



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 **DISABILITY**

This factsheet represents a snapshot of 217 individuals receiving a Disability Support Pension who were surveyed in the Brisbane region while experiencing homelessness. 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, 217 individuals who were homeless or vulnerably housed were surveyed using the Vulnerability Index - Service Prioritisation Decision Assistance Tool (VI-SPDAT) and found to be recipients of a Disability Support Pension (DSP).

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 individuals receiving a DSP

Of the 217 individuals surveyed:

- the majority or 72% were male, 28% were female and none were transgender
- 17% identified as Aboriginal or Torres Strait Islander
- 5% identified as lesbian, gay or bisexual
- average duration of homelessness was 4.6 years
- 9% were 24 years old or under (n=20).

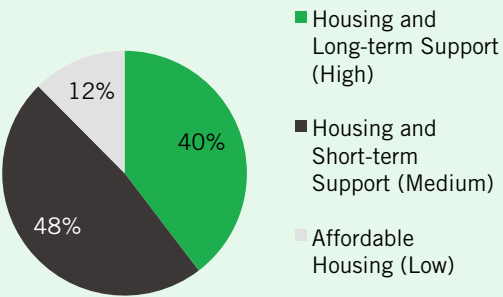
Acuity of homelessness

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.

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

The following pie chart shows acuity for individuals receiving a DSP who were surveyed during the Brisbane Registry period.

Figure 1: Level of support required (Acuity)



The pie chart shows where to target intervention and the level of intervention needed for individuals receiving a DSP. The chart illustrates that all but 12% of this population will require some form of tenancy support to assist them live a more fulfilling life and maintain their tenancy once housed.

40% of individuals surveyed will require immediate housing plus long-term support (n=86), while a further 48% will require housing and short-term support to transition those individuals into a stage where they can live a fulfilling life (n=104).

Lastly 12% of individuals surveyed will require affordable housing alone to assist them towards a more stable life (n=27).

Table 1: Where surveyed DSP recipients sleep most frequently

SLEEPING TYPE	#	%
Sleeping rough	61	28%
Emergency accommodation	31	14%
Boarding houses	50	23%
Caravan parks	23	11%
Indigenous hostels	8	4%
Friends/family (couch surfers)	21	10%
Temporary accommodation	8	4%
Other	13	6%
Total	217	100%

Table 1 illustrates the distribution of DSP recipients surveyed according to their most frequent place of living. Of serious concern is the high proportion of surveyed individuals receiving a DSP who reported sleeping rough or in emergency accommodation with no tenure (42% in total).

Health overview

Table 2 illustrates the high level of physical and mental health needs of surveyed individuals receiving a DSP. A high proportion of this population group experience complex mental health issues (74%), substance use issues (71%), or both (58%) and require ongoing care coordination and access to appropriate primary and specialist health services. Appropriate healthcare and support is even more critical for those identifying as trimorbid (54%), that is they have a serious medical condition, combined with a mental health issue as well as a drug or alcohol issue.

Table 2: Health factors for surveyed DSP recipients

HEALTH FACTOR	PERCENTAGE OF RESPONDENTS (N=217)
Mental health issues	74%
Substance use	71%
Heart disease	27%
Physical disability	33%
Tri-morbidity	54%
Dual diagnosis	58%
Alcohol daily for 30 days	28%
Heat exhaustion	30%
Asthma	31%
Dental issues	64%
Diabetes	10%
Emphysema	10%
Liver disease	15%
Hepatitis C	22%
Convulsions	14%
Cancer	9%
Injection drug use	22%
Kidney disease	6%
Tuberculosis	2%
HIV-AIDS	1%

Hospitalisations and ED admissions

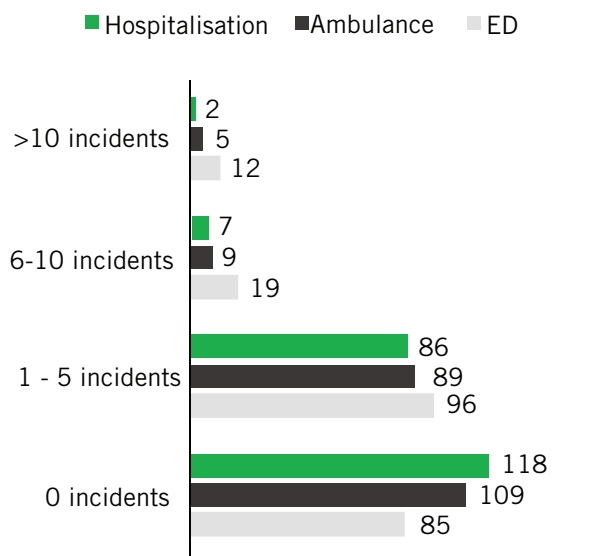
Table 3: Health system usage¹

	EMERGENCY DEPARTMENT ADMISSIONS	AMBULANCE TRANSPORTS	HOSPITALISATIONS
Total # of people using the ED, ambulance or hospital services	127	103	95
Total # of incidents	634	419	259
Average	5.0	4.1	2.7
Cost to Health System ²	\$1,181,776	\$272,350	\$1,206,940

TOTAL COST TO HEALTH SYSTEM IN PAST 6 MONTHS = \$2,661,066

Table 3 outlines the rates of high-cost health system usage across 6 months (September 2013 – March 2014) by DSP recipients and their families experiencing or at risk of homelessness.

Figure 2: Level of health system usage



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.



Figure 2 displays the levels of health system usage for DSP recipients surveyed. The number at the end of each bar indicates the number of people who used each service for each level of usage. For example, 19 people accessed an emergency department (ED) at a hospital 6 to 10 times each in the 6 months through to March 2014.

Mental health and disability

- 41% have been taken to hospital for mental health reasons against their will (n=88)
- 54% have gone to the emergency department at the hospital due to mental health concerns (n=118)
- 60% 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=130)
- 33% had a serious brain injury or have experienced head trauma (n=71)
- 41% have a learning or developmental disability (n=90)
- 66% have problems with concentration and memory (n=143)
- 32% exhibited signs of severe, persistent mental illness or severely compromised cognitive functioning (n=69)

- 33% have a permanent physical disability that limits their mobility (n=71).

Prison, watch houses and youth detention

- 48% of people reported having been to prison (n=104)
- 75% of people reported having been detained in a watch house (n=162)
- 21% of people reported having been in youth detention (n=46).

Trauma and victimisation

- 53% had experienced trauma (including emotional, physical, psychological or sexual trauma) for which they had not sought help, and/or had caused their homelessness (n=115)
- 47% of people reported being victims of violence while homeless (n=102).

Foster care or institutional care

- 30% of people reported having been in foster or institutional care as a child (n=66).