

Specialist homelessness services

The [Specialist Homelessness Services](#) Collection (SHSC) describes all clients who receive services from specialist homelessness agencies and the assistance they receive, including [clients with a current mental health issue](#).

This section presents information provided by SHS agencies on clients with a current mental health issue for 2015–16. The data have been [weighted for non-response](#).

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

- they indicated that at the beginning of a support period they were receiving services or assistance for their mental health issues, or had received these in the last 12 months,
- their formal referral source to the specialist homelessness agency was a mental health service,
- they reported 'mental health issues' as a reason for seeking assistance,
- their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit,
- they had been in a psychiatric hospital or unit in the last 12 months, and
- at some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services.

Key points

- Of the 233,400 SHS clients aged 10 years and over in 2015–16, about 3 in 10 (72,364 or 31.0%) had a current mental health issue.
- About half of SHS clients (47.6%) with a current mental health issue reported an episode of homelessness in the 12 months before presenting to an agency, compared with one third (32.6%) of those clients without a current mental health issue.
- Of clients with a current mental health issue, those aged 18–24 had the highest rate of SHS agency use followed by 15–17 year olds (635.0 and 586.3 per 100,000 population respectively) for 2015–16.
- During 2015–16, over a quarter (27.1%) of clients with a current mental health issue received 6–45 days of support, while a further 22.6% received over 180 days (6 months).

Data in this section were last updated in June 2017.

The SHSC began on 1 July 2011, replacing the Supported Accommodation Assistance Program (SAAP) National Data Collection which included data from specialist homelessness agencies from 1996 to June 2011. Specialist homelessness agencies funded under the National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH) are in scope for this collection.

For further details regarding the scope and coverage of the SHSC, see the [data source section](#).

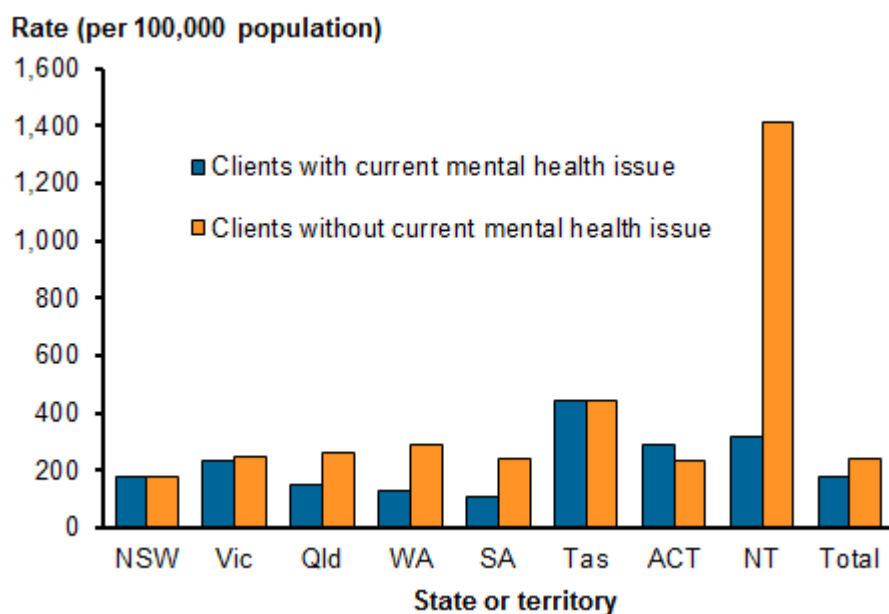
Service provision

Mental health-related support

There were about 233,400 [specialist homelessness agency clients](#) aged 10 years and over in 2015–16. Of these, about 3 in 10 (72,364 or 31.0%) were clients with a current mental health issue (Table SHS.3).

Following presentation to a SHS agency, clients may receive [accommodation services](#), [other support services](#) (excluding accommodation services), a combination of both, or, for a range of reasons, may have no services or referrals provided. Nationally, 36,691 clients with a current mental health issue accessed accommodation services, a rate of 175.8 clients per 100,000 population. This was lower than the rate for clients without a current mental health issue (244.8) in 2015–16 (Figure SHS.1). This pattern was seen in most states and territories. New South Wales, Victoria and Tasmania had similar rates of accommodation service use for clients with and without a current mental health issue. Northern Territory had the largest difference in rates of accommodation service use between clients with and without a current mental health issue (319.5 per 100,000 population, compared to 1,413.7), while the Australian Capital Territory had a higher rate of service use for clients with a current mental health issue (290.5 per 100,000 population, compared to 233.9).

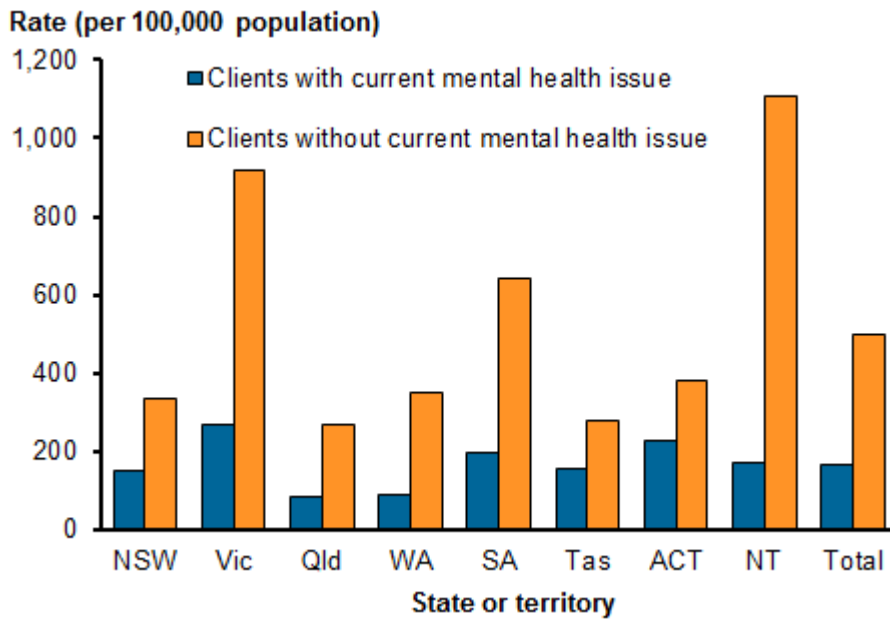
Figure SHS.1: SHS clients with and without a current mental health issue, Accommodation service use, states and territories, 2015–16



Source: Specialist Homelessness Services Collection. Source data Specialised homelessness services Table SHS.1 (744KB XLS)

For other types of support services, clients with a current mental health issue accessed services at a lower rate than clients without a current mental health issue, both nationally and in all jurisdictions. The national rate was 164.5 for clients with a current mental health issue per 100,000 population, compared to 497.2 for clients without a current mental health issue. The largest difference in rates of other support service use between clients with and without a current mental health issue occurred in the Northern Territory (169.9 per 100,000 population, compared to 1,105.3), followed by Victoria (269.9 compared to 917.4) (Figure SHS.2).

Figure SHS.2: SHS clients with and without a current mental health issue, Other support service use, states and territories, 2015–16



Source: Specialist Homelessness Services Collection. Source data Specialised homelessness services Table SHS.1 (744KB XLS)

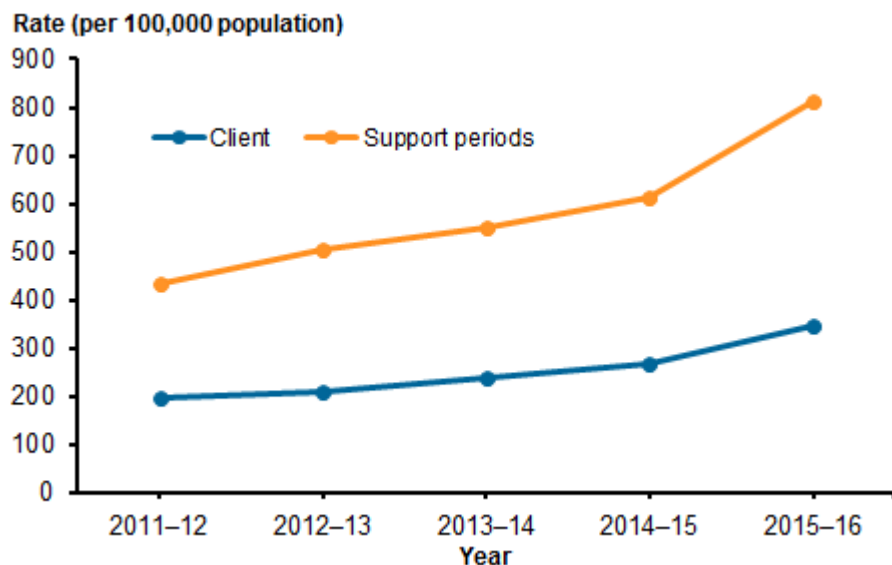
Clients and support periods over time

Episodes of assistance provided by SHS agencies are called [support periods](#) and clients may have had more than one support period in 2015–16, either at the same agency at different times or with different agencies.

Nationally, the rate of support periods (per 100,000 population) increased between 2011–12 to 2015–16 at an annual average rate of 16.8% (Figure SHS.3). The rate of change varied between jurisdictions, ranging from an annual average increase of 7.1% in Queensland to an annual average increase of 30.6% in Tasmania.

Nationally, the rate of clients with a current mental health issue (per 100,000 population) increased between 2011–12 and 2015–16 at an annual average rate of 14.9% (Figure SHS.2). These increases may be influenced by changes to service delivery models by some states and territories. The rate of change varied between jurisdictions, ranging from an annual average increase of 8.2% in the Western Australia, to 20.5% in Tasmania.

Figure SHS.3: SHS clients with a current mental health issue and support periods, 2011–12 to 2015–16



Source: Specialist Homelessness Services Collection. Source data Specialised homelessness services Table SHS.2 (744KB XLS)

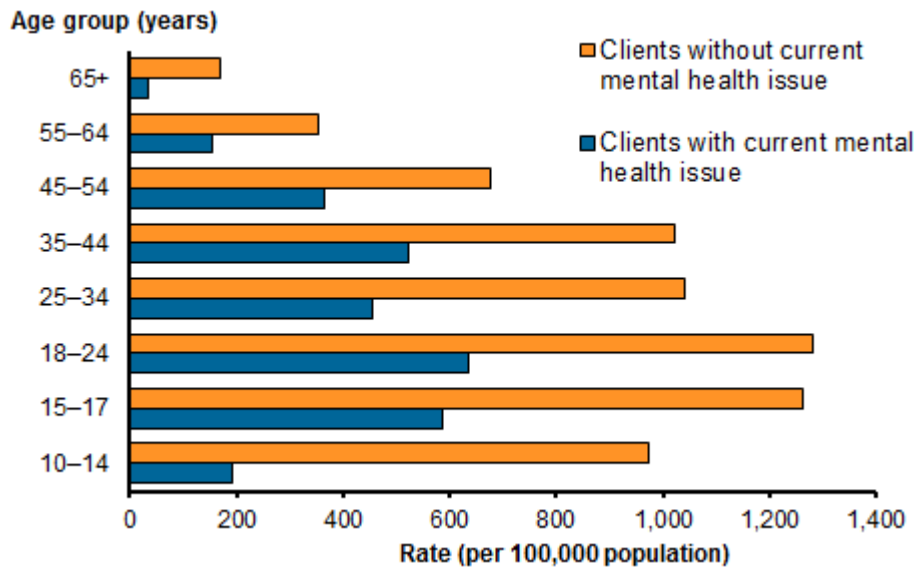
In 2015–16, nationally there were 346.7 clients with a current mental health issue per 100,000 population. Tasmania had the highest rate of clients per 100,000 population (611.5), followed by ACT (527.1) and Victoria (517.0).

In 2015–16, Victoria had the highest rate of support periods (1,565.8 per 100,000 population), followed by Tasmania (1,531.6) and the Australian Capital Territory (995.7). Nationally, there were 811.2 support periods per 100,000 population (Table SHS.2).

Client characteristics

For clients with a current mental health issue, 18–24 year olds had the highest rate of SHS agency use followed by 15–17 year olds (635.0 and 586.3 per 100,000 population respectively) in 2015–16. The rate of service use was higher for clients without a current mental health issue, compared to clients with a current mental health issue, in all age groups, ranging from 1.9 times higher in 25–44 and 45–54 year olds to 5 times higher in 10–14 year olds (Figure SHS.4).

Figure SHS.4: SHS clients with and without a current mental health issue, by age group, 2015–16



Source: Specialist Homelessness Services Collection. Source data Specialised homelessness services Table SHS.3 (744KB XLS)

Rates of SHS agency use were higher for females with a current mental health issue (400.1 per 100,000 population) than males with a current mental health issue (292.1) in 2015–16. The rate of Aboriginal and Torres Strait Islander SHS clients with a current mental health issue was more than 6 times that of non-Indigenous Australians (1,688.5 and 257.1 per 100,000 population respectively) (Table SHS.3).

A specialist homelessness agency/outreach worker was the most frequently recorded source of referral to SHS agencies (14.5%) for clients with a current mental health issue during 2015–16. The next most frequently recorded sources were referrals from other agencies (government or non-government) (11.4%) and mental health services (5.7%) (Table SHS.4).

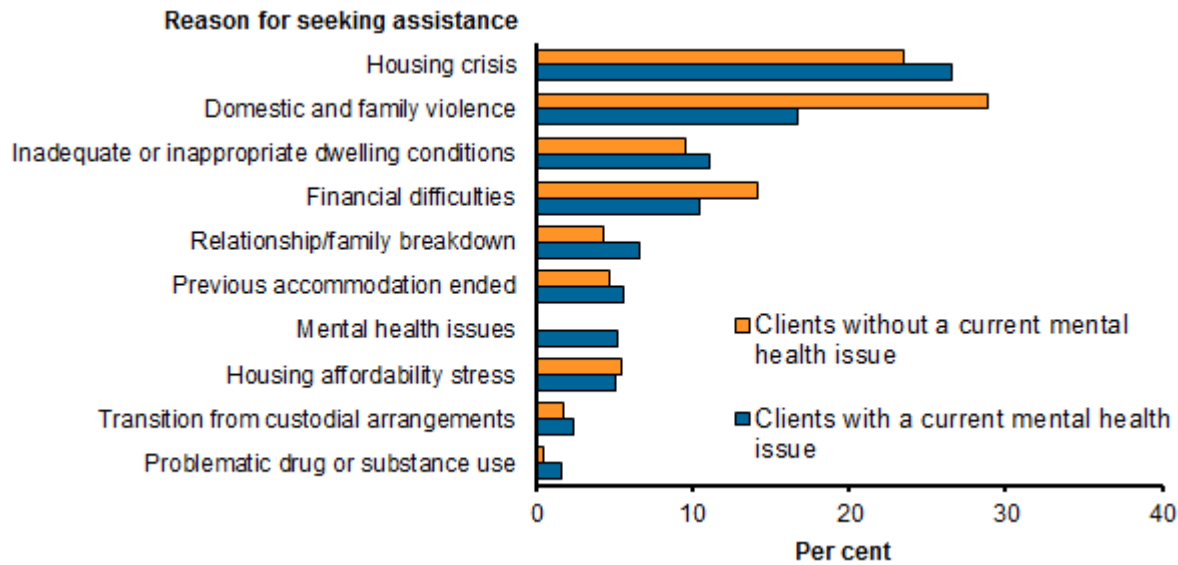
About half of SHS clients (47.6%) with a current mental health issue reported an episode of homelessness in the 12 months before presenting to an agency, compared with one third (32.6%) of those clients without a current mental health issue (Table SHS.5).

Service use

Main reason for seeking assistance

In 2015–16, more than 1 in 4 SHS clients (26.6%) with a mental health issue reported housing crisis as the main reason for seeking assistance, followed by domestic and family violence (16.8%), inadequate or inappropriate dwelling conditions (11.1%) and financial difficulties (10.4%) (Figure SHS.5). In contrast, domestic and family violence (28.9%), housing crisis (23.5%) and financial difficulties (14.1%) were the top three main reasons for seeking assistance for SHS clients without a current mental health issue (Table SHS.6). About 1 in 20 (5.1%) SHS clients with a current mental health issue had mental health issues recorded as their main reason for seeking assistance.

Figure SHS.5: SHS clients with and without a current mental health issue, by the 10 most frequently reported main reasons for seeking assistance, 2015–16



Source: Specialist Homelessness Services Collection. Source data Specialised homelessness services Table SHS.6 (744KB XLS)

SHS clients can nominate other reasons for seeking assistance alongside their ‘primary’ reason. When all presenting reasons for seeking assistance are considered, housing crisis (56.9%) and mental health issues (52.2%) were the most frequently reported reasons for clients with a current mental health issue (Table SHS.7).

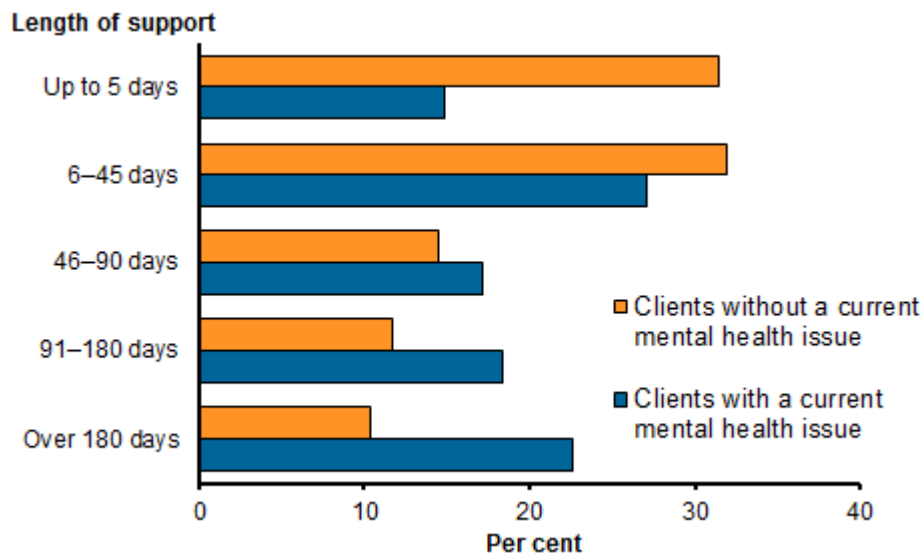
Services and assistance

Of the 72,364 SHS clients with a current mental health issue in 2015–16, 71,027 clients (98.2%) received a service or referral. The most common service or referral provided was advice/information (88.2%), followed by other basic assistance (74.8%), advocacy/liaison on behalf of client (67.3%) and material aid/brokerage (44.0%) (Table SHS.8).

Length of support provided

In 2015–16, over a quarter of clients with a current mental health issue received 6–45 days (27.1%) of support, while a further 22.6% received over 180 days (6 months). More than half of clients (58.1%) with a current mental health issue received more than 45 days of support. In contrast, about two thirds of clients (63.4%) without a current mental health received between 0–45 days of support (Figure SHS.6). These figures represent the total length of support provided to a client during 2015–16, rather than the number of support periods.

Figure SHS.6: SHS clients with and without a current mental health issue, by total length of support provided, 2015–16



Source: Specialist Homelessness Services Collection. Source data Specialised homelessness services Table SHS.9 (744KB XLS)

Data source

Specialist Homelessness Services Collection

All agencies that receive funding under the National Affordable Housing Agreement (NAHA) or the National Partnership Agreement on Homelessness (NPAH) to provide specialist homelessness services are in scope for the Specialist Homelessness Services Collection (SHSC) in general, but only those who received funding for at least four months during the 2015–16 financial year are in scope for the 2015–16 reporting period. Covered agencies are those in-scope agencies for which details have been provided to the AIHW by the relevant state/territory department.

Specialist homelessness agencies provided assistance to an estimated 279,000 clients during 2015–16 (AIHW 2016). It should be noted that these figures have been adjusted for non-response.

Data collected include basic socio-demographic information and the services needed by, and provided to, each client. Information about each client's situation before and after receiving SHS agency services is also collected.

It should be noted that unlike the previous SAAP National Data Collection, the SHSC does not use the concept of accompanying children but instead only counts children if they have been provided with a service. Information about clients who access services together allows for family groups to be counted as well.

For further information on the SHS collection, refer to the online [data quality statement](#).

Caveats

There are a number of considerations related to the 2015–16 SHSC data:

- Data presented in this section exclude data for clients who were aged less than 10 at the beginning of their first support period in 2015–16.
- The data presented in this section are weighted. This weighting takes into account the amount of non-response and estimates the figures that would have been observed if data were available for all entities expected to respond. The SHS MS Excel workbooks in the online archives use unweighted data, as such the data published here cannot be compared to that found in the online archive.
- Only those agencies that received NAHA or NPAH funding for at least four months during the 2015–16 financial year are in scope for the 2015–16 reporting period. Covered agencies are those in-scope agencies for which details have been provided to the AIHW by the relevant state/territory department.
- 97.5% of covered agencies returned support period data for all months they were expected to participate in 2015–16.
- Matching of data from individual clients who presented at different agencies and/or at different times requires a valid statistical linkage key (SLK); with 97% of support periods having a valid SLK in 2015–16.

Reference

AIHW 2016. [Specialist homelessness services 2015–16](#). Viewed 28 March 2017. Canberra: AIHW.

Key concepts

Mental health-related Specialist Homelessness Services

Key Concept	Description
Accommodation services	Accommodation services include short-term or emergency accommodation, medium-term/transitional housing, assistance to obtain long term housing, assistance to sustain tenancy or prevent tenancy failure or eviction and assistance to prevent foreclosures or for mortgage arrears.
Other support services	Other support services refer to the assistance, other than accommodation services, provided to a client. Includes mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, domestic/family violence services, other specialist services and general assistance and support services.
Specialist homelessness agency client	<p>A specialist homelessness agency client is a person who receives a specialist homelessness service. A client can be of any age. Children are also clients if they receive a service from a specialist homelessness agency.</p> <p>To be a client the person must directly receive a service and not just be a beneficiary of a service.</p> <p>Children who present with an adult and receive a service are considered to be a client; children of a client or other household members who present but do not directly receive a service are not considered to be clients.</p>
Specialist homelessness service(s)	Specialist homelessness service(s) is assistance provided by a specialist homelessness agency to a client aimed at responding to or preventing homelessness. The specialist homelessness services in scope for this collection include accommodation provision, assistance to sustain housing, mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, domestic/family violence services, other specialist services and general assistance and support.
Specialised Homelessness Service (SHS) clients with current mental health issue	<p>SHS clients with current mental health issue are identified as such if they have provided any of the following information:</p> <ul style="list-style-type: none"> • they indicated that at the beginning of a support period they were receiving services or assistance for their mental health issues or had in the last 12 months • their formal referral source to the specialist homelessness agency was a mental health service • they reported 'mental health issues' as a reason for seeking assistance • their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit • they had been in a psychiatric hospital or unit in the last 12 months • at some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services.
Support period	A support period is the period of time a client receives assistance from an agency. A support period starts on the day the client first receives a service from

an agency and ends when:

- the relationship between the client and the agency ends,
- the client has reached their maximum amount of support the agency can offer, or
- a client has not received any services from the agency for a whole calendar month and there is no ongoing relationship.