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Connecting What Frontline Workers Know to Tangible Evidence: Examples of What De-Identified Linked Data Can Help Us Understand

Jessica Dobrovic

May 2026

BetterStart Group

BETTER EVIDENCE.
BETTER OUTCOMES.
BETTER STARTS.

We respectfully acknowledge the Kaurna, Boandik, and Barngarla First Nations Peoples and their elders past and present who are Traditional Owners of the lands that are home to our campuses across South Australia.

We also acknowledge the other First Nations of lands across Australia with which we conduct business, their Elders, ancestors, cultures and heritage.

Sovereignty of these lands has never been ceded. It always was and always will be, Aboriginal land.

We are committed to social justice and equity.

We would also like to extend our respect to any First Nations people here today

About us

BetterStart Group

- BetterStart Group is an interdisciplinary team with backgrounds in epidemiology, public heath, psychology, and social work.

- BetterStart Group is co-directed by Associate Professor Rhiannon Pilkington, Alicia Montgomerie, Associate Professor Catia Malvaso, and Professor John Lynch.

- Our expertise spans the first 1000 days, early childhood education and care, child maltreatment, justice systems, housing and homelessness, mental health, substance misuse, domestic, family and sexual violence, and social, health and economic inequalities.

- Our aim is to generate evidence that is useful to inform policy and practice and that can improve health and wellbeing of children, young people, families, and communities.

- We have extensive experience of partnering with the government and non-government sectors using our data platforms to inform policy, practice, service delivery and system improvement.

POPULATION PATTERNS

- Incidence, Prevalence
- Pathways

INTERVENTION INNOVATION

- Effectiveness evaluation
- Quasi-experimental studies using administrative data
- Pragmatic randomised controlled trials

PRIORITY POPULATIONS

- Understand service contact patterns
- Estimate levels of need

SERVICE DESIGN

- Social Impact Bonds
- Pay by outcomes
- Targeting contracted services

RISK STRATIFICATION

- Aligning services to needs
- Multivariable risk prediction

SERVICE SYSTEMS

- Service delivery patterns
- Identifying characteristics of frequent service users

DATA ENHANCEMENT

- Informing better data collection systems and practices

RETURN DATA TO SOURCE

- Engaging stakeholders with relevant data insights

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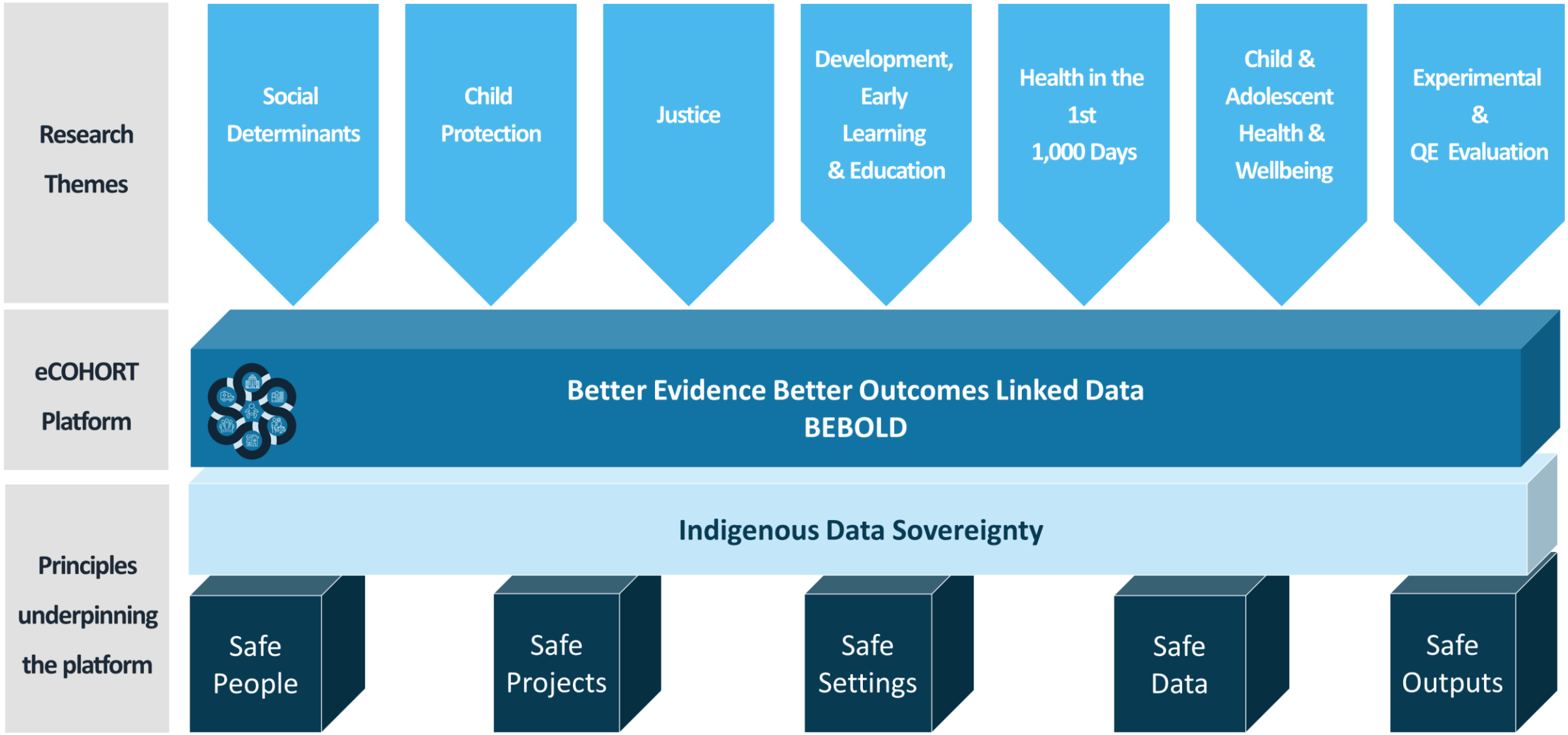

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OUR MOTTO:

Try to be useful

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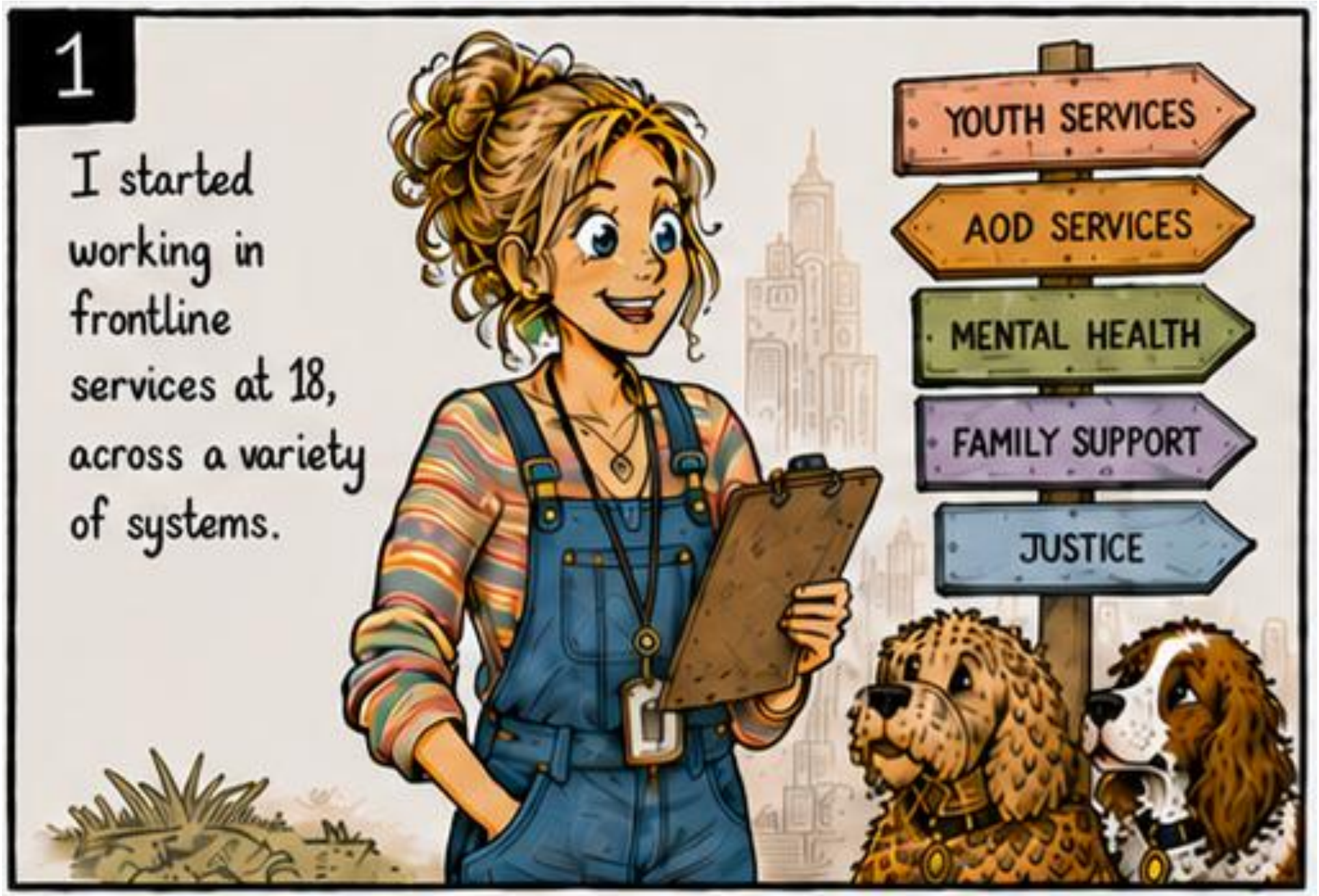
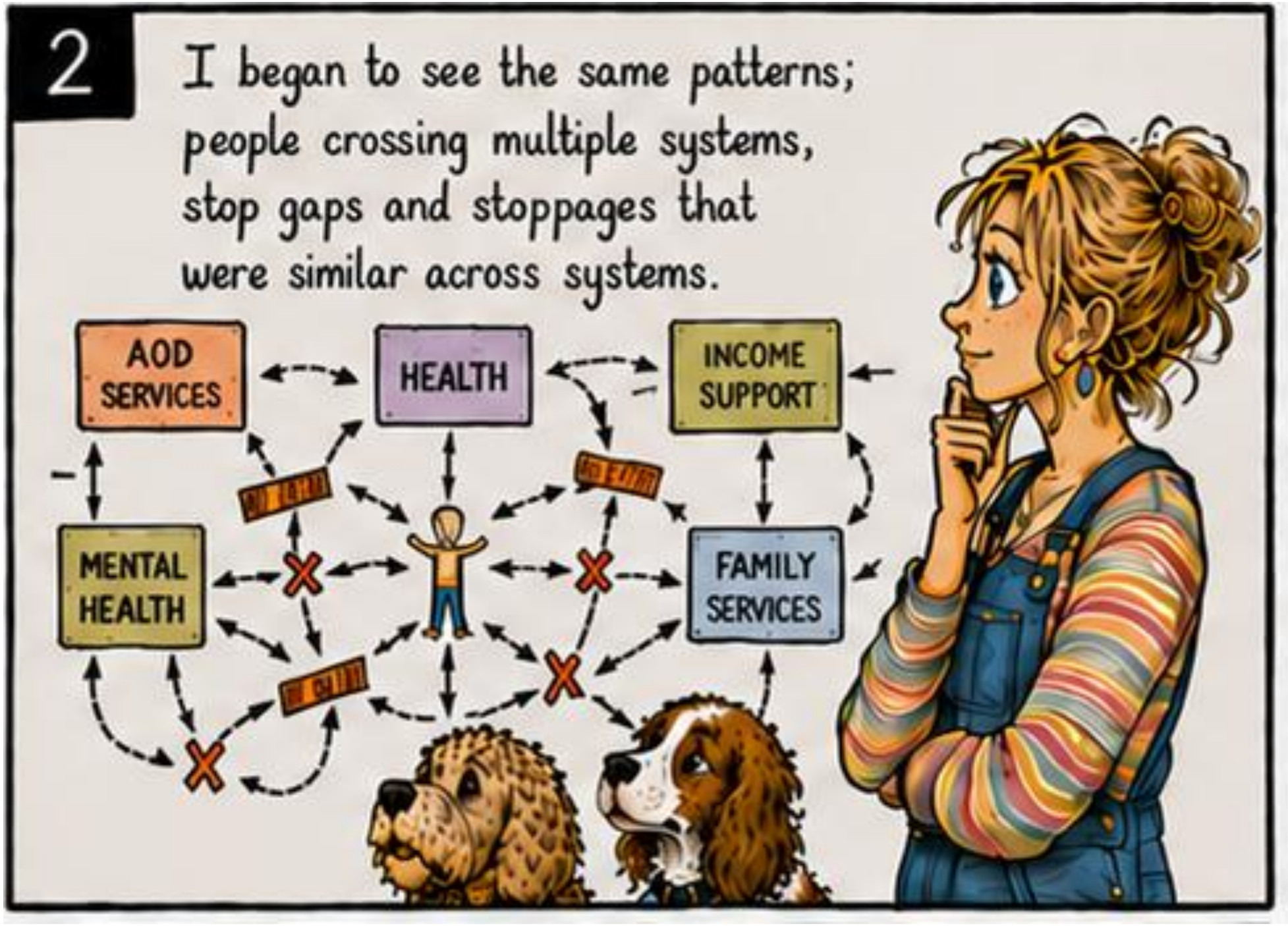
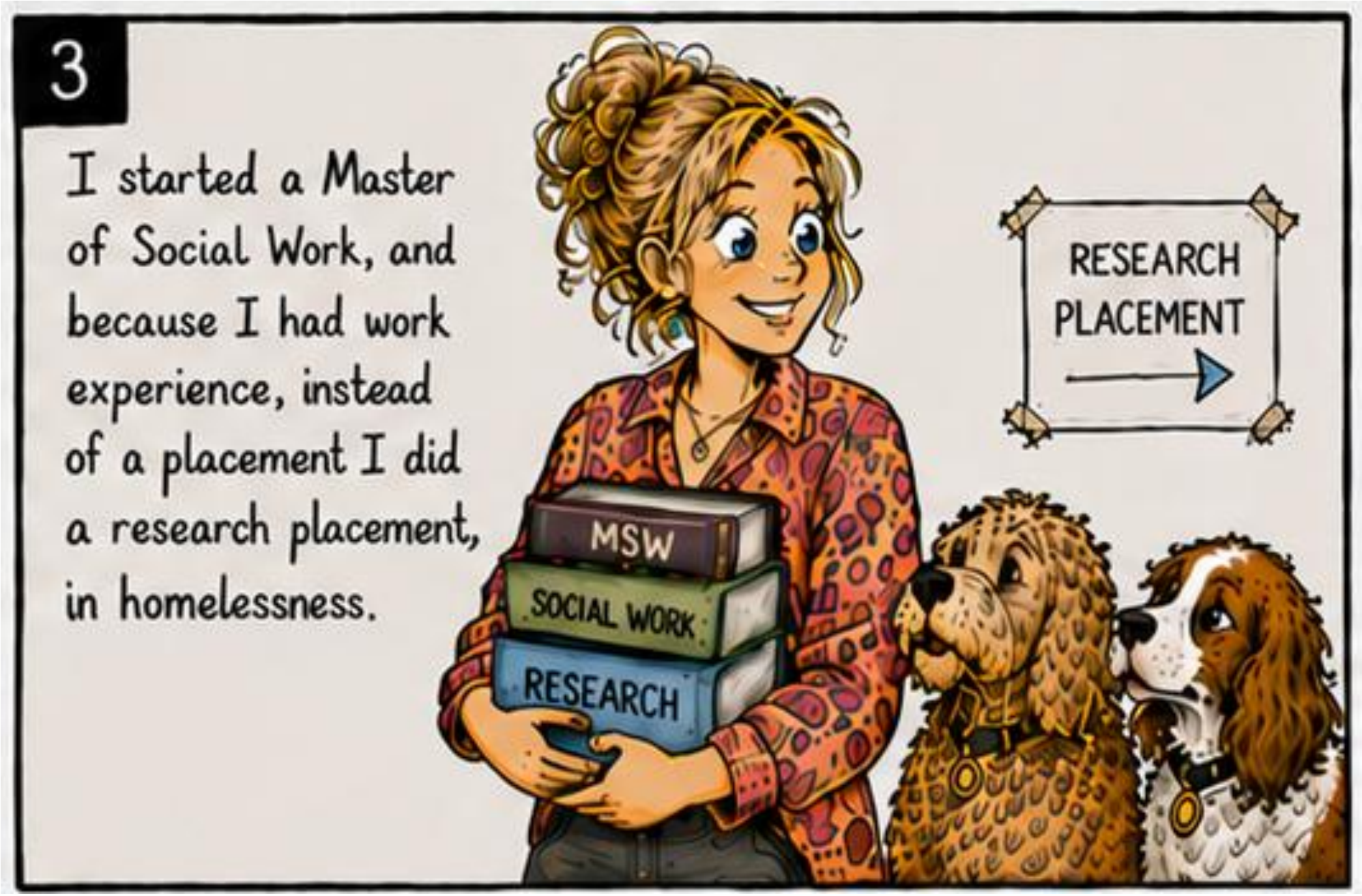
HOW I GOT HERE

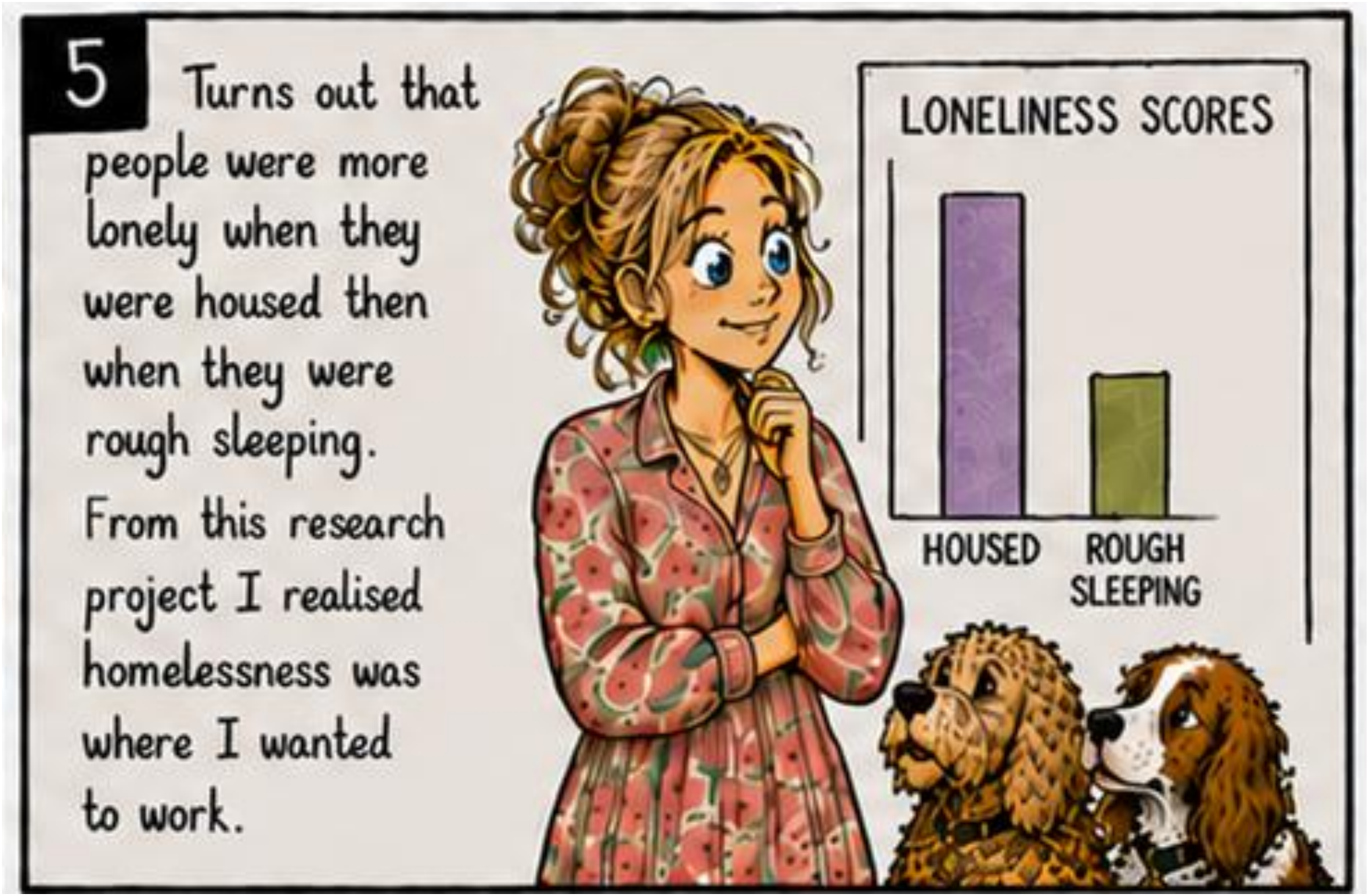



2
I began to see the same patterns;
people crossing multiple systems,
stop gaps and stoppages that
were similar across systems.
AOD SERVICES
HEALTH
INCOME SUPPORT
MENTAL HEALTH
FAMILY SERVICES

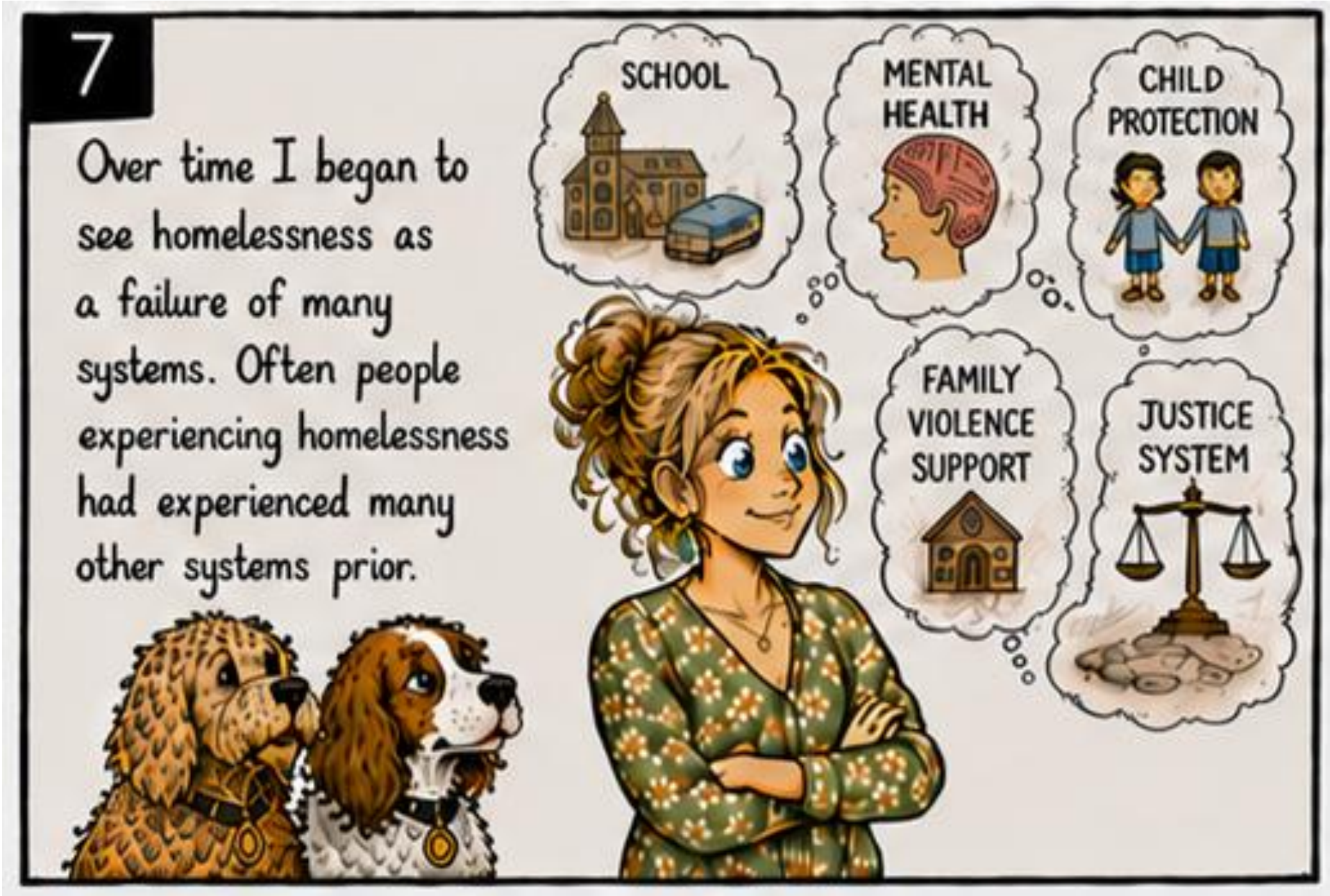
HOW I GOT HERE



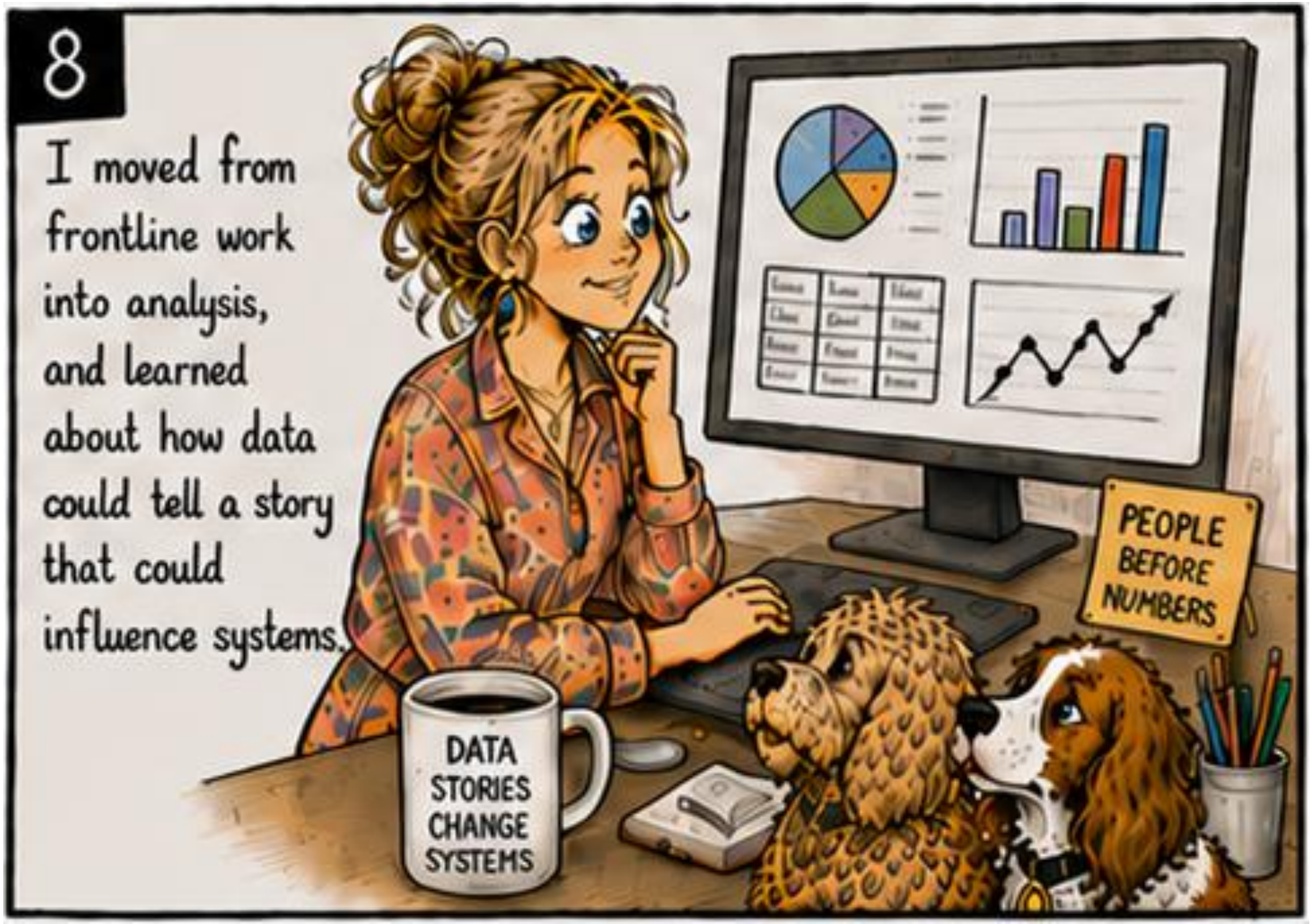

4
I spoke to people experiencing rough sleeping about loneliness (using a Canadian assessment tool).


5
Turns out that people were more lonely when they were housed then when they were rough sleeping.
From this research project I realised homelessness was where I wanted to work.
LONELINESS SCORES
HOUSED
ROUGH SLEEPING


6
I left a permanent job to start a pilot project supporting women experiencing homelessness to find employment.
PILOT PROJECT: SUPPORTING WOMEN EXPERIENCING HOMELESSNESS TO FIND EMPLOYMENT

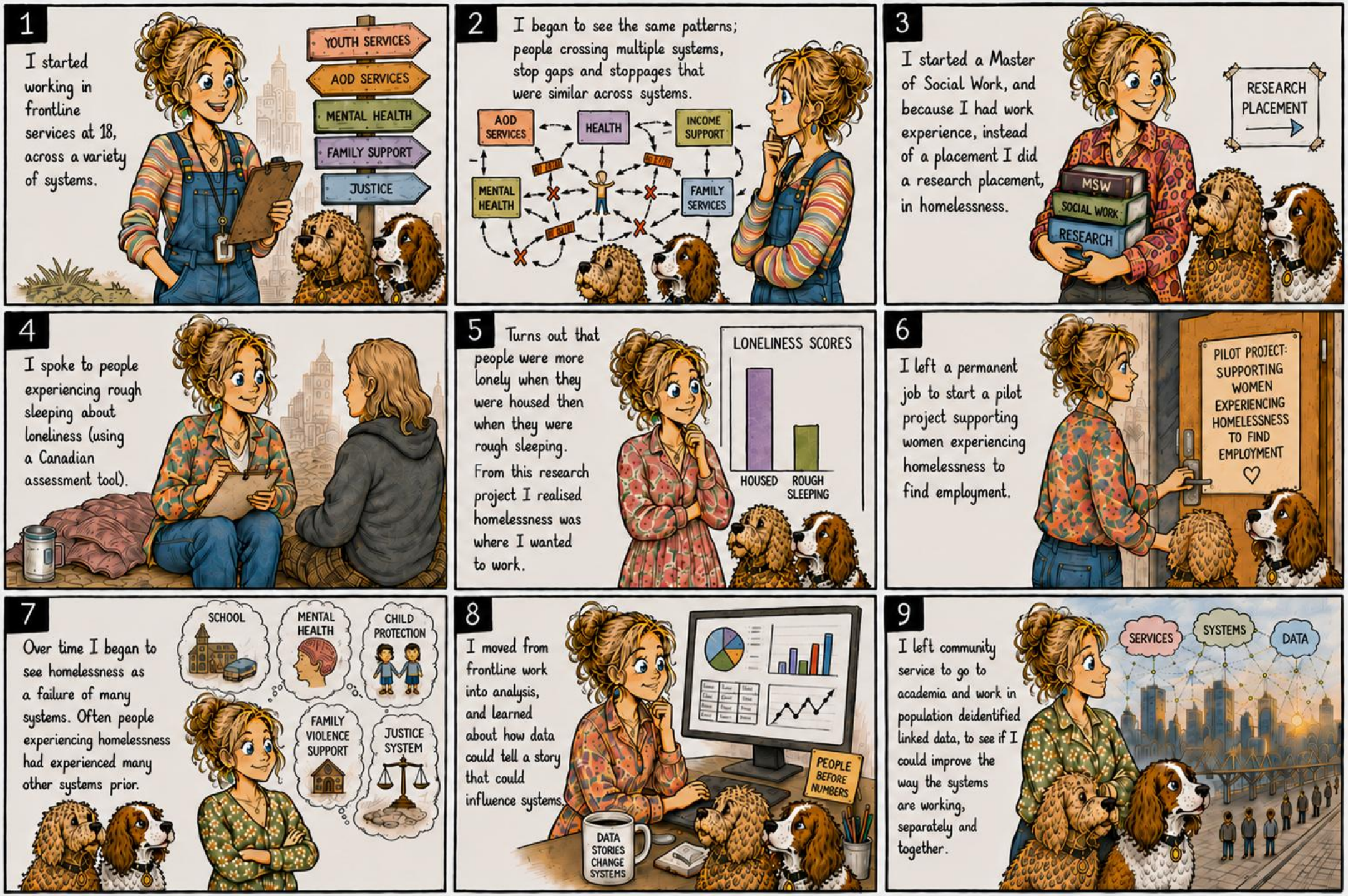

7
Over time I began to see homelessness as a failure of many systems. Often people experiencing homelessness had experienced many other systems prior.
SCHOOL
MENTAL HEALTH
CHILD PROTECTION
FAMILY VIOLENCE SUPPORT
JUSTICE SYSTEM

HOW I GOT HERE

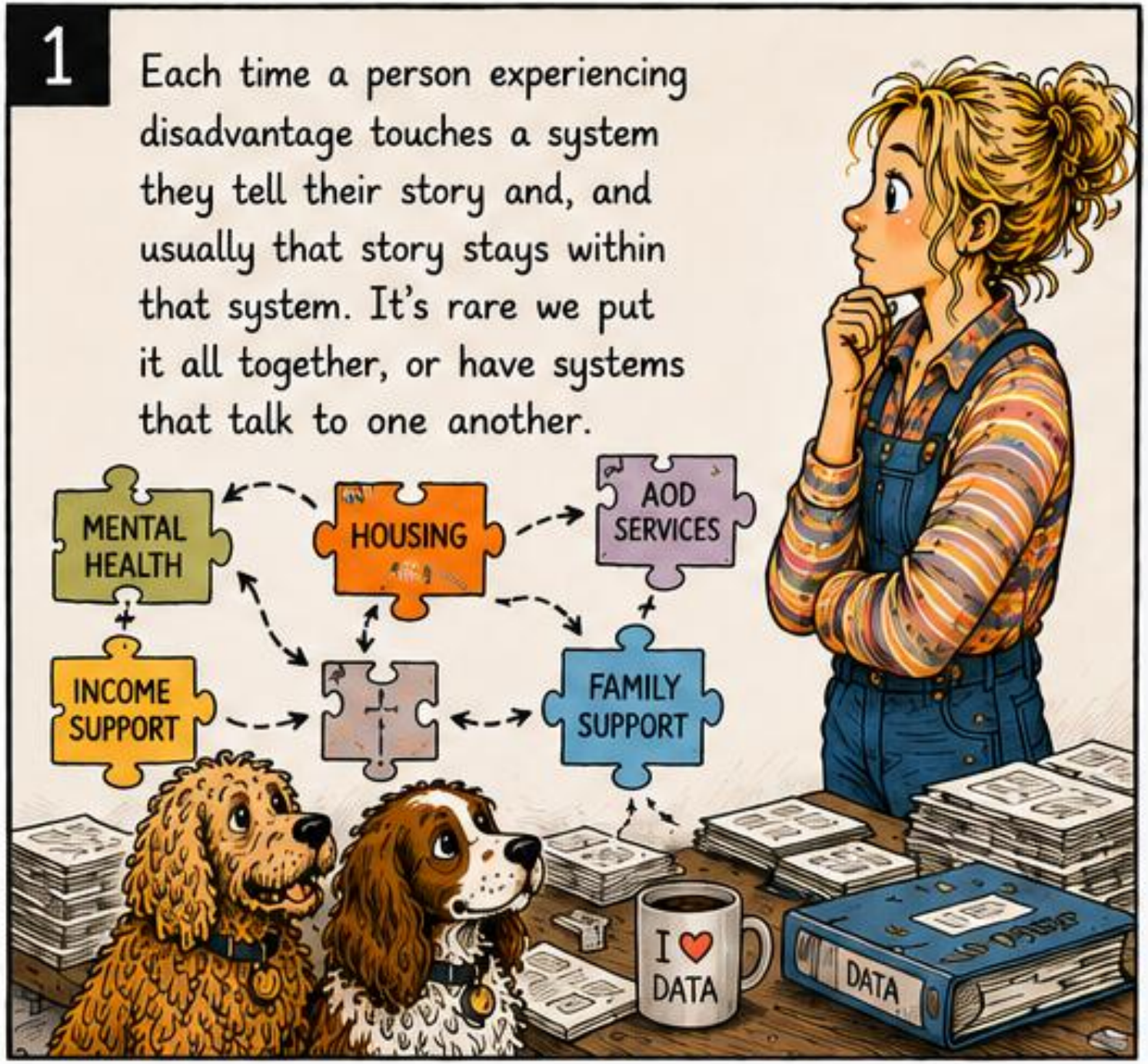


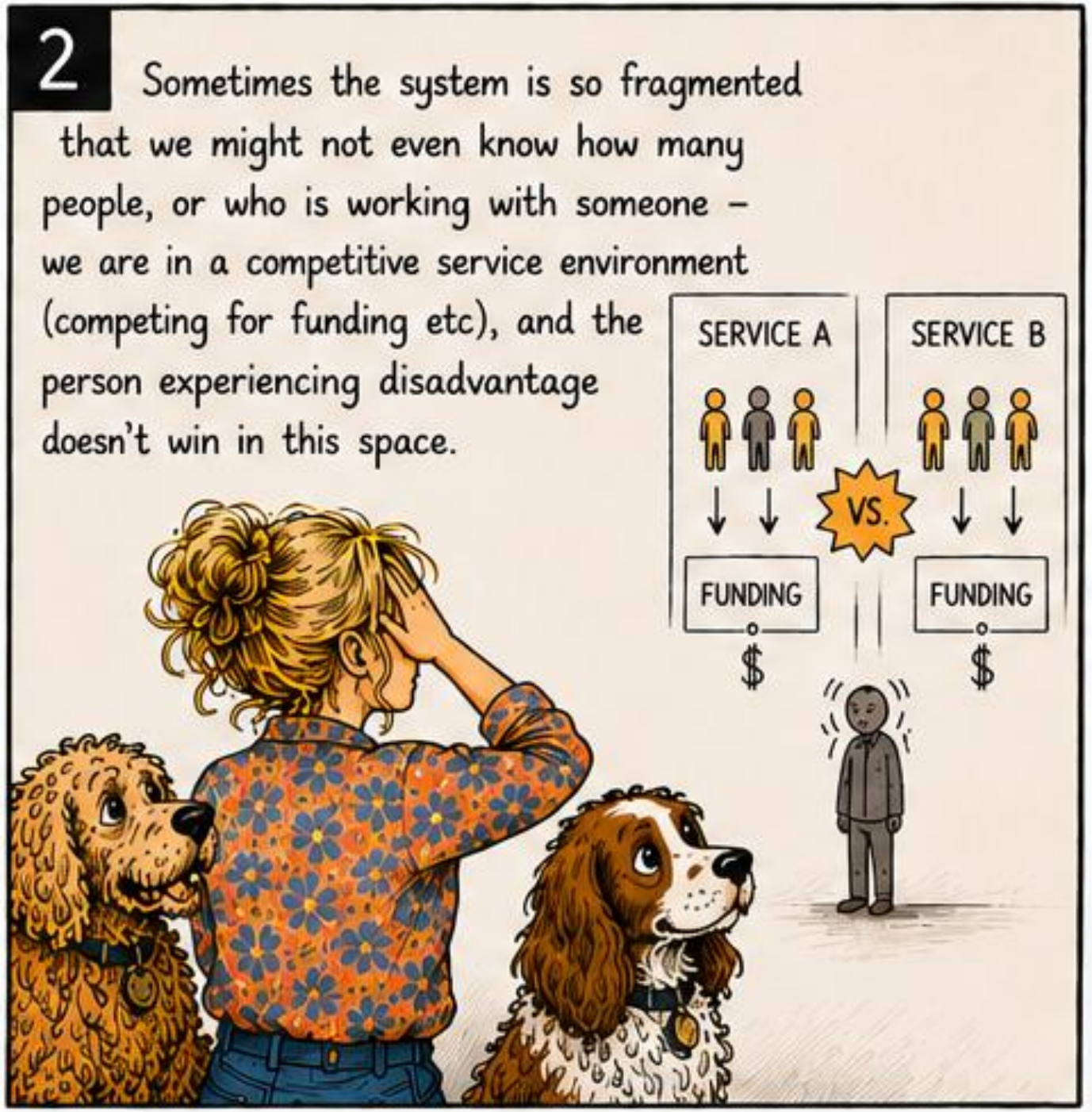

9
I left community service to go to academia and work in population deidentified linked data, to see if I could improve the way the systems are working, separately and together.
SERVICES
SYSTEMS
DATA

HOW I GOT HERE



WHY DOES DATA MATTER?




2
Sometimes the system is so fragmented that we might not even know how many people, or who is working with someone – we are in a competitive service environment (competing for funding etc), and the person experiencing disadvantage doesn't win in this space.
SERVICE A
SERVICE B
VS.
FUNDING
FUNDING
$
$


3.
By the time people reach homelessness systems, they've often had to tell their story so many times it stops sounding like theirs, or it starts to feel like a misaligned relationship (I'm giving you all of my information, but I'm not being supported and have fallen through the systems).
TELL YOUR STORY...
INTAKE FORM
INTAKE FORM
ASSESSMENT
ELIGIBILITY CHECK
I ♥ DATA

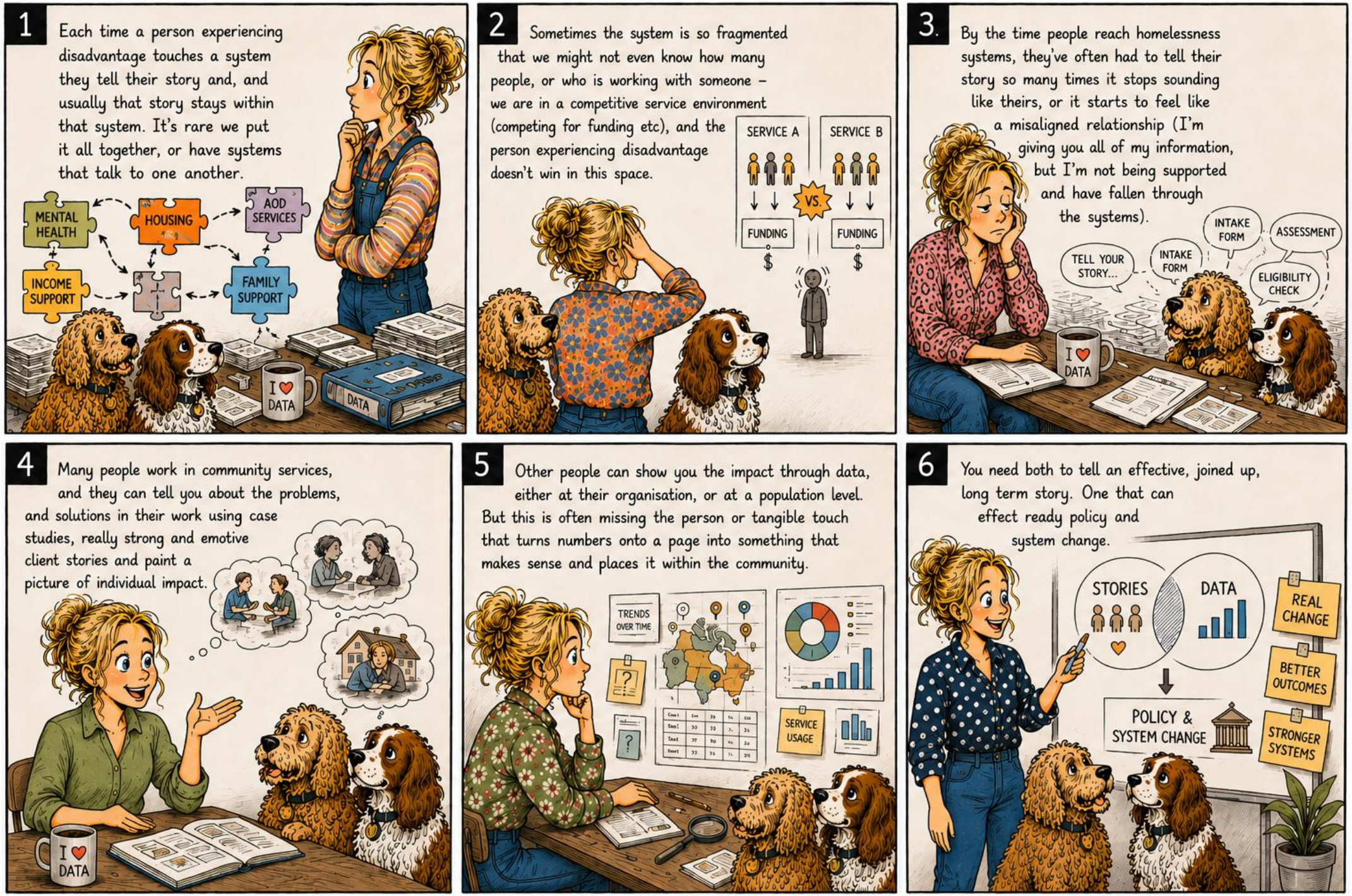
WHY DOES DATA MATTER?

5

Other people can show you the impact through data, either at their organisation, or at a population level. But this is often missing the person or tangible touch that turns numbers onto a page into something that makes sense and places it within the community.


6
You need both to tell an effective, joined up, long term story. One that can effect ready policy and system change.
STORIES
DATA
POLICY & SYSTEM CHANGE
REAL CHANGE
BETTER OUTCOMES
STRONGER SYSTEMS

WHY DOES DATA MATTER?



Meme example

DATA

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BETTER EVIDENCE. BETTER OUTCOMES. BETTER STARTS.

THE UNIVERSITY of ADELAIDE
SCHOOL OF PUBLIC HEALTH

Meme example

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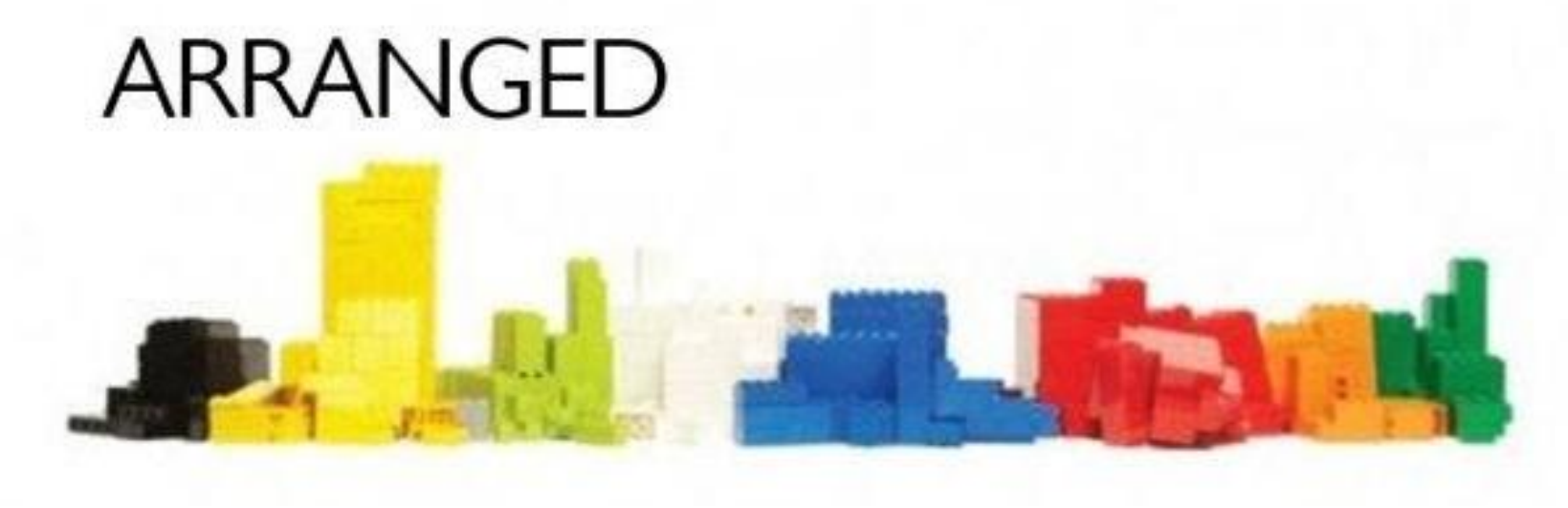

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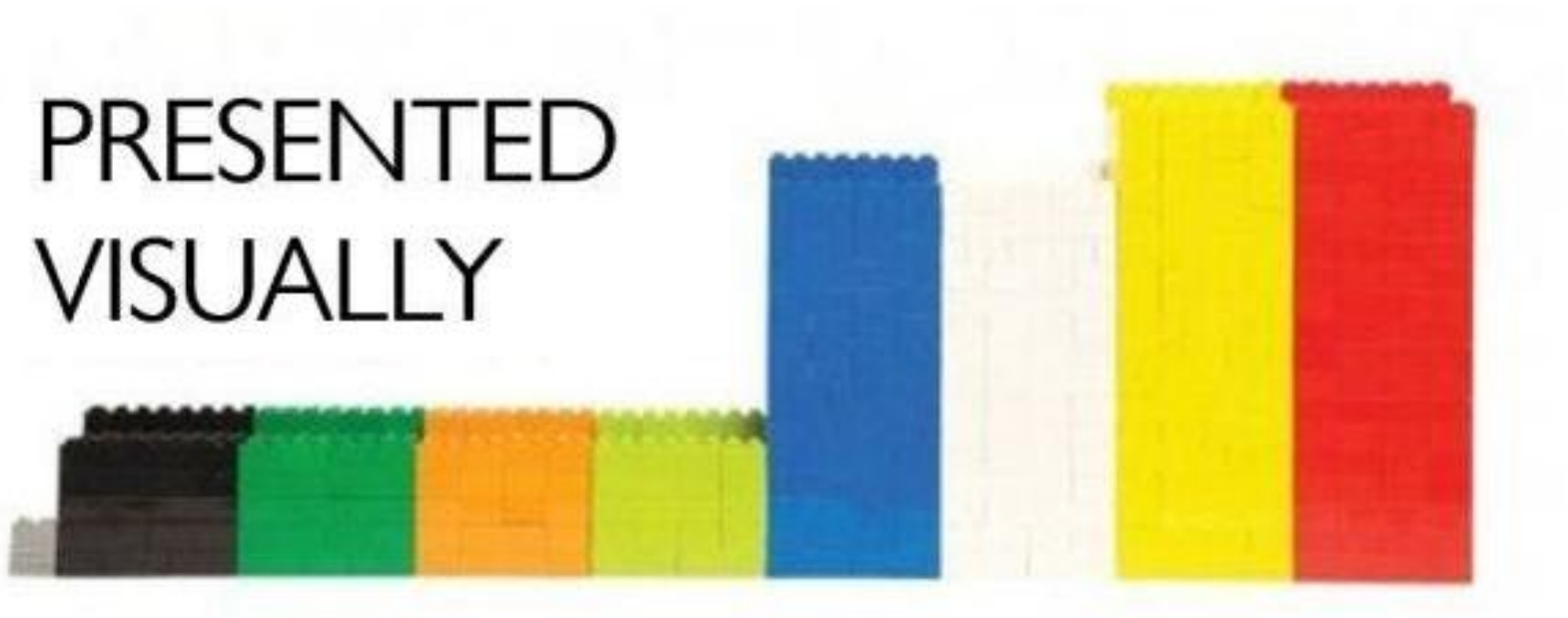
Meme example



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MEME EXAMPLE

EXPLAINED WITH A STORY

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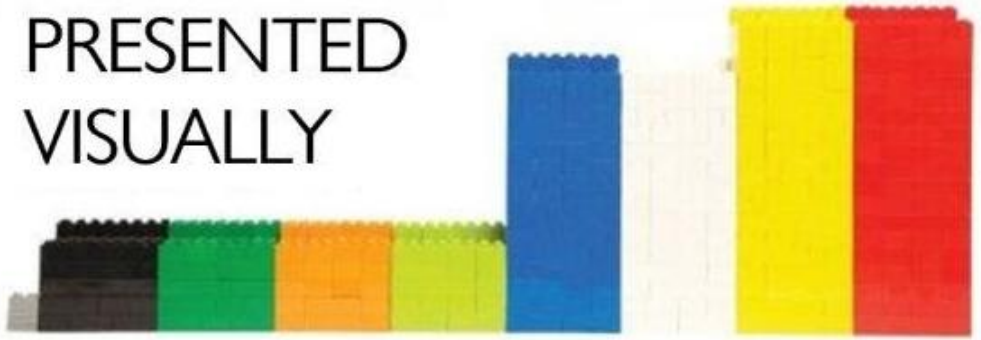
Meme example

DATA

SORTED

ARRANGED

PRESENTED VISUALLY



EXPLAINED WITH A STORY

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OUR DATA

The South Australian BEBOLD platform – started in 2011

And a bit a of governance

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BETTER EVIDENCE.
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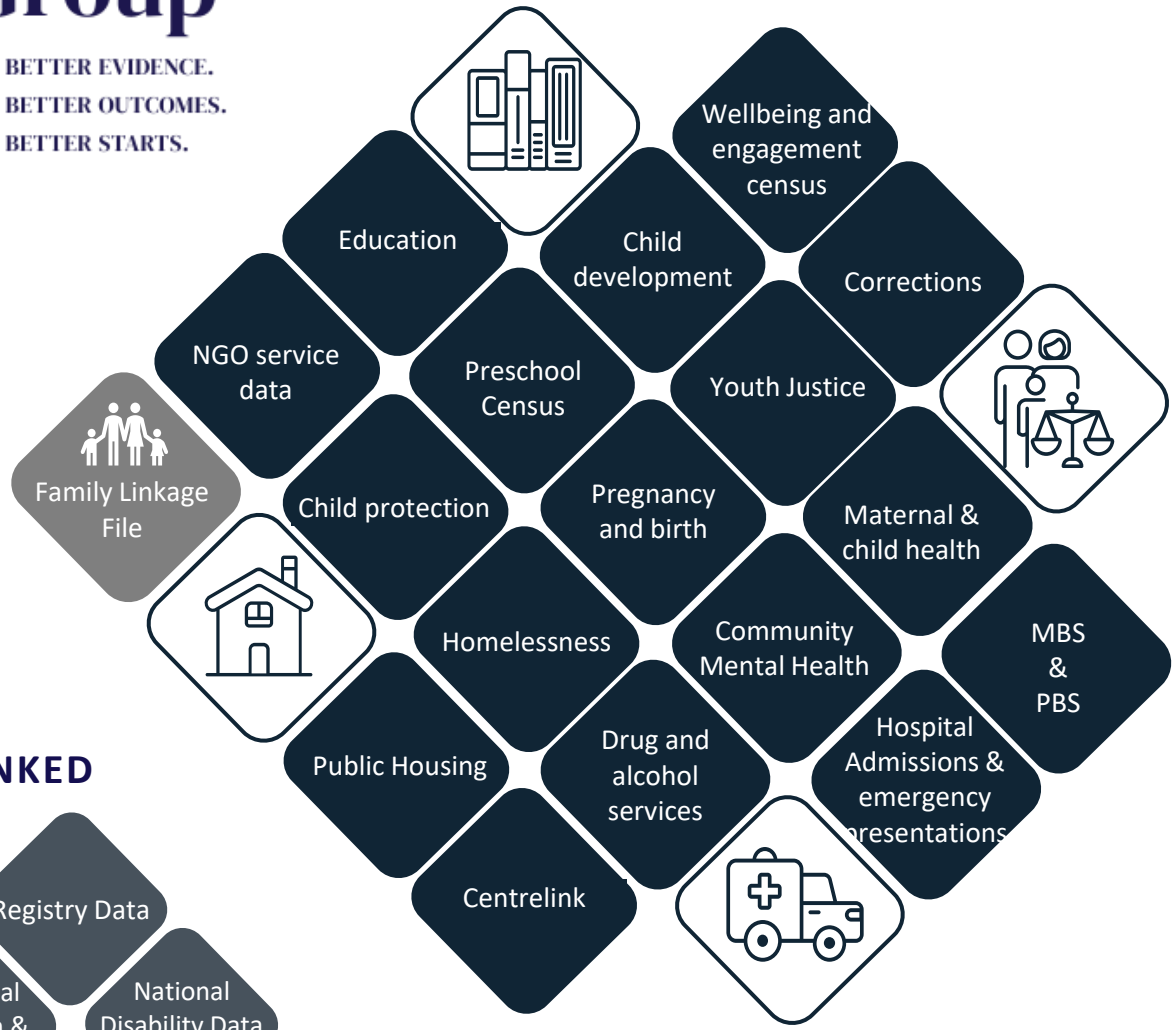

TO BE LINKED

SA BEBOLD PLATFORM

- De-identified linked data
- All birth cohorts from 1991 born or living in SA
- 1.5 million individuals including children, siblings and parents
- ~ 20,000 Aboriginal and Torres Strait Islander children
- ~ 75,000-100,000 CALD children
- Enduring and updatable data asset
- Continuous engagement with data custodians, ethics committees and community
- A public good asset

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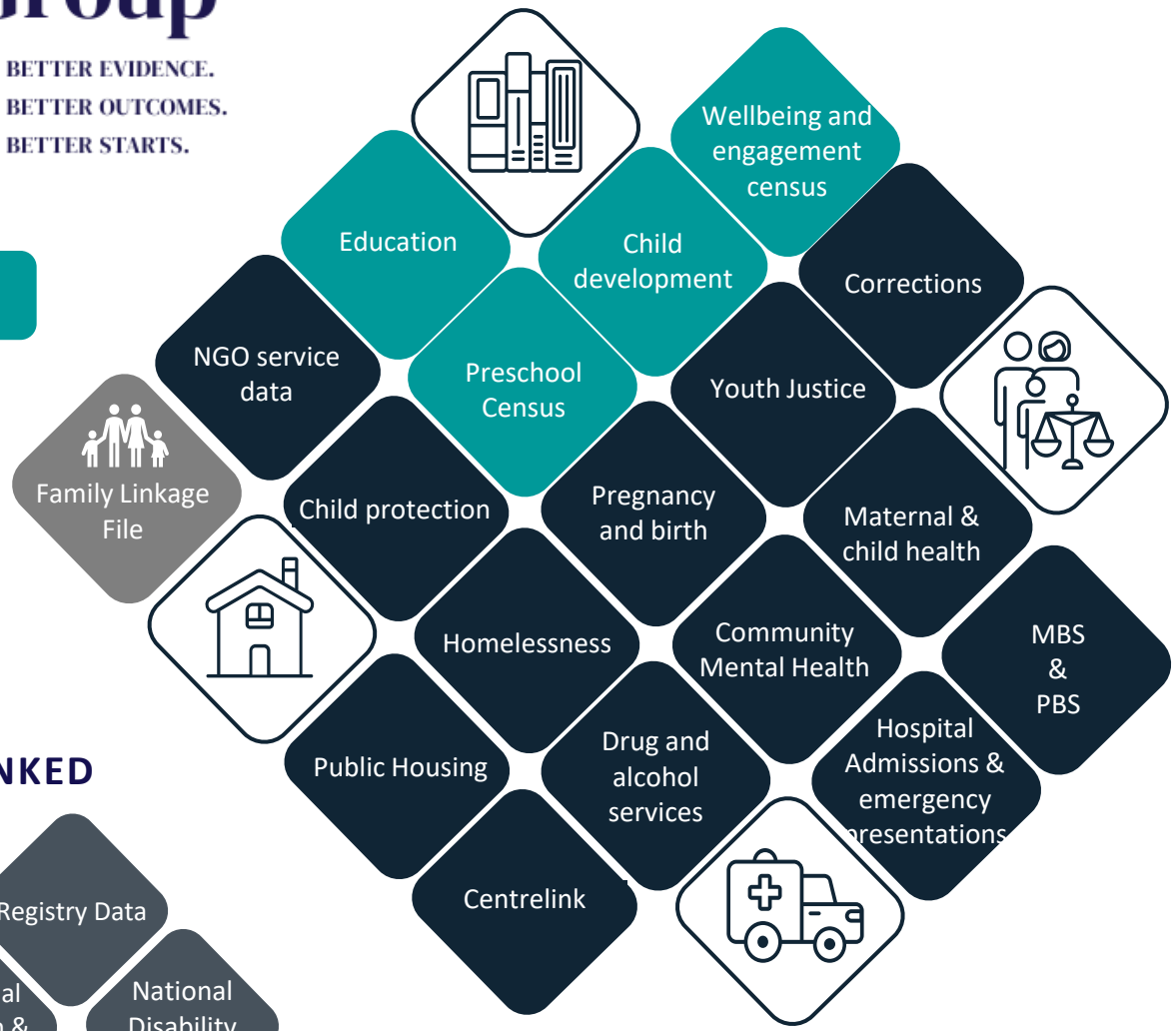
BETTER EVIDENCE.
BETTER OUTCOMES.
BETTER STARTS.

Education



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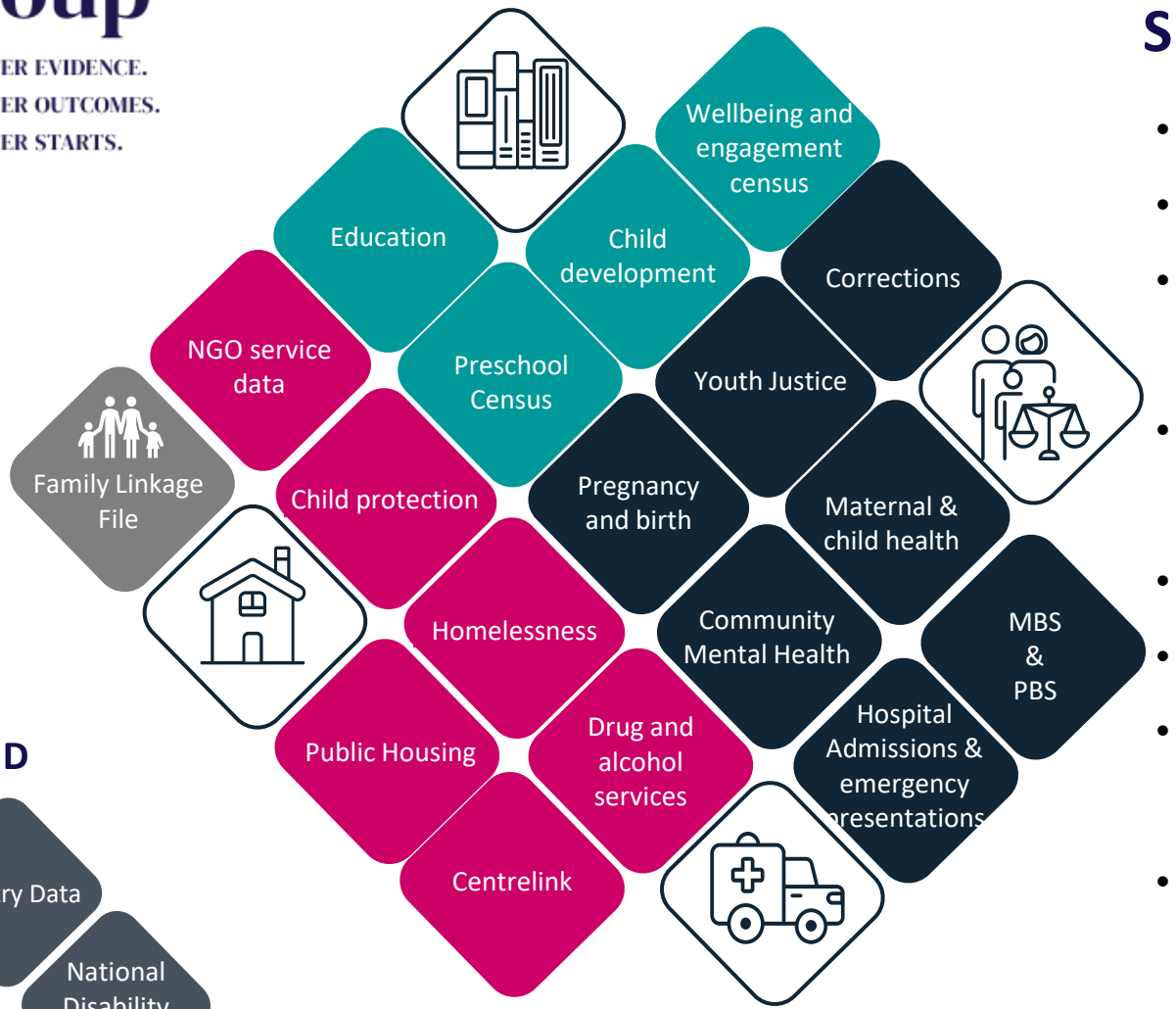
Education

Human/ Social Services



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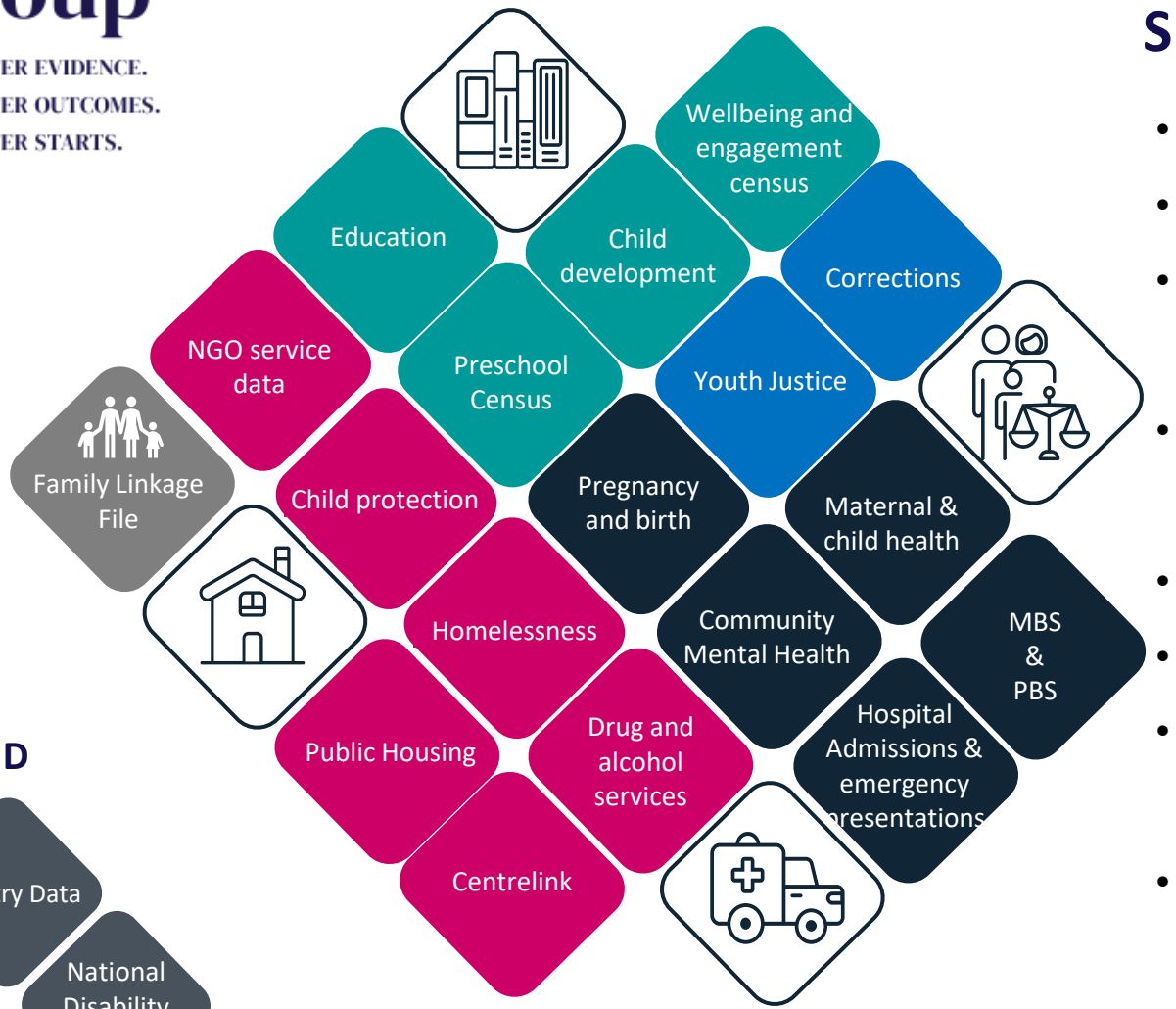
Education

Human/ Social Services

Justice



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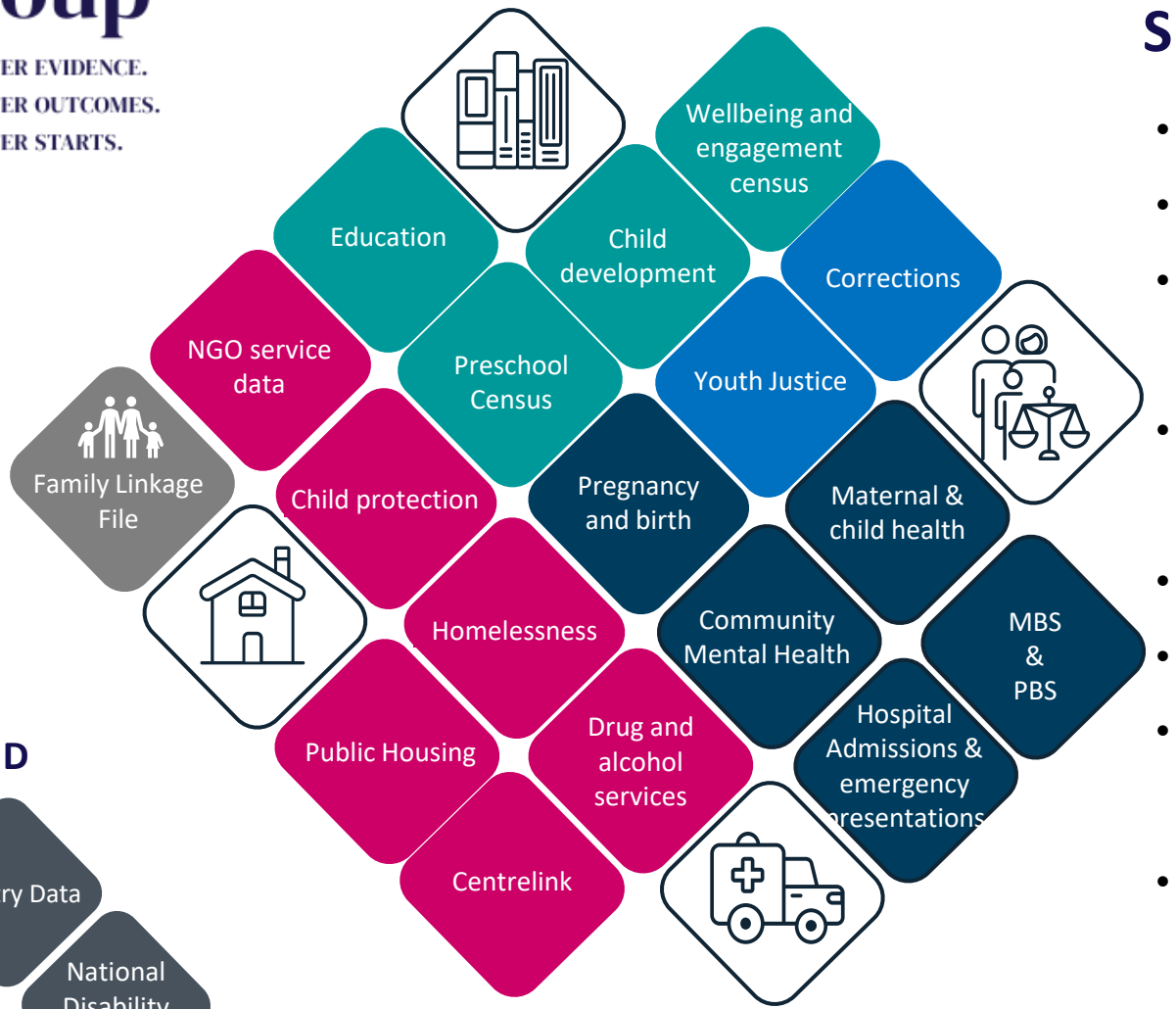

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Applications of this platform with homelessness services

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BETTER OUTCOMES.
BETTER STARTS.

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Our team was funded to partner with community organisations under three broad areas –

We can leverage the BEBOLD platform to investigate:

1. Opportunities to scale existing programs, or propose new interventions
   - What are the characteristics of clients or a priority population?
   - How many people in the broader South Australian population have similar characteristics to the clients you are working with, or to a proposed priority population?

2. Building capabilities to understand individuals accessing organisation services
   - What are the characteristics of clients accessing a program of interest?
   - What is the pattern of co-occurring conditions experienced by clients (e.g. history of out-of-home care, mental health, and drug and alcohol, and domestic and family violence) ?
   - What government services do they access prior to

3. Investigating longer-term outcomes/impact of a program
   - What happens to clients after they leave the program? Are they better off than if they didn't receive any support? Are they better off than if they received support from a comparison program?

Terminology moment!

Example 1

Exploring evidence to scale a long-term homelessness support program from the metro to a rural area.

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Purpose of the study

A homelessness service, providing up to three years of intensive case management for people experiencing chronic homelessness, was seeking to build an evidence base to support the potential expansion of its service delivery model to the Riverland region of South Australia.

This analysis explored the extent to which populations experiencing homelessness in the Riverland align with the program's eligibility criteria, providing insight into the scalability of the model in a rural context.

It also examined patterns of contact with justice, child protection and health systems across metropolitan and Riverland, and an area-level comparison group (ALDC) to better understand differences in service needs and system interactions.

Populations

Program Group: Individuals who accessed the homelessness program between FY 2020/21 and FY 2022/23.

Riverland: Individuals in the Riverland who accessed Specialist Homelessness Services (SHS) and met the program eligibility criteria.

Area-Level Disadvantage Comparison (ALDC): A comparison group dram from the South Australian Population, representing individuals from areas of the highest socioeconomic disadvantage, with characteristics similar to the Program Group.

Demographic Characteristics

Characteristics	Program Group						Riverland						ALDC					
	2020/21 FY		2021/22 FY		2022/23FY		2020/21 FY		2021/22 FY		2022/23FY		2020/21 FY		2021/22 FY		2022/23FY	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Age Group																		
18 to 24	56	17.7	44	15.3	42	15.3	130	26.6	105	23.7	102	20.8	48,604	17.4	46,380	16.5	45,165	16.1
25 to 34	108	34.1	100	34.7	85	30.9	172	35.2	155	35.0	176	35.8	78,201	28.0	78,226	27.9	77,659	27.6
35 to 44	90	28.4	82	28.5	83	30.2	123	25.2	108	24.4	131	26.7	76,863	27.6	77,361	27.6	78,176	27.8
45 to 55	63	19.9	62	21.5	65	23.6	63	12.9	75	16.9	82	16.7	75,219	27.0	78,538	28.0	80,042	28.5
Sex*																		
Male	180	56.8	167	58.2	158	57.9	153	31.4	127	28.8	139	28.4	135,666	48.7	136,301	48.6	136,468	48.6
Female	137	43.2	120	41.8	115	42.1	334	68.6	314	71.2	351	71.6	143,107	51.3	144,088	51.4	144,456	51.4
Aboriginal																		
Yes	47	14.8	46	16.0	50	18.2	161	33.0	148	33.4	158	32.2	16,813	6.0	17,449	6.2	18,015	6.4
No	270	85.2	242	84.0	225	81.8	327	67.0	295	66.6	333	67.8	255,523	91.6	256,537	91.5	256,553	91.3
Unknown	-	-	-	-	-	-	-	-	-	-	-	-	6,552	2.3	6,520	2.3	6,475	2.3
Total	**317**		**288**		**275**		**448**		**443**		**491**		**278,888**		**280,506**		**281,043**	

*Sex was the only demographic variable available variable in the current dataset; gender and other identity variables were not available for analysis.

Child Protection System Contact

Ever experienced this level of CP contact	Program Group						Riverland						ALDC					
	2020/21 FY		2021/22 FY		2022/23FY		2020/21 FY		2021/22 FY		2022/23FY		2020/21 FY		2021/22 FY		2022/23FY	
	n	Yes %	n	Yes %	n	Yes %	n	Yes %	n	Yes %	n	Yes %	n	Yes %	n	Yes %	n	Yes %
Notification	98	30.9	86	29.9	79	28.7	194	39.8	173	39.1	212	43.2	39,119	14.0	41,989	15.0	44,690	15.9
Screened-in notification	78	24.6	72	25.0	71	25.8	168	34.4	154	34.8	189	38.5	29,448	10.6	31,565	11.3	33,551	11.9
Investigated	49	15.5	51	17.7	50	18.2	123	25.2	114	25.7	123	25.1	18,822	6.7	19,803	7.1	20,697	7.4
Substantiated	27	18.5	27	9.4	31	11.3	71	14.5	73	16.5	63	12.8	9,876	3.5	10,461	3.7	11,019	3.9
Ever OOHC	13	4.1	16	5.6	20	7.3	41	8.4	45	10.0	32	6.5	3,986	1.4	4,209	1.5	4,430	1.6
Total	**317**		**288**		**275**		**448**		**443**		**491**		**278,888**		**280,506**		**281,043**	

Key Messages:

- When compared to the ALDC group, both the Program Group and Riverland groups had higher proportions of individuals who had child protection contact across all financial years, and all child protection contact levels, from notification through to out of home care.
- Comparing the Program Group to the Riverland group: Individuals in the Riverland group had higher proportions of individuals across all 3 financial years who had experienced a notification, screened-in notification and investigated notification.
- Except for the 2022/23 financial year where proportions are more comparable, the Riverland group had a higher proportions of individuals who had an OOHC placement.

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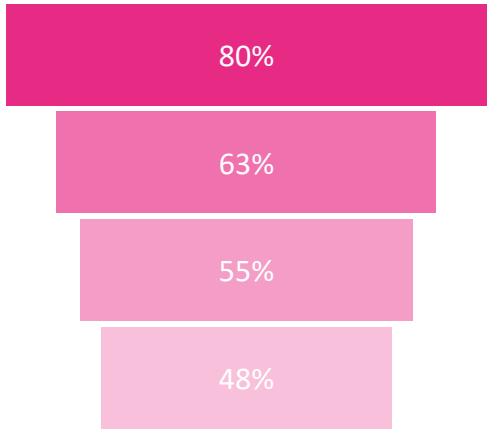
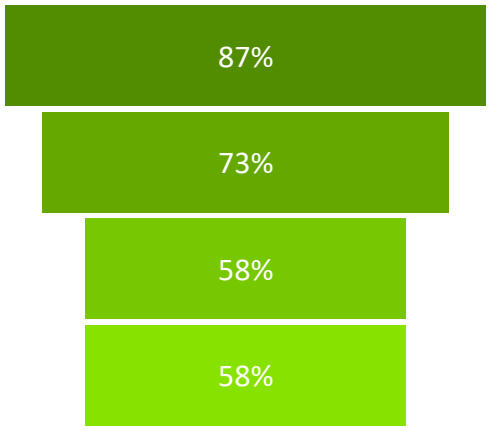
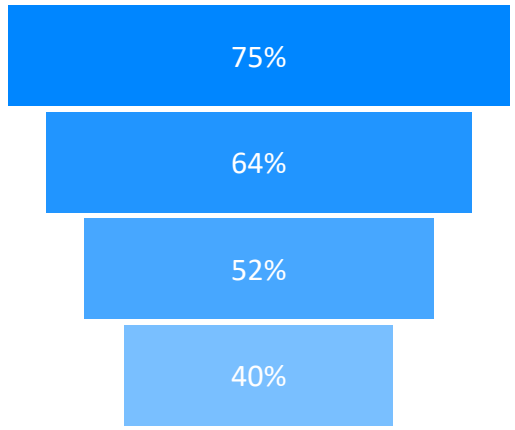
Flow through the Child Protection System

2020/21 FY	Program Group	Riverland	ALDC
• Of individuals notified, x% were screened in • Of individuals screened in, x% were investigated • Of individuals investigated, x% were substantiated • Of individuals substantiated, x% were placed in OOHC			

Key Messages:

- The Riverland group had a higher proportion of individuals whose CP contact continued progressing to more serious levels, compared to the Program and ALDC groups.
- A higher proportion of individuals in the Riverland Group experienced all CP contact types than both the Program and the ALDC group.

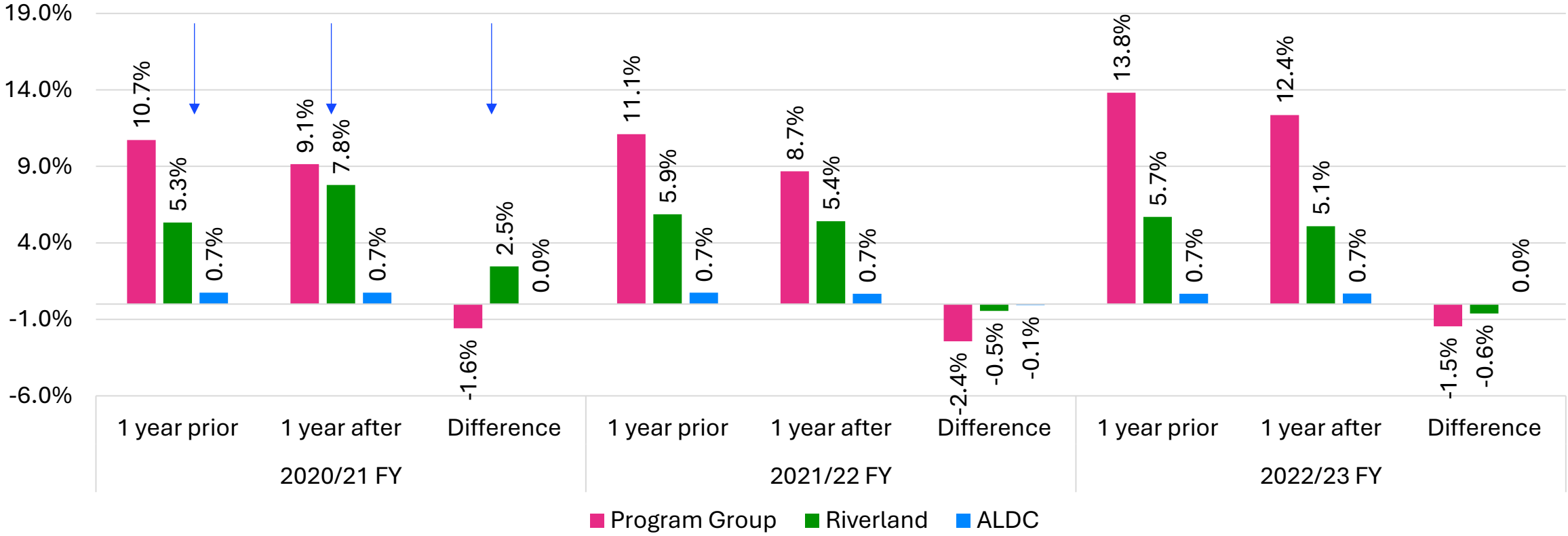
Notifications to the Child Protection System

Total no. of notifications received before age 18	Program Group						Riverland						ALDC					
	2020/21 FY		2021/22 FY		2022/23FY		2020/21 FY		2021/22 FY		2022/23FY		2020/21 FY		2021/22 FY		2022/23FY	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
0	219	69.1	202	70.1	196	71.3	294	60.2	270	60.9	279	56.8	239,769	86.0	238,517	85.0	236,353	84.1
1	28	8.8	20	6.9	13	4.7	33	6.8	30	6.8	31	6.3	15,249	5.5	15,982	5.7	16,610	5.9
2	13	4.1	13	4.5	11	4.0	18	3.7	18	4.1	30	6.1	6,730	2.4	7,121	2.5	7,467	2.7
3 to 5	22	6.9	19	6.6	16	5.8	39	8.0	38	8.6	46	9.4	8,390	3.0	8,965	3.2	9,522	3.4
6 to 9	8	2.5	6	2.1	9	3.3	30	6.1	25	5.6	39	7.9	3,879	1.4	4,279	1.5	4,682	1.7
10 to 14	##	##	##	##	##	##	21	4.3	12	2.7	18	3.7	2,183	0.8	2,469	0.9	2,718	1.0
15 to 19	##	##	##	##	##	##	18	3.7	16	3.6	14	2.9	1,078	0.4	1,226	0.4	1,411	0.5
20 or more	16	5.0	17	5.9	17	6.2	35	7.2	34	7.7	34	6.9	1,610	0.6	1,947	0.7	2,280	0.8
Total	317		288		275		488		443		491		278,888		280,506		281,043	

Key Messages:

- Individuals in both the Program and Riverland group had higher proportions of individuals who had 1 or more CP notifications before the age of 18 across all 3 financial years when compared to the ALDC group.

Imprisonments



Key Messages:

- Across all 3 financial years, the Program group had a higher proportion of individuals who were imprisoned 1 year before their support period when compared to the Riverland group.
- Across all 3 financial years, the Program group had a higher percentage point difference from before to after their support period when compared to the Riverland group.

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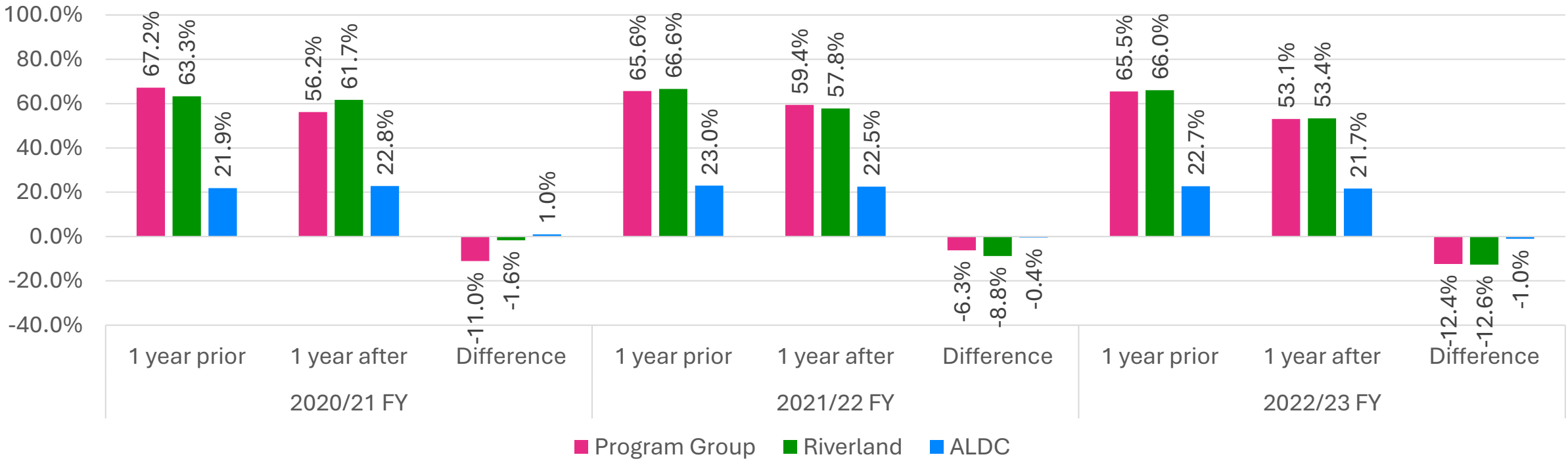
Hospital Admissions



Key Messages:

- The Program Group had an overall percentage point reduction of 11% in hospital and ED attendance from 1 year before service contact to 1 year after, in the 2020/21 financial year.
- The Riverland group had a larger overall percentage point reduction in hospital and ED attendance in the 2021/22 financial year.
- Both the Program and Riverland groups had approximately double the hospital and ED attendance of the ALDC group.

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Main Finding

The report demonstrates that there is a population of clients in the Riverland region who would meet the Program eligibility criteria and experience similar service contact patterns to the Program group with the justice, child protection and health systems.

To note: There are some systematic differences in the groups of people accessing the Program and Riverland support. These differences may require consideration from the organisations as to whether more tailored support may be required for the Riverland group.

Example 2

Working with two large homelessness alliances to examine cross system contacts for people experiencing homelessness accessing support.

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Purpose of the study

- Two geographically based homelessness alliances in South Australia who collaborate consistently with each other wanted to better understand the population of people accessing support from their alliances.
- We explored system contacts within homelessness data, followed by any contact in the 12 months before, and the 12 months after support with each respective alliance. Systems explored included:
    - Hospital admissions and emergency department presentations
    - Adult justice orders and imprisonments, and
    - Child protection contact

Populations

- We investigated two financial years of clients supported across both alliances.
- Because of the nature of who is included in the BEBOLD platform, we had to make some decisions about how to think about and present results.

- Alliance 1
  - 2021/22FY = 3,022
  - 2022/23FY = 3,703
- Alliance 2
  - 2021/22FY = 4,853
  - 2022/23FY = 4,310

Population Characteristics

- Clients accessing the Alliance 2 were on average:
  - Slightly younger than clients accessing the Alliance 1.
  - Slightly more likely to be from a culturally and linguistically diverse community
  - Slightly more likely to be Aboriginal and/or Torres Strait Islander
  - Slightly more likely to present for support in a unit, as opposed to alone
- There appears to be an incremental increase in females accessing support from both alliances from the 2021/22 FY to the 2022/23 FY.
- Approximately 8 in 10 individuals accessing support from either Alliance 1 or Alliance 2 were previously known to homelessness services and had experienced at least 1 previous support period in that year.
- 1 in 33 clients received support from both alliances within a financial year.

Corrections Contact

		Alliance 1				Alliance 2			
		2021/22		2022/23		2021/22		2022/23	
		N	%	n	%	n	%	n	%
18 years + at first support period in FY	**In the year before support period**								
	Imprisonment	69	3.2	82	2.7	45	1.5	51	1.8
	Correctional order	96	4.5	106	3.5	64	2.2	77	2.7
	In the year after support period								
	Imprisonment	156	7.3	120	4.9	136	4.6	103	3.7
	Correctional order	86	4.0	65	2.6	88	3.0	42	1.5
	Total	**2,141**	**100.0**	**3,046**	**100.0**	**2,927**	**100.0**	**2,814**	**100.0**

Corrections Contact –In Context

To provide context to what the proportions mean when compared to the overall population in South Australia, we present a comparison to the imprisonment rate of the whole South Australian adult population:

In the 2022/23 FY report released by the Australian Bureau of Statistics (ABS), the imprisonment rate was 204 prisoners per 100,000 adult population within that year.

- In Alliance 1 the rates of imprisonment per population were: 2,692 per 100,000 in the year before, 3,940 per 100,000 in the year after
- Adults who had contact with Alliance 1 were 13 times as likely to have been imprisoned in the year before their support period, and 19 times as likely to have experienced imprisonment in the year after their support period, compared to the rate of imprisonment for the adult South Australian population
- In Alliance 2 the rates of imprisonment per population were: 1,812 per 100,000 in the year before, 3,660 per 100,000 in the year after
- Adults who had contact with Alliance 2 were nine times as likely to have been imprisoned in the year before their support period, and 18 times as likely to have experienced imprisonment in the year after their support period, compared to the rate of imprisonment for the adult South Australian population

Australian Bureau of Statistics. 2023. Prisoners in Australia 2022/23. Retrieved from: https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/2023#:~:text=From%2030%20June%202022%20to,prisoners%20per%20100%2C000%20adult%20population.

Child Protection System Contact

		Alliance 1				Alliance 2			
		2021/22		2022/23		2021/22		2022/23	
		n	%	n	%	n	%	n	%
0-17 years at first support period	**12 months before first support period**								
	Notified	574	65.2	772	62.1	1,330	69.1	1,058	70.7
	Screened-in notification	377	42.8	490	39.4	941	48.9	712	47.6
	Investigated	93	10.6	123	9.9	251	13.0	179	12.0
	Substantiated	50	5.7	68	5.5	154	8.0	107	7.2
	OOHC	16	1.8	22	1.8	21	1.1	20	1.3
	Total	**881**	**100.0**	**1,243**	**100.0**	**1,926**	**100.0**	**1,496**	**100.0**

Child Protection System Contact – in Context

To provide context to what the proportions mean when compared to the overall population in South Australia, we present a comparison to the proportion of the whole South Australian 0-17 year old population:

- In the 2022/23 FY report released by AIHW, 2 in 100 children had received at least one notification to child protection that had been investigated within that year.
  - 10 in 100 children accessing support from Alliance 1 were the subject of at least one child protection investigation
  - 13 in 100 children accessing support from Alliance 2 were the subject of at least one child protection investigation
- Children who have had contact with either alliance were at least four times as likely to have an investigated notification within the year, compared the whole of South Australia.

Australian Institute of Health and Welfare. 2025. Child protection Australia 2022-23. Retrieved from: https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2022-23/contents/about

Main Finding

The report found an overrepresentation of people who have experienced homelessness across systems.

This information was used to advocate for increased support and pathways from those systems

Example 3

Creating infographics to highlight the disparity in outcomes for young people experiencing homelessness

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Purpose of the study

- To explore system contact patterns for young people experiencing homelessness in more depth, the team undertook a targeted analysis comparing young people who had homelessness system contact with young people of the same age, at the same time, in the general population who did not.
- The purpose of this analysis was to better understand how young people move through the homelessness system, the types of services they come into contact with, and the patterns that emerge across health, education and justice related systems.
- This analysis did not aim to determine outcomes in a causal sense, but rather to identify how system contact may reflect underlying vulnerability, compounding experiences or unmet needs. This includes areas such as school suspension and absenteeism, youth justice contact and other indicators that may signal broader developmental or wellbeing challenges for young people experiencing homelessness.

Populations

The groups were:

Group 1 - Youth Homelessness: Individuals who accessed any SHS-funded service in the calendar years 2018 through to 2022 and were aged 18-25 years at the beginning of their first support period within that calendar year.

Group 2 - All SA Youth: A comparison group drawn from the general population of people born in South Australia, representing individuals aged 18-25 years from 2018 through to 2022.

The results shows reflect an average of the proportions from the 2018-2022 calendar years

Early experiences that shape later life

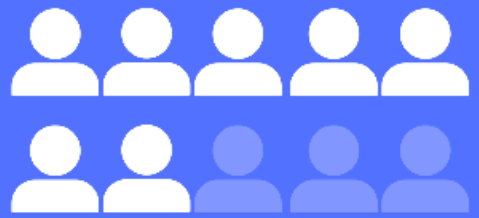
Here, we examine three indicators of early life experiences that may have later impact on experiences of homelessness:

Born in areas of high socioeconomic disadvantage: We defined disadvantaged areas as those in the bottom quintile of the ranking produced by the the Socio-economic Indexes for Areas (SEIFA1) Index of Relative Socio-economic Advantage and Disadvantage (IRSAD).

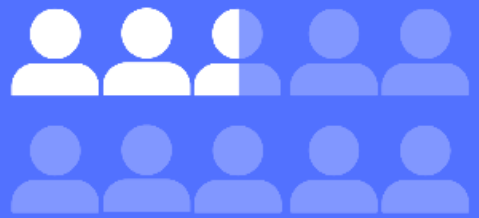
Contact with the child protection (CP) system: Individuals were counted as having child protection history if they had experienced a particular level of CP contact at any time from birth to 18 years of age.

Out-of-home care: Defined as individuals who had at least one period of out-of-home care between birth and 18. Appendix 1 provides results across calendar years. The results below reflect an average of the proportions for the 2018-2022 calendar years.

At least one Child Protection notification in childhood



7 in 10 young people from the Youth SHS Group (69.2%)



Less than 3 in 10 in the All SA Youth group (25.2%)

The Youth SHS group were 2.8 times as likely
to be notified to child protection than those in the All SA Youth group.

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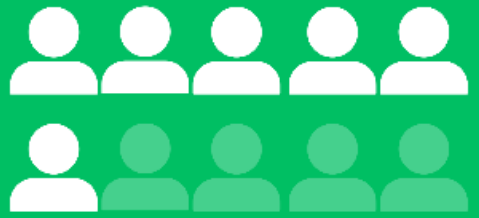
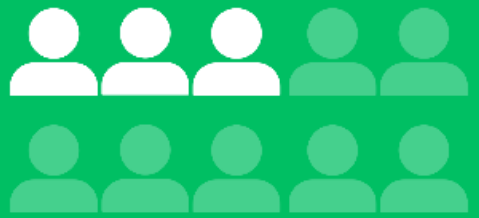
Born in areas of low socioeconomic advantage



6 in 10 young people from the Youth SHS Group (57.9%)



3 in 10 in the All SA Youth group (33.2%)

The Youth SHS group were 1.7 times as likely to be in areas of low socioeconomic advantage than those in the All SA Youth group.

History of out-of-home-care in their childhood

1 in 8 young people from the Youth SHS Group (12.3%)

1 in 56 in the All SA Youth group (1.8%)

The Youth SHS group were 6.8 times as likely to have been removed into out-of-home-care than those in the All SA Youth group.

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Enrolment and absenteeism in the public school system

This analysis explored whether individuals were ever enrolled in public schooling at Year 10, Year 11 or Year 12, regardless of the age at which that enrolment occurred.

For the Youth SHS group and the All SA Youth population we investigated:

- Enrolment in Years 10, 11 or 12 in the public school system; and
- Among those who were enrolled, chronic absenteeism, defined as at least 20 days absent within a term, which is approximately 4 weeks of a 10 week term.

Public School Enrolments

7 in 10 Young people from both the Youth SHS and All SA Youth groups were enrolled for year 10 and year 11

5 in 10 Young people from the Youth SHS group

&

6 in 10 in the All SA Youth group, were enrolled for year 12

Youth SHS group are just as likely to attend a public school in years 10 and 11 as the All SA Youth group, and slightly less likely to attend public school in year 12.

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Chronic Absenteeism from public schools

The Youth SHS Group were:

2.9 x

as likely to be chronically absent from **year 10** than the All SA Youth group

2.5 x

as likely to be chronically absent from **year 11** than the All SA Youth group

2.2x

as likely to be chronically absent from **year 12** than the All SA Youth group

A higher proportion of the Youth SHS group experienced chronic absenteeism in the Youth SHS group across all year levels, when compared to the All SA Youth group, showing a consistent pattern of disengagement in school.

Other systems young people are interacting with

This analysis investigated whether young people in each group experienced selected corrections and health system contacts in a comparable one-year period.

For the Youth SHS group and the All SA Youth population we investigated:

- Adult imprisonments
- Hospitalisations: Combined hospital admissions and emergency department presentations:
  - For any reason (all cause)
  - For AOD related reasons
  - For mental health related reasons.

Adult Imprisonments

1 in 23

Young people from the Youth SHS group were imprisoned in the previous year (4.3%)

less than 1 in 300

in the All SA Youth group, were imprisoned in the previous year (0.3%)

The Youth SHS Group were **13.5x** as likely to be imprisoned in the year before support than the All SA Youth group

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Hospitalisations

For any reason (all cause)

1 in 2

young people from the Youth SHS Group (53.3%)

and

1 in 4

in the All SA Youth group (22.8%)

were hospitalised in the previous year

For AOD related reasons

1 in 9

young people from the Youth SHS Group (11.0%)

and

1 in 14

in the All SA Youth group (7.0%)

were hospitalised in the previous year for AOD related reasons

For mental health related reasons

1 in 5

young people from the Youth SHS Group (21.5%)

and

1 in 7

in the All SA Youth group (14.9%)

were hospitalised in the previous year for mental health related reasons

The Youth SHS Group were:

2.3x

as likely to attend hospital in the year before support, for any reason (all cause).

1.6x

as likely to attend hospital in the year before support, for AOD related reasons

1.4x

as likely to attend hospital in the year before support, for mental health related reasons

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Death in early adulthood

Understanding mortality among young people offers an important perspective on the longer-term outcomes captured in this study.

We quantify death between the ages of 18 and 25 in the Youth SHS group compared to the general population All SA Youth Group. Focusing on this age range allows outcomes to be examined across the same early adulthood period following each person's 18th birthday.

- For the Youth SHS group, mortality outcomes are 'counted' only after a person reaches 18 to ensure a consistent approach to measuring mortality across both groups
- Forthe broader South Australian youth population, this includes any young person who died between ages 18 and 25.

Examining mortality in this way allows us to consider whether mortality differs for young people who have experienced contact with Specialist Homelessness Services (SHS) compared with their peers in the broader South Australian youth population.

1 in 217

young people from the Youth SHS group passed away between the ages of 18-25 (0.5%)

1 in 345

in the All SA Youth group passed away between the ages of 18-25 (0.3%)

The Youth SHS Group were:

1.5x

as likely to pass away between the ages of 18-25

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Main Finding

Young people with experiences of homelessness showed elevated contact across most health and social indicators explored, highlighting the broader disadvantage experienced by this population.

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The views expressed here do not necessarily reflect those of our government partners.