

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-F-SPDAT Young Families

This factsheet represents a snapshot of 74 young families 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, 74 young families (head of household aged under 25 years) who were homeless or vulnerably housed were surveyed using the Vulnerability Index - Service Prioritisation Decision Assistance Tool for families (VI-F-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-F-SPDAT?

The Vulnerability Index – Service Prioritisation Decision Assistance Tool for families (VI-F-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-F-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-F-SPDAT met the needs of the campaign because it:

- assessed the needs of families experiencing homelessness
- allowed for the identification of which 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 young families

Young families were identified as single parents or couples with children where the head of household who completed the interview was 25 years or younger. Young families accounted for 27.8% of all families surveyed. Of the 74 young families surveyed:

 94.6% of parents who completed the survey were women (n=70), 4% of were men (n=3), and none were transgender. 1 parent did not state their gender

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- 67.6% were single parent families (n=50) and 32.4% were two-parent families (n=24)
- overall 98% (n=49) of single-parent families were headed by a woman, and 2% (n=1) were headed by a man
- 24.3% identified as Aboriginal or Torres Strait Islander (n=18)
- 2.7% of parents who completed the survey identified as lesbian, gay or bisexual¹(n=2)
- average duration of homelessness was 1.8 years
- there was a total of 81 children under 18 in the families surveyed
- the average age of children was 2.6 years
- the average number of children in each family was 1.1
- the youngest child was 1 month old.

Table 1: Age range of children in families

AGE RANGE	NUMBER OF Children	PERCENTAGE OF Children
Babies – 2 yrs	50	62%
3 yrs – 5 yrs	24	30%
6 yrs – 12 years	4	5%
13 yrs - 18 yrs	3	4%
Total	81	100%

Acuity of homelessness

Acuity of homelessness represents the level of vulnerability of individuals based on a scoring system and identifies those who are the highest priority for housing and support. Scoring is done through the VI-F-SPDAT. Those that score 0-5 in this assessment require only affordable housing. Those that score 6-11 require affordable housing and brief support. Those that score 12 or more require affordable housing and long-term assistance

Figure 1: Level of support required (Acuity)

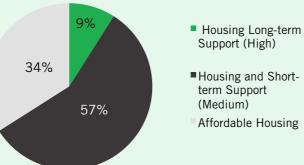


Figure 1 above shows the breakdown of support required for young families.

This represents where to target intervention and the level of intervention needed for young families. The chart illustrates that 9% (n=7) of young families require immediate housing plus long-term support to assist them live a more fulfilling life and maintain tenancy.

A further 57% (n=42) require housing and short-term support to transition the family into a stage where they can live a fulfilling life without too much ongoing support. 34% require affordable housing alone to assist them out of homelessness and towards a more stable life (n=25).

Health overview

In terms of health, a number of findings from observed and self-reported data are presented in table 2 below².

Table 2: Health issues

HEALTH FACTOR	NUMBER OF ADULT FAMILIES	PERCENTAGE OF Adult families
Asthma	39	52.7%
mental health issues	31	41.9%
Substance use	26	35.1%
Dual diagnosis	17	23%
Heart disease	11	14.9%
Trimorbidity	9	12.2%

table continued 8 10.8% Heat exhaustion 4 Cancer 5.4% Alcohol daily for 3 4% 30 days Tuberculosis 3 4% Injection drug use 2 2.7% 2 2.7% Emphysema 2 2.7% Physical disability Diabetes 1 1.4% 1 1.4% Hepatitis C 1 1.4% Liver disease 1 1.4% Kidney disease 0 0% **HIV-AIDS**

While families (and young families in particular) tend to be lower in acuity for health than individuals, these health Figure 2 above displays the levels of health system factors are considerable. Of most concern is the fact that usage. The number at the end of each bar indicates the 12.2% (n=9) of young families have at least one family number of people who used each service for each level member who has mental health issues, abuse substances of usage. For example, 1 family accessed an emergency and a serious medical condition. department (ED) at a hospital more than 10 times in the past 6 months.

Hospitalisations and ER admissions

Table 3: Health system usage

	EMERGENCY DEPARTMENT ADMISSIONS	AMBULANCE TRANSPORTS	HOSPITALISA- Tions
# OF FAMILIES	41	28	23
% OF FAMILIES	55.4%	37.8%	31.1%
TOTAL # OF Incidents	121	61	44
COST TO HEALTH System ³	\$225,544	\$39,650	\$205,040

TOTAL COST TO HEALTH SYSTEM IN PAST 6 MONTHS = \$470, 234

3. 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.

1. Refers to the head of household who completed the survey.

2. Familes had at least 1 family member suffering from a specific condition.

Table 3 (left) outlines the substantial rates of high-cost
 health system usage by young families experiencing or at risk of homelessness.

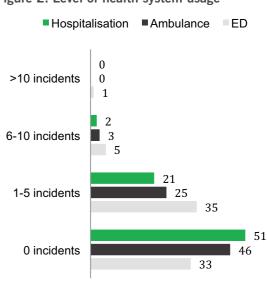


Figure 2: Level of health system usage

Mental health and disability

- 23% had a family member taken to hospital for mental health reasons against their will (n=17)
- 28.4% had a family member go to the emergency department at a hospital due to mental health concerns (n=21)
- 41.9% had a family member who had spoken to a mental health professional in the last 6 months due to mental health concerns (voluntarily and involuntarily) (n=31)
- 8.1% have a family member with a serious brain injury or who had experienced head trauma (n=6)
- 25.7% have a family member with a learning or developmental disability (n=19)



- 48.6% have a family member who has problems with concentration and memory (n=36)
- 8.1% exhibited signs of severe, persistent mental illness or severely compromised cognitive functioning (n=6).

Prison and watch houses

- 10.8% of parents who completed the survey have been to prison (n=8)
- 36.5% of parents who completed the survey⁴ have been detained in a watch house (n=27).

Trauma

• 50% of families had a family member who had experienced trauma (including emotional, physical, psychological or sexual trauma) for which they had not sought help, and/or which had caused the family's homelessness (n=37).

Victims of violence

• 25.7% of families had a family member who reported being a victim of violence while homeless (n=19).

Foster care/ institutional care and child protection

- 23% of parents surveyed4 reported being in foster or institutional care as a child (n=17)
- 24.3% of families had contact with child protection services in the past 6 months (n=18).

Family Court

• 10.8% of families had contact with the family court in the past 6 months (n=8).

Schooling

 2.7% of families had school-aged children who were not enrolled in school or had missed more days of school than they had attended in the past semester (n=2).

Family stability

- 45.9% of families had changes in the adults staying with them in the past year due to factors such as new relationships/relationship breakdowns, prison or military deployment (n=34). The average number of times changes had occurred was 2.2.
- 23% of families had children separated from or returned to the family over the past year (n=17). The average number of times this occurred was 4.6.

Activities beyond survival

 48.6% of families did not have planned activities for enjoyment each day other than just surviving (n=36).