

Specialist homelessness services client pathways: analysis insights:

Specialist homelessness services client pathways: Children on care and protection orders in 2014-17

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Part of [Specialist homelessness services client pathways: analysis insights](#)

SHS: Children on care and protection orders in 2014-17

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Study cohort - Children on care and protection orders in 2014-17

Introduction

[Children on care and protection orders \(CPO\)](#) are an important sub-group of clients experiencing homelessness.

The Specialist Homelessness Services (SHS) longitudinal data set was used to analyse SHS support patterns for a cohort of children receiving services in 2014-17 (see [Introduction to the SHS longitudinal data](#) for detailed information on the longitudinal analyses approach).

The CPO 2014-17 cohort was defined as clients who received SHS support in 2014-17, who were under 18 and were on a CPO either the week before presenting for a service or on presentation and had the following care arrangements:

- residential care
- family group home
- relatives/kin/friends who are reimbursed
- foster care
- other home-based care (reimbursed)
- relatives/kin/friends who are not reimbursed
- independent living
- other living arrangements
- parents.

The cohort also includes clients aged under 18 who reported 'transition from foster care and child safety residential placements' as their reason for seeking support from SHS.

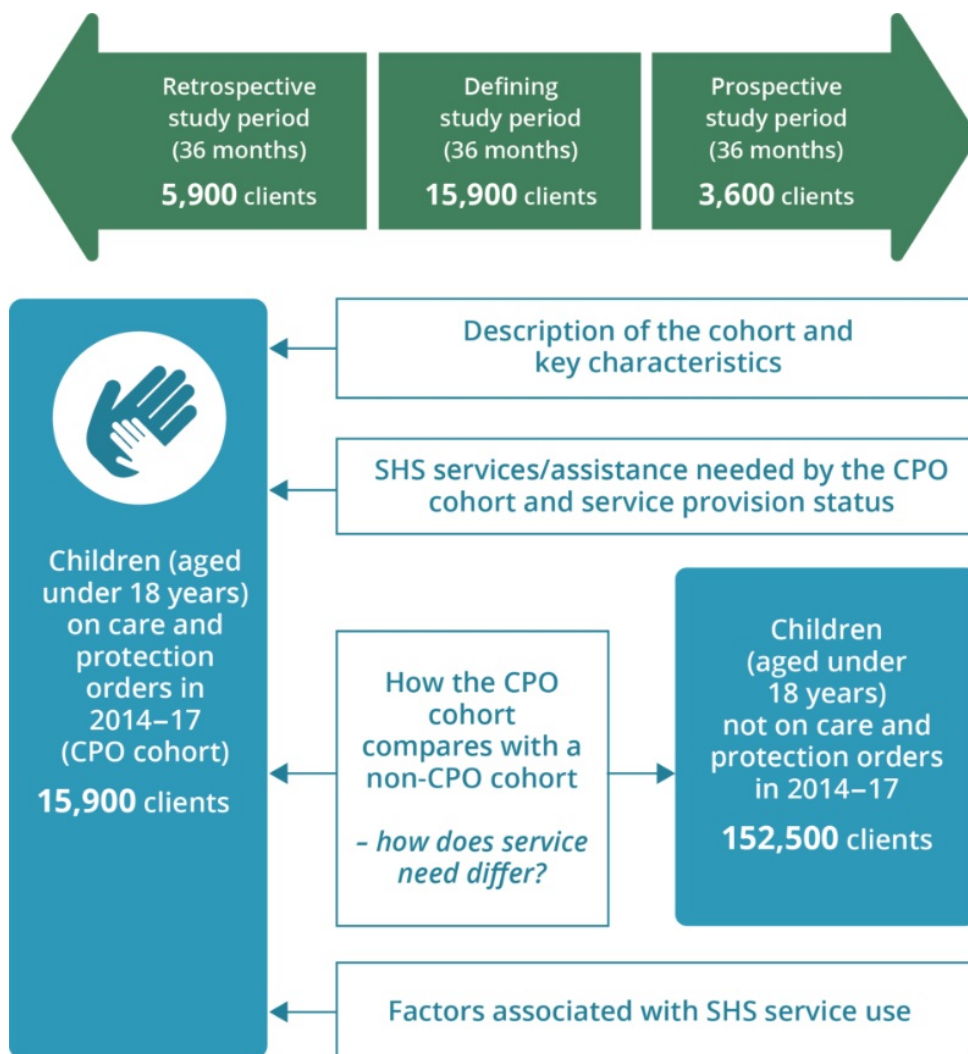
Not all these clients required or received services relating to child protection from SHS agencies; they may have received other services (and must have received at least one service to be included in the study cohort).

A comparison cohort (non-CPO cohort) was also created, defined as clients aged 17 and under who received support in 2014-17 but who were not recorded as being on a CPO or as having 'transition from foster care and child safety residential placements' as a reason for seeking support from SHS. Some of these clients may have received services relating to child protection from SHS agencies, even though they were not on a care and protection order when presenting for service and did not specify transition from out-of-home care as a reason for seeking services.

The longitudinal SHS data for the period 2011-12 to 2020-21 were used to examine characteristics and service use patterns of CPO clients and compare them with a non-CPO cohort (Figure CPO.1).

The retrospective study period for this cohort is the 36 months before the start of the defining study period (that is, the 36 months before the start of their first CPO-related support period in 2014-17). The prospective study period is the 36 months after the end of each client's 36 month defining study period.

Figure CPO.1: CPO cohort 2014-17, longitudinal analysis overview



Key characteristics of the CPO cohort

There were nearly 16,000 clients in the CPO cohort; these clients had the following key characteristics (Figure CPO.2, Table CPO1417.1, Table CPO1417.2):

- 57% (9,000) of clients were aged 0 to 9 years.
- Half (50% or 8,000 clients) of the children had only one support period in 2014-17.
- Over half (53% or 8,400 clients) had experienced family and domestic violence in the defining period and 12% (1,900) had experienced family and domestic and had mental health issues in the defining period.
- One-third (31% or 4,900 clients) presented for support alone in the defining period (2014-17).
- Over two-thirds (67% or 10,700 clients) were known to have experienced homelessness at least once during their SHS support in 2014-17. Over one-third had been a couch surfer (36% or 5,800 clients) in the defining period with most of these clients (3,300) having experienced FDV.
- Housing crises and family and domestic violence were among the most common main reasons for seeking support.

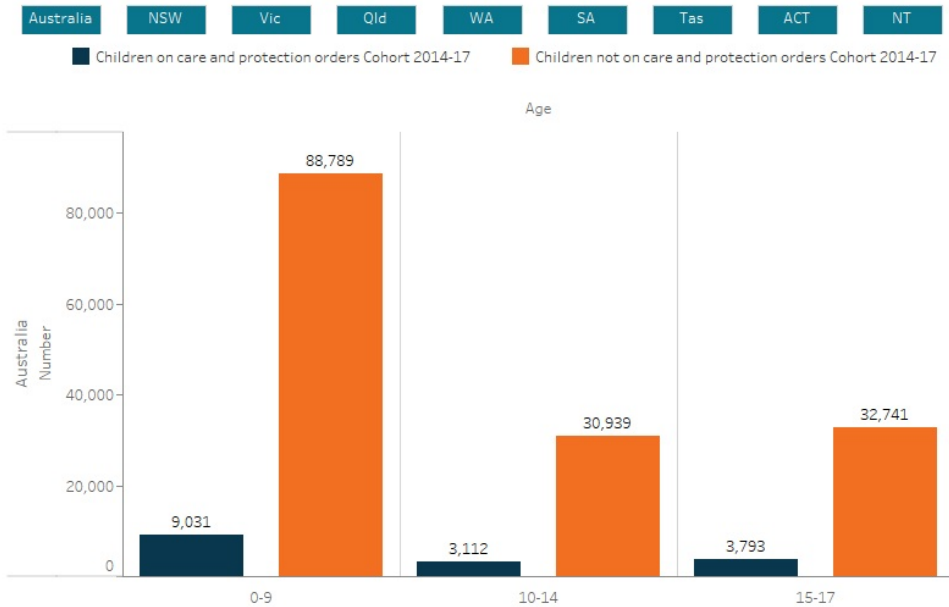
Note: Children are included in the CPO cohort if they were on a care and protection order either the week before or at the time of presenting to an agency for specialist homelessness services. Other characteristics, such as their vulnerability flags or whether they were homeless or not, are aggregated over the entire defining study period and may not have occurred at the same time the child was on the care and protection order.

Figure CPO.2: CPO and non-cohorts 2014-17, client key characteristics, by study period

Key characteristics
Age

Data type
● Number
○ Per cent

Study period
● Defining
○ Prospective
○ Retrospective



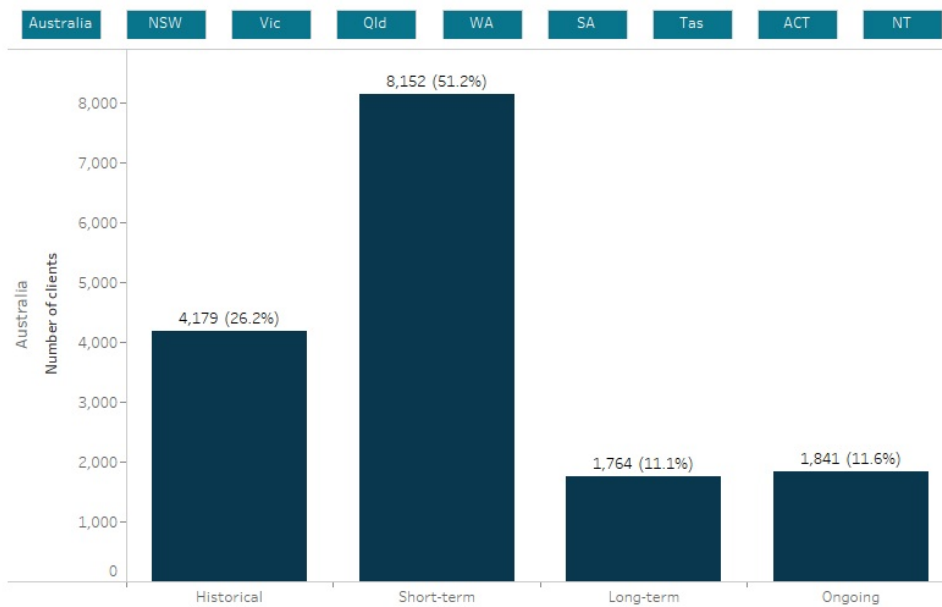
- Counts of clients with values of *No* include cases where the variable is not stated or unknown.
- Clients are counted as Indigenous or overseas-born if they are classified as such in any support period in the longitudinal data.
- Percentages are calculated using total clients within the cohort as the denominator (CPO cohort: 15,936, non-CPO cohort: 152,469). 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 2011-21, Table CPO1417.1.

Service engagement profiles

SHS support patterns of the CPO cohort over the entire longitudinal period (2011-21) were examined. Over half (8,200 or 51%) of the CPO cohort were short-term clients (they only received support in the defining period) (Figure CPO.3, Table CPO1417.1), with around one in ten ongoing clients (1,800 clients or 12%) having received services in the defining and prospective periods.

Figure CPO.3: CPO cohort 2014-17, service engagement profiles



Note: 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.

Source: AIHW analysis of SHS longitudinal data 2011-21, Table CPO1417.1.

Vulnerability pathways

Using data for the entire longitudinal period, CPO clients were assessed 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 3 study periods - the retrospective, defining and prospective periods (Figure CPO.4, Table CPO1417.1, Table CPO1417.3). For more information on the derivation of these vulnerabilities, see [Methodology](#).

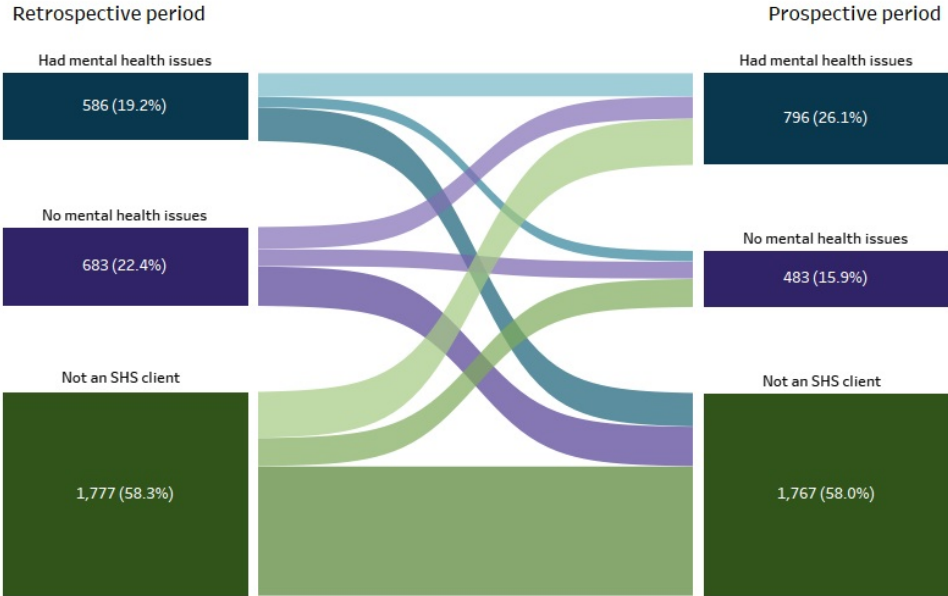
Over half (53%) of CPO clients (8,400) experienced family and domestic violence issues in the defining period. Of these, 1,800 (21% of clients with family and domestic violence issues in the defining period) had family and domestic violence issues in the retrospective period and were not SHS clients in the prospective period. Whereas 7% (590 clients) had family and domestic violence issues in all periods (defining, retrospective and prospective).

Figure CPO.4 shows vulnerability pathways for CPO clients experiencing FDV, with a mental health issue and/or with problematic drug/alcohol use.

Figure CPO.4: CPO cohort 2014-17, vulnerability pathways

- Choose a vulnerability
- Family and domestic violence
 - Mental health issues
 - Problematic drug/alcohol use

Of the CPO cohort clients, nationally there were 3,046 clients who had mental health issues during the defining period. The following figure shows the number who were SHS clients in the past (retrospective) or future (prospective) and the presence/absence of the selected vulnerability.



Notes

1. Percentages are calculated using total clients who experienced the selected vulnerability in the defining period as the denominator (3,046).
2. The defining study period covered 36 months from the first day of their first support period during 2014–17. The retrospective period for this cohort was 36 months (that is, the 36 months before the first day of the client’s first support period in 2014–17). The prospective study period for each client ranged for the 36 months after the defining period ended.

Source: AIHW analysis of SHS longitudinal data 2011–21, Table CPO1417.3.

SHS services needed by CPO cohort clients

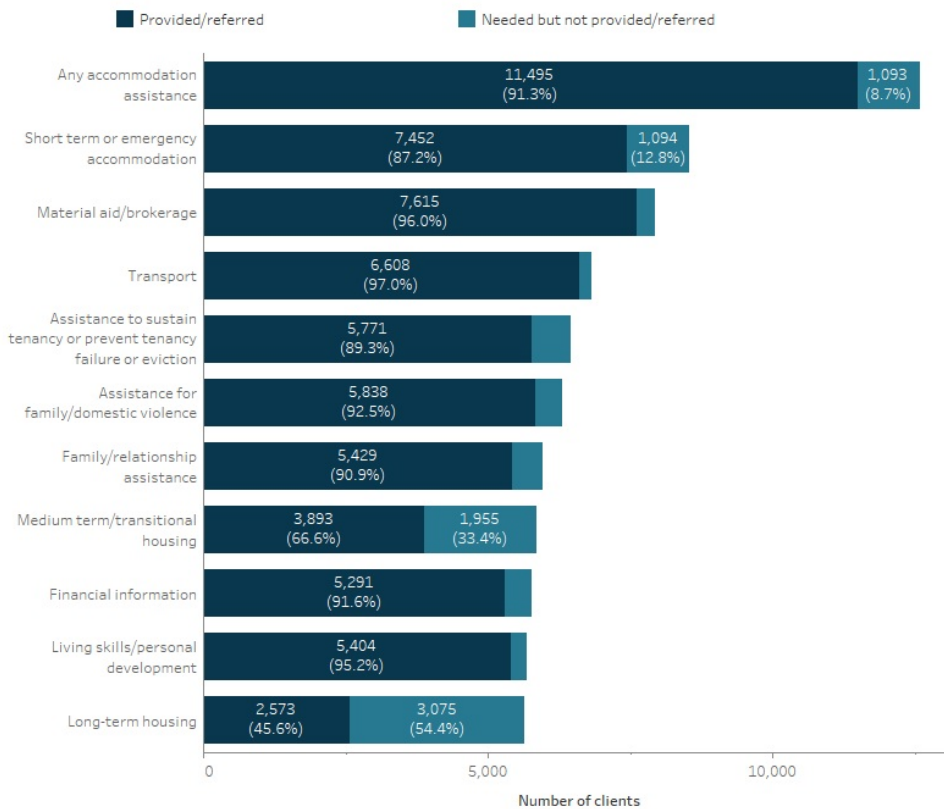
The need for, and provision/referral of, SHS services was examined for the CPO cohort clients in the retrospective, defining and prospective study periods; aggregation is based on services needed or provided/referred in support periods that commenced within each study period only.

Patterns of service need were similar for CPO clients across the 3 study periods. For example, the proportion of clients with a need for accommodation assistance (all forms) was similar at around 80% in all 3 study periods (Figure CPO.5, Table CPO1417.1, Table CPO1417.4), with provision ranging from 82% in the prospective period to 89% to 91% in the retrospective and defining periods.

Among clients who received support in the retrospective period, 46% (2,700 clients) needed assistance for family/domestic violence services (94% were provided or referred this service). In the defining period, 40% (6,300) needed family/domestic violence assistance, 93% were provided or referred this service.

Figure CPO.5: CPO cohort 2014-17, select top 10 services and assistance needed and service provision status by study period

Study period
 ● Defining
 ○ Prospective
 ○ Retrospective



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 2011-21, Table CPO1417.4.

Most CPO cohort clients who received support in the defining period needed general support services such as advice/information (86%), other basic assistance (76%) and advocacy/liaison on behalf of client (67%). Almost all (around 99%) of these clients were provided these services or referred to another agency.

- The other services most needed by the 15,900 CPO cohort clients were (Table CPO1417.4):
- short term or emergency accommodation, 8,500 clients in the defining period; 87% of these clients were either provided with this assistance or referred to another agency for the support
 - material aid/brokerage, 7,900 clients in the defining period; 96% of clients provided/referred
 - transport, 6,800 clients in the defining period; 97% provided/referred
 - assistance to sustain tenancy or prevent tenancy failure or eviction, 6,500 clients in the defining period; 89% provided/referred.

How the CPO cohort compares with a non-CPO cohort

In 2014-17, compared with the non-CPO cohort, CPO clients were (Figure CPO.2, Table CPO1417.1):

- more likely to have had 3 or more support periods in the defining period (30% compared with 21% in the non-CPO cohort)
- more likely to have experienced homelessness (67% compared with 55%), including having been a couch surfer (36% compared with 30%), and were more likely to have received accommodation (54% compared with 43%)
- more likely to have received support in either the 36-month retrospective period (37% compared with 12%) or the prospective period (23% compared with 16%)
- the groups were equally likely to have experienced FDV (around 53% compared with 51%) but CPO clients were more likely to have had problematic drug or alcohol issues (8.6% compared with 4.1%) or mental health issues (19% compared with 13%).

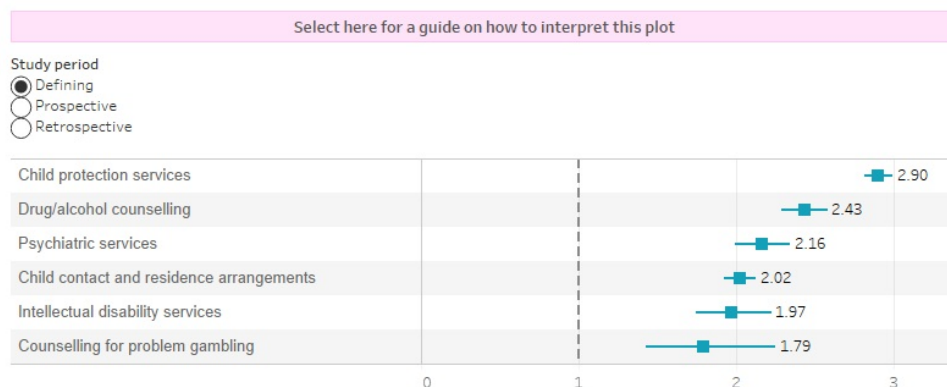
How did service needs differ?

The services needed by CPO and non-CPO clients were examined using relative risk, calculated by dividing the risk of an event occurring for one group (specifically, service need for each service type separately for CPO clients) by the risk of an event occurring for another group (service need for non-CPO clients).

CPO clients were 2.9 times more likely to require services relating to child protection than non-CPO clients in the defining period (Figure CPO.6; Table CPO1417.5).

CPO clients were 2.4 times more likely to need drug/alcohol counselling and 2.2 times more likely to require psychiatric services than non-CPO clients in the defining study period.

Figure CPO.6: Relative risk of needing a SHS service, CPO and non-CPO clients, by study period, 2014-17



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 2011-21, Table CPO1417.5.

In the defining period, CPO cohort clients were more likely than non-CPO cohort clients to need the following services (Table CPO1417.5):

- *Child protection services* (RR 2.90)
- *Drug/alcohol counselling* (RR 2.43)
- *Psychiatric services* (RR 2.16)
- *Child contact and residence arrangements* (RR 2.02)
- *Intellectual disability services* (RR 1.97)
- *Counselling for problem gambling* (RR 1.79)

In the defining period, compared to non-CPO cohort clients, CPO cohort clients had less need for (Table CPO1417.5):

- *Interpreter services* (RR 0.54)
- *Long-term housing* (RR 0.91)

Factors associated with SHS service use

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 is 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.

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; Figure CPO.7). The models are descriptive, that is, they are intended to describe the client variables that are associated with past or 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 on Relative Risk for how to interpret the results).

Some bias is present in this outcome measure because some clients who required services in the future may not have been able to receive them (see the section on Bias within the SHSC longitudinal data).

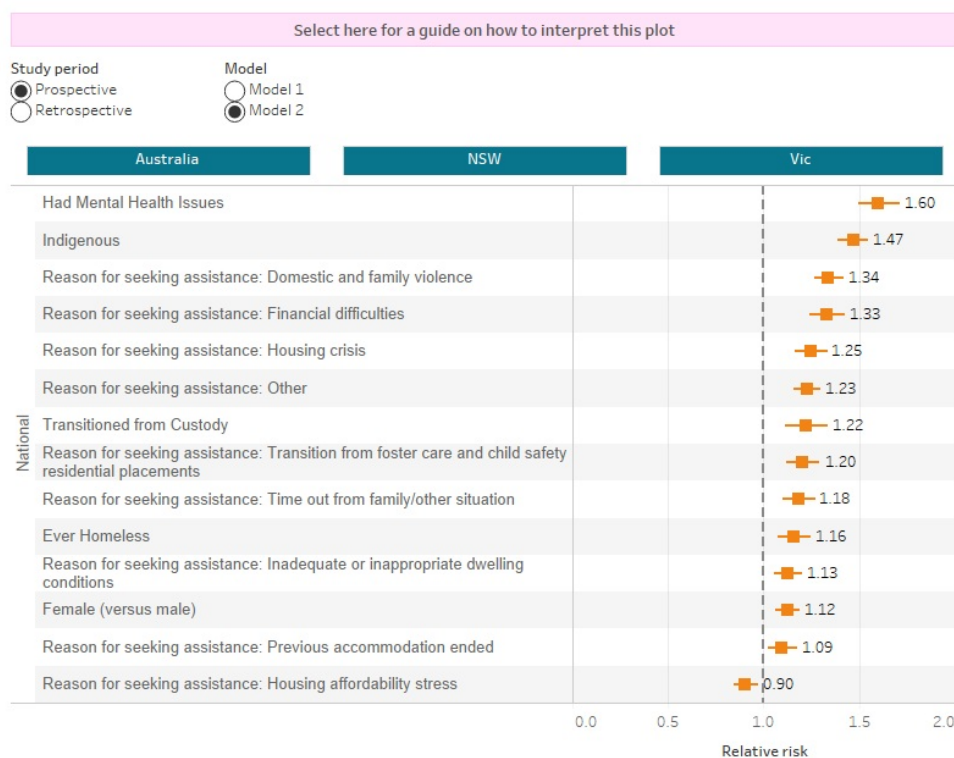
The results from the client characteristic model (Model 1) demonstrates having a mental health issue in the study period had the greatest association with future SHS support (Figure CPO.7). Nationally, children that had mental health issues were 79% more likely to receive SHS support into the future.

Being an Indigenous Australian also had a strong association with future support (48% greater likelihood in the national model). This may be in part due to the social and economic disadvantages faced by Indigenous Australians and a higher prevalence of health risk factors (POA 2004, AIHW 2020).

Other factors associated with an increased likelihood of ongoing SHS support include, having experienced FDV (39% more likely) or experiencing homelessness (34%). Transitioning from custody in at least one support period (28%), presenting after leaving care (20%) and having problematic drug or alcohol issues (17%) were also associated with ongoing SHS support.

The reasons model (Model 2) demonstrates that having domestic and family violence as a reason for seeking assistance was associated with an increased likelihood of ongoing SHS support (34% greater likelihood in the national data). Financial difficulties as a reason for seeking assistance was also associated with ongoing support (33% greater likelihood).

Figure CPO.7: Relative risk for use of SHS services (CPO cohort 2014-17)



Notes

1. Apart from *overseas-born* and *Indigenous*, all other parameters capture whether a client ever experienced that situation in the defining period (for example, *homeless* captures whether the client was homeless at any time during a support period in the defining study period).
2. *Not employed* means unemployed or not in the labour force.
3. *Presented with child(ren)* means that the client started at least one support period in the defining study period with one or more children.
4. *Model 1* contains client characteristics and experiences in the defining period, *Model 2* contains client characteristics and also the reasons for seeking support in the defining study period.

Source: AIHW analysis of SHS longitudinal data 2011-21, Table CPO1417.6.

[See technical notes](#)

Summary

Nearly 16,000 children receiving support from specialist homelessness services in 2014-17 were included in the child protection cohort; over half were aged 0 to 9 years.

Compared with children who were not on care and protection orders and who received support from SHS agencies in 2014-17, those on care and protection orders were more likely to have 3 or more support periods, to have been homeless and to have received accommodation support. CPO clients were also 3 times more likely than non-CPO clients to have received SHS support in the past.

Among CPO clients, future SHS support was associated with mental health issues, being Indigenous and having experienced FDV.

References

AIHW (2021) [Specialist homelessness services annual report 2020-21](#), AIHW, Canberra.

AIHW (2020) [Health risk factors among Indigenous Australians](#). Australia's health 2020: snapshots. Australia's health series no. 17 Cat. no. AUS 232. Canberra: AIHW.

POA (Parliament of Australia) (2004) [A hand up not a hand out: Renewing the fight against poverty](#). Report on Poverty and Financial Hardship. Canberra: Senate Community Affairs Reference Committee.

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