

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

500 Lives 500 Homes — 268 women have a home

This factsheet highlights the health conditions and psycho-social profiles of 268 women permanently housed through the 500 Lives 500 Homes Campaign as at 30 November 2016.

It has been compiled during <u>Orange the</u> world:16 days of activism against gender violence.

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.

500 Lives 500 Homes is a meaningful collaboration between government, community and business. The campaign is connected with the <u>Queensland Government's Homelessness to Housing Strategy 2020</u> to deliver a coordinated approach to ending homelessness in Brisbane and includes 35 partnering agencies from across Brisbane.

A goal of the campaign is to identify and survey people experiencing homelessness using the

Vulnerability Index – Service Prioritisation Decision Assistance Tool and house 500 of these households by March 2017. The campaign acknowledges the growing number of women experiencing homelessness in Brisbane. As at 30 November 2016, campaign partners have collectively assisted 268 women with 317 children into their own safe, secure, permanent housing.

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 someone's ability to access stable housing and maintain tenancies.

The VI-SPDAT merges the Vulnerability Index (the survey tool based on the research of Dr Jim O'Connell and Dr Stephen Hwang) 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
- 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 women housed

Of the 268 women housed to date:

- 118 women (including 49 aged 24 years or under) presented on their own
- 150 women (including 56 aged 24 years or under) presented with their children
- 34% identified as Aboriginal or Torres Strait Islander (n=91)
- Average duration of homelessness was 2.3 years.

Acuity of homelessness

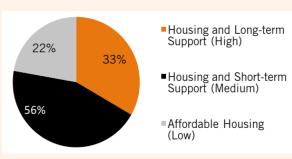
Acuity of homelessness represents the level of vulnerability of individuals based on a scoring system and identifies those who are at highest priority for housing and support. Scoring is done through the VI-SPDAT.

Individuals scoring 0-4 and families scoring 0-5 in this assessment require only affordable housing. Individuals scoring 5-9 and families scoring 6-11 require affordable housing and brief support. Individuals scoring 10 or more and families scoring 12 or more require affordable housing and long-term assistance.

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

Figure 1: Level of support required (Acuity)

The pie chart shows where to target intervention and the level of intervention needed for those surveyed.



The chart illustrates that 33% of people will require immediate housing plus long-term support to assist them live a more fulfilling life and maintain their tenancy (n=89).

A further 44% will require housing and short-term support to transition those individuals into a stage where they can live a fulfilling life (n=119).

Lastly 22% of women housed will require minimal assistance to sustain their tenancy upon moving into affordable housing (n=60).

Health overview

A proportion of women housed through the campaign experience complex physical and mental health issues requiring ongoing management and access to appropriate primary and specialist health services. Of concern is the fact that over a third of individuals (35.8%, n=28) are tri-morbid, that is they have a serious medical condition, combined with mental health issues, and drug and alcohol issues.

Table 1: Health issues

HEALTH FACTOR	NUMBER OF WOMEN OR FAMILY MEMBERS	% OF WOMEN OR FAMILY MEMBERS
Substance use issues	152	57%
Dental issues	77	29%
Mental health issues	156	58%
Dual Diagnosis	117	44%
Tri-morbidity	120	45%
Alcohol daily 30 days	41	15%
Asthma	130	49%
Injection drug use	39	15%
Heart disease	50	19%
Hepatitis C	35	13%
Liver disease	25	9%

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Diabetes	24	9%
Emphysema	22	8%
Cancer	28	10%
Kidney disease	4	5%
Tuberculosis	<4	<4%
HIV-AIDS	0	0%

Hospitalisations and ED admissions

Table 2: Health system usage

	EMERGENCY DEPARTMENT ADMISSIONS	AMBULANCE TRANSPORTS	HOSPITAL- ISATIONS
# of people	155	120	110
% of people	58%	45%	41%
Total # of incidents	543	326	283
Cost to Health System ²	\$1.01mil	\$211,900	\$1.32mil

TOTAL COST TO HEALTH SYSTEM EVERY 6
MONTHS WHILE EXPERIENCING HOMELESSNESS
WAS \$2.54 MILLION

Table 2 outlines the substantial rates of high-cost health system usage by women or members of their family while they were experiencing homelessness.

Mental health and disability

- 24% have been taken to hospital for mental health reasons against their will (n=65)
- 32% have gone to the emergency department at the hospital due to mental health concerns (n=87)
- 46% 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=124)

- 19% had a serious brain injury or have experienced head trauma (n=52)
- 29% have a learning or developmental disability (n=79)
- 62% have problems with concentration and memory (n=165)
- 18% exhibited signs of severe, persistent mental illness or severely compromised cognitive functioning (n=48).

Prison, police cells and youth detention

- 19% of people reported having been to prison (n=52)
- 46% of people reported having been detained in a police cell (n=124).

Trauma and victimisation

- 63% had experienced trauma (including emotional, physical, psychological or sexual trauma) for which they had not sought help, and/or had caused their homelessness (n=168)
- 35% of people reported being victims of violence while homeless (n=93).

Foster care or institutional care

• 24% of people reported having been in foster or institutional care as a child (n=19).

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.



When the nurses at the Royal Brisbane and Women's Hospital neonatal unit told Rebecca she could finally take her son home she broke down crying, not with joy, but with fear and dread.

"I desperately wanted him but I was homeless. I had nowhere to take him."

Rebecca had been living in a granny flat, her premature son still a patient in the hospital when she was evicted. The social worker at the hospital put her in contact with a community organisation that is part of the 500 Lives 500 Homes campaign.

Rebecca and her son spent the next three weeks staying with her sister and family in a tiny apartment while the community organisation set to work finding an emergency housing solution.

The organisation was able to make the case for Rebecca and her son to access emergency crisis housing through Churches of Christ, a highly valued partner in the mission to end homelessness. Rebecca and her son's housing placement was part of the 500 Lives 500 Homes campaign.

"I was juggling a preemie baby so they did all the paperwork for me. I cried when they told me they had found somewhere for us to live," Rebecca said.

"I don't know where I'd be today without them. They've taught me it doesn't make you a bad person to ask for help."

"My life has had a lot of bumps and challenges, but everything I've gone through has made me a stronger person."

"I now tell people in trouble that there is a light at the end of the tunnel. I've seen it myself. Asking for help is not a failure. Sometimes you just need help, so don't be afraid to ask."