500 LIVES 500 HOMES

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

Emerging Trends VI-SPDAT **Supported Accommodation**

This factsheet represents a snapshot of 221 people surveyed in L3 Supported Accommodation in the Brisbane region. Data was collected and analysed for demographics, vulnerability 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 individuals, young people and families in the Brisbane Local Government Area. During Registry Fortnight across the Brisbane Local Government Area, 221 people in Supported Accommodation (Level 3 registration) 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 need and prioritise appropriate intervention.
Acuity refers to the level and severity of issues that impact on people's ability to sustain housing and access support.

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
- had been evaluated and has demonstrated validity (the tool measures what it claims to measure) and reliability (the results of the assessment are consistent).

As a part of the survey residents were asked a series of questions around their wellness, risks, socialization and dialing functioning, and their history of housing. Based on the complexity of their need a level of acuity was ascribed – this being long, short or that there support needs were sufficiently met.

Demographic overview of individuals:

Of the 221 people surveyed:

- the majority or 62% were male (n=137) and 36.6% were female (n=81)
- 1.4% did not state their gender (n=3)

Queensland Government

There was a wide age spread of people in supported accommodation with:
- the oldest person was 92 and the youngest person was 15 years of age
- average age was 53.9 years
- 45.7% were 55 years and under (n=101)
- 30.3% were aged 55 -64 (n= 67)
- 21. 3% were aged 65 and over (n=47)
- 2.7% did not specify their age (n=6)
- residents predominately identified as Australian

Acuity of Need

Figure 1: Level of support required (Acuity)

- Long-term Support (High) — 7%
- Short-term Support (Medium) — 49%
- Support needs are met — 44%
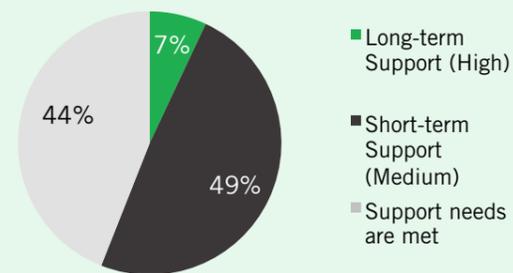
The pie chart above shows acuity for individuals surveyed during the Brisbane Registry period.The pie chart shows where to target intervention and the level of intervention needed for individuals.

For L3 supported accommodation residents their acuity takes into account the fact that they are already housed and have ongoing support.

The pie chart illustrates that 49.3% (n=109) of residents will require minimal support to maintain their tenancy.

A further 43.4% (n=96) of residents will require no further support than that which is already provided by the L3 supported accommodation providers.

Health overview

The health profile of L3 supported accommodation is presented in the table below.

Table 1: Self-reported health data

| HEALTH VARIABLE	NUMBER OF REPORTED CASES	PERCENTAGE OF SURVEYED
Alcohol daily last month	13	5.9%
Asthma	62	28.1%
Brain injury	53	24%
Cancer	22	10%
Cellulitis	2	0.9%
Convulsion	22	10%
Diabetes	54	24.4%
Dehydration	21	9.5%
Dental issues	91	41.2%
Epilepsy	32	14.5%
Emphysema	23	10.4%
Frostbite	5	2.3%
Heart condition	37	16.7%
Heat exhaustion	42	19%
Hepatitis C	20	9%
HIV+/AIDS	4	1.8%
Injection drug use	7	3.2%
Kidney disease	11	5%
Liver disease	16	7.2%
Scabies	3	1.4%
Skin infection	25	11.3%
Tuberculosis	4	1.8%

The findings included that 16.7% (n=37) of residents had a heart condition and 24.4% (n=54) are affected by diabetes. One of the highest health issues at 41.2% (n=91) is in relation to dental health.

These health statistics show the high level of needs for medical care of residents in Level 3 supported accommodation throughout Brisbane.

The above results highlight some of the reasons behind high acuity of individuals due to health concerns (outlined in Table 2 below). This includes the relatively high percentage of tri-morbidity of level 3 residents at 26.7% (n=59) meaning that they have mental health issues, abuse substances and have a serious medical condition.
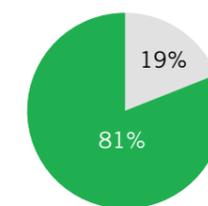
Figure 2: Complex health issues
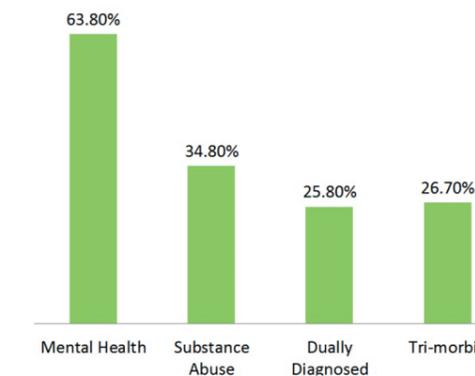
Other factors:

Victims of Violence:

The below findings demonstrate that even though residents are in L3 supported accommodation nearly one fifth are victims of violence.
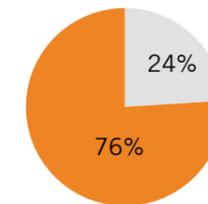

- Victim of violence — 19%
- No self reported — 81%

Brain injury or head trauma

Nearly one quarter of all residents reported having had a brain injury or trauma.

- Brain injury or head trauma — 24%
- No self reported brain injury or trauma — 76%

Learning and developmental disability

28.5% self-identified with being told that they have a learning disability or developmental disability.

- Intellectual or developmental disability — 29%
- No self reported disability — 71%
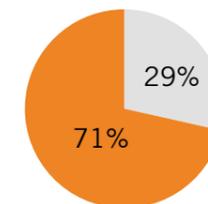
Foster care

15% or L3 residents identified having had a foster care experience.

- Foster care — 15%
- No self reported care experience — 85%