



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

LIVES

Emerging Trends VI-SPDAT **Rough Sleepers**

This factsheet represents a snapshot of 190 rough sleepers 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 Brisbane, 190 individuals who were sleeping rough (i.e. dwelling in such places as the streets, parks, train stations and squats) 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 a 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 needs of the campaign as it:

- assessed the needs of individuals experiencing homelessness
- identified 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 Rough Sleepers

Of the 190 people surveyed:

- 71% (n=135) were 25 years and older; 28.9% (n=55) were under 25 years.
- Overall 73.7% (n=140) were male and 26.3% (n=50) were female. None identified as transgender.
- However, in the under 25 group females comprised 47.3% of rough sleepers (n=26).

- 29.5% identified as Aboriginal or Torres Strait Islander (n=56).
- 7.4% identified as lesbian, gay or bi-sexual (n=14).

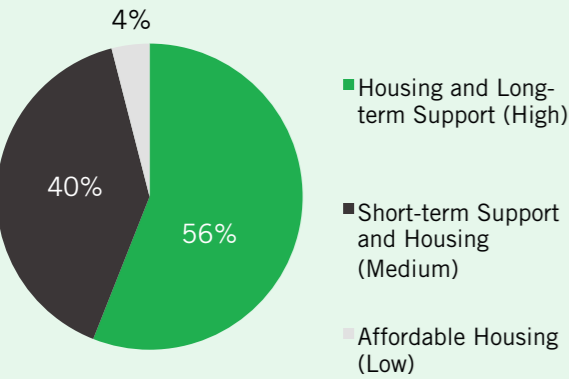
The youngest rough sleeper was 15 years old and the oldest rough sleeper 69 years old. The average age of people sleeping rough was 35 years of age. The average duration of homelessness was 5.4 years.

Acuity of homelessness

Acuity of homelessness represents the level of vulnerability of individuals based on the VI-SPDAT scoring system and identifies those which need the most prioritisation. 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 the breakdown of support required for these rough sleepers.

The above pie chart shows where to target intervention and the level of intervention needed for rough sleepers. The chart illustrates that 55.8% (n=106) of rough sleepers will require immediate housing plus long-term support to assist them live a more fulfilling life and maintain tenancy. A further 40% (n=76) of individuals will require housing and short-term support to transition to a stage where they can live a fulfilling life without too much ongoing support. Staggeringly, only 4.2% of rough sleepers require affordable housing alone to assist them off the streets and towards a more stable life (n=8).

Figure 1: Level of support required (Acuity)



Health overview

HEALTH FACTOR	YOUTH (<25YRS)	ADULTS (25+YRS)	TOTAL	% OF ALL RESPONDENTS
Substance use	45	103	148	77.9%
Dental issues	26	91	117	61.6%
Mental health issues	33	76	109	57.4%
Trimorbidity	28	73	101	53.2%
Dual Diagnosis	30	68	98	51.6%
Alcohol daily for 30 days	21	59	80	42.1%
Injection drug use	23	46	69	36.3%
Heat exhaustion	13	51	64	33.7%
Asthma	22	35	57	30%
Hepatitis C	12	35	47	24.7%
Heart disease	5	31	36	18.9%
Physical disability	2	34	36	18.9%
Liver disease	7	25	32	16.8%
Convulsions	7	21	28	14.7%
Diabetes	1	12	13	6.8%
Emphysema	0	13	13	6.8%
Cancer	1	8	9	4.7%
Kidney disease	2	6	8	4.2%
Tuberculosis	1	3	4	2.1%
HIV-AIDS	0	1	1	0.5%

The above results highlight some of the reasons behind high acuity of rough sleepers due to health concerns:

- 53.2% of rough sleepers identify as tri-morbid; meaning that they have mental health issues, abuse substances and have a serious medical condition (n=101).

- 42.1% (n=80) of respondents have continuously used alcohol over the previous 30 days and 36.3% (n=69) are injecting drugs.

These health statistics show the high level of needs for medical care of rough sleepers throughout Brisbane.

Hospitalisations and ED admissions

Table 3: Health system usage

	EMERGENCY DEPARTMENT ADMISSIONS	AMBULANCE TRANSPORTS	HOSPITALISATIONS
# OF PEOPLE	103	85	76
% OF PEOPLE	54.2%	44.7%	40%
TOTAL # OF INCIDENTS	461	298	278
COST TO HEALTH SYSTEM ¹	\$859,304	\$193,700	\$1.3 million

TOTAL COST TO HEALTH SYSTEM IN PAST 6 MONTHS = \$2.3 MILLION

Table 3 outlines the substantial rates of high-cost health system usage by rough sleepers



Photography: Patrick Hamilton

Figure 2: Level of health system usage

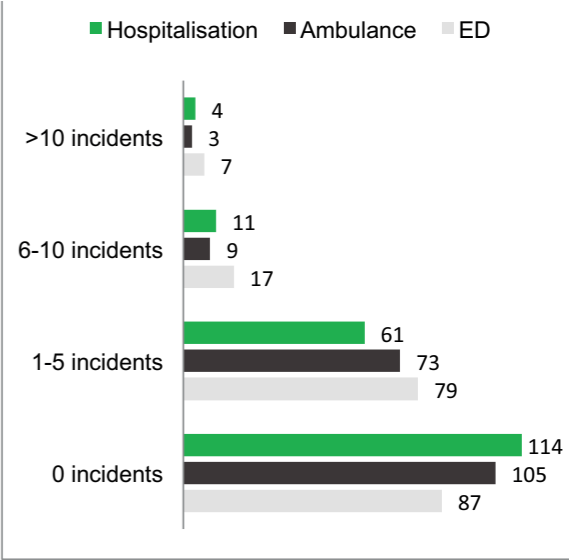


Figure 2 displays the levels of health system usage. The number at the end of each bar indicates the number of rough sleepers who used each service for each level of usage. For example, 7 rough sleepers accessed an emergency department (ED) at a hospital more than 10 times each in the past 6 months.

Mental health and disability

- 37.9% have been taken to hospital for mental health reasons against their will (n=72).
- 39.5% have gone to the emergency department due to mental health concerns (n=75).
- 49.5% 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=94).
- 35.3% had a serious brain injury or have experienced head trauma (n=67).
- 38.9% have a learning or developmental disability (n=74).
- 71.6% have problems with concentration and memory (n=136).
- 19.5% exhibited signs of severe, persistent mental illness or severely compromised cognitive functioning (n=37).

1. 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.



Early morning in Brisbane City during 500 Lives 500 Homes community-wide registry from 24 March to 4 April 2014.

Prison and watch houses

- 48.9% of people reported having been to prison (n=93).
- 81.6% of people reported having been detained in a watch house (n=155).

Trauma

- 58.4% had experienced trauma (including emotional, physical, psychological or sexual trauma) for which they and not sought help, and/or which had caused their homelessness (n=111).

Victims of violence

- 54.7% of people reported being victims of violence whilst homeless (n=104).

Foster care or institutional care

- 35.8% of people reported being in foster care or institutional care as a child (n=68).

Youth detention

- 27.9% of people reported having been in youth detention at some point (n=53).