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 Orange the
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 Queensland
Government’s Homelessness to Housing Strategy
2020 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
The pie 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

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

**Diabetes** 24 9%

**Emphysema** 22 9%

**Cancer** 28 10%

**Kidney disease** 4 5%

**Tuberculosis** <4 <4%

**HIV-AIDS** 0 0%

**Hospitalisations and ED admissions**

**Table 2: Health system usage**

<table>
<thead>
<tr>
<th></th>
<th>EMERGENCY DEPARTMENT ADMISSIONS</th>
<th>AMBULANCE TRANSPORTS</th>
<th>HOSPITALISATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people</td>
<td>155</td>
<td>120</td>
<td>110</td>
</tr>
<tr>
<td>% of people</td>
<td>58%</td>
<td>45%</td>
<td>41%</td>
</tr>
<tr>
<td>Total # of incidents</td>
<td>843</td>
<td>326</td>
<td>283</td>
</tr>
<tr>
<td>Cost to Health System²</td>
<td>$1.01mil</td>
<td>$211,900</td>
<td>$1.32mil</td>
</tr>
</tbody>
</table>

**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).
- 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)

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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 (2011) for the 2013-2014 financial year. Cost for ambulance transport taken from gross actual costs per incident reported in the 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.”