Specialist homelessness services

The Specialist Homelessness Services Collection (SHSC) began on 1 July 2011, and replaced the Supported Accommodation Assistance Program (SAAP) National Data Collection which collected data from specialist homelessness agencies from 1996 to June 2011. The SHSC describes all clients who receive services from specialist homelessness agencies and the assistance they receive, including clients with psychiatric or other mental health problems.

Specialist Homelessness Services (SHS) that are funded under the National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH) are in scope for this collection. These agencies provide a wide range of services and operate within a range of service delivery frameworks. All SHS agencies report a standard set of data about the clients they support each month to the Australian Institute of Health and Welfare (AIHW).

In addition to supporting clients who are homeless, a key aim of specialist homelessness services is to prevent homelessness from occurring among those who find themselves at-risk of becoming homeless. Services provided by SHS agencies include accommodation and associated support services. For further details regarding the scope and coverage of the Specialist Homelessness Services Collection, see the data source section.

The SHSC includes data on the use of specialist homelessness services by clients with mental health issues. This section presents information provided by SHS agencies on clients with current mental health issues for 2011–12.

Key points

• In 2011–12, there were just over 40,400 SHS clients with a current mental health issue.

• More than 2 in 5 clients (44.7%) with a current mental health issue reported an episode of homelessness in the 12 months before presenting compared with about 1 in 4 of those clients (26.6%) without a current mental health issue.

• Clients with a current mental health issue aged 18–24 had the highest rate of SHS agency use (359.8 per 100,000 population).

• Specialist homeless agency/outreach workers were the most frequently recorded source of referral (12.8%) for clients with a current mental health issue.

• Around a half of clients with a current mental health issue received between 6–45 days (25.1%) or over 180 days (25.7%) of support in 2011–12.
Mental health-related support

There were nearly 170,000 Specialist Homelessness Services (SHS) clients aged 10 years or more reported in 2011–12 (AIHW 2013). Of these, about 1 in 4 (40,405 or 23.8%) was a client with a current mental health issue.

Nationally, there were 97.5 clients per 100,000 population with a current mental health issue who accessed accommodation services from SHS agencies in 2011–12 (Figure SHS.1). Across jurisdictions, rates ranged from 198.0 per 100,000 population for the Australian Capital Territory to 42.2 for South Australia.

For other types of support services provided (excluding accommodation services) the national rate was 86.6 per 100,000 population. Rates varied between jurisdictions, from 146.2 per 100,000 population for Victoria to 52.2 for Queensland.

In considering these findings it should be noted that those clients in the accommodation services group are also likely to have received other types of support services. In contrast, those clients in the other support services group have not received accommodation services.

Figure SHS.1: SHS clients with current mental health issue, by service type, states and territories, 2011–12

Rate (per 100,000 population)

Source: Specialist Homelessness Services Collection. Source data for this figure are accessible from Table SHS.4 (225KB XLS) in Specialised homelessness services excel table downloads.
Specialist Homelessness Services clients

For clients with a current mental health issue, those aged 18–24 had the highest rate of SHS agency use (359.8 per 100,000 population) followed by 15–17 year olds (340.5) for 2011–12 (Figure SHS.2). Rates of SHS agency use were higher for females than males (207.8 and 162.1 per 100,000 population respectively).

The rate of SHS clients with a current mental health issue for Indigenous Australians was 7 times that for non-Indigenous Australians (1,040.8 and 149.2 per 100,000 population respectively).

There were almost 1,400 clients with a current mental health issue aged 10–14.

**Figure SHS.2: SHS clients with current mental health issue, by age group, 2011–12**

![Bar chart showing the rate of SHS clients with current mental health issue by age group, 2011–12.]

Source: Specialist Homelessness Services Collection. Source data for this figure are accessible from Table SHS.1 (225KB XLS) in Specialised homelessness services excel table downloads.

A specialist homelessness agency/outreach worker was the most frequently recorded source of referral to SHS agencies (12.8%) for clients with a current mental health issue during 2011–12. The next most frequently recorded sources were referrals from other agencies (government or non-government) (11.7%) and family and/or friends (6.1%).

More than 2 in 5 SHS clients (44.7%) with a current mental health issue reported an episode of homelessness in the 12 months before presenting compared to around 1 in 4 (26.6%) of those clients without a current mental health issue (AIHW 2013).

Reference

Service use

Main reason for seeking SHS agency assistance

Around 1 in 7 SHS clients (15.5%) with a mental health issue had domestic and family violence as the main reason for seeking assistance, followed by housing crises (14.1%) and financial difficulties (10.6%). These were also the same top three main reasons for seeking assistance for SHS clients without a current mental health issue. In terms of mental health issues being the main presenting reason only about 1 in 13 SHS clients (7.1%) with a current mental health issue had mental health issues recorded as their main reason for seeking assistance (Figure SHS.3).

When all presenting reasons for seeking assistance are considered, mental health issues (10.7%) and financial difficulties (10.5%) are the most frequently reported reasons.

Figure SHS.3: SHS clients with current mental health issue, by the 10 most frequently reported main reasons for seeking assistance, 2011–12

Services and assistance

About 423,000 services were provided to SHS clients with a current mental health issue in 2011–12. Of these, 7 out of 10 (70.9%) related to general support and assistance, such as providing advice and information (support services not related directly to housing/accommodation services).

Length of support provided

Around half of clients with a current mental health issue received between 6–45 days of support (25.1%) or over 180 days of support (25.7%) in 2011–12. About 1 in 6 clients received 5 days or less (16.5%) (Figure SHS.4). These figures represent the total period of support provided to a client during 2011–12.
Figure SHS.4: SHS clients with current mental health issue, by total length of support provided, 2011–12

Source: Specialist Homelessness Services Collection. Source data for this figure are accessible from Table SHS.7 (225KB XLS) in Specialised homelessness services excel table downloads.
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 2011–12 financial year are in scope for the 2011–12 reporting period. Covered agencies are those in-scope agencies for which details have been provided to the AIHW by the relevant state/territory department.

In 2011–12 data was provided by 1,478 agencies that delivered specialist homelessness services under the program nationally. Specialist homelessness agencies provided assistance to 229,247 clients in 366,698 support periods (AIHW 2012). It should be noted that these figures have been adjusted for non-responses.

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 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 Specialist Homelessness Services 2011–12 (AIHW 2012).

Caveats

There are a number of considerations related to the 2011–12 SHSC data:

- Data presented in this section excludes data for clients who were aged less than 10 at the beginning of their first support period in 2011–12.
- Data presented in this section are unweighted, meaning that there has been no adjustment for the undercounting of support periods that result from non-response. The data, therefore, are not comparable with other data published from the SHS Collection.
- Only those agencies that received NAHA or NPAH funding for at least four months during the 2011–12 financial year are in scope for the 2011–12 reporting period. Covered agencies are those in-scope agencies for which details have been provided to the AIHW by the relevant state/territory department.
- 90% of covered agencies returned support period data in 2011–12, although many did not return data for all 12 months.
- The rate of invalid/‘don’t know’/missing responses was high for a number of 2011–12 SHSC data items.
- Matching of data from individual clients who presented at different agencies and/or at different times requires a valid statistical linkage key (SLK); with 93% of support periods having a valid SLK in 2011–12.
- The SHS replaces the Supported Accommodation Assistance Program National Data Collection (SAAP NDC). There are significant differences between the two, creating comparability issues when comparing data over time.
Reference
# Key concepts

## Mental health-related Specialist Homelessness Services

<table>
<thead>
<tr>
<th>Key Concept</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>Support period</strong></td>
<td>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:</td>
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<td></td>
<td>• the relationship between the client and the agency ends,</td>
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<td></td>
<td>• the client has reached their maximum amount of support the agency can offer, or</td>
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<tr>
<td></td>
<td>• a client has not received any services from the agency for a whole calendar month and there is no ongoing relationship.</td>
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<tr>
<td><strong>SHS Clients with current mental health issue</strong></td>
<td>SHS clients with current mental health issue are identified as such if they have provided any of the following information:</td>
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<tr>
<td></td>
<td>• 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</td>
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<td></td>
<td>• their formal referral source to the specialist homelessness agency was a mental health service</td>
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<td></td>
<td>• they reported ‘mental health issues’ as a reason for seeking assistance</td>
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<td></td>
<td>• their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit</td>
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<td>• they had been in a psychiatric hospital or unit in the last 12 months</td>
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<td>• at some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services.</td>
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<td><strong>Accommodation services</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Other support services</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Specialist homelessness agency client</strong></td>
<td>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. To be a client the person must:</td>
</tr>
<tr>
<td></td>
<td>• directly receive a service and not just be a beneficiary of a service. Children who present with an adult and receive a service are considered to be a client;</td>
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<tr>
<td></td>
<td>• children of a client or other household members who present but do not directly receive a service are not considered to be clients.</td>
</tr>
<tr>
<td><strong>Specialist homelessness service(s)</strong></td>
<td>Specialist homelessness service(s) is assistance provided by a specialist</td>
</tr>
</tbody>
</table>

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Australian Institute of Health and Welfare
Mental health services in Australia
| **homelessness service(s)** | 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. |