

Specialist homelessness services

The [Specialist Homelessness Services](#) (SHS) Collection describes [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 who received services in 2017–18. Due to improvements in agency response and statistical linkage key (SLK) validity rates, data for 2017–18 were not weighted. Unweighted data for 2017–18 onwards are directly comparable with weighted data for 2011–12 to 2016–17.

A client has been identified as having a current mental health issue if they provided any of the following information:

- They indicated at the beginning of a support period they were receiving services or assistance for their mental health issues, or had received them 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.

Data downloads:

Excel – Specialised homelessness services 2017-18 tables

PDF – Specialised homelessness services 2017-18 section

This section was last updated in July 2019

Key points

- 81,004 (about 1 in 3) of the 241,113 SHS clients aged 10 years and over in 2017–18 had a current mental health issue.
- The national rate of SHS clients with a current mental health issue has increased each year from 2011–12 to 2017–18.

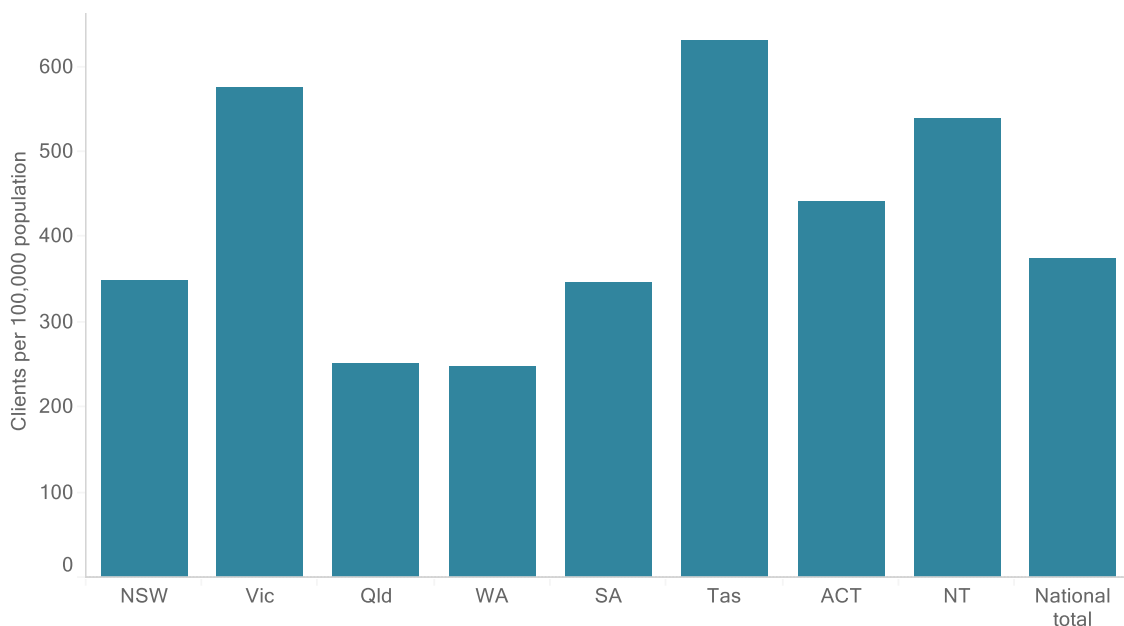
- The rate of clients with a mental health issue was more than 7 times as high for Aboriginal and Torres Strait Islander People than non-Indigenous Australians.
- Top reasons clients with a mental health issue sought SHS support were housing crises/inadequacy, domestic/family violence, and financial difficulties.
- 61.5% of clients with a current mental health issue received support for longer than 45 days.

Clients with a current mental health issue

Around 241,000 people aged 10 years and older were assisted by specialist homelessness agencies nationally in 2017–18 (AIHW 2019). Of these, 1 in 3 (just over 81,000 or 33.6%) were clients with a current mental health issue.

In 2017–18, there were 374.9 SHS clients per 100,000 population (Figure SHS.1) nationally with a current mental health issue. Tasmania had the highest rate of clients (630.5) with a current mental health issue, followed by Victoria (574.0) and the Northern Territory (538.7).

Figure SHS.1: SHS clients with a current mental health issue, states and territories, 2017-18

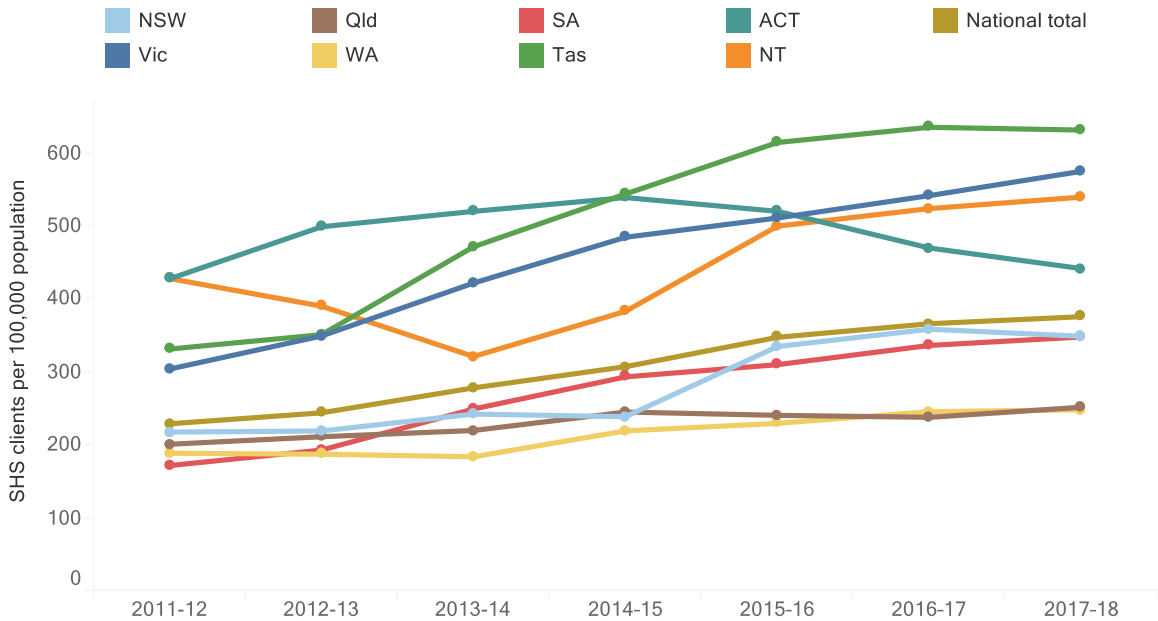


Source: Specialist Homelessness Services Collection, Table SHS.1.

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The national rate of SHS clients with a current mental health issue has been increasing since the beginning of the collection in 2011–12 (Figure SHS.2). These clients represent one of the fastest growing sub-groups within the SHS collection. Factors, such as increased identification, community awareness and reduced stigma, have all potentially contributed to the increase in reporting of mental illness among SHS clients. Some of the increase may also be due to changes in service delivery models by some states and territories. Nationally, the proportion of SHS clients aged 10 years and older with a current mental health issue increased from 22% in 2013–14 to 28% in 2017–18 (AIHW 2019). Nationally, the population rate of clients with a current mental health issue increased between 2013–14 and 2017–18 at an annual average rate of 7.8%. The national population rate of all SHS clients increased over the same period at an annual average of 3.3% (AIHW 2019). The average annual change in the rate of clients with a current mental health issue since 2013–14 varied between jurisdictions, ranging from –4.0% in the Australian Capital Territory to 13.9% in the Northern Territory.

Figure SHS.2: SHS clients with a current mental health issue, states and territories, 2011-12 to 2017-18



Source: Specialist Homelessness Services Collection, Table SHS.1.

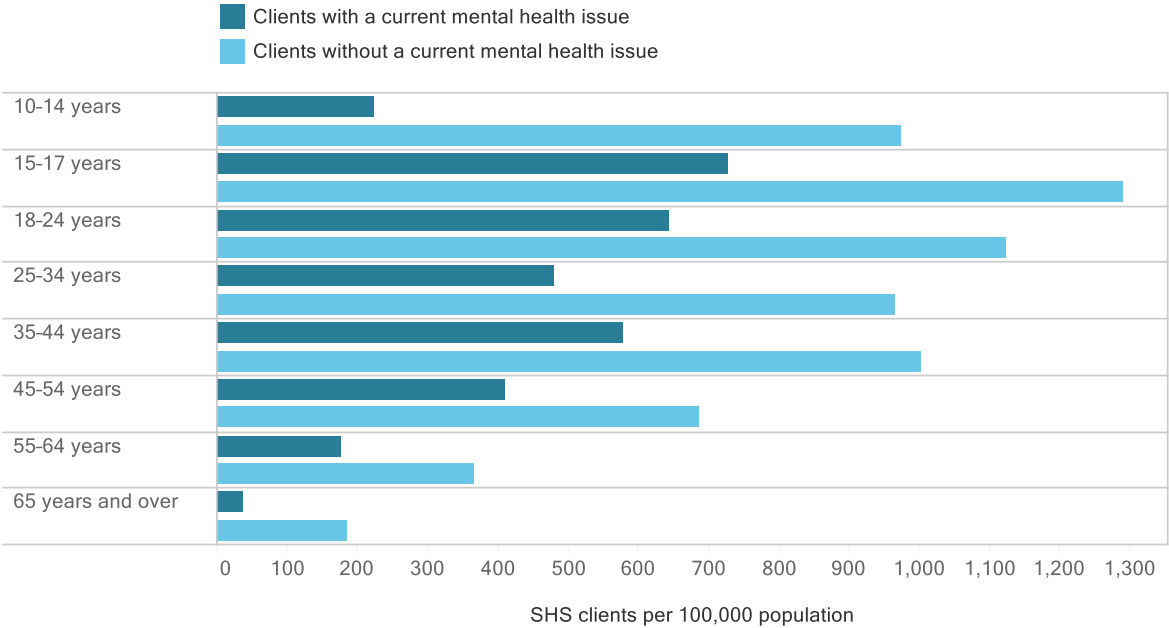
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Client characteristics

In 2017–18, the rate of SHS clients with a current mental health issue was highest for 15–17 year olds, followed by 18–24 year olds (726.2 and 643.7 per 100,000 population, respectively). The rate of SHS clients without a current mental health issue was also

highest for 15–17 year olds in 2017–18, followed by 18–24 year olds (1,289.1 and 1,121.7 per 100,000 population, respectively). The population rate of service use was higher for clients without a current mental health issue, compared to clients with, in all age groups, from 1.7 times as high in people aged 18–24, 35–44 and 45–54, and up to 5.0 times as high for those aged 65+ (Figure SHS.3).

Figure SHS.3: SHS clients with and without a current mental health issue, by age group, 2017-18



Source: Specialist Homelessness Services Collection, Table SHS.2.

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In 2017–18, the rate of SHS clients with a current mental health issue was higher for females (446.3 per 100,000 population) than for males (301.6). This difference reflects the higher proportion of female SHS clients (63.2%) than male clients (36.8%) overall rather than indicating that female SHS clients are more likely to have a mental health issue than male SHS clients (32.0% and 36.3% of females and males respectively).

The rate of SHS clients with a current mental health issue was over 7 times higher for Indigenous Australian clients than non-Indigenous Australian clients in 2017–18 (1,933.1 and 265.8 per 100,000 population respectively).

In 2017–18, almost half (47. 2%) of SHS clients with a current mental health issue reported an episode of homelessness in the 12 months before presenting to an agency, compared with about a third (31.7%) of clients without a current mental health issue. It should be noted that many SHS clients are at risk of homelessness rather than currently experiencing homelessness. Around half of all SHS clients with a current mental health

issue were at risk of homelessness (52% or around 42,100 clients) at the beginning of their support in 2017–18 (AIHW 2019).

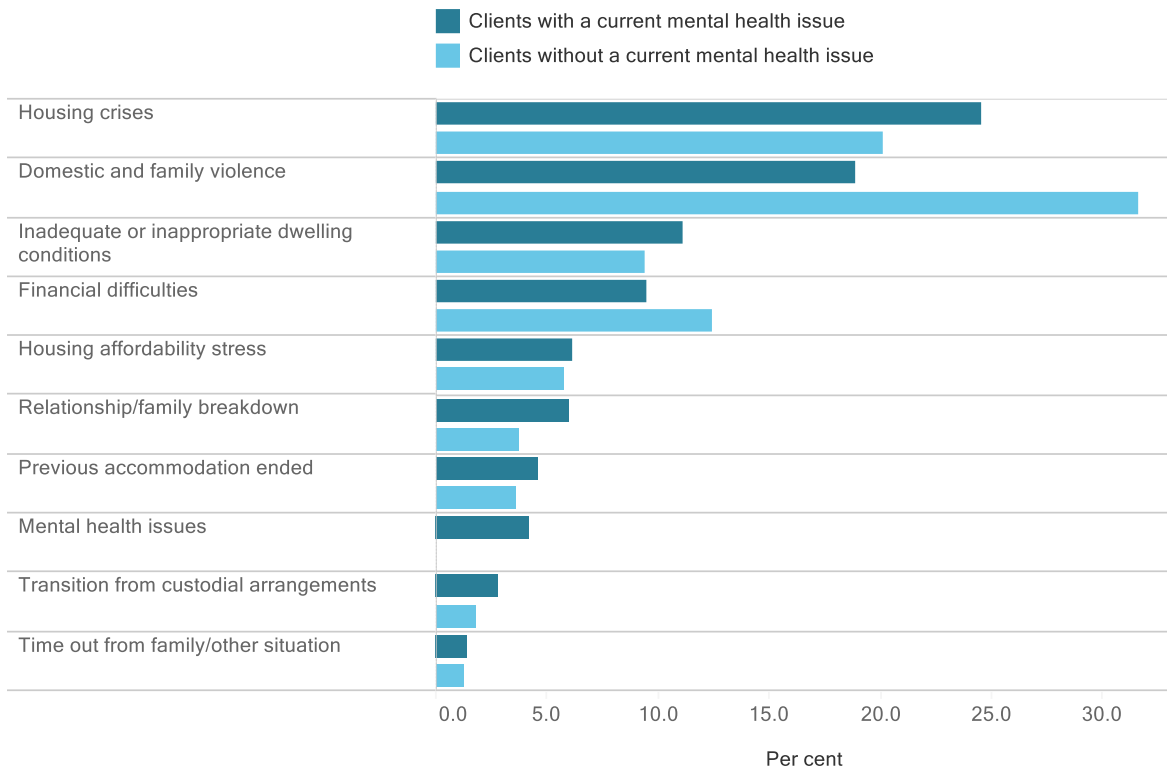
Sources of referral

For clients with a current mental health issue, the most frequently recorded source of referral to an SHS agency was a Specialist homelessness agency/outreach worker (26.1%), followed by Other (government or non-government) agency (20.2%) and Mental health service (8.1%).

Reasons for seeking assistance

In 2017–18, 24.5% of SHS clients with a current mental health issue reported Housing crises as the main reason for seeking assistance, followed by Domestic and family violence (18.8%), Inadequate or inappropriate dwelling conditions (11.1%) and Financial difficulties (9.4%) (Figure SHS.4). Clients without a current mental health issue reported the same top 4 reasons, with Domestic and family violence as the main reason (31.6%), followed by Housing crises (20.1%), Financial difficulties (12.5%) and Inadequate or innapropriate dwelling conditions (9.4%). About 1 in 24 (4.2%) SHS clients with a current mental health issue had Mental health issues recorded as their main reason for seeking assistance.

Figure SHS.4: SHS clients with and without a current mental health issue, by the 10 most frequently reported main reasons for seeking assistance, 2017-18



Source: Specialist Homelessness Services Collection, Table SHS.5.

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SHS clients can nominate other reasons for seeking assistance alongside their main reason for seeking assistance. When all presenting reasons for seeking assistance are considered; Financial difficulties (53.7%), Mental health issues (52.7%), and Housing crises (52.3%) were the most frequently reported reasons for clients with a current mental health issue. By contrast, for clients without a current mental health issue; Domestic and family violence (38.9%), Financial difficulties (36.7%), and Housing crises (34.8%) were the most frequently reported reasons.

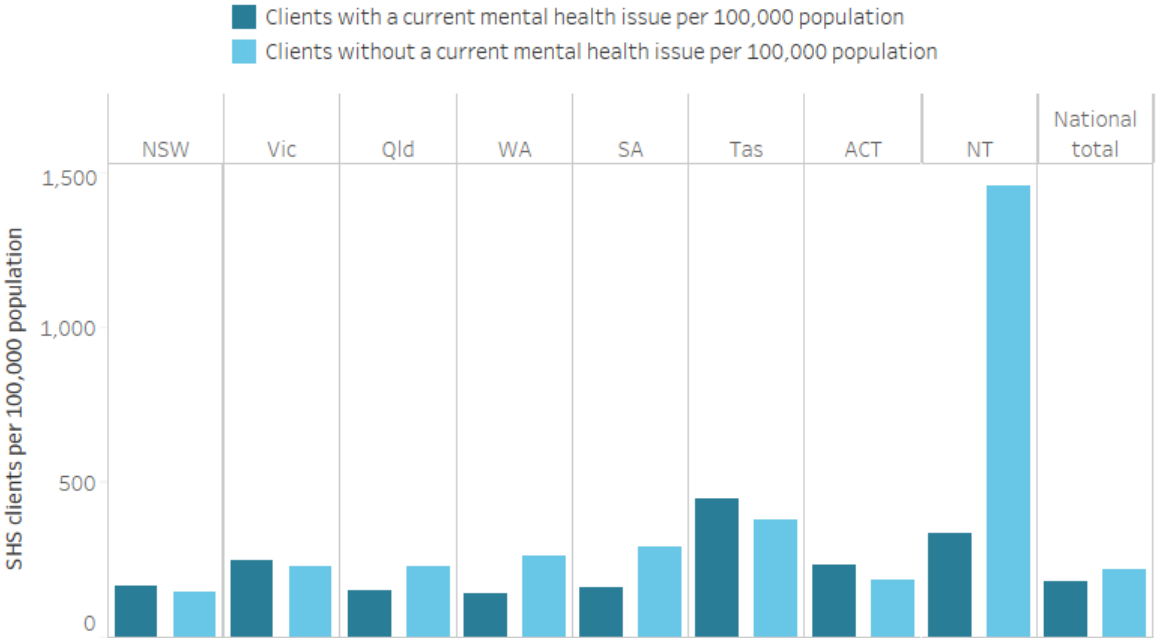
Services accessed by clients with a current mental health issue

Service types

Following presentation to an SHS agency, clients may receive [Accommodation services](#), [Other support services](#) (excluding accommodation services), a combination of both, or no services or referrals provided.

Nationally, nearly 39,000 clients with a current mental health issue accessed accommodation services in 2017–18, a rate of 179.7 clients per 100,000 population—which is lower than the rate for clients without a current mental health issue (219.0) (Figure SHS.5). This pattern was also seen in Queensland, Western Australia, South Australia, and the Northern Territory. The Northern Territory had the largest difference in the rates of accommodation service use between clients with and without a current mental health issue (337.4 and 1,455.8 per 100,000 population, respectively). Similar accommodation service use rates for clients with and without a current mental health issue were observed for New South Wales (164.7 and 144.4 per 100,000 population) and Victoria (248.2 and 229.0).

Figure SHS.5: SHS clients with and without a current mental health issue, accommodation service use, states and territories, 2017–18

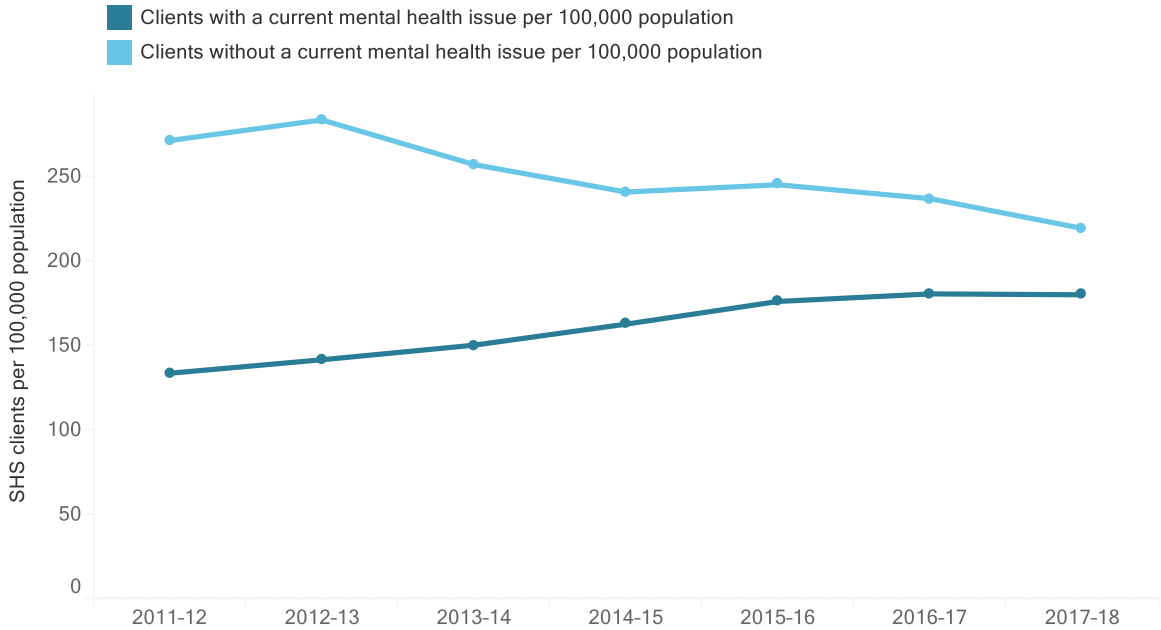


Source: Specialist Homelessness Services Collection, Table SHS.7.

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The population rate of clients with a current mental health issue accessing accommodation services has continued to increase since 2011–12 (Figure SHS.6), with an average annual increase of 4.6% from 2013–14 to 2017–18. The rate for clients without a current mental health issue has decreased an average of 3.9% each year over the same period.

Figure SHS.6: SHS clients with and without a current mental health issue, accommodation service use, 2011-12 to 2017-18

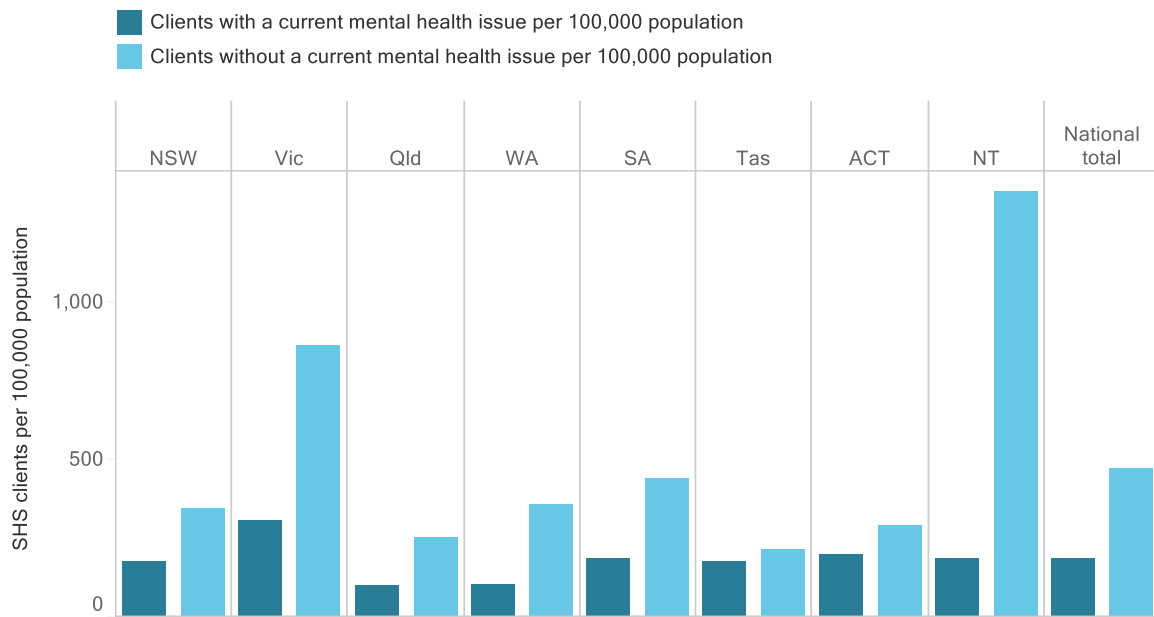


Source: Specialist Homelessness Services Collection, Table SHS.8.

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For other (non-accommodation) types of support services, clients with a current mental health issue accessed services at a lower rate than clients without, both nationally and in all states/territories. Nationally, 188.1 clients per 100,000 population with a current mental health issue and 475.2 clients without accessed other services. 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 (188.0 and 1,352.3, respectively), followed by Victoria (310.2 and 866.7) (Figure SHS.7).

Figure SHS.7: SHS clients with and without a current mental health issue, other support service use, states and territories, 2017-18

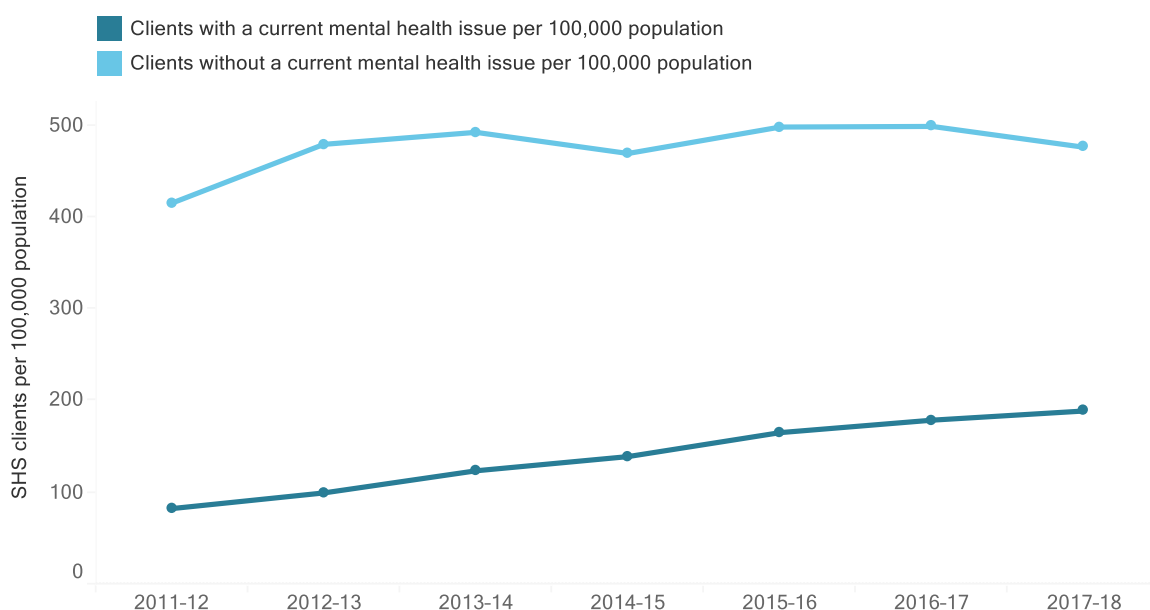


Source: Specialist Homelessness Services Collection, Table SHS.7.

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The population rate of clients with a current mental health issue accessing other (non-accommodation) services increased over the period 2011-12 to 2017-18 (Figure SHS.8) with an average annual increase of 11.2% from 2013-14 to 2017-18. The rate of clients without a current mental health issue accessing other (non-accommodation) services decreased annually at an average of 0.8% during the same period.

Figure SHS.8: SHS clients with and without a current mental health issue, other support service use, 2011-12 to 2017-18



Source: Specialist Homelessness Services Collection, Table SHS.8.

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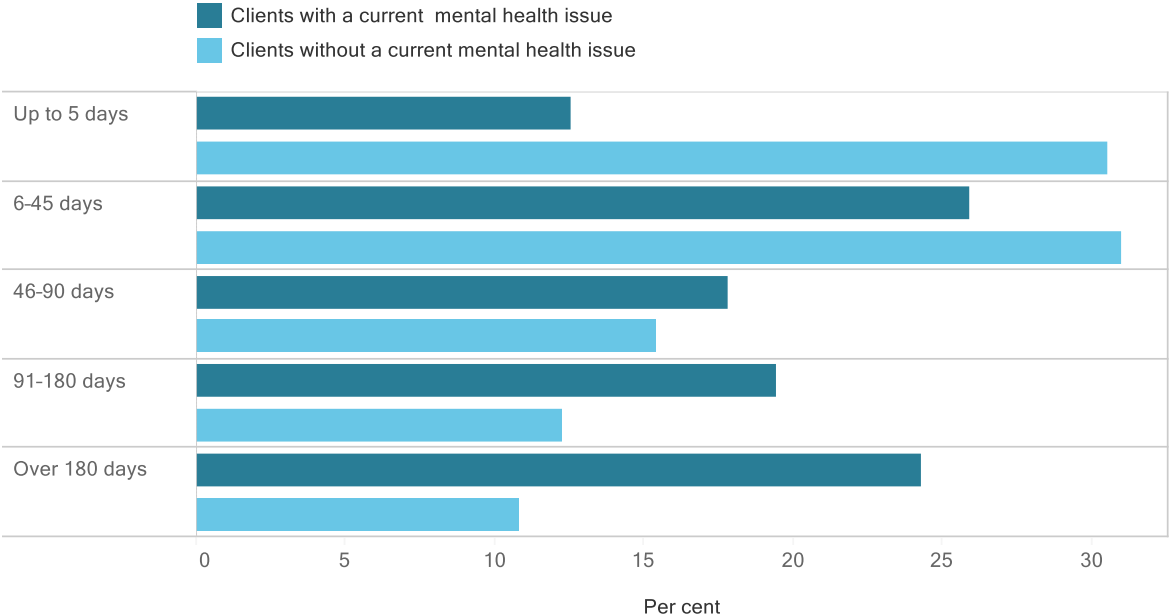
Services and assistance

Of about 81,000 SHS clients with a current mental health issue in 2017–18, almost all received a service or referral (around 79,000 or 98.1%). The most common service or assistance provided was Advice/information (90.3%), followed by Other basic assistance (77.2%), Advocacy/liaison on behalf of client (69.5%) and Material aid/brokerage (45.5%).

Length of support

In 2017–18, clients with a current mental health issue received longer periods of support than clients without a current mental health issue overall—about 3 in 5 (61.5%) received support for longer than 45 days, including almost a quarter (24.3%) who received support for longer than 180 days (6 months) (Figure SHS.9). By contrast, more than 3 in 5 (61.5%) clients without a current mental health issue received support for 45 days or shorter, and 10.8% received support for longer than 180 days. These figures represent the total length of support provided to a SHS client during 2017–18.

Figure SHS.9: SHS clients with and without a current mental health issue, by total length of support provided, 2017-18



Source: Specialist Homelessness Services Collection, Table SHS.10.

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Service provision

Episodes of assistance provided by SHS agencies are referred to as [support periods](#) and clients may have one or more during a reporting period, either at the same agency at different times or with different agencies.

In 2017–18, nationally there were 912.4 support periods per 100,000 population for SHS clients with a current mental health issue. Victoria had the highest rate of support periods (1,779.0 per 100,000 population), followed by Tasmania (1,507.3) and the Northern Territory (1,007.8).

Nationally, the rate of support periods (per 100,000 population) increased between 2013–14 and 2017–18 at an annual average rate of 9.5%. The amount of change varied between jurisdictions, ranging from an annual average decrease of 2.3% in the Australian Capital Territory to an increase of 16.5% in the Northern Territory.

Data source

Specialist Homelessness Services Collection

All agencies that receive funding under the former 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 (SHS collection). Agencies whose details have been provided to the AIHW by the relevant state or territory government department are included. Not all agencies were expected to participate in the collection.

Nationally, there were 1,550 agencies that delivered specialist homelessness services in 2017–18.

Of the agencies expected to participate in the collection in at least one month during the 2017–18 reporting period, 100% of agencies provided data for each month that they were expected to participate.

Notes

Client-level data

- Data only includes clients aged 10 years and over, because all clients aged under 10 are excluded when deriving the mental health flag.
- An individual client may have received more than one support period. Matching data from individual clients who received services from different agencies and/or at

different times requires a valid statistical linkage key (SLK); in 2017–18, 98% of support periods had a valid SLK.

- Clients who have more than one support period in 2017–18 may present with different characteristics in these different support periods. For example, their main reason for seeking assistance may be 'domestic and family violence' in their first support period, and 'housing crises' in the second. In these instances, some information presented will be based on their first support period in 2017–18; other information is based on a counting methodology that analyses the client's responses and where these are different responses, determines the response provided most often and the client's longest support period for each month in 2017–18.
- Clients may have received services from more than one state/territory. Annual client-level data presented by jurisdiction should be interpreted with caution as data is representative of clients who presented to that jurisdiction at any time during the reporting period; it may not represent the clients' characteristics exhibited when they attended for services in that particular jurisdiction.

SHS data collection

- Due to improvements in agency response and statistical linkage key (SLK) validity rates, data from 2017–18 were not weighted. As the aim of the imputation strategy was to account for low rates of agency response and SLK validity in previous years, unweighted data for 2017–18 onwards are directly comparable with weighted data for 2011–12 to 2016–17. The removal of weighting does not constitute a break in time series.
- In 2017–18, age and age-related variables were derived using a more robust calculation method. Caution should be used when comparing results with publications from December 2018 onwards that include 2017–18 data with other publications.
- As with all data collections, the SHS collection estimates are subject to errors. These can arise from data coding and processing errors, inaccurate data or missing data. Reported findings are based on data reported by agency workers.
- Changes in SHS collection data over time may be influenced by changes in underlying jurisdiction policies, programs or systems. These changes might affect the service footprint, the characteristics of priority clients, or how services work together to respond to client needs.
- Detailed information on how specific variables were derived can be found in the 'Technical information' for the 2017–18 Specialist Homelessness Services Collection annual report <<https://www.aihw.gov.au/reports-statistics/health-welfare-services/homelessness-services/reports>>.

Data quality

- The 2017–18 Specialist Homelessness Services Collection Data Quality Statement is available from <<http://meteor.aihw.gov.au/>>.
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Reference

AIHW (Australian Institute of Health and Welfare) 2019. [Specialist homelessness services annual report 2017–18](#). Viewed 24 April 2019.

Key concepts

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.
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>
Client with a current mental health issue	<p>SHS clients with a 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 at the beginning of a support period they were receiving services or assistance for their mental health issues, or had received them 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.

Other support services	Other support services refer to the assistance, other than accommodation services, provided to a client. They include domestic/family violence services, mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, other specialist services and general assistance and support.
Specialist homelessness agency	A specialist homelessness agency is an organisation which receives government funding to deliver specialist homelessness services to a client. These can be either not-for-profit and for profit agencies.
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.
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: <ul style="list-style-type: none"> • 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.