



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 **Youth**

This factsheet represents a snapshot of 235 individual young people 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, 235 young people 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 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 following needs of the campaign as it:

- ascertained the support needs of residents
- allowed for the identification of which individuals that had the highest priority for 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 people:

Young people were identified as being under the age of 25. Young people accounted for 33.9% of all individuals. Of the 235 young people surveyed:

- overall 51.5% (n=121) were female, 46% (n=108) were male and 0.8% were transgender (n=2). 4 people declined to answer

- 22.6% identified as Aboriginal or Torres Strait Islander (n=53)
- 11.5% identified as lesbian, gay or bisexual (n=27)
- average duration of homelessness was 2 years.

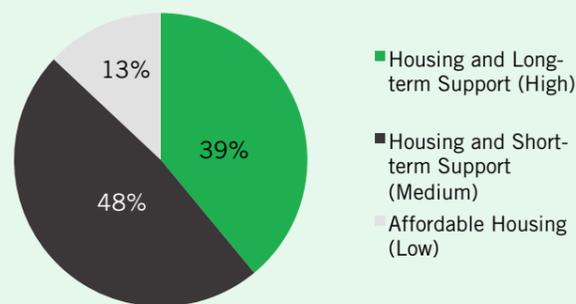
• **Table 1: Age breakdown**

14 – 17 yrs	18 - 21 yrs	22 – 24 yrs	NO ANSWER/ DATA CORRECTED
95	99	35	6

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-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 the breakdown of support required for young people.

Figure 1: Level of support required (Acuity)



The pie chart shows where to target intervention and the level of intervention needed for young people. The chart illustrates that 39% of young people will require immediate housing plus long-term support to assist them live a more fulfilling life and maintain tenancy (n=92). A further 48% will require housing

and short-term support to transition into a stage where they can live a fulfilling life without too much ongoing support (n=112). Lastly, 13% of young people will require affordable housing alone to assist them out of homelessness and towards a more stable life (n=31).

Table 2: Acuity by sleeping arrangement

SLEEPING TYPE	NUMBER OF YOUNG PEOPLE	PERCENTAGE OF YOUNG PEOPLE
Rough sleeping	55	23.4%
Couch surfing	75	31.9%
Emergency/Crisis Accommodation	33	14%
Temporary Accommodation	31	13.2%
Other	41	17.4%

Of note is that 100% (n=55) of young rough sleepers have a high or medium acuity requiring some type of support (short or long) to end their homelessness and lead more fulfilling lives.

Health overview

Table 3: Health issues

HEALTH FACTOR	NUMBER OF YOUNG PEOPLE	PERCENTAGE OF YOUNG PEOPLE
Substance use	156	66.4%
Mental health issues	113	48.1%
Dual Diagnosis	92	39.1%
Trimorbid	89	37.9%
Asthma	86	36.6%
dental issues	86	36.6%
Alcohol daily	61	26%
Heat exhaustion	61	26%
Injection Use	42	17.9%
Heart disease	22	9.4%
Hep C	18	7.6%
Convulsions	17	7.2%
Liver	12	5.1%
physical disability	10	4.2%
Kidney	9	3.8%
Diabetes	9	3.8%
Cancer	3	1.3%
Tuberculosis	2	0.8%
Emphysema	2	0.8%
HIV-AIDS	0	0

Table 3 details some of the health challenges faced by young people experiencing homelessness. A high proportion of young experience serious and on-going physical and mental health difficulties that require ongoing management and access to appropriate primary and specialist health services.

Of serious concern is that almost 40% of young people are tri-morbid, with a serious medical condition, combined with mental health issues and drug and

alcohol issues. This is close to the tri-morbidity experienced by adults in this survey.

Hospitalisations and ED admissions

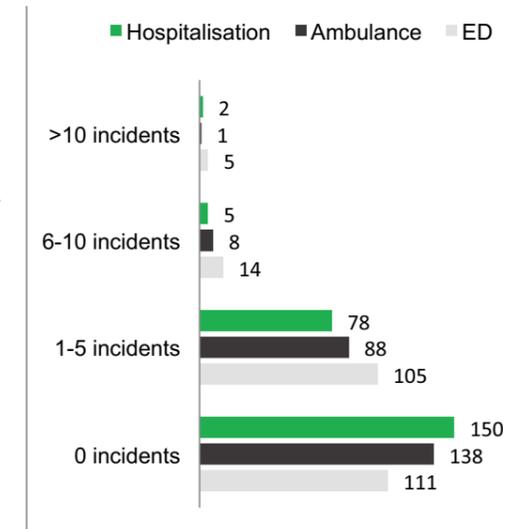
Table 4: Health system usage

	EMERGENCY DEPARTMENT ADMISSIONS	AMBULANCE TRANSPORTS	HOSPITALISATIONS
# OF PEOPLE	124	97	85
% OF PEOPLE	52.8%	41.3%	36.2%
TOTAL # OF INCIDENTS	427	227	206
COST TO HEALTH SYSTEM ¹	\$795,928	\$147,550	\$959,960

TOTAL COST TO HEALTH SYSTEM IN PAST 6 MONTHS = \$1.9 MILLION

Table 4 outlines the substantial rates of high-cost health system usage by young individuals 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 (page 3) 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, 5 young people accessed an emergency department (ED) at a hospital more than 10 times each in the past 6 months.

Mental health and disability

- 31.1% have been taken to hospital for mental health reasons against their will (n=73)
- 28.1% have gone to the emergency department due to mental health concerns (n=66)
- 52.9% 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)
- 13.2% had a serious brain injury or have experienced head trauma (n=31)
- 32.8% have a learning or developmental disability (n=77)
- 68.1% have problems with concentration and memory (n=160)
- 17% exhibited signs of severe, persistent mental illness or severely compromised cognitive functioning (n=40).

Prison, watch houses and youth detention

- 19.6% young people reported having been in youth detention (n=46). 20 out of the 46 (43.5%) had also been in foster care
- 11.5% young people reported having been to prison (n=27)
- 49.8% young people reported having been detained in a watch house (n=117).

Trauma and victimisation

- 55.7% had experienced trauma (including emotional, physical, psychological or sexual trauma) which they had not sought help for and/or had caused their homelessness (n=131)
- 45.5% had been victims of violence since becoming homeless (n=107).

Foster care or institutional care

- 29.8% young people reported having being in foster or institutional care as a child (n=70).