



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 **OLDER INDIVIDUALS**

This factsheet represents a snapshot of 133 older individuals 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 the Brisbane Local Government Area, 459 people aged 25 years and over 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 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 older adult individuals

Of individuals surveyed there were 133 people aged 50 years and over, 23 people aged 65 and over. Of the 133 people aged 50 and over surveyed:

- the majority or 83.4% were male (n=111), 16.5%

- were female (n=22) and none were transgender
- 12.8% identified as Aboriginal or Torres Strait Islander (n=17)
- 1.5% identified as lesbian, gay or bisexual (n=2)
- average duration of homelessness was 5 years.

The demographic data shows a substantially higher proportion of Aboriginal or Torres Strait Islanders compared to the proportion of Aboriginal or Torres Strait Islander people 50 years and older within the general population of the Brisbane Local Government Area, at 12.8% compared to 1.3%.

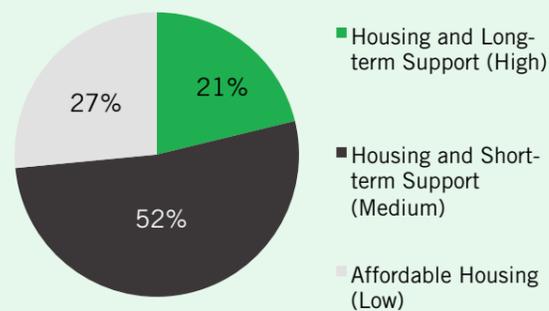
Acuity of homelessness

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.

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 acuity for older people surveyed during the Brisbane Registry period.

Figure 1: Level of support required (acuity) 50 years and older

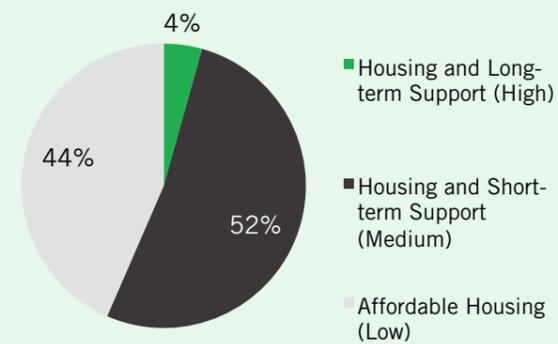


The pie chart shows where to target intervention and the level of intervention needed for older people. The chart illustrates that 21% of individual will require immediate housing plus long-term support to assist them live a more fulfilling life and maintain their tenancy (n=28).

A further 51.9% will require housing and short-term support to transition those individuals into a stage where they can live a fulfilling life (n=69).

Lastly 27.1% of individuals will require affordable housing alone to assist them towards a more stable life (n=36).

Figure 2: Level of support required (acuity) 65 years and older

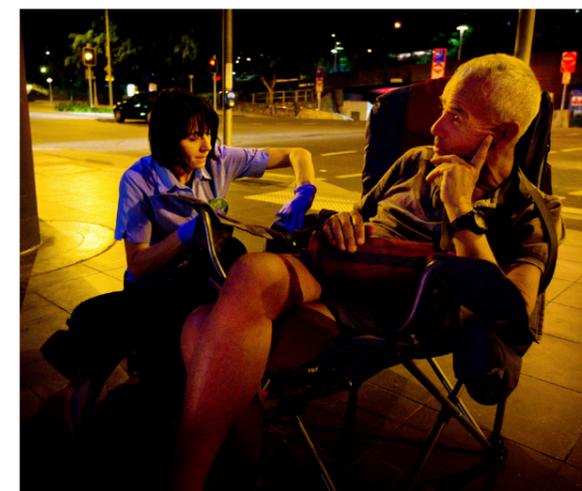


The acuity of people aged 65 and over is substantially lower than those aged 50 and over. This may be due to the fact that people of this age who are homeless are more likely to pass away due to chronic or acute health conditions.

Table 1: Where older people sleep

SLEEPING TYPE	50 YEARS AND OVER	65 YEARS AND OLDER
Rough sleepers	26	3
Boarding houses	34	5
Emergency accommodation	14	1
Indigenous hostels	8	0
Caravan parks	21	6
Friends/family (couch surfers)	12	3
Temporary accommodation	6	1
Hotel/motel	2	2
Other	10	2
Total	133	23

Table 1 illustrates the distribution of older people according to their most frequent place of living. Of serious concern is the numbers of over 50's who are sleeping rough, at 19.5% (n=26).



Photography: Patrick Hamilton

Health overview

Table 2: Health factors for over 50s

HEALTH FACTOR	NUMBER OF RESPONDENTS (N=133)	PERCENTAGE OF RESPONDENTS
Mental health issues	66	49.6%
Substance use	63	47.4%
Dental issues	55	41.4%
Heart disease	45	33.8%
Physical disability	45	33.8%
Trimorbidity	44	33.1%
Dual diagnosis	41	30.8%
Alcohol daily for 30 days	31	23.3%
Heat exhaustion	30	22.6%
Asthma	27	20.3%
Diabetes	21	15.8%
Emphysema	18	13.5%
Liver disease	17	12.8%
Hepatitis C	17	12.8%
Cancer	16	12%
Convulsions	13	9.8%
Injection drug use	11	8.3%
Kidney disease	10	7.5%
Tuberculosis	3	2.3%
HIV-AIDS	2	1.5%

Table 3: Health factors for over 65s

HEALTH FACTOR	NUMBER OF RESPONDENTS (N=23)	PERCENTAGE OF RESPONDENTS
Heart disease	9	39.1%
Physical disability	9	39.1%

table continued		
Diabetes	7	30.4%
Mental health issues	6	26.1%
Cancer	5	21.7%
Emphysema	4	17.4%
Substance use	4	17.4%
Dental issues	4	17.4%
Kidney disease	3	13%
Liver disease	3	13%
Heat exhaustion	3	13%
Hepatitis C	2	8.7%
Asthma	2	8.7%
Dual diagnosis	2	8.7%
Trimorbidity	2	8.7%
Tuberculosis	1	4.3%
Alcohol daily for 30 days	1	4.3%
HIV-AIDS	0	0%
Injection drug use	0	0%
Convulsions	0	0%

Table 2 and 3 illustrate the high level of physical and mental health needs of older people surveyed. A high proportion of older people who are homeless experience complex physical and mental health issues requiring ongoing management and access to appropriate primary and specialist health services. Of serious concern is the fact that 33.1% (n=44) are tri-morbid, that is they have a serious medical condition, combined with mental health issues, and drug and alcohol issues.

Hospitalisations and ED admissions

Table 4: Health system usage

	EMERGENCY DEPARTMENT ADMISSIONS	AMBULANCE TRANSPORTS	HOSPITALISATIONS
# AGED 50+	57	41	46
# AGED 65+	5	5	7
% AGED 50+	42.8%	30.8%	34.6%
% AGED 65+	21.7%	21.7%	30.4%
TOTAL # INCIDENTS FOR 50+	191	107	123

table continued			
TOTAL # INCIDENTS FOR 65+	14	9	14
COST TO HEALTH SYSTEM²	\$356,024	\$69,550	\$573,180

TOTAL COST TO HEALTH SYSTEM IN PAST 6 MONTHS = \$998, 754

Table 4 outlines the substantial rates of high-cost health system usage by older people experiencing or at risk of homelessness.

Figure 3: Level of health system usage – over 50s

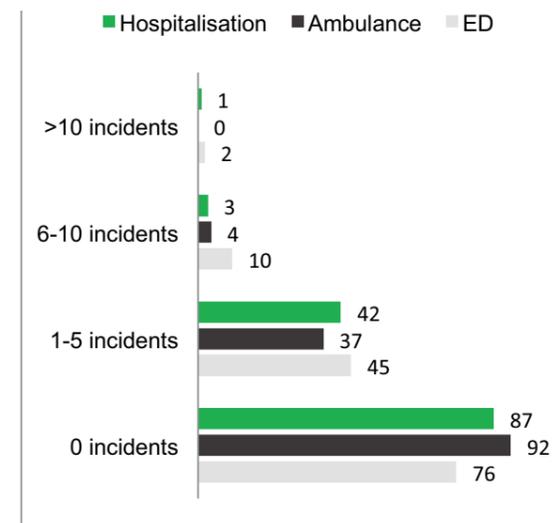


Figure 4: Level of health system usage – over 65s



2. 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.



Above: Acting Inspector Corey Allen speaking at the 500 Lives 500 Homes Community Forum.

Figure 3 and 4 display the levels of health system usage for over 50s and over 65s. The number at the end of each bar indicates the number of people who used each service for each level of usage. For example, 2 people over the age of 50 accessed an emergency department (ED) at a hospital more than 10 times each in the past 6 months.

Mental health and disability for over 50

- 22.6% have been taken to hospital for mental health reasons against their will (n=30)
- 30.1% have gone to the emergency department at the hospital due to mental health concerns (n=40)
- 39.8% 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=53)
- 23.3% had a serious brain injury or have experienced head trauma (n=31)
- 22.6% have a learning or developmental disability (n=30)
- 54.9% have problems with concentration and memory (n=73)
- 14.3% exhibited signs of severe, persistent mental illness or severely compromised cognitive functioning (n=19).

Prison, watch houses and youth detention for over 50s

- 39.8% of people reported having been to prison (n=53)
- 57.1% of people reported having been detained in a watch house (n=76)
- 11.3% of people reported being in youth detention at some point (n=15).

Trauma and victimisation for over 50s

- 41.4% had experienced trauma (including emotional, physical, psychological or sexual trauma) for which they had not sought help, and/or had caused their homelessness (n=55)
- 36.1% of people reported being victims of violence while homeless (n=48).

Foster care or institutional care for over 50s

- 21.8% of people reported having been in foster or institutional care as a child (n=29).