistance in some form to make housing affordable and to provide housing for those who would otherwise not have any. In 1943 the Commonwealth government entered into its first Commonwealth–state housing agreement. Since then agreements have been negotiated and renewed on a regular basis to provide a range of support and assistance for housing and persons who are homeless or at risk of homelessness.

The latest Commonwealth and state agreement is a broad, comprehensive and overarching agreement for homelessness and affordable housing. This agreement was the result of the Commonwealth Government's White Paper on Homelessness, *The Road Home: a national approach to reducing homelessness* (Australian Government 2008). In this paper the government adopted two main goals: to halve overall homelessness by 2020 and to offer supported accommodation to all rough sleepers who seek it by 2020 with the objective to improving housing affordability and availability. To assist in the achievement of these broader 2020 goals the White Paper also sets out interim goals to be achieved by 2013. The interim goals include: reducing homelessness by 20 per cent; primary homelessness reduced by 25 per cent; and the proportion of people seeking Specialist Homelessness Services more than three times in 12 months reduced by 25 per cent (Australian Government 2008).

The White Paper response to homelessness will be implemented through three broad strategies. The first strategy of 'turning off the tap' is to prevent people becoming

homeless through early intervention strategies. The second strategy will be to improve and expand services that will be more connected and responsive to clients who are homeless or at risk of homelessness. The third strategy of 'breaking the cycle' will deal with issues to prevent recurrent homelessness.

The NAHA came into effect on 1 January 2009. The agreement brings together existing funding programs and commits all levels of government to undertake reforms in the housing sector, improve integration between the homelessness service system and mainstream services, reduce concentrations of disadvantage that may exist in some social housing estates, improve access by Indigenous people to mainstream housing and increase the supply of housing. The focus of the agreement is preventing homelessness with early intervention strategies under the principle of 'Housing First' and ensuring that clients are provided with long-term accommodation and supports to maintain housing. The Australian government's proposal includes initiatives involving social housing, employment, income support, mental health and aged care (COAG 2008).

The NAHA includes Commonwealth funding of $6.2 billion over five years (2008–13) and is complemented by Commonwealth funding through several National Partnership Agreements. The National Partnership Agreements support the NAHA to ensure that 'people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion' (COAG 2009, p.4). Figure 1 provides a descriptive framework of the Commonwealth and state agreements on homelessness and housing.

The NPAH is a joint Commonwealth and state initiative to target homelessness issues and develop and introduce programs to reduce primary homelessness, reduce the number of individual repeat presentations at homeless services, and to support those at risk of homelessness. NAHA continues to fund HSS which operated under the SAAP. Funding from NPAH has incorporated and expanded existing services that operated under SAAP. It has also seen the introduction of new homelessness programs (e.g., the ITS Program in SA and the street-to-home program in WA). Funding under the NPAH commenced 1 July 2009 and will provide $400 million for homelessness over five years to be matched by the states and territories (COAG 2009). Some programs continue to operate outside of the NAHA and NPAH environment; for example the WA SHAP is funded and operated by the Department of Housing.

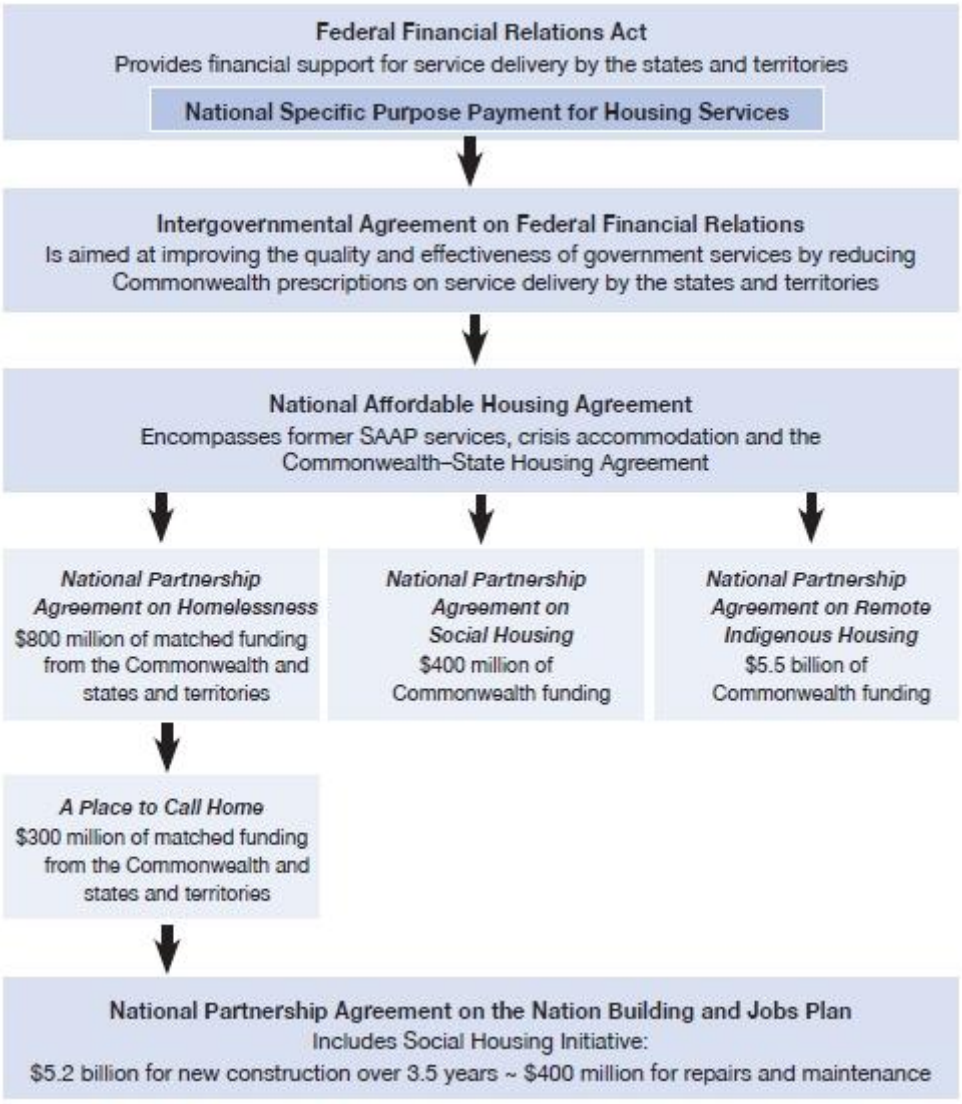
The three key strategies under the NAHA and NPAH are:

1. Early intervention and prevention to stop people becoming homeless and to lessen the impact of homelessness.
2. Breaking the cycle of homelessness by boosting specialist models of supported accommodation to keep people housed in long-term stable housing.
3. Improving and expanding the service system to ensure people experiencing homelessness receive timely responses from mainstream services.

These strategies will be delivered through a range of core outputs, including: the Street-to-Home Assertive Outreach initiatives for chronic homeless people (rough sleepers); tenancy support for private and public tenants to help sustain their tenancies; and assistance for people leaving child protection services, correctional and health facilities, to access and maintain stable, affordable housing. Other initiatives under NPAH include: early intervention programs, such as case management and financial counseling to help people maintain their tenancies; and support for women and children experiencing domestic violence to enable them to stay in their homes where it is safe to do so. By introducing flexible models of support,

through system improvements, improved coordination and integration of services, these programs will help people engage with appropriate mainstream services.

Figure 1: Framework of national agreements and partnerships addressing homelessness



Source: FaHCSIA (2009) Progress and Action Plan for the Australian Government's White Paper on Homelessness

Other Commonwealth and state partnership agreements made to address the issue of homelessness include:

- The National Partnership Agreement on Social Housing in which the Australian government will contribute $400 million for the construction of 2100 new houses, to increase the supply of social housing.
- $5.6 billion for the Nation Building Economic Stimulus Plan to construct 20 000 new dwellings for rent to low-income Australians, in particular those who are homeless or at risk of homelessness and refurbish existing social housing dwellings.
- $1 billion nationally over four years to build 50 000 affordable rental properties under the National Rental Affordability Scheme (Australian Government 2008).

3.2 State implementation of homelessness programs

NAHA emphasises the need to provide services to all Australians who are homeless or at risk of homelessness. The agreement details various homelessness programs and support mechanisms, some aimed at those persons who are likely to become homeless, for example, persons exiting state institutions or victims of domestic violence. There are programs under the National Partnership Agreements which are already in existence and some existing programs require changes, while others are new. An example of this is the street-to-home program which has been operating in SA since 2005 and is now being rolled out in the other states and territories as a required program under the NPAH. Programs the states and territories are required to deliver may be part of a national agreement but there are variations in how these programs are implemented and delivered in the different jurisdictions. This difference is due in part to their client focus, the demographic differences and the needs of the jurisdiction. For example, WA has a higher population living in remote areas (6.5%) than Victoria (0.1%) or NSW (0.5%), and SA has a higher population in the most socio-economically disadvantaged areas (24.3%) compared to WA (13.7%) (COAG Reform Council 2011).

3.2.1 New South Wales

On the night of the 2006 Census, there were 27 374 homeless people in NSW, a rate of 41.8 persons per 10 000 of the population, lower than the national average, with 28 per cent of homeless people being accommodated in boarding houses, a rate higher than any of the other states (Chamberlain & Mackenzie 2009). In NSW it is the Department of Family and Community Services (previously the Department of Human Services), Housing and Community Services divisions that are responsible for the implementation of the NAHA and NPAH. The Housing division is responsible for housing solutions, that is, accommodation, and the Community Services division works with the people. Policy advice in homelessness and the implementation of action plans is provided to the NSW government by the NSW Premier's Advisory Council on Homelessness.

The NSW government has developed a 'Homelessness Action Plan'. The plan prioritises collaboration between the Specialist Homelessness Services, specialist services and mainstream services and provides direction for reform of the homelessness sector. To implement the action plan in the regional areas ten Regional Homelessness Action Plans have been developed to respond to local homelessness issues. The action plan is based on three strategic directions of: preventing homelessness; responding effectively to homelessness; and breaking the cycle of homelessness. Funding under the NPAH of $284 million over four years (2009–13) is provided jointly by the NSW and Australian governments. Crucial to the success of these programs is an increase in housing through the National Partnership Agreement on Social Housing and the Nation Building and Economic Stimulus Plan (New South Wales Government 2009a).

The NSW Government has introduced 'The Homelessness Intervention Project'. This is a multiple agency arrangement and includes Housing NSW, Department of Premier and Cabinet, NSW Health, Community Services, the City of Sydney, Homelessness NSW and the Youth Accommodation Association. The initiatives under this project are the Homelessness Intervention Team, providing support and housing to rough sleepers in inner Sydney, and the Nepean Youth Homelessness project, providing support and accommodation for young people.

In the first year of implementing the new homelessness agenda, some key achievements include: support for 295 rough sleepers by the new outreach services;

2320 people have received assistance to obtain and maintain tenancies; under the 'Start Safely' rental program 89 families who were experiencing domestic violence have been assisted; and financial and legal assistance was provided to 40 571 people who were homeless or at risk of homelessness (New South Wales Government 2011a).

3.2.2 South Australia

In SA 7962 people were homeless on Census night in 2006, 53 homeless people per 10 000 of the population, the same as the national average (Chamberlain & Mackenzie 2009). The Department for Communities and Social Inclusion (previously named the Department of Families and Communities) is responsible for the management and implementation of the housing and homelessness programs in SA.

The South Australian government introduced 'The Homelessness National Partnership Agreement Implementation Plan South Australia' to give effect to the NAHA and NPAH. The implementation plan incorporates a housing-first approach, a consolidation of services, respect for women and children who are at risk of homelessness and a 'no wrong door' approach. The plan will build on the existing services operating under SAAP and other outreach programs, including street-to-home, as well as introducing new programs required under the National Partnership Agreements (South Australia Government 2009).

To implement the plan the SA Government has adopted a two-stage approach to reform. In Stage 1 significant administrative changes have been implemented to services for the homeless and Stage 2 will focus on services for Aboriginal people, for women and children experiencing domestic violence, workforce development, and career progression for workers in homelessness services (South Australian Government 2010). Under Stage 2 the Specialist Homelessness Services Sector programs have been expanded to include 20 statewide, metropolitan and regional Specialist Homelessness Services and 18 statewide and regional Specialist Domestic Violence Services, including Aboriginal-specific services (South Australian Government 2011c).

Under the reforms there has been a 47 per cent increase in the number of persons receiving support, with nearly 20 000 people being supported out of homelessness between July 2010 and March 2011 and 11 000 people were assisted to sustain their tenancies or exit into sustainable housing (South Australian Government 2011b).

As with some jurisdictions the reforms have seen a change in reporting mechanisms. In SA from 4 July 2011 all specialist homelessness agencies are required to use the Homeless 2 Home (H2H) client and case-management system to register and update client information. The aim of the new reporting system is to allow for a standardised reporting system and a consistent response to the needs of clients.

3.2.3 Victoria

The homelessness population in Victoria on Census night in 2006 was 20 511 persons, 42 per 10 000 persons, lower than the national average of 53. Over 6000 persons were in SAAP accommodation, a rate higher than the other states (Chamberlain & Mackenzie 2009). In Victoria the Department of Human Services, Housing and Community Building Division, is responsible for homelessness support services, including crisis support.

The Victorian Government has implemented the 'Victorian Homelessness Action Plan 2011–2015' with a commitment of $76.7 million to new prevention and early intervention programs as well as continued support to existing homelessness supports already in operation. The plan focuses on: supporting innovative approaches to

homelessness; investigating models that focus specifically on early intervention and prevention; and better targeting of resources when and where they are most needed and where they will make the biggest difference (Victorian Government 2011a).

A new innovative action plan will direct resources to high-risk cohorts, including families and vulnerable women and children. To break the cycle of homelessness, reforms will focus on ensuring immediate access to support and to stay connected for those who are experiencing homelessness for the first time, targeting resources to persons who have repeat incidences of homelessness to break the cycle and identify those who experience long-term homelessness and provide Assertive Outreach and housing to these people (Victorian Government 2011a).

3.2.4 Western Australia

On Census night in 2006, 13 391 Western Australians were homeless. The rate of homelessness in WA was higher at 68 per 10 000 persons than the national average of 53 (Chamberlain & Mackenzie 2009). In WA, the Department for Child Protection is the lead agency responsible for the coordination and implementation of the joint Commonwealth/state NPAH. The Department for Child Protection works with the Department of Housing in the provision of housing for clients. The housing support workers are funded under NPAH and implemented by Department of Child Protection. The Department of Housing provides the accommodation under NAHA for these clients. In addition the Department of Housing continues to operate the SHAP public tenancy support program.

The WA State Implementation Plan has a vision of an integrated homelessness service system where people who are at risk of, or experiencing homelessness, have access to housing and support to establish a home and a place in the community. The Implementation Plan will tackle homelessness across the state, including rural and remote areas. New programs will complement existing programs and will target groups of single adults, young people, families, and women and children experiencing domestic violence. Some programs will be Indigenous-specific and others are for people from culturally and linguistically diverse backgrounds. An important aspect of the plan is to engage and integrate with mainstream services, including Child Protection, Centrelink, housing, mental health, drug and alcohol, and corrective services (Western Australia Government 2010).

The new initiatives will provide for a wide range of programs, including: services for rough sleepers; new housing support workers for people currently in private and public tenancies, as well as persons starting a tenancy who are identified as at risk due to previous housing-related issues; housing support workers for people leaving supported accommodation and institutional care; and new and expanded supports for women and children experienced domestic violence.

3.3 Programs and state implementation

The study examines client outcomes for three programs delivered under NAHA, NPAH and the Department of Housing WA: tenancy support programs, street-to-home programs and homelessness support programs. The nature of these programs and how they operate in each of the states included in the study is outlined below.

3.3.1 Tenancy support programs

Tenancy support programs provide assistance to those who are currently housed in the public and private rental sector but are at risk of eviction and homelessness. The programs introduced under the NPAH also provide support to persons starting a tenancy who are identified as at risk. These programs have traditionally involved

public housing but in more recent years have extended to support programs in private rental housing. The programs do not provide accommodation and the services are provided primarily by NGOs. These are early intervention programs operated and funded primarily by Commonwealth and state governments under the NPAH, although programs such as the WA SHAP program continue to operate outside the NPAH.

With the introduction of NPAH a range of tenancy support programs were also extended or introduced to assist people leaving correctional, mental health and other institutional settings to maintain or sustain tenancies. These programs are not specifically incorporated in the study.

Tenancy support programs operate as the ITS program in SA, SHASP in Victoria, SHAP and Public and Private tenancy support services operating in WA. At the time of commencing the study the tenancy support projects in NSW focused on Indigenous people living in regional areas and were not included in this study.[17]

Tenancy support programs are administered in NSW by the Department of Family and Community Services, Community Services; in SA by the Department for Communities and Social Inclusion, Office of Homelessness and High Needs Housing; in Victoria by the Department of Human Services, Housing and Community Building Division; and in WA by the Department of Child Protection in partnership with the Department of Housing.

South Australia

Tenancy Support programs in SA operate under the ITS program. This program incorporates the previous Supported Tenancies Program (STP) which assists vulnerable social housing tenants to sustain their tenancies. The broader ITS supports tenants in public, community and private rental to maintain their tenancy and avoid eviction (South Australian Government 2009). The programs are provided by NGOs and provide a range of services to assist the tenant to maintain the tenancy (South Australian Government 2011a). The tenancy support programs aim to prevent eviction from public, community and private rental accommodation. At risk clients are those who have breached the tenancy contract, non-payment of rent, have a history of homelessness or failed tenancies, problems with neighbours, disruptive behaviour, or health or mental issues which may affect the tenancy. A case management and outreach approach is used for families and adults who have been identified at risk of losing their existing tenancies and to provide support for the issues affecting the tenancy.

Victoria

In Victoria the SHASP provides support to public housing tenants and other social housing tenants. With the introduction of NPAH it has been enhanced and expanded to also provide support to at risk private renters and those in rooming houses (Victorian Government 2008). SHASP commenced operation on 1 January 2006, replacing the Public Housing Advocacy Program (PHAP), which ended in December 2005. The Department of Housing funds 12 community service organisations to deliver SHASP services in regional locations across Victoria.

SHASP aims to obtain and maintain the tenancy of clients to prevent homelessness. SHASP workers offer support to tenants at risk by advocating with landlords on their behalf, identifying and supporting needs relating to financial, mental and physical health, drug and alcohol, employment, education or social issues. This will include

[17] Under NPAH new tenancy support projects were introduced in the Richmond/Tweed and Mid-North Coast areas as well as expanded services to assist people to maintain a private tenancy (New South Wales Government 2009).

arrangements to pay rent, accessing financial advice, resolving problems with neighbours, property repairs, accessing legal advice or accessing eligible government payments. The SHASP providers work in close partnership with local housing offices, other housing and support providers, local government and community services and helps tenants access a range of non-government services in their local community.

SHASP provides support to tenants in social housing with the aim to establish successful tenancies, and identify and intervene in at-risk tenancies, to provide the tenants with support to sustain the tenancy and prevent people becoming homeless. The program identifies tenants who are most at risk, people who have a history of recurring homelessness, or are at risk of recurring homelessness and have underlying social relationship, living skills and/or domestic violence risk factors which affect the client's ability to obtain and/or maintain housing. The program also targets households in housing crisis due to insecure, unsafe or inappropriate housing or who require urgent housing due to health needs. The program does not target people who already have existing support linkages (Victorian Government 2009). Referrals are received from the tenant (self-referral), Office of Housing, Community Housing provider, Department of Human Services, housing management services and community sector organisations.

The program has two support activities: establishing successful tenancies (EST) and intervention in tenancies at risk (IART). EST provides tenancy support to new tenants who have a high risk of tenancy failure. Support is provided for up to six months for clients who have a history of homelessness and/or no or limited community, social and family support. IART provides support to an existing public housing tenant who is at risk of eviction because of rent arrears, tenancy breaches, anti-social behaviour or complaints from neighbours. The tenant may also be facing eviction because of health or social issues, drug and alcohol use, domestic violence, unemployment or disability (Victorian Government 2010b). Four other specific SHASP activities are: advocacy for applicants and tenants; assistance to early housing applicants to establish eligibility; assisting tenants to participate in their community; and community facilities management.

The Women's Early Intervention Program operates in Victoria is a short-term (six-week) program offering intensive case management and support for single women 18 years and over, without children in their care who are at risk of becoming homeless. To be eligible for this program the women must be currently housed. The program is funded by the Department of Human Services and provides support for women in the North-Western area who are at risk of homelessness.

Western Australia

In WA private and public tenancy support is provided through the Department of Housing and the Department of Child Protection. The Department of Housing operates the SHAP which commenced operations in 1991. This program provides tenancy support to existing Department of Housing tenants whose tenancy is in danger or who are at risk of eviction because of tenancy breaches, disruptive behaviour or have a history of homelessness. It is a voluntary program and offers clients participating in the program home visits, advocacy in disputes, counseling and financial management advice. The case worker will also assist the client in developing and maintaining links in the community and with mainstream services (Western Australian Government 2011d).

The Department of Child Protection is funded under the NPAH to provide housing supports through the tenancy support services and housing support workers. The tenancy support services provide a range of supports, including tenancy advice,

advocacy and linkage or referral to mainstream services. The private tenancy support services assist families and individuals experiencing difficulties in maintaining private rental tenancies. The public tenancy support services target existing Department of Housing tenants whose tenancy is in danger or who are at risk of eviction and new Department of Housing tenants identified as 'at risk'. Participation in the public tenancy support program is with the tenant's consent; however, it may become a condition of the tenancy, for example, where there has been a prior tenancy difficulty. Referrals to the program are primarily from the Department of Housing but may be received from other agencies. Housing support workers assist clients exiting mental health, corrective services and drug and alcohol programs and/or institutions. Support is provided to the clients to re-engage with the community and establish long-term housing (Western Australian Government 2011a).

The Homeless Accommodation Support Workers initiative is funded under the NPAH. The program is provided through a partnership of the Department for Child Protection, the specialist homeless sector and mainstream services. The program is a holistic, case management approach to assist the client through crisis or transitional accommodation to long-term, suitable housing options. The client will continue to be supported even after suitable housing has been obtained to ensure that the client does not return to homelessness. The Department of Housing makes an allocation of properties available for a percentage of clients exiting Specialist Homelessness Services supported under this program.

3.3.2 Street-to-home programs

In Australia around one-sixth of homeless people are classified as primary homeless: those people without conventional accommodation, rough sleepers, people who live on the streets and do not access stable accommodation. This varies across the different states with 18 per cent of homeless Western Australians sleeping rough compared to 11 per cent in Vic and SA and 13 per cent in NSW homeless sleeping rough, rates lower than the national average (Chamberlain & Mackenzie 2009).

The street-to-home program has its foundations in an international program originating in New York and currently operating in several jurisdictions in the USA and the UK. The model used by the New York program implements five categories of change: build a strong, diverse local team; clarify the local demand for permanent housing; begin lining up permanent housing and support resources; start moving people into permanent housing; and help people improve their health and retain their housing (100 000 homes).

Street-to-home is a new national initiative under the NAHA although the program has been operating in SA since 2005 and pilot programs have previously operated in other states. It is an innovative program which identifies the most vulnerable homeless people and operates under the principle of 'accommodation first'. Once accommodated then support is provided to maintain the housing and access mainstream services.

The program accepts that some individuals have difficulty obtaining and maintaining housing. Long-term rough sleepers have often resolved themselves to a life on the street. Long-term distrust of bureaucracy and years of failed promises, makes many long-term street sleepers distrustful of traditional accommodation providers and government services. Many have multiple issues, including mental health and drug and alcohol problems. The requirement to solve these issues before being given accommodation may be too difficult for many when faced with doing this alone and on the street. This is the criteria for some existing housing and homeless programs which require the client to be 'housing ready'. Street-to-home uses the 'housing first

principle', which acknowledges the difficulty of resolving other health and social issues before being housed and aims to provide the roof over the head first and then resolve to manage as many issues as possible with a holistic case management approach.

Street-to-home programs identify the most vulnerable street sleepers and provide support under an Assertive Outreach approach. It is a long-term initiative providing accommodation and intensive case management, including access to mental health and/or drug and alcohol services under an integrated approach between mainstream and specialist agencies. The aim of the program is to use long-term support management to prevent people from cycling back into homelessness. While the program aims to house first the most vulnerable street sleepers, this may not always be possible because of the shortage of suitable and appropriate accommodation. It may be necessary to accommodate the person in crisis or transitional housing until a suitable long-term position becomes available.

These programs are administered in NSW by Department of Family and Community Services, Housing NSW and NSW Health; in SA by the Department for Communities and Social Inclusion, Office of Homelessness; in Victoria by the Department of Human Services, Housing and Community Building Division and High Needs Housing; and in WA by the Department of Child Protection.

New South Wales

New South Wales has three street-to-home programs: My Place which has been operating since 2002; and two new Assertive Outreach programs, Newcastle Assertive Outreach Service and an Inner City Assertive Outreach Service, Way2home, introduced as part of the NPAH.

My Place is a supported housing program providing outreach support to rough sleepers in inner Sydney, including people who are homeless or shift in and out of homelessness with short stays in supported accommodation or temporary accommodation. The Community Housing Division of Housing NSW provides funding for accommodation. People ineligible for the program include: residents of medium and long-term accommodation services; people with no income; people with complex needs that will make it too difficult for them to live independently; people with insufficient or no access to needed support services; people who do not agree to sign a negotiated Support Agreement; people likely to engage in illegal activities; and people likely to pose a risk to themselves or others. The community housing providers are responsible for: finding and allocating housing to the client and ensuring that the client is aware of their responsibilities and expectations; understand and sign a Residential Tenancy Agreement; monitors the tenancy and rental payments and reports regularly to the Community Housing Division in collaboration with the support agencies. As part of the program, clients are provided with support services to assist them to maintain or improve their daily living skills. Support providers are responsible for: assessing a potential client's eligibility and suitability to the program; liaising with the Housing Association to secure appropriate accommodation; negotiating and implementing a Support Agreement with each client; linking clients to community services and facilities; and reporting regularly to the Community Housing Division.

The Newcastle Assertive Outreach Service provides Assertive Outreach to rough sleepers and the chronically homeless in Newcastle. The project is supported by Housing NSW, NSW Health, Department of Community Services and Legal Aid Commission. The project uses a multidisciplinary case management approach which includes health and medical services and specialist homelessness support to provide long-term housing. The aim of the project is to improve health outcomes for homeless people and reduce presentations by homeless people to hospitals and other health

facilities. A unique aspect of the program is the access to outreach legal support (New South Wales Government 2009b). In 2009/2010 133 people were assisted through the Newcastle Assertive Outreach Service (New South Wales Government 2011a).

Way2home established in April 2010 is the new Inner City Assertive Outreach Service implemented under the NPAH, NSW Homelessness Action Plan and the City of Sydney's Homelessness Strategy 2007–12. This program was built around the existing City of Sydney homeless outreach service that was set up in 2000. The program is supported by Housing NSW, NSW Health, Department of Community Services and City of Sydney. The program is funded by Housing NSW and City of Sydney and is made up of two teams: the health outreach team and the Assertive Outreach team. The Assertive Outreach team locates rough sleepers and uses the Vulnerability Index Tool to identify and prioritise those persons who are at most need of assistance. The program adopts the 'housing first' approach for rough sleepers in inner City of Sydney, providing general and health services and long-term supported housing.

South Australia

A street-to-home program has been operating in SA since 2005 and other jurisdictions in Australia have used this model to develop their respective new street-to-home services.

The SA program is led by the SA Health Department and is a multidisciplinary Assertive Outreach service. The service is provided to people who are homeless and sleeping rough in the Adelaide metropolitan area. The program relies on the co-operation of government authorities with private sector services. It uses a holistic care program with case management outreach service, relying on the collaboration of the services in the area. The program recognises that people who are sleeping rough may be somewhat reluctant to receive support. The case workers actively seek and provide outreach to people sleeping rough, establish connections and provide support to access accommodation and health services and support to maintain long-term housing. The program has a 'housing first' approach. The Adelaide inner city has had a reduction of 50 per cent of rough sleepers from 108 in 2007 to 51 in 2011 (South Australian Government 2011a).

Under the NPAH the SA government has complemented the street-to-home program through a range of outreach services to connect rough sleepers to long-term housing and health services and to assist people living in public and privately owned boarding houses move to more stable, long-term housing (South Australian Government 2009).

Victoria

In Victoria the street-to-home program is a new program funded under the NPAH through the Department of Human Services, Housing and Community Building division. The Melbourne street-to-home is a partnership between HomeGround Services, the Salvation Army Adult Services, the Salvation Army Crisis Services and the Royal District Nursing Service. The program provides Assertive Outreach with crisis accommodation and health care. The program targets the most vulnerable people who are sleeping rough in inner Melbourne. One week during the year is selected to interview and identify prospective clients. The first 'registry week' was held in October 2010 and volunteers sought out rough sleepers who were asked to be interviewed and photographed. Clients are selected for the street-to-home program based on a vulnerability index which identifies those who have been homeless the longest, who have the most disabling conditions and who are least likely to secure housing through other services. Those rough sleepers who had the highest rating on the vulnerability index are contacted again and approached to join the program. All

rough sleepers identified on the assessments are kept in a registry for other housing services to offer them services because they were not included in the street-to-home program. The program aims to provide support to those identified most vulnerable over a 12-month period. The principle is to 'house first' and then provide support and advocacy to maintain the housing and fix other problems (HomeGround 2011).

Western Australia

In WA, street-to-home is a new program commenced in 2010 and funded under NPAH. The program consists of three separate but interrelated teams and provides a response to rough sleepers in the Perth metropolitan area and Fremantle. The street-to-home includes: 'Assertive Outreach workers'; a mobile clinical outreach team; and housing support workers. The program is available to persons over the age of 18, who are primary homeless (rough sleepers) without conventional accommodation (living on the streets, in deserted buildings, improvised dwellings, in parks).

The Perth street-to-home program does not have a registry week but the 'Assertive Outreach workers' have flexible working hours to connect with the client group, at different times during the day dependent on the needs of the clients. These workers make contact with the rough sleepers where they live and sleep and support the person in accessing a range of services, including housing, accommodation, mental health, drug and alcohol, hospital or police. The 'Assertive Outreach worker' collaborates with mainstream agencies and links to supported housing providers as well as working in partnership with the mental health clinical outreach team.

The mobile clinical outreach team provides rough sleepers with access to a range of health services, including mental health, drug and alcohol and clinical services. The mobile clinical outreach team includes clinical nurse specialists and a consultant psychiatrist and provides people sleeping rough (who may have mental health, drug or alcohol issues) with clinical support, medical assessment and treatment. The Assertive Outreach workers and the mobile clinical outreach team work with the housing support workers to provide crisis accommodation where required. The housing support worker supports the client in moving from crisis accommodation to long-term stable housing in public or community accommodation or where possible a return to the family home.

The street-to-home program is a multi-agency collaboration with eight non-government specialist homelessness service providers providing Assertive Outreach and housing support to rough sleepers across the metropolitan area. The mobile clinical outreach team is delivered through the South Metropolitan Area Health Service Mental Health Unit (Western Australian Government 2011b).

3.3.3 Supported accommodation and women escaping domestic violence

People who have been homeless are more likely to become homeless again. Providing long-term support and assistance under a case management model may be essential to helping people who have been homeless to avoid more periods of homelessness. The recent SAAP data found that the length of time that clients had been getting support from the service was linked to achieving positive outcomes (AIHW 2011d). Homeless people have a high rate of drug and alcohol use and mental health issues. With case management and the provision of long-term and ongoing support, it may assist the person to establish and maintain a long-term housing option. Case management can be time- and resource-intensive, but it facilitates the development of a relationship between the service provider and the client that can encourage self-development, resilience and self-care capacity (Gronda 2009).

The homelessness support programs included in this study provide assistance for single men, single women and single women with accompanying children who are without secure accommodation, including those affected by domestic violence. Because people find themselves without suitable housing for many different reasons, governments have introduced a variety of programs to meet the needs of the homeless. Prior to the implementation of NAHA, supported accommodation services operated primarily under the SAAP and capital funding occurred through the CAP. These support programs will continue to operate as part of NAHA and NPAH with funding for the programs being provided by the Commonwealth and state governments, although some may be known by a different name. Capital funding for accommodation for these programs is also included under the NAHA.

In NSW the programs are delivered by the Department of Family and Community Services; supported accommodation services are provided through Housing NSW; and Safe at Home Program through Community Services. These programs are administered in SA by the Department for Communities and Social Inclusion, Office of Homelessness and High Needs Housing; in Victoria by the Department of Human Services, Housing and Community Building Division; and in WA by the Department of Child Protection.

The SAAP was established in 1985 to bring homelessness programs funded by individual state and territory governments and the Commonwealth under one nationally coordinated program. SAAP was jointly funded by the Commonwealth, state and territory governments and has been Australia's primary response to homelessness.

The objective of SAAP was to: 'Provide transitional supported accommodation and related support services, in order to help people who are homeless to achieve the maximum possible degree of self-reliance and independence. To resolve crisis; and to re-establish family links where appropriate; and re-establish a capacity to live independently of SAAP by providing or arranging for the provision of support services and supported accommodation; and helping people who are homeless to obtain long-term, secure and affordable housing or accommodation and support services.' (S5 *Supported Accommodation Assistance Act 1994* (Cth)). The Act defines homelessness as ' … a person is homeless if, and only if, he or she had inadequate access to safe and secure housing …'

SAAP was a transitional program, aimed to assist people who are homeless or at risk of homelessness to achieve a maximum possible degree of self-reliance and independence by providing supported accommodation and a range of related support services. This included crisis and transitional accommodation and support services for young people, accommodation and outreach support services for women and children in domestic violence situations, and crisis and transitional accommodation and support services for homeless single adults and families (Western Australian Government 2003).

Early intervention and prevention strategies were adopted to provide better assistance for clients requiring multiple support needs and in need of stable housing following a crisis. Crisis accommodation was for a period of not more than three months and transitional accommodation was for clients requiring medium (three to six months) or long-term (more than six months) housing support. The transitional programs enabled clients to be better prepared for independent accommodation.

The SAAP V Multilateral Agreement (2005–10) was terminated on 31 December 2008 to allow for the introduction of the new NAHA on 1 January 2009. NAHA has

embraced the SAAP, including the SAAP Innovation and Investment (I&I) Fund, and the Commonwealth State Housing Agreement (CSHA).

CAP commenced in 1984 and provides accommodation for people who are homeless or in crisis. The state authorities have the responsibility for administering this program. CAP provides the capital works, including establishing new housing and upgrading and development of existing housing. CAP provided the accommodation utilised by the SAAP programs and is now incorporated under NAHA.

The new homelessness support programs provide a range of supports and accommodation, including: services for young people at risk; for single women, and women with children who are victims of domestic violence; and for homeless single adults and families.

The Safe at Home Program and the Domestic Violence Outreach Program are new domestic violence initiatives under the NPAH. These are early intervention and prevention strategies aimed at breaking the cycle of family and domestic violence and preventing women and children becoming homeless following domestic violence. The homelessness support programs provide assistance for victims of domestic violence through crisis accommodation and women's refuge services.

Governments have introduced the Safe at Home Program, support for Women and Children Experiencing Domestic Violence Program. The Safe at Home specialist workers support the women and children and where it is safe to do so support them in remaining in the family home and the perpetrator is removed from the home. Assistance is provided to stablilise the housing and increase security where necessary. Support workers coordinate with local police, security and local governments and undertake assessments of risk and safety, allowing the women to make informed choices. Where it is not safe for women and children to stay in the home they are provided with crisis accommodation with the aim to arrange for long-term housing.

The Safe at Home Program includes a component of service to the perpetrator of the violence, where the services will work in collaboration with the perpetrator service, providing the perpetrator with supported accommodation and access to support networks in order to maximise safety for women and children.

The program has adopted a coordinated interagency approach to better support women and children affected by family domestic violence. This includes referrals to a wide range of other services, including: crisis care; medical practitioners; health services; legal services; police; mental health agencies; Centrelink; women's refuges; drug counseling; court Victim Support Services; relationships counseling and domestic violence children's counseling services, as well as support and education for children involved in the program.

Some jurisdictions have introduced the Domestic Violence Outreach Program which offers telephone referral services as required.

New South Wales

In NSW the Specialist Homelessness Services provide crisis and ongoing support to homeless people or those at risk of becoming homeless. Most of the Specialist Homelessness Services have been funded under SAAP and are now incorporated within the NAHA. Previously in NSW, SAAP was delivered through more than 380 government-funded projects managed primarily by NGOs (New South Wales Government 2009a).

The Safe at Home Program is delivered in NSW as Staying Home Leaving Violence (SHLV). This is a whole-of-government strategy supported by Department of Premier and Cabinet, NSW Police Force, Housing NSW, Women's Domestic Violence Court Advocacy Program, Department of Attorney General and Justice, NSW Health and non-government domestic violence service providers (NSW Government 2011b). SHLV is administered by Community Services in the Department of Family and Community Services. SHLV is a specialised domestic and family violence program aimed at promoting victim housing stability, and preventing their homelessness. The program is currently operating in 18 areas in NSW and targets women over 18 years (and their children), who have separated from a violent partner or family member, but may choose to remain in their own home.

The SHLV service is an intensive case management model which is long-term, needs-based and integrated with key agencies such as the police, courts and NSW Women's Domestic Violence Court Advocacy Services. SHLV includes an assessment of risk for women and children affected by domestic and family violence and the women are given the choice to stay in their own homes or find alternative accommodation. Woman at high risk will be advised of this and if they choose to stay in their accommodation, will continue to be supported by the case worker. As well as providing stable accommodation, the program collaborates with other agencies to provide support on issues of safety, security, advocacy, legal, education, financial management and employment issues. If necessary the police and the courts intervene to exclude the aggressor from the home.

Housing NSW has introduced other initiatives recognising that domestic and family violence can result in homelessness. As well as the SHLV program, there is the Start Safely program providing support for women and children to obtain private rental accommodation following domestic or family violence.

The 'Long term accommodation and support for women and children experiencing domestic and family violence' project in the Western Sydney, Illawarra and Hunter areas aims to improve women and children's safety and reduce the length of time that these families spend in crisis accommodation services or SAAP services. The project provides accommodation and support for women and children to assist them to maintain their tenancies when they have been required to leave their own home. The project will link closely with the SHLV program and provide access to long-term housing assistance, including social housing and rental subsidies, and links to appropriate supports, including Specialist Homelessness Services, mental health and drug and alcohol services, education, training and employment, parenting support and financial counseling (New South Wales Government 2009b).

South Australia

South Australia's homelessness service sector (formally SAAP) provides a wide range of services and support to people who are homeless or at risk of homelessness. The sector provides services to families, single adults, youths, and women and children escaping family and domestic violence. As well as support, crisis accommodation may be provided from one day up to three months or transitional accommodation for up to six months. These programs include support services to facilitate moving the clients to longer-term accommodation. Supportive accommodation may be provided for people who need intensive support. This type of accommodation and support prepares people to move on to longer-term, independent accommodation.

Domestic violence services and safety strategies for women which are already in existence will be reformed to ensure access to services for women and children escaping domestic violence, as well as programs to assist women to stay in the family

home when it is safe to do so. This reform has been supported with major new investments from the National Partnership Agreements in support services and accommodation for women experiencing domestic violence. The main aims of the reform are: to increase the support for women to remain safely in their home; to develop a consistent service response to domestic and family violence; and to have specific services to respond to domestic and family violence and support for all children. The reform includes a perpetrator housing program which will provide short-term housing for perpetrators of the domestic violence who have been removed from the family home (South Australian Government 2009). To implement these changes there have been created in metropolitan Adelaide 14 regional services (with a focus on Aboriginal and CALD support), one additional crisis accommodation service and two Aboriginal-specific family violence services.

The 'Staying Home Staying Safe' program is operated by the Victim Support Service in SA, funded by the Department of Families and Communities in partnership with the Attorney-General's Department. This program is available for women and children at risk of homelessness due to domestic or family violence and who want to stay in their home. Services provided under the program include risk assessment, home safety assessments, security upgrade for the home and safety plans and access to additional support services if required. The program gives women the choice to remain in their own homes and maintain contact with the support networks in the local community (South Australian Government 2011a).

From December 2011, new legislation will also provide the police with more power to remove the perpetrator from the home after a domestic violence incident (South Australian Government 2011a).

Victoria

The pathways out of homelessness are provided through various programs but primarily through the Homeless Support Program (HSP) and the Transitional Housing Management Program (THM). These programs are delivered by not-for-profit organisations, use a case management approach and collaborate with other health and community services to provide suitable accommodation options.

The THM is unique to Victoria. It was implemented in June 1997, with 15 community-based agencies being appointed to provide housing and housing assistance to families, individuals, women and children, and young people who are homeless or at risk of homelessness. At that time the 15 THMs replaced over 200 small agencies which were funded under various programs. THM was introduced to manage transitional housing in a system that was fragmented with inconsistent service delivery (KPMG 2000). THM provides accommodation for persons who are homeless or at risk of homelessness for up to 12 months and access to transitional housing and supports as well as referrals to other services.

Supported accommodation in Victoria is also delivered via the HSP—formally SAAP. The HSP is jointly funded by the Commonwealth and Victorian governments under NAHA. The HSP is linked with THM in providing homelessness and housing options and support. HSP aims to assist people who are homeless or at risk of becoming homeless by providing crisis and transitional housing options and support to enable independence and self-reliance in long-term accommodation. THM and SAAP agencies may have the same clientele and provide similar services but are different. THM are larger agencies, often part of a large organisation providing a variety of services and provide centralised locations for their services, while SAAP agencies are smaller and locally based.

The Crisis Supported Accommodation program provides urgent support to people who are homeless, including women and children escaping domestic and family violence. Types of accommodation in this program include refuges and inner city crisis accommodation services. Accommodation and support services can be up to six weeks. Emergency accommodation programs also provide housing for the perpetrators of domestic violence. These services include referrals to appropriate services for men and access to behavioural change programs.

Western Australia

The NAHA (formerly SAAP) provide Specialist Homelessness Services to assist people who are homeless or at risk of homelessness. These services provide a range of supports, including crisis and transitional accommodation, meals and day centres, outreach support and assist people who are homeless or at risk of homelessness to resolve issues which prevent them from accessing suitable accommodation. The services under the former SAAP program remain a critical part in the government's plan to address homelessness.

The Department of Child Protection under the NPAH provides funding to community sector agencies to operate the Domestic Violence Outreach Service incorporating the Safe at Home Program. This program provides a range of initiatives to help women and children remain in their homes, following a family and domestic violence incident, where it is safe to do so. A total of 37 women's refuges are funded across the state. The Domestic Violence Outreach Program is available statewide and Safe at Home programs are located in the North-West, North-East, South-West and South-East metropolitan regions, as well as two rural centres in the South-West and the Wheatbelt. The Safe at Home Program supports the National Response to Family and Domestic Violence. Department of Child Protection is the lead agency in giving effect to the National Plan to Reduce Violence Against Women and their Children 2010–22 and the Western Australia Strategic Plan for Family and Domestic Violence 2009–13 (Western Australian Government 2011c).

Programs to support women escaping domestic violence are complimented by the Breathing Space program. This program has been operating since 2002 and provides counseling and support services and operates both an outreach service and a three-month residential program for men who have perpetrated violence against their partner.

4 CLIENT PROFILE: NEEDS AND OUTCOMES

4.1 Demographics

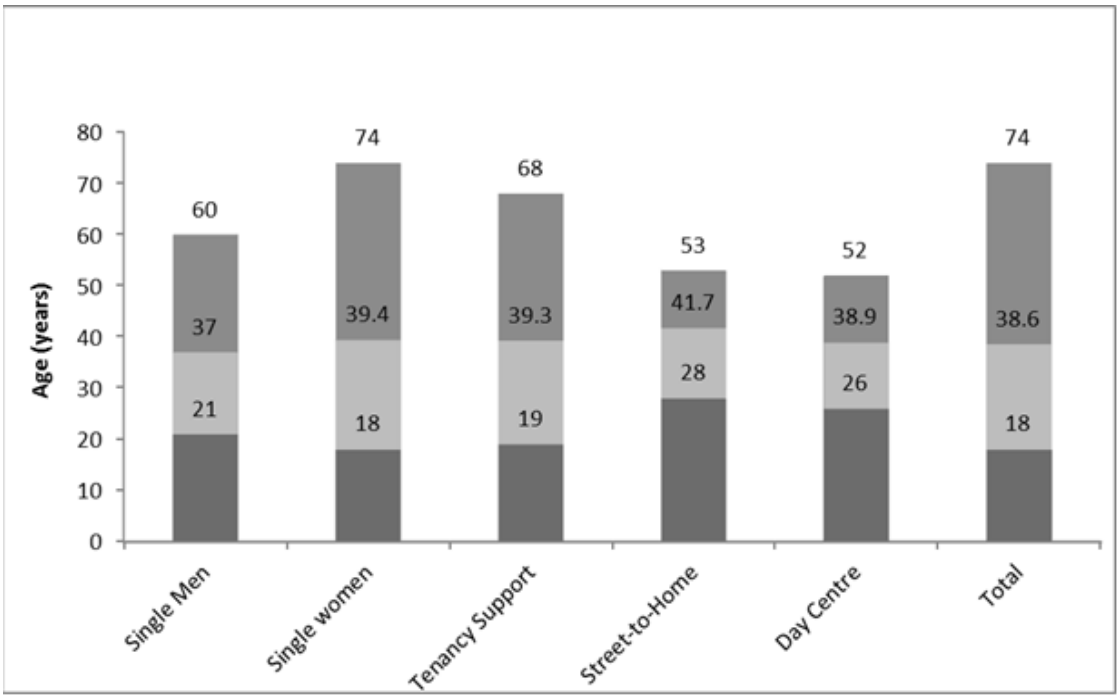
Respondents to the Baseline Client Survey were a diverse group who came from a variety of different backgrounds, had diverse life experiences and carried with them a broad variety of personal issues.

The participants ranged in age from 18 to 74. Case managed clients had a wider age range (18 to 74) compared to day centre clients (26 to 52); however, the average age was very similar (38.5 and 38.9, respectively). Figure 2 shows the age ranges and average ages for each support group. The youngest group was single men with an average age of 37 years (standard deviation (SD) = 9.7), ranging from 21 years to 60 years. Tenancy Support clients were slightly older with an average age of 39.7 (SD = 14.4) and a range of 19 to 68 years. Similar to this was the single women group who had an average age of 39.4 years (SD = 12.8) and a range of 18 to 74 years. The street-to-home group was the oldest group with a mean age of 41.7 (SD = 9.3) and also had the smallest age range (28 to 53 years).

Other demographic characteristics of the sample are shown in Table 5. The majority of respondents were single upon entry to the study with the street-to-home group having the highest rate (83.3%) followed by the single men (75.4%), day centre (64.4%), single women (60.8%) and tenancy support (51.2%) groups.

Tenancy support clients had the highest percentage of respondents currently in a relationship (17.1%) followed by the single men (8.7%), day centre (7.1%), single women (4.1%) and street-to-home (0%) groups. The tenancy support group also had the highest percentage of clients who used to be married (31.7%) followed by the single women (28.4%), street-to-home (16.7%), single men (14.5%) and day centre (14.2%) groups.

Figure 2: Age ranges and means, by support type



Overall, about one-third of clients had dependent children. The tenancy support and single women groups had the highest percentage of respondents with children (53.7% and 41.9% respectively) with the street-to-home, single men, and day centre groups having considerably fewer respondents with children (16.7%, 10.1% and 7.1% respectively). Of those with children, the tenancy support and single women groups not surprisingly had a higher proportion accompanying them in support compared to the single men, street-to-home and day centre groups.

Nearly two-thirds of respondents left school before completing year 12. All support groups had a high proportion of respondents who left school before year 12 (ranging from 72.0% to 83.3%) with the exception being the single women group which had considerably fewer respondents who did not complete year 12 (41.9%) as compared with other support groups. The heterogeneity in this group is evident in the fact that it had a considerably higher proportion of respondents who had completed a trade certificate (28.4%) compared to the other support groups (ranging from 0.0% to 17.4%), as well as a university Bachelor degree or higher (20.3%) compared to other groups (ranging from 0.0% to 7.9%).

Table 5: Demographic profile of respondents, by support type

	Single men	Single women	Tenancy support	Street-to-home	Total case managed	Day centre	Total
	%	%	%	%	%	%	%
Marital status							
Married	1.4	1.4	12.2	0.0	3.7	0.0	3.4
Separated	5.8	24.3	12.2	16.7	14.7	7.1	14.2
Divorced	8.7	4.1	17.1	0.0	8.4	7.1	8.3
Widowed	0.0	0.0	2.4	0.0	1.6	0.0	1.5
De-facto	7.2	2.7	4.9	0.0	3.7	7.1	3.9
Single	75.4	60.8	51.2	83.3	64.7	64.4	64.7
Dependent children							
Yes	10.1	41.9	53.7	16.7	32.1	7.1	30.4
No	89.9	56.8	46.3	83.3	67.4	92.9	69.1
Children accompanying during support							
Yes	1.4	37.8	51.3	0.0	26.3	0.0	24.5
No	98.6	62.2	46.3	100.0	73.2	100.0	75.0
Highest level of education							
Primary school	1.4	1.4	14.6	33.3	5.3	0.0	4.9
Less than year 12	69.6	40.5	58.5	50.0	55.3	78.6	56.9
Completed year 12	8.7	8.1	4.9	0.0	7.4	14.3	7.8
Trade certificate	17.4	28.4	17.1	16.7	21.6	0.0	20.1
Bachelor degree or higher	2.9	20.3	4.9	0.0	10.0	7.1	9.8

4.2 Cultural background

Across all Baseline Client Survey participants, 15.3 per cent were of ATSI background. A greater proportion of day centre respondents identified as ATSI (42.9%) compared to the case managed respondents (13.3%). Of the case managed groups, single women and tenancy support clients had the highest proportion of those who identified as ATSI (18.9% and 17.5% respectively), followed by single men (5.8%) and street-to-home (0.0%) respondents.

Approximately 80 per cent of the total sample was born in Australia. The tenancy support group had the highest proportion of Australian-born respondents (90.2%) followed by the single men (84.1%), street-to-home (83.4%), day centre (78.6%) and single women (73.0%) groups. Overall, of those respondents born overseas, roughly equal amounts were from English-speaking countries and non-English-speaking countries. Figure 3 breaks these down to the support program level. The single men and tenancy support groups displayed relatively equal proportions of respondents from English- and non-English-speaking countries. However, the single women group had considerably higher respondents from non-English-speaking countries and the street-to-home and day centre groups had no respondents from non-English-speaking countries.

Individuals who were born in a non-English-speaking country were also asked about their English-speaking abilities. The majority indicated they spoke very well or well (see Figure 4).

Figure 3: Proportion of total respondents born overseas in English-speaking countries and non-English-speaking countries, by support type

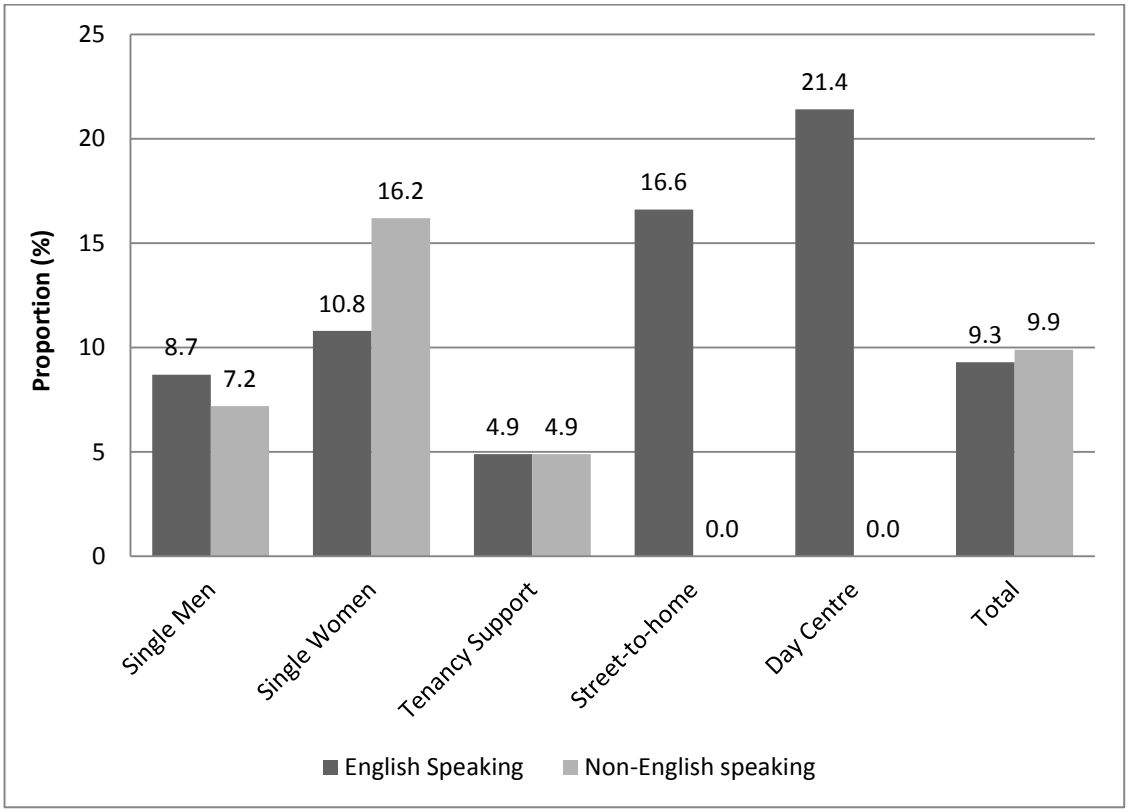
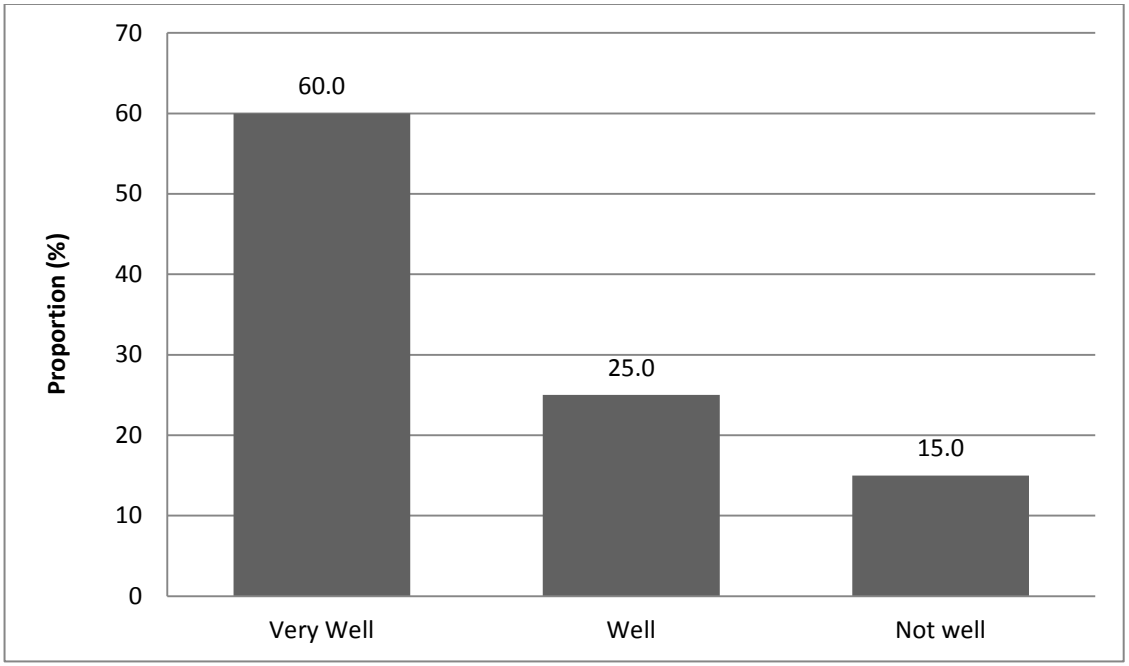


Figure 4: English-speaking ability of respondents who were born overseas in a non-English-speaking country



4.3 Housing and homelessness

Table 6 shows the accommodation situation of respondents prior to receiving support. Overall, the majority of respondents were either sleeping rough (26.0%), in temporary accommodation (14.1%), in short-term accommodation (11.4%) or in public/community housing (12.5%).

There were considerable differences evident among the different support groups. The higher proportion of respondents in public/community housing was primarily due to the tenancy support group (42.1%) with other support groups having lower proportions (0.0% to 7.3%). Furthermore, the tenancy support group had fewer individuals sleeping rough (5.3%) and in short-term accommodation (5.2%) but a greater proportion in private rentals (21.1%). The single male group had a higher proportion of respondents in institutional accommodation (17.6%). The single women and street-to-home groups had higher proportions of individuals in crisis accommodation (15.9% and 33.3% respectively) and the single women were the only group that reported being home owners (10.1%). Day centre respondents consisted only of respondents that were sleeping rough (91.0%) or in temporary accommodation (9.0%).

After commencement of support, only the day centre respondents reported sleeping rough (77.0%). However, this was considerably less than before the support period (91.0%). The majority of the single men and single women respondents were in crisis accommodation (92.5% and 90.0% respectively. The tenancy support group had the majority of respondents in public/community housing (62.2%) or private rentals (29.7%) and the street-to-home group had all their respondents in either public or community housing (60.0%), private rentals (20.0%), or crisis accommodation (20.0%).

Figure 5 shows the lifetime prevalence of various states of homelessness. Overall, the majority of respondents had slept rough (68.5%), lived in crisis accommodation (72.9%), stayed with relatives or friends because they had nowhere else to go (74.7%) or lived in boarding or rooming houses at some point in their lives (52.5%).

The street-to-home group had the highest proportion of respondents who had slept rough at some time in their life (83.3%), followed by the single men (79.7%), single women (59.5%) and tenancy support (46.3%) groups. This pattern was similar for the other states with the street-to-home group always having the highest proportion and the tenancy support group always having the lowest.

Table 6: Respondents accommodation situation, by support type

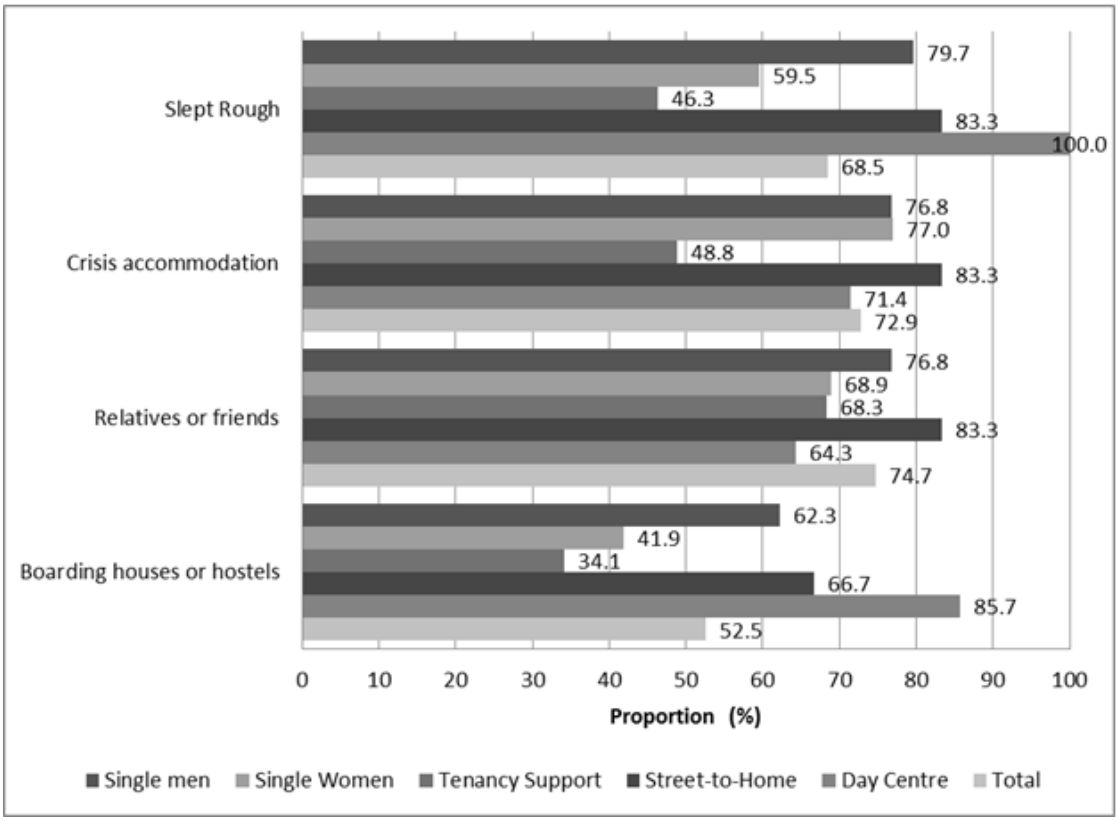
	Single men	Single women	Tenancy support	Street-to-home	Day centre	Total
	%	%	%	%	%	%
Sleeping rough						
Prior to support	33.8	20.3	5.3	16.7	91.0	26.0
At time of survey	0.0	0.0	0.0	0.0	77.0	5.2
Crisis accommodation						
Prior to support	4.4	15.9	0.0	33.3	0.0	8.3
At time of survey	92.5	90.0	0.0	20.0	0.0	66.5
**Temporary accommodation*						
Prior to support	10.3	15.9	21.1	0.0	9.0	14.1
At time of survey	0.0	0.0	2.7	0.0	23.1	3.1
***Short-term accommodation*						
Prior to support	19.1	7.3	5.2	33.3	0.0	11.4
At time of survey	7.5	1.4	0.0	0.0	0.0	3.1
****Institutional accommodation*						
Prior to support	17.6	5.7	2.6	16.7	0.0	9.4
At time of survey	0.0	0.0	0.0	0.0	0.0	0.0
Public or community housing						
Prior to support	4.4	7.3	42.1	0.0	0.0	12.5
At time of survey	0.0	1.4	62.2	60.0	0.0	14.1
Family home (rent free)						
Prior to support	0.0	7.3	2.6	0.0	0.0	3.1
At time of survey	0.0	1.4	2.7	0.0	0.0	1.0
Private rental						
Prior to support	7.4	7.3	21.1	0.0	0.0	9.4
At time of survey	0.0	1.4	29.7	20.0	0.0	6.8
Home ownership						
Prior to support	0.0	10.1	0.0	0.0	0.0	3.6
At time of survey	0.0	2.9	0.0	0.0	0.0	1.0
Other accommodation						
Prior to support	1.5	2.8	0.0	0.0	0.0	1.5
At time of survey	0.0	1.4	2.7	0.0	0.0	1.0

*Temporary accommodation—living with extended family member or friend or acquaintance (excluding holiday stays).

**Short-term accommodation—caravan, boarding/lodge/rooming house (not long-term tenure) and hostel, hotel or motel.

***Institutional accommodation—hospital facility, drug and alcohol facility, prison, transitional housing from a health/drug/alcohol/correctional facility.

Figure 5: Lifetime prevalence of different homelessness states, by support type



Respondents were also asked to report how old they were when they first experienced these different states of homelessness (Figure 6). Respondents experienced sleeping rough the earliest among the various forms of homelessness with the average age of respondent's first experience being 25.1 years old. Living with relatives, friends or acquaintances was similar with the average age being 26 years old. Respondents experienced living in both boarding houses/hostels and crisis accommodation latest in life with the average age of first experiences being 28.7 years old and 29.1 years old, respectively.

With respect to the different support groups, average age of first experiences of homelessness differed across homelessness states; however, day centre respondents generally experienced homelessness states at an earlier age, and single women respondents generally experienced them at a later age. Figure 6 shows the average age of first experience of homelessness for each support group for each homelessness state.

Many respondents who indicated that they had experienced a homelessness state reported that their first experience occurred before the age of 18 (see Figure 7). Of those who had experienced these homelessness states, nearly half had slept rough, approximately one-third had lived with relatives, friends or acquaintances and around 20 per cent had lived in crisis accommodation or boarding houses/hostels before they were 18. Single women generally had the lowest proportion of respondents who had their first homelessness experiences under the age of 18, while those in the tenancy support group generally had the greatest proportion (see Figure 7).

Figure 6: Youngest, average (rounded) and oldest ages of first homelessness experience, differentiated by homelessness states and support type

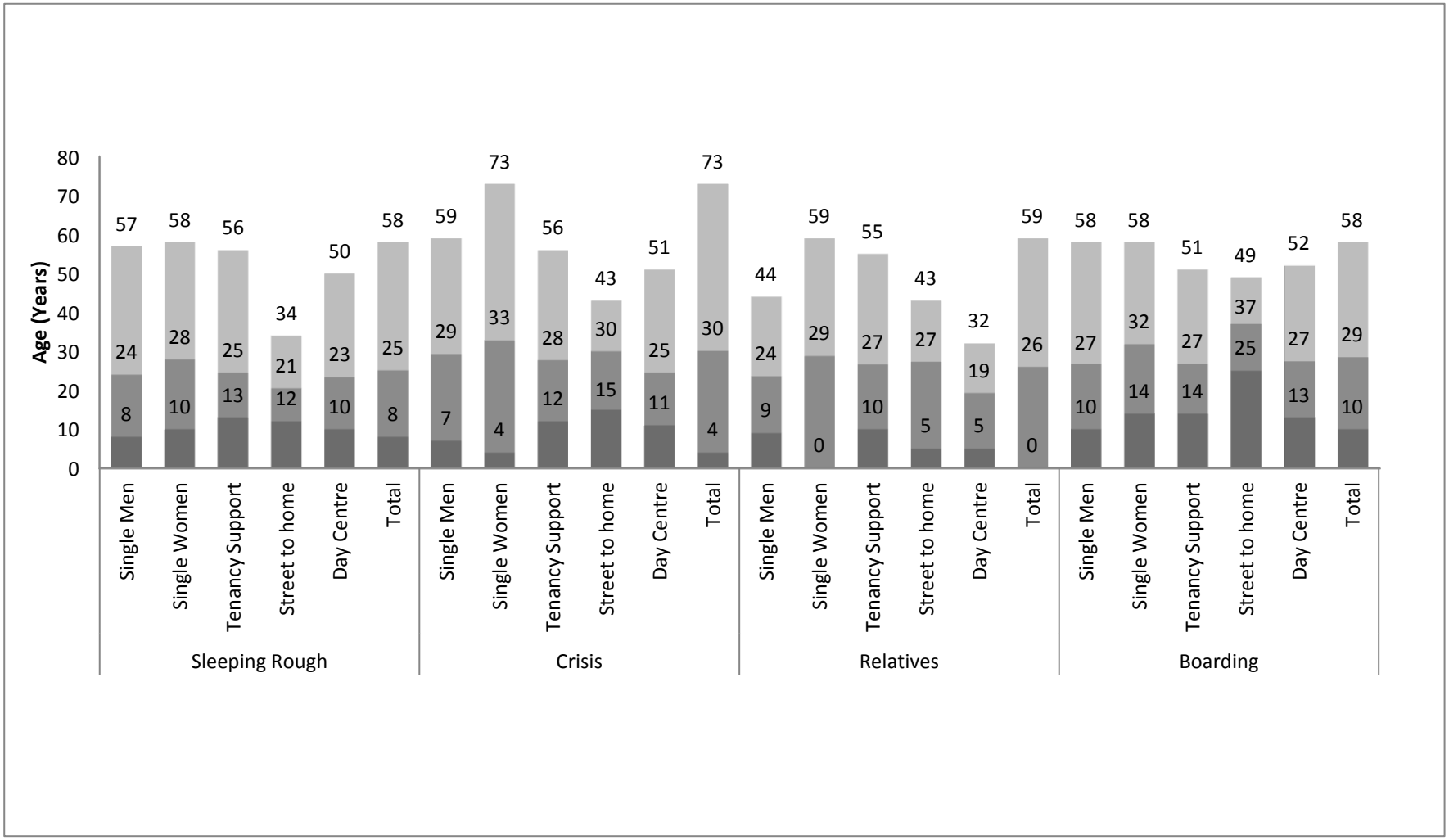
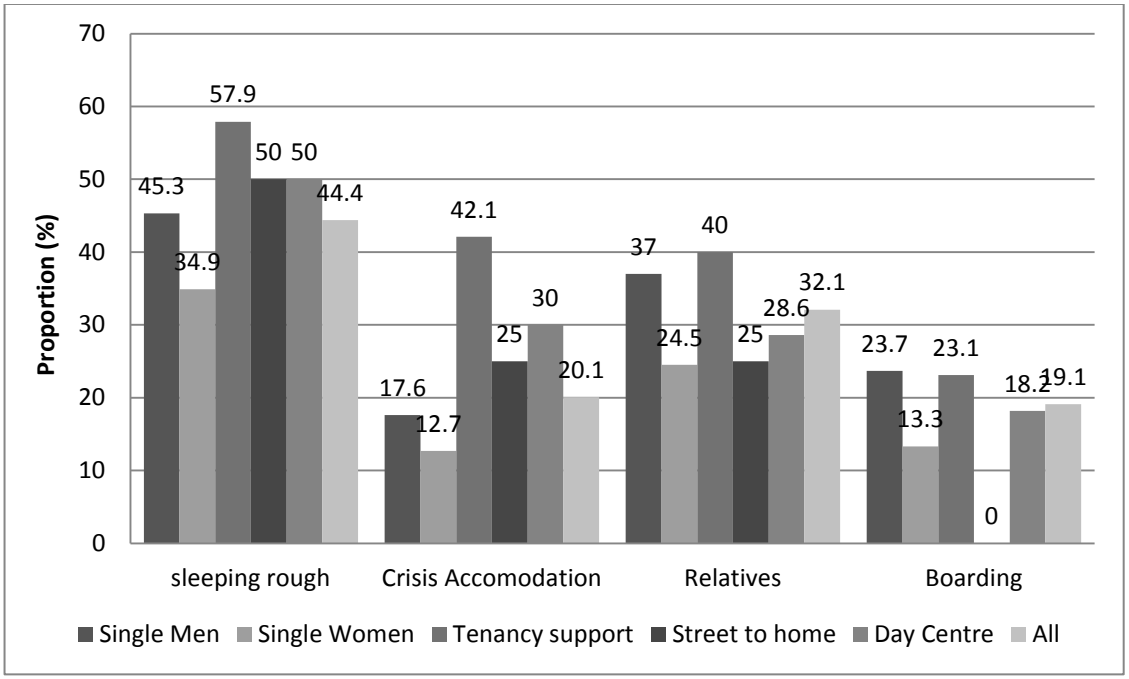


Figure 7: Respondents who had their first homelessness experience before the age of 18, by homelessness state and support group



4.4 Labour Market and income outcomes

As set out in Table 7, only 7 per cent of all respondents were employed at the time the survey was administered. This is consistent with relevant national estimates. All case managed groups had a small percentage of respondents who were employed; the day centre group had none. The street-to-home group had the highest proportion of employed respondents. This may be misleading due to the small number of respondents in this group. The single women group had the next highest proportion of employed individuals (11.0%), followed by the tenancy support (7.3%) and single men (3.0%) groups.

A more detailed breakdown of the labour force position of respondents was estimated (see Table 7). Overall, 28.0 per cent of respondents were unemployed and 65.0 per cent of respondents were assessed as being not in the labour force (i.e. neither employed nor unemployed). These proportions were similar for the single men, single women and tenancy support groups. The street-to-home and day centre groups had a higher proportion of respondents classified as unemployed and less classified as not in the labour force.

To be classified as employed a person must have worked for an hour or more in the previous week. Unemployed persons are persons who satisfy the following two conditions simultaneously: 1) they must be actively looking for work; and 2) they must be available to start work. The ABS includes the following activities as examples of actively looking for work: writing, telephoning or applying in person to an employer for work; answering an advertisement for a job; checking factory noticeboards or the touchscreens at the Centrelink offices; being registered with Centrelink as a jobseeker; checking or registering with any other employment agency; advertising or tendering for work; and contacting friends or relatives. When a person is not employed but fails to comply with *both* of the conditions for unemployment they are classified as not in the labour force.

Clients were also asked to report when they were last in full-time employment. Approximately one-quarter of all respondents, while not currently employed in full-time work, had held full-time positions in the last two years (see Table 8). This varied greatly between each support type with nearly half of the single men group having held a full-time position in the last two years, followed by the day centre (28.6%), single women (21.9%), street-to-home (16.7%) and tenancy support (4.9%) groups.

Many clients reported a significant absence from full-time employment with 27.1 per cent of all respondents last holding such a position two to five years ago and 32.0 per cent holding a full-time position more than five years ago. Overall, 9.9 per cent of respondents had never held a full-time position. This was mainly due to the higher proportion of those in the tenancy support group never having held a full-time position (24.4%). The single women group had the next highest proportion with 11.0 per cent never having held full-time employment followed by the single men group (2.9%). All respondents in the street-to-home group and the day centre group had held a full-time position at some point in their lives. This may be due to the higher minimum age of respondents in this group as well as the lower number of respondents.

Table 7: Labour force status, by support type

	Single men	Single women	Tenancy support	Street-to-home	Day centre	Total
	%	%	%	%	%	%
Labour force status (brief)						
Employed	3.0	11.0	7.3	16.7	0.0	7.0
Not employed[b]	97.0	89.0	92.7	83.3	100.0	93.0
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Labour force status						
Employed[a]	3.0	11.0	7.3	16.7	0.0	7.0
Unemployed[c]	34.3	20.5	24.4	33.3	46.2	28.0
Not in the labour force	62.7	68.5	68.3	50.0	53.8	65.0
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*

[a] Employed persons are those aged 15 or over who during the reference week: 1) worked for one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (comprising employees, employers and own account workers); or 2) worked for one hour or more without pay in a family business or on a farm (i.e. contributing family workers); or 3) were employees who had a job but were not at work and were: away from work for less than four weeks up to the end of the reference week; or away from work for more than four weeks up to the end of the reference week and received pay for some or all of the four-week period to the end of the reference week; or away from work as a standard work or shift arrangement; or on strike or locked out; or on workers' compensation and expected to return to their job; or 4) were employers or own account workers, who had a job, business or farm, but were not at work.

[b] Not employed persons are people not employed and comprise the unemployed and those not in the labour force (the latter are those neither employed nor unemployed).

[c] Unemployed persons are those 15 years of age and over, who were not employed during the reference week, and actively looked for full-time or part-time work at any time in the four weeks up to the end of the reference week and were available for work in the reference week.

Table 8: Last full-time employment position, by support type

	Single men	Single women	Tenancy support	Street-to-home	Day centre	Total
	%	%	%	%	%	%
Currently in a full-time position	0.0	2.7	4.9	16.7	0.0	2.5
Within the last two years	42.0	21.9	4.9	16.7	28.6	25.6
Two to five years ago	21.7	30.1	26.8	33.3	35.7	27.1
More than five years ago	29.0	32.9	34.1	33.3	35.7	32.0
Never	2.9	11.0	24.4	0.0	0.0	9.9
Refused/don't know	4.3	1.4	4.9	0.0	0.0	3.0

All respondents were asked about the difficulties they had experienced in finding work. Overall, day centre respondents tended to experience more difficulties than the case managed clients (see Figure 8). In total, all but two of the listed problems were experienced by a significant proportion of respondents. Clients' ill health or disability was identified as the greatest barrier to gaining employment with over half (59.3%) of respondents reporting this issue. Lacking stable housing was also a significant issue for respondents with nearly half (48.7%) of all respondents identifying issues in this area.

Other variables that were identified as significant barriers to employment were: insufficient work experience (39.1%); lacking skills or education (38.5%); problems relating to transport and travel to work (34.7%); lack of feedback from employers (32.3%); lack of vacancies (30.6%); too many applicants going for the same job (29.2%); discrimination (22.4%); being considered too old (18.8%); unsuitable hours (18.8%); and difficulties finding childcare and other family responsibilities (18.2%). Being considered too young (5.7%) and having language difficulties (4.2%) were the two options that were not considered significant barriers to finding work for all respondents. Figure 8 breaks down the most prominent barriers to finding employment by support type.

The survey aimed to develop an understanding of the income situation of clients through a number of income and money-related questions. Clients were asked whether they currently received an income and if they did, from what sources this income came from. They were also asked about any difficulties they experienced during the last 12 months due to lack of income.

The majority of respondents (98.0%) reported that, at the time of the survey, they were receiving some form of income. However, 13.6 per cent of respondents had experienced a period of no income in the 12 months prior to the survey. The major source of income for the majority of respondents was either an 'unemployment benefit' or 'sickness/disability benefit'. Single men, street-to-home and day centre respondents all relied on unemployment benefits more than sickness/disability benefits. However, the single women and tenancy support groups relied less on unemployment benefits and more on parenting payments (see Table 9).

Some of the consequences respondents faced due to a lack of money are reported in Figure 9. Overall, 36.4 per cent of respondents were behind in rent or mortgage, 28.7 per cent could not keep up with their water, electricity, gas or telephone bills and 24.2 per cent had to move house because their rent/mortgage was too high. These issues were most prominent for the tenancy support group.

Figure 8: Top eight difficulties experienced in finding work, by support type

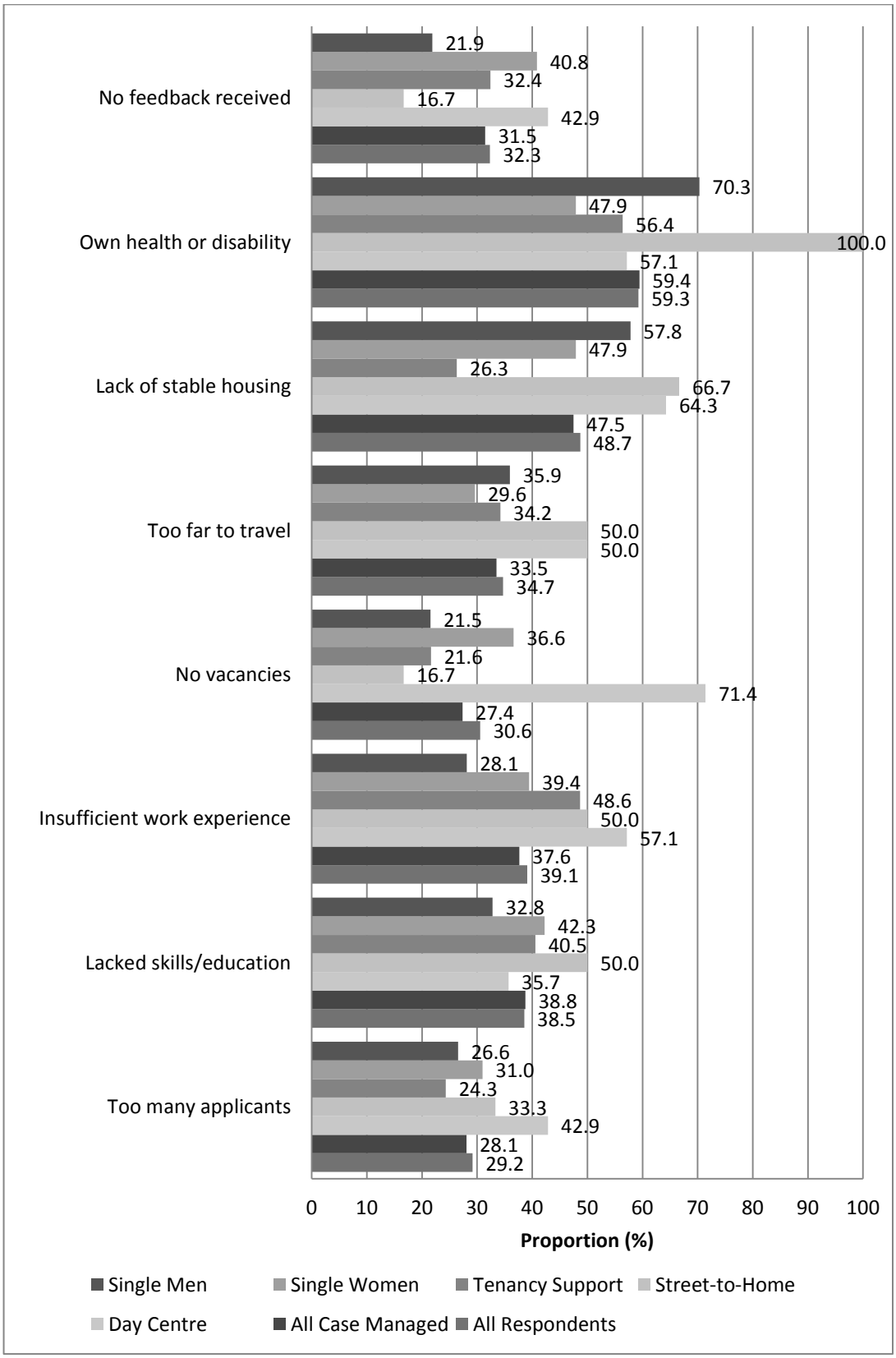
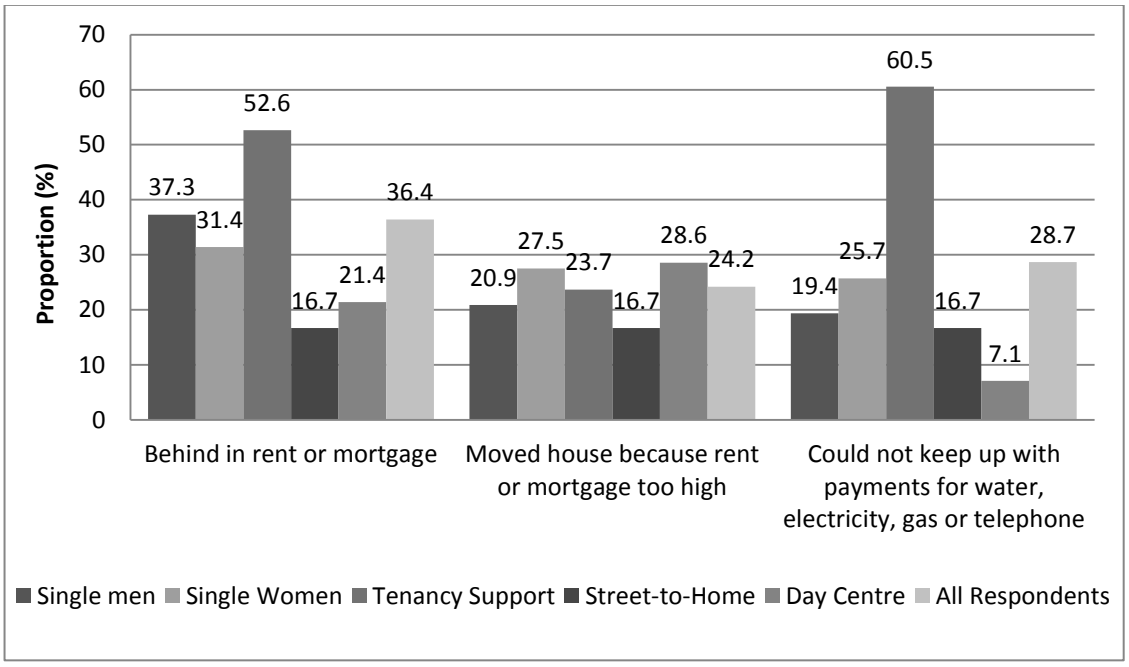


Table 9: Current sources of income and experiences of no income, by support type

	Single men	Single women	Tenancy support	Street-to-home	Day centre	Total
	%	%	%	%	%	%
Sources of income						
Unemployment benefits	56.5	24.3	19.5	50.0	50.0	37.9
Parenting payments	0.0	23.0	26.8	0.0	0.0	13.8
Sickness/disability	39.1	33.8	43.9	33.3	33.3	36.9
Aged pension	1.4	5.4	4.9	0.0	0.0	3.4
Other government payments	0.0	5.4	0.0	0.0	0.0	2.0
No income						
Wages	0.0	5.4	4.9	16.7	16.7	4.0
No income						
At time of survey	2.9	2.7	0.0	0.0	0.0	2.0
In the past 12 months	15.4	12.5	14.6	0.0	14.3	13.6

Figure 9: Consequences due to lack of money, by support type



4.5 Physical and mental health and drug and alcohol issues

Respondents were asked questions about their general physical health and their access to general practitioners (GPs) and allied health professionals. Just over 60 per cent of respondents indicated they had a long-standing physical health condition, illness, disability or infirmity. Day centre respondents had the lowest proportion of individuals who reported a long-standing physical health condition (50.0%), followed by single women (54.8%), single men (64.2%), tenancy support (75.6%) and street-to-home (83.3%). It is important to note that this low proportion of long-standing physical

health issues seen in the day centre group may in fact be due to less access to physical health professions, which is discussed below.

The majority of respondents (91.1%) had consulted a GP in the last 12 months (see Table 10). However, 30.3 per cent of respondents indicated that there was at least one time that they had required a GP but were unable to access one. This was slightly worse for day centre respondents with only 78.6 per cent having contact with a GP in the last 12 months but with 35.7 per cent reporting they required support but were unable to access it.

Considerably fewer respondents (52.0%) had consulted with an allied health professional in the last 12 months and slightly more respondents (36.8%) reported that there was at least one occasion when they had required an allied health professional but were unable to access one. This was once again worse for the day centre respondents with only 28.5 per cent having contact with an allied health professional in the last 12 months but 78.6 per cent indicating they required support but were unable to access it (see Table 10).

Table 10: Access to selected support services, by support type

	Single men	Single women	Tenancy support	Street-to-home	Day centre	Total
	%	%	%	%	%	%
Last time a GP was consulted						
Less than 3 months ago	86.6	82.2	65.9	83.3	64.3	79.1
3 to 6 months ago	3.0	5.5	17.1	16.7	0.0	7.0
6 to 12 months ago	3.0	5.5	4.9	0.0	14.3	5.0
1 to 2 years ago	3.0	4.1	4.9	0.0	7.1	4.0
2 years ago or more	4.5	2.7	4.9	0.0	14.3	4.5
Never	0.0	0.0	2.4	0.0	0.0	0.5
Required but unable to access	31.3	23.3	41.5	16.7	35.7	30.3
Last time an allied health professional was consulted						
Less than 3 months ago	39.4	35.6	39.0	16.7	0.0	34.5
3 to 6 months ago	9.1	4.1	7.3	16.7	21.4	8.0
6 to 12 months ago	9.1	13.7	2.4	16.7	7.1	9.5
1 to 2 years ago	7.6	16.4	4.9	16.7	0.0	10.0
2 years ago or more	15.2	17.8	19.5	16.7	64.3	20.5
Never	15.2	11.0	14.6	16.7	7.1	13.0
Required but unable to access	29.9	35.6	34.1	50.0	78.6	36.8

A relatively high proportion of respondents reported having ever received a diagnosis of a mental disorder from a mental health professional. Participants were asked about a range of mental disorders, including mood, anxiety and substance use disorders. Figure 10 shows that nearly half (44.2%) of respondents reported having been diagnosed with a mood disorder, and just over a third indicated they had received a diagnosis of an anxiety disorder (38.7%). A smaller proportion of respondents also reported having been diagnosed with a substance disorder (25.6%), a psychotic disorder (14.6%) personality disorder (10.6%), impulse-control disorder (8.5%), eating

disorder (7.0%) or a dissociative disorder (5.0%). See Figure 10 for a breakdown between support group types.

The lifetime prevalence of diagnosed mental disorder in the total sample was substantially higher than estimates of mental disorder among the Australian population ascertained in the National Survey of Mental Health and Wellbeing (Australian Bureau of Statistics 2008). Results reveal 15 per cent lifetime prevalence among the Australian population for mood disorders compared to 44.2 per cent for the current survey, and 26 per cent versus 38.7 per cent for anxiety disorders. However, substance abuse disorders were similar, with the Australian population having a lifetime prevalence of 24.7 per cent compared to 25.6 per cent for survey participants (Australian Bureau of Statistics 2008).

It is possible that the differences in prevalence can be explained by differences in the ascertainment method (i.e. structured clinical interview versus self-reported diagnosis by a health professional), although the literature consistently reports higher rates of mental disorder among homeless individuals compared to the general population (e.g. Taylor & Sharpe 2008; Buhrich & Teesson 1996; Teesson et al. 2004).

Figure 11 shows the support that participants were receiving with regard to mental disorders. Over one-third (40.7%) of the participants reported that they were currently receiving support from a mental health service. In addition, approximately one-third of those currently receiving support indicated they required additional or more intensive support and 13.1 per cent of individuals indicated they were not currently receiving support but would like some. Over half (56.6%) of respondents reported seeing a mental health professional in the last 12 months. However, approximately one-quarter (25.3%) of respondents indicated that there was at least one time in the past 12 months when they required support but were unable to access it (see Table 11).

There were some notable differences between support type with the street-to-home group reporting a higher proportion of individuals currently receiving support and the day centre group reporting a lower percentage of individuals receiving support (see Figure 11). Furthermore, a substantial proportion of day centre respondents (64.3%) reported never having been to a mental health professional.

Psychological distress was measured among respondents using the Kessler 10 instrument (Furukawa et al. 2003; Kessler et al. 2002, 2003). Scores were classified as reflecting low, moderate, high and very high levels of distress.

Overall, the majority (62.4%) of respondents scored in the high and very high distress categories (see Figure 12). This is in contrast to distress levels measured in the Australian population where the majority of individuals score in the low (67%) and moderate (21%) psychological distress categories and only 12 per cent falling in the high to very high range (Australian Bureau of Statistics 2008). The proportions were fairly similar among each support type; however, the single men and tenancy support respondents reported slightly higher proportions (69.4% and 75.0%, respectively) in the high and very high ranges.

Figure 10: Lifetime prevalence of certain mental health issues by support type

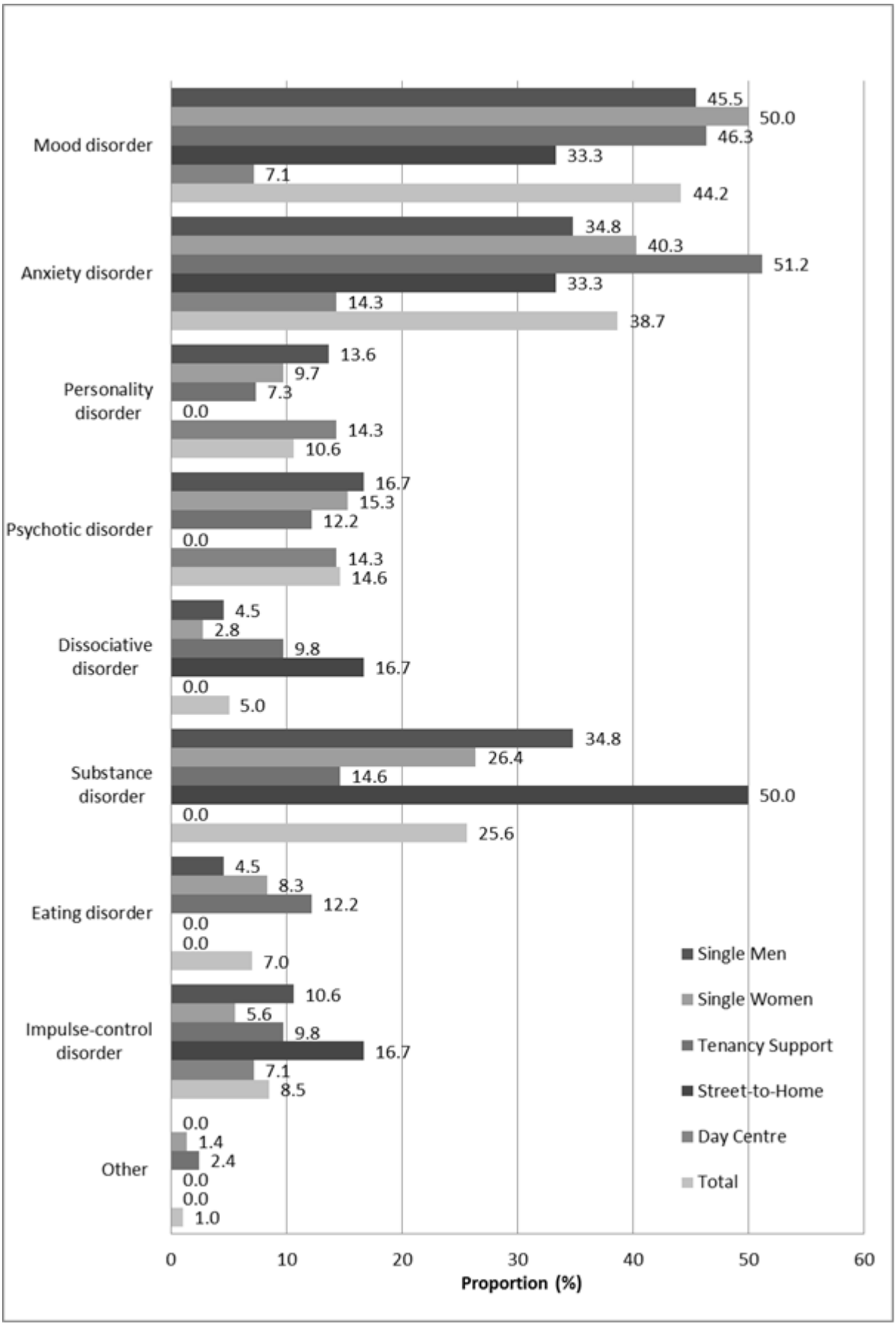


Figure 11: Current mental health support and requirements by support type

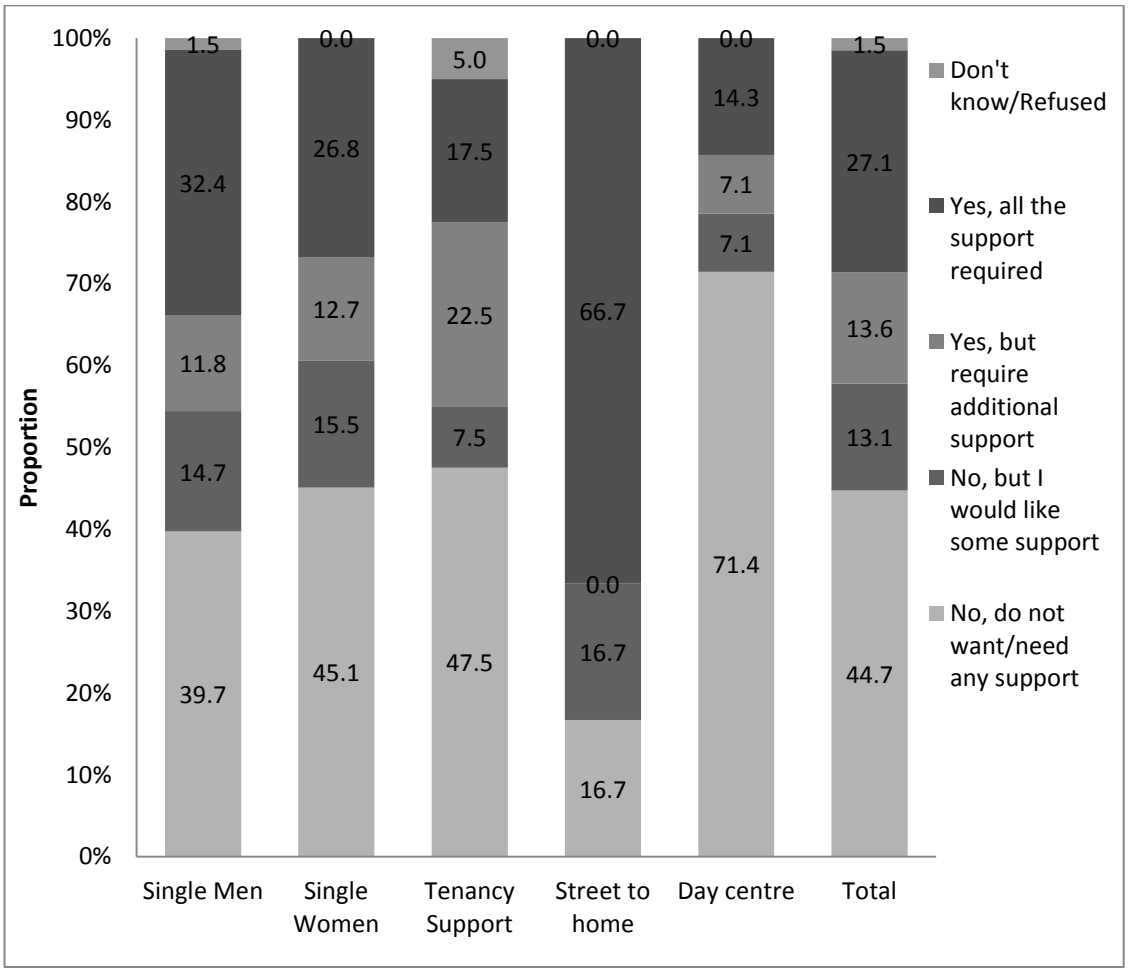
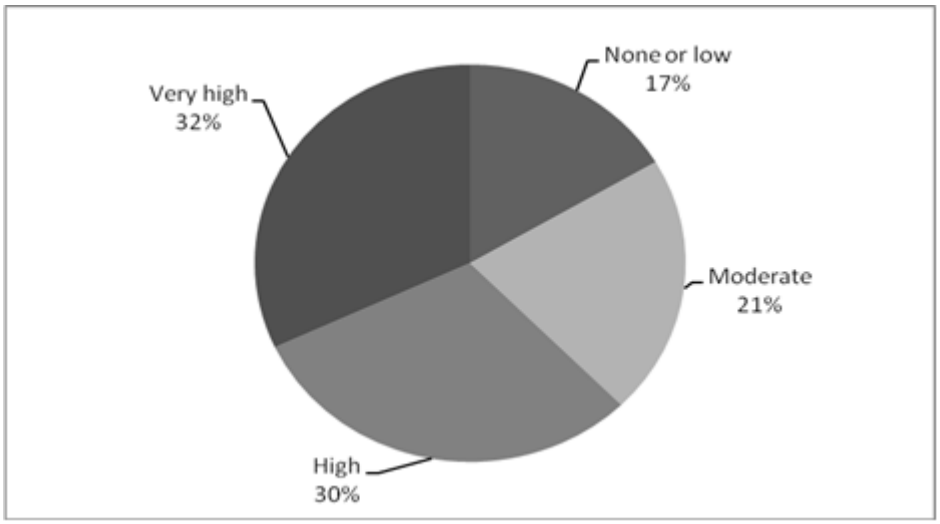


Table 11: Access to mental health support services, by support type

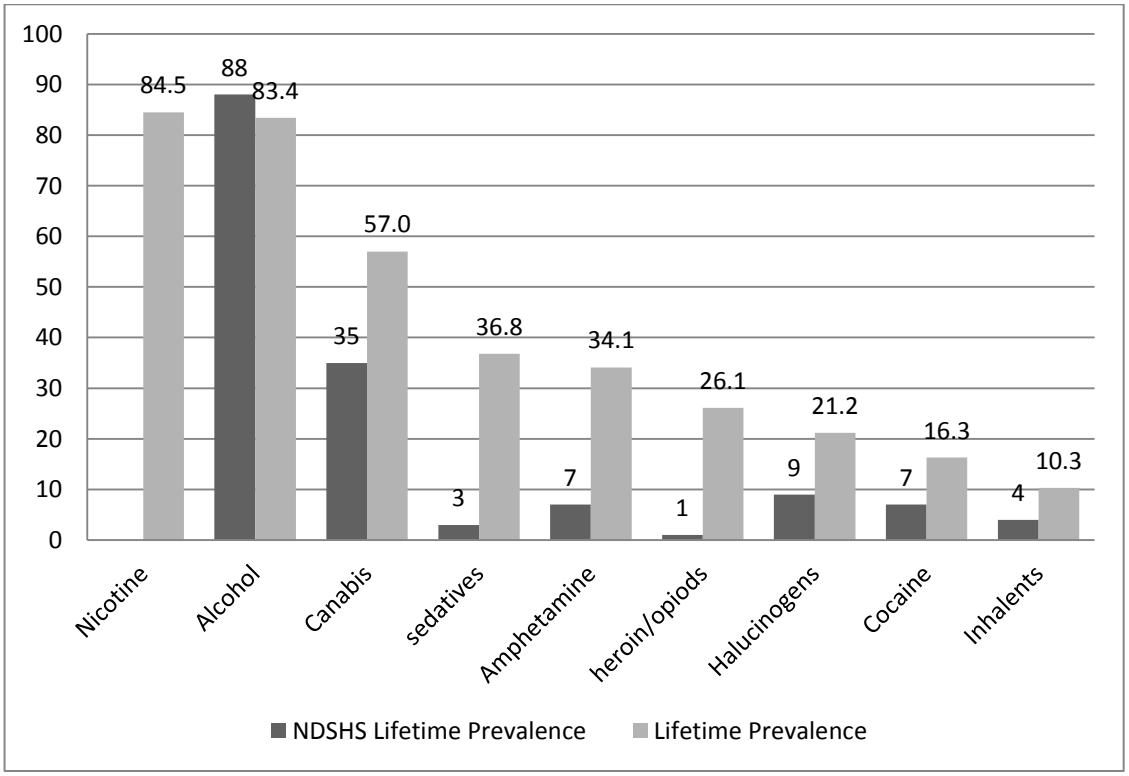
	Single men	Single women	Tenancy support	Street-to-home	Day centre	Total
	%	%	%	%	%	%
Less than 3 months ago	60.3	47.1	41.5	60.0	14.3	48.5
3 to 6 months ago	4.4	5.7	12.2	0.0	0.0	6.1
6 to 12 months ago	1.5	2.9	0.0	0.0	7.1	2.0
1 to 2 years ago	7.4	5.7	4.9	20.0	14.3	7.1
2 years ago or more	4.4	10.0	7.3	0.0	0.0	6.6
Never	19.1	28.6	34.1	20.0	64.3	28.8
Less than 3 months ago	2.9	0.0	0.0	0.0	0.0	1.0
Required but unable to access	26.9	22.9	22.0	50.0	28.6	25.3

Figure 12: Overall levels of psychological distress (Kessler 10)



Substance use was prevalent among respondents (see Figure 13). With the exception of alcohol use, lifetime substance use was substantially higher compared to the 2010 National Drug Strategy Household Survey (NDSHS) respondents. Lifetime prevalence was highest for nicotine, followed by alcohol, cannabis, sedatives, amphetamines, heroin/opioids, hallucinogens, cocaine and inhalants.

Figure 13: Lifetime prevalence of substance use among case managed respondents and NDSHS respondents



Respondents were also asked about whether they had taken each of these drugs in the last month. Similar to the trend seen for lifetime prevalence, nicotine was the most commonly used, followed by alcohol, cannabis, sedatives, heroin, amphetamines, cocaine, hallucinogens, and inhalants; see Table 12). Overall, individuals in the single men group had a higher proportion of respondents who had used each of the

substances in the last month. Alternatively, the single women and tenancy support groups tended to have lower proportions of respondents who had used each of the substances in the last month (see Table 12).

Among clients who used each substance in the past month, a high proportion screened positive for nicotine dependence (81.5%), nearly two-thirds (63.6%) screened positive for cannabis dependence, approximately half screened positive for dependence on heroin/opioids (55.6%), inhalants (50%) and sedatives (44%), and nearly one-third screened positive for dependence on alcohol (32.9%). Very few respondents screened positive for dependence on amphetamines and no participants screened positive for dependence on cocaine and hallucinogens (see Table 12).

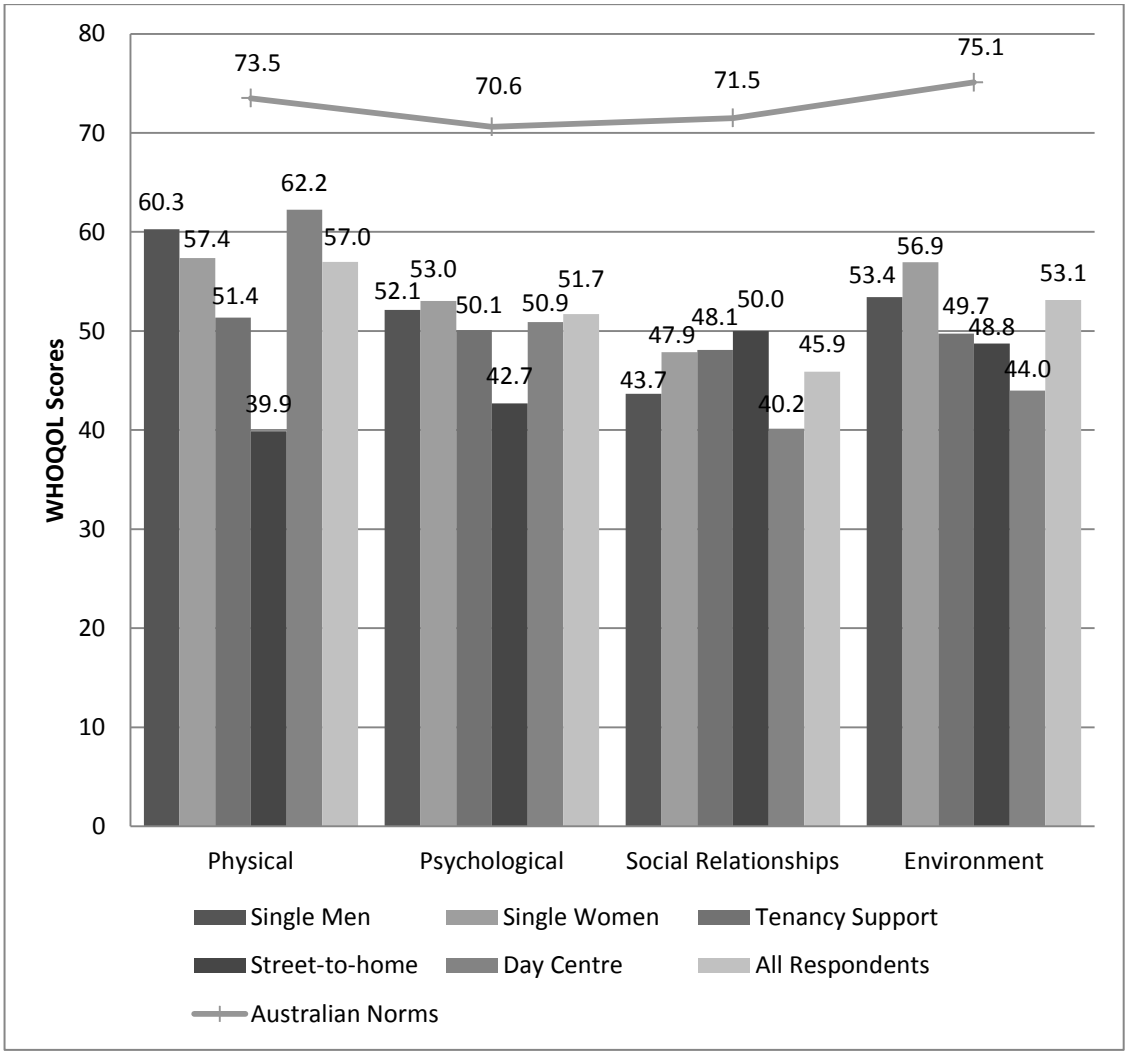
Table 12: Proportions of respondents who reported substance use and those who screened as dependent, by substance type and support type

	Single men	Single women	Tenancy support	Street-to-home	Day centre	All except day centre
	%	%	%	%	%	%
Nicotine						
Used in last month	87.7	56.9	52.9	66.7	84.6	67.3
Screened dependent	81.0	83.9	76.5	50.0	88.9	81.5
Alcohol						
Used in last month	70.4	47.5	54.5	25.0	66.7	56.6
Screened dependent	41.7	21.7	30.8	100.0	28.6	32.9
Cannabis						
Used in last month	44.6	9.1	21.1	25.0	58.3	24.4
Screened dependent	72.7	25.0	50.0	100.0	66.7	63.6
Amphetamine						
Used in last month	21.0	3.0	2.5	0.0	8.3	9.2
Screened dependent	9.1	100.0	0.0	0.0	0.0	7.7
Cocaine						
Used in last month	4.6	1.4	0.0	0.0	0.0	2.3
Screened dependent	0.0	0.0	0.0	0.0	0.0	0.0
Heroin/opiods						
Used in last month	21.3	8.8	2.6	25.0	8.3	12.2
Screened dependent	50.0	50.0	100.0	100.0	100.0	55.6
Sedatives						
Used in last month	31.7	6.0	10.5	25.0	18.2	16.6
Screened dependent	56.3	50.0	0.0	0.0	0.0	44.0
Hallucinogens						
Used in last month	4.8	0.0	0.0	0.0	0.0	1.7
Screened dependent	0.0	0.0	0.0	0.0	0.0	0.0
Inhalants						
Used in last month	3.0	1.4	0.0	0.0	0.0	1.6
Screened dependent	50.0	0.0	0.0	0.0	0.0	50.0

The final measure we examine in this section is quality of life. Quality of life was measured using the WHO Quality of Life (BREF) Scale (WHO QoL-BREF). This instrument measures four domains, including: physical aspects of well-being, such as pain and discomfort, energy and fatigue and work activity; psychological aspects of well-being, such as positive affect, spirituality, learning and memory, and body image; social relationships, such as personal relationships, sexual activity and social support; and environmental aspects of well-being, such as physical safety and security, financial resources, opportunities for acquiring new information and skills, home environment, and health and social care.

Figure 14 shows the mean domain scores for the WHO QoL among respondents and includes the Australian population norms (Hawthorne et al. 2006). Compared to the Australian population, respondents had lower mean scores on all QoL domains with the greatest difference seen for the social relationships domain.

Figure 14: Average domain scores on the WHO QoL instrument, by support type



There were apparent differences between the different support types across the domains. The street-to-home group had the lowest scores on the physical and psychological domains but the highest score on the social relationships domain. Similarly, the day centre group had the lowest scores on the social relationships domain and the environment domain but have the highest average on the physical

domain. This variance may be in part due to the low number of respondents in each of these two groups.

4.6 Caseworker perspectives

Clients' case workers were asked to fill in a short questionnaire regarding the clients' needs for ongoing or intensive support. If the case worker identified a need for support, they were also asked whether or not it would be provided. Day centre clients were not included in this section as they did not have case workers.

Figure 15 displays the proportion of clients who were identified by their case worker as requiring support. Overall, obtaining housing (73.4%) and maintaining tenancy (53.2%) were the areas case workers believed clients needed the most support. Not surprisingly, tenancy support clients required less support in obtaining housing (24.4%) and single men clients required less support maintaining a tenancy (32.8%).

Other major areas that were identified as requiring support included mental health issues (44.1%) and income and money management (42.8%), although the street-to-home group were identified as requiring less support on the latter (16.7%). Approximately one-third of clients were identified as requiring support with physical health or disability issues (37.8%), obtaining employment (36.2%), education and employment skills (32.4%), experiences of violence (31.4%) and alcohol and drug use issues (28.9%).

It is important to note that a greater proportion of single men respondents were identified as requiring support with obtaining employment (60.2%) and alcohol and drug use issues (48.5%). Furthermore, a greater proportion of single women required support with experiences of violence (54.8%). Finally, the proportion of respondents identified as requiring support with children being placed in care was quite low (4.4%). This is largely due to the smaller proportion of clients with dependent children accompanying them into support.

If the case worker identified a need for support, they were asked how support has been, or would be provided (i.e. through the agency, by referral to another agency, or by both) and if it is not going to be provided, whether this is due to system constraints or client choice.

Overall, support has been, or is going to be, provided for the vast majority of clients (see Table 13). When support will not be provided, this was generally due to client choice. Support with children being placed in care (28.6%), and alcohol and drug use issues (17.3%) had the highest proportion of clients who were identified as requiring support but refused on the basis that they did not want it, or felt that it was unnecessary. A much smaller proportion of clients refused support regarding: experiences of violence (9.6%); other services (9.6%); obtaining employment (8.5%); income and money management (8.3%); physical health or disability issues (7.0%), education or employment skills (5.8%); and maintaining tenancy (1.1%); with no clients refusing help in obtaining housing.

Lack of support due to system constraints was only identified for one client who required support for obtaining housing, obtaining employment and physical health/disability issues and two clients who required support from other services.

Figure 15: Proportion of clients who were identified by their case worker as requiring support, by support type

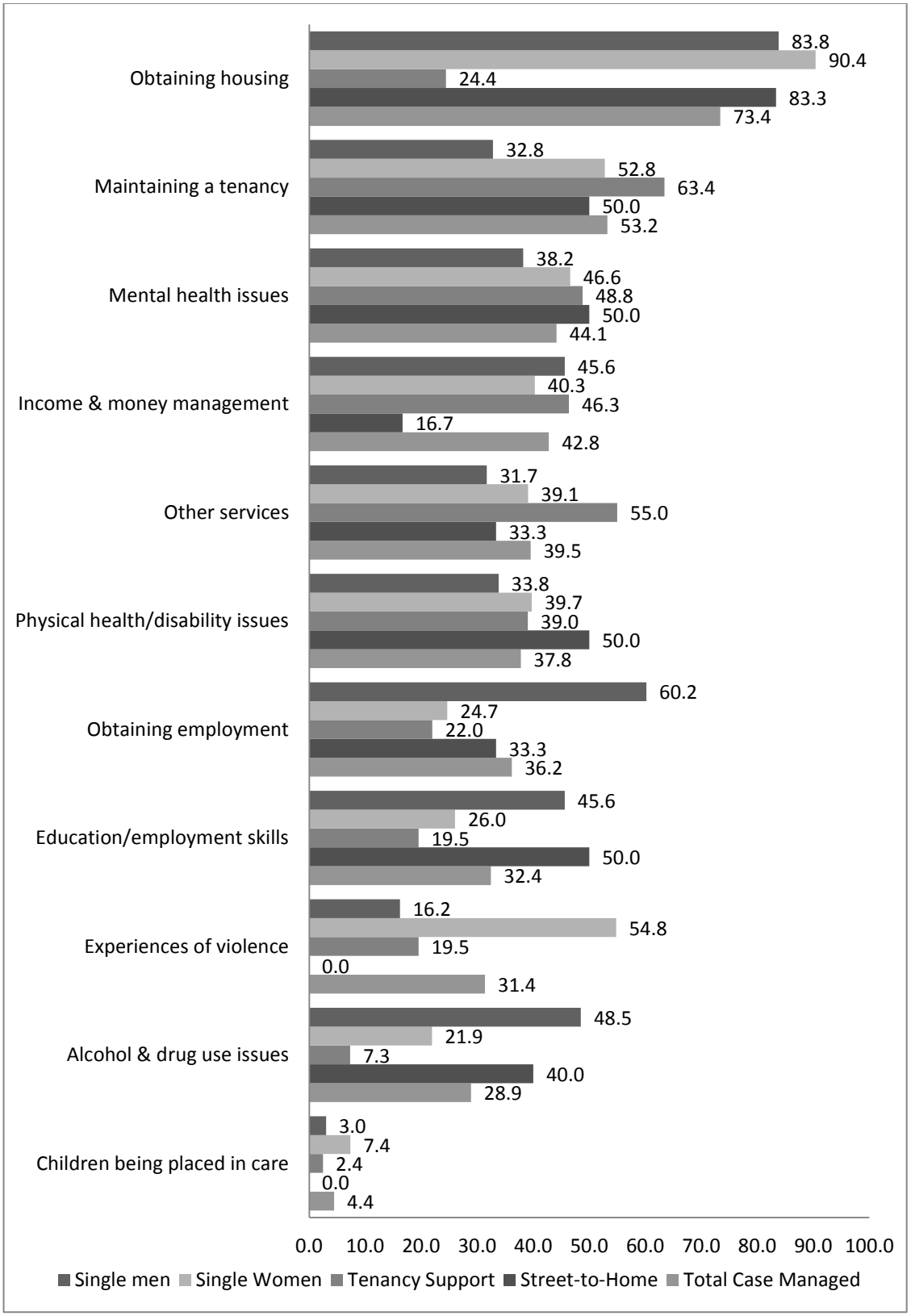


Table 13: How support will be provided, or why it will not be provided, for those clients with an identified need for support

		Support being provided				Support not being provided		
	n	**Through agency**	**Referral**	**Both**	**Total**	**Client refused**	**System constraint**	**Total**
Obtaining housing	127	49.6	29.1	20.5	99.2	0.0	0.8	0.8
Maintaining a tenancy	88	56.8	34.1	8.0	98.9	1.1	0.0	1.1
Children being placed in care	7	14.3	57.1	0.0	71.4	28.6	0.0	28.6
Experiences of violence	52	40.4	42.3	7.7	90.4	9.6	0.0	9.6
Income and money management	72	40.3	38.9	12.5	91.7	8.3	0.0	8.3
Education/employment skills	52	36.5	48.1	9.6	94.2	5.8	0.0	5.8
Obtaining employment	59	28.8	57.6	3.4	89.8	8.5	1.7	10.2
Physical health/disability issues	57	10.5	66.7	14.0	91.2	7.0	1.8	8.8
Mental health issues	73	8.2	76.7	12.3	97.3	2.7	0.0	2.7
Alcohol and drug use issues	52	23.1	44.2	15.4	82.7	17.3	0.0	17.3
Other services	52	30.8	42.3	13.5	86.5	9.6	3.8	13.4

n = number of clients identified as requiring specified support type.

5 COST OFFSETS FOR HOMELESSNESS PROGRAMS

5.1 Introduction

Evidence, both overseas and from seminal Australian studies, suggest a relation between homelessness, a person's utilisation of health and welfare services and their contact with the justice service. Persons who experience homelessness are more likely to access high-cost medical services, to come into contact with the justice system, and less likely to be able to find employment. Provision of assistance to prevent a period of homelessness has the potential to decrease government expenditure in these non-homelessness areas, and/or to decrease demand on the system and thus allowing a greater proportion of demand to be met within current budgetary constraints. This relation means that the cost of providing homelessness assistance is not simply the cost of program delivery; it must also take into account any change in demand for these non-homelessness services and the potential impact this has on government expenditure. The whole-of-government budgetary savings in non-homelessness programs resulting from improved outcomes for clients of homelessness programs are referred to as cost offsets.

Data from the Baseline Client Survey is used to examine the size of potential cost offsets relating to health and justice services, welfare payments and taxation receipts, children placed in care due to unstable accommodation circumstances, and instances of eviction. Two approaches are taken; following Flatau et al. (2008) the first approach utilises data from the Client Survey to estimate non-homelessness service utilisation of the population of persons who are at risk of homelessness and the associated cost to government. This is then compared with the population in general. This provides an indication of the cost to government of the higher service utilisation observed for persons at risk of homelessness and an estimate of total potential cost offsets if homelessness is eliminated.

A limitation of this approach is it assumes that, except for the risk of experiencing homelessness, characteristics of persons at risk of homelessness are the same as those of the general population. The results of the Client Survey reveal differences between the characteristics of people accessing homelessness services and of the general population. For example, of case managed respondents, 60.6 per cent had not completed high school, 69.2 per cent reported having been diagnosed with one or more mental health conditions and 30.1 per cent considered that they required support for drug and alcohol-related issues. This can be compared with population averages: 29 per cent had not completed year 12 or equivalent (ABS 2010c), 45 per cent had experienced mental health disorders over their lifetime[18] (AIHW 2010a), 20.1 per cent drink alcohol at levels that risk harm and 14.7 per cent report using drugs in the previous year (AIHW 2011h). These differences suggest that, even with homelessness program support, the average client use of other government services is unlikely to be similar to the population in general. Therefore, this approach potentially over-estimates the size of cost offsets.

The second approach is to estimate the value of cost offsets by comparing government services used by various cohorts of clients. This approach aims to mitigate some of the limitations of the first as characteristics of the comparison groups

[18] This figure was sourced from the National Survey of Mental Health and Wellbeing 2007. What constitutes a mental health condition in the survey may be wider than that suggested by respondents to the Client Survey where alcohol and substance abuse is not listed as a potential mental health condition in the options presented to clients.

are more closely aligned. The Baseline Client Survey gathers information regarding a client's accommodation circumstances in the year prior to seeking the current period of assistance. This allows for identification of those who have had a period of homelessness over the previous year. Services used by clients who have experienced homelessness is compared with utilisation by clients who have not had such an experience.

A third estimation of the value of cost offsets will be presented in the second Final Report. It will utilise data collected from both the Baseline and the 12-Month Follow-up Surveys to examine and compare respondent service utilisation during the 12 months prior to and the 12 months after the commencement of a period of homelessness support, providing a more direct assessment of change in service utilisation by clients accessing homelessness programs.

To value cost offsets, the unit cost of delivering a range of health, justice and welfare services are estimated and applied in conjunction with prevalence indicators of service utilisation by various client cohorts and for the population in general. The method used to value cost offsets is discussed in detail in Chapter 2. A full list if data sources to estimate unit costs and population prevalence rates is provided in Appendix 3 (Health and justice service, the cost of children in care and eviction costs) and Appendix 4 (Welfare payments and taxation receipts foregone).

5.2 Health and justice services

5.2.1 Government cost of health and justice services and population utilisation rate

The estimated 2010–11 government unit cost of health and justice services included in cost offsets analysis together with average population utilisation rates for services is reported in Table 14. Appendix 3 provides details of the method used to calculate the estimates along with the data sources. Unit costs relate to government costs only. Client service utilisation rates are self-reported and derived from responses to questions in the Baseline Client Survey. These are based on memory of occurrences over the previous year. This could create biases that do not exist in population averages.

Before discussing estimated health and justice cost offsets a few differences should be noted between the results reported here and those reported for the previous study in WA. The range of health services included here has been expanded to specifically incorporate visits to psychologists, stays in mental health institutions and stays in drug and alcohol detoxification and rehabilitation centres. Outpatient or day clinic visits include hospital, mental health facility and drug and alcohol day facilities. This creates a more comprehensive indication of the range of health services being utilised by persons at risk of homelessness[19]. These are comparatively high-cost services, making this an important addition.

For both health services and justice services, where considering a stay in a health or justice facility, the definition in each case is a stay of one night or more. Data was gathered on both the number of times a stay of one night or more occurred during the previous year and the total number of nights spent in health or justice facilities over the previous year. The total number of nights spent in each facility is utilised here to estimate cost of service utilisation. This reflects both the number of occasions and the

[19] In the WA study visits to psychologists are included in 'Specialist visits' and stays in mental health facilities were included in 'Stays in hospital for one night or more.' Data regarding 'Stays in drug and alcohol detoxification and rehabilitation facilities, one night or more' was not collected. Outpatient visits also did not include drug and alcohol centres.

number of nights per occasion. Health cost offsets for the WA study were based on the number of times a stay of one night or more occurred, and total number of nights was based on population average nights per stay, while the cost of staying in a justice facility for one night or more was based on the number of nights. It was noted in the WA study that this method was used for health cost offsets because of the low response rate to the question regarding number of nights in hospital. The resultant health cost offset estimate was likely to be conservative; see Flatau et al. (2008) for further discussion of these issues.

The other change relates to justice costs. Here the different probability of a man or woman spending a night in a correctional facility is incorporated when considering justice cost offsets for single men and single women, with a man being nearly 10 times more likely to spend a night in prison, detention, remand or other correctional facility as a woman. All the other client groups examined have both male and female respondents and population statistics per person are used when estimating justice offsets. The percentage of male clients is 22 per cent for tenancy support; 83 per cent for street-to-home and 93 per cent for day centre; thus the justice cost offset for nights in a justice facility is likely to be overestimated for tenancy support clients and conservative for street-to-home and day centre clients. The population cost/person difference is small relative to the estimated offset, so conclusions are not sensitive to this method.

Table 14: Health and justice services: unit cost and population utilisation

	Average population incidence/ year	Government cost/incident $2010–11
Health services		
GP consultation	5.30	44
Medical specialist	1.09	70
Psychologist consultation	0.13	102
Nurse or allied health professional	0.82	71
Hospital ≥ 1 night	0.11	9,490
Nights in hospital	0.67	1,556
Mental health facility ≥ 1 night	0.004	10,986
Nights in mental health facility	0.12	750
Drug and alcohol detox/rehab centre ≥ 1 night	0.001	6,327
Nights in alcohol detox/rehab centre	0.02	354
Casualty or emergency	0.27	475
Outpatient or day clinic	1.90	144
Ambulance	0.13	784
Justice services		
Victim assault/theft reported to police	0.07	2,197
Stopped by police in street and visits from justice officer	0.32	163
Stopped by police in vehicle	0.83	82
Apprehended by police	0.002	369
In court	0.06	842
In prison, male	0.0024	72,596
In prison, female	0.0002	72,596
In prison, person	0.0013	72,596
Nights held by police	0.0005	270
Nights in prison, males	0.68	291
Nights in prison, female	0.07	291
Nights in prison, person	0.37	291
Nights in detention/remand/ correction facility, male	0.20	270
Nights in detention/remand/ correction facility, female	0.02	270
Nights in detention/remand/ correction facility, person	0.11	270

5.2.2 Health and justice services and potential cost offsets—case managed and day centre programs

The high utilisation of health and justice services by persons at risk of homelessness is examined by comparing the average annual population cost of these services with the estimated annual cost per person for respondents to the Baseline Client Survey,

as reported in Tables 15–17. This difference between population and client cost represents the potential cost offset if a period of homelessness assistance results in client service utilisation reverting to population means. As discussed in Chapter 2, this is unlikely and the figures presented here represent upper-end estimates of achievable cost offsets.

Tables 15–17 report each program separately; single men supported accommodation services, single women supported accommodation and domestic violence services, tenancy support services and street-to-home are reported in Panels A to D, respectively. These services all provide case managed support; the average for all case managed clients is reported in Panel E. Day centre clients, who are not case managed, are reported in Panel F. Columns (1) and (2) report the average per person incidence of service use and associated government cost per annum for the population. Columns (3) and (4) within each panel report the corresponding figures for the program's clients, calculated as described in Chapter 2. Column (5) reports the annual difference. This annual difference is also presented in Figures 16 (Health services) and 17 (Justice services). In Figures 16 and 17 the cost differential of selected services have been added together to make it easier to see the pattern in costs. For example, a total cost differential of GP, medical practitioner, psychologist, nurse and allied health professional visits is presented. Considering Table 15 Panel A, clients of single men's supported accommodation services report on average 10.63 visits per year to the GP with an associated government cost of $468, $235 per year greater than the population average of $233. In Panel B, clients of single women and domestic violence services report an average of 9.0 visits per year to the GP with an associated average cost per year of $396; $163 more than the population average. These differences are incorporated in Figure 16 under 'Visits to GP, specialist, psychologist, allied health'. Health service cost differentials are discussed first, followed by justice services.

For all programs examined, the cost of health services used by clients exceeds the population average. When considering the four case managed programs (Panels A to D); the total difference in health services varies between $22 824/year for single men and $4254/year for tenancy support clients. The average difference between population and client cost for all case managed clients (Panel E) is $14 507/year. In contrast, health service costs for day centre clients (Panel F) were on average a comparatively small $877/year higher than the population.

Across all programs 'nights in hospital' represents the service where the largest cost difference is reported, being $7591/person/year higher than the population average cost, or 52 per cent of the total difference in health care cost. In the case of single men, the average difference for nights spent in hospital was a very large $15 725/year, representing 69 per cent of the total difference in health expenditure for single men. The proportion of single men reporting at least one stay in hospital of one night or more was a very high 55 per cent, compared with a population average of 11 per cent. The reported average time per stay was 6.3 nights, slightly longer than the population average of six nights per stay (AIHW 2011b).

Table 15: Annual cost of health and justice services—clients of homelessness programs compared with the population, by support type

	Population statistics		Panel A Single men			Panel B Single women		
	Average occurrence	**Average cost** $	**Average occurrence** (*n* = 65 to 67)	**Average cost** $	**Annual difference** $	**Average occurrence** (*n* = 71 to 73)	**Average cost** $	**Annual difference** $
	(1)	(2)	(3)	(4)	(5) = (4) – (2)	(3)	(4)	(5) = (4) – (2)
Health services								
General practitioner	5.30	233	10.63	468	235	9.00	396	163
Medical specialist	1.09	76	3.84	269	192	1.96	137	61
Psychologist	0.13	13	6.33	645	632	3.88	395	382
Nurse or allied health professional	0.82	58	2.34	166	108	3.32	235	177
Casualty or emergency	0.27	128	1.43	681	552	0.86	410	282
Out patients or day clinic	1.90	274	1.43	206	-67	8.32	1,197	924
Ambulance	0.13	102	1.37	1,077	975	0.82	644	542
Night in hospital	0.67	1,043	10.78	16,768	15,725	3.14	4,881	3,839
Night in mental health facility	0.12	90	2.61	1,959	1,869	5.79	4,346	4,256
Night in drug and alcohol centre	0.02	7	7.37	2,610	2,603	7.42	2,628	2,621
Total health		**2,024**		**24,848**	**22,824**		**15,271**	**13,247**
Justice Services								
Police contact:								
As victim of assault/robbery	0.07	154	0.48	1,065	911	1.07	2,347	2,194
Stopped in street or visited by officer	0.32	52	6.10	994	942	0.92	149	97
Stopped in a vehicle	0.83	68	0.32	26	-42	0.37	30	-38
Apprehended	0.002	1	1.32	486	486	0.23	86	85
Held overnight	0.0005	0	0.74	200	200	0.14	37	37
Court	0.06	51	1.33	1,123	1,072	0.53	450	399
Night in prison, male	0.68	198	17.83	5,190	4,992			
Night in prison, female	0.07	20				0.00	0	-20
Night in remand or detention, male	0.2	54	8.06	2,177	2,123			
Night in remand or detention, female	0.02	5				0.00	0	-5
Total justice—male		**577**		**11,261**	**10,684**			
Total justice—female		**351**					**3,100**	**2,749**

Table 16: Annual cost of health and justice services—clients of homelessness programs compared with the population, by support type

	Population statistics		Panel C Tenancy support			Panel D Street-to-home		
	Average occurrence	Average cost	Average occurrence	Average cost	Annual Difference	Average occurrence	Average cost	Annual difference
		$	(*n* = 39 to 41)	$	$	(*n* = 6)	$	$
	(1)	(2)	(3)	(4)	(5) = (4) – (2)	(3)	(4)	(5) = (4) – (2)
Health services								
General practitioner	5.30	233	12.13	534	300	8.50	374	141
Medical specialist	1.09	76	2.58	180	104	0.00	0	-76
Psychologist	0.13	13	4.64	473	460	5.67	578	565
Nurse or allied health professional	0.82	58	11.65	827	769	1.50	107	48
Casualty or emergency	0.27	128	0.71	338	209	2.67	1,267	1,138
Out patients or day clinic	1.90	274	3.20	461	187	1.83	264	-10
Ambulance	0.13	102	0.50	392	290	0.33	261	159
Night in hospital	0.67	1,043	1.68	2,606	1,564	2.33	3,631	2,588
Night in mental health facility	0.12	90	0.54	404	314	0.00	0	-90
Night in drug and alcohol centre	0.02	7	0.18	64	56	0.33	118	111
Total health		**2,024**		**6,278**	**4,254**		**6,599**	**4,575**
Justice Services								
Police:								
As victim of assault/robbery	0.07	154	1.55	3,405	3,252	0.50	1,099	945
Stopped in street or visit from officer	0.32	52	0.80	130	78	1.33	217	165
Stopped in a vehicle	0.83	68	1.13	92	24	0.00	0	-68
Apprehended	0.002	1	0.63	231	230	0.33	123	122
Held overnight	0.0005	0	0.35	95	94	0.17	45	45
Court	0.06	51	1.05	884	834	0.33	281	230
Night in prison, person	0.37	108	0.30	87	-20	0.00	0	-108
Night in remand or detention, person	0.11	30	0.28	74	45	0.00	0	-30
Total justice—person		**463**		**4,999**	**4,536**		**1,765**	**1,302**

Table 17: Annual cost of health and justice services—clients of homelessness programs compared with the population, by support type

	Population statistics		Panel E Total case managed			Panel F Day centre		
	Average occurrence	Average cost	Average occurrence	Average cost	Annual difference	Average occurrence	Average cost	Annual difference
		$	(*n* = 183 to 186)	$	$	(*n* = 14)	$	$
	(1)	(2)	(3)	(4)	(5) = (4) – (2)	(3)	(4)	(5) = (4) – (2)
Health services								
General practitioner	5.30	233	10.23	450	217	5.57	245	12
Medical specialist	1.09	76	2.71	190	114	1.36	95	19
Psychologist	0.13	13	4.98	508	495	0.00	0	-13
Nurse or allied health professional	0.82	58	4.70	334	275	3.57	254	195
Casualty or emergency	0.27	128	1.10	521	393	0.36	170	41
Out patients or day clinic	1.90	274	4.53	652	378	0.14	21	-253
Ambulance	0.13	102	0.94	733	631	1.00	784	682
Night in hospital	0.67	1,043	5.55	8,633	7,591	0.86	1,334	291
Night in mental health facility	0.12	90	3.35	2,509	2,419	0.00	0	-90
Night in drug and alcohol centre	0.02	7	5.65	2,000	1,993	0.00	0	-7
Total health		**2,024**		**16,531**	**14,507**		**2,902**	**877**
Justice Services								
Police:								
As victim of assault/robbery	0.07	154	0.95	2,078	1,924	1.07	2,354	2,200
Stopped in street or visit from officer	0.32	52	2.73	445	393	1.43	233	181
Stopped in a vehicle	0.83	68	0.50	41	-27	0.71	59	-9
Apprehended	0.002	1	0.71	261	261	1.00	369	368
Held overnight	0.0005	0	0.40	108	108	0.50	135	135
Court	0.06	51	0.92	778	728	1.86	1,564	1,513
Night in prison, person	0.37	108	6.42	1,867	1,759	0.36	104	-4
Night in remand or detention, person	0.11	30	2.92	789	760	0.14	39	9
Total justice—person		**463**		**6,368**	**5,906**		**4,856**	**4,393**

Figure 16: Annual difference in health expenditure, clients of specialist homelessness programs compared with the population, by support type (Dollars 2010–11)

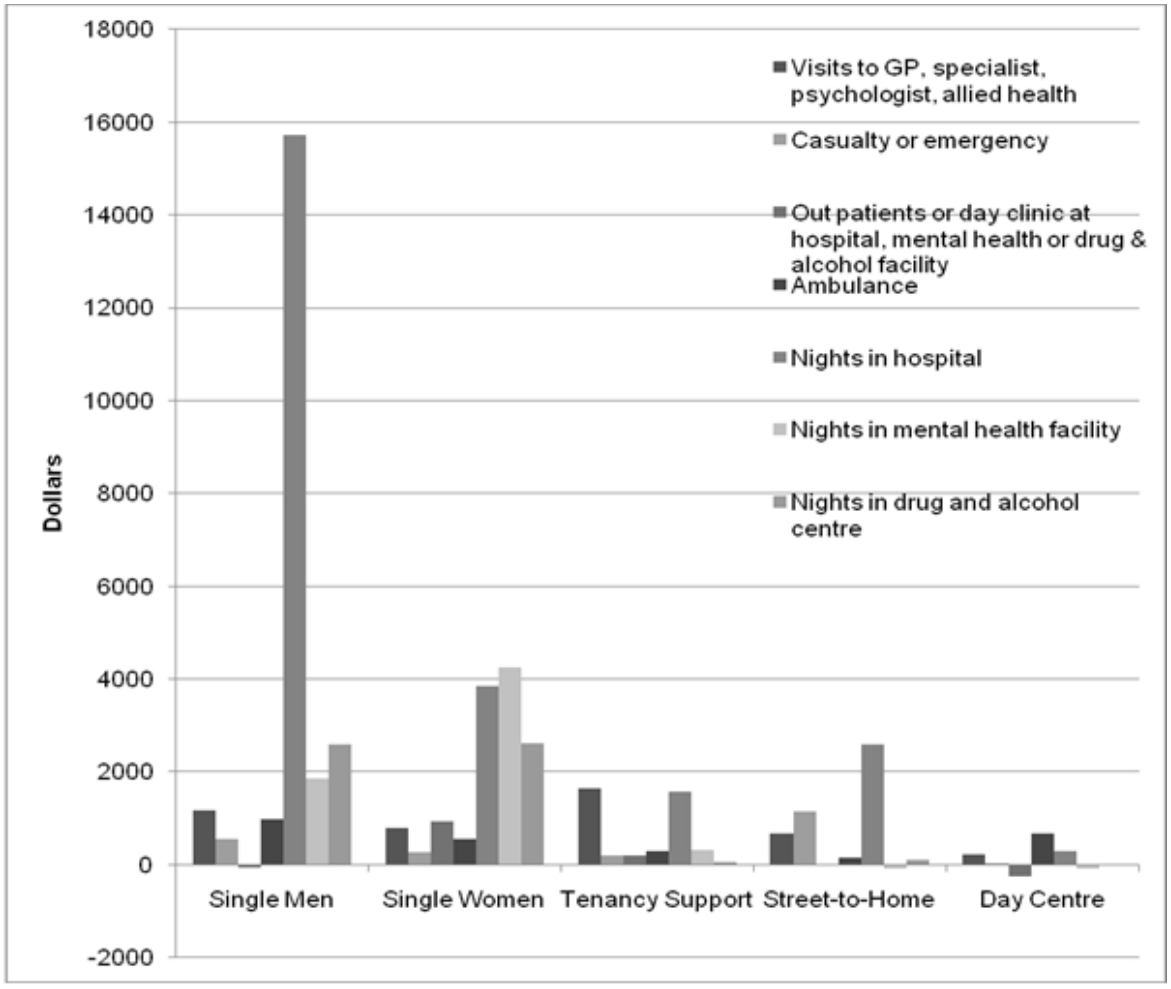
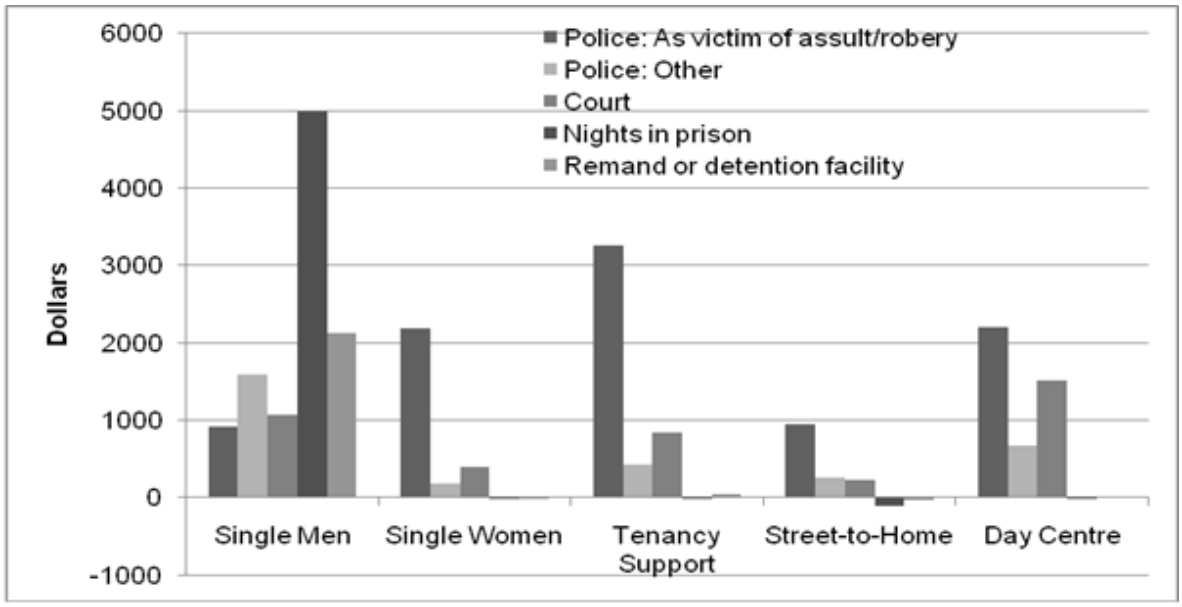


Figure 17: Annual difference in justice expenditure, clients of specialist homelessness programs compared with the population, by support type (Dollars 2010–11)



For the other programs, nights in hospital accounted for between 29 and 57 per cent of the total cost differential, for single women and street-to-home clients, respectively. Other health services where the client/population cost differential is greater than $1000/person/year are: nights spent in a mental health facility (single men and single women); nights spent in a drug and alcohol facility (single men and single women); and visits to casualty or emergency (street-to-home). Other than hospital, the largest cost differential reported for tenancy support clients was $769 for visits to nurses and allied health professionals: dentists, optometrists, physiotherapists and podiatrists. No other client group reports high utilisation of these types of health services. The largest cost differential for day centre clients was $682 for ambulance services, representing 78 per cent of the total cost differential. High utilisation of ambulance services is also reported by single men and single women. There are only a few instances where the cost/client is less than the population average.

Consistent with health costs, for all programs examined the cost of justice services used by clients of homelessness programs exceeds the population average. For the case managed programs the cost differential varies between $10,684/person/year for single men and $1302/person/year for street-to-home clients. The average differential across all case managed programs is $5906/person/year. For day centre clients the amount by which cost of justice services utilised by them exceeds the population average is $4393/year, comparable with the average for case managed clients. The dominant driver of the cost differential for justice costs for single men was different from all other programs. Single men report a very high incidence of being held in prison and remand or detention; accounting for $4992 and $2123/year, respectively, or 66 per cent of the total differential in reported justice costs. The other justice contact where high cost is observed for single men is contact with court, accounting for a further $1072/year or ten per cent of the total differential in justice costs for these clients. For all other programs the highest cost differentials are observed for 'Victim of assault or robbery' and 'In Court'. In total, higher than population average utilisation of police services in relation to assault and robbery and contact with court account for at least 80 per cent of the higher than population average justice costs observed for these client cohorts: 95 per cent for single women, 80 per cent for tenancy support, 91 per cent for street-to-home and 84 per cent for day centre clients.

Results are largely consistent with those reported in the WA study (Flatau et al. 2008), which also examines health and justice costs for single men, single women and tenancy support programs[20]; and for the Michael Project (Flatau et al. 2012), which examines health and justice costs for single men. All studies find health and justice costs to be consistently higher for persons at risk of homelessness than for the general population. When comparing the findings for comparable programs, the magnitude of the differential in health-related costs represents approximately 70 per cent of the combined cost differential observed for health and justice costs. This study and the WA study show the dominant role of utilisation of hospital services, in particular hospital stays, in the high health costs incurred for persons at risk of homelessness. In the Michael Project, while the cost of hospital stays was high ($5769), the largest additional health cost associated with homelessness is reported as the cost of nights in drug and alcohol detox and rehabilitation facilities ($9869). In relation to justice services, all three studies show that the high cost observed for single men relates to time in prison, remand or detention and court costs. Consistent with the current study, the WA study shows that for all other programs high justice costs predominantly relate to being a victim of assault or robbery and court costs.

[20] The WA study also considered SAAP programs for families and prisoner re-entry programs. These types of programs are not included in the current study and so are not included in this discussion.

It is important to note that although the relative magnitude and pattern relating to the main cost drivers is reasonably consistent across the three studies, the point estimates of service utilisation and associated costs vary considerably. When considering single men's services, which are represented in all three studies, the current study shows a total difference in health costs of $22 824; the WA study reported a difference of $8947/client/year in 2005–06 dollars (approximately $10 500 in 2010–11 dollars); and the Michael Project reports a difference of $19 080/client/year in 2008–09 dollars (approximately $20 300 in 2010–11 dollars). When comparing justice costs, much more variability is noted, with the current study showing the total additional justice costs for single men to be $10 684/client/year, compared to $1265/client/year for the WA study (approximately $1500 in 2010–11 dollars) and $3000/client/year for the Michael Project (approximately $3200 in 2010–11 dollars). The main driver of this difference between the results relates to the high number of nights in prison reported by single men in the current study: on average 17.83 nights in the past year. This compares with an average 3.62 nights in the last year for the WA study and an average 2.76 nights in the last year reported in the Michael Project. It should also be noted that the Michael Project cost figures reported in Flatau et al. (2012) relate to the sub-sample of 106 respondents who participated in both the Baseline and the 12-Month Follow-up Surveys. When considering the entire sample of 253 single men who participated in the Baseline Survey (Flatau et al. 2010), respondents reported an average of around 11 nights per person in prison over the past year, much closer to that reported in the current study. These issues illustrate the sample dependence of point estimates and the need for caution when using them.

When comparing the current study and the WA study, and considering comparable programs of single men, single women, and tenancy support, there is a much greater variation in hospital costs reported in the current study compared with the WA study. This may partly relate to the difference in method, with the figures reported here based on client estimates of the number of nights in hospital during the previous year[21], compared with the method used in the 2008 study where hospital costs were estimated from client estimates of the number of times a hospital stay occurred and the population average number of nights per stay. Population average length of a hospital stay excluding same-day separations in 2009–10 is six days (AIHW 2011b). This can be contrasted, for example, with the average length of stay reported by clients of single men's and single women's services of 6.37 days and 1.93 days, respectively. The method utilised in this report takes these differentials into account and results in a much larger divergence in estimated hospital costs for these two client groups. However, the difference in method does not account for all of the differences in magnitude of reported hospital costs when comparing the two studies, again emphasising the sample dependence of the point estimates.

5.3 Welfare payments and income tax receipts

5.3.1 Government cost of welfare payments, income tax receipts and population averages

Persons accessing homelessness programs display a much higher probability of being in receipt of government benefits than the general population. In some cases homelessness and associated instability results in unemployment. In others loss of a job may result in homelessness which subsequently makes it more difficult to find employment. To the extent that homelessness results in a higher probability of

[21] The Michael Project uses the same method as the current study when estimating the cost of hospital stays.

unemployment, the financial impact for government comes in the form of lost taxation receipts and payment of unemployment benefits.

As discussed in Chapter 2, for many persons at risk of homelessness it is unlikely that circumstances entitling receipt of government benefits would alter materially as a result of accommodation circumstances or homelessness assistance; for example, persons in receipt of a DSP or the aged pension. Therefore, analysis of the cost to government of higher than population average receipt of welfare payments is restricted to clients of homelessness services who are classified as being labour force participants: persons who are employed or are looking for a job and either receiving no income, or receiving Newstart or Youth Allowance (other). Receipt of Youth Allowance (other) is reported by one client only[22]. Therefore the analysis focuses on the effect of high unemployment levels on Newstart payments and tax receipts foregone. Tax receipts foregone are estimated based on both average weekly earnings and weekly earnings based on the minimum hourly rate ($15) and the average hours worked per week (32.8 hours). Tax is adjusted for the low income tax rebate only. The estimated 2010–11 government unit cost of Newstart payments and taxation receipts included in cost offsets analysis together with population employment and welfare recipient rates are reported in Table 18. Appendix 4 provides details of the method used to calculate the estimates along with the data sources.

Table 18: Newstart and taxation—unit cost and population rates

	Probability being in receipt of payment/employed at June 2011*	Government cost/ inflow per year $2010–11
Newstart	0.05	11,372
Employed	0.95	
Tax on average weekly earnings		7,786
Tax on minimum wage		1,438

* As a proportion of persons aged 18 to 65 who are available to work.

5.3.2 Welfare payments, taxation foregone and potential cost offsets—case managed and day centre programs

Welfare payments and the taxation receipts forgone due to higher than population levels of unemployment are reported in Tables 19 and 20. Potential cost offset is reported both as the offset per person available for work and also as the offset per client, adjusting for the labour force participation rate of the client cohort. Available to work is defined as that proportion of the working-age population that is employed or looking for work. The employment-to-population ratio is defined as that proportion of the working-age population that is employed. The unemployment rate is defined as that proportion of the population that is unemployed as a proportion of those employed or looking for work. See Appendix 4 and Chapter 2 for further details. Tables 19 and 20 columns (1) and (2) report population rates for employment, receipt of Newstart benefits, payment of taxation receipts and the associated cost to government. Taxation receipts are treated as a negative cost. Columns (3) and (4) report the corresponding figures by program and column (5) reports the additional annual cost to government.

[22] The survey sample is for clients 18 and over; only eight clients interviewed were within the age group to be eligible for Youth Allowance (other).

For example, of the total working-age population, 77 per cent are available to work and 73 per cent are employed; the unemployment rate for those available to work is 5 per cent. The average cost of Newstart per person in the population is $573/year, and based on the average weekly wage the average taxation receipt per person in the population is estimated as $7397/year. This results in a net inflow to government of $6824/person/year. If taxation receipts were instead based on minimum wages the taxation cash inflow to government would be $1366/person, giving a net inflow of $793. It should be noted that the scenario based on minimum wage rate is examined for the purposes of sensitivity analysis only. Looking at Panel A, single men report a much lower availability to work of 59 per cent, with no respondents employed, resulting in an unemployment rate for those available to work of 100 per cent. When considering the cost to government of this high unemployment rate, if just considering the cost per person available for work, presently 95 per cent of single men respondents who are available to work claim Newstart benefits; the remainder is not receiving any income. For those persons available for work, the average Newstart payment is $10 817/year, $10 244/year more than the population average. Based on the average wage, taxation receipts foregone are $7397/year, resulting in a total annual cost to government of $17 761/year per person available to work. If taxation receipts are based on the minimum wage rate, total annual cost to government is $11 610/year. Once adjusted for the labour force participation rate, this represents a cost per person assisted of $10 482/year based on average weekly earnings, or $6,899/year based on the minimum wage rate.

Across all programs, except day centre clients, the proportion of persons available to work is much lower than the population average. As discussed earlier, this reflects the high proportion of respondents receiving DSPs and parenting payments. The unemployment rate for those available to work is very high for all programs, ranging from 75 per cent for street-to-home clients to 100 per cent for clients of single men's programs. Due to the uniformly high unemployment rates across programs the total cost of unemployment to government per person available to work does not vary greatly across programs. When taxation foregone is based on average wage rates it is on average $15 923/year per person available to work for case managed clients, or $10 455/year per person available to work when taxation foregone is based on minimum wage rates. The proportion of cost relating to payment of Newstart compared with taxation receipts foregone is dependent on assumed earnings. Payment of Newstart benefits represents $9217/year or 58 per cent of the total cost when taxation foregone is based on the average wage and a much larger 88 per cent of the total cost when based on the minimum wage.

Once this cost is averaged across all program clients, as opposed to those available to work, the cost per person is both considerably lower and displays much greater variation across programs due to differences in labour force participation rates. Total annual cost per person for all case managed programs is $6620/year based on the average wage, and varies between $3503/year for tenancy support clients and $10 482/year for single men. The cost/person is highest for day centre clients: $12 523/year. This is due to the combination of a high proportion of clients being available to work and the high unemployment rate. When based on minimum wage the cost per case managed client is $4347/year, varying between $6899/year for single men and $2342/year for tenancy support, with the cost for day centre clients again being comparatively high at $8372/year.

Table 19: Annual cost of welfare payments and taxation receipts foregone—clients of homelessness programs compared with the population, by support type

	Population statistics		Panel A Single men			Panel B Single women			Panel C Tenancy support		
	Rate	Average cost	Rate	Average cost	Annual difference	Rate	Average cost	Annual difference	Rate	Average cost	Annual difference
	%	$	%	$	$	%	$	$	%	$	$
	(1)	(2)	(3)	(4)	(5) = (4) – (2)	(3)	(4)	(5) = (4) – (2)	(3)	(4)	(5) = (4) – (2)
Available for work	77		59			32			24		
Employment-to-population	73		0			5			5		
Unemployment rate	5		100			83			80		
Newstart expenditure/taxation foregone (average weekly wage) per person available to work*											
Newstart recipient	5	573	95	10,817	10,244	75	8,530	7,957	80	9,098	8,524
Tax payment	95	-7,397	0	0	7,397	17	-1,298	6,099	20	-1,557	5,840
Total/person available to work		-6,824			17,641			14,055			14,364
Newstart expenditure/taxation foregone (average weekly wage) per person**											
Newstart recipient			57		6,087	24		2,580	20		2,079
Tax payment			0		4,395	5		1,978	5		1,424
Total per person					10,482			4,558			3,503
Newstart expenditure/Taxation foregone (minimum wage) per person available to work*											
Newstart recipient	5	573	95	10,817	10,244	75	8,530	7,957	80	9,098	8,524
Tax payment	95	-1,366	0	0	1,366	17	-240	1,126	20	-288	1,079
Total/person available to work		-793			11,610			9,083			9,603
Newstart expenditure/Taxation foregone (minimum wage) per person**											
Newstart recipient			57		6,087	24		2,580	20		2,079
Tax payment			0		812	05		365	5		263
Total per person					6,899			2,946			2,342

* Does not add to 100 per cent where respondents report no current income.

** Does not add to 100 per cent due to respondents not classified as part of the workforce, for example, those receiving DSP.

Table 20: Annual cost of welfare payments and taxation receipts foregone—clients of homelessness programs compared with the population, by support type

	Population statistics		Panel D Street-to-home			Panel E Total case managed			Panel F Day centre		
	Rate	Average cost	Rate	Average cost	Annual difference	Rate	Average cost	Annual difference	Rate	Average cost	Annual difference
	%	$	%	$	$	%	$	$	%	$	$
	(1)	(2)	(3)	(4)	(5) = (4) – (2)	(3)	(4)	(5) = (4) – (2)	(3)	(4)	(5) = (4) – (2)
Available for work	77		67			42			77		
Employment-to-population	73		17			4			8		
Unemployment rate	5		75			91			90		
Newstart expenditure/taxation foregone (average weekly wage) per person available to work*											
Newstart recipient	5	573	75	8,529	7,956	86	9,790	9,217	90	10,234	9,661
Tax payment	95	-7,397	25	-1,947	5,450	9	-690	6,707	10	-779	6,617
Total/person available for work		-6,824			13,406			15,923			16,278
Newstart expenditure/taxation foregone (average weekly wage) per person**											
Participation rate			67			42			77		
Newstart recipient			50		5,304	36		3,832	69		7,432
Tax payment			17		3,633	4		2,788	8		5,091
Total per person					8,937			6,620			12,523
Newstart expenditure/taxation foregone (minimum wage) per person available to work*											
Newstart recipient	5	573	75	8,529	7,956	86	9,790	9,217	90	10,234	9,661
Tax payment	95	-1,366	25	-360	1,007	9	-127	1,239	10	-144	1,222
Total/person available for work		-793			8,962			10,455			10,883
Newstart expenditure/taxation foregone (minimum wage) per person**											
Participation rate			67			42			77		
Newstart recipient			50		5,304	36		3,832	69		7,432
Tax payment			17		671	4		515	8		940
Total per person					5,975			4,347			8,372

* Does not add to 100 per cent where respondents report no current income.

** Does not add to 100 per cent due to respondents not classified as part of the work force, for example, those receiving DSP.

5.4 The cost of evictions and the cost of children placed in care due to unstable accommodation circumstances

5.4.1 Government cost of eviction from public tenancies, the cost of children placed in care due to unstable accommodation circumstances and population averages

The estimated 2010–11 government unit cost of eviction from public housing and the unit cost of children being placed in care, as well as average population utilisation rates for services, are reported in Table 21. Appendix 3 provides details of the method used to calculate the estimates along with the data sources. Unit costs relate to government costs only. Population eviction statistics are estimated from a range of data provided by the Department/Office of Housing in NSW, Victoria, SA and WA. As discussed in Appendix 3, these figures should be used with care.

Children placed in care

Out-of-home care services provide care for children and young people aged 0 to 17 who are placed away from their parents or family home for reasons of safety or family crises. It is provided through Department of Family and Community Services in NSW, Department of Human Services in Victoria, Department for Child Protection in WA and Department for Communities and Social Inclusion in SA. Families reliant on pensions and benefits, those that experience alcohol and substance abuse, or a psychiatric disability, and those that have a family history of domestic violence are over-represented in the families that come into contact with the child protection system (SCRGSP 2011). The characteristics of families at risk of homelessness correspond with those over-represented with child protection. Although the reasons for children being placed in out-of-home care are often complex and interrelated, a period of unstable housing or homelessness may compound these other factors and add to the reasons why a child or young person may be at risk, or their families do not have the capacity to protect them. The cost to government of homelessness includes child protection out-of-home care costs that result from these unstable accommodation circumstances.

Reported nights in care from the Baseline Survey relate only to those instances where a child is placed in care due to unstable accommodation circumstances. They do not reflect all nights of out-of-home care that may have occurred. When considering population averages for out-of-home care; it is not possible to separately identify nights in care by reason. Therefore, population rates over-estimate the rate of children being placed in care due to unstable accommodation, and the difference between sample and population averages represents a conservative estimate of the extent to which persons at risk of homelessness are heavy users of out-of-home care services.

A period of out-of-home support may take the form of home-based care; either foster care or with a child's extended family. Alternatively it may involve residential care, although there has been a shift away from this alternative. No respondents report children being placed in residential care, which is a considerably more expensive alternative than home-based care. Costs per placement night for residential care and home-based care are not reported separately. Due to the higher cost of residential care, cost per placement night over-estimates the cost of home-based care.

During a period of unstable housing a family may privately organise for affected children to stay with extended family members or a family friend. This sort of arrangement typically does not incur cost to government, and so is not incorporated in this analysis.

The population incidence of children experiencing a night in care is expressed as the number of nights per child, the number of child nights per person aged over 17 years and the number of child nights per family. The number of children per person aged 17 or over in the population is 0.29; in contrast on average respondents report 0.58 dependent children per respondent and the ratio varies between 0.17 for single men and 1.07 for tenancy support clients.

Eviction from public tenancy

Preventing eviction is another area where homelessness assistance can result in reduction of other government costs. Often people become homeless, or are at risk of homelessness because they do not have adequate skills to maintain a tenancy. This may be due to behavioural issues, property damage or non-payment of rent. Homelessness assistance programs endeavor to address these issues, providing clients with counseling while in supported accommodation, or through tenancy support and street-to-home programs where people are assisted while a tenancy is in place.

No data is publicly available regarding the cost of eviction from a public tenancy. Data was provided by the Department/Office of Housing in each of the states included in the study. States routinely collect data regarding incidences of eviction, but none routinely collect data on the cost of eviction. Victoria, NSW and WA each provided some cost information, which is used to produce an estimated cost per eviction. However, this figure should be viewed as indicative only. As detailed in Appendix 3, estimates provided varied widely in both comprehensiveness of eviction-related activities captured and total cost.

Population eviction rate is expressed both as evictions per public tenancy, and evictions per household. Public housing represents a comparatively small portion of household occupancies in the population; 4.5 per cent of all Australian households were in public housing as at 30 June 2008 (ABS 2011c). In comparison 19 per cent of all respondents reported having a public tenancy during the previous year. The proportion differed between programs; from 5.8 per cent of single men to 63.4 per cent of tenancy support clients.

Table 21: Children placed in care, eviction from public housing—unit cost and population rates

	Target population	Population—average annual incidence per person/family/household	Government cost/incident $2010–11
Children placed in care			
Placement night in out-of-home care	Children aged 0 to 17	2.54	$135
Dependent child's placement night in out-of-home care	Population aged over 17	0.75	$135
Dependent child's placement night in out-of-home care	Families with children aged 17 or under	4.87	$135
Eviction from public tenancy			
Public tenancy eviction per public tenancy	Public tenancies	0.0028	$4,800
Public tenancy eviction per household	Households	0.0001	$4,800

5.4.2 The cost of children placed in care due to unstable accommodation circumstances, the cost of eviction from public tenancies, and potential cost offsets—case managed and day centre programs

The cost of children being placed in care due to unstable accommodation circumstances and the cost of eviction from public tenancies is reported in Tables 22–24. Tables 22–24 columns (1) and (2) report population rates for children experiencing a placement night in care and eviction from a public tenancy. The cost of children in care is expressed as per child and per family with dependents. The cost of eviction is expressed as a cost per public tenancy. Both costs are also aggregated over the total relevant client population, consistent with health, justice and welfare estimates. Columns (3) and (4) report the corresponding figures by program and column (5) reports the additional annual cost to government. Chapter 2 provides further details. Incidences of children being placed in care and eviction are both infrequent and the associated results have a large potential for sample dependence.

Children placed in care

As expected, the cost of children being placed in care is dependent on the nature of the homelessness program. Single women, tenancy support and single men all report a higher incidence of children being placed in care than the population average. In contrast, street-to-home and day centre clients do not report any incidents of children being placed in care. Where a family has dependent children the average number of children for all client groups is just under two, therefore incidence and costs per family are approximately double that 'per child'.

In total, respondents report 118 dependent children aged 17 or under; of these, 12 children were placed in foster care during the previous year. When considering all case managed clients, dependent children are more than ten times as likely to experience a night in care as the population average, with an associated additional cost per child of $3653/child/year or $2342/client/year. It should be noted that these estimates are based on a very small sample. Results should be seen as indicative of a pattern of high use of out-of-home care and not accurate point estimates.

Although single men with dependent children report a higher number of placement nights per child than the population average, 4.21 and 2.54 respectively, the associated additional cost per child is minor. Once the cost is averaged across all respondents, due to the small number of single men with dependent children, the additional cost per single man assisted is negligible at $8/year.

In contrast, the cost of children placed in care for tenancy support and single women clients is high. This reflects both the high incidence of children being placed in care, the long period of care and the comparatively high ratio of dependent children per client. When considering the cost per child, tenancy support clients report the highest number of placement nights per child and an associated cost to government of $5257 more per child than the population average. Due to the very high ratio of 1.07 children per respondent (compared with a population average of 0.29) the associated cost per respondent, including both those with and those without dependent children, is $5908/year. Similarly for single women, the additional cost per dependent child is a high $3410/year and $2734/year per client. Note: the tenancy support incidence represents one family where five children were placed in care for the whole of the previous year. This result should be viewed as highly sample-dependent. For single women, three families had a total of five children placed in care for an average of 304 days/child.

Table 22: Annual cost of children in care, and public tenancy eviction costs—clients of homelessness programs compared with the population, by support type

	Population statistics		Panel A Single men			Panel B Single women		
	Average occurrence	**Average cost**	**Average occurrence**	**Average cost**	**Annual difference**	**Average occurrence**	**Average cost**	**Annual difference**
	(1)	(2)	(3)	(4)	(5) = (4) – (2)	(3)	(4)	(5) = (4) – (2)
		$		$	$		$	$
Child placed in out-of-home care								
Ratio dependent child 17 or under/person aged over 17 years	0.29		0.17			0.75		
Placement nights; out of home care:								
Per child	2.54	343	4.21	568	226	27.80	3,753	3,410
Per family with dependent children	4.87	657	8.00	1,080	423	50.00	6,750	6,093
Per person aged over 17 years	0.75	101	0.81	110	8	21.00	2,734	2,734
Eviction								
Public tenancy in previous 12 months	4.5%		5.80%			8.10%		
Eviction per public tenancy	0.0028	13	0.50	2,400	2,387	0.17	816	803
Eviction per household	0.0001	0.5	0.03	139	139	0.01	65	64

Table 23: Annual cost of children in care, and public tenancy eviction costs—clients of homelessness programs compared with the population, by support type

	Population statistics		Panel C Tenancy support			Panel D Street-to-home		
	Average occurrence	Average cost	Average occurrence	Average cost	Annual difference	Average occurrence	Average cost	Annual difference
	(1)	(2)	(3)	(4)	(5) = (4) – (2)	(3)	(4)	(5) = (4) – (2)
		$		$	$		$	$
Child placed in out-of-home care								
Ratio dependent child 17 or under/person aged over 17 years	0.29		1.07			0.17		
Placement nights; out of home care:								
Per child	2.54	343	41.48	5,599	5,257	0.00	0	-343
Per family with dependent children	4.87	657	82.95	11,199	10,541	0.00	0	-657
Per person aged over 17 years	0.75	101	44.51	6,009	5,908	0.00	0	-101
Eviction								
Public tenancy in previous 12 months—per cent	4.5%		63.40%			16.70%		
Eviction per public tenancy	0.0028	13	0.00	0	-13	0.00	0	-13
Eviction per household	0.0001	0.5	0.00	0	0	0.00	0	0

Table 24: Annual cost of children in care, and public tenancy eviction costs—clients of homelessness programs compared with the population, by support type

	Population statistics		Panel E Total case managed			Panel F Day centre		
	Average occurrence	Average cost	Average occurrence	Average cost	Annual difference	Average occurrence	Average cost	Annual difference
	(1)	(2)	(3)	(4)	(5) = (4) – (2)	(3)	(4)	(5) = (4) – (2)
		$		$	$		$	$
Child placed in out-of-home care								
Ratio dependent child 17 or under/person aged over 17 years	0.29		0.61			0.29		
Placement nights; out of home care:								
Per child	2.54	343	29.60	3,996	3,653	0.00	0	-343
Per family with dependent children	4.87	657	56.30	7,601	6,943	0.00	0	-657
Per person aged over 17 years	0.75	101	18.10	2,444	2,342	0.00	0	-101
Eviction								
Public tenancy in previous 12 months—per cent	4.5%		19.50%			14.20%		
Eviction per public tenancy	0.0028	13	0.08	384	371	1.00	4,800	4,787
Eviction per household	0.0001	0.5	0.02	76	75	0.14	686	685

Cost of eviction

Tables 22–24 also reports the estimated cost to government of higher eviction rates from public housing for persons at risk of homelessness. For all client groups, respondents report a much greater probability of having a public tenancy and, except for tenancy support and street-to-home clients, a much higher rate of eviction than is observed for the population. Statistics for 'Total case managed' clients (Panel E) are heavily influenced by inclusion of the tenancy support program, where 63.4 per cent of respondents had a public tenancy in the previous 12 months and no respondents had experienced an eviction event over that period[23]. The figures reported in Panel E are likely to over-estimate the likelihood of persons at risk of homelessness being in a public tenancy, and underestimate the probability of them experiencing an eviction event.

Once individual programs are considered, excluding tenancy support, the probability of having a public tenancy varies from 5.8 per cent for single men to 16.7 per cent of street-to-home clients. The proportion of eviction events per respondent who had been in a public tenancy is very high for single men (50.0%), single women (16.7%) and day centre clients (100.0%). The eviction rate for street-to-home clients is zero; however, it should be noted that this represents a single person who had been in a public tenancy. This compares with 4.5 per cent of all Australian households being in public housing as at 30 June 2008 (ABS 2011c) and an estimated 0.28 per cent of those with a public tenancy experiencing an eviction. Taking into account both the proportion of clients who have had a public tenancy and the incidence of eviction, the potential cost to government ranges between $64 per client for single women and $685 for day centre clients. The comparatively low cost per client in part reflects, except for tenancy support clients, the small proportion of clients with a public tenancy.

These figures are based on 37 persons reporting a public tenancy in the previous 12 months, 26 of whom are tenancy support clients. Of the nine clients of other programs, five experienced an eviction. Although sample numbers are small and the point estimates of cost should be treated with extreme caution, it appears reasonable to conclude that for persons who access homelessness programs other than tenancy support, if they are able to obtain public housing there is a high incidence of eviction which incurs costs to government that potentially could be avoided through ongoing support.

5.5 Average life outcomes

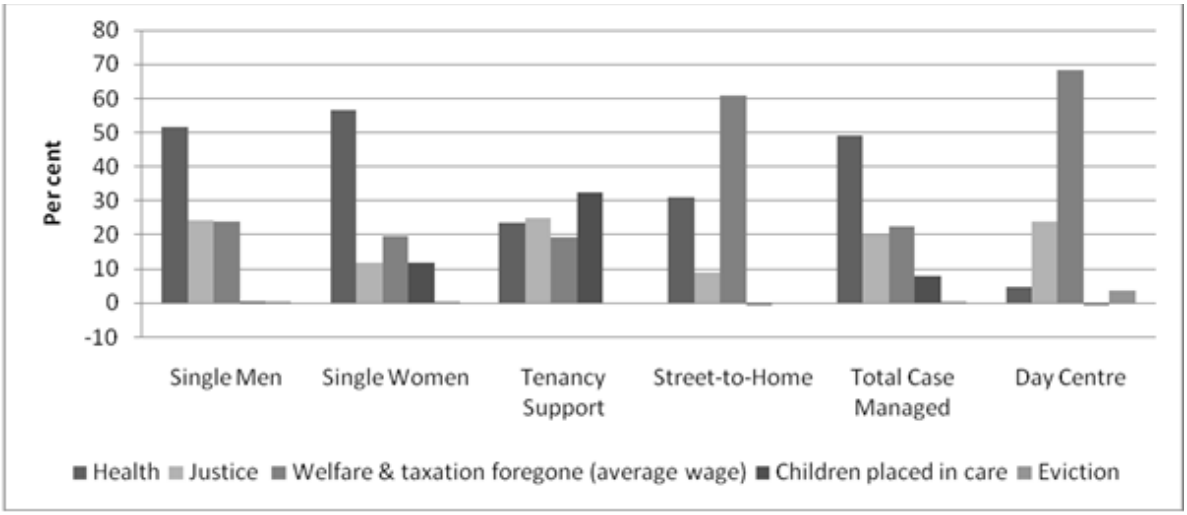
Sections 5.2 to 5.4 provide estimates of the additional annual cost to government of the high utilisation of a range of non-homelessness services. If a period of homelessness support were to reduce utilisation of non-homelessness services to those observed for the population, the associated savings would represent an offset to the cost of providing support. The lower level of service utilisation has the potential to last for longer than one year, and potentially for the remainder of the person's life. The associated cost offsets are referred to as 'average life outcomes.' Table 25 summarises potential annual cost offsets per client and reports the associated average life outcomes along with sensitivity to assumptions. The per cent of 'Total offset per client' attributable to each offset category is displayed in Figure 18. Further detail on calculation of whole-of-life outcomes is provided in Chapter 2.

[23] Tenancy support clients are by definition currently in a tenancy. However, it is possible for an eviction event to have occurred relating to a previous tenancy in the last 12 months.

Table 25: Population-based cost offsets per client, annual and average life outcomes, by support type

	Single men	Single women	Tenancy support	Street-to-home	Total case managed	Day centre
	$	$	$	$	$	$
Total annual offset per client						
Health	22,824	13,247	4,254	4,575	14,507	877
Justice	10,684	2,749	4,536	1,302	5,906	4,393
Welfare and taxation foregone (average wage)	10,482	4,558	3,503	8,937	6,620	12,523
Children placed in care	8	2,734	5,908	-101	2,342	-101
Eviction	139	64	0	0	75	685
Potential offset per client—annual	44,137	23,352	18,201	14,712	29,450	18,377
Average life outcomes						
(*n* = 43, i = 3%)						
Health	547,361	317,677	102,020	109,713	347,898	21,039
Justice	256,222	65,921	108,782	31,218	141,630	105,353
Welfare and taxation foregone (average wage)	251,384	109,313	84,018	214,335	158,758	300,321
Children placed in care	199	65,561	141,683	-2,428	56,172	-2,428
Eviction	3,325	1,544	-12	-12	1,806	16,433
Potential offset per client—average life outcome	1,058,491	560,016	436,492	352,826	706,264	440,718
Sensitivity						
Welfare and taxation based on minimum wage						
Potential total offset per client (min. wage) - annual	40,554	21,739	17,040	11,750	27,177	14,227
Potential total offset per client (min. wage) – average life outcome (*n* = 43, i = 3%)	972,554	521,343	408,644	281,782	651,747	341,179
Average life outcome; discount rate and length of benefit						
Average life outcome, i = 7% (*n* = 43, i = 7%)	596,158	315,409	245,839	198,717	397,779	248,219
Potential offsets last 5 years (*n* = 5, i = 3%)	202,135	106,943	83,355	67,377	134,872	84,162
Potential offsets last 5 years, i = 7% (*n* = 5, i = 7%)	180,971	95,746	74,627	60,323	120,750	75,350
Potential offsets last 2 years (*n* = 2, i = 3%)	84,455	44,683	34,827	28,151	56,351	35,164
Potential offsets last 2 years, i = 7% (*n* = 2, i = 7%)	79,800	42,221	32,908	26,600	53,246	33,226

Figure 18: Cost offsets expressed as a per cent of 'total offset per client', by support type



Across all case managed programs the total annual potential cost offset is estimated at $29 450/client/year. The offset varies between programs, from $14 712/client/year for street-to-home clients to $44 137/client/year for single men's services. The relative importance of each of the offset components varies greatly across client groups (see Figure 18). Cost offsets relating to health are a major component of all case managed client groups, representing between 24 per cent of tenancy support offsets and 57 per cent of offsets for single women. Justice-related costs account for between 24 per cent of offsets for single men and 9 per cent for street-to-home clients. Welfare payments and taxation receipts foregone account for approximately 20 per cent of offsets for all client cohorts; except street-to-home, where it accounts for approximately 60 per cent. The cost of children placed in care is a potential offset for single women and tenancy support clients; representing 12 per cent and 32 per cent of the total offset for those client groups. As discussed in Section 5.4, due to small sample size, estimated cost of children placed in care should be treated with caution, especially for tenancy support.

Once the potential offset is estimated over the average remaining client life (Table 25), average life outcomes ranges vary at $1 058 491/client for single men and $352 826 for street-to-home clients. These represent a large financial benefit for government if a person is able to be supported in such a manner that utilisation of non-homelessness services over their remaining life decreases to levels observed for the population on average. In fact, savings to government would still be substantial if only 5 per cent of benefits are able to be achieved.

The size of these potential offsets appears to be very large. However, as shown by Baldry et al. (2012), some homeless persons with complex needs do incur very large non-homelessness costs over their lifetime. Non-homelessness service utilisation by the individuals included in the Baldry et al. (2012) study ranged from $962 741 (28-year-old man) to $5.5 million (22-year-old woman). This is just the estimated costs relating to their service use to-date. If this level of non-homelessness service utilisation were to continue over the rest of their lives, the costs to government would be many times the potential cost offsets reported here.

5.5.1 Sensitivity of offsets to base case assumptions

The potential offsets reported in Table 25 reflect taxation receipts based on the average wage. Sensitivity analysis shows that if instead it is assumed potential

taxation receipts are based on the minimum wage the potential annual cost offsets decrease slightly, with the average decrease over case managed clients being just over $2000/client/year or approximately 8 per cent. This equates to a decrease in the average life outcome for all case managed clients from $706 264/client (assuming average weekly earnings) to $651 747/client (assuming minimum wage rate), a difference of approximately $55 000/client over their remaining lifetime.

Also reported in Table 25 is sensitivity of average life outcomes to assumptions regarding the discount rate and the length of time that non-homelessness service utilisation is influenced by the period of support. Reporting for Specialist Homelessness Services typically focuses on the length of a period of homelessness support. This differs from the length of a spell of homelessness, and the total time over a person's lifetime that they experience homelessness. A person can be homeless both prior to and after an actual period of homeless support; also they may cycle in and out of a state of homelessness. Studies examining duration of homelessness in Australia point out that, although for some persons the duration of homelessness is quite short, potentially only a single night, for the majority homelessness is a long-term problem. For example, Chamberlain and Mackenzie (2009) estimated that 60 to 70 per cent of the homeless on Census night 2006 had a long-term problem. Thomson and Goodall (1999 in Pinkey & Ewing 2006) report that in a 1999 survey of people accessing homeless services in Melbourne, 20 per cent considered they had not had a home for one year or more, and of these one-third said they had not had a home since 1990 or before. Chamberlain and Johnson (2000) reported that of the households examined, where it was possible to judge the period of homelessness; 26 per cent had been homeless for more than a year. Results reported in Section 4.3 of the current study show that many respondents have had a range of experiences of homelessness over a long period. Figure 5 shows that 68.5 per cent of respondents had slept rough at some stage, 72.9 per cent had used emergency accommodation, 74.7 per cent had stayed with relatives or friends and 52.5 per cent had stayed in boarding houses or hostels. Figure 6 shows the average age of first experiencing homelessness varied between 25 years old for those who were sleeping rough to 29 years old for those who were living in crisis accommodation, compared with an average age of respondents of approximately 38 years. Unreported results show that the median time respondents have spent in accommodation circumstances classified as homeless over their lives to-date is 216 weeks, or approximately 4 years.

The available information does not provide definitive information on the duration of homelessness, or the amount of time a person is likely to remain homeless after seeking homelessness support. It does suggest that for a significant proportion of the population that experiences homelessness, the duration of a spell of homelessness is greater than a year. Also, the total time spent in homelessness states over their lifetime is more than one year. However, in most instances a person will not remain homeless for the remainder of their life. The sensitivity analysis shows that even if the offsets apply to a shorter period than the remainder of the person's life, or the discount rate to estimate the value in today's terms of the offsets is higher than that used in the base case analysis (i.e. greater than three per cent), the cost offsets are still substantial. If potential offsets last for only five years, and the discount rate for time preference is as high as seven per cent, potential offsets still range from $60 323 for a street-to-home client to $180 971 for a client of a single men's program. If the offsets last for only two years, and the discount rate is as high as seven per cent, potential offsets over the person's life range from $26 600 for street-to-home clients to $79 800 for clients of single men's services.

5.6 Health and justice service utilisation and Indigenous status

Indigenous status is also potentially linked to a person's use of non-homelessness services. To examine this link for persons at risk of homelessness we examine the difference in use of health and justice services for clients of single men's, single women's and tenancy support services based in Indigenous status. It is not possible to examine this issue in relation to street-to-home and day centre clients due to the small sample sizes. It is also not practical to examine this issue in relation to the other cost categories. When considering the cost of income support payments, the majority of respondents receive government benefits as their main source of income, irrespective of Indigenous status. When considering the other two cost categories, given the small sample size of Indigenous respondents and the low rate at which both eviction from a public tenancy and having children placed in care due to unstable housing occur, it is not practical to examine these issues.

Table 26 reports the use of health and justice services by Indigenous respondents and non-Indigenous respondents for each client cohort respectively. The average population occurrence of each contact and average cost per incident is also reported in the first two columns. This provides a reference point in terms of both population ustilisation rates, and the relative cost of each contact type. The study sample did not specifically target Indigenous services, and the proportion of Indigenous respondents is representative of the proportion in the population accessing homelessness support services. Therefore, the sample size for Indigenous clients is small and the results should be viewed as indicative, especially those for single men where there are only four Indigenous respondents. For this reason the dollar impact is not presented. This is an area for further research.

Examination of the utilisation rates shows an overall pattern of lower use of health services by Indigenous persons than non-Indigenous, but higher contact with justice services, particularly for clients of single men's services.

When considering single men, Panel A, although the sample size for Indigenous men is just four, the difference in the pattern of service use between Indigenous and non-Indigenous men is consistent with that observed for single women and tenancy support clients. Indigenous men consistently show a much lower use of health services than non-Indigenous men, particularly GP services, psychologists and the high cost-services: nights in hospital, nights in mental health facilities and nights in rehabilitation centres. For example, non-Indigenous men report on average visiting a GP 11.16 times over the previous 12 months, and having on average 11.44 nights in hospital. In contrast, Indigenous men only report visiting a GP 2.5 times over the last 12 months and being in hospital 0.25 nights on average. Reference to Tables 15–17 show that use of many of these health services by Indigenous men is also less than the population average (e.g., population average visits to a GP is 5.3 visits per year and average nights in hospital is 0.67). This indicates that the high cost of health services incurred by persons at risk of homelessness is largely driven by non-Indigenous not Indigenous men. In contrast, when contact with justice services is examined, both Indigenous and non-Indigenous men display a higher contact rate with the high-cost justice services (being in court, nights in prison and nights in remand), than the population in general, but Indigenous men display a much higher contact rate. For example, Indigenous men report on average 75.25 nights in prison over the previous year, compared with 14.13 for non-Indigenous men and 0.68 for the Australian male population. This indicates that although in general, men at risk of homelessness have higher contact with justice services than the general population, Indigenous men are driving the very high cost of these services. However, it should be

noted that this finding is very sample-dependent. There is also a potential link between low rates of accessing health services and a large proportion of the year spent in prison or detention, where health needs may be met without accessing the types of health services examined in this study.

Table 26: Annual use of health and justice services—clients of homelessness programs by Indigenous status and support type

	Population statistics		Panel A Single men		Panel B Single women		Panel C Tenancy support	
			Average occurrence		Average occurrence		Average occurrence	
	Average occurrence	Cost /incident $	Indigenous (*n* = 4)	Non-Indigenous (*n* = 61 to 63)	Indigenous (*n* = 13 to 14)	Non-Indigenous (*n* = 56 to 58)	Indigenous (*n* = 6 to 7)	Non-Indigenous (*n* = 31 to 32)
Health services								
General practitioner	5.30	44	2.50	11.16	6.43	9.60	5.33	13.69
Medical specialist	1.09	70	2.25	3.94	2.14	1.89	0.71	3.06
Psychologist	0.13	102	0.00	6.73	2.36	4.26	5.17	4.69
Nurse or allied health professional	0.82	71	0.75	2.44	0.93	3.93	2.86	13.94
Casualty or emergency	0.27	475	0.00	1.52	0.36	0.97	0.00	0.90
Out patients or day clinic	1.90	144	0.50	1.51	1.57	10.09	0.29	3.94
Ambulance	0.13	784	0.00	1.46	0.71	0.84	0.14	0.59
Night in hospital	0.67	1,556	0.25	11.44	1.43	3.60	5.29	0.94
Night in mental health facility	0.12	750	0.00	2.78	3.86	6.19	0.00	0.66
Night in drug and alcohol centre	0.02	354	0.00	7.84	17.79	5.05	0.00	0.22
Justice services								
Police:								
As victim of assault/robbery	0.07	2197	0.00	0.52	1.36	0.98	0.43	1.84
Stopped in street/ visit justice officer	0.32	163	4.50	6.22	0.86	0.92	2.57	0.44
Stopped in a vehicle	0.83	82	0.25	0.32	0.21	0.41	1.43	1.09
Apprehended	0.002	369	1.00	1.34	0.07	0.28	1.86	0.38
Held overnight	0.0005	270	0.25	0.77	0.14	0.14	1.71	0.06
Court	0.06	842	2.50	1.26	0.50	0.55	3.86	0.47
Night in prison, male	0.68	291	75.25	14.13				
Night in prison, female	0.07	291			0.00	0.00		
Night in prison, person	0.37	291					1.43	0.00
Night in remand or detention, male	0.2	270	56.75	4.87				
Night in remand or detention, female	0.02	270			0.00	0.00		
Night in remand or detention, person	0.11	270					1.57	0.00

When considering single women, Panel B, and tenancy support services, Panel C, a pattern of generally lower use of health services by Indigenous respondents is again observed. Indigenous women accessing services for single women and women escaping domestic violence report a slightly higher use of medical specialists and a much larger number of nights in drug and alcohol facilities (17.79 nights over the last year, compared with 5.50 nights reported by non-Indigenous respondents). However, Indigenous women also report a lower use of high-cost hospital and mental health facilities and a much lower use of outpatient services (on average accessed 1.57 times, compared with 10.09 times for non-Indigenous women.). Indigenous tenancy support clients report a much higher number of nights in hospital than non-Indigenous clients (5.29 nights/year and 0.94 nights/year, respectively), but health service use in most other areas is lower for Indigenous clients.

When considering contacts with justice services for single women, contact by Indigenous and non-Indigenous women is very similar, particularly in relation to high-cost contacts such as days in prison and remand. Indigenous women are slightly more likely to be the victim of an assault or robbery that involves police than non-Indigenous women (1.36 occurrences/year on average, compared with 0.98); however, no clear differences are evident. In contrast, a generally higher rate of contact with justice services is observed for Indigenous tenancy support clients compared with non-Indigenous. The only contact type where non-Indigenous clients report a lower average contact relates to being the victim of an assault or robbery that involves police (Indigenous respondents, average 0.43 occurrences per year; non-Indigenous respondents, average 1.84 occurrences per year.) The differences are not to the scale observed for single men, but the average level of contact with justice services is also much lower for tenancy support clients that for clients of single men's services.

The results presented in this study are consistent with those of the forthcoming AHURI study on intergenerational homelessness (Flatau et al. 2013). This study found that among adult homeless people, the intergenerational homelessness rate for Indigenous respondents was significantly higher than for non-Indigenous respondents. For Indigenous participants the intergenerational homelessness rate was 69.0 per cent compared with an intergenerational homeless rate of 43.0 per cent among non-Indigenous participants. Moreover, in spite of a similar overall rate of lifetime-to-date primary homelessness, Indigenous homeless people were much more likely than were non-Indigenous adult homeless people to experience primary homelessness in childhood. It is not the form of homelessness experienced but the age at the first spell of homelessness that is the important difference between Indigenous and non-Indigenous homeless people. Indigenous respondents were more likely to have experienced primary homelessness prior to the age of 18 and many before the age of 12 than were non-Indigenous respondents. The study also found while many adult homeless people experienced significant issues in the home environment, that significant inter-parental conflict in the home, serious drinking problems among fathers and father incarceration rates were much higher for Indigenous homelessness people than non-Indigenous homeless people.

5.7 Health and justice service utilisation and prior homelessness experience

An alternative method to analyse how a period of homelessness affects utilisation of non-homelessness service utilisation is to compare prior year service utilisation by respondents who had experienced a period of homelessness in that year with those who had not. Characteristics likely to affect client outcomes, such as physical and mental health and educational attainment, are more closely aligned between the

group of respondents who had experienced homelessness and those who had not, providing a more conservative estimate of possible cost offsets. For the purpose of this analysis, homelessness is not defined to include time spent living in crisis or short-term supported accommodation.

Table 27 reports the health and justice service utilisation for persons who had and had not experienced homelessness in the prior year for single men, single women and tenancy support clients. Approximately 62 per cent of single men respondents, 61 per cent of single women and 36 per cent of tenancy support respondents reported a period of homelessness in the previous 12 months. All clients of day centres and all except one client of street-to-home had experienced homelessness in the prior year, so no comparison group is available. No evaluation is reported for welfare payments, children being placed in care or the cost of eviction from public tenancies. This is due to the very small numbers of respondents with a main income source other than welfare, the small number of children placed in care, and the small number of evictions from public housing.

Table 27 column (1) reports the average government cost per incident. Column (2) reports the average service utilisation for respondents who had not experienced homelessness in the previous year, and column (3) reports utilisation for those who had experienced homelessness. Column (4) reports the annual dollar cost of the difference in service utilisation. Figures 19 and 20 present this annual dollar differential for health and justice services, respectively. In Figures 19 and 20 the cost differential of selected services have been added together to make it easier to see the pattern in costs. For example, the total cost differential for GP, medical practitioner, psychologist, nurse and allied health professional visits is presented. Considering Table 27, Panel A single men; respondents who had experienced homelessness in the prior year report on average 12.7 visits to a GP, while those who had not experienced homelessness report 7.32 visits to the GP. At a cost of $44 per visit this represents an additional cost to government, and a potential cost offset of $237/person/year. This difference is incorporated in Figure 19 within 'Visits to GP, specialist, psychologists, allied health.'

The service utilisation differential for persons who had and those who had not experienced homelessness in the previous year is very different for each program. Single men who have not experienced homelessness report much higher health and justice costs than those who have experience homelessness. The higher costs relate predominantly to nights spent accommodated in high-cost institutional settings, hospital, prison and remand or detention, which in total add up to $31 203/person/year in additional costs. Thus, it cannot be argued that the cost to government is less for single men who experienced homelessness. Most other costs are lower when a period of homelessness is not experienced. If time in hospital, prison and remand are excluded, offsets amount to a positive $3658/person/year.

The higher incidence of time spent in prison or remand for single men who did not experienced homelessness in the past year cannot be viewed as a positive outcome. The high incidence of nights in hospital for single men who did not experience homelessness do not relate to a period of accommodation support in the prior year[24]. Twelve per cent of respondents accessing services for single men report spending more than ten nights in hospital in the previous year; of these 63 per cent also report experiencing homelessness with an average of 32.6 nights in hospital per person in

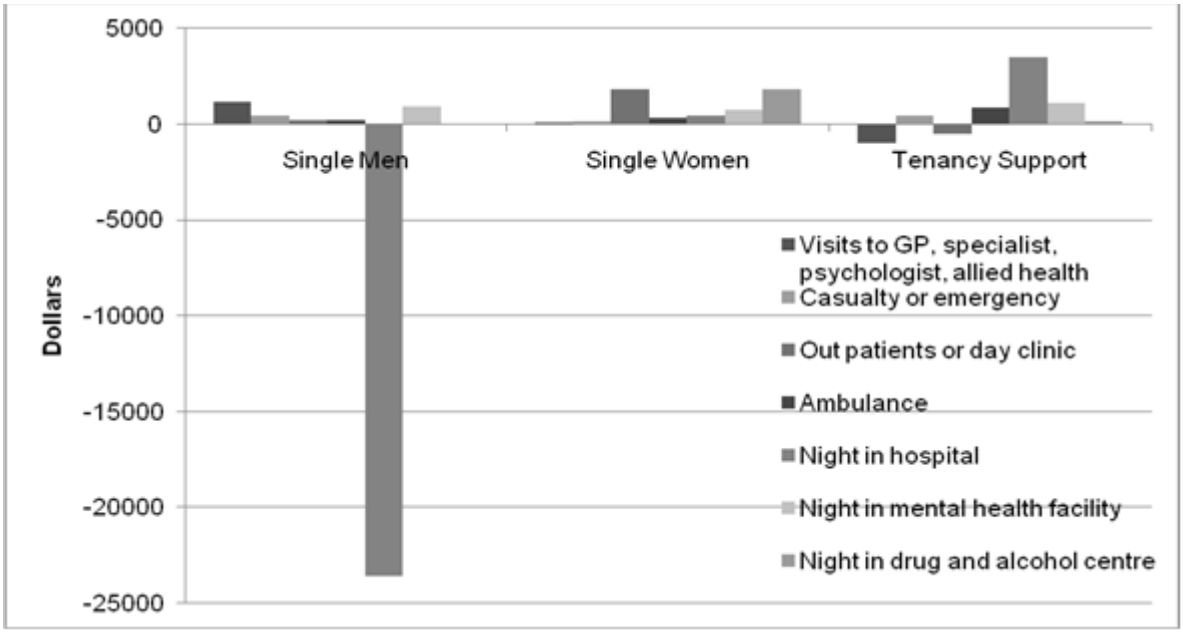
[24] In no instance did a period in hospital of more than 10 nights result from a period of accommodation support. Only 1.5 per cent of nights in hospital for single men were arranged through a previous period of accommodation support.

the previous year. In contrast, those who report more than ten nights in hospital and did not experience homelessness in the previous year report an average 160 nights/person in hospital. Thus, in some cases it may be that these men did not experience homelessness because they were being accommodated in hospital. It is not possible to determine from the survey data whether the long stay in hospital precipitated the current period of need for homelessness assistance.

Table 27: Health and justice—homelessness experience; annual difference in service utilisation and cost, by support type

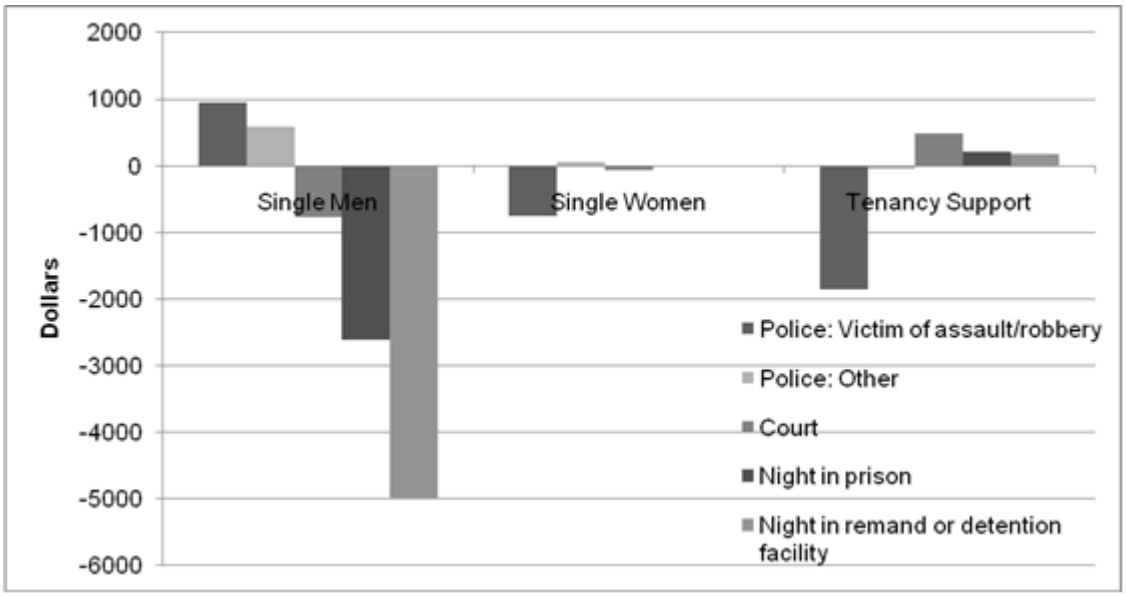
		Panel A Single men			Panel B Single women			Panel C Tenancy support		
		Average occurrence			Average occurrence			Average occurrence		
	Cost per incident	Homeless previous year		Cost difference	Homeless previous year		Cost difference	Homeless previous year		Cost difference
		No	Yes	$	No	Yes	$	No	Yes	$
	(1)	(2)	(3)	((3) – (2))*(1)	(2)	(3)	((3) – (2))*(1)	(2)	(3)	((3) – (2))*(1)
Health services										
General practitioner	44	7.32	12.70	237	9.66	8.57	-48	14.24	8.36	-259
Medical specialist	70	1.88	5.00	218	1.19	2.43	87	2.46	2.79	23
Psychologist	102	2.72	8.48	587	4.48	3.48	-103	3.32	7.00	375
Nurse or allied health professional	71	1.20	3.02	129	2.38	3.93	110	17.15	1.43	-1,116
Casualty or emergency	475	.88	1.76	419	0.66	1.00	164	0.40	1.31	431
Out patients or day clinic	144	.48	2.00	219	0.72	13.32	1,814	4.42	0.93	-503
Ambulance	784	1.20	1.48	217	0.55	1.00	351	0.12	1.21	862
Night in hospital	1,556	20.28	5.12	-23,590	2.97	3.25	443	0.88	3.14	3,514
Night in mental health facility	750	1.84	3.07	924	5.21	6.18	731	0.00	1.50	1,125
Night in drug and alcohol centre	354	7.48	7.31	-60	4.34	9.45	1,809	0.00	0.50	177
Total health				**-20,701**			**5,359**			**4,628**
Justice services										
Police:										
As victim of assault/robbery	2,197	0.21	0.64	955	1.28	0.93	-756	1.85	1.00	-1,859
Stopped in street or visit from justice officer	163	3.38	7.72	707	0.90	0.91	2	1.08	0.29	-129
Stopped in a vehicle	82	0.58	0.17	-34	0.48	0.30	-15	1.42	0.57	-70
Apprehended	369	1.58	1.17	-154	0.14	0.30	58	0.46	0.93	172
Held overnight	270	0.58	0.83	68	0.10	0.16	15	0.38	0.29	-27
Court	842	1.92	1.00	-772	0.59	0.50	-73	0.85	1.43	490
Night in prison	291	23.54	14.57	-2,610	0.00	0.00	0	0.00	0.71	208
Night in remand or detention facility	270	19.75	1.22	-5,003	0.00	0.00	0	0.04	0.71	182
Total justice				**-6,844**			**-769**			**-1,032**
Total health & justice				**-27,545**	**0**	**0**	**4,590**	**0**	**0**	**3,596**

Figure 19: Difference in health expenditure—based on homelessness experience in previous year* (Dollars 2010–11)



* Cost incurred by respondents who had experienced homelessness in the previous 12 months minus cost incurred by respondents who had not experienced homelessness in the previous 12 months

Figure 20: Difference in justice expenditure—based on homelessness experience in previous year* (Dollars 2010–11)



* Cost incurred by respondents who had experienced homelessness in the previous 12 months minus cost incurred by respondents who had not experienced homelessness in the previous 12 months

However, in all cases respondents reported previous periods of homelessness or precarious living circumstances during their lives, and either being in receipt of the DSP or having a long-standing physical health condition or disability. Therefore, in no instance is this a one-off period of homelessness precipitated by illness.

This pattern of higher hospital, prison and remand costs for single men at risk of homelessness but who had not experienced homelessness in the previous year is consistent with that observed in the WA study (Flatau et al. 2008). Further research is

required to examine the causality between time accommodated in hospital and jail and experiences of homelessness among single men, and the potential that these single men cycle between different forms of institutional accommodation and supported crisis accommodation.

When considering single women and tenancy support clients, the combined cost of health and justice services is $4590/person/year higher for single women and $3596/person/year higher for tenancy support clients when a period of homelessness was experienced. In both cases, where a period of homelessness was experienced, health costs are higher, but justice costs are lower. In particular, both report higher incidences of ambulance use, nights in hospital, mental health facilities and drug and alcohol facilities when a period of homelessness is experienced. Interestingly, the largest difference in justice costs relates to incidence of being a victim of assault or robbery, where single women and tenancy support clients who had experienced homelessness were less likely to report this type of occurrence. When compared with the WA study; the higher health costs and utilisation of hospital and ambulance services when homelessness is experienced is consistent across studies. However, the lower justice costs and lower incidence of being a victim of an assault or robbery is not. The WA study finds both health and justice costs to be higher when homelessness is experienced by clients of these types of programs.

5.8 Conclusion

In conclusion, the results support the contention that persons at risk of homelessness are heavier users of non-homelessness services than the population in general. The potential annual cost offset per client if health, justice, welfare, children in care and eviction rates were to be reduced to population averages, ranges from $14 712 per client/year for street-to-home services to $44 137 per client/year for single men. If this offset were able to be maintained over the average remaining lifetime, this equates to a cost offset of between $352 826/client for street-to-home and $1 058 491/client for single men. Even if cost savings only relate to a five-year period, they range from $67 377 for street-to-home clients to $202 135 for clients of services for single men.

The largest cost to government comes from use of health and justice services and welfare benefits. The cost of children being placed in care is also large for clients of single women's and tenancy support services. The cost of eviction from public housing is not a large cost per client. However, this is because, except for tenancy support programs, only a small proportion of clients have been in a public housing tenancy. Where a person had a public tenancy the incidence of eviction and associated cost is high. In all programs hospital stays represent one of the largest drivers of the cost differential, being 52 per cent of the total difference in health care costs, and thus one of the largest potential cost offsets if utilisation is able to be reduced to population average. The pattern in justice offsets is different for single men compared with the rest of the programs examined. Clients of single men's services exhibit a much higher incidence of being held in prison, remand or detention, accounting for 66 per cent of the difference in justice costs. For all other programs the highest cost differentials are for 'Victim of assault of robbery' and 'In Court', accounting for 80 per cent or more of the higher than population average justice costs observed for these client groups. The unemployment rate for persons available to work is between 75 and 100 per cent for all programs, resulting in a cost to government from Newstart payments and lost tax receipts across all case managed clients of $15 923/year per person available to work, or $6620/year per client. The large difference here relates to the low 42 per cent labour force participation rate of clients, where a higher than population average are eligible for benefits such as DSP,

and whose income source is considered unlikely to change with accommodation circumstances.

Indicative evidence is found that a link may exist between health and justice service utilisation and Indigenous status; with Indigenous respondents generally reporting a lower use of health services than non-Indigenous respondents, but a higher rate of contact with justice services. This is particularly relevant for clients of single men's services, where the high health cost of single men appears to be driven by non-Indigenous men, and the high cost of justice services incurred by this cohort appears to be driven by Indigenous men. However, the size of the Indigenous sample is very small and further research into this issue is warranted.

The factors that lead to homelessness are complex and, on average, the characteristics of persons at risk of homelessness differ from the population in general. Therefore, offsets estimated by comparing non-homelessness service utilisation by respondents with that of the population are likely to over-estimate achievable offsets. To address this issue, the health and justice service utilisation of persons who had experienced homelessness in the previous year are compared with those who had not. Again, outcomes for single men differed from other programs. Single men who had not experienced homelessness actually incurred higher costs than those who had not experienced homelessness. However, these higher costs for men who had not experienced homelessness related to circumstances where they were accommodated in high-cost institutional settings: hospital, remand or detention or in prison. Thus it cannot be argued that the cost to government is less for single men who experienced homelessness. In contrast, clients of single women's and tenancy support services who had experienced homelessness display higher total costs of health and justice services than those who had not experienced homelessness.

Although point estimates of cost offsets must be treated with care, the pattern in health and justice offsets is largely consistent with those found in the WA study conducted by Flatau et al. (2008)[25]; in particular, the heavy use of high-cost hospital services by all groups and the different pattern in justice service costs observed for clients of single men's services compared with single women and tenancy support. The findings of heavy use of high-cost hospital services by single men along with high rates of detention, imprisonment and time in court are also consistent with those from the Michael Project (Flatau et al. 2012).

[25] The WA study only examined health and justice cost offsets.

6 SUMMARY AND FUTURE RESEARCH

This study aims to examine the extent to which persons who are homeless or who are at risk of homelessness are heavy users of non-homelessness services, the cost of providing homelessness support, and the extent to which that cost is offset by reduced utilisation of non-homelessness services when homelessness is prevented. This is the first of two reports, written after collection of primary data via the Baseline Client Survey administered with clients of Specialist Homelessness Services operating in NSW, Victoria, SA and WA. The second Final Report will be written after a 12-Month Follow-up Client Survey is conducted.

This report describes the homelessness support environment at the time of the study, the study method and examines data gathered via the Baseline Client Survey. Homelessness intervention points examined are supported accommodation services for single men and for single women, including women escaping domestic violence, tenancy support and street-to-home programs. Day centre clients who are homeless or in precarious living circumstances but not receiving case managed support are also included. This cohort represents a potential 'quasi-experimental comparison group' to examine what may happen if support were not provided.

Outcomes for persons accessing Specialist Homelessness Services and their utilisation of non-homelessness services should be examined against their background. Most respondents had experienced extensive periods of homelessness or precarious living during their lifetime. As expected, given the focus of street-to-home programs, clients of these programs had spent the largest portion of their previous life homeless or living in precarious circumstances; clients of tenancy support programs had spent the least time. The average age when a person's first period of homelessness occurred varied between 25 and 30 years of age; depending on the homeless state considered. Many report that their first experience of homelessness occurred before the age of 18.

Just over 60 per cent of all respondents report a long-standing physical health condition and the prevalence of mental health disorders was high. Lifetime substance use was substantially higher as compared to the 2010 NDSHS respondents. In particular, mood and anxiety disorders are reported at levels considerably higher than the general population. Psychological distress levels for all client groups are also very high and quality of life low compared with the general population. Respondents have a low level of educational attainment compared with the population, with nearly two-thirds leaving school before completing year 12. Single women report the highest level of educational attainment, with only 41.0 per cent who did not complete year 12, 28.4 per cent who had completed a trade certificate and 20.3 per cent with a university Bachelor degree or higher.

These issues must be understood when considering outcomes and utilisation of non-homelessness services. Only seven per cent of respondents were employed at the time the Baseline Survey was administered. Overall, 28 per cent were unemployed and 65 per cent were assessed as not being in the labour force. The greatest barriers to finding employment were client's ill health or disability, lack of stable housing, lack of experience, education and skills and transport problems. These issues result in the main income source for the majority of respondents being government benefits of some type; predominantly 'unemployment benefits' or 'sickness/disability benefits'. Single women and tenancy support clients rely more on 'parenting payments'. Approximately 14 per cent of respondents report a period in the previous year where they had no income. Lack of money resulted in accommodation-related problems:

being behind in the rent or mortgage, not keeping up with utility bills or moving because the rent or mortgage is too high.

As would be expected given the health, educational and employment background of clients of homelessness services, their use of non-homelessness services is also high. In some cases high utilisation of services is appropriate, for example, access to mental health services to treat a mental health condition. In other cases high use of services is not desirable, for example where there is a high incidence of contact with police or when people access expensive health services such as emergency or hospital services, instead of using less expensive services such as visiting their GP. In fact 30.0 per cent of respondents report that there was at least one instance in the previous 12 months when they were not able to access a GP, 36.8 per cent were not able to access an allied health professional and 25.0 per cent were not able to access support from a mental health service when they required it. Improved accesses to these types of services would both help address ongoing issues affecting ability to source and maintain stable accommodation and reduce utilisation of more expensive hospital services.

When average utilisation of non-homelessness services by client cohorts is compared with population average, high utilisation translates into a high cost to government in the areas of health, justice and welfare payments. The cost of children placed in care is high for clients of single women's and tenancy support programs. Where a person has been in a public tenancy, both the chance of eviction and the associated cost to government is large, but because very few clients of homelessness services have had public tenancies, the cost per client, once averaged across all clients, is comparatively small.

This high level of service utilization represents potential cost offsets to the cost of providing homelessness support, if utilisation of these non-homelessness services can be reduced to levels observed for the Australian population on average. The magnitude of these potential offsets is, on average, $29 450/client/year across case managed clients. This varies markedly across programs and is largely driven by higher than average use of high cost health and justice services, and the cost to government of unemployment benefits.

Although point estimates of cost offsets must be treated with care, the pattern in health and justice offsets is largely consistent with those found in the WA study conducted by Flatau et al. (2008); in particular, the heavy use of high-cost hospital services by all groups and the different pattern in justice service costs observed for clients of single men's services compared with single women and tenancy support. The findings of heavy use of high-cost hospital services by single men along with high rates of detention, imprisonment and time in court are also consistent with those from the Michael Project (Flatau et al. 2012).

The second Final Report will examine the cost of providing Specialist Homelessness Services. It will also further examine the issue of cost offsets, where cost offsets are defined as the difference between the cost to government of non-homelessness service utilization by clients of Specialist Homelessness Services in the period after receiving homelessness support, compared with in the period prior to receiving support. The whole of government cost of providing homelessness support will be estimated as the cost of providing Specialist Homelessness Programs net of estimated cost offsets arising from this change in clients' use of non-homelessness services. One important innovation in the measurement of cost offsets we introduce in the second Final Report is examination of the *full distribution* of cost offsets. Mean estimates may hide the fact that there is a large range of cost offsets associated with

individual clients so that they may not provide a full picture of cost offsets for the ‘typical client’.

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APPENDICES

Appendix 1: Within-cohort comparability based on homelessness experience in the previous 12 months

Table A1 reports the results for the Mann–Whitney test for equality of medians for sub-samples within the client cohorts of single men, single women and tenancy support, plus 'All case managed clients'. Characteristics of clients who had experienced a period of homelessness in the prior 12 months are compared with those of clients who had not. Only one street-to-home client had not experience homelessness in the previous 12 months, so no separate results are reported for this cohort. Results for 'All case managed clients' does include street-to-home clients. No day centre clients report not having experienced a period of homelessness in the previous 12 months; accordingly no analysis is reported.

Homeless clients are defined to include those experiencing at least one spell of non-shelter or one spell of 'temporary accommodation' in the previous 12 months. The 'temporary accommodation' category includes those who couch surfed with extended family members, friends or acquaintances, or lived in caravans, boarding or rooming houses or in hostels. It does not include those living in assisted crisis accommodation.

Table A1: Comparability—respondents who had/had not experienced homelessness in previous 12 months

	Single men	Single women	Tenancy support	All case managed*
Sample size				
Homelessness experienced	43	44	14	106
Homelessness not experienced	26	30	27	84
Characteristics assessed	***P*-value**	***P*-value**	***P*-value**	***P*-value**
Age	0.857	0.616	0.700	0.697
Dependent children	0.031	0.057	0.101	0.040
ATSI origin?	0.603	0.056	0.731	0.491
Highest level of education	0.066	0.181	0.769	0.856
Currently have a job	0.717	0.854	0.976	0.651
When last work for at least 2 weeks in a job of 35 hours or more a week	0.303	0.013	0.339	0.062
Long-standing physical health condition, illness, disability	0.585	0.891	0.753	0.995
Require support in relation to a mental health condition	0.346	0.461	0.651	0.334
Require support for a drug or alcohol issue	0.260	0.019	0.153	0.000
Total current income	0.131	0.679	0.330	0.840
Time in previous year received Newstart payments	0.044	0.009	0.008	0.000
Time in previous year received sickness or disability support payments	0.657	0.498	0.143	0.139
Total time in life spent in homelessness or precarious living circumstances	0.262	0.005	0.037	0.000

* Includes street-to-home respondents

Note: all P-values are asymptotic two-tailed values

The test is used to assess the extent to which these sub-groups represent valid comparison groups for the within-sample comparison of health and justice service utilisation, and to utilise the costed differences in service utilisation to estimate potential cost offsets.

It is not possible to reject the hypothesis of equality of medians for sub-samples within each client cohort for most characteristics examined. However, there are a few key characteristics where the hypothesis is rejected at the 5 per cent level. For single men the differences relate to likelihood of having dependent children (P = 0.031), and receiving Newstart benefits in the previous 12 months (P = 0.044). Unreported results show that single men who have experienced homelessness in the previous 12 months are less likely to have dependent children and more likely to have received Newstart.

For single women, the hypothesis of equality is rejected at the 5 per cent level for a larger number of characteristics. Unreported results show that women who have experienced a period of homelessness in the prior year are less likely to have worked 35 hours or more for at least two weeks, or it is a longer time since this has happened (P = 0.013), they are more likely to require support for drug and alcohol problems (P = 0.019), more likely to have received Newstart (P = 0.009) and to have experienced a longer total time in homeless or precarious living circumstances over the course of their lives (P = 0.005). At the 10 per cent level, those who have experienced homelessness in the previous 12 months are more likely to have dependent children (P = 0.057).

For tenancy support clients, those who experienced homelessness in the previous year are more likely to receive Newstart (P = 0.008) and to have experienced a longer total time in homeless or precarious living circumstances over the course of their lives (P = 0.037). Although the hypothesis of equality of likelihood of having dependent children cannot be rejected at the 10 per cent level (P = 0.101), unreported figures show that more respondents who have experienced homelessness in the previous 12 months report having dependent children.

When considering all case managed clients, including street-to-home, those who have experienced a period of homelessness in the previous 12 months are more likely to have dependent children, require assistance for a drug or alcohol problem, receive Newstart and have experienced a longer period in homeless or precarious living circumstances over the course of their lives than those who have not experienced homelessness. At the 10 per cent level, they are also less likely to have worked 35 hours or more for two weeks or it has been a longer time since this has occurred.

In summary, although the hypothesis of equality of median cannot be rejected for many characteristics that are considered important in determining risk of homelessness, there are some key characteristics where the hypothesis is rejected at the 5 per cent level. This means that the within-cohort sub-samples of persons who have and have not experienced homelessness over the previous 12 months cannot be considered to have come from the same population.

Appendix 2: Comparison of characteristics of day centre, single men and street-to-home clients

Table A2 reports the results for the Mann–Whitney test for equality of medians (two-tailed) for selected characteristics of clients of day centres when compared with clients of single men and street-to-home programs. Comparisons made are:

- day centre (male) compared with single men
- day centre compared with street-to-home.

This is used to assess the extent to which day centre clients represent a valid 'quasi-experimental comparison group' for either single men or street-to-home programs.

Table A2: Characteristics of day centre clients compared with single men and street-to-home; Mann–Whitney test

		Day centre (male) / single men	Day centre / street-to-home
Sample size	Day centre	13	14
	Single men	69	
	Street-to-home		6
	Total sample	**82**	**20**
Characteristics assessed		***P*-value**	***P*-value***
Age		0.405	0.547
Dependent children		0.786	0.779
ATSI origin		0.000	0.153
Highest level of education		0.675	0.312
Currently employed		0.537	0.602
Last work for at least 2 weeks in a job of 35 hours or more a week		0.915	0.779
Currently require support for mental health condition		0.723	0.397
Has a long-standing physical health condition, illness or disability		0.225	0.274
Currently require support for drug or alcohol related issues		0.076	0.239
Total current income		0.037	0.274
Time in previous year received Newstart payments		0.286	0.779
Time in previous year received sickness or disability support payments		0.761	0.968
Total time in life spent in homelessness or precarious living circumstances		0.051	0.274
Has experienced at least one period of homelessness in the past 12 months		0.008	0.602
Total time in previous year that homelessness was experienced		0.004	0.547

*Due to small sample size the exact significance is used to compare street-to-home and day centre clients. Level of significance is not adjusted for ties. Reported values underestimate true level of significance.

Appendix 3: Health, justice, children in care, and eviction from public tenancies—population incidence and government cost per incident

Tables A3 and A4 report estimated population incidence (column (1)) and government cost per incident (column (3)) for the health and justice services included in the Client Survey. Table A5 reports incident and cost data for children placed in care. Finally, the method used to estimate incidence and cost of eviction from public tenancies is discussed. All costs are reported in 2010–11 dollars.

This information is used to determine potential cost offsets from assisting people at risk of homelessness. Columns (2) and (4) reference the relevant 'table note', which details the method and data sources used in arriving at the estimates. Available data is from time periods ranging between 2008–09 and 2010–11, as indicated in the notes. Cost per incident has been adjusted to 2010–11 dollars using the relevant price index, as detailed in Note 1 to each table. Where the 'Population average annual incidence per person' is from a period prior to 2010–11, it is assumed that utilisation rates are stable over the intervening period.

Data sources are referred to by a number in the notes and listed after the notes to Table A5.

Health and justice services

Table A3: Health services (2010–11 dollars)

Health services	Population—average annual incidence per person (1)	Note (2)	Government cost/ incident $ (3)	Note (4)
GP consultation	5.30	2	44	3
Medical specialist	1.09	4	70	5
Psychologist consultation	0.13	6	102	7
Nurse or allied health professional	0.82	8	71	9
Hospital ≥ 1 night	0.11	10	9,490	11
Nights in hospital	0.67	12	1,556	13
Mental health facility ≥ 1 night	0.004	14	10,986	15
Nights in mental health facility	0.12	16	750	17
Drug and alcohol detox/rehab centre ≥ 1 night	0.001	18	6,327	19
Nights in alcohol detox/rehab centre	0.02	20	354	21
Casualty or emergency	0.27	22	475	23
Outpatient, day clinic	1.90	24	144	25
Ambulance	0.13	26	784	27

Notes for Table A3: Health services; calculation of incidence and cost/incident

Note	Method	Source
1	Dollar amounts are adjusted to 2010–11 dollars using the Total Health Price Index to 2009–10 and the Health component of the CPI from 2009–10 to 2010–11. Population numbers sourced from ABS, Australian Demographic Statistics. Reported figures are for Australia, unless stated otherwise	Index: 3 and 8 Population: 1
2	Average non-referred GP attendances per capita, 2010–11 = 119,222,062/22,474,600	11
3	Total government expenditure on non-referred GP attendances/non-referred GP attendances = $5,189,324,231/119,222,062 = 43.53, 2010–11	11
4	Average specialist attendances per capita, 2010–11 = 24,394,482/22,474,600	11
5	Total government expenditure on specialist attendances/specialist attendances = $1,718,471,419/24,394,482 = 70.45, 2010–11	11
6	Psychologist service rate per 1000 population 2009–10 = 134.1	9
7	Medicare expenditure on services provided by psychologists/number of psychologist services = $274,198,000/2,971,023: 2009–10 in 2007–8 dollars	9
8	Average non-referred practice nurse and other allied health attendances per capita (6,056,023+12,325,257)/22,474,600, 2010–11	11
9	Total government expenditure on practice nurse and other allied health/ practice nurse and other allied heath attendances = ($72,077,937 + $1,232,239,695)/18,381,280 = $70.96, 2010–11	11
10	(Public acute hospital separations, excluding same day)/population 2,489,000/ 22,140,250 = 0.11 separations/person, 2009–10	7
11	Expenditure on public hospital overnight admissions/number overnight admissions = $21,199m/2,420,000 = $8,760 per admission, 2008–09	Expenditure:8 Admissions: 7
12	Average length of stay in public hospitals excluding same day separations = 6 days, 2009–10. Probability overnight admission (see Note 10) *6 =0.67	7
13	Cost per patient day = cost per admission (Note 11)/average length of stay = $8,760/6.1 = $1436/day, 2008–09	7
14	Overnight separations for specialised mental health service; psychiatric and psychiatric units in public acute hospitals = 85,675, 2009–10 Episodes of residential mental health care = 3,497, 2008–09 Assuming number of episodes residential care remains constant; incidents/population = 89,172/22,140,250 = 0.004	Hospitals: 7 Residential:9
15	Public psychiatric hospital length of stay, excluding same day separations = 63 days, 2009–10 Mental health expenditure for overnight admissions is not available. The cost per separation underestimates the cost per overnight separations Mental health inpatient expenditure (including residential)/admitted patient separations = 1,788.7m/176,391 = 10,140, 2008–09	Length of stay: 7 Expenditure: 15 Separations: 9

Note	Method	Source
16	Mental health patient days (including 24-hour residential) = 2,582,673; 2008–09 (i.e., 119.3 per 1000 population; 489,032 or 19% residential)	Patient days:15
17	Mental health expenditure for overnight separations is not available. The cost per admitted patient underestimates the cost per night for overnight separations Mental health inpatient expenditure/mental health patient days (including public hospital mental health units and residential care) = $1,788.7m/2,582,673 = $692.58/night, 2008–09	15
18	Residential drug treatment episodes for detoxification and rehabilitation/population = 22,928/22,140,250 = 0.001	6
19	Cost per overnight separation = weighted average duration residential support for detoxification, rehabilitation and other treatments provided in residential setting * cost per night (see Note 21) = 17.6 days * $354.38 = $6,327	6
20	Residential treatment nights for detox and rehab/population = 402,578/22,140,250 = 0.02, 2009–10	6
21	Assume that the cost to treat detox and rehabilitation is same as 24-hour residential mental health care as there is no further information on costs currently available = $327/night, 2008–09	15
22	Accident and emergency presentation = 5,957,960/22,140,250=0.27, 2009–10	7
23	Cost per casualty/emergency occasion of service = $438, 2008–09	15
24	Outpatient: occasions/population = 42,080,755/ 22,140,250 = 1.90, 2009–10	7
25	Outpatient: cost per occasion = $133.21, 2008–09 Calculated as weighted average of outpatient cost for NSW, WA, SA, Tas, ACT. No cost available for Vic	15
26	Ambulance patients per 1000 people = 127, 2009–10	15
27	Ambulance cost/incident = expenditure per person/incidence per person = $94.85/0.127 = $746.85, 2009–10	15

Table A4: Justice services (2010–11 dollars)

Justice services	Population - average incidents / person (1)	Note (2)	Government cost/incident $ (3)	Note (4)
Victim assault/theft reported to police	0.07	2	2,197	3
Stopped by police in street and visits from justice officer	0.32	4	163	5
Stopped by police in vehicle	0.83	4	82	6
Apprehended by police	0.002	4	369	7
In court	0.06	8	842	9
In prison, male	0.0024	10	72,596	11
In prison, female	0.0002	10	72,596	11
In prison, person	0.0013	10	72,596	11
Nights held by police	0.0005	12	270	13
Nights in prison, males	0.68	14	291	15
Nights in prison, female	0.07	14	291	15
Nights in prison, person	0.37	14	291	15
Nights in detention/remand/ correction facility, male	0.20	15	270	16
Nights in detention/remand/ correction facility, female	0.02	15	270	16
Nights in detention/remand/ correction facility, person	0.11	15	270	16

Notes for Table A4: Justice services; calculation of incidence and cost/incident

Note	Method	Source
1	Dollar amounts are adjusted to 2010–11 dollars using the GDP Chain Price Index. Population numbers sourced ABS, Australian Demographic Statistics. Police: the only cost information available for Australia is Police cost/person. WA, Vic. and NSW police services provide limited data regarding police costs per event or per hour. These are used to estimate police cost per incident. In all other cases quote figures are for Australia, unless stated otherwise	Index: 2 Population: 1
2	Victimisation rate (assault + robbery) = (6289 + 571) per 100,000 people, 2008–09	15
3	WA police; average cost to respond to and investigate an offence = $2,197, 2010–11	16
4	In 2010–11 58.5 per cent of people over 15 had contact with police over previous 12 months. For those with contact, the average number of contacts per person was three, 65.6 per cent of contacts were police-initiated. Of police-initiated contacts, 71.8 per cent involved a vehicle and 0.2 per cent involved arrest. Therefore, 28 per cent were classified as being stopped in the street or involving a visit from a justice officer	10

Note	Method	Source
	Average police-initiated contacts per person (in the street or visit from justice officer) = 0.585 * 3* 0.656* 0.28 = 0.32/year Average police-initiated contacts involving a vehicle, per person = 0.585 * 3* 0.656* 0.718 = 0.83/year Average police-initiated contacts involving arrest, per person = 0.585 * 3* 0.656* 0.002 = 0.002/year	
5	It is assumed that stopping an individual in the street requires two police; this is to ensure sufficient backup in problem situations. It is assumed that the time taken is half an hour. WA police report the average cost for providing crime prevention and public order services as $123/hour in 2010–11. The related administrative issues are assumed to cost $40, consistent with the Victoria Police charge for a lost, stolen or damaged property report	Number of police:12 Cost:16 & 17
6	Cost of NSW and WA Police traffic and associated services/(number of vehicle related police contacts in NSW and WA) = ($330,637,000 + $215,161,000)/(5,434,457+1,257,656) = $81.56, 2010–11	Cost Traffic services:13 & 17 Police contacts:10
7	WA police estimate that where a juvenile is arrested in 75 per cent of cases it takes two officers 2–3 hours each, plus one hour to prepare the brief. Some of this time is spent finding a responsible adult, which is not relevant in the case of an adult. Therefore it is assumed that an apprehension requires two police (also see Note 5) and takes one hour on average. In addition the associated report is assumed to take one hour to prepare. WA police report the average cost of providing crime prevention and public order services of $123/hour	Police time: 18 Cost: 17
8	(Total court finalisations/year, criminal and civil courts excluding children's court)/population = (803,400 criminal + 569,600 civil)/22,140,250 = 0.06, 2009–10	Finalisation: 15
9	Net recurrent expenditure per court finalisation—criminal and civil courts $745, 2009–10 Plus police cost for services to the judicial system: WA police report average cost per guilty plea = $35, average cost per not guilty plea = $281. Per cent of guilty pleas before trial = 92.6 per cent. Average cost per case = (0.926*$35) + (0.074*281) = $53.20, 2010–11	Court costs: 15 Police costs: 17
10	Imprisonment per 100,000 over 17 years, Qld., 18 years remaining jurisdictions; males = 317.5, females = 24.6; persons = 169.1, June 2011 As at 30/06/2011, unsentenced prisoners represented 23 per cent of the total prisoner population. Estimated imprisonment of sentenced prisoners per 100,000 population: males = 244.5; females = 18.9; persons = 130.2.	Total Imprisonment rate: 15 Sentenced: 5
11	At 30/6/2011 the median length of time to serve, excluding prisoners with life and other indeterminate sentences (Australia) = two years. If it is assumed that sentencing occurs consistently throughout the year, 5.71 per cent of prisoners in a given year will serve one month, 5.71 per cent will serve two months, etc. and 37.14 per cent will serve 12 months. This results in an average period in prison in a given year of 8.2 months. Cost per prisoner per day = $275. Cost per average period in prison in a given year = $68,590, 2009–10	Time to serve: 5 Cost : 15
12	No data available. Assumes 20 per cent of arrests result in persons	

Note	Method	Source
	being held overnight by police	
13	Assumes the cost of being held overnight by the police is the same as the recurrent and capital cost for open prisons/prisoner/day = 254.74, 2009–10	15
14	Prison population per day = 28,956; 77 per cent sentenced. This equates to 8,138,084 sentenced prisoner days per year; 0.37 per capita, 0.68 per male; 0.07 female	15
15	Recurrent and capital cost on prisons/prisoner/day = $275, 2009–10	15
16	Prison population per day = 28,956; 23 per cent unsentenced. This equates to 2,430,856 unsentenced prisoner days per year; 0.11 per capita, 0.20 per male; 0.02 female. Median time on remand (Australia) = 2.8 months	15
17	Recurrent and capital cost per correction/remand/detention day = $254.74, 2009–10: Assumes the average cost per prisoner/offender is the same as open prisons/prisoner/day	15

Children placed in care

Out-of-home care services provide care for children and young people aged 0 to 17 who are placed away from their parents or family home for reasons of safety or family crises. A period of out-of-home support may take the form of home-based care: either foster care or with a child's extended family, or residential care. Alternatively a family may privately organise for affected children to stay with extended family members or family friends. This alternate arrangement typically does not incur costs to government, and so is not incorporated in the analysis.

Table A5: Children placed in care (2010–11 dollars)

	Target population	Population—average annual incidence per person	Note	Government cost/ incident $	Note
		(1)	(2)	(3)	(4)
Placement night in out-of home care	Children aged 0 to 17	2.54	2	$135	3
Dependent child's placement night in out-of-home care	Population aged over 17	0.75	4	$135	3
Dependent child's placement night in out-of-home care	Families with children aged 17 or under	4.87	5	$135	3

Notes for Table A5: Children placed in care—calculation of incidence and cost/incident

Note	Method	Source
1	Dollar amounts are adjusted to 2010–11 dollars using the GDP Chain Price Index. Population numbers sourced ABS, Australian	Index: 2

Note	Method	Source
	Demographic Statistics. Population children aged 0–17, Dec. 2010 = 5,092,800	Population: 1 Population 17 and under: 15
2	Placement nights in out-of-home care 2009–10 = 12,943,782. Night in out-of-home care per child aged 0 to 17 = 2.54	15
3	Cost per placement night in out-of-home care 2009–10 = $128	15
4	Placement nights in out-of-home care/population over 17 = 12,943,782/(22,474,400–5,092,800) = 0.75 This is based on ratio of children 17 or under per person aged over 17 years = (5,092,800)/(22,474,400 – 5,092,800) = 0.29	See notes 1 and 2.
5	Families with children 17 or under in 2009–10 = 2,656,000	4

The ROGS provides data on 'Total expenditure on all out-of-home services per child in out-of-home care, by residential and non-residential care.' However, as this figure is calculated as 'Total annual expenditure/number of children in care at 30th June' it cannot be used as a unit cost measure of a child or young person being placed in care. Cost per placement night is the best information available. Cost per placement night for residential care and home-based care are not reported separately. Due to the higher cost of residential care, cost per placement night over-estimates the cost of home-based care.

Sources referenced in Notes to Tables A3, A4 and A5

1	ABS (2011a), Australian Demographic Statistics, Cat 3101.0.
2	ABS (2011b), Australian National Accounts: National Income, Expenditure and Product. Cat 5206.0.
3	ABS (2011e), Consumer Price Index, Australia, Cat no. 6401.0 Table 7.
4	ABS (2011g), Family Characteristics Survey 2009–10, Cat 4442.0.
5	ABS (2011h), Prisoners in Australia, National Centre for Crime and Justice Statistics, 4517.0.
6	AIHW (2011a), Alcohol and Other Drug Treatment Services in Australia 2009–10.
7	AIHW (2011b), Australian Hospital Statistics 2009–10.
8	AIHW (2011f), Health Expenditure Australia 2009–10.
9	AIHW (2011g), Mental Health Services in Australia 2009–10.
10	ANZPAA (2011), National Survey of Community Satisfaction with Policing (unpublished).
11	DoHA (2011), Medicare Australia Statistics - June Quarter 2011.
12	NSW Police (2010), Cost Recovery and User Charges Policy.
13	NSW Police (2011), NSW Police Annual Report, 2010–11.
14	NSW Police (2011), Cost Recovery and User Fees and Charges—10 January 2011.
15	SCRGSP (2011), Report on Government Services.
16	Victorian Police Force (2011), Cost Recovery and User Fees and Charges, 2011.
17	Western Australian Police (2011) WA Police Annual Report, 2010–11.
18	Zaretzky and Flatau (2008a).

Cost of eviction from public tenancies

No data is publicly available regarding the cost of an eviction from public tenancies. A request for data that would allow an average cost of eviction to be estimated was placed with the Department of Housing in each of the four states. States routinely collect data regarding incidence of eviction, but none of the states approached routinely collect data on the cost of eviction. Victoria, NSW and WA each provided some information, which has been utilised to produce the figure incorporated in the analysis. Estimates provided varied widely in both comprehensiveness of eviction-related activities captured and total cost.

Cost per incident

The WA Department of Housing provided the most comprehensive assessment of eviction-related costs, and the highest estimate of the cost of an eviction. A sample was taken of 21 recent evictions and details collected regarding department staff time and related costs, vacated debt, costs of repairs above normal maintenance and rent foregone while the property was bought back to a rentable standard. The cost of these 21 evictions was estimated to range between $246 and $68 000, with an average of $15 673. Of the 21 evictions four had an estimated cost above $35 000. The highest estimated cost for the remaining 17 evictions was $18 000. If the four high-cost evictions are treated as outliers, the average estimated cost of the remaining 17 WA evictions sampled is $8000. Included in the vacated debt is an amount relating to a 'debt discount scheme'. This scheme relates to debt accrued by the tenant during a previous tenancy, where they had entered into a debt recovery scheme to repay 50 per cent of the debt owing in order to be eligible for public housing. If the amount owing under the 'debt discount scheme' is excluded from the eviction cost estimates, the average cost of all 21 evictions is $13 560, and of the reduced sample of 17 evictions, the average WA cost excluding outliers and debt recovery is $6600/eviction.

The Department of Housing Victoria estimates a much lower average cost of $3000 per eviction (2010). NSW provided data on the cost of applications for eviction only, which represents only a minor cost component of the entire process.

The reason for the large difference between NSW and WA may relate to a difference in events leading to eviction. NSW reports that in 2010, 81 per cent of evictions were for rental arrears, and the remaining 19 per cent were for other issues, including anti-social or dangerous behaviour, illegal occupancy and malicious damage. In comparison, the sample of WA evictions shows that in 76 per cent of evictions tenants had amounts outstanding for maintenance conducted during the tenancy that was considered to be tenant liability rather than normal maintenance, with an average liability per property of $3360, and in 86 per cent of cases maintenance cost was incurred post-eviction above that which is classified as normal maintenance, with an average expenditure per property of $6500. The major cost item for the four high-cost properties in the WA sample relates to maintenance costs incurred both before and after the eviction process began. These four properties account for 19 per cent of the total sample examined in WA. Although not directly comparable with the reported NSW statistics relating to reason for eviction, these figures suggest that WA experiences a lot higher incidence of evictions where tenant damage is a major issue.

Neither the WA nor the NSW cost estimates include legal costs. In NSW applications for eviction are processed through the Consumer Trader and Tenancy Tribunal. The associated costs are around $40 per application (www.cttt.nsw.gov.au accessed 9/1/2012). In WA an eviction application is placed through the magistrates' court, with associated application costs of around $250 per application (www.magistratescourt.wa.gov.au, accessed 9/1/2012). As these costs are small

compared with the other cost components of an eviction, and the departmental cost estimates for other cost components vary so greatly, no adjustment has been made to include eviction application fees.

As a conservative estimate of the cost of eviction, an average is taken of the WA cost (excluding outliers and debt recovery) and the NSW cost per eviction = ($6600+$3000)/2 = $4800/eviction.

Population eviction rate, public housing

The population eviction rate for public housing tenancies, both per public tenancy and per household, is determined from a mixture of unpublished information provided by the relevant government department and publicly available information. Of the four states examined in the study, only SA publishes the number of eviction events in its annual report. The number of public tenancies for WA was sourced from the Department of Housing; for the other states it was sourced from the relevant annual report. The total number of households in the four states is calculated as the average number of households at June 2010 and June 2011 (ABS, 2010, Australian Social Trends data cube—Housing and ABS, 2011, Australian Social Trends data cube—Family and Community).

Table A6: Population eviction rate

	Eviction events	**Number public tenancies/ households**	**Eviction rate %**	**Period**
Public tenancy eviction per public tenancy				
NSW	159	114,469	0.14	2009–10
Vic	210	75,600*	0.28	2010
SA	149	44,436	0.34	2010–11
WA	235	36,236	0.67	2010–11
Total/average per public tenancy	753	270,741	0.28	
Public tenancy evictions per household				
NSW, Vic, SA and WA	753	6,361,000	0.01	

* This represents the total number of public, Indigenous and community housing tenancies.

Appendix 4 Welfare payments and taxation receipts foregone

Table A7, reports estimated population incidence (column (1)) and government cost per incident (column (3)) for the welfare payments included in the Client Survey. All costs are reported in 2010–11 dollars. Table A8 reports the method used to estimate taxation receipts.

This information is used to determine potential cost offsets from assisting people at risk of homelessness. In Table A7 columns (2) and (4) reference the relevant note, which details the method and data sources used in arriving at the estimates. Available data is from time periods ranging between 2008–09 and 2010–11, as indicated in the notes. Where the 'Population average annual incidence per person' is from a period prior to 2010–11, it is assumed that utilisation rates are stable over the intervening period.

Data sources are referred to by a number in the notes and listed after the notes to Table A8.

Table A7: Welfare payments (2010–11 dollars)

Receipt of welfare payments	Target population	Target population—probability being in receipt of payment at June 2011, per person/family	Note	Government cost/ year $	Note
		(1)	(2)	(3)	(4)
Newstart	Persons aged 18–64 years available for work	0.0504	1	11,372	2
Parenting payment	Families with children under 16	0.19	3	12,366	4
Family tax benefit A or B	Families with children under 17	0.70	5	9664	6
Sickness/disability	Persons 18–64 years	0.059	7	16,281	8
Youth allowance/ Austudy/ABSTUDY	Persons 18–64 years	0.018	9	12,175	10
Aged pension	Persons 65+ years	0.685	11	14,534	12
Rent assistance	Households	0.143	13	2,555	14

Notes for Table A7: Welfare payments—calculation of incidence and cost/incident

Note	Method	Source
1	Newstart population = number of people aged 18 to 64 and available to work. Persons aged 20–64 May 2011 = 13,370,500. To estimate persons aged 18–19, (persons aged 18–19)/(persons aged 20–64 as at June 2010) = 610,081/13,034,900 = 0.047. Estimating number person aged 18–64 May 2011 = 13,370,500*(1.047) = 13,998,913. Participation rate June 2011 = 76.7%; population = 10,737,166. Newstart recipients = 540,686	Persons 20–64: 5 Persons 18,19 years: 2 Participation and recipients: 8
2	Newstart $: expenditure/recipients 2010–11 = $6,148.714m/540,686 = $11,372/recipient	8
3	Parenting payment June 2011—451,212 recipients Population—number of families with children under 16 years 2011 and eligible under grandfathering arrangement. Families with children under 15 years 2011 used as estimate = 2,367,000. Eligibility for parenting payment changed on July 2006. Parenting payment is payable until the youngest child reaches six (partnered) or eight (single), or 16 years where a person was receiving the payment prior to July 2006 and the person remains eligible. DEEWR Annual Report 2010–11 reports this grandfathering arrangement continues to be a major influence on parenting payment	8 3
4	Parenting payment (single and partnered) $: expenditure/recipients 2010–11 = $5,579.521/451,212 = 12,366	8
5	Population = number of families with children aged 0 to 17 as at June 2010 = 2,656,000. Number of families receiving Family Tax Benefit (FTB) A and/or B instalments at June 2011 = 1,723,000. Number of lump-sum recipients as a proportion of instalment recipients 2008–09 = 8.3% Estimated total number of recipients of FTB A and/or B = 1,723,000*(1.083) = 1,866,000	1 9
6	FTB expenditure (2010–11) = $18,032.6m Average benefit/recipient/year = 18,032.6/1,866,000 = $9,664	9
7	Population: persons aged 18–64 = 13,998,913 (see Note 2). Number of persons receiving sickness/disability pension 2010–11 = 818,850 (DSP) + 6,704 (sickness) = 825,554	DSP: 9 Sickness: 8
8	Expenditure on DSP and sickness benefits 2010–11/recipients = ($13,355.7m (DSP) + $85.159m (sickness))/825,554 = $16,281/recipient	DSP: 9 Sickness: 8
9	Population: persons aged 18–64 = 13,998,913 (see Note 2). Youth allowance (YA)/Austudy/ABSTUDY (tertiary) 2010–11: Total recipients = 87,215 (YA Other) + 177,766 (YA) + 34,961 (Austudy) + 8517 (ABSTUDY tertiary) = 308,459. Recipients 18–64 years = 246,100. (ABSTUDY recipients < 18 years = 10%; YA recipients < 18 years = 34.6% (June 2010))	Total recipients: 8 Recipients <18yrs: 10
10	Expenditure on YA/Austudy/ABSTUDY 2010–11 = ($707.574m (YA other) + $2,555.704m (YA) + $418.819m (Austudy) + $73.258m (ABSTUDY tertiary))/(308,459) = $12,175/recipient	8
11	Aged pension no.: number of senior Australians receiving an aged	9

Note	Method	Source
	pension 2010–2011 = 2,225,100. Aged pension take-up as a proportion of eligible population July 2011 = 68.5%	
12	Aged pension $: expenditure on aged pension 2010–2011 = $32,340.3m (includes senior supplement)/(2,225,100) = $14,534	9
13	Rent assistance no.: number of families and individuals receiving rent assistance 2010–2011 = 1,213,373 population – average number of households 2010–11 = 8,475,500	9 3
14	Rent assistance $: expenditure on rent assistance 2010–2011/number assisted = $3.1b/1,213,373 = $2,555	9

Taxation receipts

Taxation receipts in Table A8 are estimated based on both average weekly earnings and minimum hourly rate earnings, defined as the minimum hourly rate multiplied by average hours worked per week. These provide an indicative measure of potential tax receipts if a person were to be employed and no longer receiving Newstart. They do not take into account the Medicare levy, deductions for expenses incurred in earning an income or tax rebates and offsets such as those for dependent children or medical expenses. The impact on government taxation receipts also does not consider the effect on payroll taxes. These factors will have offsetting effects on net taxation receipts.

Based on average weekly earnings, taxation of $7786 represents 15.6 per cent of earnings, and based on the minimum hourly rate earnings, taxation receipts of $1438 represents 5.6 per cent of earnings. Australian Treasury estimates show that the net personal average tax rate[26] based on average wage varies with family composition. The estimated tax rate (2004–05) for a single person earning the average wage and no children is 24 per cent, and a married couple with two children and one partner earning the average wage is 10.9 per cent. No estimate is made for a single person with two children earning the average wage (Australian Government 2006). Although these figures are not directly comparable due to changes in taxation and earnings over time, they do suggest the 'average taxation receipts' estimate, Table A8, to be within reasonable bounds.

[26] Net personal average tax rate is defined as the sum of personal income tax plus employee social security contributions, less cash benefits, as a percentage of gross wages.

Table A8: Taxation receipts (2010–11 dollars)

Item	Amount/year $	Note
Tax receipt based on average weekly earnings		
Average weekly earnings	49,812	1
Taxation	8,494	2
Less low income tax offset	708	3
Tax per person	7,786	
Tax receipt based on minimum hourly rate		
Minimum hourly rate earnings	25,584	4
Taxation	2,938	2
Less low income tax offset	1,500	3
Tax per person	1,438	

Notes for Table A8: Taxation receipts—calculation of incidence and cost/incident

Note		Source
1	Average weekly earnings per person December 2010 = $955.30/week	4
2	Taxation rates: $0–$6000 tax free $6,001 – 37,000 @ 15%	6
3	Low income tax offset: $0–$30,000 = $1500 > $30,000, deduct 4% per dollar.	6
4	Minimum wage $15/hour. Average hours worked per week = 32.8	7

Sources referenced in notes to Tables A7 and A8

1. ABS (2010d), Family Characteristics Survey (2009–10), Cat. No. 4442.0.

2. ABS (2010f), Population by Age and Sex Australian States and Territories. Cat No. 3201.0.

3. ABS (2011c), Australian Social Trends, Cat 4102, Data Cube—Families and Community.

4. ABS (2011d), Average Weekly Earnings, Cat 6301.0.

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6. Australian Taxation Office.

7. DEEWR (2010) DEEWR Annual Report 2009–10.

8. DEEWR (2011a), DEEWR Annual Report 2010–11.

9. DEEWR (2011b), Labour Market and Related Payments, June 2011.

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