LIVES

HOMES

Ending homelessness
in Brisbane one person,
one family at a time

500 Lives 500 Homes - a coalition
of government and non-government
agencies and Brisbane City Council

Emerging Trends VI-SPDAT **Adult Individuals**

This factsheet represents a snapshot of 459 individuals surveyed in the Brisbane region. Data was collected and analysed for demographics, vulnerability, acuity of homelessness and various self-reported health issues.

500 Lives 500 Homes began with a community-wide registry from Monday 24 March to Friday 4 April 2014. Volunteers and local agencies surveyed families, young people and adults in the Brisbane Local Government Area who were homeless or vulnerably housed. During Registry Fortnight across the Brisbane Local Government Area, 459 people aged 25 years and over who were homeless or vulnerably housed were surveyed using the Vulnerability Index - Service Prioritisation Decision Assistance Tool (VI-SPDAT).

500 Lives 500 Homes is a meaningful collaboration between government, community and business. The campaign is connected with the Queensland Government's Homelessness to Housing Strategy 2020 to deliver a coordinated approach to ending homelessness in Brisbane. This project received funding and support from the Queensland Government.

What is the VI-SPDAT?

The Vulnerability Index – Service Prioritisation Decision Assistance Tool (VI-SPDAT) is an evidence informed tool used to assess acuity of homelessness and prioritise appropriate intervention. Acuity refers to the level and severity of issues that impact on ability to access stable housing and maintain tenancies.

The VI-SPDAT merges the Vulnerability Index (the survey used during the 50 Lives 50 Homes campaign) with the Service Prioritisation Decision Assistance Tool pre-screen, an assessment tool developed by OrgCode.

The VI-SPDAT met the following needs of the campaign as it:

- assessed the needs of individuals experiencing homelessness
- allowed for the identification of which individuals and families are of highest priority for housing and support
- has been evaluated and has demonstrated validity (the tool measures what it claims to measure) and reliability (the results of the assessment are consistent).

Demographic overview of adult individuals:

Individuals were people 25 years of age and over. Of the 459 people surveyed:

- the majority or 77.1% were male (n=354), 22.7% were female (n=104) and 0.2% were transgender (n=1)

Queensland
Government

- 19% identified as Aboriginal or Torres Strait Islander (n=87)
- 4.6% identified as lesbian, gay or bisexual (n=21)
- average duration of homelessness was 4.5 years.

The demographic data shows a substantially higher proportion of Aboriginal or Torres Strait Islanders compared to the proportion within the general population of the Brisbane Local Government Area, at 19% compared to 1.4%[1].

Acuity of homelessness

Acuity of homelessness represents the level of vulnerability of individuals based on a scoring system and identifies those who are at highest priority for housing and support. Scoring is done through the VI-SPDAT.

Those that score 0-4 in this assessment require only affordable housing. Those that score 5-9 require affordable housing and brief support. Those that score 10 or more require affordable housing and long-term assistance.

The following pie chart shows acuity for individuals surveyed during the Brisbane Registry period.

Figure 1: Level of support required (Acuity)

- 21%
- 33% ■ Housing and Long-term Support (High)
- 46% ■ Housing and Short-term Support (Medium)
- ■ Affordable Housing (Low)
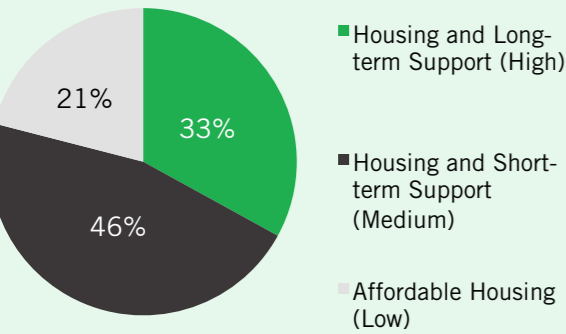
The pie chart shows where to target intervention and the level of intervention needed for individuals. The chart illustrates that 33% of individuals will require immediate housing plus long-term support to assist them live a more fulfilling life and maintain their tenancy (n=150).

A further 46% will require housing and short-term support to transition those individuals into a stage where they can live a fulfilling life (n=213).

Lastly 21% of individuals will require affordable housing alone to assist them towards a more stable life (n=96).

Table 1: Acuity by sleeping arrangement

SLEEPING TYPE	HOUSING & LONG-TERM SUPPORT (HIGH)	HOUSING & SHORT-TERM SUPPORT (MEDIUM)	AFFORDABLE HOUSING (LOW)
Rough Sleepers	68	59	8
Boarding Houses	21	47	24
Emergency Accom	21	39	12
Indigenous Hostels	6	6	9
Caravan Parks	11	22	13
Other	23	40	30
Total	**150**	**213**	**96**

Table 1 illustrates the distribution of homeless individuals according to their most frequent place of living, with their indicated level of need. Rough sleepers are most likely to have complex needs which require long-term support to assist them to sustain their housing. Rough sleepers comprise 29.4% of individuals but represent 45.3% of the need for housing and long-term support.

Health overview

Table 2 below illustrates the high level of physical and mental health needs of individuals surveyed.

Table 2: Health issues

HEALTH FACTOR	NUMBER OF ADULTS	PERCENTAGE OF ADULT FAMILIES
Substance use issues	307	66.9%
Dental issues	253	55.1%
Mental health issues	255	55.6%
Dual Diagnosis	205	44.7%
Tri-morbidity	203	44.2%
Alcohol daily 30 days	137	29.8%
Heat exhaustion	128	27.9%
Asthma	113	24.6%
Physical disability	113	24.6%
Injection drug use	108	23.5%
Heart disease	103	22.4%
Hepatitis C	87	19%
Liver disease	58	12.6%
Convulsions	46	10%
Diabetes	44	9.6%
Emphysema	39	8.5%
Cancer	35	7.6%
Kidney disease	25	5.4%
Tuberculosis	8	1.7%
HIV-AIDS	4	0.9%

A high proportion of individuals who are homeless experience complex physical and mental health issues requiring ongoing management and access to appropriate primary and specialist health services. Of serious concern is the fact that almost half of

individuals (44.2%, n=203) are tri-morbid, that is they have a serious medical condition, combined with mental health issues, and drug and alcohol issues.

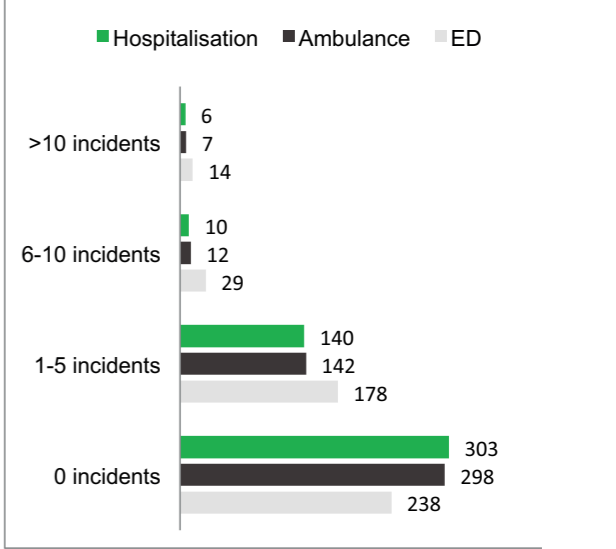## Hospitalisations and ED admissions

Table 3: Health system usage

	EMERGENCY DEPARTMENT ADMISSIONS	AMBULANCE TRANSPORTS	HOSPITALISA- TIONS
# OF PEOPLE	221	161	156
% OF PEOPLE	48.1%	35.1%	34%
TOTAL # OF INCIDENTS	935	581	437
COST TO HEALTH SYSTEM[2]	$1.7 million	$377,650	$2 million

TOTAL COST TO HEALTH SYSTEM IN PAST 6 MONTHS = $4.2 MILLION

Table 3 outlines the substantial rates of high-cost health system usage by adult individuals experiencing or at risk of homelessness.

Figure 2: Level of health system usage

■ Hospitalisation ■ Ambulance □ ED

>10 incidents: 6, 7, 14
6-10 incidents: 10, 12, 29
1-5 incidents: 140, 142, 178
0 incidents: 303, 298, 238

1. Australian Bureau of Statistics 2013, *Census QuickStats: Brisbane Local Government Area*, accessed 7 May 2014, available at www.censusdata.abs.gov.au

2. Costs for inpatient hospitalisation and A&E visit derived from the efficient pricing approach introduced with the National Health Reform Act 2011 (Cth), as implemented by the (Queensland) Department of Health (2013) for the 2013-2014 financial year.Cost for ambulance transport taken from gross actual costs per incident reported in Department of Community Safety 2012/2013 Annual Report.

Photography: Patrick Hamilton

500 Lives 500 Homes community-wide registry from 24 March to 4 April 2014.

Figure 2 above displays the levels of health system usage. The number at the end of each bar indicates the number of people who used each service for each level of usage. For example, 14 people accessed an emergency department (ED) at a hospital more than 10 times each in the past 6 months.

Mental health and disability

- 30.9% have been taken to hospital for mental health reasons against their will (n=142)
- 39.2% have gone to the emergency department at the hospital due to mental health concerns (n=180)
- 51.4% have spoken to a psychiatrist, psychologist or other mental health professional in the last 6 months because of mental health concerns (voluntarily and involuntarily) (n=236)
- 29.8% had a serious brain injury or have experienced head trauma (n=137)
- 28.5% have a learning or developmental disability (n=131)
- 58.2% have problems with concentration and memory (n=267)
- 19% exhibited signs of severe, persistent mental illness or severely compromised cognitive functioning (n=87).

Prison, watch houses and youth detention

- 42.9% of people reported having been to prison (n=197)
- 71.9% of people reported having been detained in a watch house (n=330)
- 17% of people reported being in youth detention at some point (n=78).

Trauma and victimisation

- 49.4% had experienced trauma (including emotional, physical, psychological or sexual trauma) for which they had not sought help, and/or had caused their homelessness (n=227)
- 40.5% of people reported being victims of violence while homeless (n=186).

Foster care or institutional care

- 25.7% of people reported having been in foster or institutional care as a child (n=118).