

Specialist homelessness services client pathways: analysis insights:

Specialist homelessness services client pathways: Young clients aged under 18 in 2011-13

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SHS: Young clients aged under 18 in 2011-13

On this page:

- [Introduction](#)
- [Key characteristics of the 2011-13 young cohort](#)
- [SHS services needed by 2011-13 young cohort clients](#)
- [How the 2011-13 young cohort compares with the 2011-13 non-young cohort](#)
- [Factors associated with SHS support](#)
- [Summary](#)

Introduction

Youth homelessness can have a profound impact on the lives of young people in Australia and as such children and young people are a priority homelessness cohort (see [Children and young people](#)).

[Longitudinal analyses](#) have been undertaken for a cohort of young clients aged under 18 years that presented for specialist homelessness services sometime in 2011-13 (Figure Young1113.1).

See [Introduction to the SHS longitudinal data](#) for details on the longitudinal analyses undertaken.

A comparison cohort (2011-13 non-young) was created, comprising of clients aged 18 and over who received SHS support at any time during 2011-13.

More information on the how comparison cohorts were derived can be found in the [Methodology](#) section.

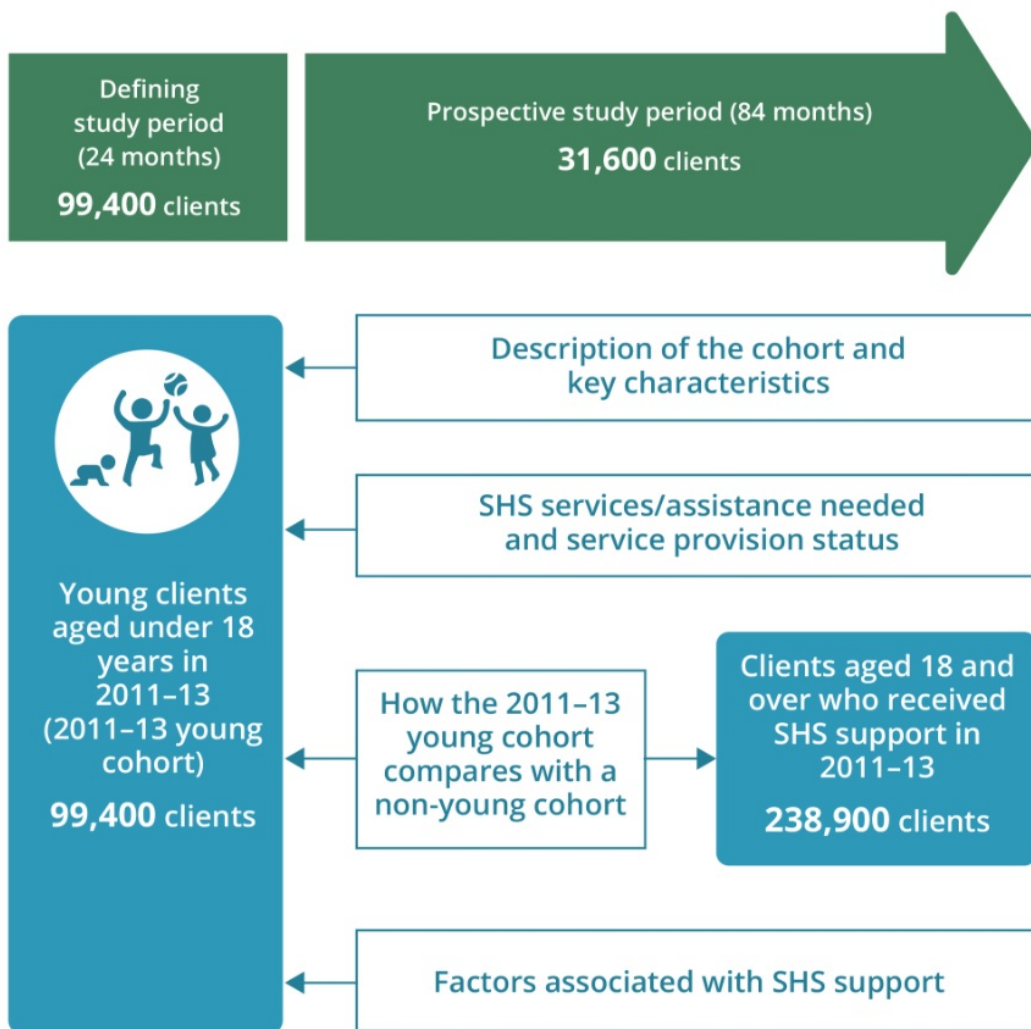
The longitudinal SHS data for the period 2011-22 were used to examine characteristics and service use patterns of 2011-13 young cohort clients compared with the comparison 2011-13 non-young cohort (Figure Young1113.1).

The defining period is the 24 months from the start of the first support for each client between July 2011 and June 2013. The prospective study period is the 84 months (or 7 years) after the end of each client's 24 month defining study period.

Key findings

- Over half (57%) of the 2011-13 young cohort were aged under 10 years.
- Half (52%) of the young clients aged under 18 who received SHS support in 2011-13 experienced homelessness at some time.
- The 2011-13 young cohort were more likely to have needed short-term accommodation (52%), compared with a comparison cohort (41%).
- Almost two-thirds of the 2011-13 young cohort received only one episode of support in 2011-13.
- Over 41% of young clients aged under 18 who received SHS support in 2011-13 had experienced family and domestic violence.
- 2011-13 young cohort clients were more likely than the comparison cohort to need school liaison and structured play/skills development assistance.

Figure Young1113.1: Young cohort 2011-13, longitudinal analysis overview



Source: AIHW analysis of SHS longitudinal data 2011-22, Table Young1113.1.

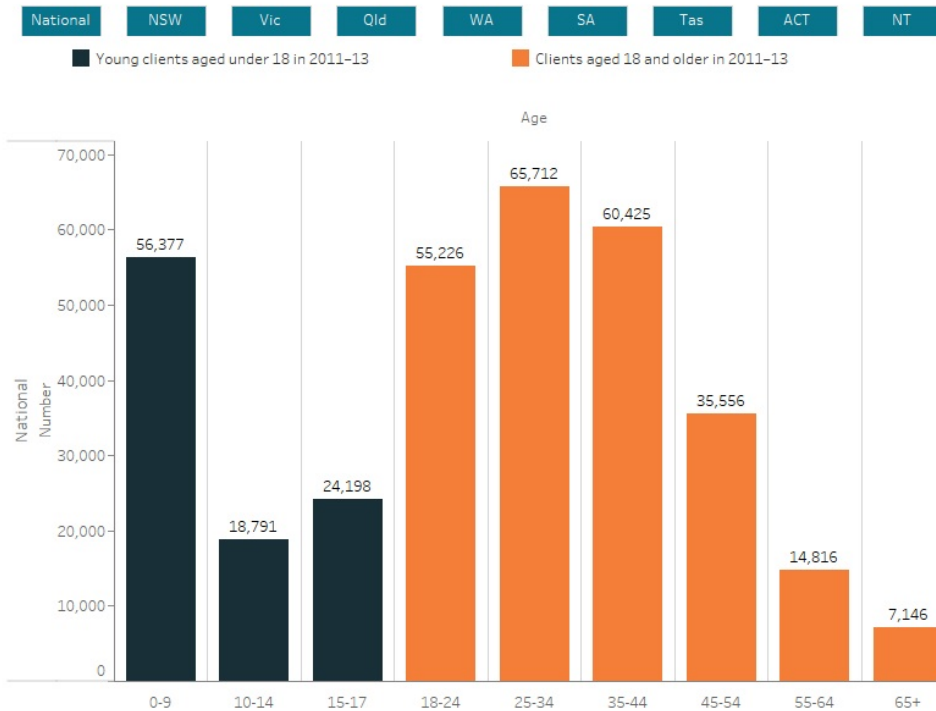
Key characteristics of the 2011-13 young cohort

Approximately 99,400 clients aged under 18 years received SHS support in 2011-13; these clients had the following key characteristics (Figure Young1113.2, Table Young1113.1, Table Young1113.2):

- Over half (57%, 56,400 clients) were aged under 10 years.
- Almost half (48%, 47,500 clients) were male.
- 29% (28,900 clients) were Indigenous Australians.
- Almost two-thirds (64%, 63,300 clients) received only one episode of support in 2011-13.
- 32% (31,600 clients) continued to receive SHS support in the prospective study period (that is, in the 84 months after the 24 month defining study period).
- 52% (51,200 clients) were homeless at some time and 50% (49,900 clients) received accommodation in the defining study period.
- Of the 51,200 clients that had experienced homelessness, half (51% or 26,300 clients) had been couch-surfing at some time in the defining period.
- Over 41% (41,100) of young cohort clients experienced domestic violence.
- 10% (9,900 clients) had a current mental health issue during the defining study period, and 4.5% (4,400 clients) had problematic drug and/or alcohol issues.

Figure Young1113.2: Young cohort 2011-13, client key characteristics, by study period

This interactive bar chart shows a comparison between the young and non-young cohorts, in terms of key characteristics and across two study periods (defining and prospective). A radio button allows selection for the individual state/territory and Australia. For Australia, young clients were less likely to have problematic drug or alcohol issues (4.5% compared with 14%), less likely to have mental health issues (10% compared with 28%) and more likely to have experienced FDV (41% compared with 35%). Young clients were more likely to have one support period (64% compared with 52%) and less likely to have three or more support period (17% compared with 28%). Young clients were also more likely to receive short-term accommodation (39% compared with 28%).



Notes:

- Counts of clients with values of No include cases where the variable is not stated or unknown.
- Clients are counted as Indigenous or overseas-born if they are classified as such in any support period in the longitudinal data.
- Percentages are calculated using total clients within the cohort as the denominator (Young cohort: 99,375, non-young cohort: 238,881). For the retrospective and prospective study periods the percentages may not add to 100 as not all cohort clients are included in these periods.
- Received accommodation indicates that the client was provided either short-term or emergency accommodation, medium term/transitional housing, or long-term housing.
- Short-term clients received SHS services only during the defining study period. Historical clients received SHS services in the retrospective and defining study periods. Ongoing clients received SHS services in the defining and prospective study periods. Long-term clients, received SHS services in all three study periods.
- Reason refers to the reasons a client presented to any specialist homelessness services agency during the study period.
- The variable Ever Presented Alone refers to whether a client was ever recorded as having presented for support (that is, started a support period) alone. Unlike many other variables, this is only recorded in the SHS data at the start of support periods. Counts of clients with values of No include cases where the variable is not stated or unknown. Note: for children, there may be instances where the child physically presented with an adult to an agency, but only the child required and received SHSC services, or where the child was not correctly linked to the group when the support period was opened.
- The variable Presented with child(ren) indicates whether the client presented for support (that is, started a support period) as part of a group which contained one or more children.

Source: AIHW analysis of SHS longitudinal data 2011-22, Table YOUNG1113.1.

Service engagement profiles

SHS support patterns of the young cohort for the period 2011-22 were examined. About two-thirds (68% or 67,800 clients) were short-term clients receiving support only during the 24-month defining study period (Table Young1113.1). The other one-third (32% or 31,600 clients) of the 2011-13 young cohort were ongoing clients that used services both in the defining and prospective study periods.

Vulnerability pathways

Using data for the period 2011-12 to 2021-22, client profiles were examined for the presence of vulnerabilities including mental health issues, drug and/or alcohol problems, and experience of family and domestic violence (FDV) within each of the two study periods - the defining and prospective periods (Table 1). For more information on the derivation of these vulnerabilities, see [Methodology](#).

There were 41,100 young clients aged under 18 who had experienced family and domestic violence in 2011-13. Of these clients, 9,300 clients (23%) had family and domestic violence issues in both the defining and prospective periods; 26,800 clients (65%) were not SHS clients in the prospective period.

Approximately 9,900 clients in the 2011-13 young cohort had a current mental health issue during the defining period. Of these clients, 3,200 clients (33% of those with mental health issues) had ongoing mental health issues in the prospective period and 5,000 clients (51%) were not SHS clients.

Around 4,400 clients of the 2011-13 young cohort had problematic drug/alcohol issues in the defining period. Of these clients, 26% (1,100 clients of the 4,400 with problematic drug/alcohol issues) had drug/alcohol issues in the prospective period and 29% (1,300 clients) did not have drug/alcohol issues in the prospective period.

SHS services needed by 2011-13 young cohort clients

The need for, and provision/referral of, SHS service types was examined for young clients aged under 18 in 2011-13, for the defining and prospective study periods; aggregation is based on services needed or provided/referred in support periods that commenced within each study period only.

Patterns of service need were generally similar for the young clients aged under 18 in 2011-13 across the two study periods (Figure Young1113.3, Table Young1113.1, Table Young1113.4). For example, the proportion of clients with a need for accommodation assistance (all forms) ranged from 79% in the defining to 84% in the prospective period. Typically, young clients aged under 18 needed short-term housing (52% of clients in the defining period) or long-term housing (needed by 37% of clients in the defining period).

Figure Young1113.3: Young clients aged under 18 in 2011-13, select top 8 services and assistance needed and service provision status by study period

The interactive stacked horizontal bar graph shows the select top 10 services needed and the provision/referral status for the 2018-20 Young cohort clients (99,400 clients) who received support in the prospective and defining study periods. Across two study periods, long-term housing was one of the most needed services, around 85% of these clients were either provided this service or referred to another agency. Material aid/brokerage was also a key service needed by this cohort; this service was provided/referred to over 96% of clients.

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Notes:

1. Percentages are based on the number of clients who needed the service in each study period as the denominator.
2. Any accommodation assistance refers to need or provision of any of short-term or emergency accommodation, medium term/transitional housing, long-term housing, assistance to sustain tenancy or prevent tenancy failure or eviction, assistance to prevent foreclosures or for mortgage arrears.
3. The services Other basic assistance, Advice/information and Advocacy/liaison on behalf of client have not been included in the top 10 shown above.

Source: AIHW analysis of SHS longitudinal data 2011-22, Table YOUNG1113.4.

How the 2011-13 young cohort compares with the 2011-13 non-young cohort

There were approximately 238,900 SHS clients aged 18 and over in 2011-13. Compared with these clients, during the defining period, young clients aged under 18 in 2011-13 were (Figure Young1113.2, Table Young1113.1):

- more likely to be male; 48% of the cohort aged less than 18 compared with 39% of clients aged 18 and over
- much less likely to have been born overseas (6.4% compared with 18%) and much less likely to have presented alone (42% compared with 88%)
- less likely to have continued receiving support in the prospective period (32% compared with 42%) and more likely to have received just one support period during the defining period (64% compared with 52%)
- more likely to have needed short-term accommodation (52% compared with 41%) and more likely to have received short-term accommodation (39% compared with 28%)
- equally likely to have experienced homelessness at some time (52% compared with 49%) and much less likely to have been rough sleeping (7.7% compared with 17%)
- less likely to have had mental health issues (10% compared with 28%) and less likely to have had problematic drug or alcohol issues (4.5% compared with 14%). They were, however, more likely to have experienced family or domestic violence (41% compared with 35%).

How did service needs differ?

Differences in identified service need were examined using relative risk, between young clients aged under 18 and clients aged 18 and older in 2011-13 receiving SHS support. Relative risk was calculated by dividing the risk of an event occurring for one group (specifically, service need for each service type separately for the 2011-13 young cohort clients) by the risk of an event occurring for another group (service need for the 2011-13 non-young cohort clients).

During the defining period, young clients aged under 18 were 4 times more likely to need *school liaison and structured play/skills development* (relative risks of 4.21 and 3.91 respectively). In the prospective period, these clients were more likely to need *school liaison* (RR 2.71), *structured play/skills development* (RR 2.53) and *educational assistance services* (RR 2.28) (Figure Young1113.4; Table Young1113.5).

Young clients were less likely to need *counselling for problem gambling or drug/alcohol counselling* in both the defining (RR 0.42 and 0.64, respectively) and prospective (RR 0.60 and 0.67, respectively) study periods.

Figure Young1113.4: Relative risk for services needed, young clients aged under 18 in 2011-13

The interactive risk ratio plot shows the differences in service need between young and non-young clients receiving SHS support in the two prospective and defining study periods, these associations are presented as relative risks. The top 3 services more likely to be needed by young cohort clients compared with non-young clients (that is, those with the largest relative risk) have been shown in the figure. A radio button allows selection of the services and relative risks for each of the study periods (defining and retrospective). Young clients were 4 times more likely to need school liaison (relative risk [RR] 4.21) and structured play/skills development (relative risk [RR] 3.91) during the 2011-13 defining study period than clients in the non-young cohort. Compared to non-young clients, young clients had much less need for counselling for problem gambling (relative risk [RR] 0.49).

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Note: Relative risk is derived by comparing two groups for their likelihood (risk) of an event. It is calculated by dividing the probability of a cohort client needing a SHS service/assistance divided by the probability of a non-cohort client needing a SHS service/assistance.

Source: AIHW analysis of SHS longitudinal data 2011-22, Table YOUNG1113.5.

Factors associated with SHS support

Descriptive regression models were used to examine whether client characteristics or support experience in the defining period were associated with receipt of SHS support in the prospective study period (ongoing service use). Information on interpreting regression models can be found in the section Understanding factors associated with past and future support. Two models were created; a 'client characteristic' model (Model 1) that contained client characteristics and a 'reasons' model (Model 2) that supplemented these characteristics with flags for the 26 possible reasons why the client sought support during the defining study period. Multiple regression is used, which in this case means that the effect of each variable is measured while keeping the effects of all other variables in the model constant.

Variations in state and territory specific policies and service delivery models mean that the likelihood of a client receiving services in the future varies among states and territories. Therefore, in addition to a national model, separate regression models were created for each state or territory where there was sufficient sample size (at least 3,500 clients; Table Young1113.1). The models are descriptive, that is, they are intended to describe the client variables that are associated with future service use without proposing or testing specific causal pathways.

The outcome variable (receipt of SHS support) was a binary measure (yes or no) and did not distinguish between clients that needed SHS services only once in the prospective study period and clients that required frequent support.

Risk ratios were created to measure the association between the use of SHS services and a set of client characteristics (see Glossary entry on Relative risk for how to interpret the results)

The results from the client characteristic model (Model 1) demonstrates that although different in magnitude in each state or territory, the characteristics in the defining period that had the greatest association with future SHS support when all other factors are taken into consideration were (Figure Young1113.5, Table Young1113.6):

- Indigenous Australians were 1.61 times more likely than non-Indigenous Australians to receive SHS support in the future
- having a current mental health issue (1.40 times more likely)
- experiencing homelessness at some time during the defining period (1.29 times)
- starting a period of support in public or community housing, and ending that period of support in a different housing situation (1.26 times).

The reasons model (Model 2; Figure Young1113.5) demonstrates that, in addition to similar associations as shown in Model 1, having housing crisis as reason for seeking assistance or having transitioned from custody, were associated with an increased likelihood of ongoing SHS support (1.18 and 1.17 times more likely, respectively, in the national data).

Figure Young1113.5: Relative risk for use of SHS services (young clients aged under 18 in 2011-13)

The interactive risk ratio plot shows the characteristics or reasons for presenting that are associated with the young cohort clients' use of SHS services in the future (prospective), these associations are presented as relative risks. Relative risks for all states and territories and Australia can be selected and displayed. Two regression models can be selected, Model 1 contains client characteristics and experiences in the defining period, Model 2 contains client characteristics and the reasons for seeking support in the defining study period. Nationally, being Indigenous, or having had mental health issues or having started support in public or community housing and ended elsewhere at some time during the defining study period or selecting housing crisis as reasons for seeking support had the strongest association with future SHS support.

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Summary

The 2011-13 young cohort contained almost 99,400 young clients aged under 18 in 2011-13. Almost half (48%) were male and 29% were Indigenous. The majority (64%) of these clients received just one support period in the defining period, from July 2011 to June 2013, and less than a third (32%) continued to receive support in the prospective period.

During both the defining and prospective study periods, young clients aged under 18 in 2011-13 were 3 to 4 times more likely to need school liaison and structured play/skills development assistance.

The main characteristic associated with ongoing SHS support was being an Indigenous Australian. Having mental health issues during the defining study period or having started a period of support in public or community housing and ended that period of support in a different housing situation during the defining study period are also associated with an increased probability of future support.

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