



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 **VETERANS**

This factsheet represents a snapshot of 33 veterans experiencing homelessness who were 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, 33 veterans who were homeless or vulnerably housed were surveyed using the Vulnerability Index - Service Prioritisation Decision Assistance Tool (VI-SPDAT). A further 11 surveys were completed with respondents presenting as a family unit who are themselves a veteran or have an immediate family member who is a veteran.

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 veterans

Of the 33 individuals surveyed:

- the majority or 85% were male, 15% were female and none were transgender
- less than 15% identified as Aboriginal or Torres Strait Islander
- less than 15% identified as lesbian, gay or bisexual
- average duration of homelessness was 4.3 years
- the youngest respondent was 25 and the eldest was 71 years old
- the average age was 49 years old.

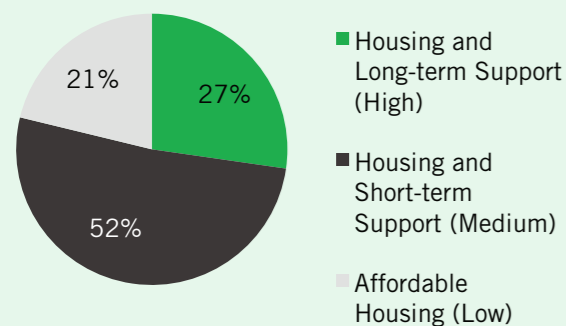
### Acuity of homelessness

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 veterans 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 veterans. The chart illustrates that 27% of veterans surveyed will require immediate housing plus long-term support to assist them live a more fulfilling life and maintain their tenancy (n=9).

A further 52% will require housing and short-term support to transition those individuals into a stage where they can live a fulfilling life (n=17).

Lastly 21% of veterans surveyed will require affordable housing alone to assist them towards a more stable life (n=7).

**Table 1: Where surveyed veterans sleep most frequently**

SLEEPING TYPE	#	%
Sleeping rough	8	24%
Boarding houses	9	27%
Caravan parks	6	18%
Indigenous hostels	0	0%
Friends/family (couch surfers)	<5	<15%
Temporary accommodation	<5	<15%
Emergency accommodation	<5	<15%
Other	<5	<15%
<b>Total</b>	<b>33</b>	<b>100%</b>

**Table 1** illustrates the distribution of veterans surveyed according to their most frequent place of living. Of serious concern is the proportion of veterans surveyed who reported sleeping rough (24%).

### Health overview

**Table 2** illustrates the high level of physical and mental health needs of veterans. A high proportion of veterans surveyed experience complex mental health issues (58%), substance use issues (61%), or both (39%) 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 (33%), 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 veterans and their families**

HEALTH FACTOR	PERCENTAGE OF RESPONDENTS (N=33)
Mental health issues	58%
Substance use	61%
Heart disease	30%
Physical disability	33%
Tri-morbidity	33%
Dual diagnosis	39%
Alcohol daily for 30 days	30%
Heat exhaustion	30%
Asthma	15%
Dental issues	52%
Diabetes	18%
Emphysema	<15%
Liver disease	18%
Hepatitis C	<15%
Convulsions	<15%
Cancer	18%
Injection drug use	18%
Kidney disease	<15%
Tuberculosis	0%
HIV-AIDS	0%

### Hospitalisations and ED admissions

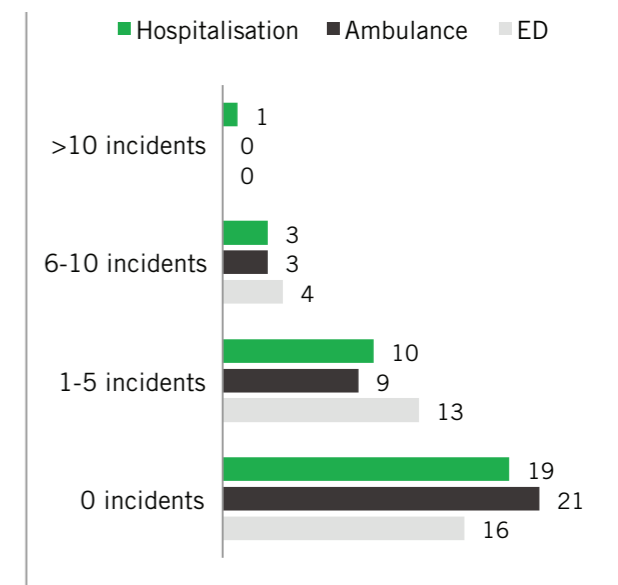
**Table 3: Health system usage<sup>1</sup>**

	EMERGENCY DEPARTMENT ADMISSIONS	AMBULANCE TRANSPORTS	HOSPITALISATIONS
Total # of people using the ED, ambulance or hospital services	17	12	14
Total # of incidents	50	40	53
Average	2.9	3.3	3.8
Cost to Health System <sup>2</sup>	\$93,200	\$26,000	\$246,980

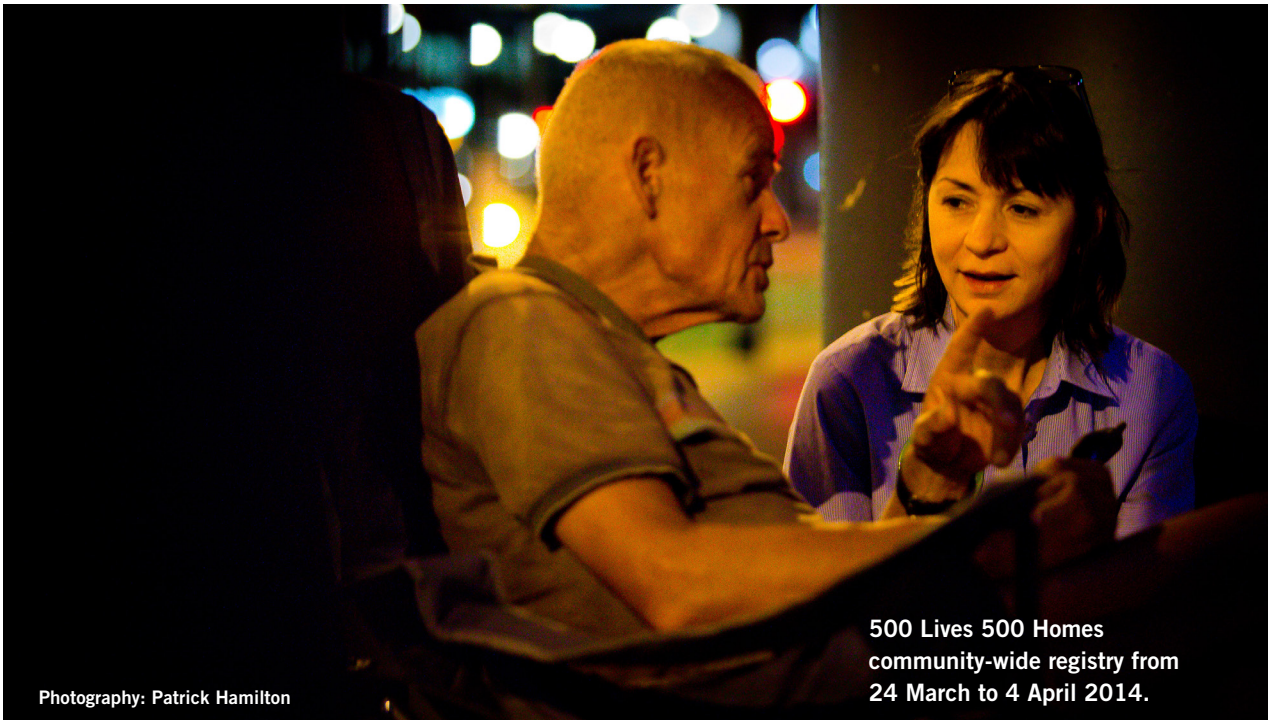
**TOTAL COST TO HEALTH SYSTEM IN PAST 6 MONTHS = \$366,180**

**Table 3** outlines the rates of high-cost health system usage across 6 months (September 2013 – March 2014) by veterans 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.



Photography: Patrick Hamilton

500 Lives 500 Homes  
community-wide registry from  
24 March to 4 April 2014.

**Figure 2** displays the levels of health system usage for veterans 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, 4 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

- 36% have been taken to hospital for mental health reasons against their will (n=12)
- 55% have gone to the emergency department at the hospital due to mental health concerns (n=18)
- 52% 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=17)
- 33% had a serious brain injury or have experienced head trauma (n=11)
- 30% have a learning or developmental disability (n=10)
- 58% have problems with concentration and memory (n=19)
- 15% exhibited signs of severe, persistent mental illness or severely compromised cognitive functioning (n=5)

- 33% have a permanent physical disability that limits their mobility (n=11).

### Prison, watch houses and youth detention

- 45% of people reported having been to prison (n=15)
- 58% of people reported having been detained in a watch house (n=19)
- <15% of people reported having been in youth detention (n<5).

### Trauma and victimisation

- 45% had experienced trauma (including emotional, physical, psychological or sexual trauma) for which they had not sought help, and/or had caused their homelessness (n=15)
- 36% of people reported being victims of violence while homeless (n=12).

### Foster care or institutional care

- 15% of people reported having been in foster or institutional care as a child (n=5).