

## 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 2019–20.

### Data downloads:

Excel – Specialised homelessness services 2019–20 tables

PDF – Specialised homelessness services 2019–20 section

Link: Data source information and key concepts related to this section.

Data coverage includes the time period 2011–12 to 2019–20. This section was last updated in July 2021.

## Key points

- **88,338** (about 1 in 3) of the 241,966 SHS clients aged 10 years and over in 2019–20 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 2019–20.
- The rate of clients with a mental health issue was **7 times** as high for Aboriginal and Torres Strait Islander People than non-Indigenous Australians.
- The top reasons clients with a mental health issue sought SHS support were housing crises/inadequacy, family/domestic violence, and financial difficulties.
- **62.2%** of clients with a current mental health issue received support for longer than 45 days.

## Clients with a current mental health issue

Around 241,966 people aged 10 years and older were assisted by specialist homelessness agencies nationally in 2019–20 (AIHW 2020). Of these, 1 in 3 (88,338 or 36.5%) were clients with a current mental health issue.

In 2019–20, there were 395.6 SHS clients per 100,000 population nationally with a current mental health issue (Figure SHS.1). Tasmania had the highest rate of clients (688.5) with a current mental health issue, followed by Victoria (603.4) and the Northern Territory (512.4).

**Figure SHS.1: SHS clients with a current mental health issue, states and territories, 2019–20**

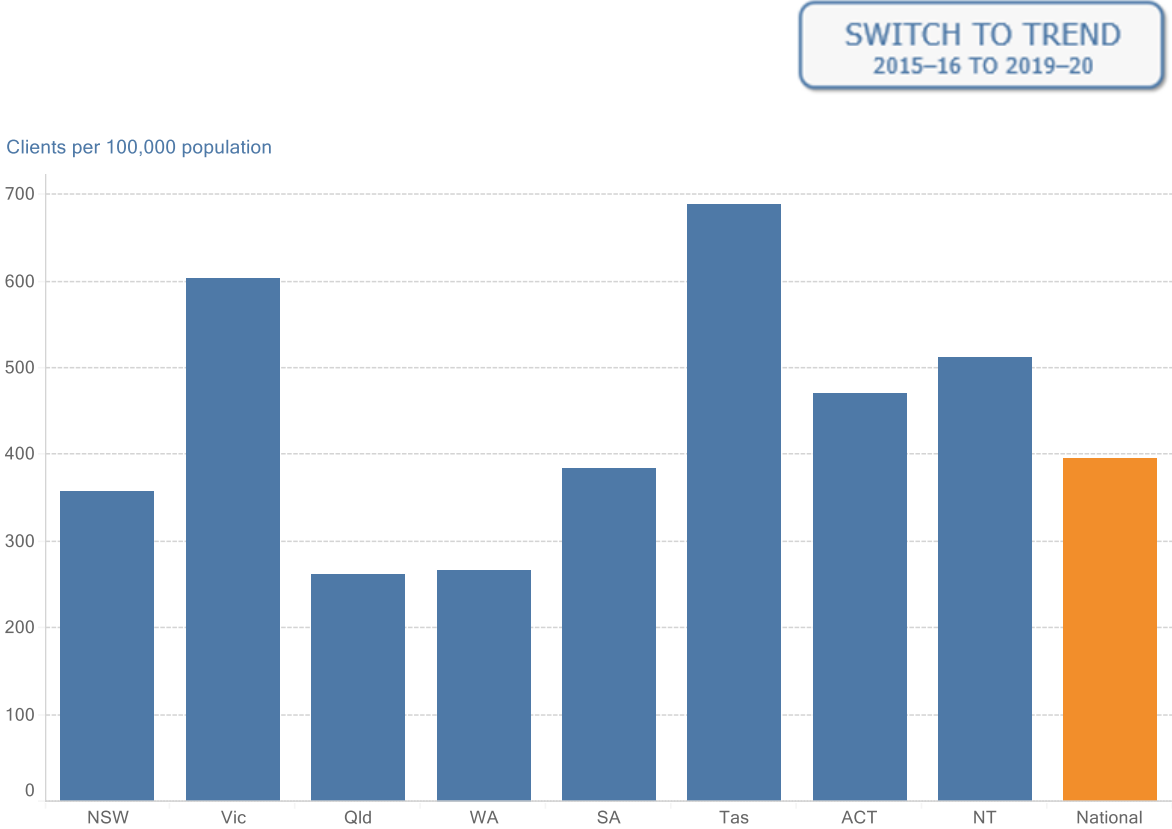


Figure SHS.1: SHS clients with a current mental health issue, states and territories, 2019-20

<http://www.aihw.gov.au/mhsa>

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

Notes:

1. Total may not be sum of components because clients may have accessed services in more than one state or territory during the 12-month period.
2. Crude rates are based on estimated national and state/territory resident populations (10 years and older) as at 31 December of the reference year.

The national rate of SHS clients with a current mental health issue has been increasing since the beginning of the collection in 2011–12. These clients represent one of the fastest growing sub-groups within the SHS collection. This could indicate an increase in the number of SHS clients that have a current mental health issue, or an increase in the reporting of mental illness among SHS clients due to potential factors such as increased

identification, community awareness and reduced stigma. Some of the increase may also be due to changes in service delivery models by some states and territories. Nationally, the population rate of clients with a current mental health issue increased between 2015–16 and 2019–20 at an annual average rate of 3.4%. The national population rate of all SHS clients decreased slightly over the same period at an annual average of 0.6% (AIHW 2020). The average annual change in the rate of clients with a current mental health issue has varied between jurisdictions since 2015–16, ranging from –2.3% in the Australian Capital Territory to 5.5% in South Australia.

## Client characteristics

In 2019–20, the number of SHS clients with a current mental health issue was highest for 35–44 year olds, followed by 25–34 year olds. The number of SHS clients without a current mental health issue was highest for 25–34 year olds in 2019–20, followed by 35–44 year olds. The age group with the lowest number of SHS clients either with or without a current mental health issue was 65 years and over (Figure SHS.2).

**Figure SHS.2: SHS clients with and without a current mental health issue, by age group, 2019–20**

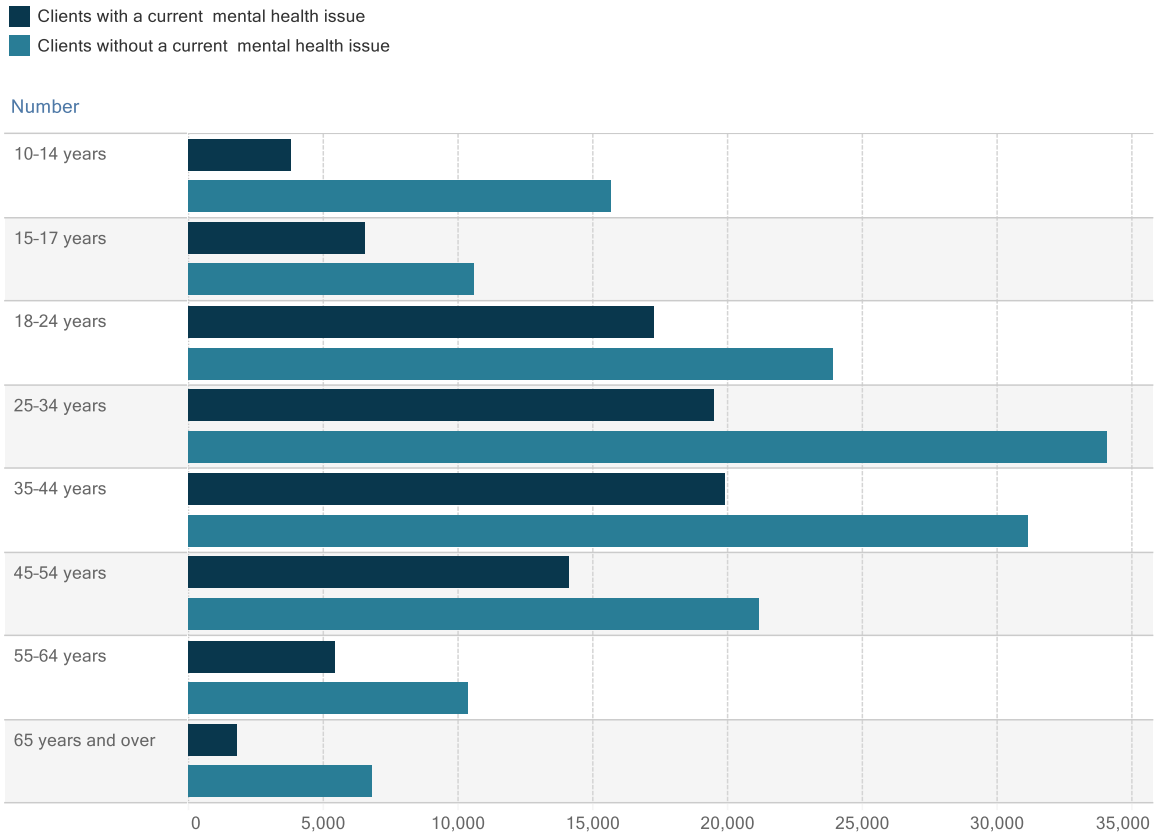


Figure SHS.2: SHS clients with and without a current mental health issue, by age group, 2019-20

<http://www.aihw.gov.au/mhsa>

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

In 2019–20, the rate of SHS clients with a current mental health issue was higher for females (418.9 per 100,000 population) than for males (272.1). This difference reflects the higher proportion of female SHS clients (62.2%) than male clients (37.8%) overall rather than indicating that female SHS clients are more likely to have a mental health issue than male SHS clients (35.8% and 37.6% respectively had a current mental health issue).

The rate of SHS clients with a current mental health issue was 7 times higher for Indigenous Australian clients than non-Indigenous Australian clients in 2019–20 (2,028.5 and 276.6 per 100,000 population respectively). The rate of SHS clients without a current mental health issue was 11 times higher for Indigenous Australian clients than non-Indigenous Australian clients (4,601.6 and 401.1 per 100,000 population respectively).

In 2019–20, almost half (49.3%) 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 (32.9%) 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 when they start receiving support from an SHS agency. Half (51%) of all SHS clients with a current mental health issue were at risk of homelessness at the start of SHS support in 2019–20 (AIHW 2020).

## Sources of referral and reasons for seeking assistance

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* (27.2%), followed by *Other agency (government or non-government)* (19.3%) and *Mental health service* (7.3%).

In 2019–20, 20.0% of SHS clients with a current mental health issue reported *Family and domestic violence* as the main reason for seeking assistance (20%), followed by *Housing crises* (19.8%), *Inadequate or inappropriate dwelling conditions* (13.1%) and *Financial difficulties* (9.4%) (Figure SHS.3). Clients without a current mental health issue reported the same top 4 reasons, with *Family and domestic violence* as the main reason (28.9%), followed by *Housing crises* (16.7%), *Financial difficulties* (13.7%) and *Inadequate or inappropriate dwelling conditions* (10.4%). About 1 in 24 (4.1%) SHS clients with a current mental health issue had mental health issues recorded as their main reason for seeking assistance.

**Figure SHS.3: SHS clients with and without a current mental health issue, by the 9 most frequently reported main reasons for seeking assistance, 2019–20**

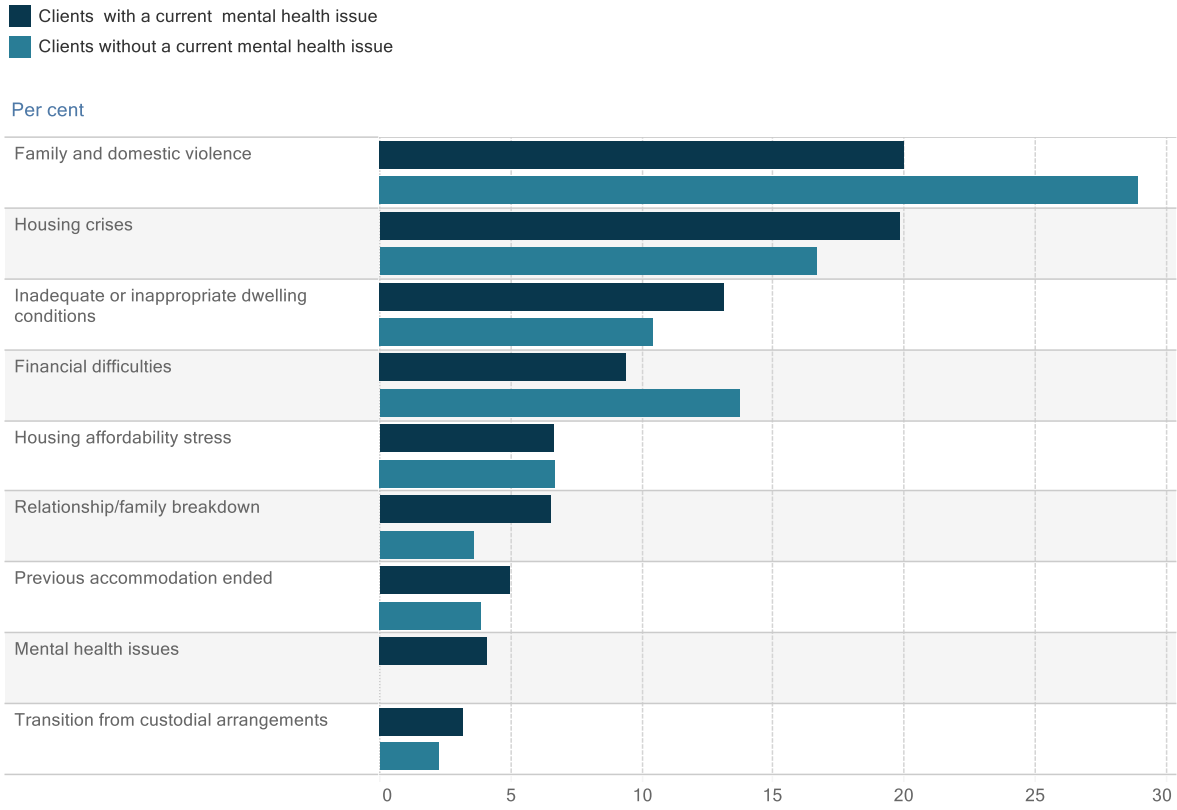


Figure SHS.3: SHS clients with and without a current mental health issue, by the 9 most frequently reported main reasons for seeking assistance, 2019-20 <http://www.aihw.gov.au/mhsa>

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

Note:

1. Top 9 reasons shown are based on SHS clients with a mental health issue.

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* (55.4%), *Mental health issues* (55.3%) and *Housing crises* (46.4%) were the most frequently reported reasons for clients with a current mental health issue. For clients without a current mental health issue, *Financial difficulties* (39.1%), *Family and domestic violence* (36.2%), and *Housing crises* (30.1%) 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 referral provided.

Nationally, nearly 43,000 clients with a current mental health issue accessed accommodation services in 2019–20. Of all SHS clients who accessed accommodation services in each state and territory, New South Wales, Victoria, Tasmania and the Australian Capital Territory had a larger number of SHS clients with a current mental health issue than SHS clients without, while Queensland, Western Australia, South Australia and the Northern Territory had a larger number of SHS clients without a current mental health issue than SHS clients with a current mental health issue (Figure SHS.4).

**Figure SHS.4: SHS clients with and without a current mental health issue, accommodation service use, states and territories, 2019–20**

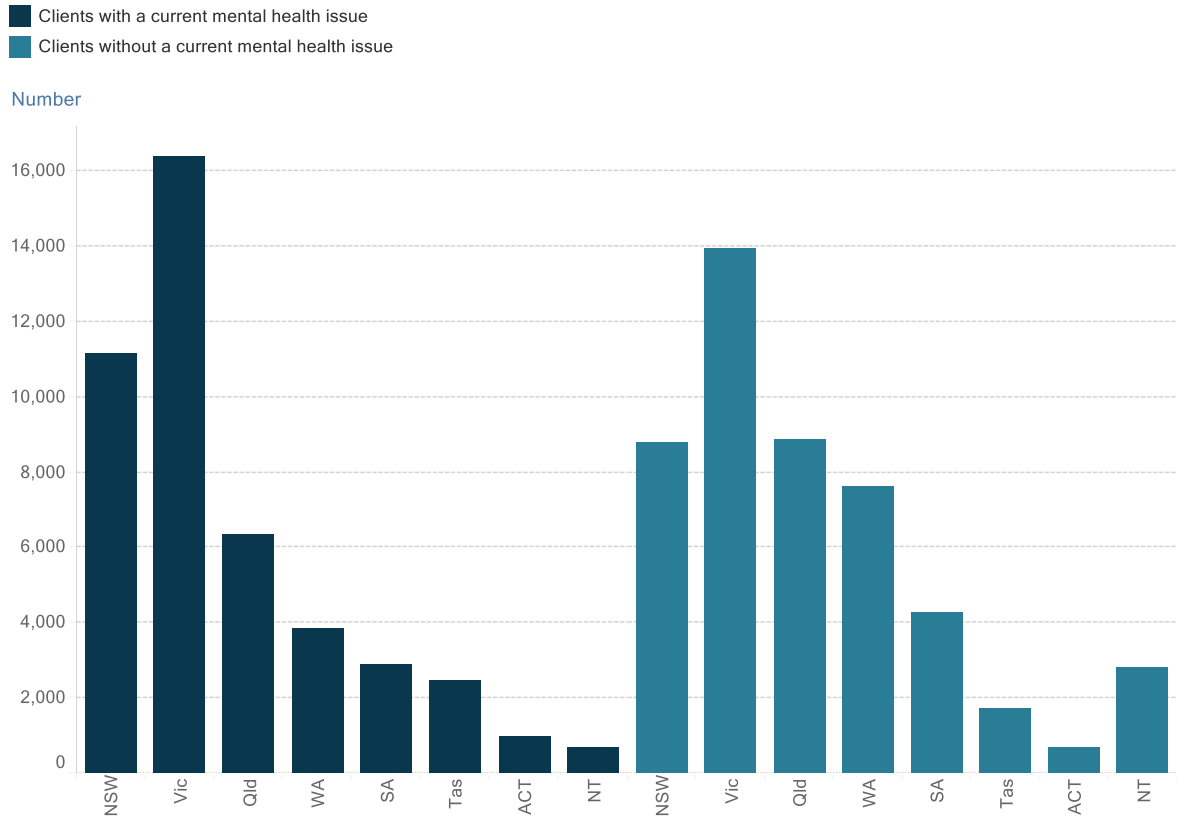


Figure SHS.4: SHS clients with and without a current mental health issue, accomodation service use, states and territories, 2019-20 <http://www.aihw.gov.au/mhsa>

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

Notes:

1. For jurisdictions who have large central intake agencies (for example Victoria and the Australian Capital Territory), data for unassisted requests for services are not directly comparable with other states and territories.
2. Clients who have received at least one accommodation support service (with or without other services).

## 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. Different service provision models between states and territories can result in differing support period profiles. For example, some states and territories have central intake models which causes their support period profile to differ from other jurisdictions.

In 2019–20, nationally there were 939.4 support periods per 100,000 population for SHS clients with a current mental health issue. Victoria had the highest rate of support periods (1,931.1 per 100,000 population), followed by Tasmania (1,590.6) and the Northern Territory (912.0).

Nationally, the rate of support periods (per 100,000 population) increased between 2015–16 and 2019–20 at an annual average rate of 3.8%. The amount of change varied between jurisdictions, ranging from an annual average decrease of 4.0% in the Australian Capital Territory to an increase of 5.8% in Victoria.

## **Services and assistance and length of support**

Of the around 88,300 SHS clients with a current mental health issue in 2019–20, almost all received a service or referral (around 86,300 or 97.7%). The most common service or assistance provided was *Advice/information* (89.8%), followed by *Other basic assistance* (76.6%), *Advocacy/liaison on behalf of client* (69.6%) and *Material aid/brokerage* (43.7%).

In 2019–20, clients with a current mental health issue received longer periods of support (that is, continuous support or multiple support periods throughout the financial year) than clients without a current mental health issue overall—about 3 in 5 (62.2%) received support for longer than 45 days, including a quarter (25.3%) who received support for longer than 180 days (6 months) (Figure SHS.5). By contrast, almost 3 in 5 (59.6%) clients without a current mental health issue received support for 45 days or shorter, and 11.6% received support for longer than 180 days. These figures represent the total length of support provided to a SHS client during 2019–20.



**Figure SHS.5: SHS clients with and without a current mental health issue, by total length of support provided, 2019–20**

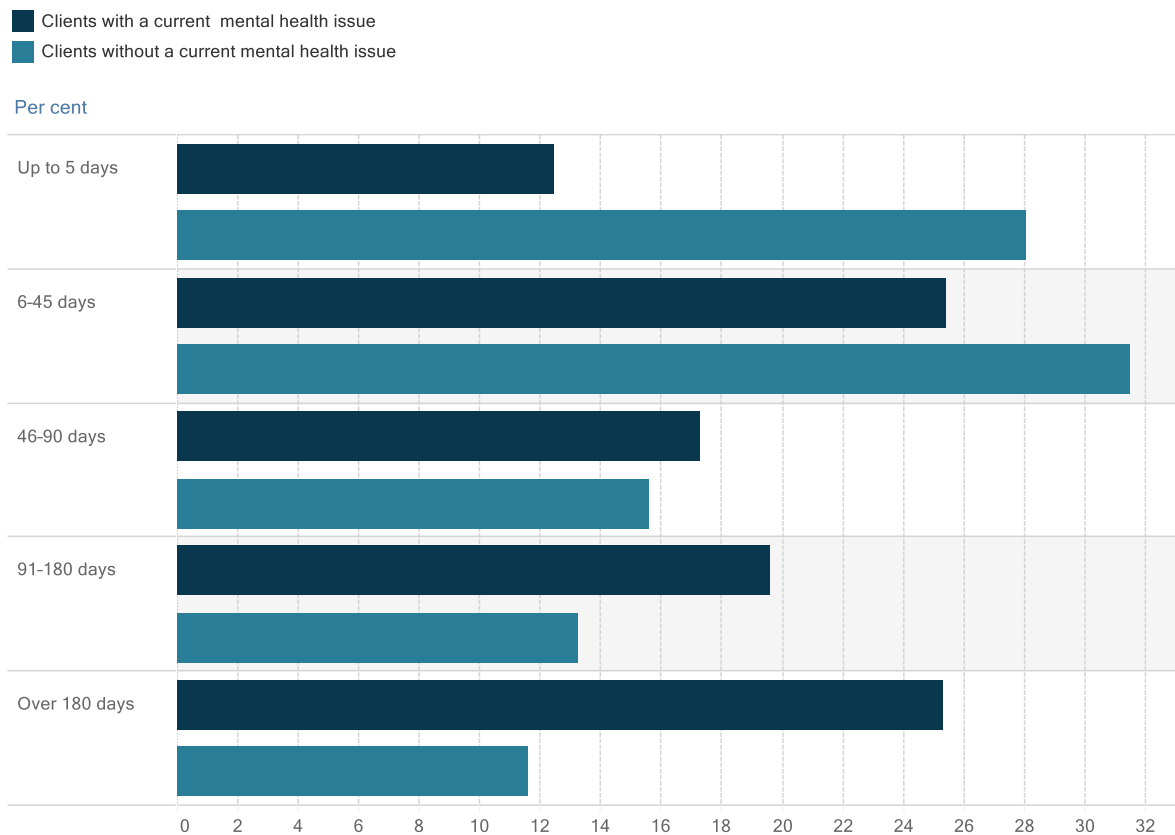


Figure SHS.5: SHS clients with and without a current mental health issue, by total length of support provided, 2019-20 <http://www.aihw.gov.au/mhsa>

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

## Client additional vulnerabilities

In 2019–20, over half (55%) of the 88,300 SHS clients who had a current mental health issue were experiencing additional vulnerabilities. Just over 4 in 10 (41%) clients also experienced family and domestic violence, about one quarter (24%) reported problematic drug and/or alcohol use and 10% experienced both of those vulnerabilities, in addition to a current mental health issue (AIHW 2020).

## Outcomes at the end of support

The proportion of clients with a current mental health issue known to be experiencing homelessness decreased from about half (49%) to 37% at the end of SHS support. Fewer clients were 'rough sleeping' (13% to 8%) and 'couch surfing' (18% to 13%). The majority (over 8 in 10) of clients who were at risk of homelessness at the start of support were

assisted to maintain housing. The number of clients living in public or community housing (renter or rent free) increased from 11% to 18% from the start to the end of SHS support (AIHW 2020).

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## Data source

### Specialist Homelessness Services Collection

All agencies that receive funding to provide specialist homelessness services under the National Housing and Homelessness Agreement (NHHA), formerly known as the National Affordable Housing Agreement (NAHA) or the National Partnership Agreement on Homelessness (NPAH), 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 1,625 agencies that delivered specialist homelessness services in 2019–20.

Of the agencies expected to participate in the collection in at least one month during the 2019–20 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 2019–20, 99% of support periods had a valid SLK.
- Clients who have more than one support period in 2019–20 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 2019–20; 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 2019–20.

- 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 onwards 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 2019–20 [Specialist Homelessness Services Collection annual report](#).

## Data quality

- The 2019-20 Specialist Homelessness Services Collection Data Quality Statement is available from the [METeOR website](#).

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## Reference

AIHW (Australian Institute of Health and Welfare) 2020. [Specialist homelessness services annual report 2019–20](#). Cat. no. HOU 322. Canberra: AIHW. Viewed 4 May 2021.

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## Key concepts

### Specialist Homelessness Services

Key Concept	Description
<b>Accommodation services</b>	<b>Accommodation services</b> 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.
<b>At risk of homelessness</b>	<p>A person is described as at risk of homelessness if they are at risk of losing their accommodation or they are experiencing one or more of a range of factors or triggers that can contribute to homelessness.</p> <p>Risk factors include:</p> <ul style="list-style-type: none"><li>• financial stress (including due to loss of income, low income, gambling, change of family circumstances)</li><li>• housing affordability stress and housing crisis (pending evictions/foreclosures, rental and/or mortgage arrears)</li><li>• inadequate or inappropriate dwelling conditions, including accommodation that is unsafe, unsuitable or overcrowded</li><li>• previous accommodation ended</li><li>• relationship/family breakdown</li><li>• child abuse, neglect or environments where children are at risk</li><li>• sexual abuse</li><li>• family/domestic violence</li></ul>

- non-family violence
- mental health issues and other health problems
- problematic alcohol, drug or substance use
- employment difficulties and unemployment
- problematic gambling
- transitions from custodial and care arrangements, including out-of-home care, independent living arrangements for children aged under 18, health and mental health facilities/programs, juvenile/youth justice and correctional facilities
- discrimination, including racial discrimination (e.g. Aboriginal people in the urban rental market)
- disengagement with school or other education and training
- involvement in, or exposure to, criminal activities
- antisocial behaviour
- lack of family and/or community support
  - staying in a boarding house for 12 weeks or more without security of tenure.

**Client**

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 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; children of a client or other household members who present but do not directly receive a service are not considered to be clients.

**Client with a current mental health issue**

**SHS clients with a current mental health issue** are identified as such if they have 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;

	<ul style="list-style-type: none"> <li>at some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services.</li> </ul>
<b>Homeless</b>	<p>The client's homeless status at the beginning and end of their support. Clients are considered to be <b>homeless</b> if they are living in any of the following circumstances:</p> <ul style="list-style-type: none"> <li>No shelter or improvised dwelling: <ul style="list-style-type: none"> <li>includes where dwelling type is no dwelling/street/park/in the open, motor vehicle, improvised building/dwelling, caravan, cabin, boat or tent; or tenure type is renting or living rent-free in a caravan park.</li> </ul> </li> <li>Short-term temporary accommodation: <ul style="list-style-type: none"> <li>dwelling type is boarding/rooming house, emergency accommodation, hotel/motel/bed and breakfast; or tenure type is renting or living rent-free in boarding/rooming house, renting or living rent-free in emergency accommodation or transitional housing.</li> </ul> </li> <li>House, townhouse or flat (couch surfing or with no tenure): <ul style="list-style-type: none"> <li>tenure type is no tenure; or conditions of occupancy is couch surfing.</li> </ul> </li> </ul>
<b>Other support services</b>	<p><b>Other support services</b> 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.</p>
<b>Specialist homelessness agency</b>	<p>A <b>specialist homelessness agency</b> 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.</p>
<b>Specialist homelessness service(s)</b>	<p><b>Specialist homelessness service(s)</b> 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.</p>
<b>Support period</b>	<p>A <b>support period</b> 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:</p> <ul style="list-style-type: none"> <li>the relationship between the client and the agency ends,</li> <li>the client has reached their maximum amount of support the agency can offer, or</li> </ul>

- 
- a client has not received any services from the agency for a whole calendar month and there is no ongoing relationship.
-