

MIDLAND CONNECTIONS WEEK 2019

Evaluation Report



Infographic

TOTAL
97 PEOPLE
SURVEYED

71 INDIVIDUAL
+
26 FAMILIES

Across the
suburb of Midland

AVERAGE
PARTICIPANT
AGE = **39** YEARS

OLDEST
64 YEARS = **10** YEARS HOMELESS

YOUNGEST
16 YEARS = **1** YEAR HOMELESS

13% IDENTIFIED
as LGBTI+ which is higher than the
estimated national average of 10%

92% OF FAMILIES
identified
as either Aboriginal
and/or
Torres Strait Islander

94% RECEIVED
BENEFITS
94% of participants were
receiving unemployment
benefits

5.9 YEARS
HOMELESS
On average, the individuals
interviewed during the Midland
Connections Week had been
homeless for 5.9 years

1 IN 4
Number of participants
that considered
they had a learning or
development disability.

While on the streets, participants
have been exposed to a number
of harmful activities.

30% of individuals
were forced to do
things by others

54% of individuals
were victims of
an attack

61% of individuals
had something
stolen



129
incidences
of chronic health
conditions

279 VISITS

Participants had visited hospital
emergency departments a total
of 279 times in the last six months

5.5
TIMES
On average the individuals
participating in
Midland Connections Week
had been housed and become
homeless again 5.5 times

55% DIDN'T SEEK
HELP FOR ABUSE
Among the individuals surveyed,
55 per have experienced trauma
or abuse that they have not
sought help for

20%
20% of individuals
have Hepatitis C

85% MENTIONED
A HOME
FOR SAFETY
When asked what do you need to be
safe and well? 85% of people's
answers featured a Home

Chief Executive Officer's Foreword



I would like to begin by acknowledging the City of Swan for partnering with us for Midland's first Connections Week, Indigo Junction's Board of Directors for supporting this vital initiative, Ruah Community Services for their expertise and support analysing and reporting the findings, and our wonderful staff and volunteers whose passion and commitment to ending homelessness has made Midland Connections Week a success.

The data we collected about some of the most vulnerable individuals and families in our community while confronting, was not unexpected. Demand for services has spiked in recent months

which would lead us to believe that homelessness in the Midland area is a growing concern and has become a very visual reminder that as a community, we have a responsibility to support those most vulnerable.

Connections Week has provided an evidence base to inform the way forward in ensuring that all members of our community have a safe place to live and grow.

Adele Stewart

Chief Executive Officer
Indigo Junction
August 2019

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Indigo Junction staff and volunteers gather for Connections Week 2019.

**MIDLAND
CONNECTIONS
WEEK 2019**



1. Introduction

**MIDLAND
CONNECTIONS
WEEK 2019**

This report presents the data of the Midland Connections week (Monday 20th May to Friday 24th May 2019). During this week, individuals and families experiencing homelessness in the Midland area were surveyed using the Vulnerability Index - Service Prioritisation Decision Assistance Tool (VI-SPDAT). In total, 97 people were surveyed, including 71 individuals and 26 families. This report builds a profile of the picture of homelessness in Midland, exploring the themes of health, justice, risk and vulnerability. The report also compares the profile of homelessness in Midland, to Registry Week data from Perth and Fremantle.

Compared to Perth and Fremantle, the uniqueness of the Midland Connections Week has been the large proportion of families surveyed and the capturing of their experiences through the VI-SPDAT data. The enduring and long-term nature of the homelessness experienced by the families and high levels of vulnerability and trauma experienced, were particularly significant. Many of the families had cycled in and out of homelessness multiple times in the last five years and were experiencing chronic health conditions, mental health difficulties, and/or alcohol and other drug use issues.

A common theme that came through among the families was the continued importance of connection within families, whether in reflecting on the importance of a home to keep the whole family safe and well, or in the importance of staying with friends and family as a temporary place to live. A larger number of the families compared to the individuals indicated that they still had planned activities in their lives that they enjoy.

The story among the individuals reflected high levels of trauma, complex tri and co-morbidities, low-levels of educational achievement and interactions with police and justice services. The picture of homelessness among the individuals in Midland was more diverse, split between those who had been chronically homeless, as well as those relatively new to the experience of homelessness. There was also more variation in the places where people sleep.

There were clear differences in the experiences of Aboriginal and non-Aboriginal homeless people in Midland. The Aboriginal people experiencing homelessness as individuals retained a strong connection to friends and family in the places they slept most often, and problematic use of alcohol and other drugs was slightly lower. However, among the individuals there were large numbers of people who had previous problems with alcohol and other drug use, and over half were still using alcohol and/or other drugs in a way they considered problematic.

Finally, chronic health issues were prolific across both the families and individuals surveyed. Many of the individuals interviewed had multiple chronic conditions. This was particularly evident among the Aboriginal individuals. Furthermore, there were high rates of asthma, heart disease and Hepatitis C. The result of the co-existence of mental health issues, problematic use of alcohol and other drugs with multiple chronic health conditions has resulted in the majority of the participants scoring high on the VI-SPDAT. This indicates a need for long-term wrap around supports, as well as stable and affordable accommodation.

This report explores these findings further, first outlining the methodology and giving more background and context to the VI-SPDAT and the City of Midland. Interspersed through the report are case studies drawn from the Connections Week data to provide the stories behind the lives of people experiencing homelessness in Midland.



Cassandra Martin (left) and Kiran Stanton (right), ready for day one of Connections Week.

2. Methodology

The Midland Connections Week took place Monday 20th May to Friday 24th May 2019. In total, 97 people were surveyed (71 individuals and 26 families) at sites across the suburb of Midland, including sites delivering community services and supports (Indigo Junction, Karnany Resource Centre, Dreambuilder's Food Centre). The surveys collected data on the experiences of people living in homelessness in Midland via the Vulnerability Index - Service Prioritisation Decision Assistance Tool (VI-SPDAT).¹ Registry weeks undertaken with the VI-SPDAT tool aim to provide a snapshot of homelessness in a given area at a specific point in time. There have been Registry Weeks conducted across Australia and internationally, including Perth (2012, 2014 and 2016), Fremantle (2016), Brisbane, Sydney, Melbourne and Hobart.²

VI-SPDAT

The VI-SPDAT was first developed by homelessness service providers in the United States in the late 1990s. The Vulnerability Index was based on research conducted by Stephan Wesley Hwang and Jim O'Connell on mortality risk factors associated with being homeless.³ It is a survey tool, originally designed for use in the US as part of the 100,000 Homes Campaign and ranks a person's vulnerability with respect to their risk of death and the length of time they have been homeless.⁴ The Service Prioritisation Decision Assistance Tool (SP-DAT) was developed by US-based organization OrgCode Consulting as a tool for triaging people experiencing homelessness with respect to their acuity. The VI-SPDAT combines both tools, resulting in a vulnerability score that corresponds to a given assessment of need:

1. A score between 0 and 4 corresponds to a need for long-term affordable housing alongside brief intervention support (for instance the provision of information or onward referral).
2. A score between 5 and 9 corresponds to a need for long-term affordable housing plus some short term supports, for instance with mental health, physical health or around substance abuse issues.

3. A score of above 10 corresponds to the highest level of vulnerability needing long-term housing and ongoing case management supports.

The data analysed in this report is based on the VI-SPDAT data collected as part of the Midland registry week. With four exceptions, all questions are based on self-report data and are mostly "Yes/No" responses.

Midland

Midland is a suburb located in the City of Swan, 20km North East of the Perth metropolitan area. Midland has a population of 5,972 people, with a median age of 36 years. Compared to the State average, Midland has a slightly higher proportion of Aboriginal and/or Torres Strait Islander people (5.3 per cent compared to 3.1 per cent) and Midland and the City of Swan are areas of cultural and spiritual significance to Noongar people, being where the Swan (Derbarl Yerrigan) and the Helena River meet. Midland is a Socio-economic Indexes for Areas (SEIFA) income Decile 1 suburb, with 29.6 per cent of families in Midland having less than \$650 per week and average weekly income of \$1,334, lower than the WA average of \$1,910. Of the non-homeless population, 58.5 per cent are in rented accommodation with median price of rentals \$320 per week.⁵

Case Study Methodology

A number of case studies are presented throughout the report. These have been compiled by presenting average trends within an age group or vulnerability score (e.g., if the majority of people in the age group have the characteristic they are included in the case study). This has been done to protect the confidentiality of the individuals surveyed. For variables with high ranges, such as number of years homeless, number of times a person has been housed and re-housed, or numbers of interactions with Emergency Departments, the number relating to a random person selected in the age group have been used. This to ensure that the diversity in the sample is not weakened through a process of using averages. Pseudonyms have been used to replace the true names of the participants.

3. Homelessness in Midland

3.1 Who is experiencing homelessness in Midland?

In total, 97 surveys were completed during Midland connections week: 71 individual surveys and 26 family surveys. What is striking compared to data from previous WA Registry weeks is the larger number of families featured in the sample (see Table 1).

Table 1. Composition of Midland Connections Week participants, 2019 compared to Perth and Fremantle Registry week, 2016.

| | Midland (2019) | | Perth Metro (2016) | | Fremantle (2016) | |
|---|----------------|----------|--------------------|----------|------------------|----------|
| | Individuals | Families | Individuals | Families | Individuals | Families |
| # | 71 | 26 | 307 | 7 | 68 | 5 |
| % | 73 | 27 | 98 | 2 | 93 | 7 |

Cultural Diversity

There were 26 families that were surveyed, with a total of 52 children. The number of children per family ranged from one child in the family to nine. Of the 26 families, 92 per cent identified as either Aboriginal and/or Torres Strait Islander (see Figure 1). A large majority were single-parent families (92%).

Just over half of the participants interviewed identified as Aboriginal and/or Torres Strait Islander. This is a higher proportion compared to both Perth and Fremantle Registry Weeks (Table 2). This reflects the higher representation of Aboriginal people among homeless populations and the higher number of Aboriginal and/or Torres Strait Islander people residing in the suburb of Midland (5.3% compared to 0.8% in Perth CBD, 1.5% in the City of Fremantle and 3.1% across the State of WA).⁶

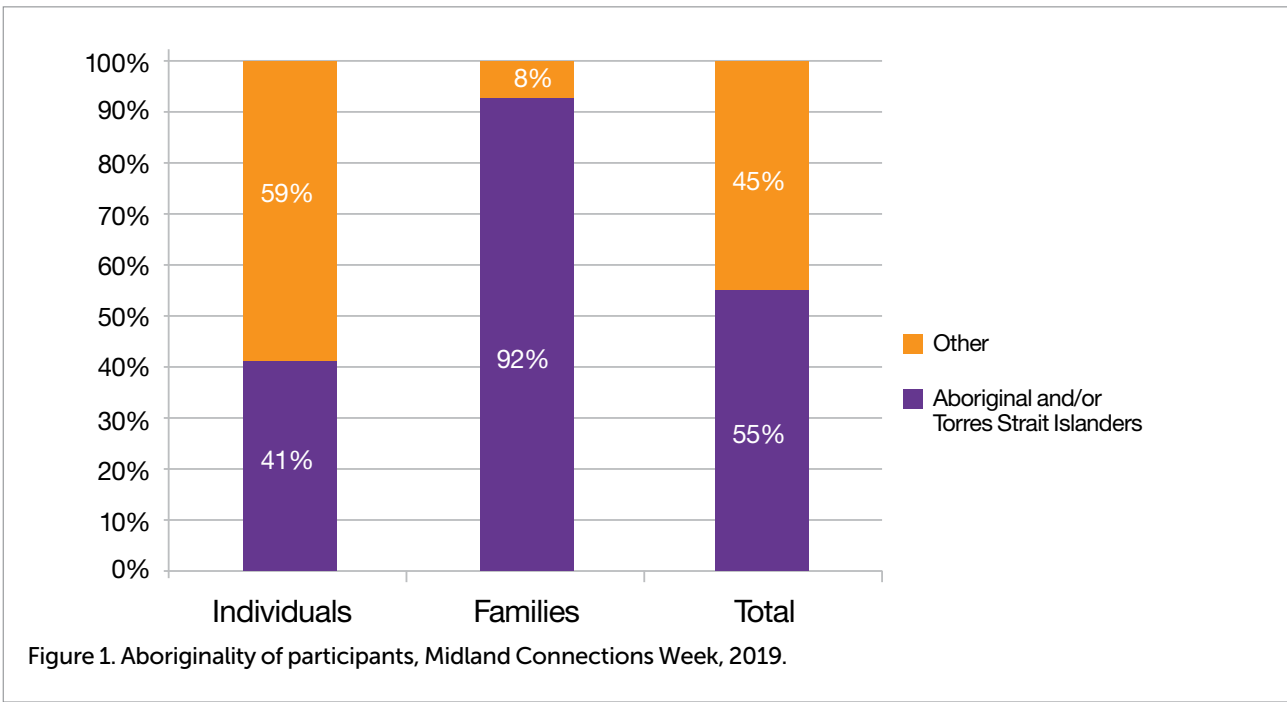


Figure 1. Aboriginality of participants, Midland Connections Week, 2019.

Table 2. Comparative Aboriginality of people experiencing homelessness in Midland, Perth and Fremantle.

| | Midland (2019) | Perth Metro (2016) | Fremantle (2016) |
|---|----------------|--------------------|------------------|
| % | 55.6% | 42.7% | 31.5% |

¹ OrgCode Consulting Inc (2015) vulnerability Index - Service. Retrieved from <https://www.orgcode.com/>

² Flatau, P., Tyson, K., Callis, Z., Box, E., Rouhani, L., Lester, N., Sze-Wan Ng, W., 2018 The State of Homelessness in Australia's Cities: A Health and Social Cost Too High, Centre for Social Impact The University of Western Australia, Perth, Western Australia, www.csi.edu.au/research/project/the-state-of-homelessness

³ Hwang, S., Lebow, J., Bierer, M., F., O'Connell, J., J., Orav, E., J., and Brennan, T., A., 1998 Risk factors for death in homeless adults in Boston. Archives of internal medicine, 158 (13) pp.1454-60.

⁴ U.S. Department of Housing and Urban Development. 2016 Making PIT Counts Work for your Community. Integrating the Registry Week Methodology into your Point in time Count. Available http://vahousingalliance.org/wp-content/uploads/2016/01/Registry-Week-PIT-Integration-Toolkit_FINAL.pdf

⁵ ABS 2016 QuickStats Midland https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/SSC50937

⁶ ABS Census Data 2016 https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/SSC50937

Almost all the families and individuals surveyed were Australian citizens (99%). Only four other national and regional identities were specified, British (1 person) and European (3 people).

Gender and LGBTI+ Identity

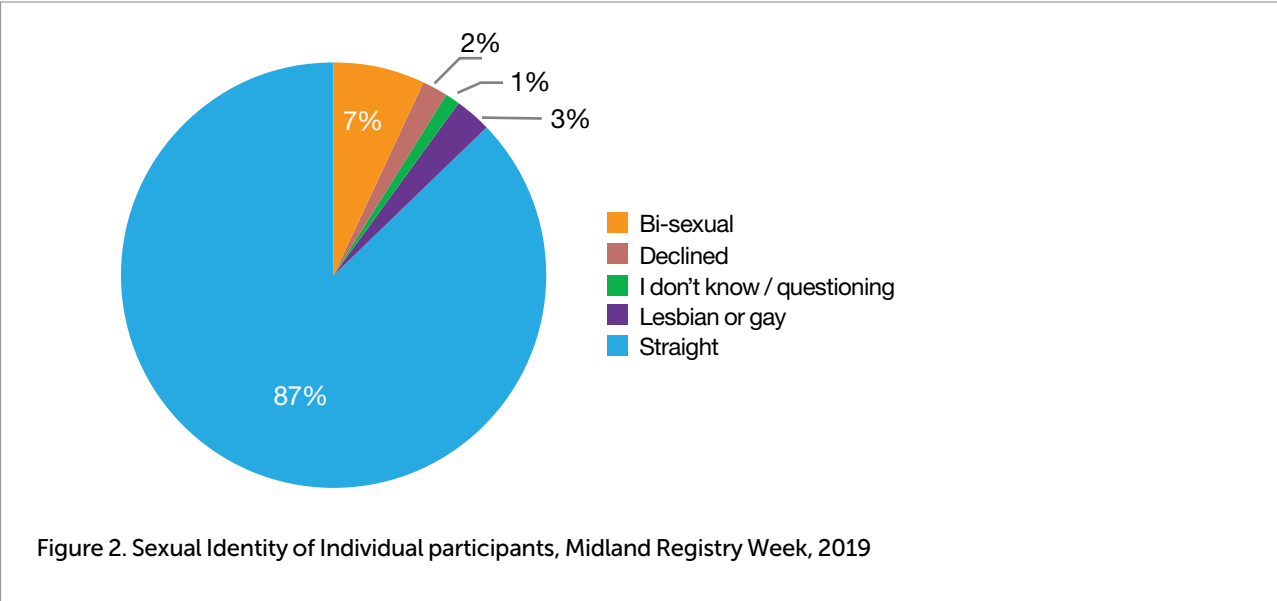
Of the 71 individuals, just under three quarters (72%) were male. This reflects a similar gender ratio to people experiencing homelessness in the Perth metro region, with more street homeless females in Midland and Perth, compared to Fremantle (see Table 3). Most of the individual participants identified as straight (87%), with four per cent identifying as either lesbian, gay or questioning.

There is a marginally higher proportion of bi-sexual participants in Midland (7%) compared to homeless populations in other Australian cities (3.2%).⁷ The total proportion of Midland connections week participants identifying as LGBTI+ (13%) is marginally higher than within the Australian general population (estimated to be around 1 in 10, or 11%) (see Figure 2).⁸

Table 3. Gender ratio of Midland Connections Week Individual participants, 2019

| | Midland (2019) | | | Perth Metro (2016) | | | Fremantle (2016) | | |
|---|----------------|--------|-------------|--------------------|--------|-------------|------------------|--------|-------------|
| | Male | Female | Transgender | Male | Female | Transgender | Male | Female | Transgender |
| # | 51 | 20 | 0 | - | - | 0 | - | - | 0 |
| % | 72 | 28 | 0 | 72 | 28 | 0.3 | 91.2 | 8.8 | 0 |

Compared to the 0.7 per cent of homeless populations that identify as transgender across other Australian cities, there were no participants who identified as transgender in the Midland sample.⁹



Of the families, the majority of the primary interview participants were female (69%). There were no additional data collected on gender identity or sexuality of the families surveyed.

⁷ Represents all Australian Registry Week data between 2010 to 2017. The cities are: Brisbane, Perth, Sydney, Melbourne and Hobart. Flatau, P., Tyson, K., Callis, Z., Box, E., Rouhani, L., Lester, N., Sze-Wan Ng, W., 2018 The State of Homelessness in Australia's Cities: A Health and Social Cost Too High, Centre for Social Impact The University of Western Australia, Perth, Western Australia, www.csi.edu.au/research/project/the-state-of-homelessness p.6

⁸ Department of Health National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy, 2012

⁹ Flatau et al., 2018

Age

The average age of the Midland Connections Week participants was 39 years. This is marginally younger than Perth (average age 40) and Fremantle (average age 45). The oldest individual surveyed was 64, who was a non-Aboriginal male and had been experiencing homelessness for 10 years. The youngest individual surveyed was a 16-year-old female who had been without a home for one year and had been homeless and re-housed once in the previous three years.

The majority of the participants interviewed were between the ages of 36 and 55 (Figure 3). The average age of the males interviewed was higher than the females at 40 years compared to 34 years (Table 4). This was the same for both female individual participants and the female family participants. There were also a large number of homeless females under 25 both in the individual surveys and the family surveys.

Case Study - William

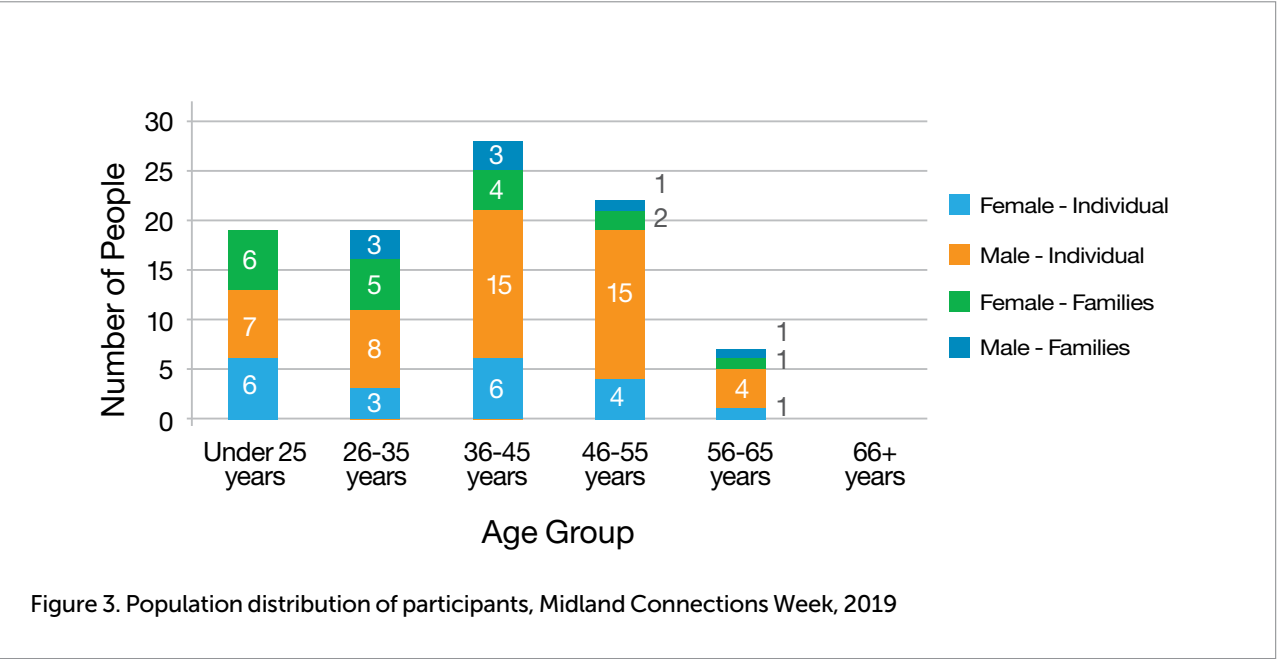
William is a 39-year-old male. He has been experiencing homelessness for 10 years and has been housed and made homeless again six times in the previous five years.

William left school after year 11. He lived previously in the Perth suburbs and now sleeps most frequently on the streets. He has spent some time in prison and has interacted with the police on and off during the last six months.

William has a brain injury and has been using drugs and alcohol in a problematic way for some time. He doesn't have a learning development disability but expresses that sometimes he has difficulty concentrating. Since being homeless he has been the victim of an attack.

Table 4. Average age of participants, Midland Connections Week, 2019

| | Midland (2019) Individuals | | Midland (2019) Families | |
|-------------|----------------------------|--------|-------------------------|--------|
| | Male | Female | Male | Female |
| Average age | 40.7 | 34.9 | 40.0 | 33.4 |



Education and Schooling

Educational attainment among the homeless population in Midland is much lower compared to the general WA population (see Figure 4). Over one third of the participants had only completed schooling up to Year nine or below and an additional 37 per cent had only completed up to Year 10 or equivalent. This can be compared to 54 per cent of the general WA population that have completed apprenticeships or tertiary studies. This low educational attainment is in the context of high levels of childhood trauma and instability growing up. Among the individuals surveyed, 55 per cent have experienced trauma or abuse that they have not sought help for, 35 per cent had spent time within a youth detention centre and 27 per cent had been in either foster care or an institution as a child.

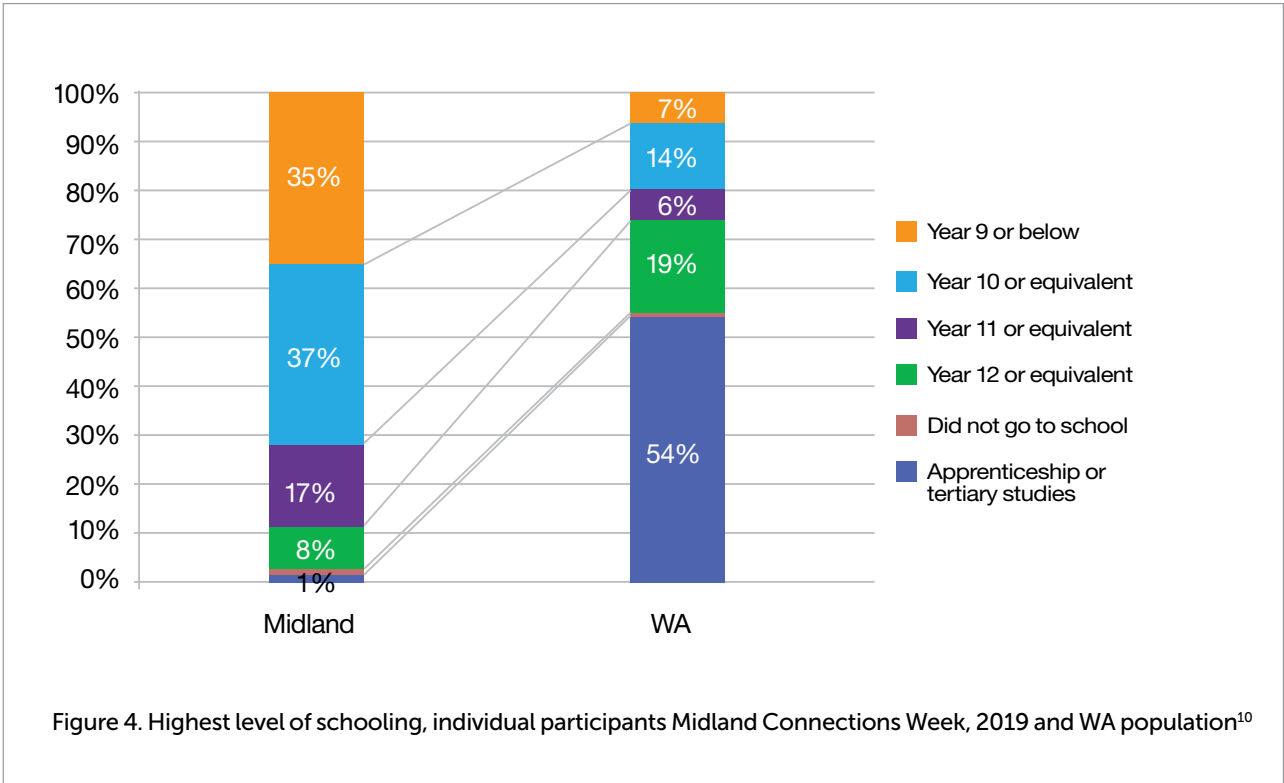


Figure 4. Highest level of schooling, individual participants Midland Connections Week, 2019 and WA population¹⁰

Eighteen of the individual participants surveyed (25 per cent) and 11 of the families (42 per cent) considered that they had a learning or developmental disability. This can be compared to just three per cent of the wider population of Australia.¹¹ More than half of the participants were receiving unemployment benefit (58 per cent).

¹⁰ ABS Census 2016 https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/5?opendocument
¹¹ Australian Institute of Health and Welfare, 2008. Disability in Australia: Intellectual Disability <https://www.aihw.gov.au/getmedia/5a1b2a34-78bb-4696-a975-3121658a9505/bulletin67.pdf.aspx?inline=true>

3.2 Experiences of Homelessness in Midland

Number of years homeless

On average, the individuals interviewed during the Midland Connections Week had been homeless for 5.9 years. This ranged from one month (10 per cent of the individuals surveyed) and 36 years (one person surveyed). Males and females had been homeless for a similar amount of time at 4.1 years for females (maximum of 20 years and minimum of two months) and 4.4 years for males (maximum of 36 years and minimum of 1 month).

Over half of the individuals interviewed had been homeless for more than one year and one quarter had been homeless for more than five years (Figure 5).

Comparatively, the families interviewed appear to have been homeless for longer, with 38 per cent of families homeless for five years or more. Among the families, the average number of years homeless was 5.7, similar to Perth and Fremantle (Table 5). However, the individual young people surveyed in Midland, appear to have been homeless for a shorter period than in Perth and Fremantle.

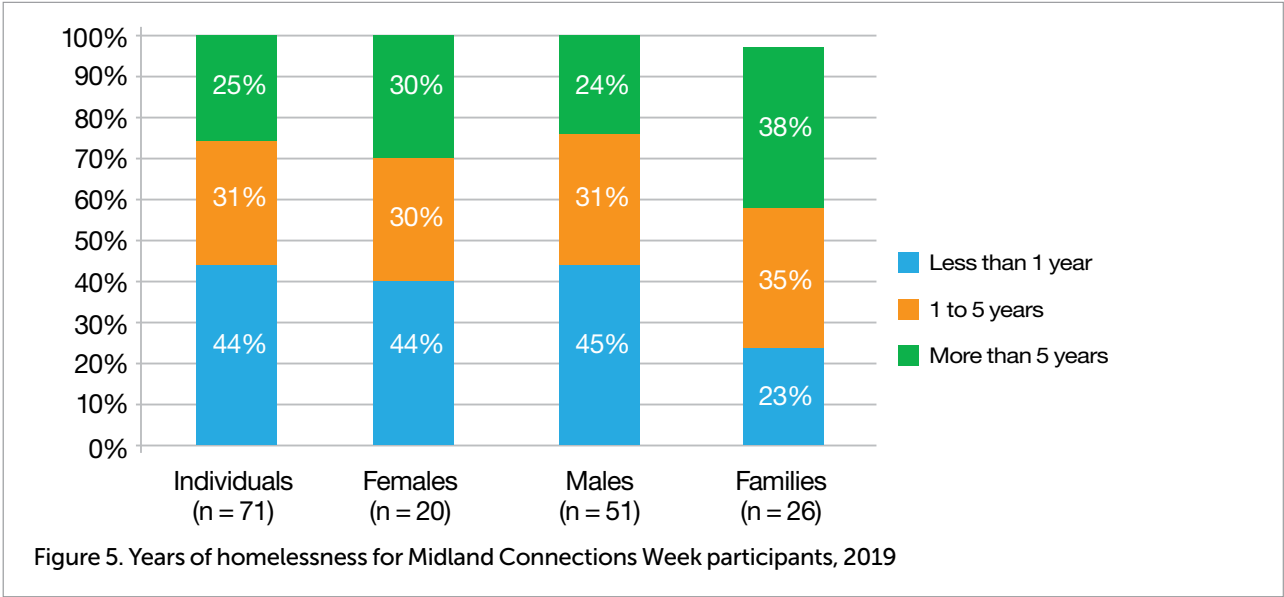


Figure 5. Years of homelessness for Midland Connections Week participants, 2019

Table 5. Comparative average numbers of years homeless for over and under 25s, Midland, Perth and Fremantle¹²

| | Midland Individuals (2019) | Midland Families (2019) | Perth (2016) | Fremantle (2016) |
|--|-------------------------------|----------------------------|--------------|------------------|
| Average number of years homeless (Over 25s) | 4.9 | 5.0 | 4.9 | 5.0 |
| Average number of years homeless (Under 25s) | 1.7 | 2.07 ¹¹ | 3.0 | 6.5 |

Case Study - Hannah

Hannah is a 19-year-old Aboriginal female who has been experiencing homelessness since she was 14. Hannah left school in Year 9. She has always lived in the Perth suburbs and sleeps most frequently with friends and family members. Sometimes these family members take money, borrow things or make Hannah do things she doesn't want to do.

In her life, Hannah has experienced trauma or abuse that she has not sought help for and is currently getting support for her emotional health. She does not have a learning or developmental disability, but has problems concentrating. Hannah receives a youth allowance for her income.

Hannah has not been to the ED in the last six months but has been to hospital as an inpatient twice and interacted with crisis services three times. She has interacted with the police twice and stayed for one night in the Watch House. She has drunk alcohol every day.

Hannah has been experiencing homelessness for five years and has been housed and become homeless again four times.

¹² Perth and Fremantle data are for homeless adults over 25 only. An outlier has been removed in the average of Midland families under 25 years.

Cycles of homelessness & long-term homelessness

On average the individuals participating in Midland Connections Week had been housed and become homeless again 5.5 times. Among the families, the average number of times is 4.3, falling to 2.8 times when an outlier is removed from the dataset. The highest number of cycles through homelessness was 50, and five individuals and five families had not been housed at all during the three years previous.

Of these long-term homeless, all five of the individuals and two of the families had been homeless for 10 years or more. The ages of this group of long-term homeless (e.g., homeless for more than 10 years and unhoused in the last 3 years) ranged between 32 and 56, five of the seven were male and the younger males were Aboriginal. Of the individuals, four of the five had spent a night in the Watch House, three of the five had legal issues pending, three of the five had a vulnerability score over 10 and all five had some form of a mental health issue.

Around half of the participants for both the families and individuals surveyed had been housed and become homeless again up to five times in the previous three years (Figure 6). Of these, the average number of years homeless was 3.3 years for the individuals and 2.4 years for the families (excluding an outlier among the families of 15 years homeless). A higher proportion of the Midland families had never been housed at all in the past three years (20 per cent of families, compared to seven per cent of the individuals), where as 33 per cent of the individuals had cycled through homelessness five times or more.

The data for Midland suggests that the longer people are homeless, the less they cycle through housing back into homelessness and become chronically rough sleeping (Table 6). This reflects trends in homelessness across Australia, whereby the longer people stay homeless, the more they become distanced from stable accommodation.¹³

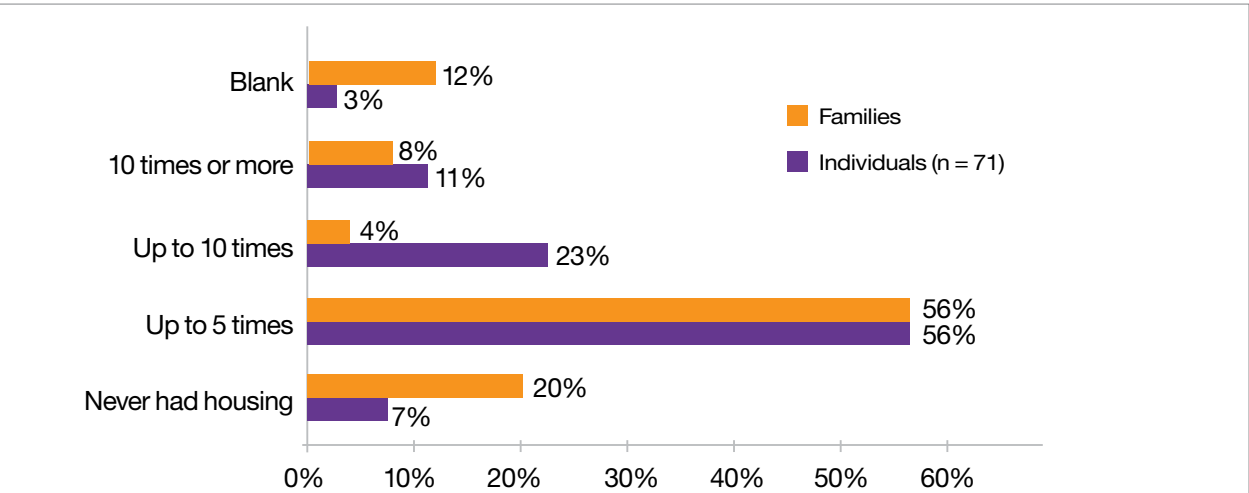


Figure 6. Number of times Midland Connections week participants have been housed and become homeless again in the last three years

Table 6. Numbers of times housed and re-housed in relation to numbers of years homeless

| | Never had housing | Up to five times | Up to 10 times | 10 times or more |
|--------------------------------------|-------------------|------------------------------------|----------------|-------------------------------------|
| Average years homeless (Individuals) | 23.8 | 3.3 | 2.8 | 2.6 |
| Average years homeless (families) | 6.3 | 2.42 (or 3.4 including an outlier) | 4 (n=1) | 3.51 (or 10.4 including an outlier) |

Where people experiencing homelessness in Midland sleep most frequently

The most popular location for Midland Connections Week participants to sleep was with friends and family (Figure 7). This was the same for both individuals and families. The individual participants had more diverse sleeping locations than the families including boarding houses, beaches, squatter settlements, emergency accommodation, bushland, parks and the streets. The largest proportion of the families surveyed in Midland either slept with friends or family or in temporary accommodation.

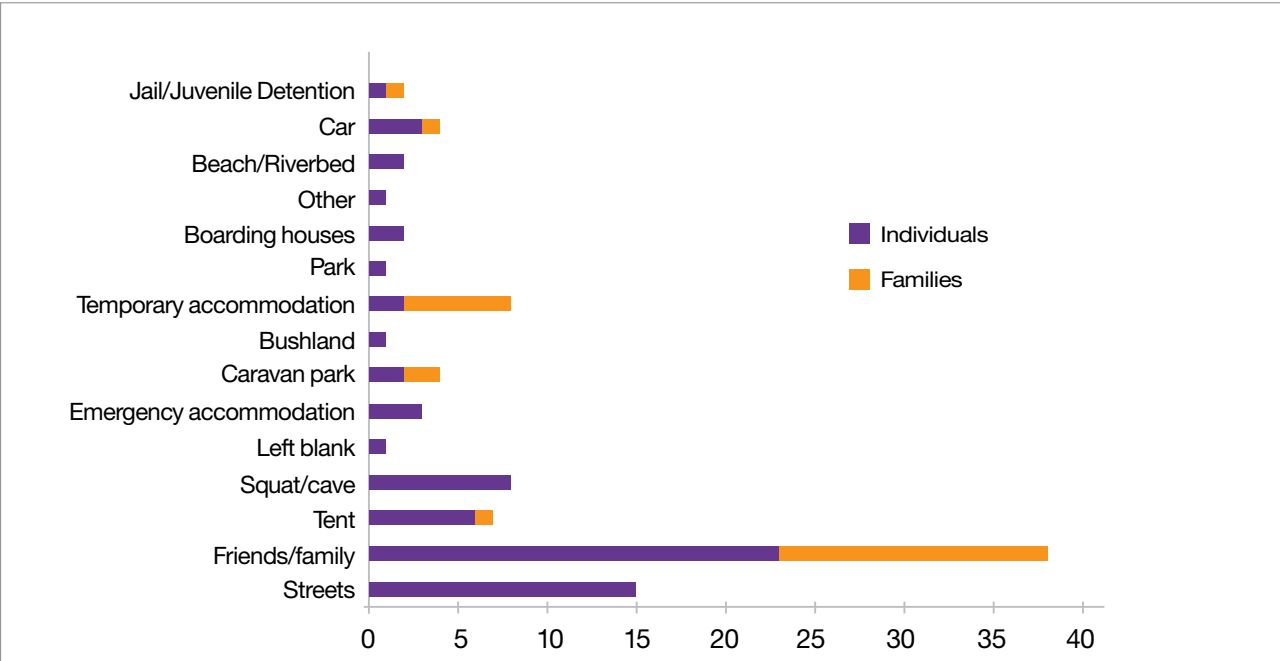


Figure 7. Where Midland Connections Week participants individuals and families sleep most often

Breaking down the results by Aboriginality indicates the large proportion of the Midland Connections Week participants depend on friends and family for somewhere to sleep (Figure 8). More than half of the Aboriginal families and 43 per cent of the individual Aboriginal people stayed with friends and family. This can be compared to 26 per cent of the non-Aboriginal individuals. Among both Aboriginal and non-Aboriginal individuals, the second most prevalent location for Midland Connections Week participants to sleep was on the streets. In contrast, the families interviewed were more often found in temporary accommodation. Sleeping in bushland, parks, beaches and in emergency accommodation was also more prevalent within the Midland Aboriginal homeless community, compared to the non-Aboriginal homeless community. The non-Aboriginal homeless community were more often found in boarding houses, their cars, caravan parks and squatter’s accommodation.

The sleeping locations of the Midland Connections Week participants can also be compared to the sleeping locations of the homeless population in Perth and Fremantle (Figure 9). Compared to Midland, Registry Week participants in Perth and Fremantle are more often found on the streets (51 per cent Perth and 57 per cent Fremantle, compared to 16 per cent in Midland), in parks (20 per cent Perth, compared to one per cent in Midland), bushland (13 per cent Fremantle, compared to one per cent in Midland) and in their cars (14 per cent Perth and 12 per cent Fremantle, compared to four per cent in Midland).

¹³ Flatau et al., 2018.

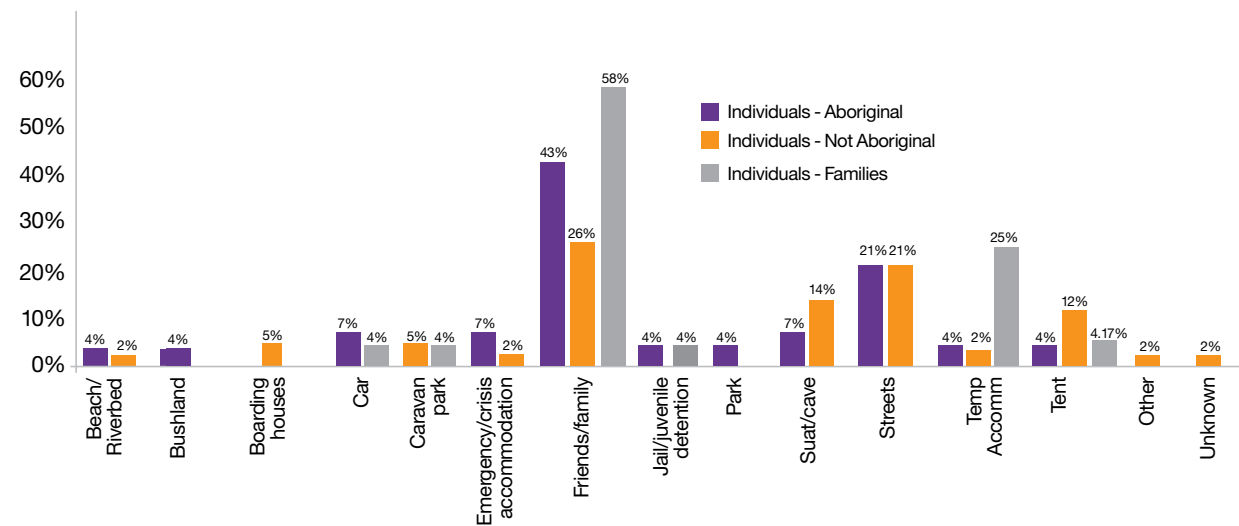


Figure 8. Where do you sleep most often?, broken down by Aboriginality. Midland Connections Week, 2019

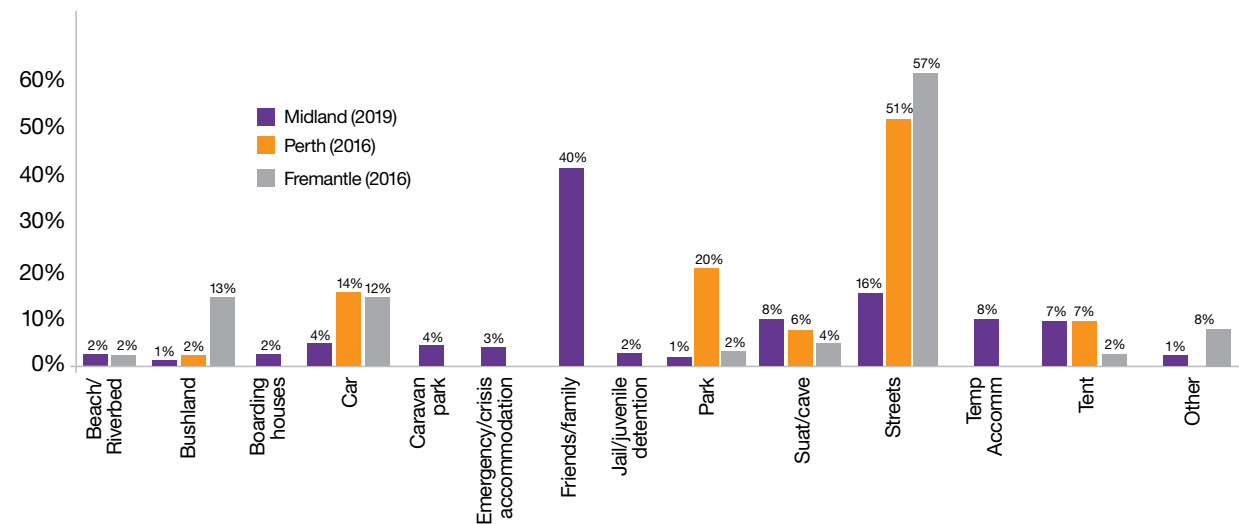


Figure 9. Where do you sleep most often? Midland Connections Week, Perth CBD and Fremantle

The Midland Connections Week participants gave a range of different responses to the question “On a regular day, where is it easiest to find you?” Most of the participants stated locations in Midland, including the main streets around central Midland and centres providing services and supports, such as Indigo Junction, Indigo Junction Family Service, Dreambuilders and Karnary Resource Centre. Parks and reserves, such as around Woodbridge Park, Fish Market Reserve and Guildford River Camp and addresses for friends or family members (not included in the map above) were also indicated. There was also a number of individuals who were visiting Midland who were typically street present in Perth CBD, and one person was visiting from Ellenbrook (Figure 10). Figure 10 indicates where people are mostly found, with the bubble size reflecting the number of people found in each place.

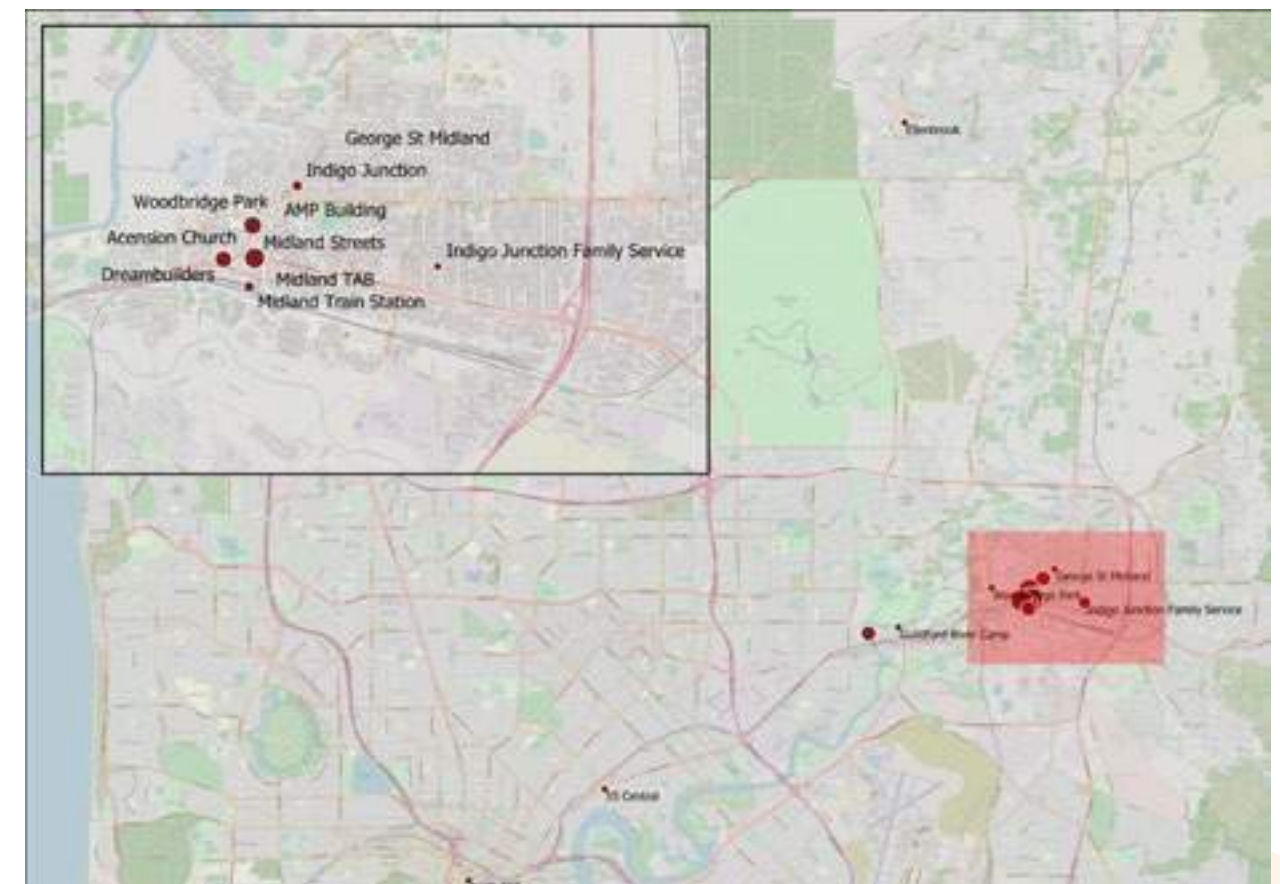
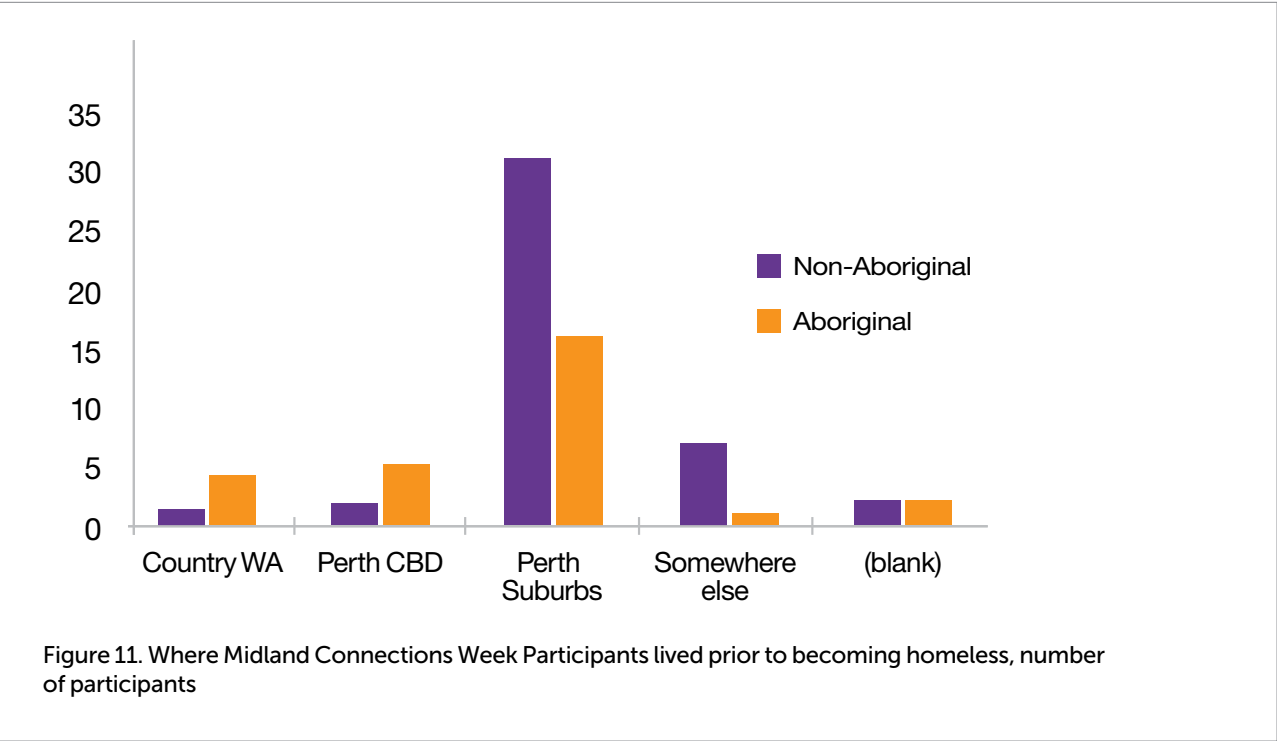


Figure 10. Where Midland Connections Week participants can mostly be found, personal addresses removed from sample. The size of the dot is in proportion to the frequency of the location.

Over two thirds of the participants had lived in the Perth suburbs prior to becoming homeless. This reflects the location of Midland in the Perth suburban belt. A tenth of the participants had lived previously in the Perth CBD and seven percent lived previously in Country WA. These locations were more prevalent among the Aboriginal participants interviewed. The non-Aboriginal participants were more likely to specify "Somewhere else" (Figure 11).

Finally, two thirds of the individual Midland Connections week participants slept alone on the streets (62 per cent), while a third had company. Fifteen of the participants interviewed had pets, of which the majority were dogs.



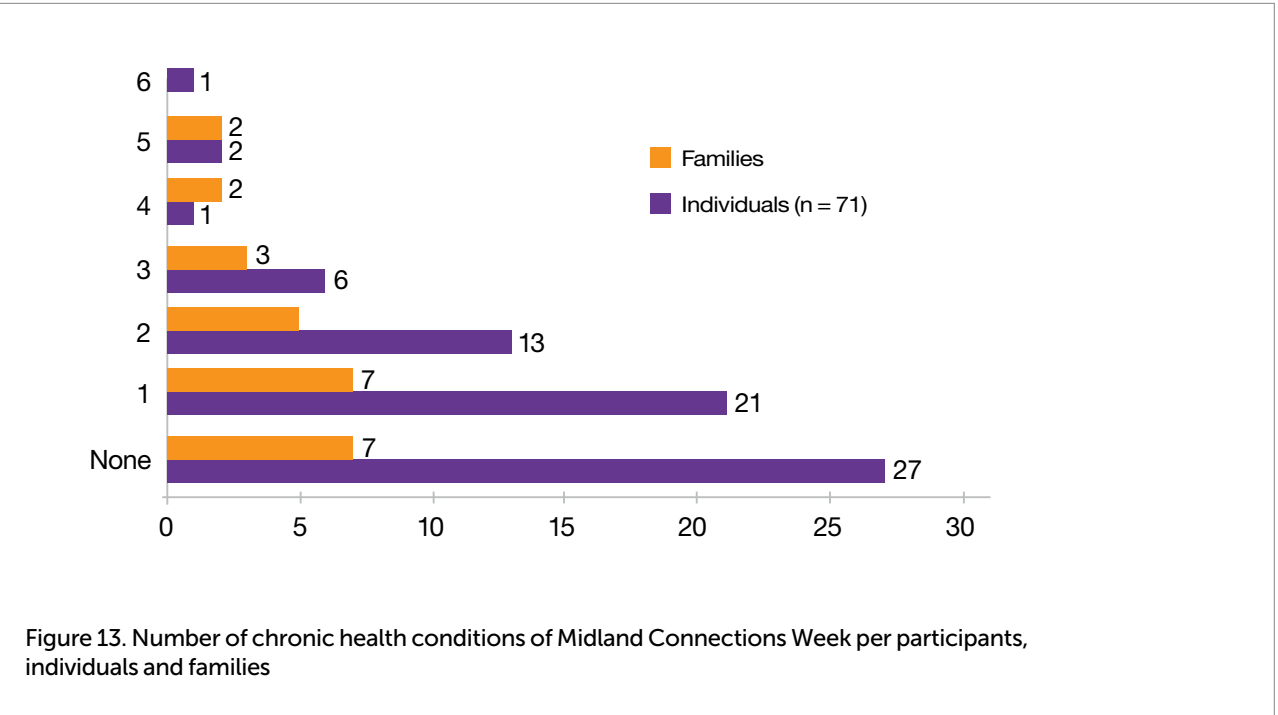
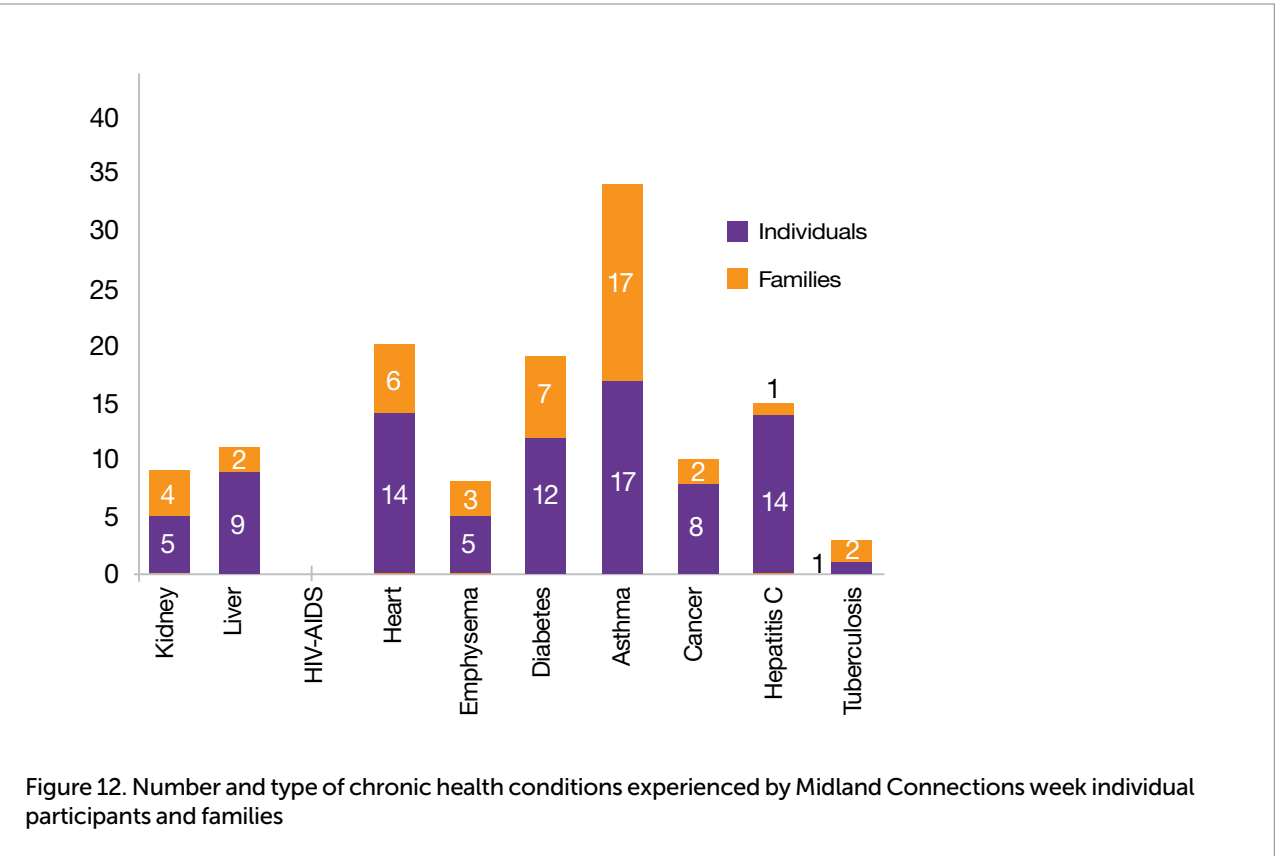
3.3 The health of people experiencing homelessness in Midland

Chronic Health

It is well-known that chronic health conditions are more prevalent in homeless populations compared to the population in general.¹⁴ In total, there were 129 incidences of different chronic health conditions among the 97 participants, including kidney disease, liver disease, heart disease, emphysema, diabetes, asthma, cancer, hepatitis C and tuberculosis (Figure 12). Two thirds of the individuals participating in Midland Connections Week and almost three quarters of the families had at least one chronic health condition. Many of the participants (36 per cent) had multiple chronic health issues, including 46 percent of the families (Figure 13). The presence of multiple chronic health issues was more prevalent among the individual Aboriginal homeless population in Midland (43 per cent) compared to the non-Aboriginal homeless population (Figure 14).

The most prevalent chronic health condition among the homeless population in Midland was asthma, affecting 24 per cent of the individuals surveyed and 65 per cent of the families. Heart disease effecting 20 per cent of individuals and 23 per cent of families and diabetes effecting 17 percent of individuals and 27 per cent of families were also markedly prevalent among Midland's homeless population (Figure 12). Furthermore, it was identified that a large number of individuals experiencing homelessness in Midland have hepatitis C (20 per cent of the individuals surveyed).

¹⁴ Wood, L., Vallesi, S., Kragt, D., Flatau, P., Wood, N., Gazey, A. and Lester, L. (2017) 50 Lives 50 Homes: A Housing First Response to Ending Homelessness. First Evaluation Report. Centre for Social Impact: University of Western Australia, Perth, Western Australia.



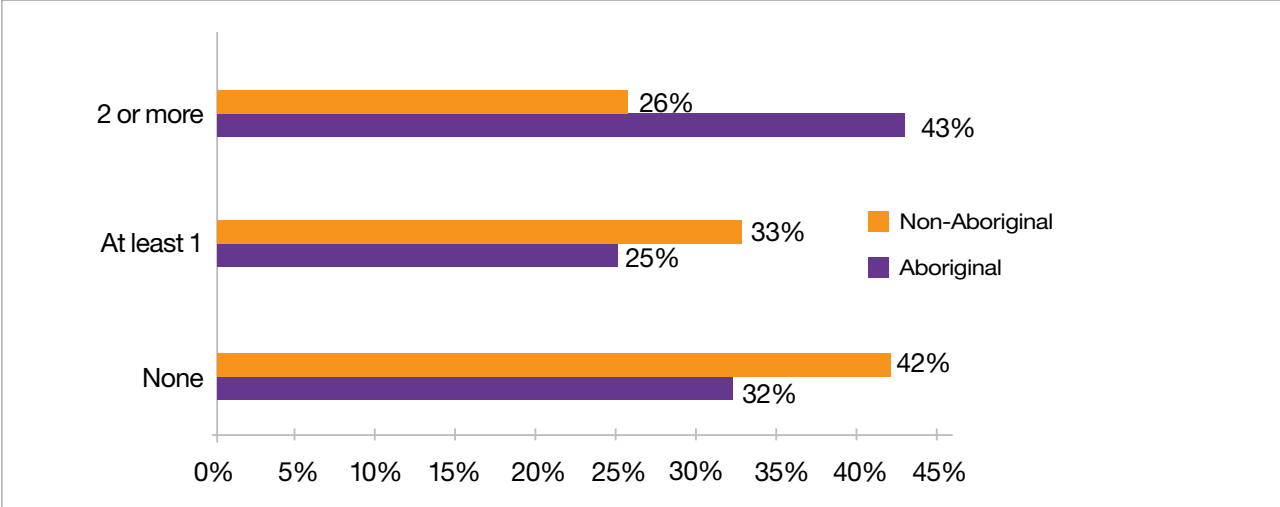


Figure 14. Prevalence of multiple chronic health conditions among individuals experiencing homelessness in Midland by Aboriginality

The prevalence and types of chronic health conditions experienced by the homeless population in Midland are similar to those experienced by the homeless population in Perth and Fremantle (Table 7). Some variation is found in the prevalence of diabetes, which is higher among the Midland and Perth Registry Week participants, compared to those in Fremantle. This may reflect the higher proportion of Aboriginal people experiencing homelessness in the Midland and Perth areas (see previous Table 2, p.4). Again, across all groups, the prevalence of the chronic health conditions listed is much higher than the WA general population.

Table 7. Most prevalent diseases among the Midland Connections Week participants, compared to Perth, Fremantle and the WA general population¹⁵

| | Midland (2019) | Perth (2016) | Fremantle (2016) | WA General Population (2017) |
|--------------------------------|----------------|--------------|------------------|------------------------------|
| Asthma | 26% | 26% | 26% | 13.4% |
| Diabetes | 15% | 17% | 7% | 7.4% |
| Heart Disease | 16% | 16% | 15% | 5.9% |
| Hepatitis C (Individuals only) | 16% | 19% | 24% | Unknown |

Emergency Health

Use of hospital emergency and inpatient services are also known to be higher among homeless populations. In Midland, the Connections Week participants in the last six months had visited hospital emergency departments (ED) a total of 279 times and hospital inpatients, a total of 117 times. The average number of ED visitations per participant was 3.04 for individuals and 2.42 for families, ranging from zero to up to 20 visits. Interestingly, this is comparatively lower than among the Perth and Fremantle Registry Week participants (see Table 8).

Table 8. Average number of visits to the Hospital Emergency Department, Midland Connections week participants compared to Perth and Fremantle

| | Midland Individuals (2019) | Midland Families (2019) | Perth (2016) | Fremantle (2016) |
|--|----------------------------|-------------------------|--------------|------------------|
| Been to Emergency Department last 6 months | 3.04 | 2.42 | 10.00 | 6.8 |
| Hospital Inpatients last 6 months | 1.23 | 1.15 | 7.00 | 3.5 |

¹⁵ Government of Western Australia Department of Health. Health and Wellbeing of Adults in Western Australia, 2017 Overview and Trends. Available: <https://www2.health.wa.gov.au/~/media/Files/Corporate/Reports%20and%20publications/Population%20surveys/Health-and-Wellbeing-of-Adults-in-Western-Australia-2017.pdf>

This may be reflective of the diversity of other health services used by the Midland Connections Week participants and the distance of the Midland location from large hospital centres. In particular, 45 per cent of the individuals stated they would usually go to the GP when they were not feeling well, 11 per cent visited an Aboriginal Health Service and 17 per cent visited the Street Doctor, who run a clinic from Indigo Junction's Karnany Resource Centre. None of the families interviewed visited any of the listed health service providers, with 100 per cent of families stating other (Figure 15). Of these, 42 per cent listed Derbarl Yerrigan as their main health care provider. Comparatively, Royal Perth Hospital and Homeless Healthcare were most frequently identified by Registry Week participants in Perth, and the Street Doctor and their GP were most frequently identified by Registry Week participants in Fremantle.

Case Study – Lucy and her family

Lucy is a 21-year-old Aboriginal female. She has two children, a three-year-old and a baby. She does not use drugs or drink alcohol excessively. She does not experience mental health issues and has not been to prison, but she has previously spent a night in police cell and sometimes has problems concentrating.

Lucy sleeps most frequently either in temporary accommodation or with friends and family. She has been homeless for one month and in the last three years has been housed and become homeless again three times.

She receives a single parenting payment, but this is not enough to cover her and her families' expenses.

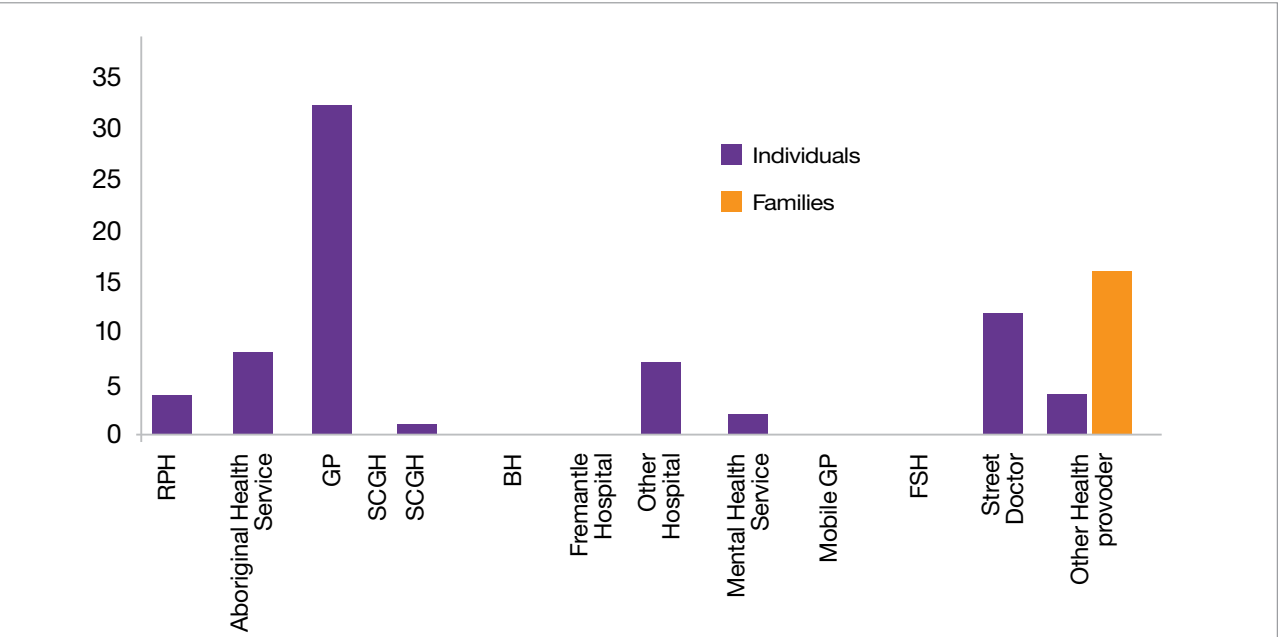


Figure 15. Where Midland Connections Week participants go for health care services most often.

Four per cent of the individuals and families surveyed were responsible for a third of all Emergency Department visits and almost half of the participants had not visited an Emergency Department in the last six months (Figure 16). The people making up the third of all emergency department visits are a concentrated of four highly vulnerable individuals and families, all of whom happened to be female and Aboriginal. Of the four individuals, all four had mental health issues including self-harming and had multiple interactions with the police, including an overnight stay in a police facility. This is reflective of the cohort of most vulnerable, whereby securing housing for this most vulnerable cohort has an impact of reducing expensive and intensive hospital use.¹⁶

¹⁶ Wood et al., 2017; Vallesi S, Wood NJR, Wood L, Cumming C, Gazey A, Flatau P. 50 Lives 50 Homes: A Housing First Response to Ending Homelessness in Perth. Second Evaluation Report. Centre for Social Impact: University of Western Australia, Perth, Western Australia. 2018.

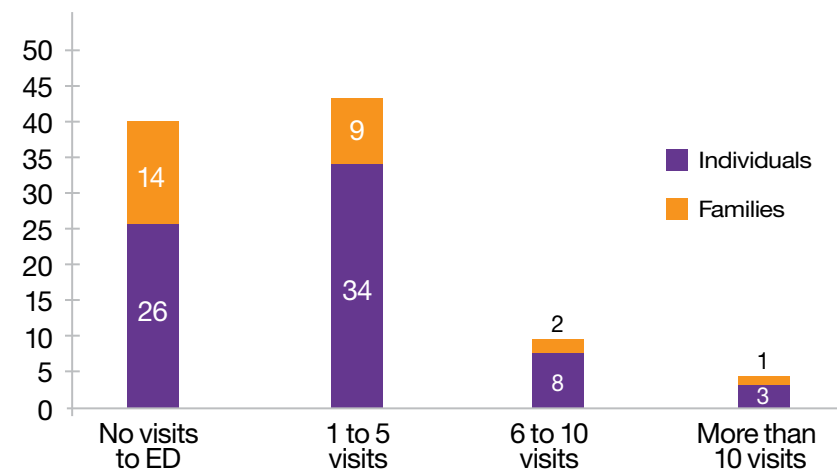


Figure 16. Visits to ED per Midland Connections Week participant interviewed

Social and Emotional Wellbeing

Mental health challenges, or social and emotional wellbeing, to use Aboriginal holistic understandings of health, are widely prevalent across the population interviewed for Midland Connections Week (Figure 17). Over half of both the families and individuals had spoken to a mental health professional in the previous six months and just under half of the individuals had attempted self-harm and/or gone to hospital for a reason related to their social and emotional wellbeing. Interviewers stated observable mental health issues for more than a third of the participants.

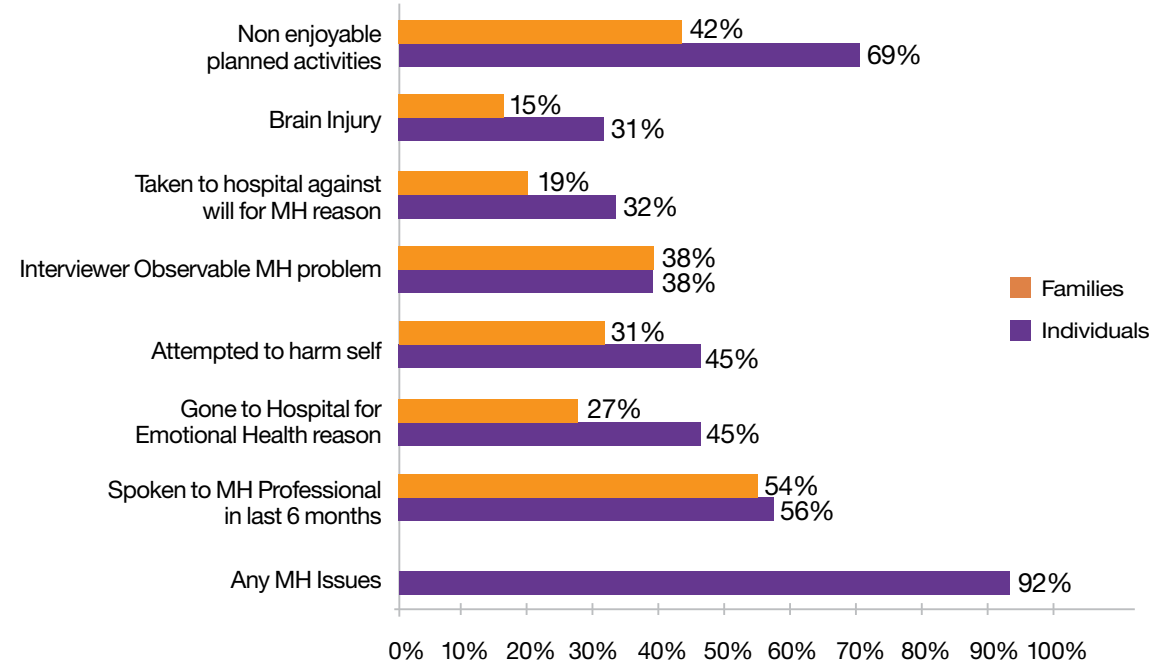


Figure 17. Prevalence of Social and Emotional Health Issues among participants, Midland Connections Week, 2019

This largely reflects the prevalence of mental health issues among the homeless populations surveyed in the Perth and Fremantle Registry Weeks (Table 9). Of notable difference, is the larger proportion of Midland Connections Week participants receiving treatment from a mental health professional for their social and emotional wellbeing needs.

Table 9. Prevalence of Mental Health issues, Midland compared to Perth and Fremantle

| | Midland (2019) | Perth (2016) | Fremantle (2016) |
|---|----------------|--------------|------------------|
| Brain injury | 27% | 29% | 44% |
| Taken to hospital against will for a mental health reason | 29% | 28% | 25% |
| Interviewer observable mental health problem | 38% | 24% | 26% |
| Hospital for emotional health reason | 40% | 40% | 29% |
| Attended appointment with mental health professional in last six months | 56% | 38% | 41% |

3.4 High risk behaviours

Alcohol and other drug use

Among the Midland Connection Week participants there were high rates of substance misuse (Figure 20). Substance misuse was more prevalent among individuals (79 per cent) and non-Aboriginal participants (Figure 21). However, half of both the Aboriginal and non-Aboriginal individual participants had consumed alcohol almost every day in the last six months, and just below half of both the Aboriginal and non-Aboriginal individuals had used injection drugs. The high rates of injecting drug use among people experiencing homelessness is a known contributor to high rates of Hepatitis C. At the same time, the relationship between drug use and homelessness is complex, with the use of alcohol and other drugs being both a driver of long-term homelessness and a coping mechanism.

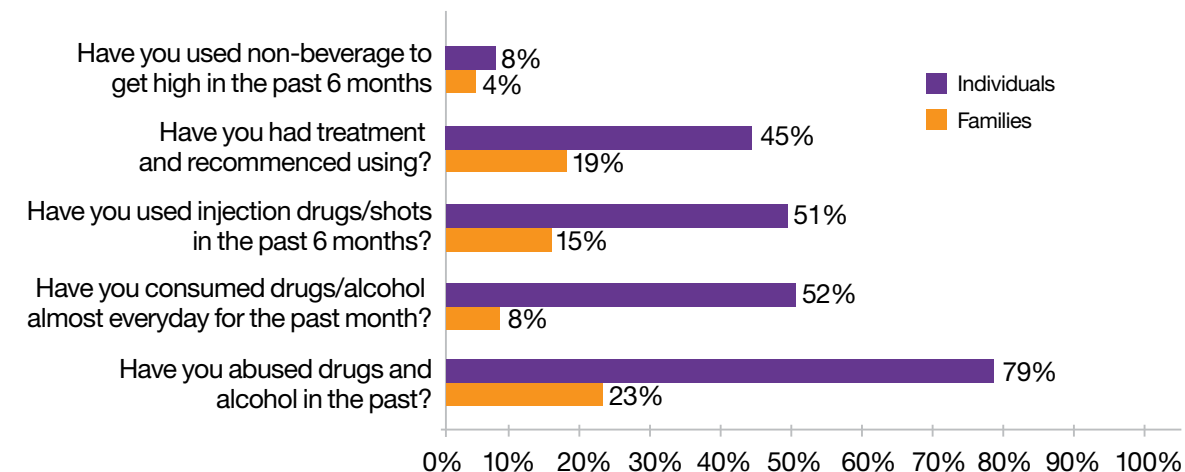


Figure 18. Alcohol and drug addiction issues among participants, Midland Connections Week, 2019

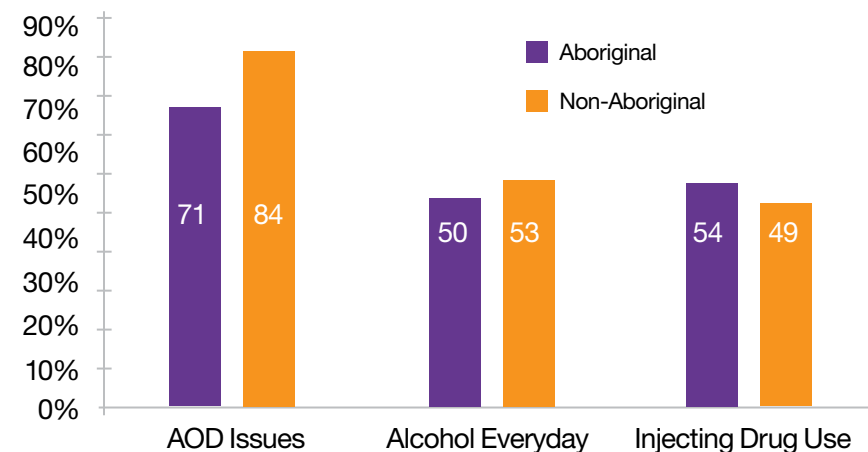


Figure 19. Alcohol and other drug use, Aboriginal participants compared to non-Aboriginal participants

Justice and legal issues

Past and present, the families and individuals of Midland Connections Week have had frequent interactions with the police and ongoing legal issues (Figures 18 and 19). A large proportion of the individuals and families had previously stayed overnight in a police facility or Watch House (75 per cent of individuals and 65 per cent of families), and over half of the individuals had previously been to prison. More than a third of the individuals had been through youth detention. Presently, a large proportion of the individuals and families had some interaction with the police in the last six months (74 per cent) and almost half had some current legal issues that they thought might result in either being locked up or having to pay a fine (Figure 19).

Case Study – Robert

Robert is a 49-year-old male. He has been homeless for two years. In this time, he has been housed and become homeless again four times. Robert left school in Year 10 and experienced trauma in his life that he has not sought help for.

Previously, he has spent time in prison, however in the last six months he has had no interactions with the police and has not been taken to hospital in an ambulance.

He has ongoing mental health challenges that he is seeing a professional about and engages in drug use through injection.

He has friends and family, however they frequently take his money, borrow things or get him to do things he doesn't want to do.

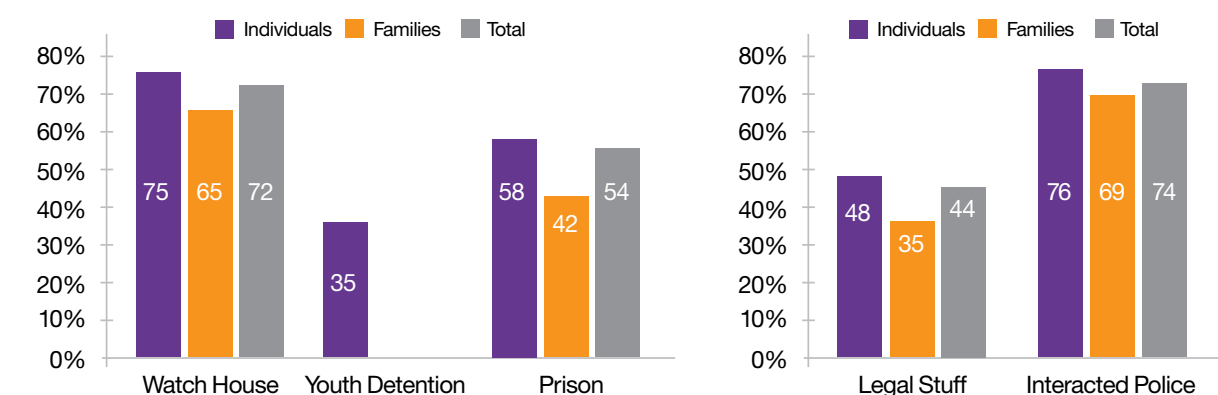


Figure 20. Previous interactions the Watch House, Youth Detention and Prison

Figure 21. Current legal issues and interactions with the police last six months

4. Overall vulnerability of Midland's homeless population

The vulnerability score of the VI-SPDAT rates a person's risk of death in relation to their homelessness. As well as long-term affordable housing, the higher the score the more intense the level of additional supports needed.

1. Scores of 0 to 4 indicate a need for long-term affordable housing and brief intervention support, such as information or an ongoing referral.
2. Scores of 5 to 9 indicate a need for long-term affordable housing plus short-term mental, physical or substance use support.
3. Scores above 10 indicate the highest level of vulnerability, a need for long-term affordable housing plus and case management support.

The score is calculated from the presence of a range of factors known to increase mortality among people experiencing homelessness:

- Prevalence of substance abuse disorders, including alcoholism and injecting drug use
- Mental health issues, including anxiety and depression
- Untreated chronic health conditions (kidney disease, hepatitis C, liver disease, heart disease, cancer)
- Poor health behaviours, including tobacco smoking

Alcoholism, in particular, increases vulnerability to motor vehicle incidences, falls and drowning, which are frequent causes of mortality among homeless populations.¹⁷ Research has found links between mental health problems, such as anxiety and depression, and death from accidental overdose and poisoning.¹⁸ Tobacco smoking is related to higher incidences of cancer and heart disease, common among homeless populations.¹⁹ These factors are mutually reinforcing as drug and alcoholic substances are used to cope and manage both symptoms and experiences of mental health difficulties and chronic pain.²⁰

Over half of the individuals and families had a vulnerability score over 10 (Figures 23 and 24). This indicates that the majority of the participants interviewed had a level of acuity in the highest bracket: e.g., need long-term affordable accommodation plus long-term supports for their mental, physical or substance-abuse problem. Among the individuals, this high need group were responsible for:

- 184 of the 216 visits to the hospital emergency department in the last six months (84 per cent);
- 77 of the 87 hospital inpatient visits (89 per cent), and;
- 894 of the 1295 reported interactions with crisis services (69 per cent).

Therefore, targeting Housing First interventions at this cohort has the greatest potential for impact, as demonstrated in the evaluations of such programs, which are found to have significantly reduced interactions with hospital, crisis and justice services.²¹ In addition, the number of individuals and families in Midland with a vulnerability score above 10 appears higher in Midland, compared to the results for Fremantle and Perth (Table 11).

¹⁷ Roncarati, J., Baggett, T., O'Connell, J., J., Hwang, S., Cook, F., Krieger, N., Sorensen, G., 2018. Mortality among unsheltered homeless adults in Boston, Massachusetts, 2000-2009. JAMA Internal Medicine. Ridolfo, B., and Stevenson, C., 2001. The quantification of drug-caused mortality and morbidity in Australia, 1998. Drug Statistics Series, Number 7. Australian Institute of Health and Welfare, Canberra. Available: <https://www.aihw.gov.au/getmedia/7e677c0d-e6c1-4ec8-a78f-62982758f61f/qdcmma98.pdf.aspx?inline=true>

¹⁸ Swinab-Reese, S., and Foley, M., 2018. Associations of state-level rates of depression and fatal opioid overdose in the United States, 2011-2015. Social Psychiatry and Psychiatric Epidemiology, 2018. Bachhuber, M., Hennessy, S., Cunningham, C., O., and Starrels, J., L., 2016. Increasing benzodiazepine prescriptions and overdose mortality in the United States, 1996-2013. American Journal of Public Health 106(4) pp. 686-688

¹⁹ Ibid.

²⁰ Bauer, L., Brody, J., Leon, C., Baggett, T., 2017. Characteristics of homeless adults who died of drug overdose: A retrospective record review. Journal of Health Care Poor Underserved. 27(2) pp.846-859.

²¹ Vallesi, et al., 2018.

Vulnerability score – 0 to 4, long-term housing plus brief intervention, such as onward referral or provision of information.

Christopher is a 37-year-old male. He has asthma and receives treatment from the GP. Chris has a Medicare card and has not been to ED in the last six months. He does not have any problems with alcohol or other drug use.

Chris has never been to prison and sleeps most frequently with friends and family. He does not have any current legal issues happening and does not engage in any risky activities. He receives regular income through Centrelink and this covers most of his expenses.

Chris does not have a mental health issue, but often has difficulties concentrating. Chris still engages in a number of activities that he enjoys.

He left school in Year 10 and has been homeless for two years. In the last three years he has been homeless and re-housed again once.

In the Midland Connections Week data there were four individuals and no families with a vulnerability score below five (four per cent of total surveyed).

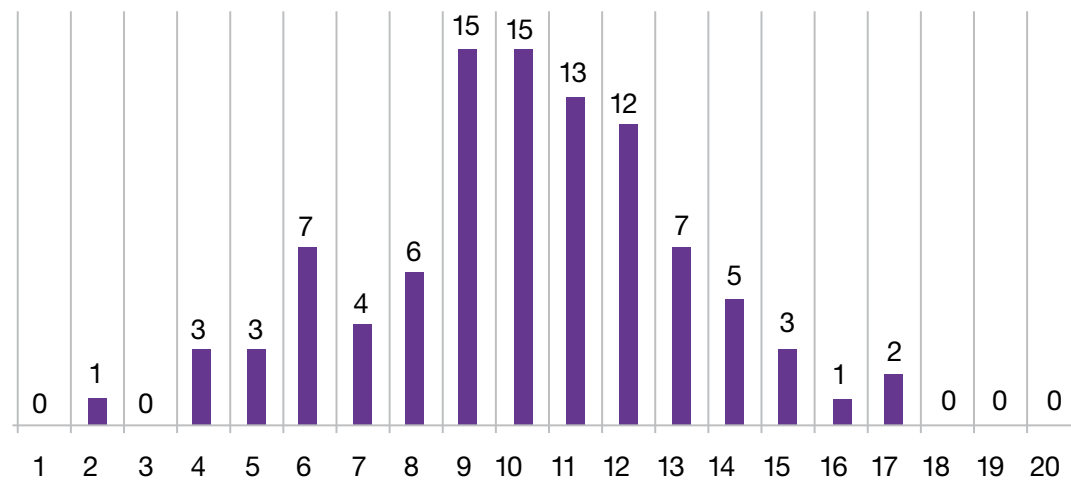
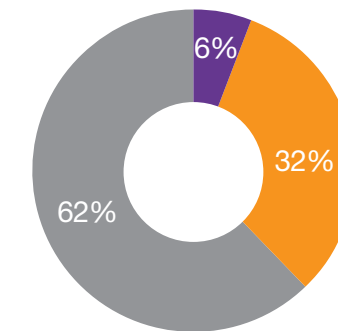


Figure 22. Vulnerability Scores of participants, Midland Connections Week, 2019

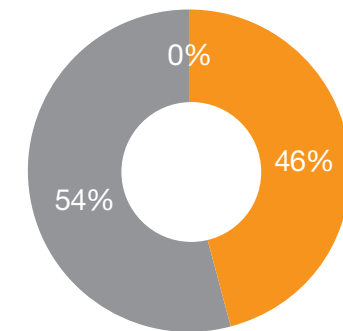
Table 11. Proportion of Midland Connections week participants with a VI score above 10, compared with Perth and Fremantle.

| | Midland Individuals | Midland Families | Perth (2016) | Fremantle (2016) |
|----------------------------------|---------------------|------------------|--------------|------------------|
| Per cent needing ongoing support | 62.0% | 53.8% | 46.6% | 44.1% |



■ Brief Intervention (0 to 4)
 ■ Short term Support (5 to 9)
 ■ Long term Support (10 or more)

Figure 23. Individual Acuity, Midland Connections Week



■ Brief Intervention (0 to 4)
 ■ Short term Support (5 to 9)
 ■ Long term Support (10 or more)

Figure 24. Family Acuity, Midland Connections week

Tri-morbidity among people experiencing homelessness in Midland

Tri-morbidities, the co-existence of mental health, chronic health and substance use issues was more prevalent among the Connections Week individuals in Midland compared to the families (Figure 22). Of the 71 homeless individuals surveyed in Midland, more than half had at least one chronic health issue, as well as co-existing mental health and substance abuse issues. This is 4.7 per cent higher than Perth and 1.8 per cent higher than Fremantle (Table 10). The co-existence of mental health and alcohol and other drug issues was most prevalent among the homeless individuals, especially those of non-Aboriginal background. Among the families, more prevalent was the co-existence of mental health and chronic health issues (38 per cent), followed by chronic health and substance abuse issues (31 per cent).

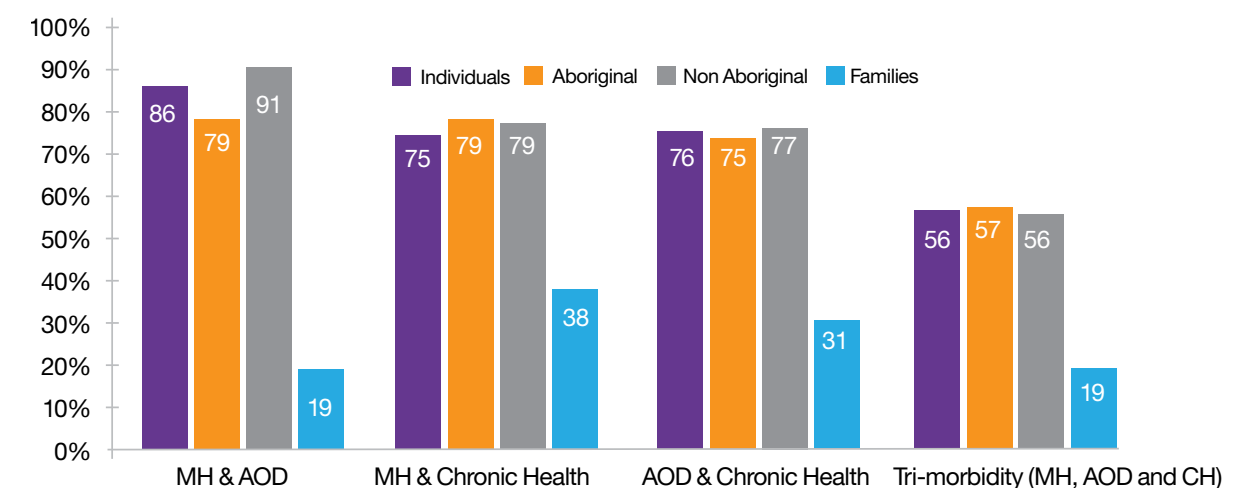


Figure 25. Co-Morbidity and Tri-Morbidities among participants, Midland Connections Week, 2019.

Table 10. Tri-Morbidities in Midland, compared to Perth and Fremantle, Midland Connections Week, 2019

| | Midland (2019) | Perth (2016) | Fremantle (2016) |
|---------------|-------------------|-----------------|---------------------|
| Tri-Morbidity | 56.3% | 51.6% | 54.5% |

Trauma and exposure to risks living on the streets of Midland

Finally, experiences of trauma among the Midland Connections Week participants was high, and especially high among those scoring above 10. More than half of all the individuals (55 per cent) and just under half of the families (42 per cent) reported experiencing a trauma that they had not received help for. This jumps to 77 per cent when including only those with a VI score above 10. Reports of experiences of trauma were slightly higher among the non-Aboriginal individuals at 58 per cent, compared to 50 per cent of the Aboriginal Connections Week participants.

In addition, while on the streets, people experiencing homelessness are exposed to a number of harmful activities. Many of the participants reported being forced to do things by others (30 per cent of individuals and 12 per cent of families), being a victim of an attack (54 per cent of individuals and 31 per cent of families) and having their belongings taken or stolen (61 per cent of individuals and 54 per cent of families). These experiences in themselves can be traumatic and contribute to declining mental wellness. Again, having a home, instantly increases feelings of safety and security. When asked “What do you need to be safe and well?” a home featured in 85 per cent of the participants answers.

Vulnerability score 5 to 9: long-term affordable accommodation, plus some short term supports with mental health, physical health and/or substance abuse issues

Lisa is a 46-year-old female. She has been homeless for 1.5 years and in the last three years has been housed and become homeless again seven times.

She has previously misused alcohol and other drugs, however in the last six months, she has had some days off alcohol. She has a regular income through Centrelink, however this is not enough to cover her expenses.

Lisa has previously spent time in prison and in the last six months has interacted with the police once. In the last month, Lisa has been to ED once and has problems concentrating. She no longer engages in activities that bring her happiness. She does not have a diagnosed mental health issue and is not receiving treatment for her mental health.

Lisa sleeps most frequently with friends and family, however her friends and family frequently take or borrow things from her.

Among the Midland Connections Week participants, there were 23 individuals and 12 families with a vulnerability score between five and 10 (36 per cent of total surveyed).

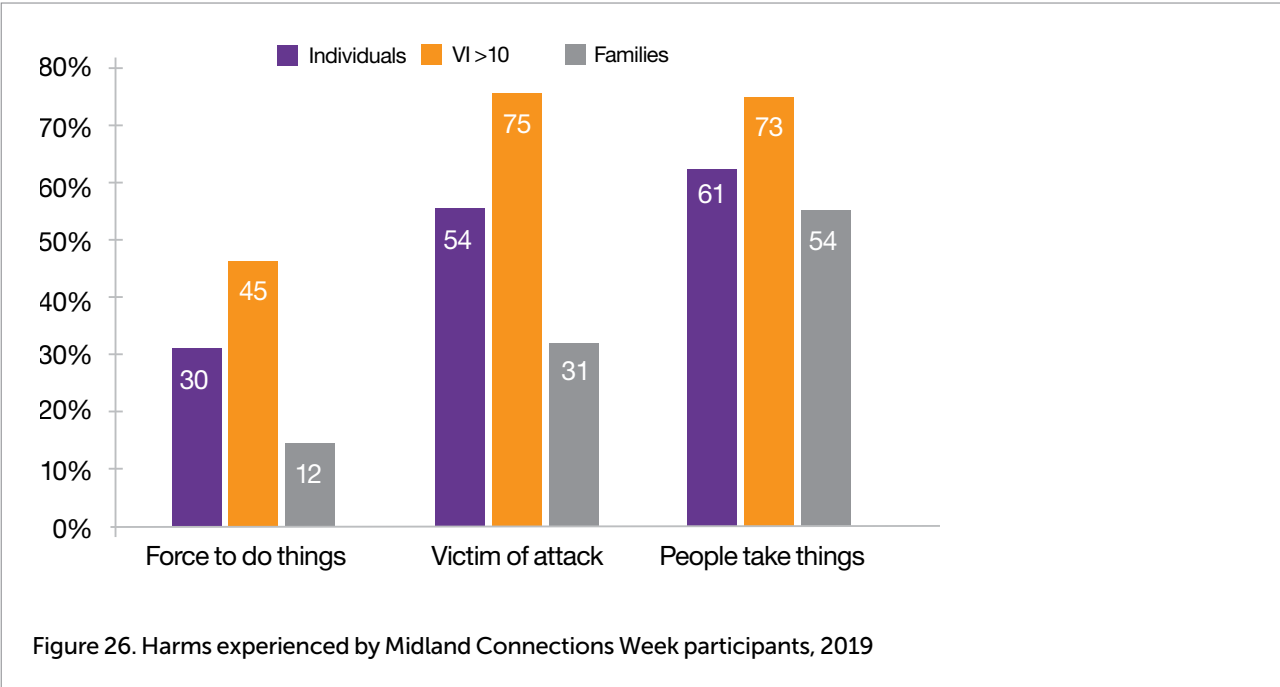
Vulnerability of 10 or higher – Affordable accommodation plus long-term supports

Molly is 16 years old and identifies as a bi-sexual female. She left school when she was 13 and has been homeless for a year. In the last three years, she has been housed and become homeless again once. Molly sleeps most frequently on the streets and since becoming homeless she has been a victim of an attack. She has not had a shower for a while.

She has been admitted to the ED department 10 times in the last six months and has been diagnosed with Hepatitis C, Cancer and Diabetes. She doesn’t use injecting drugs but frequently drinks alcohol and takes other drugs. She has been treated for her mental health issues against her own will and has gone to hospital before because she felt unwell emotionally. While on the streets, she has attempted to harm herself and has engaged in risky activities. She has relationships for convenience and frequently her friends and family make her do things she does not want to do. She is not currently receiving treatment for her alcohol and drug issues, but does see a professional about her mental health.

In her life, Molly has experienced trauma that she has not sought help for. She hasn’t been to prison or stayed for a night in the Watch House, but many of those that sleep around her have. In the last six months, she has interacted with the police 20 times and has some ongoing legal issues that she is worried may result in her being locked up or having to pay a fine. Molly does not receive any income at the moment.

Among the Midland Connections Week participants, there were 44 individuals and 14 families with a vulnerability score of 10 or above (59 per cent of total surveyed).



“A home, my own home that I can make homely, dry and warm”

(Midland Connections Week Participant, What do you need to be safe and well?)

5. Conclusion

This report has provided an overview of the picture of homelessness and vulnerability in Midland, the diverse places people sleep and their experiences. Drawing on the data from the Midland Connections Week 2019, it has described who people experiencing homelessness are in Midland, how long they have been homeless for, where they sleep most often and the common health, justice, social and legal issues they face. A large proportion of the Midland Connections Week participants were highly vulnerable, with many experiencing co and tri-morbidities, across their physical health, mental health, and around alcohol and other drugs. Experiences of trauma were also extremely high, in addition to the exposures to risks and traumatic activities while living without a home. These impacts become more acute as people in Midland cycle in and out of homelessness and experience homelessness for many years. In helping to mend and end these experiences, having a safe, stable place to call home was identified as the fundamental means to keep people safe and well.



Figure 27. Answer to the question, "What do you need to be safe and well?"

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