



Youth homelessness in Denmark Trends, profiles and family background

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Structure of presentation

Trends and profiles in youth homelessness

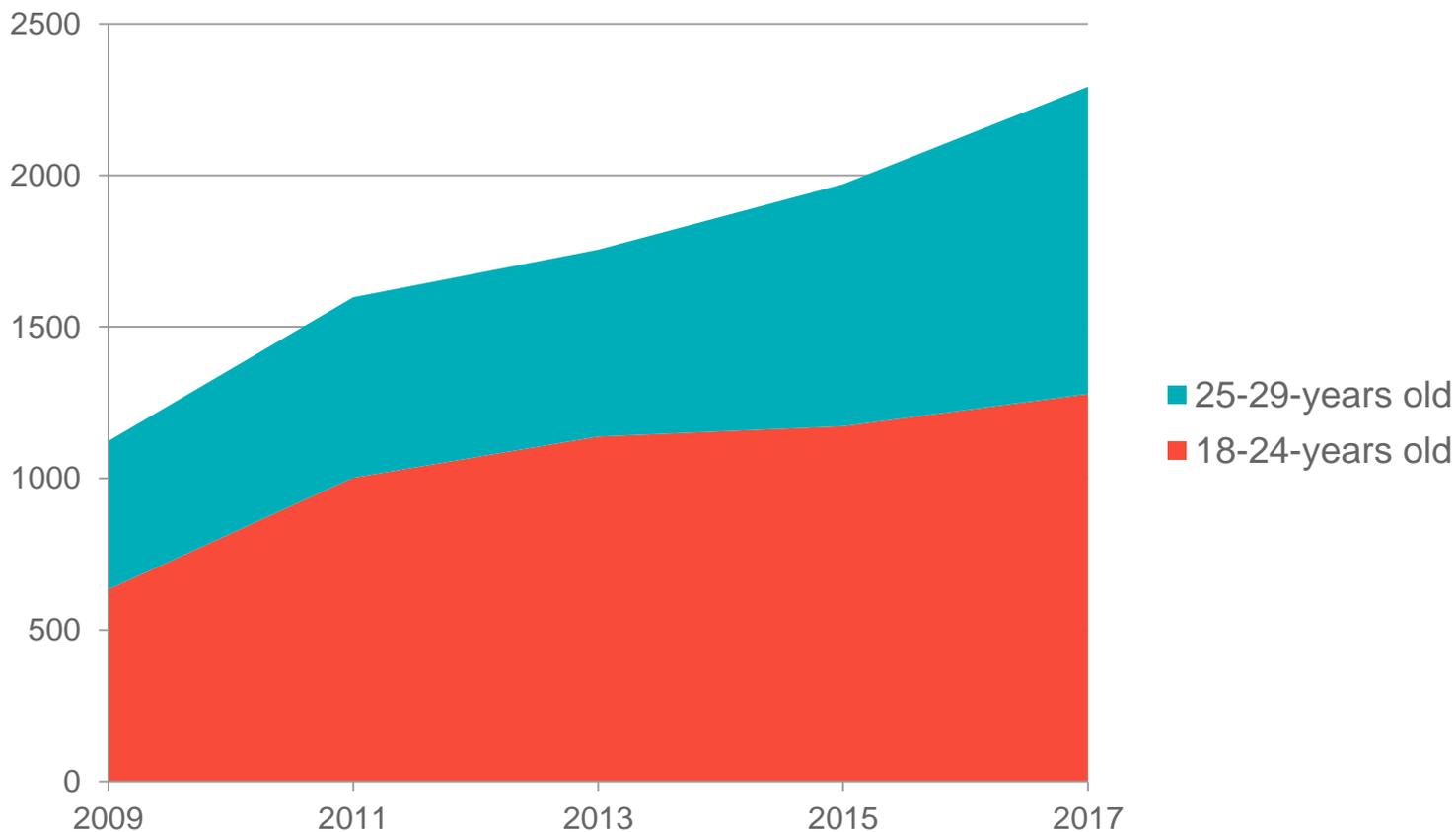
- Data from National homelessness count

Family background and pathways into youth homelessness

- Data from homeless shelters combined with administrative data on health, education and labour market attachment for both the young homeless people and their parents

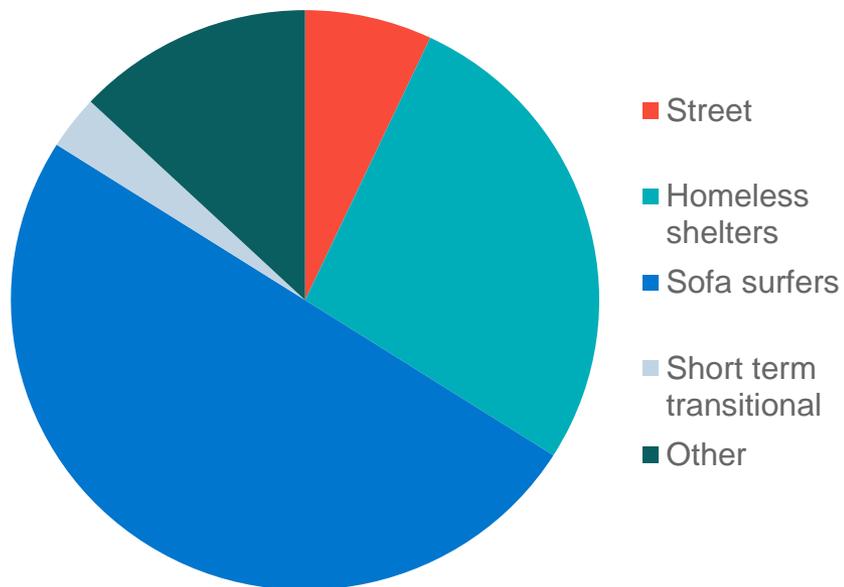
Strong increase in youth homelessness in Denmark

National homelessness counts, point-in-time week count

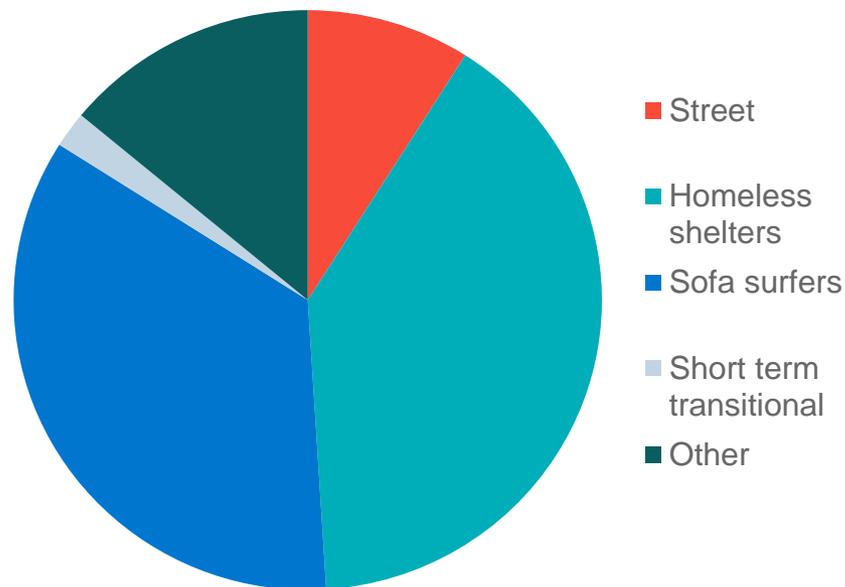


Half of all young homeless people are sofa surfers

18-24-years old



All age groups



High prevalence of mental illness and substance abuse problems amongst young homeless people

18-24-year old homeless men and women

Gender	Mental illness	Substance abuse problems	Hashish	Mental illness and/or substance abuse problems	Mental illness and substance abuse problems
Men	46	61	53	74	29
Women	64	34	28	75	24

Why is youth homelessness increasing?

Combination of individual and structural factors

Individual factors

Increase in number of young people with mental health problems/
diagnosed with mental illness

Increase in substance abuse problems amongst young people –
especially hashish and cocaine

Structural factors

Vulnerable young people are affected by adverse structural factors

- Increasing housing shortage/lack of affordable housing
- Changes in welfare and support systems, lower social assistance benefits

=> Complex marginalisation processes – and complex support needs

|| The family background of young homeless people

What type of families do young homeless people come from?

How many young homeless people come from vulnerable families and how many come from "broader" social backgrounds?

How does family background relate to pathways into youth homelessness?

Data

Data sources: Administrative register data from various parts of the welfare system

Base population: A full cohort of 62,660 18-year olds in 2007.

Shelter users in the cohort: 259 of the cohort used a homeless shelter from 2007-2011. Data from national client registration system in shelters. 193 of the 259 had full information on all variables included in the study

Background variables: Demographics, mental illness, drug addiction, alcohol addiction, NEET, placement out-of-home and other child welfare interventions

Parents: Mental illness, addiction, education, employment when young person was age 10, parents living together at age 10

Profile of the young shelter users parents compared to the parents of non-shelter users (young people in the general population)

	Pct. of parents of young male shelter users	Pct. of parents of young male non-shelter users	Pct. of parents of young female shelter users	Pct. of parents of young female non shelter users
Parents education				
Compulsory	32	11	34	11
Vocational/short	52	54	53	54
Medium/long	16	36	13	36
Other parental variables				
Not employed	25	5	26	5
Mental illness	33	14	43	15
Substance abuse	27	8	34	8
Total N	146	27,903	47	26,415

Two different groups of homeless shelter users regarding parental background – cluster analysis

	Homeless young people from vulnerable families (Group 1, n=83)	Homeless young people from other families (Group 2, n=110)
Parent with mental illness*	74 %	6 %
Parent with substance abuse problem*	58 %	6 %
Parent with mental illness and/or substance abuse problem*	89 %	13 %
Parent without work*	53 %	5 %
Parent compulsory education or lower*	40 %	26 %
Parent vocational education*	40 %	62%
Parent further education *	20 %	12 %

Profile of the young homeless people in the two groups

	Young shelter users from vulnerable families (Group 1, n=83)	Young shelter users from other families (Group 2, n=110)
Women	28 %	22 %
Fostercare in childhood	72 %	31 %
Mental illness 18 years old	39 %	26 %
Mental illness 23 years old	75 %	65 %
Substance abuse 18 years old	16 %	15 %
Substance abuse 23 years old	55 %	52 %
Alcohol abuse 18 years old	12 %	12%
Alcohol abuse abuse 23 years old	33 %	29 %
Substance abuse 23 years old	65 %	58 %
Mental illness or sustance abuse 23 yo.	88 %	86 %
Dual diagnosis 23 yo. *	52 %	37 %
Not in education or training (NEET) 18 yo. *	76 %	30 %
Not in education or training (NEET) 18 yo. *	87 %	70 %

Profile of the two groups of young homeless people

Group 1

The first group come from vulnerable families. Their parents often have mental illness or substance abuse problems and most parents in this group are unemployed. The young homeless people in this group have often been in foster care during childhood, and they drop out of school early. In early adulthood they have developed mental illness often in combination with substance abuse problems.

Group 2

The second group of young homeless people have broader social backgrounds. Their parents are employed and seldom have mental illness or substance abuse problems. However, these young people developed mental illness or substance abuse problems during adolescence and became homeless in early adulthood without strong predictors in their parental background that they would develop severe social problems.

|| Implications for prevention and early tracking

Prevention, tracking down and early intervention should not only focus on young people from vulnerable families and young people who were in foster care but also on young people from broader family backgrounds who have developed mental illness and/or substance abuse problems during adolescence.

While young homeless people from vulnerable families often have been known in the welfare system from early age, there are indications that young homeless people from broader social backgrounds show up later during adolescence – e.g in the youth psychiatric system or in the substance abuse treatment system

|| Implications and interventions

When these young people are in a homelessness situation they all need housing and support solutions that can meet their often complex support needs

In Denmark we have good experiences with combinations of own independent housing with intensive support – whereas congregate housing/living together in common facilities is not an optimal solution for young people with complex support needs

Thanks for the attention

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