

Pathways to homelessness for people experiencing domestic and family violence in NSW

This Evidence Brief presents key findings for people experiencing domestic and family violence (DFV) in NSW from Taylor Fry's Pathways to Homelessness report. We also discuss implications for policy and practice. By better understanding the experiences and pathways of people experiencing DFV, supports can be put in place earlier to improve outcomes. The analysis uses a linked dataset that includes Specialist Homelessness Services (SHS) and 18 other NSW Government and Commonwealth services.

Key messages

- In 2019–20, 39% of clients who presented to Specialist Homelessness Services for assistance in NSW had experienced domestic and family violence (DFV). This figure has been slowly increasing since 2014–15 (AIHW 2019).
- The Taylor Fry analysis shows that over the six years to June 2017, 1 in 4 (23%) presentations to homelessness services reported DFV as a reason for seeking assistance. This group are more likely to be female and accompanied by children.
- Being a victim of DFV increases the chance of accessing homelessness services for support. People experiencing DFV are 20 times more likely than the wider NSW population to access homelessness services within a year of a police-recorded DFV incident. The risk is highest in the months immediately following a report to police but falls quickly.
- Generally, people accessing homelessness services who have experienced DFV have a less intensive cross-sector service use history than other clients. Their main point of contact with other services is with NSW Police as a victim of a DFV incident. However, only 1 in 8 (13%) people presenting to Specialist Homelessness Services with a DFV support need had a police-recorded DFV victim incident in the previous three years. Homelessness services may actually represent the first point of contact with government services for many within this vulnerable group.
- A history of homelessness service use, court presentations, and welfare supports appear to be relevant predictors of homelessness and potential intervention points for people experiencing DFV.

Introduction

The Department of Communities and Justice commissioned Taylor Fry to conduct a detailed investigation into the services people use before, during and after experiencing homelessness in NSW. Part of the study looked more closely at the pathways to homelessness for people experiencing domestic and family violence (DFV).

DFV is an important potential pathway to housing instability and homelessness. Initiatives such as the NSW Domestic and Family Violence Blueprint for Reform 2016-2021 have sought to increase options for people experiencing DFV. A key objective for policy is to strengthen the ability of the service system to prevent and respond early to DFV.

DFV is chronically underreported (ABS 2017). Police-recorded DFV incidents may only reflect a small proportion of actual victims. For this reason, homelessness services may be an appropriate first point of intervention in some cases. Effective early support and family relationship strengthening may reduce violence and resulting future demands on the homelessness system.

This Evidence Brief provides an overview of key findings and policy implications from the Pathways to Homelessness report for victim survivors of DFV. Policymakers and practitioners are encouraged to use this as a basis for further consideration with stakeholders in their specific areas.

Further detailed information about the data and findings is available in the [full report](#).



Why is understanding homelessness for people experiencing domestic and family violence important?

Preventing homelessness for people experiencing DFV is increasingly a priority for government. DFV featured prominently in the 2008 *The Road Home*, the Commonwealth's national approach to reducing homelessness (FaHCSIA 2008). In 2015, the NSW Premier announced a Premier's Priority to reduce domestic violence reoffending. People experiencing DFV have been recognised as a national priority cohort in the National Housing and Homelessness Agreement, which came into effect in 2018 (CFFR 2019). This key intersection between DFV and homelessness has also been recognised in other States, for example, Victoria has established a Family Violence Housing Assistance Implementation Taskforce, and Tasmania's affordable housing strategy also overlaps with its family violence strategy (Flanagan et al. 2019).

DFV is one of the main reasons women and children leave their homes in Australia (FaHCSIA 2008). Leaving a violent relationship can lead to a diverse range of housing pathways, including moves within or between different houses and housing types, and for indeterminate periods of time (Flanagan et al. 2019). Housing assistance provided by States and Territories to victim survivors of DFV is often focused on the private rental market and is time limited. Examples of assistance include [Rent Choice Start Safely](#) (NSW), which provides assistance such as bond loans and ongoing rental subsidies for a period of up to three years (Department of Communities and Justice 2020). However, maintaining private rental once these subsidies stop can be challenging.

Aboriginal women and children are disproportionately impacted by DFV. Aboriginal women are up to 35 times more likely to experience DFV than non-Aboriginal women (valentine et al. 2020) and this accounts for much of the homelessness experienced by Aboriginal families. For example, in 2014–15, Aboriginal children and young people aged 0–17 years accompanying specialist homelessness services clients for family violence attended a service at a rate of 278 per 10,000 population, more than 8 times the rate for non-Indigenous children (33 per 10,000 population) (SCRGSP 2016, cited in Closing the Gap Clearinghouse 2016).

Specialist Homelessness Service providers deliver one of the principal crisis responses for people leaving violent relationships, with clients who have experienced DFV growing from 36% of all SHS clients in NSW in 2014–15 to 39% in 2019–20 (from 17,350 clients to 27,455) (AIHW 2020)¹. In 2020–21, 28,213 clients who experienced DFV received support from Specialist Homelessness Services in NSW (AIHW 2021). Addressing the housing needs of victims of DFV is only part of an effective response to preventing homelessness for this vulnerable group. Housing needs should be understood in combination with other needs, such as welfare, safety and legal support (Spinney 2012).

For a better understanding of the homelessness experiences of people experiencing DFV we also need to understand broader service use. This is one of the key aims of the *Pathways to Homelessness* analysis.

How was the Pathways to Homelessness analysis designed?

The analysis undertaken by Taylor Fry examined a large dataset of linked information including SHS and Temporary Accommodation (TA) data, data from 15 other datasets from NSW government, and 3 Commonwealth health and welfare services to better understand homelessness.

The linked dataset covers 625,861 people, with a case and control design:

- The **case cohort** is 202,927 people who accessed SHS in NSW from 1 July 2011 to 30 June 2017.
- The **comparison (control) group** is a random sample of 422,934 people in NSW, matched for age and sex.

The dataset is large enough to be able to meaningfully talk about homelessness risk for the entire NSW population.

A range of analyses were applied to the data, including descriptive analysis, predictive modelling, pathway analysis and cost estimation. These form the basis for the findings presented in this brief. More information on the questions that guided the analysis, the data sets included and the approach undertaken is provided at the end of this note and is available in the full report.

Various sections of the Taylor Fry analysis provide information about small sub-groups of people in order to better understand specific characteristics and service use pathways. This brief focuses on people experiencing DFV (see Box 1 for a definition of DFV need).

It is important to note that the dataset does not capture the pathways of all individuals experiencing homelessness. The Taylor Fry analysis focuses on people presenting to crisis accommodation services, and more specifically where a person has sought assistance from an SHS provider or Temporary Accommodation (See Box 1 for key definitions). This is a practical decision as high-quality linkable data exists for this group. The emphasis in this analysis is on prediction, rather than causation. Correlations including the relationship between DFV victim incidents and increased risk of homelessness may be driven by underlying factors that are not fully visible in the administrative data. We caution against causal interpretations for this reason.

¹ Figures presented by Taylor Fry will differ to those provided by the AIHW due to methodological differences.

Box 1: Definitions

How is DFV defined?

There are two ways victim survivors of DFV are identified in the dataset used in the Taylor Fry analysis:

- People who have reported DFV as a reason for seeking assistance from SHS. In this brief this group is referred to as the 'DFV support need group'.
- People identified as DFV victims through victim incidents recorded by police, referred to as the 'DFV victim incident group'.

For the DFV support need group, the Taylor Fry analysis uses a narrow definition of DFV need – capturing only those people who have an identified DFV need or who identify DFV issues as their reason for seeking assistance **at the start of a support period only**. The SHS definition of DFV need is broader and can be found in the [Specialist Homelessness Services Annual Report 2018-19](#).

How are homelessness services defined?

For this analysis, homelessness services include Specialist Homelessness Services (SHS) and Temporary Accommodation (TA). SHS provide services aimed at prevention and early intervention, as well as crisis and post-crisis assistance to support people experiencing or at risk of homelessness. Temporary Accommodation supplements SHS in providing time-limited accommodation in low-cost motels or caravan parks for clients who are homeless. The intention of Temporary Accommodation is to provide a bridge to give clients a chance to secure alternative accommodation, such as crisis accommodation or private rental. It is a short-term temporary measure rather than a longer-term response.

What are the types of service presentations?

People presenting to homelessness services are classified based on their housing situation:

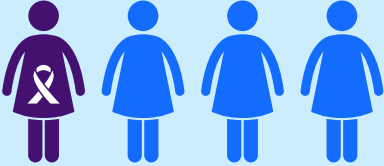
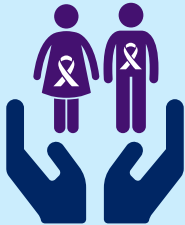
- People with no shelter or living in an improvised/inadequate dwelling are **rough sleeping**.
- People living in short-term temporary accommodation, or as a couch surfer with no tenure, are **homeless**. This includes people in Temporary Accommodation, noting some may have been rough sleeping.
- People living in social housing, private housing or institutional settings are **at risk of homelessness**.

What did the analysis find?

Key findings about people who have experienced DFV presenting to SHS and their pathways to homelessness are presented in the following infographic and described more fully in the rest of this brief. Detailed data is available in the full report.

There were about
400,000 presentations
 to homelessness services from 2011–2017

23%
 were for people with
 an identified
 DFV support need




1 in 4 females had a DFV support need



1 in 10 males had a DFV support need

Those with a DFV support need were:

- often younger
- accompanied by children
- more likely to present as homeless or at risk of homelessness rather than rough sleeping





Only
1 in 8 (13%)
 people presenting to homelessness services with DFV as a reason for seeking support have been involved in a DFV police incident in the previous three years



1 in 5 (21%)
 people accessed a homelessness service in the 3 months after being the victim of a DFV police incident



While victims of DFV are more likely than all victims of crime to access homelessness services, their share of future presentations is relatively small

	Likelihood of accessing homelessness services	% of future homelessness presentations
 DFV victims	<p>.....></p> <p>20x more likely than the general population</p>	<p>.....></p> <p>4%</p>
 Victims of all crime	<p>.....></p> <p>7x more likely than the general population</p>	<p>.....></p> <p>29%</p>

'DFV victim' is the term used to describe someone who was identified as a victim of DFV through a police-recorded incident.

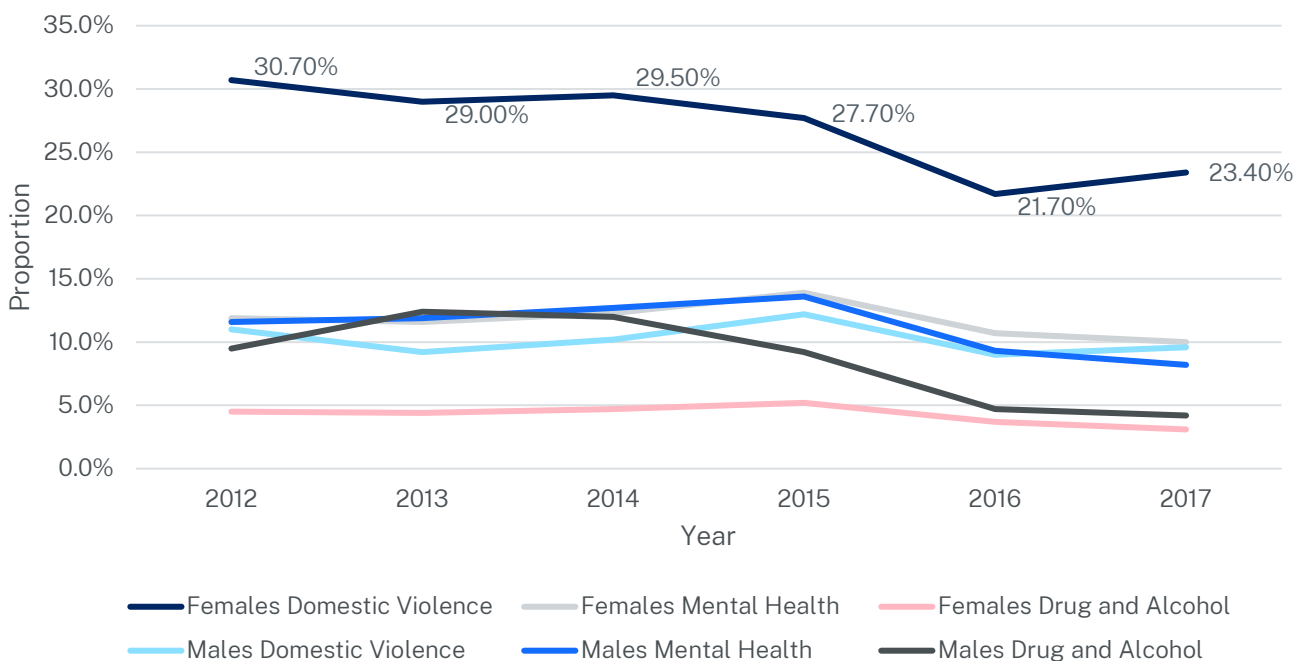


People presenting to SHS with a domestic and family violence support need are typically female and classified as homeless

Following presentation to an SHS service for housing support, a client may be identified as having one or more additional support needs. From July 2011 to June 2017, almost one in four (23%) presentations to SHS were recorded as having a DFV support need. This was the most common type of support need identified. The next highest support need identified was mental health services, representing about 14% of all presentations.

Unsurprisingly, females were much more likely to present with a DFV support need compared with males. The proportion of presentations for females with a DFV support need was 26%, compared with 10% for males across all periods. This pattern was stark in contrast to most other support needs identified among SHS clients (Figure 1).

Figure 1: The proportion of SHS presentations with specific support needs by sex, 2011-12 to 2016-17



Note: A client may present with multiple support needs for every period of support provided by SHS. This is counted multiple times within the data.

Source: Pathways to Homelessness, Figure 14

People who were experiencing homelessness but not sleeping rough were more likely to have a DFV support need (27%) than those who were sleeping rough (13%) or at risk of homelessness (23%). The opposite was seen for people presenting with a mental health need, who were more likely to be sleeping rough (21%).

DFV victim incidents are a relatively strong indicator of future homelessness

Analysing cross-sector service use helps us identify critical points of intervention by determining whether accessing certain services now (e.g. hospital emergency department), might be followed by presenting to other services (e.g. homelessness services) for assistance in the future. Table 1 shows the proportions of victims of DFV incidents reported to the police and victims of all crime² who present to homelessness services³ in the next quarter.

While less than 1% (0.1%) of people in the NSW population were identified as having a DFV victim incident, of those who were, 21.2% presented to homelessness services within three months of a police recorded incident. For people who **were not** identified as a DFV victim, 0.9% presented to homelessness services within three months. While more people were identified by police as victims of all types of crime (1.3% of the population), only 9.3% presented to homelessness services within three months of the incident. Criminal victimisation is associated with greater likelihood of presentation to homelessness services, particularly for people who have a DFV victim incident.

Table 1: Rates of homelessness service use following police-reported victim incidents

	Proportion of pop. accessing in any quarter	Rate of homelessness in the following quarter	
		For those not identified as a victim	For those identified as a victim
Victims of all crime types	1.3%	0.8%	9.3%
DFV victim incidents	0.1%	0.9%	21.2%

Source: Pathways to Homelessness, Table 14

To determine potential homelessness intervention points, the analysis looks at other government services people used in the year before accessing homelessness services. People with a DFV victim incident are an at-risk group. The costs of delivering services to this group are higher than other groups experiencing or at risk of homelessness and the general population. Table 2 looks at the *risk uplift* and *coverage* based on homelessness service use, both for any presentation (including repeat clients), and new clients only⁴ in the six years to June 2017.

What is risk uplift and coverage?

- The risk uplift refers to how many more times a person is likely to access homelessness services if they have accessed a given service.
- The coverage is the proportion of people presenting to homelessness services that also accessed a given service in the previous year.

The most useful service interventions would target groups at high risk (high risk uplift), reach a significant proportion of people at risk of homelessness (have good coverage) and generate high potential savings. Generally, however, there is a trade-off between risk and coverage.

² Defined as victims identified in police-recorded incidents of crime (all crime types).

³ This is an annualised rate using six years' worth of data (2011-12 to 2016-17).

⁴ New cases are those who have not accessed SHS or Temporary Accommodation in the prior three years and are limited to the period 2014-15 to 2016-17.

Someone with a DFV victim incident in the previous 12 months is 20 times more likely (risk uplift) to access homelessness services in the next year than the broader population. However, people with a DFV victim incident only represent 4% of expected future homelessness presentations (coverage), meaning that an intervention targeting this group would only reach 4% of potential future homelessness presentations.

This compares with victims of all types of crime, where the risk uplift is smaller (7 times more likely to access homelessness services in the next year) but the coverage of future homelessness presentations is greater (29%).

The additional costs⁵ across NSW Government services for people with a DFV victim incident who later go on to access homelessness services are significant. Compared to DFV victims who do not access homelessness services, the costs for those who do are about \$33k higher per person over three years. This represents the potential cost savings of a successful intervention to prevent DFV victims from becoming homeless.

A DFV victim incident is therefore a relatively strong indicator of future need for homelessness services.

Table 2: Two-way analysis results of homelessness service use and other services used in the previous 12 months

Police-reported victim incidents	Any homelessness presentation			New cases	
	Risk uplift	Coverage	Additional 3-yr costs across NSW govt.	Risk uplift	Coverage
Victims of all crime types	x7	29%	\$51k	x5	21%
DFV victims	x20	4%	\$33k	x14	3%

Note: For any homeless presentations, the NSW population baseline rate is 0.73% p.a. For new cases, the baseline is 0.55% p.a.

Source: Pathways to Homelessness, Tables 30 & 31

The same analysis presented in Table 2 was repeated for young people aged 16-24 years (Table 3). As can be seen, young people with a DFV victim incident in the previous 12 months are 13 times more likely (risk uplift) than the total youth population to access homelessness services in the next year. However, an intervention targeting young DFV victims would reach only 6% (coverage) of future homelessness presentations for young people. Interestingly, the additional costs across NSW Government services was higher for young victims of all crime than DFV specifically.

⁵ More information on unit costing assumptions can be found in Appendix C of the full report.

Table 3: Two-way analysis results of homelessness service use and other services used in the previous 12 months for young people aged 16-24 years

Homelessness presentations for young people			
Police-reported victim incidents	Risk uplift	Coverage	Additional 3-yr costs across NSW govt.
Victims of all crime types	x5	35%	\$51k
DFV victims	x13	6%	\$33k

Note: For homelessness presentations for young people, the NSW population baseline rate is 1.5% p.a.

Source: Pathways to Homelessness, Table 33

Cross-sector service use can help us understand journeys to homelessness

The remainder of this section looks at two ways to identify people experiencing DFV in the Pathways to Homelessness dataset to understand people’s service use journeys:

- People who have reported DFV as a reason for seeking assistance from SHS (DFV support need group).⁶ This first group allows for a backwards view – we can look at previous service use for people who accessed SHS with DFV as a reason for seeking support, to identify potential intervention points.
- People identified as DFV victims through victim incidents recorded by police (DFV victim incident group).⁷ This second group provides a forwards view – it looks at people who potentially have a similar need for support (in this case, people with a police-recorded victim incident relating to DFV in the three years to June 2016) and whether they present to homelessness services in future.

Clients who present to SHS with a DFV support need have a less intensive cross-sector service use history than other SHS clients

In 2016–17:

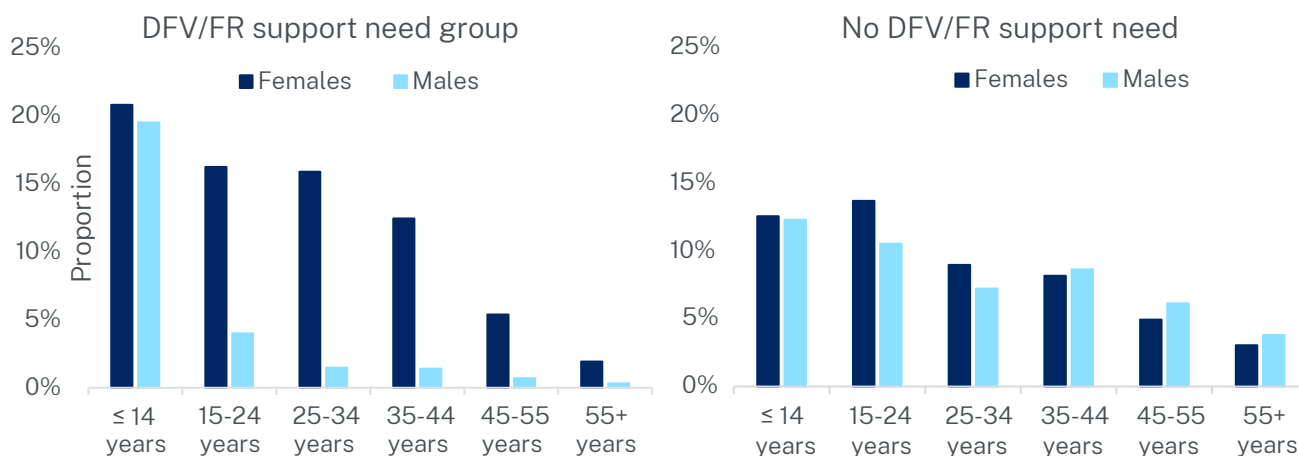
- 13,000 people presented to SHS indicating they needed support for DFV.
- 6,000 people presented to SHS indicating they needed Family/Relationship support.
- 3,000 people presented to SHS needing both DFV and Family/Relationship support – half of those with a Family/Relationship support need also had a DFV support need, and one in four with a DFV support need also had a Family/Relationship support need.
- 43,000 other people presented to SHS with no DFV or Family/Relationship support needs.

Compared with people who present to SHS with no DFV or Family/Relationship support needs, the DFV support needs group was more likely to be young, female and present with children. For example, 37% of the DFV support needs group were females aged under 25 years compared with 26% of those not identifying a DFV support need. Children under 14 years made up roughly 40% of the total DFV support needs group compared with 25% of those not identifying a DFV support need (Figure 2).

⁶ Referred to in the full report as the DFV service need group.

⁷ Referred to in the full report as the DFV victim incident cohort.

Figure 2: Comparison of age and sex for those who accessed SHS in 2016–17 by DFV/ Family/ Relationship need



Source: Pathways to Homelessness, Figure 41

The DFV support needs group appears difficult to identify using data from other government services. Comparing the rate of cross-sector service use of SHS clients with and without a DFV support need suggests a less intensive service use history across a range of sectors (Table 4). DFV police incidents show the highest service use, at 1.7 times the rate of the broader SHS group. Only 13% of those presenting to SHS with DFV as a reason for seeking support were involved in a DFV victim incident reported to police in the previous three years.

Table 4: Rates of cross-sector service use over the three years to 30 June 2016 for those accessing SHS in 2016–17

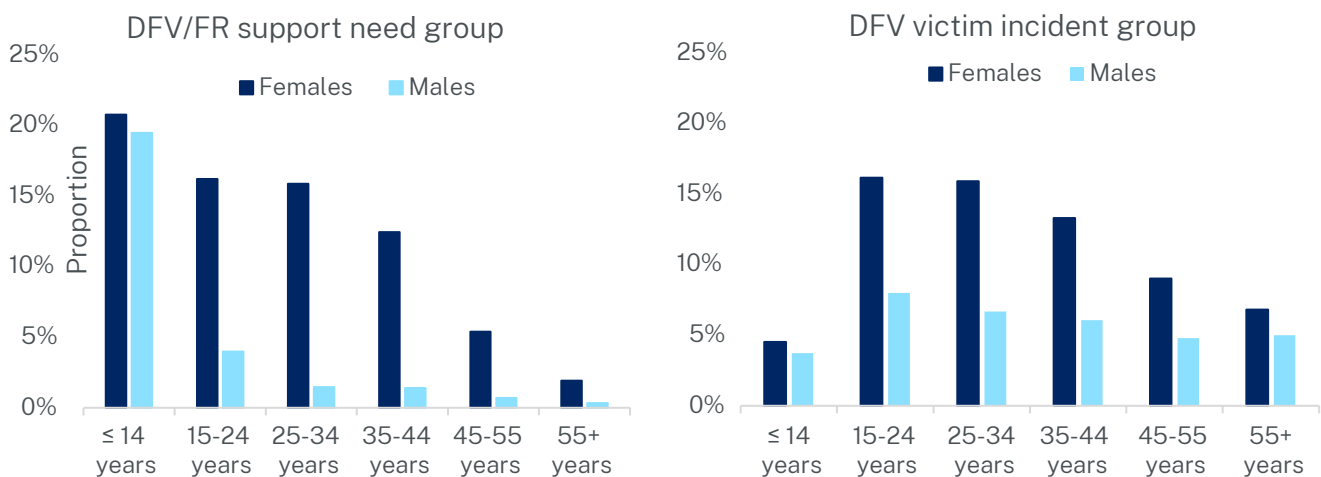
	No DFV need identified	DFV need identified
Emergency Department	58%	59%
ED – mental health	5%	4%
Hospital	41%	44%
Hospital – mental health unit	8%	6%
Ambulatory mental health	23%	21%
Ambulatory mental health – anxiety	4%	5%
Controlled drugs	4%	2%
Ambulance	31%	28%
Legal Aid	24%	20%
Victims of all crime	39%	43%
DFV victim incident	7%	13%
Court appearance/YJC/caution	24%	17%
Custody spells	11%	6%

Source: Pathways to Homelessness, Table 47

The risk of homelessness service use is highest immediately following a police recorded DFV incident

This section considers the DFV victim incident group to explore if elevated rates of homelessness support (periods of support) persist over a long or short timeframe. The DFV victim incident group is skewed towards females aged 16 to 45 years. Compared to the DFV support needs group, this group is made up of more males and fewer young children. Figure 3 compares the two groups by age and sex.

Figure 3: Comparison of age and sex for the two DFV groups – DFV support needs group and DFV victim incident group

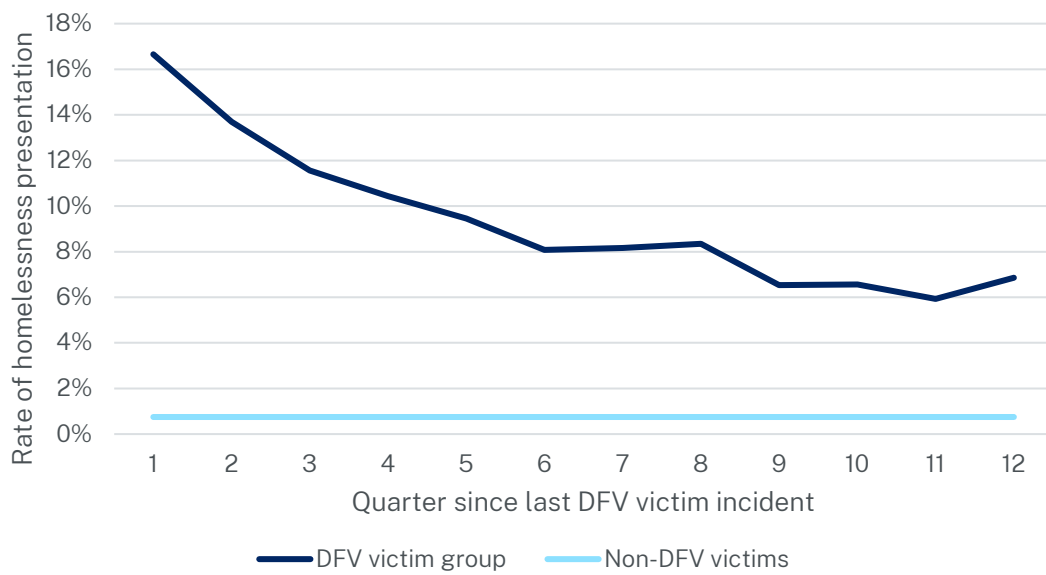


Source: Pathways to Homelessness, Figure 42

On average, 9.9% of the DFV victim incident group accessed homelessness services in 2016–17, which is significantly higher than the baseline rate of 0.9% for the general population. Interestingly, of those in the DFV victim incident group who presented to homelessness services in 2016–17, one-third (33%) were identified as having a DFV service need. This proportion was about 2.6 times the rate for females than for males.

Figure 4 shows the rate of homelessness service use by time since the last police reported DFV victim incident. We can see that timing is critical for this group. The likelihood of accessing homelessness services is highest in the quarter immediately following a police-recorded DFV victim incident and rapidly declines in the following months. This may reflect the impact of trigger events and referral pathways, for example, a DFV police incident might trigger a referral to homelessness services.

Figure 4: The rate of homelessness presentations in 2016–17 by time since last DFV incident



Source: Pathways to Homelessness, Figure 43

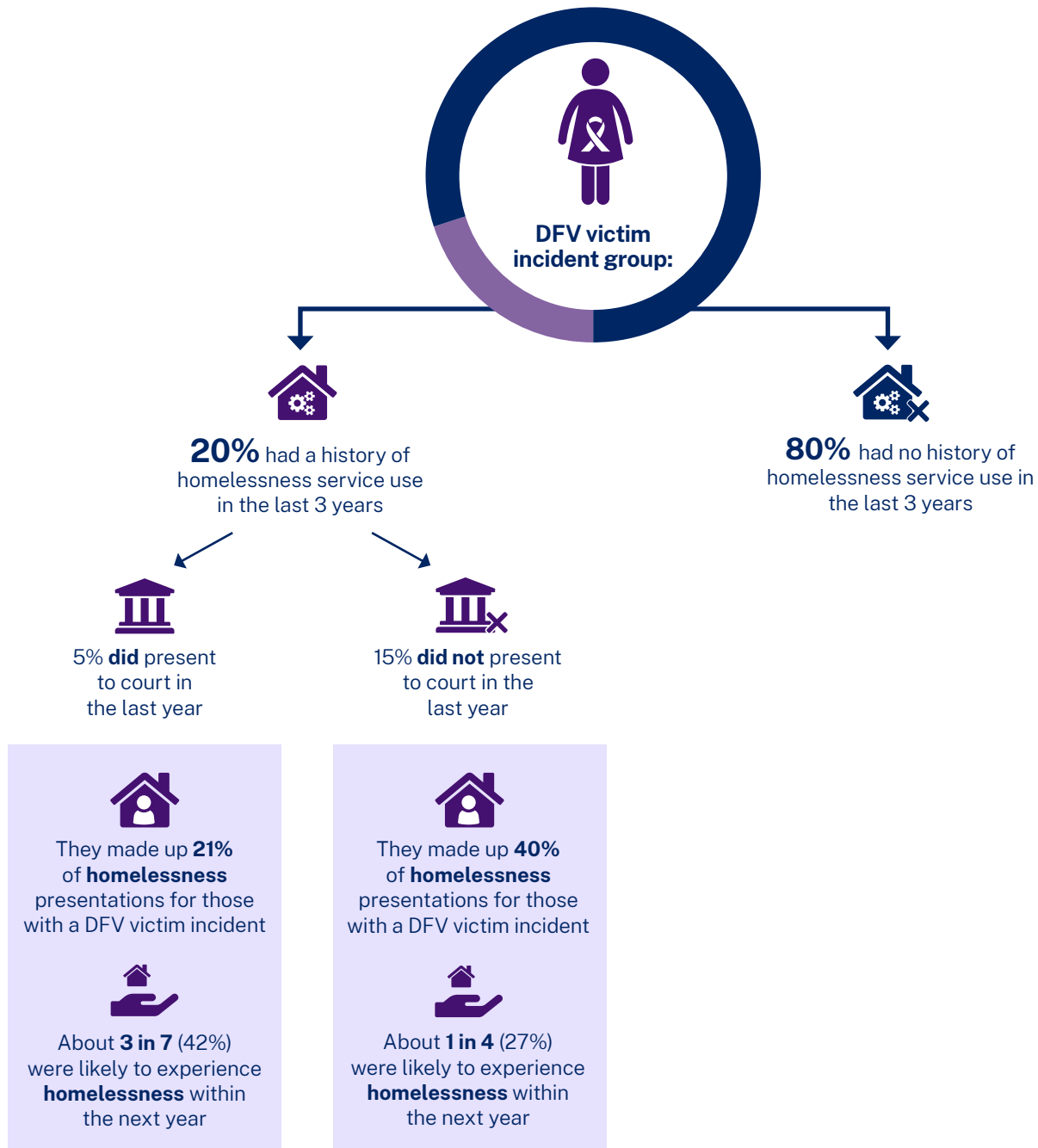
Interactions with the justice system might act as early intervention points for people with a DFV victim incident who go on to access homelessness services

We can also use other service use information to help predict future homelessness service use. The example provided below (Figure 5 and Table 5) looks at homelessness service use history and interactions with welfare payments, court appearances⁸ and time in custody.



⁸ Court appearances include Youth Justice Conferences and Cautions.

Figure 5: Example segmentation – Risk of presenting to homelessness services for the DFV victim incident group, by homelessness service use history and court appearances



What this shows is that 15% of the DFV victim incident group had a history of homelessness service use in the last three years and had no court presentations in the last year. People in this 15% subgroup:

- account for 40% of homelessness presentations among the DFV victim incident group
- have a 27% likelihood of accessing homelessness services within the next year.

Additionally, 5% of the DFV victim incident group had a history of homelessness presentation in the last three years and have some court presentations in the last year. People in this 5% subgroup:

- account for 21% of homelessness presentations among the DFV victim incident group
- have a 42% likelihood of accessing homelessness services within the next year.

This suggests that a recent history of court presentation coupled with previous homelessness service use is an indicator of a higher rate of future homelessness service access and may act as a relevant intervention point for victims of DFV. Data does not allow for further analysis of the types of court presentations represented here.

Further splits include those in the DFV victim incident group who did not have a homelessness service history in the last three years but had been in receipt of income benefit, presented to court, and/or spent time in custody (Table 5).

Table 5: Example segmentation – Risk of presenting to homelessness services in 2016–17 for DFV victim incident group, by income support receipt, court attendance or time spent in custody

Service use				Proportion of DFV victim incident group	Likelihood of homelessness service use in the next year	Proportion of all homelessness presentations in the group
No homelessness service use in last three years	Not on income support in the last quarter			43%	2.5%	11%
	Some income support receipt in the last quarter	No court presentations in the last 5 years		30%	6%	18%
		Some court presentations in the last 5 years	No more than a day in custody in past year	6%	12.1%	8%
			More than a day in custody in the past year	1%	25.6%	2%
Some homelessness service use in the last three years	No court presentation in the last year			15%	26.8%	40%
	Some court presentations in the last year			5%	42.0%	21%
Total				100%	9.9%	100%

Source: Pathways to Homelessness, Table 48

Further segmentation analysis undertaken with a parenting payment cohort shows that a DFV victim incident acts as an indicator of future homelessness risk for people receiving parenting payments.

Comparing the DFV victim incident group to the general population shows only slightly elevated service use across most sectors. However, previous homelessness service use and justice interactions are heightened for this group (Table 6). DFV victims have 14 times the number of Legal Aid presentations compared to the general population, and are more likely to present to court.

Table 6: Key service use measures (in the past three years) for people with a DFV victim incident compared to the general population

	DFV victim incident group	General population	Multiplier
No. of people	166,000	7,850,000	
Rate (%) of homelessness service use	9.9%	0.89%	x11
Proportion (%) Aboriginal identified	17%	3.3%	x5
No. of crime victim incidents	4.0	0.21	x19
No. of court appearances/ YJCs/cautions	1.2	0.10	x12
No. of previous SHS presentations	0.3	0.022	x15
No. of previous Temporary Accommodation supports	0.21	0.011	x19
No. or previous Emergency Department presentations	2.9	0.76	x4
No. of ambulatory mental health services	1.8	0.24	x7
No. of admitted patient days	5.5	2.21	x2
No. of Legal Aid presentations	1.1	0.08	x14
No. of days on income support	541	191	x3
No. of days on Rent Assistance	256	60	x4
No. of Medicare services	57	39	x1
No. of PBS scripts	35	27	x1

Source: Pathways to Homelessness, Table 49

What does this tell us about how we deliver services to people experiencing DFV?

Timing and integration are critical for engagement

The timing of support services is critical for this group of clients. The analysis suggests that:

- Accessing homelessness services is most likely within 3 months of a DFV victim incident.
- People with a DFV victim incident in the last 12 months are 20 times more likely than the general population to access homelessness services in the next year.

Integrating housing supports with police responses to DFV incidents can help provide immediate assistance to those who are most likely to need it. While there are a number of programs in NSW that strengthen and enhance homelessness responses for people experiencing DFV, ensuring that housing supports are integrated with police responses to DFV incidents would help ensure immediate crisis housing assistance is made available to people who need it. A 2019 evaluation of the Safer Pathways program, delivered by the Department of Communities and Justice, found that housing and crisis accommodation were a common service gap identified by local coordination points (ARTD Consultants 2019).

Taylor Fry's analysis suggests a history of homelessness service usage coupled with an appearance in court indicates a high risk of future homelessness service use. While not explicit about the type of court interactions analysed, use of court services such as applications for Apprehended Domestic Violence Orders (ADVOs) might also act as intervention points for integration of housing supports. In NSW Domestic Violence Liaison Officers are specially trained police officers who provide assistance to victim survivors through court procedures such as ADVO applications (NSW Police 2020). Ensuring victim survivors are provided with housing referrals and supports alongside such supports by Police might help to identify housing needs early.

It is clear from the analysis that repeat intensive access to homelessness services is heavily associated with future homelessness risk. This points to the need for more supports for people experiencing DFV to transition out of SHS or Temporary Accommodation into stable long-term accommodation.

Domestic Violence NSW (DVNSW) currently delivers the Safer Homes project through funding from the Department of Communities and Justice. Safer Homes aims to increase access to safe and sustainable private rental tenancies for women and children escaping DFV. Through collaboration between specialist support services and real estate agents, DVNSW works to support access to private rental accommodation for those leaving DFV in areas in NSW where there are specific challenges and barriers that impact people escaping violence. Maintaining private rental in often higher-cost and competitive markets can however be challenging for many families who have recently escaped violence (valentine et al. 2020).

Reducing the costs of homelessness across the NSW Government

Service integration could act as a means to reduce the cost of homelessness across NSW Government and Commonwealth health and welfare services. By better understanding the cross-sector service use of people experiencing DFV who are homeless or at risk of homelessness and their overrepresentation as users of government services, we can better plan early intervention and prevention responses.

While we know that DFV is one of the main reasons for seeking support from homelessness services, it is difficult to gauge the full budgetary impact of DFV on the service system. This research shows that people with a police-recorded DFV victim incident in the last 12 months who later access homelessness services have additional costs of \$33,000 across all NSW Government services over the next three years, compared to people who have a DFV victim incident but don't access homelessness services. Identifying early intervention points could help to minimise the impact of DFV on victims and achieve a cost saving to government by reducing the need for more extensive crisis interventions.

Analysis also suggests that people accessing homelessness services with a DFV service need have a less intensive cross-sector service use history than other clients. Their main point of contact with other services is with NSW Police as a victim of a DFV incident. This highlights the importance of DFV support services that are available outside the criminal justice system and work alongside services provided by SHS and Police.

Strengthening targeted and appropriate housing options

Analysis suggests that repeat access to homelessness services may act as an indicator of future homelessness for victims of DFV. Access to SHS and Temporary Accommodation, however, already highlights a housing need and may not actually represent an early intervention point. Regardless, ensuring targeted transitional and long-term housing options are available to victim survivors to prevent repeated homelessness is an avenue for further investigation.

Better understanding family homelessness might also help to identify early intervention points. We know that a large proportion of victim survivors of DFV who present to SHS are accompanied by young children. Family homelessness can cause disruptions to normal routines and impact children's schooling (valentine et al. 2020). Understanding how clients access and attend child oriented services such as schools and childcare centres might help identify additional early intervention points and flag homelessness risk.

Examples of family-appropriate accommodation types include core and clustered style accommodation. The core and cluster model is a set of individual units clustered together in a single location with office spaces and communal areas for residents, giving women and children greater privacy. The model is already being trialled in Victoria and regional NSW (Department of Communities and Justice 2018) and there are plans to expand the program in NSW.

The core and cluster model, however, still operates under crisis accommodation and does not provide a long-term accommodation option for families. Analysis points to a need for affordable family-friendly housing options and may highlight the need for increased social housing stock (Flanagan et al. 2019).

Conclusion

While people experiencing DFV represent over a third of all SHS clients in NSW (AIHW 2020), they are difficult to identify using data from other government services. Their cross-sector service use suggests a less intensive service use history across a range of sectors when compared with the broader SHS population. Given this, SHS may actually represent the first point of contact with government services for this vulnerable group.

The analysis provides critical information about the cross-sector service use of people experiencing DFV and potential early intervention points to help prevent future homelessness for this vulnerable group of people. This Evidence Brief has outlined a number of approaches that have been so far effective in supporting families experiencing both DFV and homelessness. Continued investment in targeted housing options that are suitable for women and children will help ensure our housing response is appropriate. Thought should also be given to the high number of Aboriginal women and children affected by homelessness and DFV. Services need to be both culturally sensitive and appropriate. Continued collaboration with police and court services is also vital to ongoing responses.

The findings highlight the importance of improved data systems to collect, coordinate and use data and research. Enhanced data collection and coordination systems would inform our evidence base to determine the most effective responses. There are also further potential benefits to a more coordinated data system, including people affected by DFV not having to re-tell their story to different agencies and service providers.

About the Pathways to Homelessness report

Pathways to Homelessness is a key action under the 2018 *NSW Homelessness Strategy* to improve the evidence base for early intervention and prevention for people at risk of homelessness.

The project focused on four key research questions:

1. For people requiring homelessness support, which other government services have they used before?
2. For people using other government services, how likely are they to require homelessness support?
3. Among the people identified, what other risk factors affect their likelihood of using homelessness services?
4. How do government service use costs differ for people requiring homelessness services?

The dataset comprised SHS and Temporary Accommodation data plus 15 other linked NSW Government and 3 Commonwealth Government health and welfare datasets including Centrelink data, Medicare service information, Pharmaceutical Benefit Scheme data, hospital stays; Emergency Department visits; registered births and deaths; ambulatory mental health; ambulance callouts; Controlled Drugs of Addiction; social housing; Temporary Accommodation; private rental subsidy/assistance; out-of-home care; police-recorded victim incidents; Legal Aid; Court appearances; time in custody; and educational attainment. The study cohort comprised 625,861 people.

The analysis used a combination of methods:

- descriptive statistics to understand the key characteristics of homelessness presentations over the six-year period to 30 June 2017
- predictive modelling to identify people with a high likelihood of accessing homelessness services in the future, and associated risk factors to support intervention
- two-way pathway analysis, which looks at homelessness presentations that follow other service use, to identify potential intervention points and estimate the elevated costs across government for people experiencing or at risk of homelessness
- additional analysis on vulnerable cohorts, including financial hardship, mental health conditions, substance use, DFV, exiting custody, and leaving out-of-home care (OOHC).

You can access the [full report](#) on the Department of Communities and Justice website.

References

- ARTD Consultants 2019, *Safer Pathway evaluation*, NSW Government, Sydney.
- Australian Bureau of Statistics (ABS) 2017, *Personal safety Australia*, cat. no. 4906.0, ABS, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2021, *Specialist homelessness services annual report 2020–21*, viewed 6 July 2022, <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-who-have-experienced-family-and-domestic-violence>.
- Australian Institute of Health and Welfare (AIHW) 2020, *Specialist homelessness services collection data cubes 2011-12 to 2019-20*, AIHW, Canberra.
- Closing the Gap Clearinghouse (AIHW & AIFS) 2016, *Family violence prevention programs in Indigenous communities*, Resource sheet no. 37, viewed on 9 April 2022, <https://www.aihw.gov.au/getmedia/c0e5bdde-e9c4-4a1f-808e-256191835cde/ctgc-rs37.Download%20PDF.aspx>.
- Council on Federal Financial Relations (CFFR) 2018, *National Housing and Homelessness Agreement*, viewed 9 April 2020. http://www.federalfinancialrelations.gov.au/content/housing_homelessness_agreement.aspx.
- Department of Communities and Justice (DCJ) 2018, *Support for women and children at the core of new refuge model*, viewed 22 June 2020, <https://www.facs.nsw.gov.au/about/media/news/archive/support-for-women-and-children-at-the-core-of-new-refuge-model>.
- Department of Communities and Justice (DCJ) 2020, *Rent Choice Start Safely*, viewed 12 May 2020, <https://www.facs.nsw.gov.au/housing/help/ways/start-safely>.
- Department of Communities and Justice (DCJ) 2021, *\$148 million for domestic and sexual violence support and extra magistrates*, viewed 16 July 2021, [https://www.dcj.nsw.gov.au/news-and-media/media-releases/\\$148-million-for-domestic-and-sexual-violence-support-and-extra-magistrates](https://www.dcj.nsw.gov.au/news-and-media/media-releases/$148-million-for-domestic-and-sexual-violence-support-and-extra-magistrates).
- Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) 2008, *The Road Home: a national approach to reducing homelessness*, FaHCSIA, Canberra.
- Flanagan, K, Blunden, H, valentine, k & Henriette, J 2019, *Housing outcomes after domestic and family violence*, Australian Housing and Urban Research Institute, Melbourne.
- NSW Government 2018, *NSW Homelessness Strategy 2018–2023*, NSW Government, Sydney.
- NSW Police 2020, *Apprehended Violence Orders*, viewed 11 June 2020, https://www.police.nsw.gov.au/crime/domestic_and_family_violence/apprehended_violence_orders_avo.
- Phillips, J & Park, M 2006, *Measuring domestic violence and sexual assault against women*, viewed 10 June 2020, https://www.aph.gov.au/about_parliament/parliamentary_departments/parliamentary_library/publications_archive/archive/violenceagainstwomen.
- SCRGSP (Steering Committee for the Review of Government Service Provision) 2016, *Overcoming Indigenous disadvantage key indicators 2016 report*, Productivity Commission, Canberra.

Communities and Justice

Spinney, A 2012, *Home and safe? Policy and practice innovations to prevent women and children who have experienced domestic and family violence from becoming homeless*, AHURI final report no. 196, Australian Housing and Urban Research Institute, Melbourne.

valentine, k, Blunden, H, Zufferey, C, Spinney, A & Zirakbash, F 2020, *Supporting families effectively through the homelessness services system*, AHURI final report no. 330, Australian Housing and Urban Research Institute, Melbourne.

Produced by

Emma Koh, Christie Robertson and Eleni Stratton
Family and Community Services Insights Analysis and Research (FACSIAR)
NSW Department of Communities and Justice
6 Parramatta Square, 10 Darcy St, Parramatta NSW 2150
www.dcj.nsw.gov.au
Email: facsiar@dcj.nsw.gov.au