



## **Social Policy Research Group**

### **VULNERABLE IN THE CITY**

#### **A Study of Accommodation and Other Services For Vulnerable Adults in Inner Adelaide**

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The project was commissioned by the ICAG,  
and jointly funded by  
the Department of Human Services  
and the Adelaide City Council

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## LIST OF ABBREVIATIONS

ACC	Adelaide City Council
AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal and Torres Strait Islander
CAP	Crisis Accommodation Program
DCF	Data Collection Form
DFACS	Department of Family and Community Services
DHS	Department of Human Services
ICAG	Inner City Administrators Group
MACHA	Multi Agency Community Housing Authority
NDCA	National Data Collection Agency
OARS	Offenders Aid Rehabilitation Service
SAAP	Supported Accommodation Assistance Program
SAAP NDC	SAAP National Data Collection

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In addition, we acknowledge and thank all the ICAG workers who participated in the survey. To the ICAG clients who told their story we offer special thanks, and hope this report contributes to the efforts of all who are addressing them.

Edgar Carson Rodney Fopp Stephen Parker

## EXECUTIVE SUMMARY

The Vulnerable Adults Study was commissioned by the Inner City Administrators Group (ICAG) and jointly funded by the Department of Human Services and the Adelaide City Council. Consisting of 12 community and state funded agencies which provide services for vulnerable adults in inner Adelaide, ICAG commissioned the research because it was concerned about the lack of accurate data available on its target groups.

In particular, the project was designed to investigate the:

- level of demand for services in the inner city;
- nature of demand for services in the inner city;
- extent to which demand for services is satisfied;
- level of unmet need in the inner city; and
- gaps in the service system.

To collect such data, the study employed a Data Collection Form (DCF) which gathered material on clients at ICAG agencies. Data collection was undertaken by the ICAG agencies on one day per week for five consecutive weeks in June/July 2002. The data were gathered from two groups: (1) existing clients and (2) presenting/new clients seeking services at ICAG agencies.

The survey period was:

- Tuesday 18<sup>th</sup> June
- Wednesday 26<sup>th</sup> June
- Thursday 4<sup>th</sup> July
- Friday 12<sup>th</sup> July
- Monday 15<sup>th</sup> July

Data were collected as part of the routine duties of agency workers and requested information regarding clients' demographic and personal details, as well as the services they required and whether or not they were provided.

In addition, semi-structured interviews were undertaken with agency workers in order to provide general information about demand for services, factors which drive demand, unmet demand and the difficulties realising appropriate and sustainable outcomes for clients. Workers were also asked to illustrate their answers by referring anonymously to a representative selection of clients as case studies.

The results of the data collection indicate that 972 individual persons presented at ICAG agencies a total of 2184 times across the survey period. The respondents were found to be mainly:

- single males;
- Anglo-Australians;
- aged 31-55 years.

Results of the demand for services show that:

- demand for services remained relatively constant across the 5 days of the survey period (with the range being from 401-459 contacts per day);
- of the total number of contacts made at ICAG agencies, over 63% were from people aged between 31-55 years of age, with 75% being male, 82% Anglo-Australian and 94% single;
- over half of the presentations at ICAG agencies were repeat contacts – that is, ICAG clients made subsequent presentations over the 5 days of data collection;
- the duration of assistance varied, but about half of the respondents had been assisted by agencies for over 1 year.

Overall, there were 10,798 services provided over the data collection period. The services most provided and most needed were: meals, assistance to obtain or maintain independent accommodation, advice and information, emotional support and counselling, and laundry and shower facilities. The services provided closely reflected the incidence of stated need and assessed need.

Gaps in service delivery are indicated by the 130 occasions on which no service could be provided and no referral to another agency was available. The 5 service types most likely to be neither provided nor 'referred on' were:

- assistance with immigration issues;
- assistance with problem gambling;
- psychological services;
- transport; and
- assistance with legal issues/court support.

The group of services categorised as 'specialist services', which includes health related services, represented over a third of all the occasions in which no service or referral was provided. This indicates an important gap in service delivery.

Data based on clients' recent accommodation history, showing those who spent the previous night either living in a car/tent/park/street/squat, or in temporary, insecure accommodation, can

be used to classify a sub-set of respondents as the 'most vulnerable' of the survey population. Yet, apart from accommodation, the stated needs and assessed needs of this sub-set did not differ as much as expected from clients in stable, longer term accommodation. This suggests a high level of vulnerability across all respondents to the survey.

The policy implications of this research include:

- the need for more medium term supported accommodation to respond to the demands of clients with acute needs, including health or behavioural issues;
- the extension of community managed accommodation operated by ICAG agencies which would successfully provide longer term, stable accommodation and is a realistic alternative to both private rental and public housing;
- the need for further research, possibly longitudinal research, which could focus in more detail on the nature of outcomes rather than output, and thus be better able to document the nature of unmet demand.

## **INTRODUCTION**

This Report contains the findings of research commissioned by the Inner City Administrators Group (ICAG) and jointly funded by the Department of Human Services (SA) and the Adelaide City Council. Consisting of representatives from 12 community organisations working with vulnerable adults in the inner city of Adelaide, ICAG commissioned the research because it was concerned about the lack of accurate data available on its target groups. A list of ICAG agencies is provided in Appendix 1.

Whilst most organisations collect some data with regard to the people for whom they provide services, such previous data collection was inconsistent, and some of the specific services provided by agencies are not counted in the national SAAP data collection. In addition, if services provided by agencies are funded from another source, the service is also not counted in the national data. This has resulted in a lack of more comprehensive data about the:

- level of demand for services in the inner city
- level of unmet need in the inner city;
- nature of demand for services in the inner city;
- nature of unmet need for services in the inner city.

In brief, the current data is collected inconsistently, is incommensurable, unreliable and, because SAAP National Data Collection (NDC) excludes non-SAAP services or agencies, it is likely to under-estimate the extent of demand and unmet demand in ICAG agencies.

### **The focus of the research**

This study attempts to address the lack and inadequacy of existing data about the needs of clients presenting at ICAG agencies. More specifically, it is about vulnerable adults who seek services and/or are assisted by ICAG agencies in Adelaide. Vulnerable adults are those:

whose personal circumstances are characterized by a lack of access to essential resources such as stable accommodation and sufficient personal incomes. In addition to limited access to financial and material resources individuals may face a range of challenging personal issues. Factors of disadvantage include acute and chronic health conditions and disabilities which compromise mental health. For some individuals patterns of substance abuse and dependency puts pressures on their capacity to maintain stable living arrangements (Department of Human Services n.d.: 5).

In addition, vulnerable adults:

- may have experienced trauma and abuse;
- may have limited opportunities or networks which could provide 'personal support and encourage positive social engagement';

- live in circumstances which place them in grave personal risk or which have the potential to compound or aggravate their personal health and safety;
- tend to need to use 'public space and/or specialized accommodation to meet their essential needs' (Department of Human Services n.d.: 5).

In this context, this project will use as an indicator of vulnerability factors such as patterns of inadequate accommodation, high numbers of moves to find accommodation, and high levels of need among the target population.

### **The context**

The information from this study is relevant to the *Vulnerable Adults Strategy* which was developed by the Department for Human Services (2001) to address issues including homelessness in the Inner City. It is also significant for the Adelaide City Council who fund agencies in the inner-city area.

### **Relevant South Australian research**

There have been several studies on homelessness in Adelaide including Fopp (1989), Wintringham (1997), and the Inner City Frail Aged Co-ordinating Committee (1998). The most recent report is the Adelaide City Council's *Review of Housing Need Priority Groups* (Stinson, 1998).

The Stinson Review undertook extensive consultation with agencies and interest groups and provides a detailed analysis of the nature of housing need in the inner city. It confirmed a general crisis of housing affordability, concentrations of very poor and very wealthy residents, a relatively high unemployment rate, a large proportion of the unemployed living in boarding and lodging houses, increasing numbers of single parent households, increasing youth homelessness, and the negative impacts of gentrification and deinstitutionalisation policies.

The report also identified a serious lack of housing stock to meet the demand for affordable medium to long term housing, making it difficult for people to move from shorter-term options. These findings are consistent with those of a number of such reports undertaken in the inner city over recent years (e.g. Fopp, 1989; Sarkissian, 1989).

While the above reviews and reports have all provided valuable insights into the nature of the need and issues facing services in the inner city, the lack of adequate data on the needs of homeless and vulnerable adults in the inner city has been a constant theme. Given the level of funding to inner city adult services it is important that the gaps be not only identified, but that the existing resources are used effectively. Adequate data on the level and nature of demand for such services in the inner city are preconditions for effective and efficient policy responses.

## **Relevant interstate research**

Of particular relevance to the study being reported is the work known as the 'Hanover Study', *Understanding Demand for Crisis Accommodation: A Snapshot Analysis of current Demand on Major Crisis Accommodation Services in Inner Urban Melbourne* (Thomson Goodall Associates, November 1999). However, while the research is relevant, and was something of an inspiration for the current research, this study attempts to explore more thoroughly the levels of need and unmet demand.

## **Aims**

The research aims, with the corresponding question, are outlined below.

1. To develop a detailed demographic and personal profile of people seeking and receiving assistance at Inner City Administrators Group (ICAG) agencies.
2. To examine the stated and ascribed needs of persons presenting to ICAG agencies, including issues relating to mental health, poverty, disability, drug and alcohol dependence, and the availability of affordable housing. *What are the greatest needs of persons presenting at ICAG agencies as stated by clients and assessed by agency workers?*
3. To examine the causes which drive demand for services. *What are the personal circumstances of persons seeking assistance, and who is most likely to present at ICAG agencies?*
4. To analyse the outcomes achieved in the short term for those who are assisted. *To what extent were positive outcomes achieved for people presenting at ICAG agencies?*
5. To identify any clients being 'turned away' (that is, unmet demand) and furthering our understanding of the reason(s) assistance could not be provided. *How many requests for services go unmet? Why?*
6. To identify barriers within the service system and service gaps. *Which services are more, or less, likely to be provided? Why?*
7. To consider policy responses to address barriers and service gaps. *What are the strategic and policy implications for the research funding bodies, service providers and other stakeholders?*

## **Methodology**

Data collection was undertaken by the ICAG agencies on one day per week for five consecutive weeks in June/July 2002. The data were gathered from two groups, namely the existing clients and presenting/new clients seeking services at ICAG agencies.

The days on which the data was collected were as follows.

- Tuesday 18<sup>th</sup> June

- Wednesday 26<sup>th</sup> June
- Thursday 4<sup>th</sup> July
- Friday 12<sup>th</sup> July
- Monday 15<sup>th</sup> July

A Data Collection Form (DCF) was the instrument used to gather and record information (see Appendix 2). It requested information from clients and also from the workers who assisted the client, recorded the client's responses and completed the form.

Data were collected by workers as they undertook their duties. Usually this meant that the Data Collection Form was completed in the context of daily service provision and information gathering for existing clients, and as new/presenting clients were initially assessed. Routine information was also gathered on telephone contact made by prospective clients seeking assistance, and from other agencies seeking to refer clients to appropriate agencies.

In addition, semi-structured interviews with agency-selected workers were undertaken providing another perspective on demand for services, factors which drive demand, unmet demand and the difficulties realising appropriate and sustainable outcomes for clients. In this context a worker chosen by the agencies was interviewed and asked a question such as: *Who do you have trouble helping and why?* Workers were also asked to illustrate their answers by referring anonymously to a representative selection of clients as case studies.

The ensuing representative case studies included existing and presenting/new clients who are Aboriginal, female and male, highly transient, and long-term in the city. The interviews with workers also include examples of clients for whom barriers were overcome and sustainable long-term outcomes were realised.

### **Steering committee**

The information collected through this project will be made available to other non-ICAG agencies, such as Adelaide City Council and Department of Human Services, which are actively involved in the development of services to vulnerable adults in the inner city. To ensure the broader relevance of information collected, these bodies are represented on the steering committee for this project.

### **Interpreting the results**

Although the DCF was developed in consultation with the various stakeholders of the project to meet the research aims, some important issues regarding data collection and entry have arisen. These include the following.

- The large volume of clients presenting to some agencies (particularly the day centres) meant that the DCF had to be streamlined. It was required to be as short as possible, yet structured so as to yield maximum results.

- In the vast majority of cases the question about reasons for non-assistance (Question 8) was not completed. This presents difficulties with establishing why some clients were unable to be assisted at the point of contact.
- Not all agencies were able to participate equally. Due to differing demands placed on staff and resources, some agencies were unable to invite every person who presented to the agency to participate in the data collection. This minimised the results so that the aggregate data do not reflect the entire population.

Importantly, this project makes the distinction between the number of requests placed on ICAG agencies and the number of persons (or household groups) who made such requests and also provides detailed data on demand for services.

### **The report**

Chapter 1 provides an overview of the demographic and personal profile of people seeking and receiving assistance from ICAG agencies. It bases its data on the persons (or individual household units) who requested services from the agencies, rather than on the total number of contacts. In general, the Chapter shows this population to be largely single, Anglo-Australian males, and aged 31-55 years. This Chapter also addresses the first agreed aim of the research, namely, to develop a profile of the cohort seeking assistance from ICAG agencies.

In Chapter 2, the basic demand placed on services by current and new SAAP clients is described along with the number and nature of contacts made to ICAG agencies. The findings are one indicator of the general demands on ICAG agencies. Such an examination is a prerequisite to the presentation in Chapter 3 of the stated and assessed needs of clients presenting to ICAG agencies. As such, Chapter 3 addresses the second aim of the research.

Chapter 3 analyses the findings about the aims 2-6 regarding the outcomes achieved, the clients turned away and the barriers and gaps within the service system. The final and concluding Chapter (4) examines the policy responses to address barriers and service gaps.

## **CHAPTER 1 RESULTS AND PROFILE: PERSONS AND PRESENTATIONS OF ICAG CLIENTS**

### **Introduction**

This Chapter presents the results of the data collection relating to the first objective of the project, namely, to develop a detailed profile of people seeking and receiving assistance at Inner City Administrators Group (ICAG) agencies. The associated research question was: What is the demographic and personal profile of people seeking and receiving assistance from ICAG agencies?

The chapter provides data on the number of persons who presented to ICAG agencies on the 5 days of the data collection, and includes a range of demographic and other information. The data combine to present an overall profile of the ICAG clients as a group, and the initial discussion is confined to individual persons as distinct from the number of contacts they made with the agencies.

The data presented was obtained from the respondents who completed the data collection form. In many instances the people who contacted ICAG agencies were persons coming to agencies to receive specific services, such as meals or other forms of assistance. There were other clients who were resident in agency accommodation of one form or another. Such clients completed the form every week but, as residents, they were not 'contacts' in the sense of people coming to ICAG agencies for a specific service.

The differences in data collection reflect the variety of agencies, the services they provide and their target groups. For examples, in day-centres providing meals (for example, Byron Place, Westcare and Hutt Street) some of the clients who completed the data collection came to the agency daily. For accommodation services (for example MACHA), current residents completed the data collection form on the days of the survey.

### **Number of persons who presented to ICAG agencies.**

Overall, 972 persons contacted ICAG agencies in the five days of the study.<sup>1</sup> Those 972 persons contacted the agencies a total of 2184 times over the 5 days of data collection. This indicates that clients generally made more than one request for assistance from one or more of the 12 ICAG agencies over the 5 days.

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<sup>1</sup> As indicated, in accommodation services existing clients completed the data collection on the day of the survey. Rather than coming to the agency, they were existing clients. This occurred at MACHA, for example.

**Sex**

The cohort consisted of 24.1% females and 75.9% males. Details are shown in Table 1.1 below.

**TABLE 1.1 ICAG clients by sex**

		Frequency	Valid Percent	Cumulative Percent
Valid	male	726	75.9	75.9
	female	231	24.1	100.0
	Total	957	100.0	
Missing	System	15		
Total		972		

**Age**

The age composition of people who presented to ICAG agencies is shown in Table 1.2. Age groups between 31-55 constituted over half (64.7%) of the cohort. In particular, clients aged 31-35 years of age represented the largest age group, totalling 162 persons or 17.5% of the cohort.

**TABLE 1.2 Age of ICAG clients**

		Frequency	Valid Percent	Cumulative Percent
Valid	Under 18	6	.6	.6
	18-20	21	2.3	2.9
	21-25	60	6.5	9.4
	26-30	86	9.3	18.6
	31-35	162	17.5	36.1
	36-40	140	15.1	51.2
	41-45	126	13.6	64.8
	46-50	94	10.1	74.9
	51-55	103	11.1	86.0
	56-60	61	6.6	92.6
	61-65	30	3.2	95.8
	66-70	15	1.6	97.4
	71+	24	2.6	100.0
Total		928	100.0	
Missing	System	44		
Total		972		

**Cultural identity**

Anglo-Australians constituted 79.1% of the total cohort. The corresponding figure for indigenous Australians was 9.1% while the category 'Other' (consisting of people from non-English speaking backgrounds) comprised 11.8% of the total.

**Table 1.3 ICAG clients by cultural identity**

		Frequency	Valid Percent	Cumulative Percent
Valid	Anglo-Australian	750	79.1	79.1
	ATSI	86	9.1	88.2
	Other	112	11.8	100.0
	Total	948	100.0	
Missing	System	24		
Total		972		

**Household type**

The vast majority of respondents were single (89%). While the percentage of single parents was relatively small at 7.8%, this amounted to 72 adult persons. There were 16 couples (1.7%) and 13 couples with children (1.4%). See Table 1.4 below.

**TABLE 1.4 ICAG Clients by presenting family unit**

		Frequency	Valid Percent	Cumulative Percent
Valid	Single person	822	89.0	89.0
	Person and child/ren	72	7.8	96.8
	Couple	16	1.7	98.5
	Couple and child/ren	13	1.4	99.9
	Other	1	.1	100.0
	Total	924	100.0	
Missing	System	48		
Total		972		

**Accommodation last night**

Respondents were asked about their accommodation for the previous night. Of the respondents, 22.6% were in some form of SAAP accommodation with 13.9% in SAAP crisis or short-term accommodation. Of those living in non-SAAP accommodation, the largest sub-groups (in descending order) were 'renting community housing' (194 respondents or 20.5%), 'renting in a public housing dwelling' (n=133, 14.1%), and 'renting independently in the private rental market' (n=79, 8.4%).

However, and most importantly, the second most common accommodation type after renting in community housing (n=194), was 'living in a car/tent/park/street/squat' (n=154, 16.3%). When combined with other indicators of extreme and literal homelessness, including 'SAAP crisis/short-term accommodation' (n=131), 'SAAP Hostel' (n=3) and 'SAAP Motel/Hotel' (n=16), and private 'rooming house/hostel/hotel' (n=85), 389 respondents or 40% of the total spent the previous night in accommodation that constitutes an aspect of homelessness. The results are presented in Table 1.5.

The results underscore the fact that homelessness and its consequences are broader than those persons accommodated in SAAP services (crisis or longer term). Table 1.5 reveals that, while there are a number of homeless respondents in SAAP accommodation, there are other ICAG clients in non-SAAP emergency accommodation (6), in other accommodation where they were living rent free (22), boarding in a private home (26), or other non-SAAP accommodation (16).

**TABLE 1.5 Accommodation last night**

		Frequency	Valid Percent	Cumulative Percent
Valid	SAAP Crisis/short term	131	13.9	13.9
	SAAP Medium/long term	56	5.9	19.8
	Hostel	16	1.7	21.5
	Motel/hotel	3	.3	21.8
	Community placement	2	.2	22.0
	Other SAAP/CAP funded accom	6	.6	22.6
	Non-SAAP emergency accom	6	.6	23.3
	Living rent free, house or flat	22	2.3	25.6
	Renting independently, private rental market	79	8.4	34.0
	Renting a public housing dwelling	133	14.1	48.0
	Renting community housing	194	20.5	68.6
	Renting a caravan	3	.3	68.9
	Rooming house/hostel/hotel	85	9.0	77.9
	Boarding in a private home	26	2.8	80.6
	Living in car/tent/park/street/squat	154	16.3	96.9
	Other non-SAAP housing/accom	16	1.7	98.6
	Hospital/psychiatric intitution	1	.1	98.7
	Prison/youth training centre	1	.1	98.8
	Detoxification unit/rehabilitation centre	7	.7	99.6
	Other institutional setting	2	.2	99.8
	Don't know/no information	2	.2	100.0
	Total	945	100.0	
Missing	System	27		
Total		972		

**Last time the client felt they had a home**

As shown in Table 1.6, nearly half (45.9%) of all respondents (N=776) felt they had a home within the last week. Of the remainder, 7.5% reported feeling they had a home within the last month, 15.7% within the last year, and 30.9% reported that it was over a year since they felt they had a home.

**TABLE 1.6 Last time client felt they had a home**

		Frequency	Valid Percent	Cumulative Percent
Valid	Within the last week	356	45.9	45.9
	Within the last year	122	15.7	61.6
	Within the last month	58	7.5	69.1
	Longer than a year	240	30.9	100.0
	Total	776	100.0	
Missing	System	196		
Total		972		

**Year in which the client last had a home**

Of the number of respondents who stated that it has been more than a year since they last had a home (n=240), over half (67.3%) reported that the last time they felt that had a home was in 1999 or before. That is, they felt that it had been approximately three years since they had a safe and secure home.

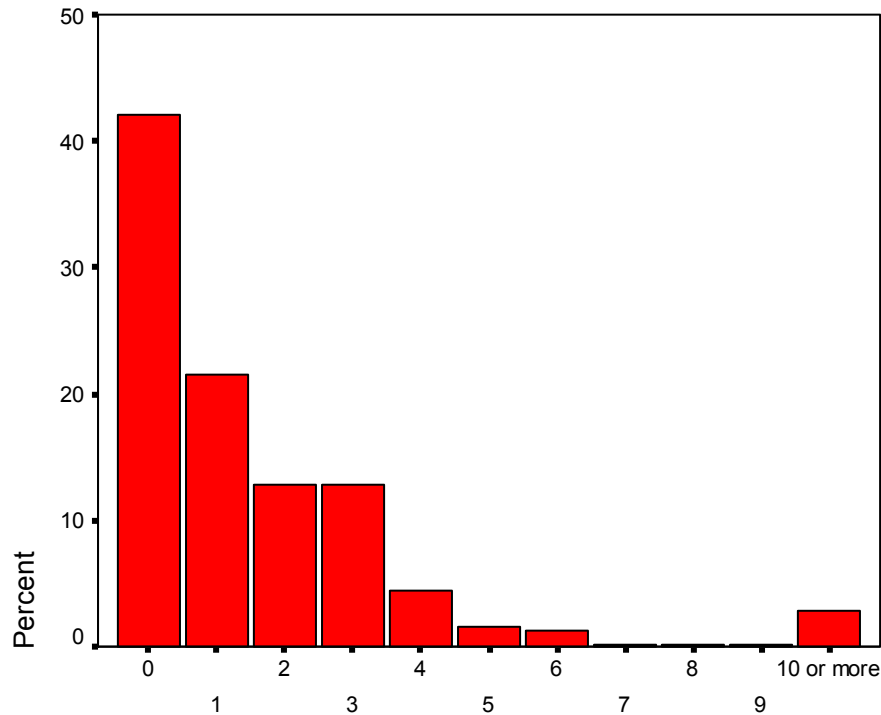
**Number of moves in the last month**

While 42% reported that they had not moved in the last month, over a half (51.7%) moved between 1 and 4 times while 6.3% moved between 5 and 10 or more times in the last month. Significantly, 15 respondents (2.9% of the total) stated that they had moved more than 10 times over the previous month, indicating high levels of transience and substantial problems obtaining secure, appropriate accommodation.

**TABLE 1.7 Number of moves in the past month**

		Frequency	Valid Percent	Cumulative Percent
Valid	0	219	42.0	42.0
	1	112	21.5	63.5
	2	67	12.9	76.4
	3	67	12.9	89.3
	4	23	4.4	93.7
	5	8	1.5	95.2
	6	7	1.3	96.5
	7	1	.2	96.7
	8	1	.2	96.9
	9	1	.2	97.1
	10 or more	15	2.9	100.0
Total		521	100.0	
Missing	System	451		
Total		972		

**FIGURE 1.1 Number of moves in the past month**

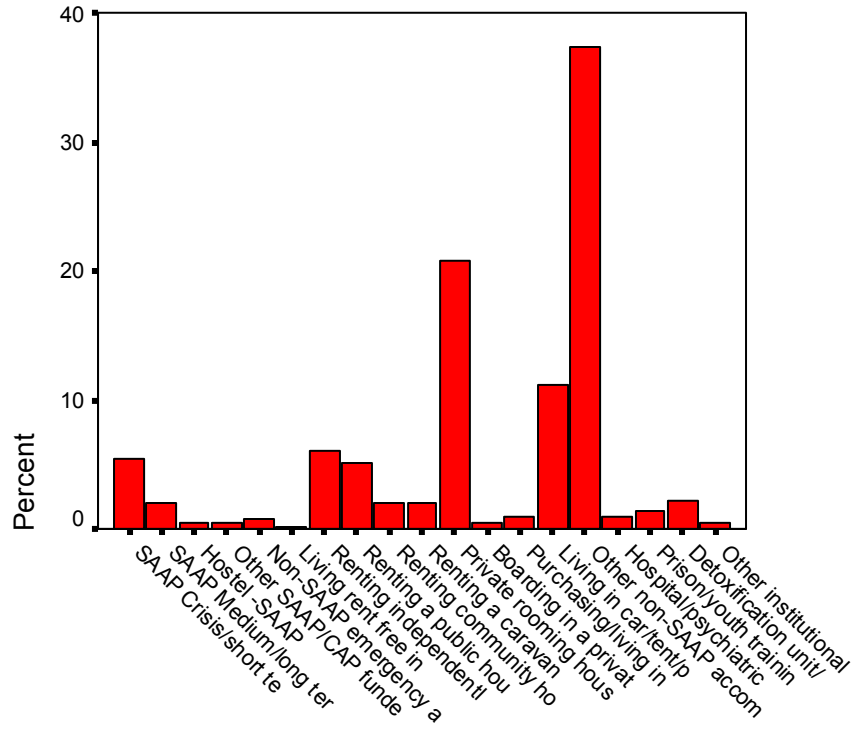


**Last place stayed**

In the context of movements necessary to find accommodation, respondents were asked to state the last three places in which they stayed. The highest response (37.3%) came from respondents who said they were in 'other non-SAAP accommodation including living with friends or family', while 20.8% indicated that they were living in a private 'rooming house/hostel/hotel' and 11.2% reported that the last place they stayed was a 'car/tent/park/street/squat'. See Figure 1.2 and Table 1.8 below.

It is noteworthy that approximately 21% of respondents were living in private rooming houses (which may also be known as boarding houses), hotels or hostels. This is significant when there has been a considerable reduction in such accommodation in the inner city in recent years. The numbers in hostels and boarding houses is also another indication that not all the needs of homeless people in the inner city of Adelaide are met by SAAP services.

**FIGURE 1.2 The last place stayed**



**TABLE 1.8 The last place stayed**

		Frequency	Valid Percent	Cumulative Percent
Valid	SAAP Crisis/short term accommodation	28	5.5	5.5
	SAAP Medium/long term accommodation	10	2.0	7.5
	Hostel -SAAP	2	.4	7.9
	Other SAAP/CAP funded accommodation	2	.4	8.3
	Non-SAAP emergency accommodation	4	.8	9.0
	Living rent free in house or flat	1	.2	9.2
	Renting independently in private rental market	31	6.1	15.3
	Renting a public housing dwelling	26	5.1	20.4
	Renting community housing	10	2.0	22.4
	Renting a caravan	10	2.0	24.4
	Private rooming house/hostel/hotel	106	20.8	45.2
	Boarding in a private home	2	.4	45.6
	Purchasing/living in own home	5	1.0	46.6
	Living in car/tent/park/street/squat	57	11.2	57.8
	Other non-SAAP accomm including with friends or family	190	37.3	95.1
	Hospital/psychiatric institution	5	1.0	96.1
	Prison/youth training centre	7	1.4	97.4
	Detoxification unit/rehabilitation centre	11	2.2	99.6
	Other institutional setting	2	.4	100.0
	Total	509	100.0	
Missing	System	463		
Total		972		

#### *Location of last place stayed*

The results regarding the location of the last place stayed were metropolitan Adelaide 73.1%, interstate 18% and elsewhere in South Australia (8.2%).

#### *Length of time in last place stayed*

The results show that over one-eighth (13.8%) of respondents stayed in their last place for less than a week, and exactly one eighth (12.5%) for 1-2 weeks. When the cumulative total is considered, 36.7% had been in their last place for 4 weeks or less, 58.5% of respondents had stayed for 3 months or less and 71.4% for 6 months or less. See Table 1.9. This indicates unstable and short-accommodation for many people who presented to ICAG agencies.

**TABLE 1.9 Length of time in last place stayed**

		Frequency	Valid Percent	Cumulative Percent
Valid	less than 1 week	61	13.8	13.8
	1-2 weeks	55	12.5	26.3
	3-4 weeks	46	10.4	36.7
	more than 4 weeks to 3 months	96	21.8	58.5
	4-6 months	57	12.9	71.4
	7-9 months	22	5.0	76.4
	10-12 months	28	6.3	82.8
	13-36 months	41	9.3	92.1
	37-60 months	10	2.3	94.3
	more than 60 months	25	5.7	100.0
	Total		441	100.0
Missing	System	531		
Total		972		

#### **Second last place stayed**

Again, the highest response (40%) came from respondents who stated they were in 'other non-SAAP accommodation including living with friends or family', while 18.7% indicated that they were living in a private 'rooming house/hostel/hotel' and 12.9% reported that their second last place was living in 'car/tent/park/street/squat'.

#### *The location of second last place stayed*

There were slightly lower numbers from metropolitan Adelaide (68.4%) and from elsewhere in South Australia (6.9%) and an increase from interstate (22.4%).

#### *Length of time in second last stayed*

The results show that 10.9% stayed in their last place for less than a week, with 15.9% staying for between 1-2 weeks. When the cumulative total is considered, 58.7% of respondents had been in their second last place for 3 months or less and 74.1% for 6 months or less.

#### **Third last place stayed**

The highest response (35.7%) came from respondents who stated they were in 'other non-SAAP accommodation including living with friends or family', while 20.4% indicated that they were living in a private 'rooming house/hostel/hotel' and 12.9% reported that their last place was living in 'car/tent/park/street/squat'.

#### *The location of third last place stayed*

Overall, 70.6% of those who responded stayed in a place in metropolitan Adelaide, 6% came from elsewhere in the State and 22.3% came from interstate.

#### *Length of time in third last place stayed*

The results show that 14.2% stayed in their third last place for less than a week, with 18% staying for between 1-2 weeks. When the cumulative total is considered, 58.6% of respondents had been in third their last place for 3 months or less and 73.9% for 6 months or less.

### **Discussion and implications**

#### *Interpreting the data: caveats*

This Chapter has highlighted the number and profile of the group of ICAG clients who agreed to participate in the data collection. While the findings are significant, caution must be used when attempting to infer the number of homeless people in Adelaide or the total who presented at ICAG agencies.

Not all people who are homeless present at agencies, and agencies varied in their allocation of resources to data collection, although funds were made available through the project for the agencies to employ additional staff for the data collection. Even in those agencies where attempts were made to involve all clients in the research, some clients did not consent and others left before they could be approached.

For example, at Hutt Street some 208 clients did not give consent to participate in the study. In addition, over the period of the data collection there were 59 clients on MACHA's waiting lists. There were also many telephone inquires recorded which, while difficult to aggregate for all ICAG

agencies, represent persons, or their advocates contacting ICAG agencies on their behalf, requesting various services.

Thus, the aggregate of 972 respondents cannot be used as an estimate of homelessness, or of the total who presented at agencies. It is the number of respondents who presented at ICAG agencies who were approached and consented to be part of the data collection.

### *Homelessness*

One way to analyse the population which presented at ICAG agencies on the five days of the survey is to categorise them according to recognised definitions. Chamberlain and McKenzie's (1992) distinction between 'primary', 'secondary' and 'tertiary' homelessness is useful in this context.

If 'primary homelessness' represents living on the streets, living in cars, sleeping 'rough' outside or squatting, then at least 154 different persons on the 5 days of data collection were in this category. 'Secondary homelessness' refers to moving from one temporary place to another. Included in this category are people who live in refuges or other emergency accommodation, including boarding houses on an occasional or intermittent basis. If SAAP crisis and short term accommodation (n=131), SAAP provided hostel/motel accommodation hotel (n=19), non-SAAP emergency accommodation (n=6) are included in this category, then at least 156 people could be classified as being in 'secondary homelessness'. 'Tertiary homelessness' refers to people who live in boarding houses on a medium to long-term basis. If it is assumed that this the case for ICAG clients who spent the previous night in boarding house accommodation, then 85 respondents live in 'tertiary homelessness'.<sup>2</sup> Thus, the number in the cohort who could be classified as homeless is at least 395 (i.e., 41.8% of the total cohort).

This data also shows that SAAP services are not the only services which assist homeless people in the inner city of Adelaide. The number of people who are homeless, and their range of needs, cannot all be addressed by SAAP services alone.

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<sup>2</sup> This assumption is conservative because some of the 85 clients may use such accommodation on an intermittent basis, in which case they would be living in 'secondary homeless'.

### *Vulnerable Adults*

In the SAAP sector vulnerable adults have been defined as those:

whose personal circumstances are characterized by a lack of access to essential resources such as stable accommodation and sufficient personal incomes. In addition to limited access to financial and material resources individuals may face a range of challenging personal issues. Factors of disadvantage include acute and chronic health conditions and disabilities which compromise mental health. For some individuals patterns of substance abuse and dependency puts pressures on their capacity to maintain stable living arrangements (Department of Human Services 2001: 5).

The previous discussion has shown that at least 395 respondents spent the previous night homeless. This is one variable which indicates vulnerability as defined. There are other variables which likewise point to vulnerability including the findings on 'the last time you felt at home', and 'the number of moves in a month'.

Indeed, Chapter 4 will explore the possibility that there is a particular sub-group within the study who are the most vulnerable of those who responded. In the course of that discussion, physical and mental health issues will also be further explored.

### **Conclusion**

This Chapter has highlighted the findings about the people who presented to ICAG agencies and agreed to be involved in the study. In an attempt to ascertain the demand the respondents placed on agencies, the next chapter approaches the study of vulnerable adults in inner Adelaide by examining the number of contacts the 972 respondents had with ICAG agencies.

## CHAPTER 2 DEMAND FOR SERVICES

### Introduction

The second objective of the research was to 'examine the stated and ascribed needs of persons presenting to ICAG agencies including issues relating to mental health, poverty, disability, drug and alcohol dependence and the availability of affordable housing.' The accompanying question was: *What are the stated and ascribed needs of persons presenting at ICAG agencies?* The third objective was to 'examine the causes which drive demand for services' with the associated question being: *What are the factors which drive demand for services?*

However, before the results pertinent to the above two objectives are analysed it is necessary to present the results about demand more generally. This Chapter analyses the latter as a forerunner to the discussion of stated and ascribed need and the causes of demand.

### Demand for services

There are many indicators from the results which point to the demand for services, some of which are analysed in the following.

#### *The number of persons and contacts by agency*

Table 2.1 shows the number of people who presented at an ICAG agency and who completed the DCF. The data represents the number of people in the survey (as distinct from the contacts they made with agencies). This information was only counted once.

**TABLE 2.1 Demand by clients who presented at ICAG Agencies\***

	Frequency	Valid Percent	Cumulative Percent
Valid Aboriginal Sobriety Group	10	1.0	1.0
Adelaide Day Centre	100	10.3	11.3
Catherine House	46	4.7	16.0
Hutt Street Day Centre	260	26.7	42.8
Salvation Army	40	4.1	46.9
Magdalene Centre	118	12.1	59.1
OARS	11	1.1	60.2
St Vincent de Paul	85	8.7	68.9
Westcare	93	9.6	78.5
MACHA	122	12.6	91.0
Byron Place	87	9.0	100.0
Total	972	100.0	

\*As indicated, in accommodation services existing clients completed the data collection on the day of the survey. Rather than coming to the agency, they were existing clients. This occurred at MACHA, for example.

With the exception of MACHA, the agencies with the highest number of clients presenting were those which are usually known as day centres. Although diverse, they provide a range of services which might include meals, shower and clothes washing facilities, luggage storage, counselling and referral. As agencies which are open daily and designed to meet daily needs, it might be expected that they would have larger numbers than those providing more specialised services or have a particular target group.

Of importance here is that there is no expectation that the agencies would have the same numbers of persons or contacts. The numbers reflect the different objectives and target group(s) of each agency, and their ability to ensure that all persons who presented on the days of the data collection consented to their involvement. As observed in Chapter 1, not all service users consented to participate in the survey. Note that as well as representing a degree of under-reporting of demand for services, we suspect that such factors also represent an under-estimation of unmet need.<sup>3</sup> Nonetheless the number of persons who completed the form was 972 but they also contacted agencies more than once. Table 2.2 reveals the number of clients who completed the DCF and presented to ICAG agencies in the data-collection period.

**TABLE 2.2 Demand at ICAG Agencies by contacts**

	Frequency	Valid Percent	Cumulative Percent
Valid Aboriginal Sobriety Group	18	.8	.8
Adelaide Day Centre	211	9.7	10.5
Catherine House	135	6.2	16.7
Hutt Street Day Centre	587	26.9	43.5
Salvation Army	58	2.7	46.2
Magdalene Centre	128	5.9	52.1
OARS	12	.5	52.6
St Vincent de Paul	164	7.5	60.1
Westcare	143	6.5	66.7
MACHA	602	27.6	94.2
Byron Place	126	5.8	100.0
Total	2184	100.0	

#### **The demand for assistance in the data-collection period**

Table 2.3 shows the dates of the data collection and the number of persons. It is not surprising that the number of persons decreased after the first data collection day. The trend simply reflects

<sup>3</sup> For example, one agency, Byron Place, recorded 374 contacts in addition to the 126 who completed the DCF.

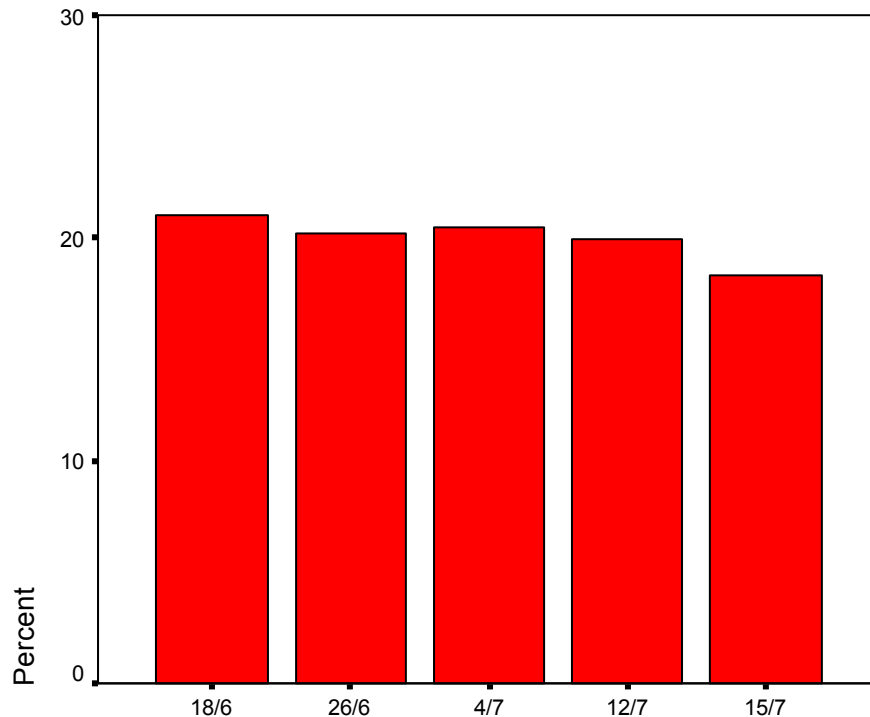
that the data records the persons who attended on each day. As persons were not recorded more than once, only those new to the survey on days 2-5 were subsequently recorded as 'persons'.

**TABLE 2.3 Demand by persons presenting to ICAG agencies in the data collection period**

		Frequency	Valid Percent	Cumulative Percent
Valid	18/6	418	43.0	43.0
	26/6	193	19.9	62.9
	4/7	140	14.4	77.3
	12/7	130	13.4	90.6
	15/7	91	9.4	100.0
	Total	972	100.0	

Figure 2.1 and Table 2.3 show that the demand by contact (as distinct from persons) on the days of the survey was relatively constant.

**FIGURE 2.1 Demand for services in ICAG agencies by contacts**



To summarise, the actual number of persons who were recorded decreased because they were only recorded once (the first time they presented). However, when the number of contacts made is the basis of measurement and reporting, demand is relatively constant.

**TABLE 2.4 Demand by contacts to ICAG agencies in the data collection period**

		Frequency	Valid Percent	Cumulative Percent
Valid	18/6	459	21.0	21.0
	26/6	442	20.2	41.3
	4/7	447	20.5	61.7
	12/7	435	19.9	81.6
	15/7	401	18.4	100.0
	Total	2184	100.0	

*The duration of assistance*

As Table 2.5 and 2.6 show, the 972 persons contacted ICAG agencies on 2184 occasions. This amounts to each person presenting to an agency over 2 (2.25) times during the 5 days of data collection and is indicative of the demand placed on services.

A comparison of Tables 2.5 and 2.6 is also noteworthy because it shows that for both persons and contacts the level of need over a period of 12 months is considerable. Agencies provided assistance to about 49% of all persons, and 55% of all contacts, for between 13 months and over 5 years.

This, in turn, may be indicative of the extent of vulnerability of the respondents. More analysis is required before conclusions can be made about what might appear to be the lack of pathways out of homelessness and the appropriateness of on-going support. For example, not all respondents were homeless so it is inappropriate to categorise all individual persons as lacking pathways out of homelessness. For a proportion of service users who are in relatively stable accommodation there is considerable evidence of their need for on-going support if they are to retain their degree of independence. Indeed, some of the respondents have needs such that there is no question of withdrawing support.

**TABLE 2.5 Duration of assistance by persons**

		Frequency	Valid Percent	Cumulative Percent
Valid	less than one week	108	12.9	12.9
	1-2 weeks	59	7.0	19.9
	3-4 weeks	32	3.8	23.7
	more than 4 weeks to 3 months	56	6.7	30.4
	4-6 months	67	8.0	38.3
	7-9 months	25	3.0	41.3
	10-12 months	83	9.9	51.2
	13-36 months	174	20.7	71.9
	37-60 months	111	13.2	85.1
	more than 60 months	125	14.9	100.0
	Total	840	100.0	
Missing	System	132		
Total		972		

**TABLE 2.6 Duration of assistance by contact with ICAG**

		Frequency	Valid Percent	Cumulative Percent
Valid	less than one week	133	7.0	7.0
	1-2 weeks	120	6.3	13.3
	3-4 weeks	62	3.3	16.6
	more than 4 weeks to 3 months	141	7.4	24.0
	4-6 months	148	7.8	31.8
	7-9 months	64	3.4	35.2
	10-12 months	180	9.5	44.7
	13-36 months	425	22.4	67.1
	37-60 months	308	16.2	83.3
	more than 60 months	317	16.7	100.0
	Total	1898	100.0	
Missing	System	286		
Total		2184		

*Frequency of contact*

A question was asked in the DCF about the frequency of agencies seeing clients. Table 2.7 shows the range of clients who sought assistance of various forms from ICAG agencies. Almost two-thirds (65.4%) of respondents attended ICAG agencies at least 1-7 times per week with over a third (37.6%) attending daily.

**TABLE 2.7 Frequency of visits to ICAG agencies by persons**

		Frequency	Valid Percent	Cumulative Percent
Valid	daily	275	37.6	37.6
	4-6 times a week	32	4.4	41.9
	1-3 times a week	171	23.4	65.3
	2-4 times a month	43	5.9	71.2
	6-12 times a year	65	8.9	80.1
	2-5 times a year	117	16.0	96.0
	less than once a year	19	2.6	98.6
	rarely/intermittently	10	1.4	100.0
	Total	732	100.0	
Missing	System	240		
Total		972		

*Repeat or new contact*

The frequency of visits by the 972 persons can be identified in Table 2.8 which demonstrates that more than half (55.4%) of the contacts made to agencies were repeat contacts, defined as the clients who made a subsequent request for assistance from a participating agency on the 5 days of the data collection. This is indicative of the nature of demand for ICAG agencies. That is, clients needed to make additional contacts to help address their needs.

**TABLE 2.8 New or repeat contacts**

		Frequency	Valid Percent	Cumulative Percent
Valid	new contact	972	44.6	44.6
	repeat contact	1209	55.4	100.0
	Total	2181	100.0	
Missing	System	3		
Total		2184		

**Nature of the contact with agencies**

The nature of the contact also highlights the demand on agencies. The vast majority of contact with agencies were in person (60.1% n=1297), with other agency-referral at 35% (n=754) and self-referrals at 4.9% (n=106).

**What groups are most likely to place demand on ICAG agencies?**

The data taken from the total number of contacts made during the survey period also provides an indication of the groups most in need.

### *Age*

The data shows that when considering the number of contacts, persons in the middle age brackets, 31-55 years, were most likely to place demands for services (63.7% of contacts). In particular, those aged between 36 and 40 were the age group with the greatest number of contacts (14.2% or 299 contacts). See Table 2.9.

**TABLE 2.9 Demand for services by age**

		Frequency	Valid Percent	Cumulative Percent
Valid	Under 18	7	.3	.3
	18-20	30	1.4	1.8
	21-25	106	5.0	6.8
	26-30	191	9.1	15.9
	31-35	274	13.0	28.9
	36-40	299	14.2	43.2
	41-45	265	12.6	55.8
	46-50	237	11.3	67.1
	51-55	265	12.6	79.7
	56-60	208	9.9	89.6
	61-65	91	4.3	93.9
	66-70	35	1.7	95.6
	71+	93	4.4	100.0
	Total	2101	100.0	
Missing	System	83		
Total		2184		

### *Sex*

Of the 2184 contacts made, 1626 (75.1%) were from males and 540 from females (24.9%).

**TABLE 2.10 Demand by sex**

		Frequency	Valid Percent	Cumulative Percent
Valid	male	1626	75.1	75.1
	female	540	24.9	100.0
	Total	2166	100.0	
Missing	System	18		
Total		2184		

### Cultural Identity

Similarly, the majority of contacts were made by persons identifying as Anglo-Australian (1751 or 81.8%) followed by Indigenous Australians (136 or 6.4%) and by members of other cultural groups (253 or 11.8%).

TABLE 2.11 Demand by cultural identity

		Frequency	Valid Percent	Cumulative Percent
Valid	Anglo-Australian	1751	81.8	81.8
	ATSI	136	6.4	88.2
	Other	253	11.8	100.0
	Total	2140	100.0	
Missing	System	44		
Total		2184		

### Family Unit

The greatest proportion of requests for assistance in the survey period were made by single people, accounting for 1960 contacts (94%). By comparison, the other family units comprised a much smaller proportion of the total contacts (see Table 2.12 below).

TABLE 2.12 Demand by family unit

		Frequency	Valid Percent	Cumulative Percent
Valid	Single person	1960	94.0	94.0
	Person and child/ren	95	4.6	98.6
	Couple	16	.8	99.3
	Couple and child/ren	13	.6	100.0
	Other	1	.0	100.0
	Total	2085	100.0	
Missing	System	99		
Total		2184		

### Discussion and implications

This Chapter has presented the findings with regard to demand on ICAG services. The demand was first analysed in terms of the distribution of persons followed by further analysis by the number of contacts with clients, or the number of times clients presented to an ICAG agency.

The findings reveal that:

- the 972 persons presented at ICAG agencies on 2,184 occasions;
- demand was relatively constant on the five days of the data collection;
- the duration of assistance varied but about half of respondents had been assisted by agencies for more than one year;
- more than half the contacts were repeat contacts;
- of the total number of contacts made at ICAG agencies, over 63% were from people aged between 31-55 years of age, with 75% being male, 82% Anglo-Australian and 94% single.

These findings indicate the demand and the profile of those who contact ICAG agencies. In some ways the profile replicates the data on individual people who are homeless outlined in the previous Chapter. However, this information augments the data on persons because it provides evidence about the demand placed on services, not by individual person, but by the total number of times the individual persons presented to the agencies.

Of particular relevance are the findings on the length of time some clients have been in contact with the agency and the number of times they present each week. That some clients are still in contact with agencies after many years, and do so on a daily basis of service provision, highlights the vulnerability of some respondents.

Another pertinent finding is the sheer frequency of contacts with agencies - 972 people make 2,184 contacts. This latter number is significant because it amounts to an important general indicator of the demand placed on ICAG agencies, an average of 2.25 contacts per person.

## **Conclusion**

Notwithstanding the fact the findings presented in this Chapter are of a general nature, they do show the demands placed on agencies and give an impression of the people who present. Now that the general sense of demand has been outlined, it is possible to explore the data further in order to be more specific about what drives this demand. That is the task of the next Chapter.

## **CHAPTER 3 CLIENT NEED AND DEMAND**

### **Introduction**

This Chapter examines the stated and ascribed needs of persons presenting to ICAG agencies (Objective 2), and the research evidence is used to examine the causes which drive demand for services (Objective 3).

The main question used to identify these needs and demand in the DCF (Question 9) also sought information about whether the service was provided, if a referral was arranged, or if the service was neither provided nor the person referred to another service. Consequently, the data provided can also be used to analyse outcomes (Objective 4), identify unmet demand (Objective 5) and detect barriers and gaps within the service system (Objective 6).

This Chapter, then, addresses over half the objectives of the research. This was possible because busy agencies and understandably task-orientated clients necessitated a short questionnaire which provided as much information as possible. As it was, some agencies were unable to attract many clients to undertake the questionnaire and, in those that did, they acknowledged that it was not always possible to ensure that all presenting clients were invited to participate.

The advantage of the resultant DCF was that the question relating to need, services provided and unmet need were largely incorporated into two questions (Questions 8 and 9). As it transpired, the disadvantage of such efficiencies was that Question 8 – about reasons for non-assistance – remained largely unanswered. The results about unmet demand consequently rely heavily on Question 9 although other relevant evidence will be presented.

### **Support to ICAG clients**

The 34 sub-categories of services in Question 9 were those used in the SAAP National Data Collection and, in order to facilitate future comparison with that dataset, they were grouped into the 6 general categories used in the NDC (see appendix 3). Table 3.1 presents the findings of the research from Question 9 in descending order of need according to the general NDC categories.

**TABLE 3.1 Need, services provided and referral and unmet demand by NCDC categories**

<b>Descending order of need and services provided by NDC sub-category</b>	<b>Stated need as a % of TOTAL* %</b>	<b>Assessed need as a % of TOTAL %</b>	<b>Provided as a % Of TOTAL %</b>	<b>Referral arranged as a % of TOTAL %</b>	<b>Neither provided nor referred as % of TOTAL %</b>
Basic Support Services (includes meals and laundry and shower facilities)	24.8 (2264**)	26.3 (1759)	25.2 (2725)	7 (81)	18.5 (24)
General Support services (includes advice and information and storage of personal belongs)	21.8 (1984)	22.7 (1516)	23.2 (2509)	15.9 (185)	24.6 (32)
Housing/Accommodation (includes crisis accommodation and assistance to obtain and maintain independent housing.	18.1 (1652)	19.1 (1270)	15 (1654)	15 (174)	5.4 (7)
Counselling	12.1 (1102)	11.1 (738)	11.9 (1273)	9.7 (152)	15.4 (20)
Specialist services (includes health related services)	11.2 (1065)	11.1 (737)	10.5 (1134)	32.5 (376)	36.2 (47)
Financial/employment (includes financial support and counselling)	11.6 (1058)	9.7 (643)	13.9 (1503)	16.3 (189)	3.8 (5)
<b>TOTAL for all categories</b>	<b>9125</b>	<b>6663</b>	<b>10798</b>	<b>1157</b>	<b>130</b>

\* Where TOTAL refers to the aggregate of the 34 categories in Question 9 of the DCF

\*\* Figures in parentheses denote the actual number of responses in that general category rather than %

While the sub-categories will be analysed later, the overall percentages indicate the following.

- Stated need, assessed need and services provided all exhibit a similar pattern of distribution. In other words, services provided are consistent with the pattern of stated and assessed need, the only break in the pattern being a higher incidence of financial support provided (relative to the stated and assessed need).
- Nearly two thirds of services provided are in 'basic support services', 'general support services' and 'housing/accommodation services'.
- Almost a third of all the referral (32.5%) occurs in the specialist services category. At least one explanation for this is that this category includes referring to medical and related services (not usually provided by agencies).
- While the numbers of 'neither provided nor referred' are small (N=130), non-referrals to specialist services and general support services amounted to just over three-fifths of the total.

The discussion now turns to an analysis of the data collected by sub-category incidence of need and service provision in each of the 6 general categories respectively.

### Basic support services

Table 3.2 shows the results in the basic support services category.

**TABLE 3.2 Basic support services**

Type of service	Needed	Worker Assessed	Provided	Referral arranged	Neither provided or referred
Meals	817 (36%*)	672	991	20	6
Laundry/ shower facilities	622 (27.4%*)	494	733	9	1
Recreation	455	322	551	17	5
Transport	219	129	303	18	9
Other services	151	142	147	17	3
<b>Total for this category</b>	<b>2264</b>	<b>1759</b>	<b>2725</b>	<b>81</b>	<b>24</b>
TOTAL for all categories	9125	6663	10798	1157	130

\* % is of total for 'Basic support services' category

In particular:

- meals (36%) and shower/laundry facilities (27.4%) were those most in demand in this category;
- on average, referrals to basic support services were required 16 times per day in the 5 days of the data collection (with a total of 81 referrals over the period);

- on at least 4 occasions day (on average) agencies could neither provide the required service nor refer on.

**General support services**

Table 3.3 shows that:

- within the broad category of 'general support/advocacy services', the sub-categories 'advice/information' (33.1%), 'retrieval storage/removal of personal belongings' (18.6%) and 'living skills/personal development' (17.7%) were the highest areas of stated need.
- 'general support/advocacy services' had the second highest proportion of all referrals (15.9%, or 185 of the total 1157 referrals);
- the agencies, in total, made an average of 37 referrals per day in this category alone and were unable to either provide or refer at an average of just over 6 per day.

**TABLE 3.3 General Support/Advocacy Services**

Type of service	Needed	Worker Assessed	Provided	Referral arranged	Neither provided or referred
Living skills/personal development	352 (17.7%*)	256	434	23	3
Assistance with legal issues/court support	145	86	175	51	8
Advice/information	656 (33.1%*)	510	855	46	4
Brokerage services	131	112	138	9	4
Retrieval/storage/removal of personal belongings	370 (18.6%*)	322	488	12	6
Advocacy/liaison on behalf of client	330	230	419	44	7
<b>Total for this category</b>	<b>1984</b>	<b>1516</b>	<b>2509</b>	<b>185</b>	<b>32</b>
TOTAL for all categories	9125	6663	10798	1157	130

\* % is of total for 'General Support/Advocacy Services' category

**Housing/accommodation**

Table 3.4 presents the details of stated and assessed need, and services provided in the sub-category of housing and accommodation. It shows that:

- just over three-fifths of all requests for services (60.4%) and worker assessed need (60.4%) in this general category were related to 'assistance to obtain/maintain independent housing';
- almost 60% (58.8%) of all services provided in this category related to 'assistance to obtain/maintain independent housing'.

Among other things, this reflects the high need amongst the cohort for long-term stable accommodation, and the difficulties of maintaining it. We return to this last point in the discussion

below, and consider the extent to which accommodation is a key element of the rationale for service provision across all ICAG agencies.

**TABLE 3.4 Housing/Accommodation**

Type of service	Needed	Worker Assessed	Provided	Referral arranged	Neither provided or referred
SAAP/CAP Accommodation	370	265	367	44	5
Assistance to obtain/maintain short-term accommodation	294	238	314	43	1
Assistance to obtain/maintain independent housing	998 (60.4%*)	767 (60.4%*)	973 (58.8%*)	87	1
Total for this category	1652	1270	1654	174	7
<b>TOTAL for all categories</b>	<b>9125</b>	<b>6663</b>	<b>10798</b>	<b>1157</b>	<b>130</b>

\* % is of total for 'Housing/Accommodation' category

It is worth noting that the level of unmet demand (neither provided nor referred) shown is likely to be a considerable understatement of the need for accommodation. Mention has already been made of the waiting list for MACHA (59 in the data collection period) which was not included in the number of persons presented in Chapter 1. The MACHA waiting list thus includes an additional 59 current requests which represent unmet demand.

In addition, Catherine House, which provides accommodation for women, received 11 telephone requests for accommodation in the data collection period, 9 of which the agency was unable to meet. Eight of the 9 requests were unmet because the various forms of accommodation Catherine House provides were full. In addition, the Salvation Army received 5 telephone requests for accommodation which they were unable to meet because the requests came from persons who were outside their target group.

The above examples illustrate the extent of demand for accommodation which is in addition to the information provided in Table 3.4, and were derived from information collected by telephone requests for which the data-collection form was not used. While the telephone-request data cannot be aggregated across the agencies, it does point to higher levels of demand and unmet demand than is revealed in the Table.

#### **Specialist services**

Table 3.5 shows that:

- in this category the vast majority of services needed and provided were related to 'health/medical services', 'drug/alcohol support or intervention' and

psychological/psychiatric services - constituting nearly all the services provided (84.9%) in this category;

- The limited capacity of ICAG agencies to provide specialist services in this area was highlighted by the fact that it was in this category that the most services were either 'referred on' or 'neither referred nor provided'.

**TABLE 3.5 Specialist services**

Type of Service	Needed	Worker Assessed	Provided	Referral arranged	Neither provided or referred
Psychological services	78 (7.3%*)	52	48 (4.2%*)	37	9
Psychiatric services	95 (8.9%*)	76	62 (5.5%*)	70	5
Pregnancy support	8	3	4	3	0
Family planning support	6	3	2	1	0
Drug/alcohol support or intervention	260 (24.4%*)	158	243 (21.4%*)	34	6
Physical disability services	35	12	46	12	5
Intellectual disability services	21	12	13	10	2
Culturally appropriate support	32	15	65	2	2
Interpreter services	5	9	19	7	0
Health/medical services	512 (48.1%*)	386	608 (53.8%*)	190	7
Assistance with immigration issues	13	11	24	10	11
Total for this category	1065	737	1134	376 (32.5%**)	47 (36.2%**)
<b>TOTAL for all categories</b>	<b>9125</b>	<b>6663</b>	<b>10798</b>	<b>1157</b>	<b>130</b>

\* % is of total for 'Specialist services' category

\*\* % is of total for all categories

Nearly a third (32.5%) of all referrals, and over a third (36.2%) of all 'neither provided nor referred', in *all* the sections were in the specialist services category. In practical terms this means that ICAG agencies between them made an average of 75 referrals each day, with 9 requests daily neither provided nor referred for services in this category. This finding is confirmed by the

fact that for 'psychological services' and 'psychiatric services' both stated and assessed need was greater than that provided. Such a gap indicates unmet need in these sub-categories.

### Financial/employment

Table 3.6 shows the data relating to services for financial and employment assistance. It reveals that:

- 'financial counselling and support' constituted some 31.7% of services provided in this category;
- assistance to obtain or maintain income security (15.8%) and 'financial assistance/material aid' (41.8%) together amounted to almost three-fifths of services provided in this category. In other words, nearly one in six clients were assisted to obtain or maintain their government related pension and more than two in five clients were provided with some form of financial assistance or material aid.

**TABLE 3.6 Financial/employment**

Type of service	Needed	Worker Assessed	Provided	Referral arranged	Neither provided or referred
Assistance to obtain/maintain benefit/pension/other government allowance	216	162	237 (15.8%*)	32	0
Employment and training assistance	174	92	161	42	0
Financial assistance/material aid	291	176	628 (41.8%*)	57	2
Financial counselling and support	377	213	477 (31.7%*)	58	3
Total for this category	1058	643	1503	189	5
<b>TOTAL for all categories</b>	<b>9125</b>	<b>6663</b>	<b>10798</b>	<b>1157</b>	<b>130</b>

\* % is of total for 'Financial/employment' category

### Counselling

Table 3.7 shows that 'counselling' was the category with the lowest incidence of stated and assessed need, and services provided. Nevertheless, of services provided in this category it does show that the highest number of services needed (both stated and assessed), and provided, related to 'emotional support/other counselling' and 'family/relationship counselling and support' (58.8% and 27.7% respectively).

**TABLE 3.7 Counselling**

Type of service	Needed	Worker Assessed	Provided	Referral arranged	Neither provided or referred
Incest/sexual assault counselling and support	54	35	33	24	4
Domestic violence counselling and support	92	48	73	27	2
Family/relationship counselling and support	312	200	352 (27.7%*)	47	3
Emotional support/other counselling	577	417	749 (58.8%*)	33	1
Assistance with problem gambling	67	38	66	21	10
Total for this category	1102	738	1273	152	20
<b>TOTAL for all categories</b>	<b>9125</b>	<b>6663</b>	<b>10798</b>	<b>1157</b>	<b>130</b>

\* % is of total for Counselling category

#### **Further analysis and implications**

After a brief discussion of the results, the following explores the above results in relation to the various objectives of the project.

##### *Stated and assessed need*

- The three general categories which show the highest incidence of need were 'basic support services', 'general support/advocacy' and 'housing and accommodation'.
- The five sub-categories which had the highest incidence of stated need (40.2%) and assessed need (47.5%) were 'assistance to obtain/maintain independent accommodation', 'meals', 'advice/information', 'laundry/shower facilities' and 'emotional support/other counselling'.

The findings broadly confirm the anecdotal and previous research evidence which shows that the people presenting at ICAG agencies need basic support services, general support and advocacy, and housing and accommodation.

The distribution of basic need and support provided is not unexpected given that the agencies which provide such services (meals, laundry/shower facilities and recreation) are also those which have the greatest numbers presenting each day (of which the number who responded to the DCF is but a sample). However, this does not alter the fact that people who presented to such agencies needed (both stated and assessed) the services the agencies provide and at the

very least, offers a clear rationale for the continuation of the services available. That 'basic support services' was the category most in need also attests to the vulnerability of those who present at the relevant agencies.

The need for the services in the second-highest broad category, 'general support and advocacy', is provided in most agencies which, at least in part, explains its rating; the services provided in this category are more evenly spread across ICAG agencies. For example, the provision of advice and information is relevant to all agencies, not only those day centres which provide meals and shower/laundry facilities.

Similarly, housing and accommodation services, the third highest broad category of all need, are provided by most services, not only the accommodation agencies. What is particularly noteworthy about this general category is that it contains the individual service most sought and assessed, namely, 'assistance to obtain/maintain independent living'. That is, of the 34 individual services itemised in Question 9 of the DFC, the need which was most stated by clients and assessed by workers was 'assistance to obtain/maintain independent living' (representing 10.9% of total stated need and 12.7% of total assessed need).

*The causes which drive demand and outcomes (services provided)*

In summary, Table 3.8 shows the top five incidences by sub-category of stated and assessed need and the services provided (for more details, see Appendix 4.1). The findings were as follows.

- The order of stated and assessed need is approximately the same. Despite a different order, the 5 sub-category services most frequently 'provided' are also the same.
- About two-fifths of all need and services provided, were from the first 3 sub-categories.
- 'Assistance to obtain or maintain independent housing' is the service with the highest assessed and stated need and the second highest service provided.

**TABLE 3.8 The top five (sub-category of) needs and services provided as a percentage of all responses**

Type of service	Stated needed %	Assessed need %	Provided
Assistance to obtain/maintain independent housing	10.9	12.7	9.0 (2*)
Meals	8.9	11.2	9.2 (1*)
Advice/Information	7.2	8.5	7.9 (3*)
Laundry shower facilities	6.8	8.2	6.8 (5*)
Emotional support/other counselling	6.3	6.9	6.9 (4*)
<b>PERCENT of the 34 CATEGORIES in QUESTION 9</b>	<b>40.1</b>	<b>47.5</b>	<b>39.8</b>

\* Numbers in parentheses denote the order of ranking of the top 5 services provided

That obtaining or maintaining independent housing was the highest of all needs does not mean that all the clients whose stated or assessed need was described in this way were sleeping outdoors at the time of presenting. However, as the evidence from the worker interviews demonstrates, acquiring affordable and appropriate housing for residents about to exit SAAP is a, if not *the*, major issue in unmet demand which, in turn, increases the demands on other related services. If there were more exit points, clients would be able to move out of SAAP services more readily.

It was impossible to disaggregate the 'assistance to obtain or maintain independent housing' sub-category by the extent to which need and the service provided was either obtaining *or* maintaining independent housing. There are several variables operating here. Most agencies assist with accommodation referral. Day centres may refer to MACHA or have facilities of their own. Some agencies are dedicated accommodation services while others support people who may be in their independent community, private or public rental housing and, for one reason or another, find the tenancy difficult to sustain and are vulnerable to eviction. Other ICAG agencies provide shorter term accommodation and assist clients to obtain their own accommodation. Nonetheless,

assistance with housing was the main stated and assessed need and the second most frequently provided.

The provision of meals was the service with the second highest stated need. This could be accounted for by the fact that the largest services provide meals and that the provision of meals is, compared to other services, relatively cheap and discrete and is staffed by volunteers. In addition, at least one service provides meals as part of the support they provide to their clients to maintain their independent accommodation; the meals become a point of engagement between client and agency. Nonetheless, the extent that meals are needed may also indicate the vulnerability of a proportion of the cohort. Certainly the 154 who lived outdoors (see Chapter 1) would be very likely to be in need of meals.

This finding does not mean that clients with such issues do not present to other agencies with different needs. It does not mean that agencies feel that there are sufficient support services for such clients. What is telling is that the housing needs, meals, advice and information, laundry and shower facilities and emotional support and counselling services, are by far the main needs and amount to over two-fifths of all need. Indeed, this provides the answer to the question, *What drives demand for ICAG services?*

To repeat, many other services were provided but, as outlined, 'assistance to obtain or maintain independent accommodation', 'meals', 'advice and information', 'laundry and shower facilities' and 'emotional support or counselling', accounted for over 40% of the stated and assessed need. As observed, they are also identical in order (for both stated and assessed need) and very close in percentage terms.

In referring to the third research aim about causes which drive demand, mention is made of needs such as mental health, poverty, disability, drug and alcohol dependence and the availability of affordable housing. They provide evidence of poverty and vulnerability amongst ICAG clients. It is notable that in the population of respondents, mental health issues and drug and alcohol dependence were less numerous than anecdotal evidence and worker advice suggests. In part, this is a perennial dilemma of any survey research where there can be response bias as a result of people with such conditions being less likely to consent to the data collection and less likely to present at agencies. In this context, it is worth emphasising that the number of services provided for psychological, psychiatric and drug/alcohol services were among those where the stated need was higher than the number of services provided. They were also among the highest for which a referral was arranged or no service or referral was provided. (See Table 3.5). Thus, while such needs may not drive demand (being relatively low on stated and assessed need), they may represent a gap in services.

### *Unmet demand and gaps in services - a comment on the results*

Initially it might appear as if there are some irregularities in the results regarding demand. For example, the stated and assessed need often vary. However, this is not totally unexpected; the different perspectives of client and worker may yield different perceptions of need.

Further, in some instances the service provided is reported to be more frequent than either the stated or assessed need, which suggests that even if a client requested one service they were provided with additional services. This can be seen as a consequence of agencies attempting to deliver a more comprehensive and holistic service in accordance with the worker's expertise and consistent with the agency's resources.

More difficult to explain is the relatively small extent of unmet demand identified through responses in the data collection form. This is telling when the anecdotal evidence of agencies and workers is that there is often a discrepancy between demand and the ability to provide the service. This is particularly the case with accommodation and longer-term independent housing and health-related services.

Mention has already been made of additional evidence which can be interpreted as evidence of need unmet. For example, 59 applicants on MACHA's waiting list reflect unmet demand. Likewise the number of telephone requests for accommodation recorded by Catherine House and the Salvation Army also attest to unmet demand.

In one sense, all the referrals indicate unmet demand; because agencies could not meet the need, clients were referred to other agencies. What is not clear is the cause of the referral. Was it because resources were depleted, the agency was not designed to meet that need, or the request came from a person who was not a member of the target group? While the formal data does not provide clear evidence on which to base an answer, the record of telephone enquiries and the workers interviewed provide evidence that an (indeterminate) number of referrals were made because the agency had exhausted its resources or there were no accommodation vacancies.

Despite the difficulties experienced in assessing unmet demand, it is noteworthy that, in addition to unmet demand discussed above, over a third of all needs neither met nor referred were in the specialist services sub-category which includes health, psychological and psychiatric needs.

Finally, another unmet need and a gap in service was identified during the case studies reported in the worker interviews. The case studies provided by workers who represented their agencies stated that exit points was an issue for SAAP services and that affordable, appropriate and independent accommodation was a major problem for clients and agencies generally. This was not a finding of the data collection because, by following the precedence set by the Hanover study and the SAAP National Data Collection form, the specific question was not asked. (See Question 9 DFC, Appendix 2). However, as indicated, it arose in the case studies when workers had the opportunity to raise it.

**Daily usage of multiple agencies: Further analysis of vulnerability, need and demands on service**

An aim of the research project was to identify the subset of respondents who could be deemed to be particularly vulnerable clients. One indicator of this can be obtained by recording the number of clients who visited an ICAG agency on two or more occasions on any one day. This can generate useful information on the potential basis and rationale for further integration of services across agencies and also provide a check on any perceived inappropriate use of the agencies by clients, a possible factor working to undermine general support for services to vulnerable adults in the inner city. The outcome of such analysis is presented in Table 3.9.

**TABLE 3.9 Total number of times a client made more than one contact per day to an ICAG agency.**

	18/6	26/6	4/7	12/7	15/7	Total
<b>Number of people who presented more than once</b>	27	25	25	21	24	n/a*
<b>Contacts for day</b>	459	442	447	435	401	2184
<b>% of people who presented more than once</b>	5.9	5.7	4.6	4.8	6.0	5.6

\*It is misleading to aggregate the number of multiple usages as the total would include double counting some of the clients who presented more than once.

Table 3.9 shows that between 21 and 27 clients presented at ICAG agencies more than once on a particular day and constitute between 4.6% and 6% of the total number of the daily contacts. These data reflect the logical and appropriate integration between agencies using a referral process. In many instances, the multiple contacts represented either the use of a day service and subsequently a night shelter or, alternatively, a day service and assistance to obtain or maintain long term accommodation.

The data in Table 3.9 can also provide an indication of any perceived 'working of the system' by clients, a possible factor undermining general support for services to vulnerable adults in the inner city. What the Table shows is that the incidence of multiple usage is considerably less than anecdotal comments suggest. The evidence should provide strong grounds for dismissing any claims that the system is being rorted.

To explore further the prospects of detecting the most vulnerable group, the researchers compared the number of clients who spent the previous night in SAAP crisis accommodation, in a boarding house or hostel, or were sleeping outside, with that cohort who were accommodated the previous night in community, or private or public rental, housing. This is a comparison between those who could be deemed to be the *most* vulnerable (a combination of primary, secondary and tertiary homeless as defined in Chapter 1) on the one hand, and those who, because they have independent accommodation, could be deemed to be *less* vulnerable, on the other. This distinction, which is for analytical purposes only, facilitates further understanding of the sub-group who are homeless and the cohort more generally.

The following results are derived from the Tables and Figures in Appendix 4.2.

- Of the most vulnerable group, approximately 88% moved in the last month compared with 15% of the less vulnerable group. Furthermore, nearly 60% of the most vulnerable group moved between 2 and 10 or more times in the past month. The corresponding figure for the less vulnerable was 5%. The most vulnerable group are characterised by high levels of transience (see Appendix 4.2, *Number of moves made over the past month a & b*, pp. 60-61).
- Nearly half of the most vulnerable group (46.3%) had as their last place stayed a SAAP crisis/short term shelter, a boarding house or hostel or lived outside. The corresponding figure for the less vulnerable was 25.3% (see Appendix 4.2, *The last place stayed, a & b*, pp. 62-63).
- Clients in the most vulnerable group were much more likely to have reported that it was more than a year since they last had a home (45.2% of the sub-group). By contrast, 82.2% of the less vulnerable group stated that they felt they had a home within the last week. This would be expected as the results reflect the current accommodation of the two groups (see Appendix 4.2, *Last time the client felt they had a home, a & b*, pp. 64-65).
- Although the majority of both the most and less vulnerable subgroups were single people, a much greater proportion of people in the less vulnerable group were single parents (11.5% compared with 2.5%) or couples with children (2.6% as opposed to 0.3%). (see Appendix 4.2, *Presenting Family Unit, a & b*, p. 66).
- Clients in the most vulnerable group were likely to have been assisted by an ICAG agency for either less than one week (23.1%) or between one and three years (16.7%). Sixty-eight percent (68.3%) of members of the less vulnerable group were assisted for over one year, with 20.4% for over five years (see Appendix 4.2, *Duration of assistance to client, a & b*, pp. 67-68).
- Those classified as most vulnerable were highly likely to present at an agency on a daily basis (65.6%). By contrast, 28.3% of those in the less vulnerable group were most likely to present 2-5 times a year followed by 25.8% presenting 1-3 times a week (see Appendix 4.2, *How frequently do you see this client?, a & b*, pp. 69-70)..

While, by definition, the most vulnerable group are in need of assistance with accommodation, of the 370 persons defined as being most vulnerable, the following number of stated needs were recorded (see Appendix 4.3):

- 46 for 'financial assistance material aid';
- 12 for 'psychological services';
- 10 for 'psychiatric services';
- 34 for 'drug/alcohol support or intervention';

- 88 for 'health medical services'; and
- 6 for 'assistance with problem gambling'.

Similarly, the stated needs for the same services by the 406 people in the less vulnerable group are (see Appendix 4.3):

- 42 for 'financial assistance material aid';
- 12 for 'psychological services';
- 17 for 'psychiatric services';
- 40 for 'drug/alcohol support or intervention';
- 76 for 'health medical services'; and
- 8 for 'assistance with problem gambling'.

The researchers would suggest that while an attempt was made to differentiate the total client population in terms of their expected need for services, based on their accommodation at the time of the survey, the more important observation is the similarity between the needs of subsets of clients, rather than the variation. While it is sensible and appropriate to seek to prioritise clients groups and services for the purpose of policy development and service delivery to the most needy, the data suggest that the incidence of stated and assessed needs was quite consistent across all subsets of clients. In other words, all the respondents represent a section of the inner city population with high levels of need. Caution should be exercised in attempting to develop a set of policy and programme responses target a sub-set deemed to be 'most needy'. Despite variations, they are all in considerable need.

## **Conclusion**

This Chapter has demonstrated that:

- nearly two-thirds of all stated and assessed needs, and needs provided, are basic support services, general support services, and housing and accommodation;
- the main sub-categories of need and support provided are 'assistance to obtain/maintain independent housing', 'meals', 'advice/Information', 'laundry shower facilities' and 'emotional support/other counselling' and that these are the circumstances which drive demand;
- maintaining and obtaining independent accommodation is the highest single, sub-category need;
- obtaining affordable, independent accommodation is a major gap in service delivery and a barrier to the resolution of other issues;
- while issues relating to drug and alcohol, psychiatric and psychological services do not necessarily drive demand they do represent unmet demand and, therefore, gaps in service delivery;

- there is a smaller group who visited ICAG agencies on at least 2 occasions on some of the days in the data collection period;
- there is a similar range of needs across all respondents, even when a sub-set of respondents is defined as most vulnerable according to varying types of homelessness.

The policy implications of these findings, and those from the previous Chapters, will be examined in the next Chapter.

## **CHAPTER 4 POLICY IMPLICATIONS AND CONCLUSION**

### **Introduction**

The main aim of this concluding chapter is to outline some policy implications of the findings of this study. In particular we ask: *What are the strategic and policy implications for the research funding bodies, service providers and other stakeholders?* The important outcome of this research project is the generation of information about usage of inner city services by vulnerable adults and subsequent reflections on the policy implications of the data generated. The policy implications are outlined below.

### **ICAG agencies meet a desperate need and provide numerous services**

The research has shown that on the 5 days of data collection 974 people contacted ICAG agencies on over 2184 occasions, at an average rate of just over 2 presentations per person during the period. However, it is beyond doubt that the findings understate the need and the services provided. Most agencies were unable to arrange for all clients who presented to be involved in the study. This was for various reasons, some pragmatic, such as the need to rapidly process client services in some situations (such as meals, even where extra staff resources were made available) and some to do with hesitation by some agencies to fully participate in the research. Thus, this Report understates the extent of demand, and the demand met and unmet.

This notwithstanding, one of the aims of the research was to analyse the outcomes achieved for ICAG clients. There can be little doubt that substantial outcomes were provided to clients in, at least, the areas identified in Question 9 of the DCF. Nearly 11,000 services were provided by the agencies in 5 days of the research.

Meals, assistance to obtain and maintain independent housing, advice and information, emotional support and other counselling and laundry and shower facilities, were the most frequent needs (in descending order) and also the services most provided. More difficult to provide were health, psychological, psychiatric and alcohol and drug related services. One obvious policy response is that resources should continue to be devoted to ICAG agencies and, in some areas, increased.

### **The mix of agencies**

There is a considerable mix in the services provided by ICAG agencies. There are accommodation services (crisis, short and long term) for both women and men, day centres in which meals and washing and showering facilities are provided on the eastern and western sides of the inner city, agencies which support clients in various forms of accommodation, and specialist agencies for groups of people with particular needs. In the light of the demand this seems an appropriate mix and placement of service types, although the results may suggest that consideration should be given to more crisis and emergency accommodation.

It is clear that ICAG agencies provide a range of services for people who are homeless in the inner city of Adelaide. The needs and demand placed on services has obvious implications for ICAG agencies, the Adelaide City Council and the relevant government departments.

### **The need for more accommodation options**

Accommodation is a key issue in this report. The findings of the numbers of people who were homeless (395 or 41%), the evidence from accommodation history, the comparison of the most and less vulnerable respondents, and the workers' experiences, all attest to the significance of accommodation and housing.

The 154 persons who were in primary homelessness (including sleeping in a car/tent/part/street/squat) on the 5 nights of the study (averaging 30 per night) necessitates consideration of policy options. Likewise, the fact that there were other respondents in emergency and shelter accommodation and other temporary accommodation (boarding houses/hostels) means that another approximately 50 people per night of the study required more appropriate, stable and permanent accommodation.

One of the clearest findings of the research was the stated and assessed need to obtain or maintain independent housing. This was the specific sub-category of service most often sought and provided and, consequently, the significance of this finding cannot be underestimated.

There are several reasons for this suggestion including, firstly, the fact that the findings of this research regarding accommodation repeat the findings of other projects. A second reason for the significance of the need for independent housing comes from the comparison of those most and less vulnerable. It will be recalled that, while a tool for analytical purposes only, those deemed most vulnerable were respondents who were homeless as defined by Chamberlain and MacKenzie (1992: 16), while those who were deemed less vulnerable were those who spent the previous night in independent accommodation (such as community, private rental or public, housing).

It is often assumed that addressing personal, health (including emotional health) and substance dependence issues is the precondition for realising the capacity to live independently. In other words, without the remediation of the drug/alcohol issues, independent living is not sustainable or viable. However, the comparison between those who were homeless and those who were living in independent accommodation, showed little difference in needs. From this finding it is possible to draw the conclusion that some people are able to live independently while such needs remain,

provided there is support from, and continuing referral to, agencies and other appropriate mainstream services.

This does not necessarily undermine the importance of any strategy to address the presenting issues of people who are vulnerable because of acute needs, long-term homelessness or who present to agencies with other health and behavioural issues. Nonetheless, providing more medium-term *supported* accommodation is an important policy option which follows from the findings of this study.

The comparison between those clients who were homeless and those who were in stable accommodation, but who had similar other needs, provides another housing policy option worthy of close examination, namely, the need for accessible, affordable and appropriate independent housing (commonly known in the field as 'exit points'). There is, however, a major barrier to that option, namely, that it presupposes more affordable and appropriate accommodation close to services.

In their contribution of case study information to the research, workers mentioned the difficulty, if not the impossibility, of obtaining suitable private rental accommodation for their clients. They also noted that public housing is extremely difficult to access when required, even if clients meet the criteria for high priority allocation. The community housing option (for example MACHA) is in enormous demand but it does seem to be successful and workable. In the context of the needs of ICAG clients, it is the one to which more resources could be allocated. Whether any increases in community housing in the sector are managed by specialist agencies, or individual agencies develop or extend their own community housing programme, or both, is a moot point. However, the findings of the research support the need for more affordable and independent housing options.

### **Unmet demand**

One of the aims of the research was to attempt to ascertain the levels of unmet demand, that is, services needed but not provided. The results revealed that on the 5 days of the data collection, 1157 referrals were arranged and 130 requests were neither referred nor provided. In fact, both questions in the DCF designed to assess unmet demand yielded surprisingly few incidences of it. Perhaps the emphasis on what action was taken, including 'referring on', camouflaged unmet demand because 'referring on' implies something had been done in response to the need. So a service was provided; there had been a response. But it is also impossible to determine if the need was unmet because an agency's resources were exhausted, or if an agency 'referred on' because they were not established to deal with such demands on their services. It was also impossible to ascertain what happened when clients were 'referred on'.

If there were to be more research to attempt to detect unmet demand, a different research design and another set of questions would be required. Question 9 in the DCF was chosen because it was known to many of the agencies as it came from the SAAP NDC. However, the 130 responses was an unexpectedly low result in light of the case studies which suggest the unmet need could be higher.

More generally, one of the critical issues in using a cross-sectional research design, as distinct from longitudinal research, is that it is difficult to distinguish outcome from output. Output can be measured readily by recording and counting instances of services provided. But without at least one instance of follow-up interviews and, ideally, more thorough-going longitudinal research, it is more difficult to determine if the demand has been satisfied and the need has been met.

Recording where a client has been 'referred on', in relation to a particular stated need, gives important information about service delivery networks but cannot assess fully the extent to which that need continued to be present after the provision of a subsequent (referred) service; the fact that clients were 'referred on' does not necessarily imply that their needs were subsequently met. However, without more detailed tracking of the people 'referred on', it is difficult to give definitive answers on successful outcomes.

The present research was a necessary attempt to document demand and services provided. In the context of the scope of the project and the resources allocated to the research, a huge amount of data has been generated, data that can be scrutinised further by DHS, ACC and ICAG in due course. The present work has advanced knowledge of need and services, but equally it is clear that should more research be undertaken to assess unmet demand then, ideally, a different research design which is less constrained by need for a very short DCF would be optimal. Nonetheless, the way Question 8 and 9 were completed could not have been foreseen, and the information obtained has important policy implications to address the issues agencies and workers face, and people who are homeless experience.

## **Conclusion**

In summary, the myth that there is a small group over-using or abusing the services provided by ICAG agencies is not supported. Indeed, there is considerable unmet demand across large groups. Further, while there are multiple requests for services by people presenting more than once on the same day, this tends to indicate appropriate integration between services providing complimentary forms of support.

It became clear during the research that there was considerable ongoing need for support that could not be easily dismissed. The main need for assistance was accommodation. Nevertheless, developing conclusive evidence about how vulnerable adults in the inner city can be assisted to independence requires a longitudinal study to track needs and services over a longer period of time. The issue is sufficiently important to warrant further research and resource allocation to address the problems experienced by many vulnerable adults in inner Adelaide.

## APPENDIX 1 ICAG AGENCIES

The inner City Administrators Group (ICAG) is a leadership group of inner city agencies working to assist homeless adults and others in need of a range of supports in the inner city of Adelaide. All members of ICAG are based in Adelaide's inner city. The following agencies are involved in ICAG:

- Aboriginal Sobriety Group
- Adelaide Central Mission
- Adelaide Day Centre for Homeless Persons
- Catherine House Inc.
- Hutt Street Day Centre
- The Magdalene Centre
- Multi Agency Community Housing Association Inc
- Offender Aid and Rehabilitation Services
- Salvation Army Community housing
- Salvation Army Sobering Up Unit
- Society of St Vincent de Paul Night Shelter
- Westcare (Westend Baptist Mission)

ICAG is committed to maintaining and enhancing the engagement of the City in facing the reality of poverty and homelessness through the provision of excellent services and sound social advocacy. ICAG is committed to good communication and collaboration with other leadership groups in the inner city in working to resolve the social issues facing the City.

APPENDIX 2 DATA COLLECTION FORM

DATA REQUEST FORM

*Date*      *Time*      *Initials of worker*        
*Agency*

*Consent obtained (verbal)*  
*Yes*      *No*

*Unique Identifier*                          

*2<sup>nd</sup> and 3<sup>rd</sup> letters  
Female/male  
of first name*     *1<sup>st</sup> and 2<sup>nd</sup> letter  
Year of birth  
of surname*     *Last letter of  
surname*

**(1) Nature of Contact** *(Please circle)*

**(1a) If 2 - Referring agency?**

Phone - self referral	1
Phone - agency referral	2
In person	3

1	
---	--

**(2) Cultural identity of person** *(Please circle)*

**(3) Presenting Family Unit** *(Please circle)*

Anglo-Australian	1
ATSI	2
Other	3
Please specify	

Single person	1
Person and child/ren	2
Couple	3
Couple and child/ren	4
Other	5

**(4) Accommodation last night** *(Please circle one number only)*

<b>SAAP/CAP Accommodation</b>			
Crisis/ short term accommodation	1	Rooming house/ hostel/ hotel	13
Medium/ long term accommodation	2	Boarding in a private home	
14			
Hostel	3	Purchasing/ living in own home	
15			
Motel/ hotel	4	Living in car/ tent/ park/ street/ squat	
16			
Community placement	5	Other non-SAAP housing/ accom	
17			
Other SAAP/CAP funded accommodation	6		



*(9) Support to client*

Please tick as many circles as apply

		Needed i	Worker assessed ii	Provided iii	Referral arranged iv	Not provided or referred v
SAAP/CAP accommodation (including other SAAP managed properties)	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
assistance to obtain/maintain short-term accommodation	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
assistance to obtain/maintain independent housing	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
assistance to obtain/maintain benefit/pension/other government allowance	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
employment and training assistance	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
financial assistance/material aid	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
financial counselling and support	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
incest/sexual assault counselling and support	8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
domestic violence counselling and support	9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
family/relationship counselling and support	10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
emotional support/other counselling	11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
psychological services	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
psychiatric services	13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
living skills/personal development	14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pregnancy support	15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
family planning support	16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
drug/alcohol support or intervention	17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
physical disability services	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
intellectual disability services	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
culturally appropriate support	20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
interpreter services	21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
meals	22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
laundry/shower facilities	23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
recreation	24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
transport	25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
assistance with legal issues/court support	26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
health/medical services	27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
advice/information	28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
brokerage services	29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
retrieval/storage/removal of personal belongings	30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
advocacy/liaison on behalf of client	31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

assistance with problem gambling	32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
assistance with immigration issues	33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other ( <i>please specify</i> )	34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## APPENDIX 3 NDC CATEGORIES AND ASSOCIATED SERVICE TYPES

### 'Basic Support Services':

- Meals
- Laundry/shower facilities
- Recreation
- Transport
- Other services

### 'General Support/Advocacy Services':

- Living skills/personal development
- Assistance with legal issues/court support
- Advice/information
- Brokerage services
- Retrieval/storage/removal of personal belongings

### 'Housing/Accommodation':

- SAAP/CAP accommodation
- Assistance to obtain/maintain short-term accommodation
- Assistance to obtain/maintain independent housing

### 'Specialist Services':

- Psychological services
- Psychiatric services
- Pregnancy support
- Family planning support
- Drug/alcohol support or intervention
- Physical disability services
- Intellectual disability services
- Culturally appropriate support
- Interpreter services
- Health/medical services
- Assistance with immigration issues

### 'Financial/employment':

- Assistance to obtain/maintain benefit/pension/other government allowance

- Employment assistance and training
- Financial assistance/material need
- Financial counselling and support

'Counselling':

- Incest/sexual assault counselling and support
- Domestic violence counselling and support
- Family/relationship counselling and support
- Emotional support/other counselling
- Assistance with problem gambling

**APPENDIX 4.1 NEED FOR SERVICES, SERVICES PROVIDED, REFERRALS ARRANGED  
AND UNMET DEMAND**

Type of Service by Stated Need

<b>Type of service</b>	<b>Needed</b>	<b>Percent</b>
Assistance to obtain/ maintain independent housing	998	10.9
Meals	817	8.9
Advice/information	656	7.2
Laundry/shower facilities	622	6.8
Emotional support/other counselling	577	6.3
Health/medical services	512	5.6
Recreation	455	5.0
Financial counselling and support	377	4.1
SAAP/CAP Accommodation	370	4.1
Retrieval/storage/removal of personal belongings	370	4.1
Living skills/personal development	352	3.9
Advocacy/liaison on behalf of client	330	3.6
Family/relationship counselling and support	312	3.4
Assistance to obtain/ maintain short-term accommodation	294	3.2
Financial assistance/material aid	291	3.2
Drug/alcohol support or intervention	260	2.8
Transport	219	2.4
Assistance to obtain/ maintain benefit/pension/other government allowance	216	2.4
Employment and training assistance	174	1.9
Other services	151	1.7
Assistance with legal issues/court support	145	1.6
Brokerage services	131	1.4
Psychiatric services	95	1.0
Domestic violence counselling and support	92	1.0
Psychological services	78	0.9
Assistance with problem gambling	67	0.7
Incest/sexual assault counselling and support	54	0.6
Physical disability services	35	0.4
Culturally appropriate support	32	0.4
Intellectual disability services	21	0.2
Assistance with immigration issues	13	0.1
Pregnancy support	8	0.1
Family planning support	6	0.1
Interpreter services	5	0.1
<b>Total</b>	<b>9125</b>	<b>100</b>

### Type of Service by Assessed Need

Type of service	Worker Assessed	Percent
Assistance to obtain/ maintain independent housing	767	12.7
Meals	672	11.2
Advice/information	510	8.5
Laundry/shower facilities	494	8.2
Emotional support/other counselling	417	6.9
Health/medical services	386	6.4
Recreation	322	5.3
Retrieval/storage/removal of personal belongings	322	5.3
SAAP/CAP Accommodation	265	4.4
Living skills/personal development	256	4.3
Assistance to obtain/maintain short-term accommodation	238	4.0
Advocacy/liason on behalf of client	230	3.9
Financial counselling and support	213	3.5
Family/relationship counselling and support	200	3.3
Financial assistance/material aid	176	3.0
Assistance to obtain/maintain benefit/pension/other government allowance	162	2.7
Drug/alcohol support or intervention	158	2.6
Other services	142	2.4
Transport	129	2.1
Brokerage services	112	1.9
Employment and training assistance	92	1.5
Assistance with legal issues/court support	86	1.4
Psychiatric services	76	1.3
Psychological services	52	0.9
Domestic violence counselling and support	48	0.8
Assistance with problem gambling	38	0.6
Incest/sexual assault counselling and support	35	0.6
Culturally appropriate support	15	0.2
Physical disability services	12	0.2
Intellectual disability services	12	0.2
Assistance with immigration issues	11	0.2
Interpreter services	9	0.1
Pregnancy support	3	0.05
Family planning support	3	0.05
<b>Total</b>	<b>6020</b>	<b>100</b>

### Type of Service by Service Provided

Type of service	Provided	Percent
Meals	991	9.2
Assistance to obtain/ maintain independent housing	973	9.0
Advice/information	855	7.9
Emotional support/ other counselling	749	6.9
Laundry/ shower facilities	733	6.8
Financial assistance/ material aid	628	5.8
Health/ medical services	608	5.6
Recreation	551	5.1
Retrieval/ storage/ removal of personal belongings	488	4.5
Financial counselling and support	477	4.4
Living skills/ personal development	434	4.0
Advocacy/ liaison on behalf of client	419	3.9
SAAP/CAP Accommodation	367	3.4
Family/ relationship counselling and support	352	3.3
Assistance to obtain/ maintain short-term accommodation	314	2.9
Transport	303	2.8
Drug/ alcohol support or intervention	243	2.3
Assistance to obtain/ maintain benefit/ pension/ other government allowance	237	2.2
Assistance with legal issues/ court support	175	1.6
Employment and training assistance	161	1.5
Other services	147	1.4
Brokerage services	138	1.3
Domestic violence counselling and support	73	0.7
Assistance with problem gambling	66	0.6
Culturally appropriate support	65	0.6
Psychiatric services	62	0.6
Psychological services	48	0.4
Physical disability services	46	0.4
Incest/ sexual assault counselling and support	33	0.3
Assistance with immigration issues	24	0.2
Interpreter services	19	0.2
Intellectual disability services	13	0.1
Pregnancy support	4	0.04
Family planning support	2	0.02
<b>Total</b>	<b>10798</b>	<b>100</b>

### Type of Service by Referral Arranged

Type of service	Referral arranged	Percent
Health/medical services	190	16.4
Assistance to obtain/maintain independent housing	87	7.3
Psychiatric services	70	6.1
Financial counselling and support	58	5.0
Financial assistance/material aid	57	4.9
Assistance with legal issues/court support	51	4.4
Family/relationship counselling and support	47	4.1
Advice/information	46	4.0
Advocacy/liaison on behalf of client	44	3.8
SAAP/CAP Accommodation	44	3.8
Assistance to obtain/maintain short-term accommodation	43	3.7
Employment and training assistance	42	3.6
Psychological services	37	3.2
Drug/alcohol support or intervention	34	2.9
Emotional support/other counselling	33	2.9
Assistance to obtain/maintain benefit/pension/other government allowance	32	2.8
Domestic violence counselling and support	27	2.3
Incest/sexual assault counselling and support	24	2.1
Living skills/personal development	23	2.0
Assistance with problem gambling	21	1.8
Meals	20	1.7
Transport	18	1.6
Recreation	17	1.5
Other services	17	1.5
Retrieval/storage/removal of personal belongings	12	1.0
Physical disability services	12	1.0
Assistance with immigration issues	10	0.9
Intellectual disability services	10	0.9
Laundry/shower facilities	9	0.8
Brokerage services	9	0.8
Interpreter services	7	0.6
Pregnancy support	3	0.3
Culturally appropriate support	2	0.2
Family planning support	1	0.1
<b>Total</b>	<b>1157</b>	<b>100</b>

### Type of Service by Not Provided or Referred

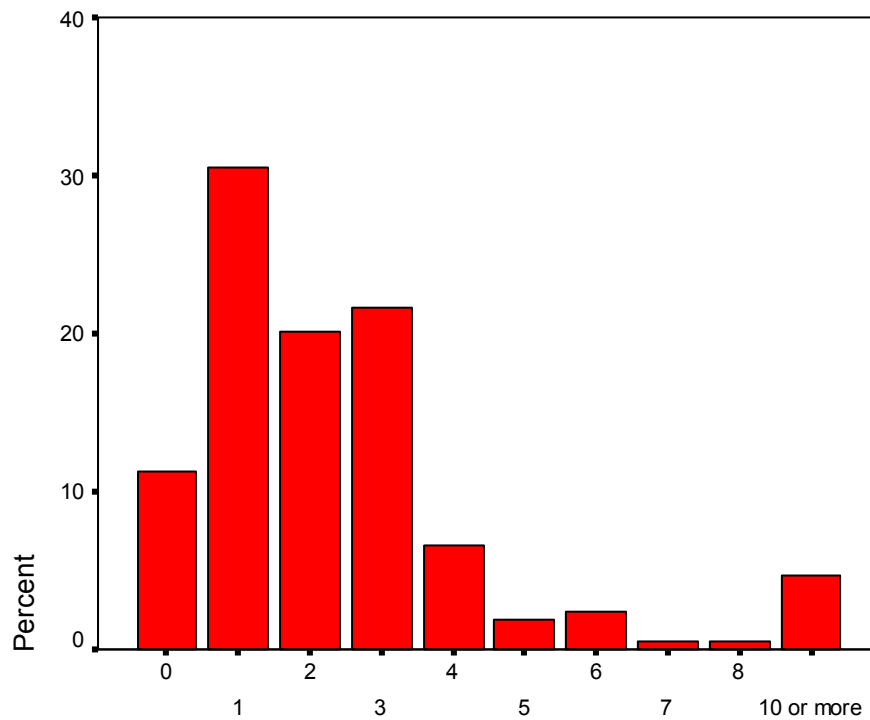
Type of service	Neither provided nor referred	Percent
Assistance with immigration issues	11	8.5
Assistance with problem gambling	10	7.7
Psychological services	9	6.9
Transport	9	6.9
Assistance with legal issues/ court support	8	6.2
Health/medical services	7	5.4
Advocacy/ liaison on behalf of client	7	5.4
Drug/alcohol support or intervention	6	4.6
Meals	6	4.6
Retrieval/ storage/removal of personal belongings	6	4.6
Psychiatric services	5	3.9
SAAP/CAP Accommodation	5	3.9
Recreation	5	3.9
Physical disability services	5	3.9
Advice/information	4	3.1
Incest/sexual assault counselling and support	4	3.1
Brokerage services	4	3.1
Financial counselling and support	3	2.3
Family/relationship counselling and support	3	2.3
Living skills/personal development	3	2.3
Other services	3	2.3
Financial assistance/material aid	2	1.5
Domestic violence counselling and support	2	1.5
Intellectual disability services	2	1.5
Culturally appropriate support	2	1.5
Assistance to obtain/ maintain independent housing	1	0.8
Assistance to obtain/ maintain short-term accommodation	1	0.8
Emotional support/other counselling	1	0.8
Laundry/shower facilities	1	0.8
Employment and training assistance	0	0.0
Assistance to obtain/ maintain benefit/pension/other government allowance	0	0.0
Interpreter services	0	0.0
Pregnancy support	0	0.0
Family planning support	0	0.0
<b>Total</b>	<b>130</b>	<b>100</b>

**APPENDIX 4.2 MOST VULNERABLE AND LESS VULNERABLE GROUP STATISTICS BY ACCOMMODATION LAST NIGHT**

*Number of moves made over the past month*

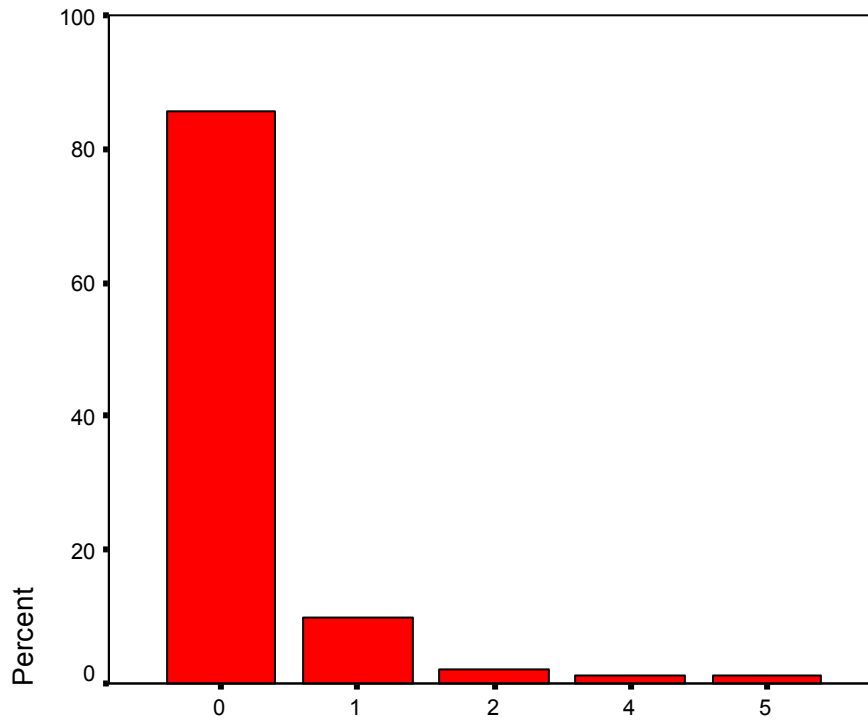
(a) 'Most Vulnerable' Group

		Frequency	Valid Percent	Cumulative Percent
Valid	0	24	11.3	11.3
	1	65	30.5	41.8
	2	43	20.2	62.0
	3	46	21.6	83.6
	4	14	6.6	90.1
	5	4	1.9	92.0
	6	5	2.3	94.4
	7	1	.5	94.8
	8	1	.5	95.3
	10 or more	10	4.7	100.0
	Total	213	100.0	
Missing	System	157		
Total		370		



(b) 'Less Vulnerable' Group

		Frequency	Valid Percent	Cumulative Percent
Valid	0	155	85.6	85.6
	1	18	9.9	95.6
	2	4	2.2	97.8
	4	2	1.1	98.9
	5	2	1.1	100.0
	Total		181	100.0
Missing	System	225		
Total		406		



*The last place stayed*

(a) 'Most Vulnerable' Group

		Frequency	Valid Percent	Cumulative Percent
Valid	SAAP Crisis/short term accommodation	16	5.8	5.8
	SAAP Medium/long term accommodation	2	.7	6.6
	Hostel -SAAP	2	.7	7.3
	Non-SAAP emergency accommodation	1	.4	7.7
	Living rent free in house or flat	1	.4	8.0
	Renting independently in private rental market	13	4.7	12.8
	Renting a public housing dwelling	7	2.6	15.3
	Renting community housing	1	.4	15.7
	Renting a caravan	7	2.6	18.2
	Private rooming house/hostel/hotel	69	25.2	43.4
	Boarding in a private home	1	.4	43.8
	Purchasing/living in own home	3	1.1	44.9
	Living in car/tent/park/street/squat	42	15.3	60.2
	Other non-SAAP accomm including with friends or family	102	37.2	97.4
	Hospital/psychiatric institution	3	1.1	98.5
	Prison/youth training centre	1	.4	98.9
	Detoxification unit/rehabilitation centre	2	.7	99.6
	Other institutional setting	1	.4	100.0
	Total	274	100.0	
Missing	System	96		
Total		370		

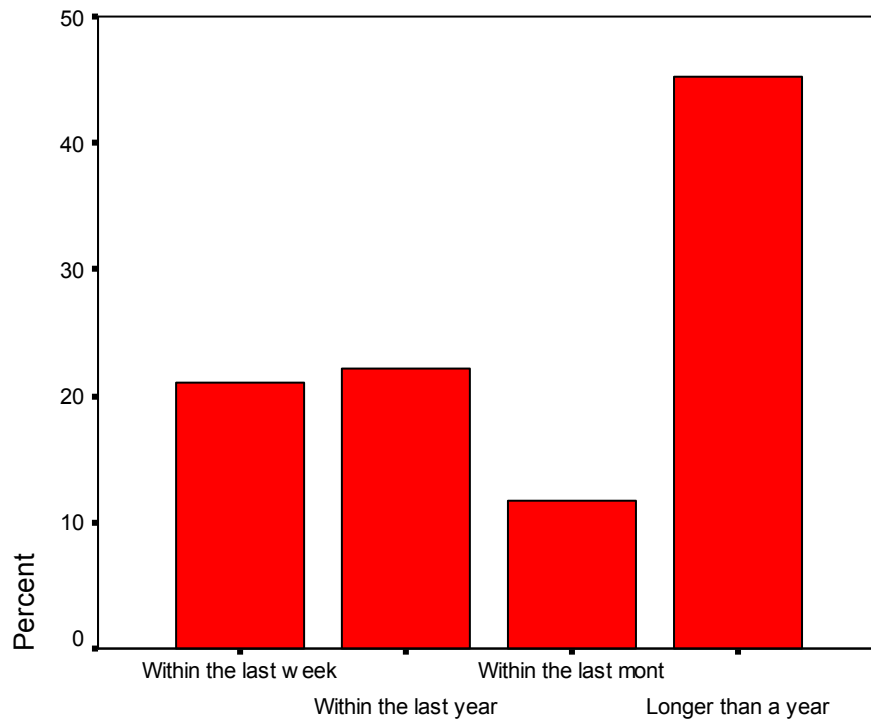
(b) 'Less Vulnerable' Group

		Frequency	Valid Percent	Cumulative Percent
Valid	SAAP Crisis/short term accommodation	3	3.0	3.0
	SAAP Medium/long term accommodation	1	1.0	4.0
	Other SAAP/CAP funded accommodation	1	1.0	5.1
	Renting independently in private rental market	13	13.1	18.2
	Renting a public housing dwelling	15	15.2	33.3
	Renting community housing	7	7.1	40.4
	Renting a caravan	1	1.0	41.4
	Private rooming house/hostel/hotel	17	17.2	58.6
	Purchasing/living in own home	1	1.0	59.6
	Living in car/tent/park/street/squat	5	5.1	64.6
	Other non-SAAP accomm including with friends or family	30	30.3	94.9
	Prison/youth training centre	2	2.0	97.0
	Detoxification unit/rehabilitation centre	2	2.0	99.0
	Other institutional setting	1	1.0	100.0
	Total	99	100.0	
Missing	System	307		
Total		406		

*Last time the client felt they had a home*

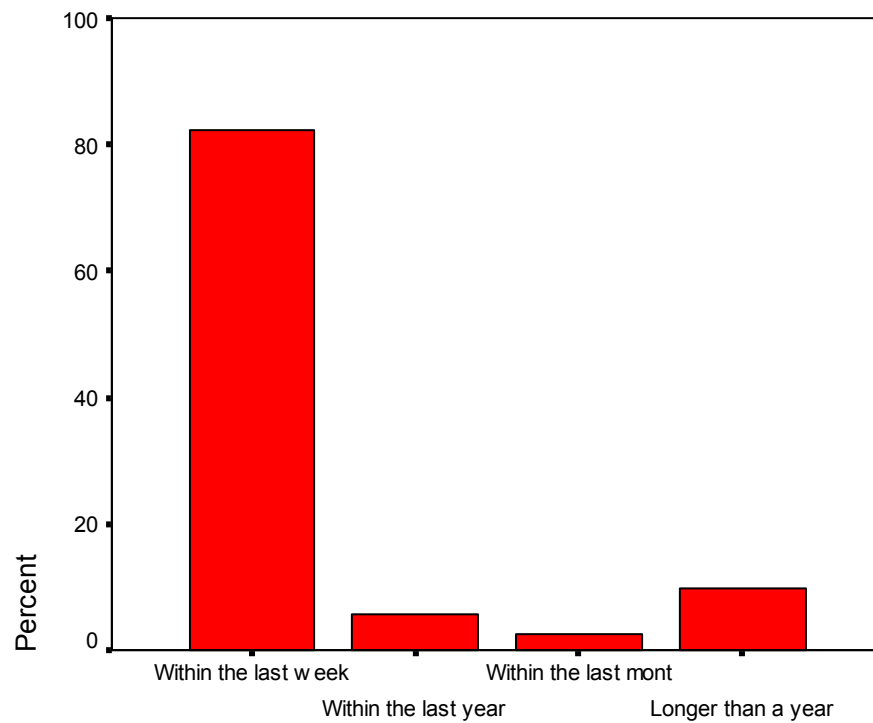
(a) 'Most Vulnerable' Group

		Frequency	Valid Percent	Cumulative Percent
Valid	Within the last week	72	21.0	21.0
	Within the last year	76	22.2	43.1
	Within the last month	40	11.7	54.8
	Longer than a year	155	45.2	100.0
	Total	343	100.0	
Missing	System	27		
Total		370		



(b) 'Less Vulnerable' Group

		Frequency	Valid Percent	Cumulative Percent
Valid	Within the last week	221	82.2	82.2
	Within the last year	15	5.6	87.7
	Within the last month	7	2.6	90.3
	Longer than a year	26	9.7	100.0
	Total	269	100.0	
Missing	System	137		
Total		406		



*Presenting Family Unit*

**(a) 'Most Vulnerable' Group**

		Frequency	Valid Percent	Cumulative Percent
Valid	Single person	345	95.0	95.0
	Person and child/ren	9	2.5	97.5
	Couple	7	1.9	99.4
	Couple and child/ren	1	.3	99.7
	Other	1	.3	100.0
	Total	363	100.0	
Missing	System	7		
Total		370		

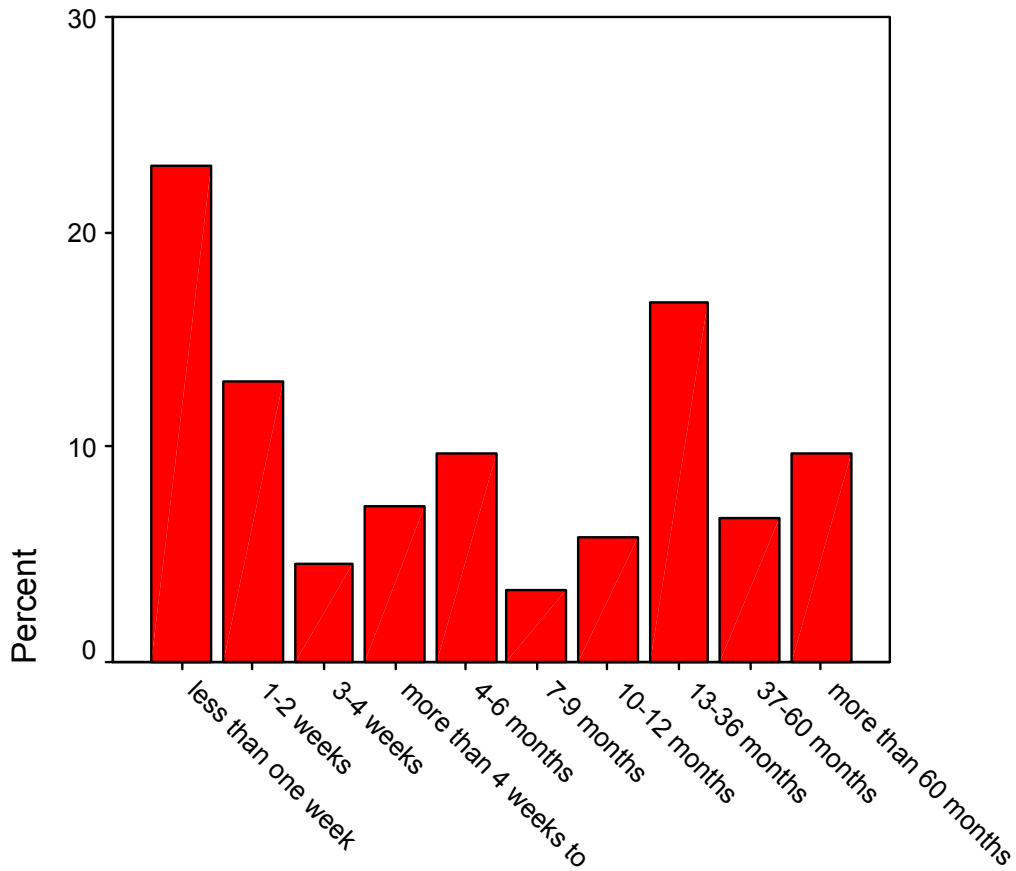
**(b) 'Less Vulnerable' Group**

		Frequency	Valid Percent	Cumulative Percent
Valid	Single person	331	84.7	84.7
	Person and child/ren	45	11.5	96.2
	Couple	5	1.3	97.4
	Couple and child/ren	10	2.6	100.0
	Total	391	100.0	
Missing	System	15		
Total		406		

*Duration of assistance to client*

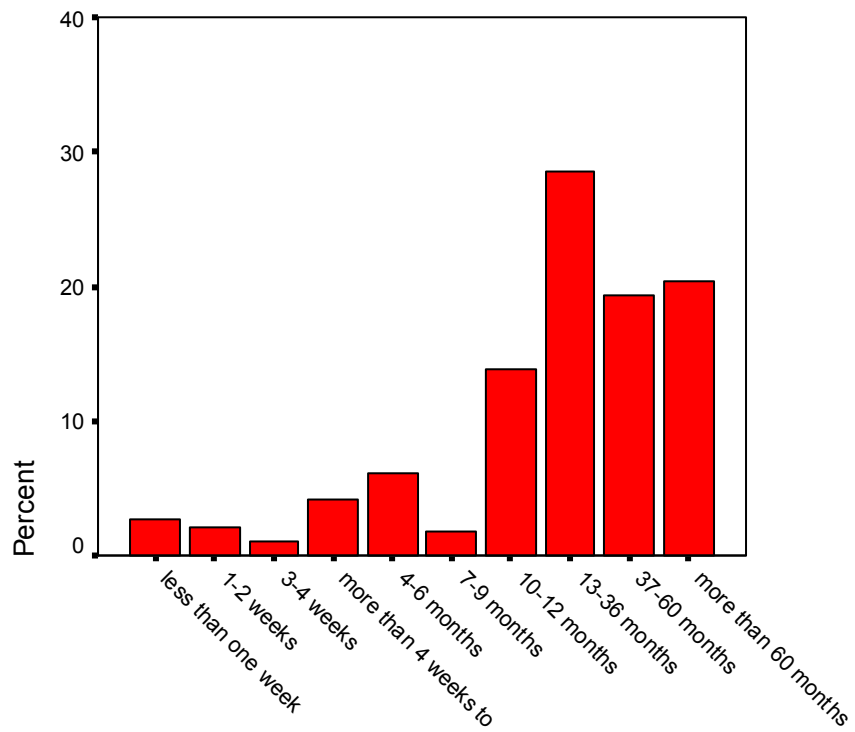
(a) 'Most Vulnerable Group'

		Frequency	Valid Percent	Cumulative Percent
Valid	less than one week	76	23.1	23.1
	1-2 weeks	43	13.1	36.2
	3-4 weeks	15	4.6	40.7
	more than 4 weeks to 3 months	24	7.3	48.0
	4-6 months	32	9.7	57.8
	7-9 months	11	3.3	61.1
	10-12 months	19	5.8	66.9
	13-36 months	55	16.7	83.6
	37-60 months	22	6.7	90.3
	more than 60 months	32	9.7	100.0
	Total	329	100.0	
Missing	System	41		
Total		370		



(b) 'Less Vulnerable' Group

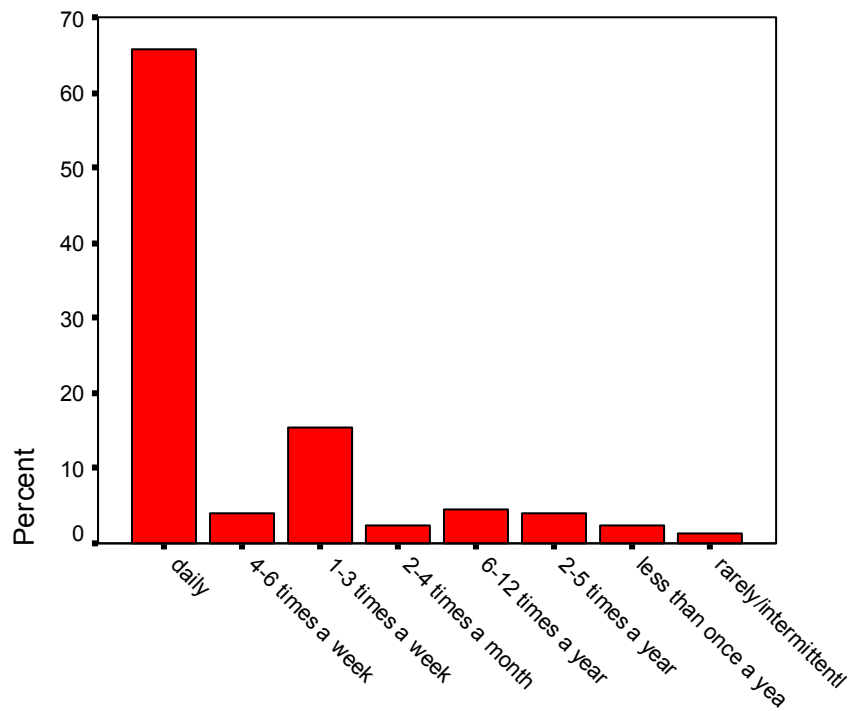
		Frequency	Valid Percent	Cumulative Percent
Valid	less than one week	10	2.6	2.6
	1-2 weeks	8	2.1	4.8
	3-4 weeks	4	1.1	5.8
	more than 4 weeks to 3 months	16	4.2	10.1
	4-6 months	23	6.1	16.1
	7-9 months	7	1.9	18.0
	10-12 months	52	13.8	31.7
	13-36 months	108	28.6	60.3
	37-60 months	73	19.3	79.6
	more than 60 months	77	20.4	100.0
	Total	378	100.0	
Missing	System	28		
Total		406		



*How frequently do you see this client?*

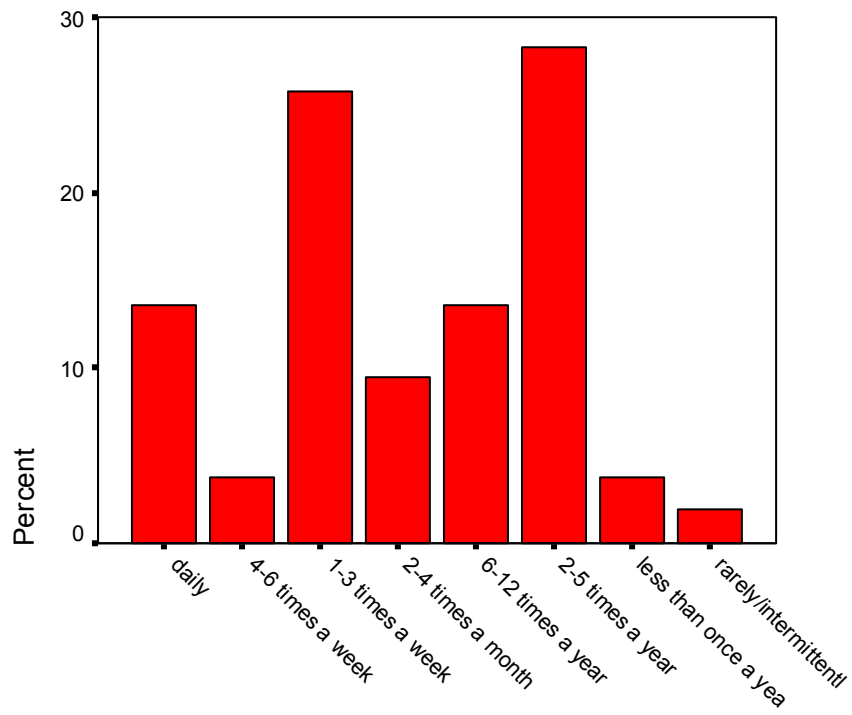
(a) 'Most Vulnerable' Group

		Frequency	Valid Percent	Cumulative Percent
Valid	daily	191	65.6	65.6
	4-6 times a week	12	4.1	69.8
	1-3 times a week	45	15.5	85.2
	2-4 times a month	7	2.4	87.6
	6-12 times a year	13	4.5	92.1
	2-5 times a year	12	4.1	96.2
	less than once a year	7	2.4	98.6
	rarely/intermittently	4	1.4	100.0
	Total	291	100.0	
Missing	System	79		
Total		370		



(b) 'Less Vulnerable' Group

		Frequency	Valid Percent	Cumulative Percent
Valid	daily	43	13.5	13.5
	4-6 times a week	12	3.8	17.3
	1-3 times a week	82	25.8	43.1
	2-4 times a month	30	9.4	52.5
	6-12 times a year	43	13.5	66.0
	2-5 times a year	90	28.3	94.3
	less than once a year	12	3.8	98.1
	rarely/intermittently	6	1.9	100.0
	Total	318	100.0	
Missing	System	88		
Total		406		



**APPENDIX 4.3 DEMAND FOR CERTAIN SERVICES FROM MOST AND LESS VULNERABLE GROUPS**

***Financial assistance/material need***

**(a) 'Most Vulnerable' Group**

Count

	Financial assistance/ material aid - Needed	Financial assistance/ material aid - Worker assessed	Financial assistance/ material aid - Provided	Financial assistance/ material aid - Referral arranged	Financial assistance/ material aid - Not provided or referred
	46	28	100	10	0

**(b) 'Less Vulnerable' Group**

Count

	Financial assistance/ material aid - Needed	Financial assistance/ material aid - Worker assessed	Financial assistance/ material aid - Provided	Financial assistance/ material aid - Referral arranged	Financial assistance/ material aid - Not provided or referred
	47	30	178	7	0

***Psychological services***

**(a) 'Most Vulnerable' Group**

Count

	Psychological services - Needed	Psychological services - Worker assessed	Psychological services - Provided	Psychological services - Referral Arranged	Psychological services - Not provided or referred
	12	7	4	1	6

**(b) 'Less Vulnerable' Group**

Count

	Psychological services - Needed	Psychological services - Worker assessed	Psychological services - Provided	Psychological services - Referral arranged	Psychological services - Not provided or referred
	12	8	12	8	1

**Psychiatric services**

**(a) 'Most Vulnerable' Group**

Count

	Psychiatric services - Needed	Psychiatric services - Worker assessed	Psychiatric services - Provided	Psychiatric services - Referral arranged	Psychiatric services - Not provided or referred
	10	3	3	5	0

**(b) 'Less Vulnerable' Group**

Count

	Psychiatric services - Needed	Psychiatric services - Worker assessed	Psychiatric services - Provided	Psychiatric services - Referral arranged	Psychiatric services - Not provided or referred
	17	16	10	14	1

**Drug/alcohol support or intervention**

**(a) 'Most Vulnerable' Group**

Count

	Drug/alcohol support or intervention - Needed	Drug/alcohol support or intervention - Worker assessed	Drug/alcohol support or intervention - Provided	Drug/alcohol support or intervention - Referral arranged	Drug/alcohol support or intervention - Not provided or referred
	34	14	21	7	2

**(b) 'Less Vulnerable' Group**

Count

	Drug/alcohol support or intervention - Needed	Drug/alcohol support or intervention - Worker assessed	Drug/alcohol support or intervention - Provided	Drug/alcohol support or intervention - Referral arranged	Drug/alcohol support or intervention - Not provided or referred
	40	31	50	7	0

**Health/Medical services**

**(a) 'Most Vulnerable' Group**

Count

	Health/medical services - Needed	Health/medical services - Worker assessed	Health/medical services - Provided	Health/medical services - Referral arranged	Health/medical services - Not provided or referred
	88	52	87	22	1

**(b) 'Less Vulnerable' Group**

Count

	Health/medical services - Needed	Health/medical services - Worker assessed	Health/medical services - Provided	Health/medical services - Referral arranged	Health/medical services - Not provided or referred
	76	60	110	35	1

**Assistance with problem gambling**

**(a) 'Most Vulnerable' Group**

Count

	Assistance with problem gambling - Needed	Assistance with problem gambling - Worker assessed	Assistance with problem gambling - Provided	Assistance with problem gambling - Referral arranged	Assistance with problem gambling - Not provided or referred
	6	4	3	3	1

**(b) 'Less Vulnerable' Group**

Count

	Assistance with problem gambling - Needed	Assistance with problem gambling - Worker assessed	Assistance with problem gambling - Provided	Assistance with problem gambling - Referral arranged	Assistance with problem gambling - Not provided or referred
	8	7	11	3	4

## VULNERABLE ADULTS STUDY

### LITERATURE REVIEW

#### Introduction

The proposed research seeks to enhance our understanding of the demand and need for housing and related services for adults vulnerable to housing crisis and homelessness in the Adelaide CBD. It will do this by developing a profile of service users, and identifying the service outcomes achieved and any unmet need. In addition, the research seeks to identify the factors driving demand for services. The research will occur over a period of one different day of the week for five consecutive weeks (for example, Monday of Week 1, Tuesday of Week 2 etc).

The headings around which this review is organised are based on the objectives for the research and the accompanying questions (which attempt to amplify and clarify the stated objectives). In the following, the vast literature on the definitions and causes of homelessness has been omitted in favour of concentrating on the literature specifically relevant to this study. Where possible, the most recent and relevant research has been used.

In particular, due emphasis has been given to the study which influenced this research, namely *Understanding Demand for Crisis Accommodation, A Snapshot Analysis of Current Demand on Major Accommodation Services in Inner Urban Melbourne* (Thomson Goodall Associates 1999; the Hanover study). Findings from the SAAP National Data Collection (NDC) also feature in this literature review, particularly as it provides South Australia data. The review begins by examining the literature on the first objective stated below.

#### **1 Develop a detailed profile of people seeking and receiving assistance at ICAG agencies. What is the demographic and personal profile of people seeking and receiving assistance from ICAG agencies?**

This study is about vulnerable adults who seek services and/or are assisted by ICAG agencies in Adelaide. Vulnerable adults are those:

whose personal circumstances are characterized by a lack of access to essential resources such as stable accommodation and sufficient personal incomes. In addition to limited access to financial and material resources individuals may face a range of challenging personal issues. Factors of disadvantage include acute and chronic health conditions and disabilities which compromise mental health. For some individuals patterns of substance abuse and dependency puts pressures on their capacity to maintain stable living arrangements (Department of Human Services 2001: 5).

In addition vulnerable adults:

- may have experienced trauma and abuse;

- may have limited opportunities or networks which could provide 'personal support and encourage positive social engagement';
- live in circumstances which place them in grave personal risk or which have the potential to compound or aggravate their personal health and safety;
- tend to need to use 'public space and/or specialized accommodation to meet their essential needs' (Department of Human Services 2001: 5)

The most recent analysis of available data in the City of Adelaide revealed the following.

- While there were fewer people on aged pensions, there were higher proportions of people receiving Labour Market Allowances and a Disability Pension (24.6% and 20.1%) than in the State overall (14.5% and 12.5%; Hume, 2002: 10).
- The recipients of both were more likely to be single people without children than their counterparts in other parts of the State (Hume, 2002: 12, 15)
- Persons on Disability Pensions in Adelaide were more likely to be younger, single non-home owners than their counterparts in South Australia (Hume, 2002: 11).
- The reasons that persons were in receipt of Disability Pensions in Adelaide was more likely to be for psychological/psychiatric reasons than in the remainder of the State (Hume, 2002: 11).
- Newstart recipients in Adelaide were much less likely to own their own homes than their counterparts in the State (Hume, 2002: 15).
- Payments made to Family and Youth Services clients in Adelaide were less likely to be for food (32.5%; 49.7%), and more likely to be for transport (21%; 17.2%), clothing (12.3%; 1.7%) and accommodation (7.8%; 5.1%) than in the State overall (Hume, 2002: 18).
- There is a higher proportion of single men using SAAP clients in Adelaide than in the State overall (76.7% compared with 50.3%; Hume, 2002: 19).
- There were fewer male Indigenous Australians in Adelaide than in the State overall (9%; 9.9%), but more female Indigenous Australians (28.9%; 17.6%; Hume, 2002: 20).

Data from a 2001 analysis of the City of Adelaide (Hume 2001: 14) found that:

- Before becoming SAAP clients more females and males came from SAAP accommodation/housing than the State average (21.9%; 19.4%), more were living in a 'rooming house, hostel, hotel/caravan' (12.3%; 9.6%) and more were homeless in the sense of 'living in a car/tent/park/street/squat' (22.8%; 13.9%);
- Fewer rented independently (11.4%; 14.1%) and fewer had been public housing tenants (9.4%; 13.4%).

**2 Examine the stated needs of persons presenting to ICAG agencies including issues relating to mental health, poverty, disability, drug and alcohol dependence, and the availability of affordable housing. What are the stated and ascribed needs of persons presenting at ICAG agencies?**

The literature generally describes the homeless population as heterogeneous. It has also been recognised that not only is homelessness a serious and increasing problem in Australia, but that 'the face of homelessness has changed over time' (DFACS, 2000: 4). Some of the major factors influencing this changing profile of homelessness over the past 20 years have been:

- Changes to family formation ...;
- The deinstitutionalisation of people with psychiatric illness, physical and intellectual disabilities;
- An increase in the incidence of women and their children fleeing domestic violence;
- A decrease in rooming house and other low cost accommodation options;
- Significant shifts in the patterns of substance abuse and the availability of illicit drugs;
- Changes to the structure and nature of the labour market that have led to fewer jobs for low skilled people (DFACS, 2000: 4).

In a report commissioned by the Adelaide City Council (Stinson, 1999), existing categories of people deemed to be in 'urgent need' and 'need' of housing and related services in inner Adelaide were compared with newer data on the demand for services. The result was a 'Simple List' which identified people with varying degrees of need. The List is as follows:

A Groups in **most urgent need** of housing and housing-related services:

- homeless people with multiple needs (including alcohol/drug dependencies)
- homeless people with the broad range of psychiatric, mental health, personality or behavioural problems
- homeless people who are frail aged

B. Groups in **urgent need** of housing and housing-related services:

- homeless adult women
- homeless adult men
- homeless and at-risk young men
- homeless and at-risk young women
- Aboriginal and Torres Strait Islander people
- families

C Groups in **need** of housing and housing-related services:

- people with intellectual or physical disabilities
- disadvantaged students
- couples without children
- refugees and migrants with no other supports
- groups discriminated against in the rental market (Stinson, 1999: 13).

The report stated that the accommodation needs of these groups varied. The types of accommodation provided and required were identified as emergency, short term with support, short term without support, and medium to long term accommodation. Those groups with the greatest need for emergency accommodation included:

- homeless adult women
- homeless and at-risk young men
- Aboriginal and Torres Strait Islander people
- families and
- couples without children (Stinson, 1999: 16).

Groups requiring short term supported accommodation included:

- homeless people with multiple needs and
- homeless people with a broad range of health problems(Stinson, 1999: 16).

Of the groups in question, there was generally less need for short term accommodation without support. Most groups reported a priority need for medium to long term accommodation. These include:

- all three groups listed in group A of the Simple List, identified as being in most urgent need of assistance
- families
- people with intellectual or physical disabilities
- groups discriminated against in the private rental market
- disadvantaged students (Stinson, 1999: 16).

As the report stated:

Overall, there is considerably greater need for medium to long term housing than any other type. This is particularly the case for those in group A, but also for those in group C. Those in the second group (B), have approximately an equal need for emergency and medium to long term housing (Stinson, 1999: 17).

### **3 Examine the causes which drive demand for services. What are the factors which drive demand for services?**

The literature generally recognises that homelessness is the result of numerous factors, some personal and situational, others structural and societal. The following examines the literature on causation starting with the broader structural issues.

#### **Structural Barriers to Affordable, Independent Accommodation**

- *Poverty and unemployment.*

Many people seeking assistance from SAAP funded agencies report either having no income or being reliant on income support payments (AIHW, 1999b: 36). Similarly, many are unemployed. The lack of stable income which is a product of unemployment plays a pivotal role in causing and maintaining homelessness. As Crane et al. notes (1996: 8): 'Unemployment plays a key role in becoming homeless, and employment is an important avenue for escaping homelessness.' This is because stable, substantial income is required for people to successfully compete in the private rental market (Burke, 1994: 10).

While unemployment can have serious deleterious effects on the ability to obtain housing, and will therefore influence their likelihood of becoming homeless, a person's housing status can also influence employability. If a person has no stable address, then it is unlikely that he or she will be offered stable employment. The cycle of homelessness and unemployment is thus exacerbated and the disadvantage compounds.

- *Inadequacy of Income Support.*

While related to unemployment, income is also an issue in itself, particularly for those people who are not in the labour force. It is recognised that low and inadequate incomes are often insufficient to enable people to compete in the private rental market or meet the cost of general living expenses. Thus, financial reasons are the principle stated reason for seeking SAAP assistance amongst single males (SERC and AHURI, 1999: 41).

The recent study of vulnerable adults in Adelaide (Hume 2001: 14) revealed that almost 11% gave inadequate finance as the reasons for seeking assistance. The categories, 'arrival from interstate no means of support' (9.8%) and eviction (9.9%), may also indicate underlying financial need.

- *Macro-Level Causes of Homelessness.*

While there are direct causes of homelessness, such as a lack of affordable housing and insufficient resources for support agencies, there are other, indirect causes which lay behind the

immediate problem of homelessness (Burke, 1994: 7). It has also been argued that these are the result of national, macro-economic policies devised by consecutive Federal Governments. For example, Burke (1994: 24) notes that there is a distinct link between economic restructuring, economic rationalism, and homelessness, and argues that 'the economic, demographic and social outcomes that flow from a restructured economy have considerable implications for *all* the causes of homelessness – ie poverty, housing, social dislocation, health and social values'.

#### *The Immediate Factors Which Drive Demand*

- *Stated Reasons for Seeking Support*

It has been noted that a variety of personal and situational factors play an important role in the causation of homelessness (Neil & Fopp, 1994: 35-66; Sydney City Mission, 1995: 10-14; Crane et al., 1996: 7-13; McCaughey, 1992: 6-21). However, the SAAP data collection reports that the primary reasons for seeking assistance from South Australian agencies were domestic violence (29% of clients) followed by family breakdown (11%; AIHW, 2001b: 23). The Hanover Study found that 23% of clients (totalling 40% of those accommodated) sought assistance because they stated that they had no money (Thomson Goodall Associates, 1999: 33).

The main reasons for seeking assistance in a recent South Australian (Hume 2002: 21) study were:

- domestic violence (23.8% for Adelaide, 44.7% for the rest of South Australia);
- eviction (12.1% and 9.6%);
- relationship/family breakdown (7.7% and 6.4%);
- financial difficulty (3.8% and 5.8%);
- arrival from interstate – no means of support (6.2% and 5.3%); and
- substance abuse (5.4% and 0.8%).

- *Family breakdown or conflict.*

Many homeless people report escaping from dysfunctional or abusive families. McCaughey (1992: 6-9) for example, provides case studies of homeless people coming from intolerable family situations where alcoholism, physical and sexual abuse, and general disregard for other family members' well-being were rife. 'Such experiences', wrote McCaughey (1992: 8), 'made many respondents leave home as soon as possible.' Similarly, Crane et al (1996: 10) found that '[f]amily conflict is the most commonly cited reason by young people as to why home leaving resulting in homelessness occurred.'

- *Health and Disability.*

Several researchers have identified the health issues which contribute to homelessness. McCaughey, for example, argues that people with poor health are vulnerable to homelessness. Their perceived unemployability and the extra cost of medical treatment reduce their financial independence such that they are unable to afford suitable housing (1992: 15). Similarly, the Sydney City Mission notes that:

People with special issues due to a health condition or disability can be vulnerable to homelessness. In essence health policy, access to supportive housing programs, and the provision of accessible health facilities and programs all impact on homelessness (Sydney City Mission, 1995: 11).

One of the interesting results of the Hanover Study in Melbourne was the finding that 'the number of needs (in addition to the need for crisis accommodation) increase the longer the person is homeless' (Thomson Goodall Associates 1999: 22). Most research notes what might be designated 'other needs' (those in addition to accommodation) in the list of reasons for seeking assistance. Very few explore the possibility that homelessness actually contributes to other issues, or exacerbates previous conditions.

- *Poverty and a Lack of Personal/Family Resources*

Although a lack of income is a significant structural cause of homelessness, it is also an immediate cause of demand for crisis accommodation services. As stated, unemployment leads to a lack of financial security which can impede successful competition in the private rental market. However, a person's financial crisis can be exacerbated by individual circumstances (bills, rent arrears etc) so that they require emergency assistance.

This is reflected in the Hanover Study which found that the main reason for people seeking support (23% of responses) was that they had 'no money' as it had been spent. Likewise, other stated reasons include 'financial difficulties' (10%) and 'eviction', possibly due to an inability to pay the rent (at 13%; Thomson Goodall Associates, 1999: 33).

The financial situation of people seeking assistance supports the claim that immediate crises worsen an underlying problem. The South Australian NDC statistics for 2000-2001 illustrate this point. It states that 19.6% of people receiving support reported no income at all, while 2.4% had no income but were awaiting a government payment. A further 68% were relying upon income support payments. Importantly, only 10% of people who received support were in receipt of an income other than government payments (AIHW, 2001b: 36).

- *History of Inadequate Accommodation*

The Hanover Study detailed the accommodation history of people who approached participating agencies for assistance. Generally, accommodation prior to receiving assistance was characterised by short term stays in unstable and inadequate accommodation. Specifically, 48.5% stated that they spent less than one week at the last place they stayed, while 71.8% claimed to have spent less than four weeks in their most recent accommodation. Similarly, the previous two places clients stayed at were for short periods, with most being for less than one week (Thomson Goodall Associates, 1999: 34).

Importantly, the majority of the 'last places stayed' were listed as 'on the street' (17.2%), while staying with friends or relatives also figured in all of the last three places stayed (Thomson Goodall Associates, 1999: 34). Another 35% of respondents stated that they had spent the previous night on the street, followed by 26% with friends and relatives (Thomson Goodall Associates, 1999: 21).

Reflecting this insecurity of accommodation, 31% percent of clients stated that they last felt they had a home within the last year, while 20% stated that it was more than a year. By contrast, only 16% felt they had been homeless for less than a week, and 17% stated that it was less than a month since they last had a home (Thomson Goodall Associates, 1999: 22). The proposed research study of vulnerable of ICAG agencies will replicate this aspect of the Hanover Study.

#### **4 Analyse the outcomes achieved in the short term for those who are assisted. What were the outcomes for those who were assisted?**

Data available for Adelaide (2001-02; AIHW, 2002b: 23) suggests that over 13% of clients were accommodated for a day and 13.4% for 2-3 days. Higher percentages were accommodated for 4-7 days (15.5%), 1-2 weeks (14.2%), 2-4 weeks (13.9%), and 4-13 weeks (15.3%). With the exception of the 2-4 weeks and 4-13 weeks categories, the figures for 2001-02 are slightly down on those for 1998-99 (AIHW, 2000a: 70).

In 1998-1999, other services provided in Adelaide at higher numerical rates than in other regions of South Australia were:

- retrieval/storage/removal of personal belongings;
- meals;
- laundry/shower facilities; and
- recreation (AIHW 2000: 58).

The most recent data available from the NDC provides a comprehensive view of met and unmet demand in SAAP. As this study is concerned with the breadth of services in addition to accommodation and housing services, the information provides the possibility of comparison between the NDC statistics and the data ensuing from the study of ICAG agencies.

There are three noteworthy points about the latest NDC data on met and unmet demand (AIHW, 2002a). Firstly, it does not refer to potential clients who did not receive any services (that is, clients who were 'turned away'). Secondly, the data are calculated over the number of services sought and provided rather than the number of clients. During 2001-2002, 155,700 clients across Australia sought some sort of assistance with the aggregate services requested being 987,000 (AIHW, 2002a: 41, 43). Thus, when the NDC report states that '93% of expressed needs [in 2000-2001] were met at least to some extent' (AIHW, 2001c: 35) the 93% represents a proportion of the total number of services requested (as distinct from the total number of clients involved).

Thirdly, the NDC classifies support provided by SAAP as follows (AIHW, 2001a: 84-85):

- 'housing and accommodation services' (including, for example, obtaining and maintaining short/medium term or independent housing);
- 'financial or employment assistance' (including, for example, assistance to obtain or maintain a government payment);
- 'counselling' (including, for example, incest, sexual abuse or domestic violence counselling and assistance with problem gambling);
- 'general support and advocacy' (including, for example, advice or information, retrieval, storage or removal of personal belongings);
- 'specialist services' (including, for example, psychological and psychiatric services, drug and alcohol support intervention, and medical services);
- 'basic support services' (including, for example, meals, laundry and shower facilities, recreation and transport).

In South Australia during 2001-02, 'housing/accommodation services' comprised 76.6% (nationally 83.6%) of all services requested. The corresponding figures for the 'general support/advocacy' was 83.9% (nationally 70.7%) and for 'basic support and services' 52.6% (nationally 66%; AIHW, 2002a: 41, Table 7.1).

## **5 Identify any clients being 'turned away' (that is, unmet demand) and furthering our understanding of the reason(s) assistance could not be provided).**

One of the important issues to be addressed in this study is that of unmet demand. The literature suggests that this is a long-running issue (Homeless Persons Advisory Committee (SA), 1977

and Fopp, 1989) although, it seems, that accommodation has been the main focus of investigations relating to unmet need until rather recently.

According to the second National SAAP Evaluation (Lindsay 1993: 37) 'half the people who seek assistance from SAAP accommodation are unable to obtain it, either because the service is full or for some other reason.' Similarly, the third National SAAP Evaluation noted that 'the incidence of unmet demand among the homeless who tried to enter the SAAP system was in excess of 50 per cent' (SEAC and AHURI 1999: 39).

One of the reasons for the level of unmet demand recognised in all three national evaluations of SAAP is the limited number of 'exit points'. This creates both a 'bottleneck' in SAAP agencies and a backlog in the number attempting to enter such services. This issue was, arguably, first mentioned in the Burdekin Report which noted the 'bottleneck' created in support agencies for young homeless people. The report stated that '[t]hose who gain access to shelters stay on rather than moving on, while increasing numbers are unable to obtain access at all due to the lack of vacancies' (Human Rights and Equal Opportunity Commission, 1989: 178).

The issue of inadequate access to accommodation after SAAP, and as contributing to unmet demand, is widely recognised. The issue has been raised in the three national evaluations of SAAP (Chesterman, 1988: 36, 87; Lindsay, 1993: 46, 75, 107, 120; SEAC and AHURI 1999: 53, 57) and also as a major concern for service providers (Thomson Goodall Associates, 1999: 31; Horn, 2000: 124; AIHW, 2001b: 27-29; Bartholomew, 1999: 27).

Bartholomew notes that in Melbourne, increasing numbers of homeless families are being forced to rely upon 'last resort' forms of emergency accommodation, such as private hotels and caravan parks, due to a lack of appropriate longer-term accommodation (or 'exit points') (Bartholomew, 1999: xv, 16, 25-28). The Western Australian Taskforce into homelessness also reported that in 'the area of emergency accommodation, the system was full of people unable to obtain suitable long-term accommodation and remaining in the services'. The result was a lack supported accommodation options for those most in need (State Homelessness Taskforce, 2002: 77).

The Hanover Study reveals that of the 1455 individuals or households requesting crisis accommodation during the research period, 1001 were not accommodated by the participating agencies on the night of the request. This means that only 373 household units were provided with crisis accommodation (Thomson Goodall Associates, 1999: 31). Although approximately 6% of the 'turn aways' were likely to be accommodated in either non-participating SAAP agencies or in participating agencies on subsequent nights (Horn, 2000: 124), there remained a large

percentage who could not be accommodated. The overwhelming reason for this (in 93% of cases) was a lack of immediate vacancies (Thomson Goodall Associates, 1999: 32; Horn, 2000: 124).

Overall, the Hanover Study found that:

- there is significant unmet demand for crisis accommodation services across all target groups;
- people who cannot access crisis accommodation services frequently do not receive a service of any kind at the point of being turned away;
- outcomes for people turned away from services is not known (Thomson Goodall Associates, 1999).

The Hanover Study identified the shortage of crisis accommodation services as a barrier to SAAP agencies realising their aim of helping people into independent living (1999: 49). The report expressed concern that not enough is known of the fate of clients who are unable to be assisted.

It noted:

The response [sic] for single adults in Victoria rests primarily with the participating services. If they are unable to provide crisis accommodation it is unlikely that anyone else can. People turned away report having contacted other agencies, and describe recent unstable accommodation patterns. 35% of people reported that they spent the previous night on the street. It is reasonable to assume that a significant proportion of households with an urgent need remain without shelter after being turned away...if a person cannot access a bed, they frequently receive no other tangible assistance from a crisis accommodation service at the point of turn away (Thomson Goodall Associates, 1999: iv).

This again raises the issue of crisis accommodation being filled by people who no longer need intensive support because there is a lack of affordable appropriate housing. It also raises the question of whether a similar situation exists for services in inner Adelaide.

As the South Australian Department of Human Services suggests:

The lack of affordable housing - particularly furnished accommodation with low entry cost and periodic tenure - places demand pressures on crisis accommodation from low income households with immediate accommodation needs. Service throughout crisis accommodation facilities is in turn also constrained by the limited availability of exit points (DHS, 2001: 31).

Thus, the DHS recommended that the stock of affordable, independent accommodation in Adelaide be increased to ease the pressure on crisis accommodation (DHS, 2001: 32).

The highest level of unmet need (neither met, referred on nor turned away) in the SAAP system nationally in 2000-2001 was 'housing/accommodation' (28.7%), 'specialist services' (19.4%), with

'financial/employment', counselling, and 'general support/advocacy', at over 13%, and 'basic support and services' at 11% (AIHW 2001a: 40, Table 5.3). In contrast the figures for 2001-2002 were 'counselling (25.3%), 'basic support and services' (19.9%), 'school liaison/child care' (19.7%), 'general support/advocacy' (13.3%) and 'accommodation' (12.9%). The above data will provide useful benchmarks for the findings of the proposed research.

## **6 Identify barriers within the service system and service gaps.**

The following review of the literature pertaining to barriers examines some issues which are discussed under Objectives 3, 5 and 6. The discussion below is relevant to the issue of barriers (even if it is based on different aspects of the previously mentioned research).

- *The Lack of Exit Points*

The inadequate opportunities to obtain adequate housing post-SAAP is widely recognised. The result is that a significant number of people are being 'turned away' because of the bottleneck of clients remaining in SAAP accommodation largely due mainly to the lack of affordable and appropriate post-SAAP accommodation. That is, a significant number of homeless or vulnerable people who turn to SAAP-funded agencies for crisis accommodation are not assisted due to a lack of vacancies. This has been identified as a major concern for service providers (Thomson Goodall Associates, 1999: 31; Horn, 2000: 124; AIHW, 2001b: 27-29; Bartholomew, 1999: 27).

- *Responding to those with Complex Needs*

It is increasingly recognised that people who are homeless are also users or potential users of generic or specialist health and community care services (DHS, 2000: 2). A study undertaken by Ecumenical Housing Inc. and Thomson Goodall Associates Pty Ltd (1999a, 1999b) on behalf of the Commonwealth Department of Family and Community Services (DFACS) assessed the effectiveness of SAAP services in meeting the needs of clients with complex needs. It noted that there is a correlation between homelessness and range of health conditions including, 'mental illness, drug and alcohol disorder, behaviour disorder and intellectual disability' (1999a: 6). The report goes on to state that 'as many as 30-60 per cent of the homeless population have some sort of diagnosable condition' (1999a: 6).

The claim that many clients requesting assistance have other non-accommodation needs is supported by the research literature. The Hanover Study reported that 33% of presenting clients requested 'personal support needs' such as counselling, mental health, drug, alcohol and general medical services (Thomson Goodall, 1999: ii, 15).

The Royal Adelaide Hospital reported that over a seven month period in 1998, 1272 claims were made on medical services by 429 individuals 'whose living standards were classified as

homeless'. Of this group, the most frequent health conditions were drug and alcohol related (19%), mental health issues (16.1%) and trauma (14%). Further the RAH reported that only 43% of homeless patients were registered with a General Practitioner (DHS, 2001: 17-18).

Finally, the Western Australian State Homelessness Taskforce reported that substance abuse was common amongst SAAP clients. These issues are likely to exacerbate disadvantage because 'people with substance abuse issues or those living with them were identified as most likely to be banned from services due to non-payment and/or inappropriate behaviour' (State Homelessness Taskforce, 2002: 48).

The issue of services dealing with people with high needs was identified in DFACS's report (1999a: 6). The report stated that clients with high needs have an adverse impact on service provision. Service providers report that the complex needs of many clients require more intensive assistance for a longer period. Similarly, clients with such needs 'often demonstrate challenging behaviours, and issues associated with cultural marginalisation can further complicate service provision' (1999a: 6).

Other gaps identified by the report (DFACS 1999a: 9).are:

- a crisis response which can respond to people with personality disorder and disordered behaviour, including those under the influence of drugs and/or alcohol;
- specialist services which can respond to people with dual/multiple problems;
- health and mental health services which are appropriate for homeless people;
- specialist and generic services which can respond to and/or accommodate people with disruptive behaviour; and
- ongoing support for people with high need to enable them to retain accommodation successfully in the community.

- *Assessment and Referral Services*

The Hanover Study reported that a significant proportion of people for whom no accommodation could be provided are *not* 'referred on' to other agencies which might be able to provide a service. Funding is not directed at providing assessment and referral services to the volume of people seeking assistance on a given day. Therefore, it is likely that those who are not accommodated will not receive any other form of assistance at the point of turn away (Thomson Goodall Associates, 1999: 49).

There is also a history of inadequate assessment, referral and advocacy services for clients in inner Adelaide. Similarly, the DHS has recently acknowledged that there is a need for a

coordinated client system which will help to achieve desirable outcomes for those in SAAP services. This system would entail sharing client information between services, ensuring that no duplication of services occurs (such as clients having multiple case managers), and better coordination between services (DHS 2001: 43).

**Conclusion**

The review of literature under the objectives and associated questions provides the context of the Vulnerable Adults Study in ICAG agencies. This review will be augmented by further analysis of existing and new data. This will facilitate comparison and be conducive to the probing examination of the results of the study.

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