

**The Effectiveness and Cost-Effectiveness of Homelessness
Prevention and Assistance Programs: A Report of Preliminary
Findings**

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1. Introduction¹

Homelessness support and prevention programs provide support to those who are homeless or who would otherwise be homeless if assistance were not forthcoming; those escaping domestic violence; and those who are in a vulnerable housing position and at risk of becoming homeless. In this paper, we examine the effectiveness and cost-effectiveness of homelessness prevention and support programs operating in Perth and the southern regions of Western Australia. The effectiveness of homelessness programs measures the extent to which such programs improve the outcomes of those they assist. The cost-effectiveness of programs sets these outcomes relative to the net cost of delivering services. Cost-effectiveness studies, therefore, seek to answer the following questions: What outcomes do programs deliver for their clients and the community per net dollar spent? How does this 'net return' compare with alternative uses of the same resources?

The net cost of providing support is given by the gross cost net of any savings achieved elsewhere—or additional expenditures incurred as the case may be—as a result of the outcomes obtained by clients. Savings, or cost offsets, occur when homelessness prevention and assistance programs lower outlays in non-homelessness related areas and/or increase revenues. Homelessness support and prevention programs may improve the health, well-being, financial security, labour market and accommodation outcomes of clients. This, in turn, may result in decreased utilisation of homelessness prevention and support services in the future, reduced utilisation of hospital, justice and other services, reduced child residential care costs, lower housing authority and private rental management costs from the avoidance of evictions, lower income support payments and higher revenue from increased income tax payments.

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It is now common for governments to undertake or commission evaluations of the homelessness programs they fund. However, these evaluations typically do not address the issue of the cost-effectiveness of the particular homelessness program under review. Furthermore, they generally utilise existing administrative data sources, which are typically restricted in the range of client outcome (or effectiveness) indicators included in the data. There is a paucity of independent research-based analyses of programs. An objective of the present study is to help fill this important gap in the research literature. A feature of the study is that it is not restricted to a single program but has broad coverage of both homelessness prevention programs and homelessness support programs.

The programs covered by the study are:

- Homelessness support programs: The Supported Accommodation Assistance Program (SAAP), a joint Australian Government and State/Territory Governments initiative, which provides recurrent funding to non-government agencies, and its capital funding arm, the Crisis Accommodation Program (CAP);
- Homelessness prevention programs: Tenant support programs for those at risk of homelessness: The Supported Housing Assistance Program (SHAP)—administered by the Department of Housing and Works (DHW)—whose primary goal is to provide tenant support services to those in public housing at risk of eviction; and the Private Rental Support and Advocacy Program (PRSAP) program—operated by the Department for Community Development (DCD)—which does likewise in terms of the private rental market; and,
- Homelessness prevention programs: Transitional support programs for prisoners exiting jail: The Transitional Accommodation and Support Service (TASS) and the Community Re-entry Coordination Support Services (Re-entry Link) programs administered by the Western Australian Department of Corrective Services (DCS).

The present paper provides preliminary findings with respect to the study. These include:

- An analysis of client-level output and outcomes data from program-level administrative data collections;
- A review of the funding of programs; and,
- A presentation of preliminary results from the study's own data collection instruments, which include an on-going longitudinal client-based survey (the *Client Survey* and a one-off survey of agencies (the *Agency Cost Survey*).

The latter surveys provide a rich source of information on client outputs and outcomes, the costs of providing support to clients and the potential impact the provision of support may have on health and justice budgetary outlays.

The *Client Survey* is a survey administered to clients by agency-based caseworkers and researchers and uses a retrospective-prospective methodology to gather client data.² In this approach, data are captured on the background, needs, and history of the client shortly after she or he enters a service. Progress through the support period and beyond is assessed by administering further surveys to respondents at around three months and again at 12-months.

The *Agency Cost Survey* is an agency-level survey conducted among agencies that participated in the client-based surveys, which elicits information on the resources

² See Berney and Blane (1997) and Blane (1996) for a discussion of the use and veracity of recall and retrospective data.

applied to the provision of support, the capital and recurrent funding arrangements that apply to support and any income derived in providing support (largely related to rental income in the case of supported accommodation programs). Findings from the *Agency Cost Survey* provide information on agency-based cost drivers and on the extent to which agencies supplement government funds in providing support to clients.

The motivation for the present study arises from a number of current practice and policy concerns. The first is that of the need to develop further the measurement of, and evidence base with respect to homelessness program client needs and outcomes. Existing administrative data systems contain information on aspects of the socio-demographic background of clients of homelessness programs, referral sources, presenting reasons for support, the needs of clients with respect to potential services, and the services provided to clients. Less information is, however, typically available in relation to client histories, the complexity and extent of client needs and the extent or nature of client outcomes. Two commissioned national SAAP-based studies have recently been published in relation to client outcomes and needs measurement in the SAAP sector (see Thomson Goodall Associates Pty Ltd 2003, and Baulderstone and Talbot 2004). The *Client Survey* developed and implemented in the present study, uses a modified form of the Thomson Goodall Associates Pty Ltd needs assessment tool and includes several client outcome measures used in the Baulderstone and Talbot (2004) study. The *Client Survey*, however, includes a range of further needs and outcomes assessment tools. The study provides cross-section and longitudinal findings in relation to client needs and outcomes using these tools across the programs that are the subject of the study.

A second major point of recent policy interest lies in the role of economic evaluations of homelessness prevention and support programs. Two major literature reviews of the cost and cost-effectiveness of homelessness prevention and support programs have been published recently (see Berry et al. 2003, and Pinkney and Ewing 2006). Both of these reviews point to a paucity of Australian evidence on the cost of delivering homelessness programs and, more particularly, the overall cost-effectiveness of homelessness programs. The present study represents an important first attempt to provide an economic evaluation of homelessness prevention and support services in Australia. It presents a rich array of evidence on client needs and outcomes, on the costs of providing services to homelessness program clients and the key drivers of costs at the agency level. Importantly, it also provides preliminary evidence of the *potential* budgetary savings homelessness programs may engender through the provision of support to their clients.

The third major area of current policy interest addressed by the study is the role of homelessness prevention and early intervention programs. Such programs are of relatively recent origin (apart from SHAP which has a long history in WA). In the Western Australian context, homelessness prevention programs (SHAP, PRSAP, TASS and Re-Entry Link) received a significant boost with the implementation, in 2002, of the WA State Homelessness Strategy. It is, therefore, an appropriate time to evaluate the effectiveness and cost-effectiveness of such programs.

A key feature of the present study is the adoption of a collaborative or partnership research model. This has involved agencies and program administrators being actively engaged with researchers in the development of the research design of the study and its subsequent implementation. Such an approach provides significant advantages relative to the traditional research model. First, it enables researchers to learn more directly from agencies and program administrators about how programs operate in the field, about the effectiveness of these programs and the cost of running these programs. Second, a collaborative research approach provides a more direct, appropriate and respectful access to clients. Indeed, it is difficult to see how a study

such as the present one could have been implemented without the direct support both of those agencies which provide services to clients and the program administrators who manage the programs. Third, a collaborative approach ensures greater access to both program and agency client-based administrative data and funding mechanisms and levels. Finally, a collaborative approach gives participating agencies and program administrators, direct access to the findings of the study and an enhanced capability to utilise this knowledge when considering the operation of their services.³

The structure of the paper is as follows. Section 2 provides an outline of the study's methodology and research design. Existing administrative client and program funding data sources provide an important starting point in the analysis of the effectiveness and cost-effectiveness of homelessness programs. However, administrative sources do not provide a sufficiently rich evidence base with respect to client needs, histories and outcomes from support, nor do they address cost issues beyond the question of funding sources. In particular, they cannot address the question of the calculation of cost offsets. In section 3, we detail briefly the operation of homelessness programs in Western Australia. Section 4 provides a detailed examination of findings from the *Client Survey* and the *Community Centre Survey* on the effectiveness of homelessness prevention and support programs. Sections 5 and 6 of the paper present preliminary findings from the study's cost and cost offset analysis respectively. The report's conclusion draws together the findings on the effectiveness of homelessness programs with those of the net cost of providing support.

2. METHOD

2.1 Cost-effectiveness Analysis

The objective of this study is to estimate the extent to which services for homeless people or those at risk of homelessness produce improved outcomes across a range of domains and to measure the net costs of providing services to the homeless and those at risk of homelessness. Economic evaluations provide a framework for bringing together information on the costs and outcomes (or benefits) of programs or services, and assessing those costs and benefits against comparator programs or services, or against the non-intervention case.

Well-established and robust economic evaluations can inform the decision-making process concerning the appropriate level and allocation of resources to the program in question (e.g., Does the program of interest improve outcomes at a low enough additional cost given the alternative use of the resources; Should the program be expanded?). However, the relatively early stage of development of economic evaluation studies of homelessness in Australia suggest that such final-end uses of the results of economic evaluations may be some way off.

The most widely used economic evaluation framework, particularly in the health area, is cost-effectiveness analysis (CEA). Under cost-effectiveness analysis, the costs and outcomes of a given homelessness program are compared with the costs and outcome effects of (an) alternative program(s), or with the null case of no intervention. The so-called cost-effectiveness ratio gives the incremental costs of providing the program in question per unit of incremental benefit. An alternative economic approach is that of cost-benefit analysis where all benefits are assigned a dollar value and directly compared with costs also written in dollars. The advantage of this approach is that

³ Collaboration between agencies and researchers does, however, entail significant transaction costs (e.g., planning meetings, training sessions and day-to-day one-on-one interactions) which impact on the operation of agencies and researchers alike. There is the potential for inconsistencies in the collection of data when different agencies are involved in collecting the research evidence.

evaluations of very different programs can more easily be directly compared with each other given the common use of dollars as the unit of measurement. The difficulty, and it is generally an insurmountable one, is in converting a range of individual and social outcomes measured in terms other than dollars into potential dollar equivalents.

There is no directly comparable study to the present one in Australia. Several studies provide estimates of the cost of homelessness for particular cases. These studies include the Burdekin Report (1989), which provided a partial determination of the economic costs of child and youth homelessness in Australia; Dixon (1993), which considers the economic consequences of not addressing homelessness; and, Pinkney and Ewing (1997) who provided a cost-based analysis of youth homelessness in terms of its impact on early school leaving and lost economic output.

2.2 Measurement of Client Outcomes

The measurement of client program outcomes is a fundamental part of any cost-effectiveness or cost-benefit analysis. Client outcomes refer to the benefits or changes individuals experience during, or as a consequence of participating in the relevant program. As suggested by Baulderstone and Talbot (2004) in their *Outcomes Measurement in SAAP-funded Services* study:

An outcome is a change or an absence of change in an identified state. Additionally, this change or absence of change is the intended or unanticipated result of an action or set of actions carried out by a program (Baulderstone and Talbot, 2004, p. 3).

We utilise a multi-outcome framework in the present project. Here, outcomes are measured across a range of dimensions including changes in client affect and quality of life, changes in client knowledge, changes in client behaviour, and changes in client status (see Rapp and Poertner 1993). A multi-outcome approach to the effectiveness of homelessness prevention and support programs provides a more complete picture of the range of impacts programs may have on clients as compared to a single indicator approach.

Client outcomes measurement is an inexact science. First, not all client outcome indicators are easy to operationalise. Second, it is difficult to obtain true independent measures of the effect of the program on client outcomes, which net out the impact of non-program determinants of client outcomes.

Third, client outcomes can be measured at various points on the continuum of support including on entry, during the support period, on exit and in the post-exit phase. Obtaining post-exit client outcomes data is a difficult matter, as it requires an ability/right to track clients over time, which can be highly problematic in the homelessness field (Culhane et al. 1999). This is particularly the case with respect to short-term clients who may not wish to supply follow-up contacts or when they do are non-operational (e.g., mobile phone numbers that do not work).

Fourth, as pointed out previously, client outcomes should be judged against the needs and histories of individual clients. Many clients enter homelessness support and prevention programs with high and complex needs, long-standing histories of homelessness and unsafe living environments and little past engagement with the labour market. What might otherwise appear as limited outcomes may in fact represent critical steps forward for clients with such needs and histories. Indeed, as many clients indicated in the project's *Client Survey*, a lack of support may have resulted in jail terms, a return to criminal activities or abusive relationships, or ultimately death.

Fifth, as pointed out by Poertner (2000, p. 270), there may well be a divergence between the outcomes that clients are working towards and those that caseworkers are attempting to achieve.

Finally, as Poertner (2000, p. 270) also points out, there is a high cost attached to designing data collections and collecting outcome-based information with respect to clients. Existing large-scale surveys in Australia (funded by governments in the main) invariably are based on the sample of those in private residential dwellings, so excluding the primary homelessness and invariably those in supported accommodation as well and do not address the issue of homelessness as a topic.

There are also significant limitations with existing administrative data sets. This means that homelessness researchers undertake their own surveys but typically on limited budgets, which, when combined with the high-cost of undertaking research in this field, often produce samples of relatively small size.

A cost-effectiveness analysis involves the gathering of information on client outcomes and on the net cost of service delivery. It seeks to answer the following question: What does a given program achieve for its clients and at what net cost? Evidence in relation to client outcomes, or the effectiveness of a program, is often established well before any cost-effectiveness study is implemented. The role of a cost-effectiveness study is then to bring together existing client outcomes findings with relevant cost information to draw conclusions about the cost-effectiveness of a given program.

In the case of homelessness programs, however, the client outcomes evidence base remains underdeveloped. This is because existing administrative data sets include only a restricted set of client outcomes indicators and there is no large-scale survey evidence currently available on which findings on program effectiveness can be drawn.⁴ The absence of a well-developed evidence base explains much of the focus of the present study, which, in part, is to develop quantitative measures of client needs and outcomes and to provide robust qualitative findings of the extent to which homelessness prevention and support programs produce improved outcomes for clients.

As client outcomes reflect the product of a large number of inter-connected determinants, it is difficult, if not impossible, to separately identify the impact of any one determinant on client outcomes. What is important, however, is to measure as accurately as possible the background of clients, their needs and histories so that outcomes can be judged relative to these client determinants and not independent of them.

In addition, it is crucial to specify the nature of external environmental constraints and opportunities operating at any given time and the extent of the resources devoted to programs so as to contextualise client outcome findings. To provide an example, when private rental housing markets are tight and bottlenecks appear in public rental housing waiting lists, the opportunity for clients to find permanent accommodation at the end of their support period is restricted. This is precisely the situation which applies in Western Australia at present and which will affect the housing outcomes of clients. The proportion of clients who make a successful transition to permanent accommodation may be a key performance indicator against which the effectiveness of homelessness programs is judged and yet relatively poor client outcomes in terms of transitions to permanent housing may simply reflect external housing constraints rather than the performance of the homelessness program itself.

⁴ One reason why administrative data sets do not incorporate more client-based information, particularly in respect to client outcomes is that gathering more detailed evidence on a continuing basis across all clients would impose too high a cost on service providers (and potentially program administrators as well).

In an ideal research setting, one would want to measure client outcomes on an incremental basis—i.e., measure the difference in outcomes achieved by those assisted over and above what would have occurred (for the same people) had the program not been in place. It is, however, very difficult to obtain accurate estimates of differential outcomes. Such estimates require evidence on outcomes from randomised controlled trials or, alternatively, from the estimation of models based on survey data containing detailed information on both those who are assisted and those who are not assisted and comprising detailed background, needs and histories information on both groups. In the ideal (research) world, participant records obtained from survey data would also be matched to administrative program data on the utilisation of services in terms of housing assistance, health, justice, education and training and the labour market and to service provider records.

In these environments, the differential outcomes of those receiving assistance in the program can be estimated controlling for confounding effects. However, ethical and practical difficulties limit the ability to implement a randomised control design and existing survey and administrative data sets do not comply with the above specifications. Robust statistical analyses of incremental effectiveness, therefore, cannot be undertaken at this point.⁵

What it is possible to do, using the study's *Client Survey* is to evaluate program effectiveness on the basis of the extent to which the program brings about a change in outcomes *for those assisted*. Change in client outcomes can be assessed at different points in the support chain: At the point at which clients enter the support period, over the duration of the support period, at the point of exit and in the period following support.

In terms of existing administrative sources, the SAAP National Data Collection (NDC) incorporates three *before* and *after* client outcome indicators relating to housing, source of income and labour market outcomes. WA homelessness programs also, in most but not all cases, incorporate information on a small range of client outcomes achieved during the support period. We will set out the key findings from these various sources in the following chapter.

However, an important focus of the current research is that the set of client outcome indicators available from administrative data sources (together with our understanding of the needs and backgrounds of clients) is too thin for a sufficiently strong analysis of the effectiveness of homelessness programs to be undertaken. Research-based studies, such as the present one, are required to complement administrative data sources and develop further our understanding of client outcomes and program effectiveness.

3. The Client Survey

The *Client Survey* was developed with the aim of eliciting information from homelessness program clients on their background, homelessness histories, needs and outcomes over a one-year period. The design of the survey was worked through a series of meetings between the research team and the Project Advisory Group (composed of relevant government departments and community service agencies who expressed an interest in the study), over a period from late 2005 to early 2006. The

⁵ A trial or survey of the sort envisaged takes a long period of time to implement, must be very well planned and involves a very high cost: A decision to randomly allocate people to the treatment and non-treatment cases being seen as potentially acting against a service agency mission to serve all in need. Moreover, privacy restrictions may limit the extent to which researchers are able to match survey records to administrative records on service utilisation.

Client Survey went into the field in May 2006. All relevant agencies of all homelessness programs in the specified geographical area (Perth and the South-West and Southern regions of WA), were asked to participate in the administration of the *Client Survey*. It was a matter for agencies as to whether they agreed for their clients to participate in the *Client Survey* or not. Consequently, the sample of client respondents was ultimately determined by the coverage of the agencies that participated in the administration of the *Client Survey* (and, obviously, by the *Client Survey* numbers for each participant agency).

The *Client Survey* was administered at 31 services; 18 in the SAAP sector (8 single women and domestic and domestic violence services and 11 single men, families and other services) and 13 in the non-SAAP homelessness prevention service sector. An existing homelessness research project directed at the SAAP youth sector prevented coverage of this sector.⁶ The study is, therefore very much concerned with the experience of adults in the SAAP sector with the average age of clients in the study is greater than for the SAAP sector as a whole.

Eligibility for the *Client Survey* is based on clients aged 18 or over who have recently begun a support period in Perth, the South-West and the Southern regions of Western Australia in one or more of the designated programs in the study.

The *Client Survey* contains questions relating to the following components:

- Socio-demographic status: Age, gender, country of birth, Indigenous status, household formation status and background, English language capabilities, period of residence in Australia for immigrants, education and training status, main income source, level of income, current and past labour force status outcomes;
- Mental and physical health conditions: Mental and physical health conditions, disability status, use of mental health services;
- Alcohol and drug use: Client's own perception of problematic alcohol and drug use and utilisation of drug and alcohol rehabilitation services;
- Housing and homelessness outcomes: Accommodation and homelessness 12 month and continuing calendars which provide a sequence of spells in various accommodation and homelessness states in the year prior to support and then through the survey period; accommodation status prior to, through and after the support period, access to public housing options, history of locational moves; life histories of primary, secondary and tertiary homelessness and unsafe living environments;
- Program-specific items: Reasons for referral, type of support, program-specific client outcomes;
- Client needs and capabilities assessment: A rating of a client's needs/support status, whether an agency has the resources to meet client needs, views of clients of an assessment; goal attainment. The instrument used for assessment is a considerably modified version of the SAAP Measurement Form (see Thomson Goodall Associates Pty Ltd, 2004);
- Current and past utilisation of health and justice services: Client use of medical services and hospital facilities, interaction with police, prisons and the justice system prior to and following the provision of support;

⁶ Louise Brady organized and undertook much of the data entry for the *Client Survey* and the *Community Centre Survey*. Jade Harman assisted in the data entry process. Emma Ferguson helped compile material for chapter 4 particularly with respect to the Re-entry Link and TASS programs. Nardi Ling undertook field work with respect to the *Client Survey* follow-up process.

- Client self-assessed life satisfaction and quality of life outcomes: Client responses to questions relating to their satisfaction with life across a range of dimensions, their support systems, their views as to how the service has assisted them, and the World Health Organisation's quality of life survey WHOQoL-BREF Australian Version (May 2000);
- Client and caseworker-own assessments of the effectiveness of support: Written responses of clients and caseworkers of the outcomes from the provision of support and of the likely consequences that would result if support had not been provided.

The structure of the *Client Survey* enables assessment of client outcomes in the *immediate* term (the change from the pre-support position to the support position), the *short term* (outcomes achieved over three months), the term of the support period term (outcomes achieved by exit) and the *medium term* (over a twelve month period). A multi-dimensional, rather than single indicator, approach was adopted to the measurement of client outcomes.

The *Client Survey* includes a broad range of client outcome indicators. These include changes in client status measures—e.g., labour force, level of income, income source, education and training, and housing; changes in the level of capability to manage circumstances and needs; changes in the utilisation of homelessness program services and other non-homelessness program services; and, changes in self-assessed satisfaction with various dimensions of life, knowledge gained as a consequence of support, and quality of life outcomes. In addition to these client outcome indicators, which are common to all homelessness prevention and support programs, program-specific client outcome indicators can also be derived from the *Client Survey*—e.g., in the case of tenant support programs, the reduction in debt levels to housing authorities.

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

Client Survey forms were completed by a client's caseworker or members of the research team on the basis of direct responses from clients, case notes and case assessments. The *Client Survey* form includes a supplementary questionnaire in which client assessments of their satisfaction with various dimensions of life were sought on a range of issues together with their responses to the World Health Organisation's quality of life survey WHOQoL-BREF Australian Version. Clients completed this section of the *Client Survey* themselves but with assistance from caseworkers or the research team where necessary. The project's budget provided cash support to agencies to assist in the gathering of client-based data. Strict protocols have been followed in service provider data collection processes to ensure client and agency confidentiality.

A number of agencies who agreed to participate in the research study experienced difficulties in obtaining clients for the *Client Survey*. This was no more evident than in the prisoner Re-entry Link programs. The difficulties experienced by these agencies can be explained in large part by the complexities surrounding a client's re-entry into the community. In most cases, a number of activities, such as adhering to parole

conditions, finding employment, securing accommodation, attending mental health and medical appointments, for example, would take precedence over research activities. Similar concerns though at a lesser degree would be evident in a number of programs particularly in respect of clients entering a service with trauma following a crisis point.

At a more general level, participation in the *Client Survey* was affected by broader organisational responses to the research, the involvement and approach taken by individual managers and caseworkers, and of course, by the interest and motivation of individual clients. The pressures of those working within human service agencies also represents a key factor linked to ever increasing case loads and the increase in accountability, both within and outside the agency.⁷

Table 1 provides a program-level breakdown of the number of Wave 1 *Client Survey* respondents. Of the 182 Wave 1 *Client Surveys* which have been completed to this point; almost a third of all respondents received support from SAAP-Single Men's targeted services with a further 20 per cent in the SAAP-Domestic Violence (DV) and Single Women sector. A further 10 per cent of client respondents came from the remaining SAAP sectors, dominated by respondents in the SAAP-Families and General sector. The Private Rental Support and Advocacy Service Program (PRSAP) had 39 client respondents (representing a fifth of all respondent clients); the SHAP and TASS and Re-entry Link programs had 16 and 13 respondents respectively. To this point, data from some 28 exit and 54 three-month follow-up *Client Surveys* have also been entered and the results analysed in this study. The study's Final Report will incorporate findings from the full set of follow-up surveys and from the 12 month surveys.

Table 1 The *Client Survey*, Wave 1 Respondents, 2006

	<i>Number</i>	<i>Per cent</i>
SAAP-DV and Single Women	38	20.9
SAAP-Single Men	57	31.3
SAAP- Families, General and Youth	19	10.4
SHAP	16	8.8
Private Rental Support and Advocacy Service	39	21.4
TASS and Re-entry	13	7.1
<i>Total</i>	<i>182</i>	<i>100.0</i>

4. Homelessness Programs in Western Australia

At the centre of Australia's response to homelessness and, therefore, fundamental to the current project is the *Supported Accommodation Assistance Program* (SAAP) and the *Crisis Accommodation Program* (CAP). The SAAP is a joint Australian/State Government program governed by an Australian-State Multilateral Agreement (the *SAAP V Multilateral Agreement*) while CAP is funded under a similar joint initiative, the Australian State Housing Agreement (CSHA). In Western Australia, the Department for Community Development (DCD) administers the SAAP, while the Department of Housing and Works (DHW) administers CAP funds.

In 2006-07, \$30.4 million in recurrent funding will be provided to 129 not-for profit agencies providing a range of SAAP services in WA. These services comprise crisis and temporary accommodation and support for homeless single adults, families and

⁷ Increased demands from 'labour market and the family, demographic shifts, increasing social dependency, continuing urbanisation, changing technologies, rising political consciousness amongst disadvantaged minorities, [and] increasing professionalism' have amounted to increased strain on employees of human service organisations (Jones & May, 1992, p. 385).

young people; refuges and outreach support services for women who are victims of domestic violence; support and counselling for young people at risk; and other services including meals and other social support programs administered in Day or Community Centres.

SAAP represents the largest homelessness program operating in Western Australia (as it does in all other jurisdictions in Australia). It is complemented by a set of homelessness programs that grew out of or were given increased impetus and funding from the *WA State Homelessness Strategy*. The *WA State Homelessness Strategy*, launched in May 2002, allocated \$32 million over four years to homelessness programs focussing on two main areas of support. The first was an increase in the supply of affordable housing options through an increase in the stock of social housing. The second was the introduction or, in some cases, expansion of homelessness prevention programs. The emphasis on homelessness programs reflected the views of the State Homelessness Taskforce Report *Addressing Homelessness in Western Australia*, which proposed a 'shift in focus from crisis accommodation and support to support to assist people in keeping their home as the most effective way to address homelessness' (State Homelessness Taskforce 2002, p. 3).⁸ A focus on early intervention and homelessness prevention programs is a key priority area of the SAAP V Multilateral Agreement.

Two state-based tenant support programs operate in Western Australia.⁹ The first is the *Supported Housing Assistance Program* (SHAP) in the public housing sector, which has operated since 1991, but which received a boost in funding from the *WA State Homelessness Strategy*. SHAP is an early intervention strategy, whose objectives are to assist families and individuals maintain their tenancy and avoid becoming homeless, ensure tenants meet their overall obligations and responsibilities in accordance with their tenancy agreement, develop tenants' links to community resources and other services, and increase their knowledge and skills to maintain stable accommodation. SHAP services are provided by non-Government agencies, with recurrent funding provided by the DHW.

Participation in the SHAP is with the consent of the client. However, participation is sometimes a condition of a tenancy where a poor prior tenancy history exists, which may involve debts, identified property standards problems and a history of anti-social

⁸ The four-year Strategy was the subject of a recent evaluation (see Estill & Associates, 2006). The evaluation examined whether State Homelessness Strategy programs had successfully been implemented in response to the recommendations proposed by the State Homelessness Taskforce, the effectiveness of service delivery, and the extent to which programs have assisted clients. In addition, the evaluation explored whether funding should continue, cease or change, and the extent to which homelessness was reduced through improvement of the service system's response. The major finding of the evaluation was that stakeholders strongly supported the direction taken in the State Homelessness Strategy initiatives. The evaluation indicated that service delivery had improved through the provision of additional funding to Government and non-Government agencies and that the WA Homelessness Strategy had ensured that the issue of homelessness was maintained as a major Government priority. The evaluation, however, did not cover the issue of the cost-effectiveness of programs covered by the Strategy and restricted its analysis of the effectiveness of programs to the presentation of findings from existing administrative data sources, interviews with key personnel from government and non-government agencies, stakeholder submissions and responses to a stakeholder survey. As noted by Estill & Associates (2006, p. iii) the original WA State Homelessness Strategy evaluation question did seek to address the question of the cost-effectiveness of the initiatives but it was agreed that insufficient data was available to answer this question and it was not pursued in the evaluation. No new client-based data collections were undertaken as part of the evaluation. As a result, the task of extending the evidence base in relation to client outcomes (the effectiveness of programs) and the cost-effectiveness of these programs remains.

⁹ In addition to these WA state-based programs, support for those at risk of becoming homeless is provided through the Australian Government's national Household Organisational Management Expenses (HOME) Advice Program currently operating on a pilot basis. The WA HOME Advice service is operated by Anglicare in Mandurah, a rapidly growing centre south of Perth.

behaviour notifications. In these cases, a household may exit from a SAAP support period straight into one under the SHAP. SHAP services may include assistance with improving housekeeping skills, budgeting, and dealing with domestic violence, child abuse, drug and alcohol problems and mental illness.

In recent years, SHAP has been extended to include a number of special projects. These include a tenant support program for eligible homeless people attempting to access accommodation from the Homeless Advisory Service (HAS) administered by the DHW; a community housing tenancy support service in which a community housing organisation head leases a public housing dwelling and provides tenancy support services to eligible SHAP clients; and, an intensive family support program in which both tenancy management and service support are undertaken by community agencies.

The second tenant support program explored in the study is a private tenant support program, the *Private Rental Support and Advocacy Program (PRSAP)*. This service provides assistance to people having difficulty in maintaining tenancies in the private rental sector. Referrals are made by tenants themselves and from a variety of other sources including real estate agencies, community agencies, DHW and DCD. The first of seven PRSAP services began operating in November 2003 with the final service commencing in March 2004. Three services have been established in the metropolitan area, and three in the regional areas of Geraldton, Peel and Busselton. A metropolitan-based service to assist people from culturally and linguistically diverse (CALD) backgrounds has also been funded.

Under the *PRSAP*, services provided by agencies are structured around the needs of the individual tenant or family. Tenants who are supported under the program are case managed. Caseworkers provide assistance to tenants before debts or other tenancy management issues become unmanageable or the eviction process begins. With the tenant's consent, the caseworker liaises with landlords and property managers to address the tenancy management problem/s until the tenancy is stabilised.

The two final homelessness programs examined in the present study are the *Community Transitional Accommodation and Support Services (TASS)* program and the *Community Re-entry Coordination Service (Re-entry Link)*. Under these programs, transitional accommodation support is offered to clients with a high risk of returning to custody following release. In the case of the Transitional Accommodation and Support Services (TASS), contractors from non-government agencies provide re-entry support and mentoring services to referred offenders with accommodation units provided by DHW on a fixed-term basis. The Department of Corrective Services (DCS) undertakes management of the program and of service agreements with the contracted agencies. The Department of Housing and Works undertakes property and tenancy management and maintenance of the housing allocated. The fixed-term lease for the rental property is taken out in the client's name and clients are subject to the standard Homeswest tenancy agreement. Support is provided one and three months before and six months after leaving prison by eight non-Government community support agencies across the state, three of which are in the Perth metropolitan area. Support services provided include the provision of information, advocacy, counselling, parole support, family support, life skills development, transport, referral for community resources, transport and employment/training support. The program aims to help clients transition into stable accommodation and establish appropriate networks to assist with their integration back into the community.

The *Community Re-entry Coordination Service (Re-entry Link)* operates in a similar way to the *TASS* program, providing support to prisoners and their families and assists offenders in their re-entry back into the community. Some dwellings are made available

by the DHW on a headleasing basis to service providers. However, accommodation support is not an essential feature of the program as it is for the *TASS* program. Contact is voluntary on the part of offenders and their families. Support is provided for up to three months before leaving prison and six months after leaving prison by eight non-Government community support agencies across the State.

The nature of engagement is through a case management framework to assess the offender's needs, to discuss and implement appropriate exit plans and to address those needs through referral and advocacy on behalf of the offender. The service offers support for a period of six months after release. Services assist clients with a range of issues including finding accommodation; mental health issues; general health issues, drug treatment and counselling; family relationships; and education, training and employment opportunities and options. The *Re-entry Link* program was established in the South West and Great Southern regions in October 2003 and progressively in the metropolitan, Mid West, Goldfields, Kimberley and Pilbara areas during 2004.

4 Homelessness Histories and Client Needs

Homelessness Histories

When clients enter a given support period, they do so from different lifetime experiences of homelessness and on the basis of differing needs. In this section, we profile the homelessness histories and client needs of *Client Survey* study participants. We begin with early life experiences of homelessness prior to the age of 18 (see Table 2). In Wave 1 of the *Client Survey*, study participants were asked to estimate the number of years/weeks/days spent, prior to the age of 18, in the following mutually exclusive accommodation states:

- No shelter (e.g., sleeping rough, living in an abandoned building);
- Temporary accommodation (e.g., couch surfing with an extended family member or friend, boarding or rooming house, hostel, caravan);
- Crisis accommodation (e.g., in SAAP/CAP accommodation);
- Institutional or residential accommodation (e.g., jail, residential out-of-home care).

The 'no shelter' category corresponds directly to that of primary homelessness, while 'crisis accommodation' is a component of secondary homelessness. While there is no one-to-one correspondence between the 'temporary accommodation' category and secondary/tertiary homelessness, the degree of correspondence in practice is likely to be high.

Study participants were also asked to record the number of years/weeks/days spent in an unsafe living environment or inadequate accommodation. An unsafe living environment is defined in the *Client Survey* 'as living in an environment that is unsafe as a result of domestic/family or other forms of violence' [underlined in the survey questionnaire]. Inadequate accommodation refers to accommodation lacking the basic amenities (e.g., running water) accepted in the Australian community. Very few clients indicated that they had experienced inadequate accommodation environments, but caseworkers/researchers completing the survey with clients indicated that this item may not have been well understood by study participants. It is not further examined in the study.

Around a quarter of all respondent clients (24.7 per cent) experienced at least one episode of primary homelessness prior to the age of 18. Overall, 42.6 per cent of clients had experienced one or more of a broader set of 'precarious' or 'unstable' accommodation states—including no shelter, temporary accommodation, crisis accommodation or institutional or residential living—by the age of 18. Respondent clients who experienced no shelter, temporary accommodation, crisis accommodation or institutional or residential living prior to the age of 18, on average, spent 16 per cent of their time in such a position.

Study participants in SAAP-Families and General services were the most likely to have spent time in precarious accommodation states prior to the age of 18. Over half of all client respondents in this SAAP sub-sector have experienced at least one episode of no shelter prior to the age of 18; likewise in terms of temporary and crisis accommodation. An important factor influencing the higher incidence of homelessness in the SAAP-Families and General services sector is that the vast majority of such respondent clients are Indigenous where the extremes of disadvantage are more prevalent when growing up. The *Client Survey* also addressed the question of time spent in unsafe living environments—e.g., where domestic or family violence was evident in the living environment. Around the same proportion of clients who had experienced primary homelessness prior to the age of 18, (28.4 per cent) also experienced an unsafe living environment prior to the age of 18. Significant variation in the prevalence of unsafe living environments is evident across the program categories and sub-categories. The prevalence of unsafe living environments experienced prior to the age of 18 is highest among those in the SAAP-Families and General services sector (57.9 per cent of client respondents) and among TASS and Re-entry Link clients (50.0 per cent). It is also relatively high among current SAAP-DV and Single Women clients (32.4 per cent).

The prevalence of primary homelessness, other forms of precarious accommodation and unsafe living environments increases from the age of 18. As indicated in Table 3, around half of all study participants (46.9 per cent of clients) experienced at least one spell of primary homelessness from the age of 18; up from 24.7 per cent prior to the age of 18. Over 80 per cent of respondent clients had experienced one form of precarious accommodation or another from the age of 18. The profile of SAAP-Single Men service clients is particularly interesting. The prevalence of primary homelessness among current SAAP-Single Men services clients prior to the age of 18 is lower than for the client respondent group as a whole. However, from the age of 18, the incidence of primary homelessness for SAAP-Single Men client respondents is well above average. Sixty-eight per cent of SAAP-Single Men respondent clients experience at least one spell of primary homelessness from the age of 18 relative to the incidence of primary accommodation from the age of 18 across all program categories of 46.9 per cent. They also experience a higher incidence of precarious accommodation categories from the age of 18 than study participants from other program categories.

The prevalence of spells of primary homelessness and of precarious accommodation outcomes from the age of 18 is also high for each of the remaining SAAP categories (SAAP-DV and Single Women and SAAP-Families and General) and TASS and Re-entry Link clients. The prevalence of primary homelessness and other forms of precarious accommodation outcomes is lowest for private rental tenants at risk of homelessness supported through the PRSAP. Some 13.9 per cent of PRSAP respondent clients experienced at least one spell of primary homelessness from the age of 18 and 38.9 per cent of such clients experienced at least one episode of precarious accommodation from the age of 18. The prevalence of both primary homelessness and other forms of precarious accommodation is considerably higher for those supported by SHAP than for private rental tenants indicating that the two groups

have, on the whole, experienced somewhat different housing trajectories over their lifetimes. However, it should be recalled that SHAP not only covers public housing tenants at risk of becoming homeless but also those seeking accommodation support through the Homeless Helpline, including those coming from primary homelessness, who are accommodated in a range of housing tenure positions.

Table 4 summarises findings from the Wave 1 *Client Survey* 12-month accommodation calendar. In the *Client Survey*, clients were asked to specify the accommodation states they were located in over the 12 months prior to the survey date. Over a fifth of client respondents in each of the three relevant SAAP categories had experienced a period of primary homelessness in the 12 months prior to the completion of the survey.

The highest incidence of primary homelessness in the year prior to the completion of the survey is evident for clients of SAAP-Single Men services. No clients in the PRSAP or the TASS and Re-entry Link programs experienced primary homelessness in the year prior to support. However, both programs are conditioned on being in shelter prior to support being provided and beyond; PRSAP clients are by definition in private rental accommodation when support is provided and TASS and Re-entry Link clients are in jail. This obviously limits the window during the 12 months prior to the completion of the survey such clients can potentially be primary homeless.¹⁰ Around half of all SAAP clients lived in temporary accommodation at some stage in the year prior to the completion of the survey.

On the basis of 12-month calendar entries, around half of all SAAP-DV and Single Women clients (52.6 per cent) were listed as experiencing an unsafe living environment at some time in the year prior to the interview date. This estimate is likely to understate the proportion of such clients experiencing violence in the home prior to the support period and may reflect the fact that not all respondents completed this element of the 12-month calendar in an appropriate manner. The *Client Survey* utilised the needs/support services structure of the SAAP National Data Collection (NDC) Client Form. Evidence from this component of the *Client Survey* indicates that 81.1 per cent of SAAP-DV and Single Women client respondents were reported to have domestic/family violence as a presenting reason for seeking assistance (see Appendix A: Table A.2).

Table 4.5 also provides evidence on the accommodation position of the study participant immediately prior to the beginning of the support period and the accommodation position of the respondent client at the point of the survey. The responses to these questions provide evidence of the transitions that accompany the provision of support. Sharp differences are evident between the various programs in terms of these transitions. In the case of SAAP-Single Men clients, more than a quarter move from primary homelessness to SAAP accommodation. A further 12.8 per cent of SAAP-Single Men client respondents were in temporary accommodation prior to support, 10.6 per cent of respondent clients in institutional/residential living and 12.8 per cent in other SAAP/CAP or emergency accommodation. Another way of viewing the same results is that a significant majority of SAAP-Single Men clients (63.9 per cent) move into a SAAP support period from a non-permanent accommodation position.

Almost the same proportion of SAAP-Families and General services client respondents (61.2 per cent) moved into a given support period from a non-permanent accommodation position. The difference between the two groups is that in the case of SAAP-Families and General services client respondents, a much higher proportion

¹⁰ A significant minority of PRSAP or the TASS and Re-entry Link respondent clients, however, had experienced a spell of temporary accommodation prior to the client interview.

made the transition from temporary accommodation to SAAP-based accommodation than SAAP-Single Men clients. The most obvious explanation of this is that in the case SAAP-Families and General clients, extended Indigenous family networks operate to provide support to family members who would otherwise be on the streets in primary homelessness.

The accommodation transitions of SAAP-DV and Single Women client respondents are more varied than the other two SAAP sectors. While a significant proportion (43.2 per cent) of SAAP-DV and Single Women clients move from primary, secondary and tertiary homelessness into supported accommodation, the majority make the transition from various forms of permanent accommodation to SAAP accommodation; principally private rental accommodation (37.8 per cent) and owner-occupied housing (10.8 per cent). The different pattern of accommodation transitions for SAAP-DV and Single Women services clients reflects the fact that domestic and family violence occurs across all housing tenure positions and violence in the home represents the main presenting reason for clients in this service category.

As expected, given the nature of the program, the vast majority of PRSAP client respondents were in private rental accommodation prior to support and in private rental accommodation at the point of the *Wave 1 Client Survey*. Likewise, the vast majority of TASS and Re-entry Link clients (83.3 per cent) were in prison prior to support (a further 16.7 per cent responded that they were in temporary accommodation), while over 90 per cent were in accommodation supported by Re-entry Link providers or in fixed-term public housing leases at the time of the *Wave 1 Client Survey* interview.

Client Needs

The *Client Survey* incorporates a number of measures of the needs of respondent clients. The first is the prevalence of client self-assessed mental health conditions, physical health conditions and drug and alcohol problems. The second is caseworker assessed prevalence of needs requiring intensive and/or on-going support based primarily around a modified version of the Thomson Goodall needs form.

Table 5 provides evidence of the prevalence of mental and physical health conditions among clients of the various programs. The *Client Survey* has a set of questions directed to the client as to whether they experience any mental and physical health conditions. In terms of mental health conditions, the question put was: 'Does the client currently experience a mental health condition?' with the following options presented:

- Depression (or other depressive disorders);
- Bipolar disorders;
- Schizophrenia (or other psychotic disorders);
- Anxiety disorders (including post-traumatic stress disorders);
- Other condition(s) (please specify.....); and
- Yes, but no specific diagnosis is available (please specify.....).

The list does not include drug and alcohol use disorders and the results should be read as exclusive of such disorders.

Table 2 History of Homelessness Prior to the Age of 18, Including Living in an Unsafe Environment, Wave 1 Client Survey 2006

	SAAP-DV and Single Women	SAAP- Single Men	SAAP- Families & General	SHAP	Private Rental Support	TASS and Re-entry	Total
Incidence of Forms of Homelessness (n=162) (per cent)							
No shelter	18.9	19.1	57.9	13.3	23.5	30.0	24.7
Temporary accommodation	37.8	12.8	63.2	33.3	35.3	40.0	32.7
Crisis accommodation	13.5	19.1	52.6	0.0	11.8	40.0	19.8
Institutional or residential accommodation	13.5	8.5	36.8	13.3	5.9	40.0	14.8
<i>Total: No shelter, temporary, SAAP/emergency accommodation or institutional/residential living</i>	45.9	27.7	73.7	40.0	44.1	40.0	42.6
Unsafe living environment	32.4	8.5	57.9	26.7	29.4	50.0	28.4
Duration of Homelessness (n=162)							
<i>Clients who had experienced a period of no shelter, temporary, SAAP/crisis and institutional/residential accommodation</i>							
Per cent of relevant period of lifetime in homelessness (per cent) (median)	10.2	12.2	28.7	20.0	13.8	13.6	16.0
Per cent of relevant period of lifetime in homelessness (per cent) (mean)	5.8	2.7	23.9	11.1	10.5	13.7	11.1
Years (mean)	1.8	2.2	5.2	3.6	2.5	2.5	2.9
Years (median)	1.0	0.5	4.3	2.0	1.9	2.5	2.0
<i>Clients who had experienced an unsafe living environment</i>							
Per cent of relevant period of lifetime in homelessness (per cent) (median)	26.2	13.1	42.7	2.8	22.6	16.7	25.3
Per cent of relevant period of lifetime in homelessness(per cent) (mean)	8.3	5.6	38.9	2.1	11.1	16.7	11.1
Years (mean)	4.7	2.4	7.7	0.5	4.1	3.0	4.6
Years (median)	1.5	1.0	7.0	0.4	2.0	3.0	2.0

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.

Table 3 History of Homelessness after the Age of 18, Including Living in an Unsafe Environment, Wave 1 Client Survey 2006

	SAAP-DV and Single Women	SAAP- Single Men	SAAP- Families & General	SHAP	Private Rental Support	TASS and Re-entry	Total
Incidence of Forms of Homelessness (n=162)							
No shelter	45.9	68.1	61.1	33.3	13.9	66.7	46.9
Temporary accommodation	67.6	68.1	83.3	53.3	27.8	77.8	59.9
Crisis accommodation	75.7	93.6	77.8	20.0	30.6	66.7	65.4
Institutional or residential accommodation	13.5	42.6	44.4	20.0	11.1	100.0	30.2
<i>Total: No shelter, temporary, SAAP/emergency accommodation or institutional/residential living</i>	97.3	97.9	94.4	66.7	38.9	100.0	81.5
Unsafe living environment	45.9	31.9	50.0	40.0	22.2	66.7	37.7
Duration of Homelessness (n=162)							
<i>Clients who had experienced a period of no shelter, temporary, SAAP/crisis and institutional/residential accommodation</i>							
Per cent of relevant period of lifetime in homelessness (per cent) (median)	10.2	21.0	40.0	19.0	26.7	40.4	21.9
Per cent of relevant period of lifetime in homelessness (per cent) (mean)	2.5	8.1	31.7	16.7	15.1	43.5	9.6
Years (mean)	1.9	4.0	5.5	2.0	4.2	5.3	3.6
Years (median)	0.5	0.8	3.4	2.0	2.6	4.5	1.0
<i>Clients who had experienced an unsafe living environment</i>							
Per cent of relevant period of lifetime in homelessness (per cent) (median)	13.9	9.4	46.2	9.5	21.9	12.7	18.1
Per cent of relevant period of lifetime in homelessness(per cent) (mean)	12.5	10.1	29.5	3.3	18.1	13.3	13.3
Years (mean)	2.3	1.6	6.9	1.2	4.1	2.2	2.9
Years (median)	1.0	1.8	5.0	0.5	2.2	2.0	2.0

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.

Table 4 Accommodation Status in the 12 Months Prior to the Survey and Immediately Prior to Support, Wave 1 Client Survey 2006 (per cent)

	SAAP-DV and Single Women	SAAP- Single Men	SAAP- Families & General	SHAP	Private Rental Support	TASS and Re-entry	Total
Twelve month period prior to the completion of the survey (n=162)							
At least one spell of no shelter	21.1	29.8	26.3	12.5	0.0	0.0	17.6
At least one spell of temporary accommodation	50.0	38.6	73.7	25.0	15.4	30.8	37.9
At least one spell of SAAP/CAP or other emergency accommodation	57.9	57.9	63.2	6.3	2.6	15.4	39.0
At least one spell of institutional or residential living	2.6	10.5	5.3	6.3	0.0	69.2	9.9
A spell of no shelter, temporary, SAAP/emergency or institutional or residential accommodation experienced in the year prior to support	78.9	73.7	84.2	37.5	15.4	76.9	60.4
A spell of unsafe accommodation environment experienced in the year prior to the completion of the survey	52.6	0.0	31.6	6.3	5.1	0.0	15.9
Accommodation immediately prior to the support period (n=167)							
No shelter	8.1	27.7	5.6	6.7	0.0	0.0	10.8
Temporary accommodation	24.3	12.8	50.0	20.0	7.9	16.7	19.2
Institutional/residential living	0.0	10.6	0.0	0.0	0.0	83.3	9.0
SAAP/CAP or other emergency accommodation	10.8	12.8	5.6	6.7	0.0	0.0	7.2
Owner-occupied housing	8.1	0.0	0.0	0.0	0.0	0.0	1.8
Private rental accommodation	37.8	23.4	0.0	26.7	89.5	0.0	37.7
Public housing	2.7	2.1	16.7	33.3	2.6	0.0	6.6
Other accommodation	8.1	10.6	22.2	6.7	0.0	0.0	7.8
Current accommodation status (n=168)							
No shelter	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Temporary accommodation	0.0	4.3	11.1	0.0	0.0	0.0	2.4
Institutional/residential living	0.0	0.0	0.0	0.0	0.0	9.1	0.6
SAAP/CAP or other emergency accommodation	97.3	93.6	66.7	0.0	5.1	72.7	60.7
Owner-occupied housing	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Private rental accommodation	0.0	0.0	0.0	56.3	89.7	0.0	26.2
Public housing	2.7	2.1	5.6	37.5	5.1	18.2	7.7
Other accommodation	0.0	0.0	16.7	6.3	0.0	0.0	2.4

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.

Across all program categories, a very high proportion of study participants, 43.9 per cent, are reported as experiencing a mental health condition. As a point of comparison, evidence from the 2004-05 ABS *National Health Survey* indicates that 11 per cent of Australians report they currently have a long-term mental or behavioural problem. In the 1997 *National Survey of Mental Health and Wellbeing of Adults*, where diagnostic criteria were used to assess mental health conditions in a survey environment, 18 per cent of respondents were assessed as experiencing a mental health disorder at some time during the twelve months prior to the survey (Australian Bureau of Statistics 2006). These estimates are not directly comparable to those from the *Client Survey* as alcohol use and drug use disorders are included in the set of mental health conditions whereas in the *Client Survey* such conditions are separately identified. Nevertheless, the evidence from the *Client Survey* indicates much higher rates of mental health conditions in the homeless program client population than in the Australian population generally.

SAAP-DV and Single Women services sector study participants exhibit the highest reported incidence of mental health conditions with 60.5 per cent of respondents currently experiencing a mental health condition. Half of SHAP and PRSAP clients also report experiencing a mental health condition. The lowest reported incidence of mental health conditions is in the SAAP-Single Men services sector where 29.2 per cent of clients report that they experience a mental health condition.

Depression represents the most common mental health condition experienced by client respondents with 67.1 per cent of those with mental health conditions reporting that they experience this condition. Anxiety disorders (including post-traumatic stress disorder) also represent a major mental health condition particularly in the SAAP-DV and Single Women services category where 47.8 per cent of client respondents report experiencing an anxiety condition. Of those experiencing a mental health condition, a relatively high proportion, 68.9 per cent, are currently taking medication, in relation to their mental health condition, while 42.1 per cent receive support from a mental health service or specialist.

In addition to mental health conditions, the *Client Survey* addressed two further health needs: the prevalence of long-term physical health conditions (examples given in the relevant question include cancer, diabetes, deafness, heart attack) and client concerns of alcohol/drug use.

- Close to a third of all respondent clients (31.2 per cent) experience a long-term physical health condition with prevalence rates not differing significantly between the various program categories.
- Around a fifth of all respondent clients (20.7 per cent) expressed concerns about their own alcohol and drug use with the highest rates being evident for TASS and Re-entry Link clients; 54.5 per cent of such clients reporting concern about their own alcohol and drug use.
- Across all program categories, 35.2 per cent of respondent clients report more than one of the following: a mental health condition, a long-term physical health condition and client concern over alcohol and drug use. Dual diagnosis is highest for those in the SAAP-DV and Single Women service sector (42.1 per cent of respondents) and the SHAP category of respondents (43.8 per cent).

The second method used in the *Client Survey* to quantify the level of client needs was based on a modified version of the Thomson Goodall needs assessment form (Thomson Goodall Associates Pty Ltd 2003). Caseworkers, who assess whether clients require intensive and/or ongoing support to meet a particular need, complete the *Client Survey* needs assessment instrument.

Table 5 Mental and Physical Health Conditions and Concerns of Alcohol and Drug Use, Wave 1 Client Survey 2006 (per cent)

	SAAP-DV and Single Women	SAAP- Single Men	SAAP- Families & General	SHAP	Private Rental Support	TASS and Re-entry	Total
Mental health condition (n=173)	60.5	29.2	31.6	50.0	53.8	30.8	43.9
Clients with a mental health condition:							
<i>Condition type (n=76)</i>							
- Depression	78.3	42.9	66.7	87.5	71.4	25.0	67.1
- Bipolar disorders	30.4	14.3	0.0	0.0	4.8	0.0	13.2
- Schizophrenia (or other psychotic disorders)	8.7	14.3	0.0	12.5	9.5	25.0	10.5
- Anxiety disorders (including post-traumatic stress disorder)	47.8	21.4	50.0	37.5	23.8	0.0	32.9
- Other conditions	17.4	28.6	0.0	0.0	4.8	25.0	13.2
<i>Medication and support services (n=74)</i>							
- Taking medication	69.6	71.4	60.0	85.7	71.4	25.0	68.9
- Receiving support from a mental health service or specialist	47.8	35.7	83.3	50.0	28.6	25.0	42.1
Long-term physical health condition (n=173)	36.8	31.3	31.6	37.5	25.6	23.1	31.2
Client expresses concerns about their alcohol/drug use (n=169)	21.6	22.9	10.5	12.5	15.8	54.5	20.7
Client experiences more than one of: mental health condition, physical health condition, disability and client concerns over alcohol and drug use (n=169)	42.1	31.6	31.6	43.8	35.9	23.1	35.2

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.

The needs specified in the *Client Survey* are based on those listed in the Thomson Goodall form together with an additional item referring to sexual/gender issues. The specified needs are:

- Housing
- Experiences of violence
- Income and money management issues
- Health, nutrition and hygiene
- Access to appropriate services
- Behaviour which is challenging to others
- Personal safety and well-being
- Sexuality and gender issues
- Mental health issues
- Alcohol and other drug use which impairs health and the ability to live independently
- Disability issues
- Accompanying children

A significant majority of clients (70 per cent) are assessed as requiring intensive or ongoing support to obtain/maintain appropriate housing. Key housing indicators for which clients were assessed as requiring intensive and or ongoing support included financial issues; difficulties in accessing low-cost rental accommodation due to lack of supply; history of housing tenancy problems; housing eviction and termination notices; rental accommodation access barriers; multiple/long-term primary homelessness; and, problems arising from extended family and friends staying over.

Caseworkers assessed around half of all clients (47.9 per cent) as requiring intensive and or ongoing support with income and money management issues. The main income and money management indicators included budgeting difficulties, outstanding debts, inadequate income and alcohol and drug misuse. Around 20 to 25 per cent of clients were assessed as requiring intensive and or ongoing support in each of the remaining needs categories.

For those clients assessed as requiring ongoing and or intensive support with respect to their needs, the median number of major needs requiring intensive and or ongoing support was three in number with the mean number of needs being 3.3. Around 40 per cent of clients were assessed as requiring intensive and or ongoing support across four or more major needs. This indicates that a relatively high number of homelessness program clients present with multiple needs requiring intensive or ongoing support. SAAP-DV and Single Women client respondents were more likely than other study participants to require intensive and or ongoing support across six and seven major needs categories.

5. Satisfaction with Various Dimensions of Life and Clients' Quality of Life

The *Client Survey* included a set of questions on how satisfied respondents were with various aspects of life. The questions used were comparable to a set of questions included in the *Household, Income and Labour Dynamics in Australia* (HILDA) Survey. The dimensions of life satisfaction addressed in the study included:

- Housing
- Employment
- Financial situation
- Safety
- Feeling part of the community
- Own health
- The local neighbourhood
- Ability to cope with serious problems
- Overall satisfaction with life

Table 6 provides evidence on life satisfaction outcomes findings for each homelessness program category and compares these outcomes with those for the Australian population derived from the HILDA Survey (Wave 1). Taking the results of the latter survey as representative of the Australian population, it is evident that homelessness program respondent clients report a level of satisfaction with various dimensions of life, on entry to support, well below the Australian norm. On a scale of 1 to 10, where 1 represents total dissatisfaction and 10 total satisfaction, the homelessness program client population levels of satisfaction with various dimensions of life is below that of the general population in each dimension and in terms of the overall quality of life. It must be remembered that the measurement of clients' satisfaction with life occurs *after* the client has entered the service. The evidence presented in the following section indicates that clients' satisfaction with life improves on entry to the service. Therefore, estimates of the position of clients immediately *prior to* entry are likely to be significantly lower than those reported here.

The most significant difference between the *Client Survey* results and those for the general population is to be found with respect to the financial and housing situation items. A three-point deficit, using median satisfaction estimates, is evident for homelessness program clients relative to the Australian HILDA benchmark figure for both these items. Two point satisfaction deficits apply with respect to the 'own health' and 'feeling part of the community' items together with clients' overall life satisfaction. The smallest life satisfaction deficit experienced by homelessness program clients is with respect to their employment situation. The relatively small deficit in this area may relate to the fact that WA employment prospects have improved significantly in the past few years relative to 2001 when the first wave of HILDA was in the field.

The disaggregated program-level results reveal sharp differences across programs in relation to various dimensions of life satisfaction. In the case of the SAAP-DV and Single Women group, overall satisfaction with life lies below the general population average (6 relative to 8 on the median measure) but is above the general community average in the case of a feeling of safety (9 relative to 8). As indicated previously, domestic and family violence is a major presenting reason for SAAP support for this group of clients. The high levels of satisfaction with current safety outcomes for this group, therefore, suggest that the provision of support has had very significant positive benefits on respondent clients' feeling of safety. We return to this theme of changes in peoples' sense of well-being that support engenders below.

Table 6 Satisfaction with Various Aspects of Life, Scale of 1 (Totally Dissatisfied) -10 (Totally Satisfied), Mean and Median Scores, Wave 1 Client Survey 2006

	Wave 1 SAAP-DV and Single Women	Wave 1 SAAP- Single Men	Wave 1 SAAP- Families & General	Wave 1 SHAP	Wave 1 Private Rental Support	Wave 1 TASS and Re- entry	Total	HILDA Wave 1 (n=13969)
Housing situation (n=144)								
Mean	7.5	5.6	5.9	6.3	5.4	6.0	6.1	8.0
Median	5.0	6.0	5.0	7.0	5.0	6.0	5.0	8.0
Employment opportunities (n=139)								
Mean	5.5	5.8	5.4	3.7	4.8	5.0	5.2	5.0
Median	5.0	5.5	5.0	4.0	5.0	6.0	5.0	6.0
Financial situation (n=142)								
Mean	4.6	4.0	3.5	3.4	3.3	2.2	3.7	6.1
Median	5.0	4.0	4.0	2.0	3.0	2.0	3.0	6.0
A feeling of safety (n=144)								
Mean	7.6	6.8	6.4	4.7	7.1	6.1	6.8	7.9
Median	9.0	7.0	7.0	5.0	7.0	5.0	7.0	8.0
Feeling part of the community (n=144)								
Mean	5.8	5.8	5.4	5.1	5.4	3.3	5.4	6.7
Median	5.0	6.0	5.0	4.5	5.5	3.0	5.0	7.0
Own health (n=146)								
Mean	6.2	6.3	5.4	5.0	6.6	6.0	6.0	7.4
Median	6.0	6.0	5.0	5.0	7.0	7.0	6.0	8.0
Neighbourhood (n=143)								
Mean	7.2	6.6	5.7	4.9	7.3	5.9	6.5	8.0
Median	8.5	7.0	6.0	4.0	7.5	6.5	7.0	8.0
Ability to cope with any serious problems (n=143)								
Mean	5.8	7.0	5.4	5.6	6.7	6.1	6.3	
Median	5.5	8.0	5.0	5.5	7.0	6.0	7.0	
Overall satisfaction (n=148)								
Mean	6.0	6.0	6.1	4.7	6.2	5.7	5.9	8.0
Median	6.0	6.0	6.0	4.5	6.0	6.0	6.0	8.0

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.

(b) Satisfaction with dimensions of life at the time of the survey, which for most clients occurred immediately following entry to the support period.

There are several other notable findings that arise from the satisfaction with life outcomes from the *Client Survey*. SHAP clients report satisfaction outcomes for housing that are above the average for the *Client Survey* as a whole, but poor outcomes across most other dimensions of life. The former finding suggests that SHAP clients value the security of tenure they experience as public housing tenants or as a result of their move into housing from a position of homelessness (in respect of the SHAP Homeless Helpline program). However, SHAP client respondents report well-below Australian community norm outcomes with respect to their poor financial position, their sense of safety and belonging and their health. TASS and Re-entry Link clients also exhibit very poor outcomes with respect to their financial situation and their sense of belonging to their local community, which is particularly low.

The issue of the quality of life outcomes of clients is also addressed in the *Client Survey* using the WHOQoL-BREF (Australian version) instrument. Results are reported in Table 7.

The WHOQoL-BREF (Australian version) comprises two overall quality of life items relating to overall quality of life (How would you rate your quality of life?) and health satisfaction (How satisfied are you with your health?) and a 24 item instrument. Outcomes from these 24 questions are summarised into four broad domains:

- *Physical*: physical pain, need for medical treatment to function in daily life, energy for every day life, ability to get around physically, sleep, ability to perform daily living activities and capacity for work.
- *Psychological*: enjoyment of life, the extent to which life is seen to be meaningful, the ability to concentrate, acceptance of bodily appearance, satisfaction with one's self and frequency of negative feelings such as blue mood, despair, anxiety, depression.
- *Social Relationship*: personal relationships, sexual activity and social support.
- *Environment*: based on questions on feelings of safety in daily life, how healthy the respondent's physical environment is, whether the respondent has enough money to meet needs, availability of relevant information, opportunity for leisure activities, conditions of the respondents living place, access to health services and satisfaction with transport options.

Table 7 World Health Organisation Quality of Life (BREF Australian Version), Mean and Median Scores, Wave 1 Client Survey 2006

	Wave 1 SAAP- DV and Single Women	Wave 1 SAAP- Single Men	Wave 1 SAAP- Families & General	Wave 1 SHAP	Wave 1 Private Rental Support	Wave 1 TASS and Re- entry	Total	Populatio n norms for the Australian WHOQOL- BREF
Overall quality of life: How would you rate your quality of life? 1 (very poor) - 5 (very good) (n=145)								
Mean	3.4	3.5	3.4	3.3	3.6	2.8	3.4	4.3
Median	4.0	4.0	3.0	3.0	4.0	3.0	4.0	
Health satisfaction: How satisfied are you with your health? 1 (very dissatisfied) - 5 (very satisfied) (n=146)								
Mean	3.4	3.4	3.1	3.0	3.2	3.3	3.3	3.6
Median	4.0	4.0	3.0	3.0	3.0	3.5	3.0	
Physical (n=147)								
Mean	58.8	67.1	59.7	54.9	61.8	53.9	60.9	80.0
Median	64.3	71.4	64.3	53.6	64.3	53.6	64.3	
Psychological (n=147)								
Mean	54.8	65.5	50.7	50.0	59.1	54.2	57.5	72.6
Median	54.2	64.6	50.0	45.8	62.5	56.3	58.3	
Social relationship (n=142)								
Mean	42.7	53.5	56.9	45.6	56.3	39.6	50.0	72.2
Median	41.7	58.3	58.3	41.7	50.0	37.5	50.0	
Environment (n=147)								
Mean	59.1	60.2	58.1	50.2	58.9	45.8	57.2	74.8
Median	56.3	60.9	59.4	48.4	62.5	43.8	59.4	

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.

The WHOQoL-BREF (Australian version) results are consistent with the satisfaction of life findings reported above. Scores for *Client Survey* respondents fall generally

around 20 per cent below those reported for an Australian norm-based study.¹¹ (As noted with respect to the results on clients' satisfaction with various dimensions of life, quality of life readings are being made after clients have received support from the program; quality of life outcomes prior to support being provided are likely to be lower.) The mean quality of life outcome for homelessness program respondents is 3.4 (out of a possible 5) as compared with 4.3 for the Australian norm group. A much closer fit between the two groups is evident with respect to the question on overall health satisfaction where the *Client Survey* outcome (3.3) is only 8.3 per cent below the Australian norm outcome of 3.6.

Mean Physical, Psychological and Environmental domain scores for the *Client Survey* group of respondents lie between 20 and 25 per cent below the Australian norm results. The deficit between the *Client Survey* outcomes and those for the Australian norm study is greater for the Social Relationship domain where the gap widens to around 30 per cent suggesting a high level of disconnectedness from others experienced by homelessness program clients.

There is significant variation in quality of life outcomes across the homelessness programs which are the subject of analysis in this study. TASS and Re-entry Link study participant quality of life outcomes are well below those for other program groups with the exception of the Psychological domain indicator. SHAP respondent clients also typically display lower WHOQoL-BREF (Australian version) outcomes than for the respondent group as a whole. In the case of the Social Relationship domain indicator, SAAP-DV and Single Men, SHAP and TASS and Re-entry Link clients report outcomes well below those for the other client groups.

6. Wave 1: Client Outcomes

The key immediate outcome for clients on entry to support is that immediate housing and safety needs are being addressed. As noted above with respect to the accommodation transitions of *Client Survey* respondents in the year prior to support, a significant majority of SAAP single men and families clients move from primary homelessness, temporary accommodation or in institutional/residential living into SAAP/CAP accommodation. Among women, around half of all clients make such a transition. In the case of women, many are making the transition from permanent accommodation into SAAP because their permanent accommodation is unsafe.

One measure of the effectiveness of homelessness programs is the extent to which they improve the well-being of clients both in the short and long-term. We have no direct measure of clients' satisfaction with aspects of their life, nor of their quality of life outcomes prior to receiving support. However, the *Client Survey* does include a rating of how study participants felt about aspects of their life *now* as compared to *before* they received assistance. The nine dimensions of life referred to above in the life satisfaction analysis were used for this purpose. Table 8 presents the relevant findings.

¹¹ The Australian norm results are drawn from a Victorian-based study of 'randomly selected community members weighted by socio-economic status to achieve representativeness of the Australian population (n=396)' (see Melbourne WHOQOL Field Study Centre (2000 p. 24).

Table 8 Client Rating of Satisfaction with Various Dimensions of Life at the Point of the Survey Compared to Before Receiving Support, Wave 1 Client Survey 2006 (Per Cent) (Contd.)

	SAAP-DV and Single Women	SAAP- Single Men	SAAP- Families & General	SHAP	Private Rental Support	TASS and Re-entry	Total
Neighbourhood in which he/she lives now compared to before receiving assistance (n=143)							
Much better	34.4	33.3	23.5	12.5	28.6	27.3	28.7
Somewhat better	21.9	25.6	29.4	12.5	17.9	36.4	23.1
About the same	40.6	28.2	29.4	62.5	53.6	27.3	39.9
Somewhat worse	0.0	2.6	11.8	0.0	0.0	0.0	2.1
Much worse	3.1	10.3	5.9	12.5	0.0	9.1	6.3
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Ability to cope with serious problems now compared to before receiving assistance (n=146)							
Much better	40.6	33.3	35.3	31.3	22.6	0.0	30.1
Somewhat better	28.1	12.8	29.4	31.3	45.2	63.6	30.8
About the same	28.1	46.2	17.6	31.3	29.0	36.4	32.9
Somewhat worse	3.1	5.1	17.6	0.0	3.2	0.0	4.8
Much worse	0.0	2.6	0.0	6.3	0.0	0.0	1.4
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Overall satisfaction now compared to before receiving assistance (n=146)							
Much better	46.9	25.6	23.5	18.8	29.0	18.2	29.5
Somewhat better	25.0	33.3	35.3	31.3	41.9	36.4	33.6
About the same	25.0	30.8	29.4	43.8	29.0	45.5	31.5
Somewhat worse	3.1	7.7	11.8	0.0	0.0	0.0	4.1
Much worse	0.0	2.6	0.0	6.3	0.0	0.0	1.4
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.

Table 9 Client Perceptions of the Benefits of Receiving Support and of the Knowledge Gained as a Consequence of Receiving Assistance, Wave 1 Client Survey 2006 (per cent)

	SAAP-DV and Single Women	SAAP- Single Men	SAAP- Families & General	SHAP	Private Rental Support	TASS and Re- entry	Total
Importance to the client of receiving assistance and help from the service in meeting their needs (per cent) (n=151)							
Very Important	97.0	63.4	88.2	93.8	96.9	91.7	86.1
Important	3.0	31.7	11.8	6.3	3.1	8.3	12.6
Not Important	0.0	4.9	0.0	0.0	0.0	0.0	1.3
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
"Compared to when I first started with the service I understand the issues facing me and how to deal with them... (n=151)							
A lot more	75.8	31.7	47.1	62.5	68.8	50.0	55.6
More	18.2	34.1	41.2	25.0	18.8	41.7	27.8
The same	6.1	34.1	11.8	12.5	9.4	8.3	15.9
Less	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A lot less	0.0	0.0	0.0	0.0	3.1	0.0	0.7
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.

An improvement in life satisfaction outcomes, as compared with a no-change position or a worsening of outcomes, is the dominant response across all program categories

and for all dimensions of life. The life satisfaction dimension with the greatest positive change impact is housing where 56.8 per cent of client respondents reported that their housing position was much better than before assistance was forthcoming. A further 24.0 per cent indicated that their housing position was somewhat better than before assistance was provided. A significant number of those who are provided with supported accommodation come from a position of primary homelessness or from an unsafe living environment. For clients receiving support from Re-entry Link and TASS services, assistance with accommodation may be considered very important as it is often a condition for their release from prison. Without an address, clients on these programs often will not get their parole granted, consequently remaining in prison until a new review date is set.

It is important to link up these findings on improvement in housing outcomes as a result of support with evidence reported earlier that a significant majority of clients are assessed as requiring intensive and on-going support with respect to housing issues. It would appear that services are addressing the most prevalent high need area of clients in a speedy and effective manner in the early part of a client's support period.

Two other dimensions with a very strong positive change outcome were feelings of safety and ability to cope with serious problems. In the case of the former, 61.1 per cent of clients reported that assistance had resulted in improved feelings of safety. The strongest response is evident for the SAAP-DV and Single Women category of clients where 87.1 per cent of clients indicated that assistance had resulted in an improvement in feelings of safety. Again it is important to recall our earlier finding on client needs where a majority of clients in SAAP-DV and Single Women category were assessed by caseworkers as requiring intensive and/or on-going support with respect to experiences of violence. SAAP-DV and Single Women services appear to be responding strongly to the high needs of clients in this area.

The life satisfaction dimension with the smallest positive change impact is that of employment opportunities where one third of clients reported a positive change in employment opportunities following support and 57.6 per cent reported that no change had occurred in their employment opportunities following the provision of support. The program-level results reveal a marked difference between programs with respect to changes in employment opportunities following support. Around half of all SAAP-Single Men and TASS and Re-entry Link clients report that they experienced an improvement in their employment outlook following the provision of support, which is well above the proportion of respondent clients from other programs that reported improved employment opportunities outcomes following support.

There are a range of potential reasons why SAAP-Single Men and TASS and Re-entry Link clients report more positive employment opportunities outcomes following the provision of support. The most obvious is that agencies working in these programs place greater emphasis on assisting clients with job search processes as part of the support they offer clients and male respondent clients themselves, once their immediate crisis needs are met, are able to more readily seek employment than before support was provided. It should also be emphasised that the focal point for clients in other programs such as SAAP-DV and Single Women is ensuring a safe environment for their clients following a recent domestic and family violence incident and that homelessness prevention and support services typically would not receive dedicated funding for employment-targeted assistance. It is also important to acknowledge the extensive history of joblessness, lack of life skills, criminal record, mental health conditions, substance abuse and minimal participation in training, courses and education for many clients which generate significant barriers to employment. In terms of the overall quality of life indicator, 29.5 per cent of

respondent clients considered their overall quality of life to be much better following support while a further 33.6 per cent indicated that their quality of life was somewhat better at the point of the interview as compared with prior to support.

Table 9 includes findings on respondent clients' perceptions of the benefits of receiving support and of the knowledge gained as a consequence of receiving assistance. Study participants were asked: 'How important has it been for you to get assistance and help from the service in meeting your needs?' The rating scale was:

- Very Important;
- Important;
- Not Important.

The vast majority of respondent clients (86.1 per cent) indicated that it was 'very important' to receive assistance and help from the service in meeting their needs. A further 12.6 per cent of study participants indicated that receiving support was 'important'. SAAP-DV and Single Women clients reported the highest 'very important' to receive support outcome reflecting the extreme circumstances and complexities inherent in domestic and family violence situations, the multiplicity of high needs among SAAP-DV and Single Women clients and the assistance agencies provide clients in terms of re-locating, as well as providing the emotional support women in such situations require.

A further self-assessed indicator of the effectiveness of homelessness programs is the degree to which clients have gained a better understanding of the issues facing them and how to deal with them. The question put to clients is: 'Compared to when I first started with the service I understand the issues facing me and how to deal with them[A lot more, More, The same, Less, A lot less]'. Results are presented in Table 9.

Agencies engaged in the study typically ensure a high level of case manager/client interaction and adopt a client goal setting agenda based around assessed client needs. Across the various programs, 55.6 per cent of clients indicated that support had resulted in them understanding the issues facing them and how to deal with them a lot more than before support was provided. A further 27.8 per cent of clients responded that they understood the issues facing them more than before. For a further 15.9 per cent of clients, there was no change in their understanding of the issues facing them from the pre-support position. The strongest knowledge/understanding impact is evident in the SAAP-DV and Single Women services sector where three quarters of respondents report that their understanding of the issues facing them and how to deal with them improved a lot more with support.

7 Follow-up Surveys: Preliminary Findings

In this section, we present results from the first follow-up phase of the *Client Survey*. Follow-up in the first phase of the project was via a three-month follow-up survey or an exit survey. The exit and three month surveys follow the same format.¹² Short-term clients were not required to complete an exit survey when they left support. The Final Report will present full results for the three month and exit follow-up process and the results from the 12-month follow-up of study participants.

¹² In the first phase of the follow-up process clients completed a three-month follow-up survey or an exit survey. Where long-term clients have previously completed a three-month survey they will subsequently complete an exit survey, typically around the nine-month point.

As at end-December 2007, 182 Wave 1 Client Survey, Main and Short Forms had been submitted. Of these, 49 forms were either incomplete or related to clients who had both left the service and had not supplied follow-up contacts for various reasons (including most importantly that they had been unwilling to supply follow-up contacts). No follow-up of these clients is possible. This leaves 133 Wave 1 forms. Of these, 80 follow-ups had been completed by end-December; the figure includes two clients who were either in jail or in hospital and two clients who had withdrawn consent for further follow-up. A further three clients were not due to complete a follow-up and the follow-up process was still underway in respect of 32 clients. (Of these, 15 clients have subsequently completed a follow-up survey but their results have yet to be tabulated.) As part of the follow-up process, 30 clients had supplied follow-contact details but details were incomplete or out-of-date or the client failed to return calls and the client couldn't be contacted.¹³

A key objective of homelessness programs is to ensure that clients who were previously in a precarious housing position are able to gain access to permanent accommodation and those that are at imminent risk of becoming homeless are supported through a crisis position to maintain their accommodation. Table 10 presents findings on the accommodation position of respondent clients immediately prior to the support period, at the Wave 1 survey point and then again at the 3-month/exit survey follow-up point. The comparisons provided in the table are for a matched sample of respondent clients (i.e., we follow the same study participants over time). Of those who were primary homeless immediately prior to support and who completed the follow-up surveys, none were in primary homelessness at the Wave 1 or follow-up interviews. It should be noted, however, that a significant number of Wave 1 clients who were in primary homelessness prior to the provision of support, did not provide follow-up contacts or were not contactable at the follow-up phase (generally after very short support periods). This is evident from the fact that 10.8 per cent of Wave 1 clients in aggregate were in primary homelessness prior to the provision of support as compared with the 4.5 per cent of clients that completed the follow-up survey (as at end-December 2006).

Of those who were in temporary accommodation prior to the support period, 57.1 per cent were in SAAP/CAP accommodation at the Wave 1 point, 28.6 per cent in private rental accommodation and the remainder in other tenure positions. By the time of the follow-up survey, private rental accommodation had become the dominant tenure category for this group of respondents (42.9 per cent of study participants), while the SAAP/CAP accommodation share had reduced to 35.7 per cent. What these findings reveal is that the provision of supported accommodation not only moves people out of homelessness but also enables many of them to make a transition to their own permanent accommodation position (often in the private rental market). The majority of those who were in SAAP/CAP accommodation prior to the support period, remained in this accommodation position at the Wave 1 survey and moved to private rental and public housing accommodation at the follow-up stage.

¹³ Three follow-up contacts (names, addresses and phone numbers) were requested when the client completed the first wave of the *Client Survey*.

Table 10 Accommodation Transitions, Wave 1 and Three-month/Exit Client Survey, 2006 (per cent) (n=67), (a)(b) (Contd.)

Accommodation immediately prior to the support period								
	No shelter	Temporary accommodation (e.g., with relatives or friends)	Institutional /residential accommodation (e.g., hospital, jail)	SAAP/CAP or other emergency accommodation	Private rental accommodation	Public housing	Other accommodation	Total
Accommodation at the point of the follow-up survey								
No shelter								
Row per cent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Column per cent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Temporary accommodation (e.g., with relatives or friends)								
Row per cent	0.0	25.0	50.0	25.0	0.0	0.0	0.0	100.0
Column per cent	0.0	7.1	33.3	20.0	0.0	0.0	0.0	6.0
Institutional/residential accommodation (e.g., hospital, jail)								
Row per cent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Column per cent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SAAP/CAP or other emergency accommodation								
Row per cent	8.3	41.7	16.7	8.3	16.7	0.0	8.3	100.0
Column per cent	33.3	35.7	33.3	20.0	6.9	0.0	25.0	17.9
Private rental accommodation								
Row per cent	0.0	20.0	3.3	3.3	70.0	3.3	0.0	100.0
Column per cent	0.0	42.9	16.7	20.0	72.4	16.7	0.0	44.8
Public housing								
Row per cent	7.7	7.7	7.7	15.4	23.1	38.5	0.0	100.0
Column per cent	33.3	7.1	16.7	40.0	10.3	83.3	0.0	19.4
Other accommodation								
Row per cent	12.5	12.5	0.0	0.0	37.5	0.0	37.5	100.0
Column per cent	33.3	7.1	0.0	0.0	10.3	0.0	75.0	11.9
Total								
Row per cent	4.5	20.9	9.0	7.5	43.3	9.0	6.0	100.0
Column per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.

(b) Matched sample of respondents from Wave 1 and the Three month/Exit surveys.

The vast majority of those who, prior to the support period were in private rental accommodation or public housing, remained in this position at the follow-up stage. In other words, while these clients were at imminent risk of homelessness when support was provided they remained in permanent accommodation three to four months later.

In respect of the two homelessness prevention programs in the public and private rental sectors (SHAP and PRSAP), the provision of support from the point of the Wave 1 survey to the follow-up survey appears to have significantly reduced rental arrears and tenant liabilities for those experiencing financial pressures with respect to sustaining their tenancies (see Table 11 below). This is one indicator of the success of the programs in alleviating pressures on tenants to maintain their tenancy.

Table 11 Tenant Support Programs and Wave 1 and Three-month/Exit Client Survey 2006, (a)(b)

	Wave 1	Follow-up survey
Mean value of rental arrears (for those with rental arrears) \$	\$1,309	\$65
Median value of rental arrears (for those with rental arrears) \$	\$650	\$0
Mean value of tenant liabilities (for those with tenant liabilities) \$	\$3,227	\$617
Median value of tenant liabilities (for those with tenant liabilities) \$	\$1,100	\$0

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.

(b) Matched sample of respondents from Wave 1 and the Three month/Exit surveys.

Table 12 Main Income Source Transitions, Wave 1 and Three Month/Exit Client Survey 2006 (per cent) (n=69), (a)(b)

Main income source on entering the service						
	<i>No income</i>	<i>but registered/awaiting benefit</i>	<i>Government income support payments</i>	<i>Wages/salary/own business</i>	<i>Other sources</i>	<i>Total</i>
Main income source at the point of the follow-up survey						
No income						
Row per cent	0.0	0.0	0.0	0.0	0.0	0.0
Column per cent	0.0	0.0	0.0	0.0	0.0	0.0
No income but registered/awaiting benefit						
Row per cent	0.0	0.0	50.0	50.0	0.0	100.0
Column per cent	0.0	0.0	1.7	14.3	0.0	2.9
Government income support payments						
Row per cent	0.0	1.8	94.5	3.6	0.0	100.0
Column per cent	0.0	100.0	88.1	28.6	0.0	79.7
Wages/salary/own business						
Row per cent	18.2	0.0	45.5	36.4	0.0	100.0
Column per cent	100.0	0.0	8.5	57.1	0.0	15.9
Other sources						
Row per cent	0.0	0.0	100.0	0.0	0.0	100.0
Column per cent	0.0	0.0	1.7	0.0	0.0	1.4
Total						
Row per cent	2.9	1.4	85.5	10.1	0.0	100.0
Column per cent	100.0	100.0	100.0	100.0	0.0	100.0

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.(b) Matched sample of respondents from Wave 1 and the Three month/Exit surveys.

Table 13 Income Level Transitions, Wave 1 and Three Month/Exit Client Survey, 2006 (per cent) (n=69), (a)(b)

	Weekly gross income of the client on entering the service							<i>Total</i>
	<i>No Income</i>	<i>Less than \$200</i>	<i>\$200-399</i>	<i>\$400-599</i>	<i>\$600-799</i>	<i>\$800-899</i>	<i>\$900-999</i>	
Income level at the point of the follow-up survey								
No income								
Row per cent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	<i>0.0</i>
Column per cent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Less than \$200								
Row per cent	0.0	0.0	83.3	16.7	0.0	0.0	0.0	<i>100.0</i>
Column per cent	0.0	0.0	15.2	3.8	0.0	0.0	0.0	8.7
\$200-399								
Row per cent	2.8	0.0	52.8	38.9	5.6	0.0	0.0	<i>100.0</i>
Column per cent	33.3	0.0	57.6	53.8	66.7	0.0	0.0	52.2
\$400-599								
Row per cent	4.5	13.6	31.8	45.5	0.0	4.5	0.0	<i>100.0</i>
Column per cent	33.3	100.0	21.2	38.5	0.0	100.0	0.0	31.9
\$600-799								
Row per cent	33.3	0.0	33.3	33.3	0.0	0.0	0.0	<i>100.0</i>
Column per cent	33.3	0.0	3.0	3.8	0.0	0.0	0.0	4.3
\$800-899								
Row per cent	0.0	0.0	100.0	0.0	0.0	0.0	0.0	<i>100.0</i>
Column per cent	0.0	0.0	3.0	0.0	0.0	0.0	0.0	1.4
\$900-999								
Row per cent	0.0	0.0	0.0	0.0	100.0	0.0	0.0	<i>100.0</i>
Column per cent	0.0	0.0	0.0	0.0	33.3	0.0	0.0	1.4
Total								
Row per cent	4.3	4.3	47.8	37.7	4.3	1.4	0.0	100.0
Column per cent	100.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'. (b) Matched sample of respondents from Wave 1 and the Three month/Exit surveys.

In Table 12, we assess the main income source of respondents both at the point of entering the service at later at the follow-up point. Table 13 does likewise in terms of the level of income. The findings presented in the two tables relate to the same set of respondents.¹⁴ Most study respondents who completed the follow-up process experienced no change in their income position between the beginning of the support period and the follow-up point. The vast majority of study participants relied primarily on government income support payments at both the beginning of the support period and then again at the three to four month follow-point. There was, however, some positive movement evident for a small number of clients. While 85.5 per cent of study participants nominated government income support payments as their main source of income at the time of entering support, this proportion had dropped to 79.7 per cent at the time of follow-up. There was a corresponding increase in the proportion of study participants whose main

¹⁴ Consistent with the evidence presented earlier of an under-representation in the follow-up phase of respondent clients who were in primary homelessness prior to support, so there was an under-representation of those with no income in the follow-up phase. Obviously, there is a significant cross-over between these two groups.

income source was wages and salary income at the time of the follow-up survey; some movement into higher income brackets was evident as well.

In Table 14, we consider the labour force status of client respondents at both the point of entry to support and the follow-up point. At the point of entry into support, 8.8 per cent of study participants were employed full-time and 14.7 per cent employed part-time; an overall employment-to-sample rate of 23.5 per cent. At the time of the follow-up 11.8 per cent of the same study participants were employed on a full-time basis and 16.2 per cent on a full-time basis resulting in a rise in the employment-to-sample rate of 28.0 per cent. There was also an apparent small flow from unemployment to the not-in-the-labour force category. The results are indicative a small improvement in client employment outcomes since the beginning of the support period.

Table 14 Labour Force Status Transitions, Wave 1 and Three Month/Exit Client Survey, 2006 (per cent) (n=69), (a)(b)

	Labour force status of the client on entering the service				<i>Total</i>
	<i>Employed full-time</i>	<i>Employed part-time</i>	<i>Unemployed</i>	<i>Not in the Labour Force</i>	
Labour force status of the client at the follow-up survey point					
Employed full-time					
Row per cent	25.0	25.0	37.5	12.5	100.0
Column per cent	33.3	20.0	11.5	3.8	11.8
Employed part-time					
Row per cent	18.2	36.4	36.4	9.1	100.0
Column per cent	33.3	40.0	15.4	3.8	16.2
Unemployed					
Row per cent	11.1	11.1	61.1	16.7	100.0
Column per cent	33.3	20.0	42.3	11.5	26.5
Not in the labour force					
Row per cent	0.0	6.5	25.8	67.7	100.0
Column per cent	0.0	20.0	30.8	80.8	45.6
Total					
Row per cent	8.8	14.7	38.2	38.2	100.0
<i>Column per cent</i>	100.0	100.0	100.0	100.0	100.0

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'. (b) Matched sample of respondents from Wave 1 and the Three month/Exit surveys.

We stated previously that *Client Survey* respondents exhibited lower levels of satisfaction with a range of dimensions of life than the Australian population as a whole at the point of the Wave 1 survey. This is in spite of the fact that respondents also indicated an overwhelming improvement in their position across all dimensions of life when assistance was provided. In Table 15, we examine the issue of the extent to which support has acted to improve the position of study participants through to the follow-up point. The evidence suggests that satisfaction with various aspects of life continued to improve across most dimensions of life for those who completed the follow-up survey. Using the median score as the reference point for comparison, satisfaction with housing, feeling part of the community, the neighbourhood and ability to cope with serious problems improved by two points out of 10 (or 20 per cent) from the Wave 1 survey point, while the financial situation, a feeling of safety and overall satisfaction improved by 1 point from the Wave 1 survey. The two areas which did not exhibit an improvement in outcomes was employment opportunities and own health.

Table 15 Satisfaction with Various Aspects of Life (Scale of 1-10), Mean and Median Scores, Wave 1 and Three Month/Exit Client Survey 2006, (a)(b)

	Wave 1 survey		Follow-up survey		Difference (Follow-up - Wave 1 survey)	
	Mean	Median	Mean	Median	Mean	Median
Housing situation (n=51)	5.8	5	6.8	7	1.0	2.0
Employment opportunities (n=50)	5.1	5	5.7	5	0.6	0.0
Financial situation (n=52)	3.9	4	5.3	5	1.4	1.0
A feeling of safety (n=51)	6.3	7	7.1	8	0.8	1.0
Feeling part of the community (n=52)	4.9	5	6.0	7	1.0	2.0
Own health (n=50)	6.2	6	6.3	6	0.0	0.0
Neighbourhood (n=50)	6.0	6	7.2	8	1.1	2.0
Ability to cope with any serious problems (n=53)	6.2	6	7.1	8	0.9	2.0
Overall satisfaction (n=53)	6.2	6	6.8	7	0.6	1.0

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.

(b) Matched sample of respondents from Wave 1 and the Three month/Exit surveys.

Table 16 Quality of Life Outcomes for Clients, Wave 1 and Three-month/Exit Client Survey 2006, (a)(b)

	Wave 1 survey mean	Follow-up survey mean
Overall quality of life (one question item 1-5) (n=59)	3.4	3.7
Health satisfaction (one question item 1-5) (n=59)	3.4	3.1
Physical (n=60)	60.9	64.3
Psychological (n=60)	57.4	62.8
Social Relationship (n=57)	49.1	51.0
Environment (n=60)	57.8	61.5

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.

(b) Matched sample of respondents from Wave 1 and the Three month/Exit surveys.

In Table 16 we continue to investigate the question of whether respondent clients experience a further improvement in their sense of well-being using results from the WHOQoL-BREF instrument. As in the case of the satisfaction with life instrument, study participants display an improvement across all four quality of life domains (physical, psychological, social relationship and environment) from the point of the Wave 1 survey through to the follow-up survey and a slight increase in overall levels of satisfaction as well.

At the point of the Wave 1 survey the overwhelming majority of respondent clients reported that the provision of assistance by services to meet their needs was very important to them and that compared with when they first started with the service they understood the issues facing them a lot more now as compared to before. At the follow-up point, the same general result holds although the findings presented in Table 17 suggest a drop-off in the extent to which the provision of support from agencies to meet client needs is viewed as very important by study participants.

Table 17 Client Perceptions of the Benefits of Receiving Support and of the Knowledge Gained as a Consequence of Receiving Assistance, Wave 1 and Three Month/Exit Client Survey 2006, (a)(b)

	Wave 1 Survey	Follow-up survey	Difference (Follow-up - Wave 1 survey)
Importance to the client of receiving assistance and help from the service in meeting their needs (per cent) (n=56)			
Very Important	85.7	66.1	-19.6
Important	10.7	30.4	19.6
Not Important	3.6	3.6	0.0
<i>Total</i>	100.0	100.0	
"Compared to when I first started with the service I understand the issues facing me and how to deal with them... (n=56)			
A lot more	62.5	58.9	-3.6
More	23.2	19.6	-3.6
The same	14.3	21.4	7.1
Less	0.0	0.0	0.0
A lot less	0.0	0.0	0.0
<i>Total</i>	100.0	100.0	

Notes: (a) The count of survey respondents who provided non-missing responses to a given item is given by 'n'.

(b) Matched sample of respondents from Wave 1 and the Three month/Exit surveys.

8. Funding and Costs

We turn now to the issue of the level of government funding of programs on a per client basis. Estimates are derived on the basis of information supplied by program administrators. Government recurrent funding per 'client' in 2005-06 is presented in Table 18.

Table 18 Recurrent Funding by Homelessness Program – Western Australia, 2005-2006

	Recurrent funding \$* (1)	Proportion of WA funding per cent (2)	Number of clients assisted* (3)	Recurrent funding per client \$ (4) = (1) / (3)
SAAP (2004-05)	30,062,705	82.0	8850 clients 14550 support periods	3,397/client 2,066/support period
PRSAP	2,030,534	5.5	711	2,842
SHAP	2,135,861	5.8	557 clients	3,835/client
SHAP Homeless Helpline	177,554	0.5	92 assessed 50 housed	1447/assessment 2663/housed
TASS	434,664	1.2	79	5,502
Re-entry Link	1,812,328	5.0	929 formal 786 casual	1,826 formal** 147 casual
Total funding	36,653,646	100.0		

We use the 'client' as our unit of analysis as all homelessness programs report estimates of the number of clients that receive support. Estimates presented of government funding levels per client should be interpreted with some caution and judgments of the relative cost of delivering different types of homelessness programs made, on an unadjusted per client basis are ill-advised.

Client-based measure of the unit cost of homelessness programs and cross-program comparisons based on such a measure are problematic for two main reasons.

First, data collection methods exist between the various programs leading to potential differences in counts of the number of clients simply because of these different methods. Second, even if the same rules of defining and measuring clients and the same methods used to collect data were adopted across all homelessness programs, cross-program comparisons of funding per client are problematic because differences exist between programs with respect to the average duration of support, the rate of capacity utilisation, and client needs.

- *The duration of the support period:* Programs with short support periods experience greater turnover of clients in a given reporting period and therefore will exhibit lower per client costs of support all other things being equal.
- *Capacity utilisation:* Programs working at close to full capacity (or where services take on more clients than their funding agreements notionally suggest is appropriate) will exhibit lower per unit costs than those at lower rates of capacity utilisation all other things being equal.
- *Client needs:* Those programs working with high and complex needs clients will need to be resourced at higher per client levels than programs that work with clients with less complex needs to provide an equivalent level of support.

Given the above, it is not surprising that per client funding levels differ significantly between programs. Recurrent funding per client ranges from an estimated \$1,826 per formal Re-entry Link client to \$5,502 per TASS client. The level of funding per SAAP client is \$3,397 (\$2,066 per support period). In terms of the two tenancy support programs for clients at risk of homelessness, funding per client is \$3,835 per SHAP client (\$2,663 per housed SHAP Homeless Helpline client) and \$2,842 per PRSAP client.

One major factor leading to differences between the programs in terms of per client funding levels is the average duration of support for clients. For example, the TASS program includes a 6-month fixed term Homeswest tenancy (a public housing tenancy) during which support is provided by an agency. With such long-term support periods in place the number of clients being turned over in a given time period is reduced. This means a lower number of TASS clients in a given period of time and hence higher per client costs.

We were unable to obtain capital cost figures in time for the present paper. In the Final Report, we shall estimate the combined recurrent and capital per unit funding level. It is likely that the capital costs of providing support will be significant. To provide an example, applying the current user cost of capital of 8 per cent (SCRCSSP, 2006) to a \$400,000 property, implies an opportunity cost of capital of \$32,000 per annum (8 per cent of \$400,000), or \$88 per night assuming the property has 100 per cent occupancy. For the mean SAAP accommodation support period of 27 days (AIHW, 2006c) this represents an additional cost of \$2,375 per support period, a little more than the average recurrent cost per support period.

To enrich our understanding of the cost of homelessness services we sought information from service providers. A survey instrument (the *Agency Cost Survey*) was supplied to agencies. The *Agency Cost Survey* was sent to all agencies whose clients participated in the *Client Survey* and *Community Centre Survey*. Preliminary financial information from the study's *Agency Cost Survey* is reported for SAAP crisis/short-term accommodation services and for SHAP.

Information gathered from the *Agency Cost Survey* is used to determine:

- The gross funds available for service delivery and the source of these funds,
- Ongoing costs involved in providing accommodation and support to clients, and
- The unit cost of providing accommodation and support to clients.

SAAP Crisis/short-term services

In the case of *SAAP Crisis/short-term services*, examination of sources of income shows that, on average, 74.3 per cent of total income is derived from government funding. The proportion of income from government sources varies based on geographical location, with a higher 83.4 per cent of funding for non-metropolitan services sourced from program specific funding. This predominantly reflects the higher proportion of income sourced from rent (15.0 per cent) for metropolitan services compared with non-metropolitan services (6.4 per cent).

In addition to government funding, providers of SAAP services raise income via other grants and donations and operating income from rent and other sources (e.g., vending machines). The additional funding means that the level or quality of services provided can be greater than that which would otherwise be available if only program specific funding were available. Five services reported receiving grants in addition to program specific government funding and 3 received donations. Only one service provider reported receiving in-kind donations such as consumables and furniture; the amount was not significant and a dollar value has not been imputed for inclusion in income calculations. Agencies surveyed generally did not cross-subsidise the operating costs of a service by contributing funds raised in other areas.

In most instances, SAAP clients in supported accommodation situations are charged rent—this result held irrespective of whether the property was owned by the agency or provided through CAP or other Government programs. CAP properties are head leased by the service provider and the service provider charges the client rent. That rent is notionally used to cover the cost of property management including the wages of property manager(s), maintenance and cleaning. Service providers operating refuges generally advised that rent is charged on an ability to pay basis. Only one service provider surveyed did not report any income from rent.

Examination of agency-based expenditure data shows that:

- The major cost component relates to staff costs, accounting for 62.0 per cent of costs overall. Staff costs include wages and on-costs plus items such as staff training and development.
- Only three metropolitan and no non-metropolitan services reported using volunteers; among these services the use of volunteer time for the delivery of homelessness support services was low;
- The other major cost item relates to overheads, 17.7 per cent overall.

The average income and expense structure of agencies is sensitive to the client group, and the inclusion of single person services in metropolitan services accounts for many of the differences observed between metropolitan and non-metropolitan services.

The 'survey average' cost per support period is \$2,177; \$3,414 in the non-metropolitan region and \$2,076 in the metropolitan region. Given the average proportion of funding, which comes from program specific Government funding, this

represents an average cost to Government of \$1,618 per support period, \$2,847 non-metropolitan and \$1,497 metropolitan. As noted previously, the cost differential between metropolitan and non-metropolitan services partly reflects the high proportion of metropolitan services surveyed which cater for single clients only. The 2004-05 average number of support periods per SAAP client is 1.65 giving a survey average government cost per client of \$2,670.

The 'survey average' is 79 per cent of the average SAAP funding of \$3,397 per client, reported above. There are several reasons for this difference; first services reported here provide crisis/short-term assistance only, the average SAAP funding also includes services providing medium to long-term support. The cost per client for this longer term support is likely to be greater than that reported here. Second, the cost per client varies significantly depending on region and client type. Therefore, the average is sensitive to the nature of services included in the survey. These differences demonstrate the importance of identifying cost drivers and determining appropriately detailed unit costs.

Unit costs by family group, show that for services surveyed which accept single clients only, the cost per support period is a comparatively low \$1,548, \$1,028 government funded. The difference relates predominately to staff costs, which are only 26 per cent of that recorded for 'mixed client' services, a difference of \$2,373 per client. It was noted earlier that overheads for single person services represent a comparatively large 20.8 per cent of costs. However, when considering dollar cost per support period, overheads are only 50 per cent of that incurred by mixed client services. The cost per support period for 'mixed client' services is \$4,551; \$3664 government funded. This is approximately 3 times as much as for singles only. Unit cost for 'mixed client' services also varies significantly by region; being approximately 50 per cent greater in the metropolitan area than the non-metropolitan. This higher cost relates predominantly to staff costs.

SHAP services

Financial information is available for three *SHAP services*, a mixture of metropolitan and non-metropolitan. All services report a client profile which consists of both single clients and families.

Funding for SHAP services is predominantly program-specific government funding, accounting for 98.4 per cent of all funding. Other reported funding consisted of additional funds made available from the Agency. There is no income from rent; SHAP clients are in mainstream DHW housing and no separate accommodation is provided through SHAP.

As with SAAP programs, the major cost items are staff and overheads, accounting for 63.5 per cent and 12.6 per cent of costs respectively. SHAP services generally pay rent on office space. Utilities and other property related expenses are also incurred in operating an office. In total, 7.2 per cent of identifiable costs are office related. Vehicle costs and program support fees represent a larger proportion of expenditure for SHAP programs than SAAP. This perhaps reflects the focus of SHAP services on providing support only, with no accommodation services, and that SHAP case workers must travel to visit clients in their home. In contrast, many SAAP crisis short-term clients are accommodated in a refuge or in a hostel-style arrangement.

The average cost per client for SHAP services surveyed is \$3,300; on average \$3,247 government funded. Staff related costs are on average \$2,095 per client. A SHAP support period is typically for a period of 6 months or greater, and the number

of clients is typically equivalent to the number of support periods. The survey average unit cost is less than the average SHAP cost per client of \$3,835 reported above. It is possible that cost per client varies by region and the services included in the survey are not representative of the average service. This is of particular importance for SHAP, as only 56 per cent of total funding relates to the target area, with the remainder applied to provide services in the north of Western Australia.

8 Cost offsets from the Provision of Homelessness Programs

As a result of receiving support from a homelessness program, the use of other Government services by clients may change. There is limited Australian data regarding changes in service usage patterns. Berry et al. (2003) suggest that the impact on health, welfare, justice, education and employment assistance should be considered. US studies show that clients who receive housing support are, on average, less likely to utilise programs such as health, welfare and justice, than those who do not receive such support. The cost savings from reduced service use are found to substantially offset the cost of providing housing services (Culhane et al. 2002, and The Corporation for Supportive Housing 2004). In some cases, however, a client who receives housing support may increase their service use if their knowledge of these services and access to them increases as a result of involvement in the housing support program. Increased service use can be a positive outcome in terms of improvement in quality of life, for example receipt of employment benefits providing an income or receiving appropriate health care. It is also possible that the use of educational and employment assistance services will increase, producing a positive outcome in terms of quality of life and/or an increase in earning capacity.

The whole-of-government budgetary savings generated in non-homelessness based programs as a result of improved outcomes arising from the provision of homelessness programs are referred to as cost offsets. These revenues and cost-offsets represent a reduction in total Government funding requirements. Therefore, the government cost of providing homelessness programs is defined to be net of cost offsets. Cost offsets for programs which provide longer term housing solutions are inclusive of any decrease in inappropriate use of emergency crisis accommodation. Movement of clients with longer term needs to an appropriate program decreases demands on higher cost crisis accommodation and increases the probability that those in need of crisis support will be able to access it.

In the present paper, estimates are reported for cost offsets in the areas of health and justice services using an approach appropriate to the data collected to this point. Estimates of cost offsets from other service areas and on the basis of estimation methods appropriate to the data available from a full year of survey data will be available in the Final Report. A discussion of the nature of these offsets and the method for estimating their value was included in the study's Positioning Paper to which the reader is referred (see Flatau et al. 2006).

In the present report, we focus only on the *Wave 1 Client Survey* results and will await results from the 12 month follow-up before discussing changes in health and justice service use following the provision of support. *Wave 1* of the *Client Survey* gathers information regarding a client's service use and housing experience in the year prior to support. This information is used to estimate the cost of health and justice services used by clients of homelessness programs and to compare this with both the population in general and to make comparisons between client cohorts.

Other studies which have endeavoured to cost potential saving arising from assisting a particular client group have imputed the cost of the target group's use of

government services and compared this with the population in general. See, for example, Raman and Inder (2005) and Access Economics Pty. Ltd (2004). As stated above, this approach is also followed here in the Preliminary Report. The results provide an estimate of total *potential* cost offsets if homelessness is eliminated and allows comparison with other studies.

A limitation of this approach is it assumes that, except for the issue being addressed by the study, characteristics of the target group are similar to the general population. The results of the *Client Survey* reveal, as would be expected, differences between the characteristics of people accessing homelessness services on the one hand and the general population on the other. For example, on average 43.9 per cent of survey respondents reported experiencing a mental health condition and 20.7 per cent expressed concern regarding their drug and alcohol consumption. This can be compared with population averages; 18 per cent of people experience mental health problems (National Health Survey (2001), in AIHW, 2004)¹⁵, 9.9 per cent drink alcohol at levels that risk harm (AIHW, 2005b) and 6.2 per cent of people surveyed in the 2004 *National Drug Strategy Household Survey* report using illicit drugs in the previous week (AIHW, 2005b). These differences suggest that even with homelessness program support assistance, the average client use of other government services is unlikely to be similar to the population in general.

This limitation is minimised by also comparing government services used by various cohorts of clients. Wave one of the *Client Survey* gathers information regarding a client's housing/homelessness experience in the prior year. This allows for identification of those clients who have had either a period of primary homelessness, temporary accommodation or unsafe accommodation e.g., being subject to domestic violence, over the previous year. Services used by each of these client groups are compared with utilisation by clients who have not had such an experience.

Our second approach to estimating the value of cost offsets, involves the estimation of the difference in the utilisation of health and justice services between the year prior to support and the year following the provision of support for the homeless program client population and the costing of the resulting differential. This analysis will be conducted in the Final Report.

To determine the value of cost offsets, the unit costs of delivering a range of health and justice services is estimated and applied in conjunction with prevalence indicators of service utilisation by the various client cohorts and for the population in general. Top down unit costs for a number of Government services are published in sources such as the Productivity Commission SCRGSP Annual Report on Government Service Provision, Australian Institute of Housing and Welfare (AIHW) publications and the Police Annual reports. These sources also publish service utilisation rates for the population. A full list of data sources used in calculating these estimates is provided in Appendix J. Although top-down unit costs are not ideal, Pinkney and Ewing (2006) indicate that they are the most likely source of such data for Australian researchers.

To be consistent with other areas of the study, in particular the cost per client estimate for homelessness services, the cost offsets are expressed in 2005-06 dollars. Wave 1 of the Client Surveys commenced in March 2006 and asks about the client's use of services over the prior year. Subsequent waves of the survey gather information on service use during the following year. Therefore, service utilisation

¹⁵ What constitutes a mental health condition in the National Health Survey may be wider than that suggested by responses to the *Client Survey* where alcohol and substance abuse is not listed as a potential mental health condition in the options presented to clients.

data for clients will span the period 2005 to 2007. In most instances, the unit cost and population use of health and justice services is for Western Australia. At the time of undertaking the analysis, the 2006 Report on Government Services had been published, but the Western Australian supplementary tables were not available and so the 2005 Supplementary Tables were used instead.

One of the limitations of the published unit cost and service utilisation data is that it is not all from a common time period and very little of the data currently available is for financial year 2005-06. Data used to estimate population utilisation rates and the cost of government services spans the period 2001-02 to 2005-06. For example, the information on use and cost of general practitioner services for 2005-06 is available online at www.health.gov.au, but the most recent data sourced on the cost of a stay in hospital is for 2003-04 (AIHW, 2006a) and although 2003-04 data is available for the cost of emergency services from the 2006 Report on Government Services, the latest data on use of emergency department services is from 2001-02 (AIHW, 2004). When reported unit cost data is for a period prior to 2005-2006, it has been adjusted for inflation. The Total Health Price Index (AIHW, 2006b) is applied to health costs and the GDP Chain Price Index (ABS, 2006) to justice costs. The GDP Chain Price Index is used rather than the CPI, as it takes into account price changes across the whole economy (for example, wages) not just tradeable goods (Mayhew, 2003). Estimating the 2005-06 cost of services by combining costs and utilisation statistics from a range of time periods assumes no change over this period except for inflation.

Cost offsets are calculated as average cost difference per person. The annual offset is determined as well as the offset over average remaining life.

Cost offsets are determined for the following two scenarios:

- Clients of the homelessness assistance service compared with the population average
- Clients of each service falling into the following three categories are compared with clients who did not fall into these categories:
 - 'Primary homeless' clients, defined as clients who experienced at least one spell of no shelter over the previous twelve months.
 - 'Homeless' clients, defined as those clients experiencing at least one spell of no shelter or one spell of 'temporary accommodation' in the previous twelve months. The 'temporary accommodation' category includes those who 'couch surfed' with extended family members, friends or acquaintances, lived in caravans or boarding or rooming houses or in hostels.¹⁶
 - Unsafe accommodation, defined as clients identified as experiencing at least one spell of domestic or family violence, or living in some other unsafe situation in the previous twelve months.

Detailed results of the second within-client group comparison are included in a forthcoming AHURI Report of Preliminary Findings.

Separate calculations are presented for community centres and for each of the target services/client groups; SAAP-DV and Single Women, SAAP-Single Men, SAAP general families, SHAP, PRSAP, TASS and Re-entry combined.

The dollar value of cost offsets for each service is estimated as:

¹⁶ The temporary accommodation category excludes SAAP/CAP accommodation or other forms of assisted crisis accommodation.

- When comparing service use by people who are at risk of homelessness with the population in general:

$$(\text{average annual use by clients}) * (\text{unit cost of service}) - (\text{population average annual use}) * (\text{unit cost of service})$$

- When comparing service use for different cohorts of people accessing homelessness assistance programs:

$$(\text{average annual use by clients experiencing homelessness/unsafe accommodation}) * (\text{unit cost of service}) - (\text{average annual use by clients not experiencing homelessness/unsafe accommodation}) * (\text{unit cost of service}).$$

A weighted average annual use of services by clients is determined from Wave 1 survey results. In the *Client Survey*, survey participants were asked about how many times given events occurred over the previous year. Responses take the form of 'no contact', 'once', '2 to 5 times', '5 to 10 times' and '10 or more times'. To undertake the initial estimated average utilisation, a response of '2 to 5 times' has been substituted with 3.5 occurrences, '5 to 10 times' with 7.5 and '10 or more times' with 10 occurrences. The first two substitutions represent the range mid-point. Substitution of 10 occurrences for the response '10 or more' represents a conservative estimate of service use. Sensitivity analysis will be undertaken to determine sensitivity of conclusions to these assumptions.

In many cases, the provision of support has an ongoing effect on prevalence of service utilisation beyond the twelve month period being directly considered. Raman and Inder (2005) refer to annual cost offsets inclusive of adjustment for future year's cost adjustments as average life outcomes. The average life outcome is estimated 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 saving. Preliminary estimates presented here assume that these cost savings extend over the average remaining life of clients. The literature and the *Client Survey* data will be used to determine where relations can be identified between age and prevalence of service usage. For example, average general practitioner visits per year vary with age (Britt et al. 2004). The Final Report will include sensitivity of conclusions to changing service utilisation.

The average age of clients surveyed is 35 years. The variation between programs is very small, ranging between 33 and 36 years. AIHW (2004) reports the average life expectancy in Western Australia to be 77.9 years for males and 82.9 years for females. Therefore, an average life expectancy of 80 years is assumed and initial 'Average life outcome' estimates assume the annual cost differential continues over a 45 year period. Average life expectancy varies directly with socio economic welfare (AIHW, 2004). However, the variation between the average and the life expectancy of people in the lowest socio economic quintile is only around 1 year (AIHW, 2005a), therefore conclusions are unlikely to be sensitive this variation. Life expectancy for indigenous Australians is a substantial 17 years less than the total Australian population (AIHW, 2005a). Sensitivity of estimates to this shorter average life expectancy will be determined in the Final Report.

Future year estimates are made in 2005-06 dollars (i.e., no allowance for future inflation is made). Future period cost savings are discounted using a 3 per cent real discount rate to reflect time-preference. This methodology assumes that the same inflation rate is expected to exist in relation to costs, revenues and benefits and is equivalent to the inflation rate which is reflected in the expected nominal interest rate. The 3 per cent rate was determined by reference to the literature and current interest rates. Drummond et al. (1997) state that most studies in the health care literature use a standardised real discount rate of 3 per cent or 5 per cent. However, studies such

as Raman and Inder (2005) do not discount future estimates of cash flows to reflect time preference, this is equivalent to a 0 per cent discount rate. Access Economics (2004) refers to current market interest rates and finds a real discount rate of 3.3 per cent to be appropriate when assessing the cost of domestic violence in Australia. Applying the approach taken by Access Economics, the long term Government bond rate in Australia ranged between 5.13 per cent and 5.79 per cent over the twelve months to June 2006 (www.rba.gov.au). The Reserve Bank has a mandate to maintain an inflation rate within the 2 per cent to 3 per cent range over the economic cycle. Therefore, an inflation rate of 2.5 per cent on average is assumed. This suggests a real long-term Government bond rate of between 2.63 per cent and 3.29 per cent is currently applicable. This range is inclusive of the 3 per cent used in many studies. Current observed rates are in the lower range of historically observed rates. If nominal rates are expected to increase into the future the discount rate should reflect this. Given the subjective nature of the discount rate and to improve comparability with other studies, average life outcomes are also estimated using discount rates of 0 per cent and 5 per cent.

The estimated 2005-06 government unit costs of health and justice services included in cost offsets analysis together with average population utilisation rates for services is reported in Table 19. (A forthcoming AHURI Report on Preliminary Findings provides details of the method used to calculate the estimates along with the data sources.) Unit costs relate to Government costs only.

Table 19 Health and Justice Services – Unit Cost and Population Utilisation Levels

	Government cost/incident \$2005-06	Average population incidence/year
Health Services:		
GP visit	37	4.21
Specialist visit	56	0.81
Nurse/other worker visit	10	0.19
Health worker visit to me	37	N/A
Hospital stay, 1 night or more	6,796	0.1
Casualty or emergency	361	0.354
Outpatient	119	1.4
Other Health worker visit	66	N/A
Ambulance	566	0.118
Justice Services:		
Victim assault/theft	1,133	0.18
Stopped by police in street	151	0.17
Stopped by police in vehicle	60	0.84
Apprehended by police	151	0.02
In court	850	0.06
In prison	56,570	0.002
Visit from Justice officer	151	N/A
Per night held by police	134	N/A
Per night in prison	186	0.61 nights/year
Per night detention/remand/correction	134	N/A

N/A indicates that population incidence rates are not available for this item

Client service utilisation rates are self reported and derived from responses to questions in the *Client Survey*. They are based on a client's memory of occurrences

over the prior year. This could create a bias in client utilisation rates which does not exist in population averages. Privacy issues, a lack of data elements in administrative data relating to accommodation and limited linkage of administrative data means that it is not currently feasible to identify actual service utilisation by people experiencing homelessness or by individuals (Pinkney and Ewing, 2006). Therefore, more objective data is not currently available and survey responses represent the best estimate of service utilisation.

In the case of health services, the cost of a stay in hospital of 1 night or more is based on the average stay, excluding same day separations, of 6.5 nights (Report on Government Services, 2005). Clients who report one or more stays in hospital are also asked the total number of nights in hospital over the last year. Only 50 per cent of respondents who report a stay in hospital answered this question, and in some client cohorts no respondents who indicated they had a stay in hospital answered this question. Due to the low response rate, the information is not used when assessing the value of cost offsets. The 6.5 nights is likely to be a conservative estimate of the average hospital stay for respondents. On average 43.7 per cent of respondents reported a diagnosis for a mental illness, compared with a population average of 18 per cent (AIHW, 2004). AIHW (2004) reports that the average length of stay in hospital is higher for people when there is an additional mental health diagnosis. In addition, overseas studies, such as Salit et al. (1998), Eberle et al. (2001), Culhane et al. (2002) and The Corporation for Supportive Housing (2004) report a longer average stay in hospital for people who are homeless compared with the population average.

In the case of justice services, clients who report being held overnight by police, being in prison, or being in detention, remand or correction are also asked the total number of nights in custody in the prior year. Only 44 per cent of clients in other programs specified the number of nights held overnight by police. The low response rate means that specified nights for each service cannot be used. However, as no population statistics are available for average nights held by police; the average reported 2 nights per incident is used throughout to determine the cost of being held by police when comparing client cohorts. Both the incidence and the cost of being held overnight by police are comparatively small and conclusions are unlikely to be sensitive to this assumption.

Table 20 compares average per person cost of health and justice services for clients of each of the programs with the population average. Each program is reported separately, except for TASS and Re-entry, which are combined as the number of respondents is insufficient to report separate results. Service utilisation and associated cost for SAAP-DV and Single Women services in Panel A, SAAP-Single Men in Panel B, SAAP-Families & General services in Panel C, and SHAP, PRSAP and TASS/Re-entry Link in Panels D, E and F, respectively. 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. Column (5) reports the annual cost difference and (6) the associated average life outcome. For example from Panel A, clients of SAAP-DV and Single Women services report an average 6.61 visits per year to the GP, with an associated cost of \$243, \$88 per year greater than the population average of \$155. The associated average life outcome is an additional cost of \$2,164/person over a 45 year period. Panel B, SAAP-Single Men, report only 3.73 visits per year to a GP, costing \$137. This is \$18 per year less than the average population cost of \$155/year, with an average life outcome of -\$437.

Table 20 Cost of Health and Justice Services – Clients of Homelessness Programs Compared with the Population

	Panel A						Panel B			
	Population statistics		Victims of domestic violence & single women				Single men			
			Annual use		Difference/person		Annual use		Difference/person	
	Ave Occur.	Ave Cost \$	Ave Occur.	Ave Cost \$	Annual Diff \$	Ave life outcomes \$ (6)=PV of(5) n=45, i=3 per cent	Ave Occur.	Ave Cost \$	Annual Diff \$	Ave life outcomes \$ (6)=PV of (5) n=45, i=3 per cent
(1)	(2)	(3)	(4)	(5)=(4)-(2)		(3)	(4)	(5)=(4)-(2)		
Health Services										
GP	4.21	155	6.61	243	88	2164	3.73	137	-18	-437
Specialist	0.81	45	3.04	170	125	3064	1.00	56	11	260
Nurse/other worker	0.19	2	3.06	32	30	729	1.41	15	13	310
Hospital, ≥ 1 night	0.10	680	0.94	6381	5702	139802	1.28	8716	8036	197039
Casualty or emergency	0.35	128	1.35	489	361	8851	1.37	493	365	8953
Outpatient	1.40	167	2.04	242	76	1859	0.96	114	-53	-1291
Ambulance	0.12	67	0.53	298	231	5662	1.04	591	524	12858
Total Health		1,243		8,022	6,779	166,213		10,190	8,947	219,359
Justice Services										
Victim assault/theft	0.18	204	2.15	2441	2237	54851	0.43	492	288	7070
Stopped by police in street	0.17	26	0.35	53	27	661	1.70	257	231	5668
Stopped by police in vehicle	0.84	50	0.62	37	-13	-323	1.55	93	43	1048
Apprehended by police	0.02	3	0.44	66	63	1536	1.31	198	195	4774
In court	0.06	51	0.91	773	722	17694	0.00	0	-51	-1250
Nights in prison	0.61	113	0.00	0	-113	-2782	3.62	673	559	13718
Total Justice		447		3,369	2,922	74,855		1,713	1,265	48,417
Total Offsets					9,701	241,068			10,212	267,776

Table 20 Cost of Health and Justice Services – Clients of Homelessness Programs Compared with the Population (Cont.)

	Panel C Families general						Panel D SHAP			
	Population statistics		Annual use		Difference/person		Annual use		Difference/person	
	Ave Occur.	Ave Cost \$	Ave Occur.	Ave Cost \$	Annual Diff \$	Ave life outcomes \$ (6)=PV of (5) n=45, i=3 per cent	Ave Occur.	Ave Cost \$	Annual Diff \$	Ave life outcomes \$ (6)=PV of (5) n=45, i=3 per cent
	(1)	(2)	(3)	(4)	(5)=(4)-(2)		(3)	(4)	(5)=(4)-(2)	
Health Services										
GP	4.21	155	5.36	197	42	1041	7.71	283	129	3151
Specialist	0.81	45	1.70	96	50	1227	2.50	140	95	2329
Nurse/other worker	0.19	2	2.06	21	19	475	4.16	43	41	1008
Hospital, ≥ 1 night	0.10	680	1.06	7221	6541	160381	1.35	9144	8464	207537
Casualty or emergency	0.35	128	2.62	945	817	20030	2.17	783	655	16069
Outpatient	1.40	167	1.97	235	68	1670	3.00	357	190	4668
Ambulance	0.12	67	0.85	480	413	10124	1.47	832	765	18756
Total Health		1,243		9,312	8,069	197,832		11,886	10,643	260,960
Justice Services										
Victim assault/theft	0.18	204	1.28	1453	1249	30627	1.41	1595	1391	34113
Stopped by police in street	0.17	26	1.70	256	231	5653	0.76	114	88	2170
Stopped by police in vehicle	0.84	50	1.28	77	26	650	1.64	98	48	1171
Apprehended by police	0.02	3	1.98	299	296	7245	0.60	90	87	2138
In court	0.06	51	2.17	1844	1793	43964	1.10	933	882	21633
Nights in prison	0.61	113	2.24	416	303	7424	0.84	157	44	1068
Total Justice		447		4,345	3,898	114,248		2,988	2,541	71,355
Total Offsets					11,967	312,080			13,184	332,315

Table 20 Cost of Health and Justice Services – Clients of Homelessness Programs Compared with the Population (Cont.)

	Population statistics		Panel E PRSAP				Panel F TASS & Re-entry			
			Annual use		Difference/person		Annual use		Difference/person	
	Ave Occur. (1)	Ave Cost \$ (2)	Ave occur. (3)	Ave Cost \$ (4)	Annual Diff \$ (5)=(4)-(2)	Ave life outcomes \$ (6)=PV of(5) n=45, i=3 per cent	Ave occur. (3)	Ave Cost \$ (4)	Annual Diff \$ (5)=(4)-(2)	Ave life outcomes \$ (6)=PV of (5) n=45, i=3 per cent
Health Services										
GP	4.21	155	5.60	206	51	1252	2.68	99	-56	-1375
Specialist	0.81	45	2.89	162	117	2858	1.50	84	39	952
Nurse/other worker	0.19	2	3.13	32	30	745	2.32	24	22	541
Hospital, ≥ 1 night	0.10	680	0.96	6538	5858	143634	0.96	6494	5814	142551
Casualty or emergency	0.35	128	1.91	688	560	13733	0.50	181	53	1297
Outpatient	1.40	167	1.74	207	40	989	0.73	87	-80	-1961
Ambulance	0.12	67	0.63	355	289	7078	0.32	180	113	2782
Total Health		1,243		8,327	7,084	173,702		7,362	6,119	150,036
Justice Services										
Victim assault/theft	0.18	204	0.20	227	23	556	0.68	773	569	13959
Stopped by police in street	0.17	26	0.33	50	24	592	1.27	192	167	4087
Stopped by police in vehicle	0.84	50	0.73	44	-7	-160	1.91	115	64	1576
Apprehended by police	0.02	3	0.40	60	57	1396	2.25	340	337	8256
In court	0.06	51	0.64	548	497	12182	3.78	3210	3159	77455
Nights in prison	0.61	113	0.44	82	-31	-765	158.00	29388	29275	717774
Total Justice		447		1,010	563	15,144		34,018	33,571	991,912
Total Offsets					7,647	188,846			39,690	1,141,948

For all programs, the average cost of both health and justice services used by clients exceed the population average. The total potential cost offset ranges between \$7,647/person/year for PRSAP clients (Panel E) to \$39,690/person/year for TASS/Re-entry Link clients (Panel F). The associated average life outcomes range between \$188,846/person for PRSAP clients to \$1,141,948/person for TASS/Re-entry Link clients. There are very few instances where client use of an individual service is less than the population average. For all programs except TASS/Re-entry Link over two thirds of the cost difference relates to health services. In particular, the higher frequency of hospital visits reported by clients compared with the population adds between \$5,702/ person/year for SAAP-DV and Single Women services clients (Panel A) and \$8,464 per year for SHAP clients (Panel D) to the government cost of health services. Panel F shows that for TASS/Re-entry Link clients the potential cost offset relating to hospital stays is similar to other programs, but the largest cost difference relates to the cost of time in prison; \$29,388/person/year. This is expected, given the target population of these programs. It represents a significant potential government savings if subsequent periods of incarceration can be avoided through the provision of housing support.

Potential cost offsets are also determined by comparing service utilisation by clients who experienced a period of primary homelessness, temporary accommodation and unsafe accommodation over the prior year with those who did not. Given the relatively small numbers involved in these within-program comparisons, estimates of cost offsets need to be treated with some caution.

Total average cost of health services is greater for those experiencing a period of primary homelessness or temporary accommodation in the prior year, compared with those who have not, for all client groups except for SAAP-Single Men and SAAP-Families & General services clients. In all cases, the cost of stays in hospital constitutes both the largest proportion of health costs and the largest cost differential. For most client groups, the incidence of hospital stays is greater for those who experienced primary homelessness or temporary accommodation in the year prior to support. If the average length of each stay is also longer for these clients, the real health cost offset associated with preventing homelessness is larger than that reported here. When considering justice services, for all client groups except SAAP-Single Men, the cost is higher when primary homelessness or temporary accommodation is experienced. SHAP and PRSAP clients experiencing primary homelessness or temporary accommodation in the year prior to support report higher use of almost all justice services as compared to clients in these two programs who had not experienced homelessness in the prior year.

The net cost of providing homelessness programs is defined to be the gross cost less any resulting change in the cost of other Government services. Preliminary evidence regarding health and justice services suggests that service utilisation by clients of all programs that are the subject of analysis in this study is generally higher than the population on average and, except for the clients of SAAP-Single Men and SAAP-Families & General services; clients who experience a period of homelessness in the prior year also incurred higher health and justice than clients who did not. These higher health and justice costs represent potential government cost reductions, or cost offsets, from providing assistance and preventing a period of homelessness. Therefore, the cost of providing homelessness prevention services should be assessed net of these cost offsets.

Table 21 reports average program cost net of health and justice cost offsets in respect of homelessness programs that are the subject of analysis in this study using evidence drawn from the *Client Survey*. Program costs per person are reported net of both annual offsets and average life outcomes. It should be noted that the cost per client reported for SAAP, TASS and Re-entry Link does not include an imputed capital cost, therefore the total cost per client is underestimated for these programs. As data is not currently available to estimate

a unit cost per client for all SAAP target groups, the average program cost per client is applied for all SAAP services.

For all programs, the value of annual 'population offsets' is at least 2.7 times greater than the annual program cost, resulting in a significant potential net government cost savings from providing assistance. For example, the cost per client for SAAP-Single Men clients is \$3379, the associated 'population offset' is three times that amount, at \$10,212, resulting in a negative net program cost, or net cost savings, of -\$6,833/person/year. Thus, if reduced service utilisation only occurs in the year of support, one third of the potential savings would need to be achieved for the program cost to be offset by reduced health and justice costs. For Re-entry Link clients, potential annual offsets are 21.7 times program cost. If support results in changed service utilisation over the client's remaining life, only a small proportion of average life outcomes need to be achieved in order for programs to pay for themselves in health and justice savings. The proportion ranges from 0.2 per cent for Re-entry Link clients to 1.5 per cent for PRSAP clients.

When considering potential offsets derived from a within-client-group comparison of those experiencing a spell of homelessness in the prior to support and those who have not (Panel B), for clients of SAAP-DV and Single Women services, PRSAP, SHAP and Re-entry Link programs, the government cost of providing the service is more than offset by the reduced cost of health and justice services. In the case of PRSAP and Re-entry Link programs, the savings are approximately double the cost of providing services. It should be noted that the majority of services for single women and victims of domestic violence offer crisis/short-term accommodation, so actual cost per client is likely to be less than the SAAP average; correspondingly the net cost per client for these services is likely to be overestimated.

The cost of the TASS program is substantially offset by reduced health and justice costs. The conclusion that annual cost offsets are greater than program costs for Re-entry but not TASS clients may be sensitive to the assumption of a common cost offset. It is possible (indeed probable given the higher needs of TASS clients) that the value of the cost offsets is larger for TASS clients than Re-entry Link clients. The Re-entry Link cost per client represents only 44 per cent of the value of estimated annual offsets; therefore it is unlikely that the value of offsets is less than the program cost/client. However, it is possible that the value of annual cost offsets for TASS clients is larger than the program cost/client.

Table 21 Program Costs Net of Health and Justice Service Cost Offsets

Target group/ program	Program costs net of 'population offsets'				
	Program cost per client \$* (1)	Health & justice offsets/ person/ year \$ (2)	Cost / client net of annual offsets \$** (3) = (1)-(2)	Average life outcomes / person \$ (4)	Cost /client net of average life outcomes \$** (5)=(1)-(4)
SAAP-DV & Single Women	3,379	9,701	-6,322	241,068	-237,689
SAAP-Single Men	3,379	10,212	-6,833	267,776	-264,397
SAAP-Families & General	3,379	11,967	-8,588	312,080	-308,701
PRSAP	2,842	7,647	-4,805	188,846	-186,004
SHAP	3,835	13,184	-9,349	332,315	-328,480
TASS	5,502	39,690	-34,188	1,141,948	-1,136,446
Re-entry Link	1,826	39,690	-37,864	1,141,948	-1,140,122

* Source –Table 6.1

**Note: A negative cost per client suggests that the cost of providing homelessness prevention services is more than offset by savings from reduced use of health and justice services, resulting in a net savings to Government from preventing a period of homelessness.

9 Conclusion

The aim of this study is to estimate the extent to which the provision of services to homeless people and those at imminent risk of becoming homeless in Western Australia produces improved outcomes for those who are assisted and, in so doing, lowers program outlays in other areas (e.g., in the health and justice system) and increases government tax receipts. The evidence gathered to this point shows that programs produce positive outcomes for clients in the period immediately following the provision of support and does so at low cost of delivery relative to the delivery of other services. Indeed, if homelessness programs were able to reduce the utilisation of health and justice facilities by clients of homelessness programs down to population rates of utilisation the savings achieved would pay for the homelessness programs several times over. This suggests that there is potential for homelessness programs to be dramatically cost-effective.

The positive outcomes experienced by clients as a result of the assistance provided to them should be understood against the background of clients as they enter support. Many clients of homelessness programs enter support having experienced a history of homelessness and/or unsafe living. Around a quarter of clients experience at least one episode of primary homelessness prior to the age of 18, while around the same proportion experience at least one period of an unsafe living environment involving episodes of violence of one kind or another prior to the age of 18. From the age of 18, the incidence of each of these forms of marginalised housing and living increases significantly.

Furthermore, nearly half of respondent clients currently experience a mental health condition, close to a third of all respondent clients experience a long-term physical health condition and around a fifth of all respondent clients express concerns about their own alcohol and drug use. Clients typically present to homelessness services with multiple needs requiring ongoing or intensive support. Clients' self-esteem, own-assessed quality of life and satisfaction with various dimension of life is very low relative to Australian norms.

A primary goal of SAAP services is to provide shelter to those who are in primary homelessness and enable those who are in secondary and tertiary homelessness to move to secure permanent accommodation, most particularly, public housing, but also private rental housing. A significant majority of both SAAP-Single Men clients and SAAP-Families and General services client respondents move into a SAAP support period from a non-permanent accommodation position whether that was from primary homelessness or from a position of temporary accommodation. The evidence from SAAP National Collection Data is that a high proportion of those who enter from a position of primary homelessness leave to secure permanent accommodation. Likewise, in terms of our own *Client Survey* those who were in primary homelessness on entry or who were living in temporary accommodation at that time remained housed through the survey follow-up period.

In addition to the accommodation-related support that SAAP agencies provide to clients, homelessness prevention programs assist public housing and private rental clients at imminent risk of eviction and possible homelessness to maintain their accommodation and help resolve the immediate and long-term triggers that led to referral to the program. The majority of those assisted in homelessness prevention programs retain their housing and partially or fully resolve the immediate housing problems that brought about the initial referral. The evidence from the *Client Survey* is that those receiving tenant support program services, remained in public or private rental housing through the period of the survey follow-up and that triggers for referral such as rent arrears or tenant liabilities were effectively being tackled.

Another critical housing support intervention is in respect to community transition programs for those leaving prison. Programs supporting those leaving prison provide housing to prisoners either through fixed-term public housing leases or short-term community housing leases. This provides a critical element of stability for clients and enables them more effectively to reintegrate into the community. While it is too early to make definitive conclusions, the early evidence from the TASS and Re-entry Link programs is that these programs are proving beneficial in lowering rates of recidivism and a making positive contribution to the lives of individuals who have previously returned to prison.

Following entry to support, *Client Survey* study participants reported a significant improvement in housing outcomes because of the assistance they received from agencies. More than half of all *Client Survey* respondents reported that their housing position was much better than before assistance was forthcoming. A further quarter indicated that their housing position was somewhat better than before assistance was provided. In other words, over 80 per cent of study participants reported an improvement in their housing outcomes directly resulting from the provision of support.

A second fundamental immediate impact of support is that homelessness program agencies provide an environment, which improves clients' perception of safety; 61.1 per cent of clients in the *Client Survey* reported that assistance had resulted in improved feelings of safety. The strongest response is evident for the SAAP-DV and Single Women category of clients where 87.1 per cent of clients indicated that assistance had resulted in an improvement in feelings of safety.

One area where *Client Survey* study participants report much lower levels of positive change following the provision of support is that of employment opportunities. Such a finding needs, however, to be read against the past employment histories of clients, the difficulties in meeting both immediate crisis needs of individuals and their long-term aspirations and the fact that homelessness program agencies may not always be in a good position to assist in the job search process. It is important also to recognise that employment histories and self-assessed employment outlooks differ between clients of different homelessness programs and sub-programs.

The overwhelming majority SAAP-Single Men service respondent clients in the *Client Survey*, for example, reported that they held at least one job over a two-year period prior to the start of their current support period. This provides hope that linkages with the labour market can be established again for clients of these services. It is with SAAP-Single Men and also TASS and Re-entry Link program clients that we also see the greatest improvement in clients' employment outlook following the provision of support. Around half of all SAAP-Single Men and TASS and Re-entry Link *Client Survey* study participants report that they experienced an improvement in their employment outlook following the provision of support, which is well above the proportion of respondent clients from other programs that reported improved employment opportunities outcomes following support.

Across all programs, 8.8 per cent of study participants were employed full-time and 14.7 per cent employed part-time at the Wave 1 point; an overall employment-to-sample rate of 23.5 per cent. At the time of the follow-up survey, 11.8 per cent of the same study participants were employed on a full-time basis and 16.2 per cent on a full-time basis resulting in a rise in the employment-to-sample rate of 28.0 per cent. There was also an apparent small flow from unemployment to the not-in-the-labour force category. The results are indicative a small improvement in client employment outcomes since the beginning of the support period.

One important indicator of the effectiveness of homelessness programs is the degree to which clients have gained a better understanding of the issues facing them and how to deal with them. Across the various programs, 55.6 per cent of study participants in the *Client Survey* indicated that support had resulted in them understanding the issues facing them and how to deal with them a lot more than before support was provided. A further 27.8 per cent of clients responded that they understood the issues facing them more than before (83.4 per cent in total).

Evidence from the *Client Survey* indicates that satisfaction with various aspects of life continued to improve across most dimensions of life for those who completed the follow-up survey. Client satisfaction with housing, feeling part of the community, the neighbourhood and ability to cope with serious problems improved significantly from the Wave 1 survey point, while satisfaction with the financial situation, a feeling of safety and overall satisfaction improved marginally from the Wave 1 survey. The two areas which did not exhibit an improvement in outcomes was employment opportunities and own health. Study participants also displayed an improvement in the WHOQoL-BREF (Australian version) across all four quality of life domains (physical, psychological, social relationship and environment) from the point of the Wave 1 survey through to the follow-up survey and a slight increase in overall levels of satisfaction as well.

For clients who responded to the follow-up waves of the *Client Survey*, the outcomes from gaining assistance were that long-term accommodation had been obtained; rental arrears had been addressed and skills in tenancy obligations had been developed, and people were learning to cope with daily problems and learning to generate a sense of control over their lives. Others referred to an increase in self-esteem, ongoing access to other support agencies such as drug and alcohol dependency and parenting support groups and families and been reunified.

As a result of receiving support from a homelessness program, the use of other Government services by clients may change. The whole-of-government budgetary savings generated in non-homelessness based programs as a result of improved outcomes arising from the provision of homelessness programs are referred to as cost offsets. Studies which have endeavoured to cost potential saving arising from assisting a particular client group, have imputed the cost of the target group's use of government services and compared this with the population in general. This approach is also followed here in the Preliminary Report, but the cost offset estimates gained from this approach represent a potential and not actual cost offset. In the Final Report, we shall take a different approach to estimating the value of cost offsets, involving the estimation of the *difference* in the utilisation of health and justice services between the year prior to support and the year following the provision of support and the cost of this differential. Again, this is not a perfect measure of the value of cost offsets.

In relation to the *Client Survey*, we find that, for all programs, the average cost of both health and justice services used by clients exceed the population average. The total potential cost offset ranges between \$7,647/person/year for PRSAP clients to \$39,690/person/year for TASS/Re-entry Link clients. The associated average life outcomes range between \$188,846/person for PRSAP clients to \$1,141,948/person for TASS/Re-entry Link clients. There are very few instances where client use of an individual service is less than the population average. For all programs except TASS/Re-entry Link over two thirds of the cost difference relates to health services.

For all programs, the value of annual 'population offsets' is at least 2.7 times greater than the annual program cost, resulting in a significant potential net government cost savings from providing assistance.

The Final Report will include an examination of client outcomes twelve months down the track when most clients will have left support. It will also provide a more detailed analysis of the cost of delivering services across a wider set of programs and inclusive of the capital costs involved in the provision of supported accommodation options. The issue of the cost offsets of support will be examined taking into account clients utilisation of health and justice facilities over the 12 month period since they were first surveyed.

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