

City of Port Phillip

Street Count 2018 Final Report

June 2018

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Launch Housing was commissioned by the City of Port Phillip to organise the Street Count 2018.

Launch Housing is Melbourne's largest independent provider of homelessness services with an unambiguous mission – to end homelessness in Melbourne and beyond. You can find more information about Launch Housing by visiting www.launchhousing.org.au.

Acknowledgements

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Special thanks go to the 95 volunteers who undertook the actual work of counting people who were sleeping rough. Street Count 2018 would not have been possible without their goodwill and commitment.

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Executive Summary

The count of people sleeping rough in the Port Phillip area is the first Street Count undertaken by the City of Port Phillip. While the City of Melbourne has led the way as the first local government in Victoria to count people sleeping rough in its area, at the time of writing, Port Phillip is Victoria's second.

Street Count 2018 identified 91 people sleeping rough in the Port Phillip area in the early hours of Wednesday 7th February. Given the practical constraints of conducting a Street Count, the number of people counted is likely to be an underestimation.

It provides an important benchmark against which to monitor the changing levels of street homelessness at more regular intervals than can be achieved with the five yearly Australian Census, conducted by the Australian Bureau of Statistics.

Importantly, Street Count 2018 incorporated two surveys of those people who were prepared to participate, giving critical information for services to respond to their needs. The first was a brief survey completed by 54 people; and the second was a more detailed survey of 34 people, using a specialised assessment tool called Vulnerability Index - Service Prioritisation Decision Assistance Tool (VI-SPDAT). Understanding the nature and extent of rough sleeping in the area will enable local government and services to develop appropriate programs and to better plan for the future.

In general, the findings are consistent with the day-to-day experiences of outreach workers, although the especially high proportion of Indigenous rough sleepers is noteworthy. The findings are also consistent with past research on rough sleeping, which has informed the state government's development of *Victoria's Homelessness and Rough Sleeping Action Plan*.¹ Street Count 2018 adds to the growing body of evidence of the traumatic and detrimental impact of homelessness, particularly for people sleeping rough.

Key findings

Of the 91 people counted:

- 67% (61 people) were men and 20% (18 people) were women; those remaining include persons who identified as transgender or whose gender could not be recorded (due to being asleep and covered);
- The average age was 38.6 years, with the youngest person just 15 years old while the oldest was 71;
- 79% (72 people) were counted as individuals on their own; and
- 63% (57 people) were located in the St Kilda/St Kilda West area.

Of the 54 people who completed the brief survey:

- 20 people (37%) were under 35 years of age (includes 8 people aged under 25 years);
- 47 people (87%) were born in Australia;
- 18 people (33%) were Indigenous;
- 23 people (44%) had no current service access *and* no worker, but 25 people (49%) did.

¹ Available at:
https://www.vic.gov.au/system/user_files/Documents/housing/1711047_Rough%20Sleeping%20Action%20Plan_On-Line.pdf

Among the 34 people surveyed using the in-depth VI-SPDAT tool:

- There were 28 men and 6 women, aged between 15 and 63.
- The results showed that for many, the experience of homelessness generally, and rough sleeping specifically, was unfortunately, not new. Many had not had stable permanent housing for seven or more months. Contributing factors to their current experiences of homelessness included relationship difficulties and abuse and or trauma.
- Around half of this group of 34 people were currently using services and/or had a worker, but many had no links with services. In the last year, homelessness had for many been an ongoing experience leaving them vulnerable to violence. A high number had been attacked since becoming homeless.
- Overall, physical health problems were particularly common, 21 people had some sort of physical health issue. Eight people suffered with chronic health problems, affecting the liver, kidneys, stomach, lungs or heart.
- Substance use problems affected 14 people. Such issues had caused a number of people to be kicked out of their accommodation in the last five years. And several said substance use would impact on their ability to maintain stable housing.
- Mental health difficulties affected 11 people. For seven people, it made it hard to live independently without help. Past head injuries were reported by five people, and four people experienced housing difficulties as a result of mental health problems.
- Fifteen people said they avoided getting help when sick or feeling unwell. It was this group that tended to be hospitalised, or ended up in emergency departments, or were taken to hospital by ambulance multiple times. Despite the frequent contact with health services, there appeared no improvement to their health or housing circumstances.

Observations

- All 91 people sleeping rough needed quick access to stable, safe and affordable housing.
- A localised response is required. The numbers of people sleeping rough was heavily concentrated in the St Kilda area, which would warrant a more localised response.
- A quick response is required. The high VI-SPDAT scores emphasise the importance of a timely housing and support service response. A time critical response was also required by the number of very young people, still in their teens and highly vulnerable, who have been sleeping rough for several weeks.
- An improved health response is required. Rough sleeping and serious health problems are tightly intertwined; these demand an improved health service response that considers the social factors impacting on health. Without housing, poor health outcomes will continue.²
- A tailored Indigenous response is required. The very high proportion of Indigenous people sleeping rough warrants a particular service response.

² Amanda Stafford and Lisa Wood, 2017. *Tackling health disparities for people who are homeless? Start with social determinants*

1. Introduction

This report presents the key findings from the first count of people sleeping rough in the City of Port Phillip. Referred to as Street Count 2018, there were two distinct aims:

1. to investigate the prevalence of rough sleeping; and
2. to provide an initial assessment, based on the severity of people's circumstances, in order to best match housing and support, with the most in need receiving the quickest and most intense response.

The City of Port Phillip invested \$10,000 into the project and received \$40,000 from the Victorian Department of Health and Human Services. The work has been informed by the City of Melbourne, which has led the way with several Street Counts already completed, beginning with the first in 2008. At the time of writing, the City of Port Phillip was only the second Victorian local government to document the number of people sleeping rough in its municipality.

The findings will be used to develop a more coordinated housing and support response, and to prioritise housing and support to individuals assessed as most vulnerable. Additionally, the findings will provide an important benchmark against which to compare future counts in order to better understand the scale and nature of rough sleeping in the City of Port Phillip.

2. About City of Port Phillip

Located on the northern edge of Port Phillip Bay, the City of Port Phillip has an 11 kilometre shoreline, and is only a few kilometres from the central business district of Melbourne. An area of 20.62 square kilometres, it encompasses nine neighbourhoods including: Albert Park/Middle Park, Balaclava/East St Kilda, Elwood, Port Melbourne/Garden City, Ripponlea, South Melbourne, St Kilda Road/Melbourne, St Kilda/St Kilda South/St Kilda West, and Windsor (See Appendix A for neighbourhoods and boundaries). St Kilda is the most densely populated.³

The Port Phillip region is the ancestral home of the Yalukut Weelam people of the Boon Wurrung⁴. At the 2016 Census, 393 Indigenous people were enumerated in the Port Phillip area, representing 0.4% of the total resident population of 100,872 people.⁵ Those born overseas make up one third of the population. About half (51%) the population are between 25 and 49 years of age.⁶

There are a total of 50,605 households in the City of Port Phillip, of which 24,891 (49%) are rented. Nearly 5% of all households live in social housing (public and community housing) compared to less than 3% in Greater Melbourne.⁷

Based on a 2016 SEIFA⁸ Index of Disadvantage score of 1069, Port Phillip is a relatively affluent area, but it also areas of disadvantage. Of the 24,828 people homeless in Victoria, City of Port Phillip has the fifth highest number of people enumerated as homeless on Census night 2016 (1,725 people homeless).⁹

³ http://www.portphillip.vic.gov.au/about_copp.htm

⁴ <http://www.portphillip.vic.gov.au/reconciliation-action-plan-2017-2019.pdf>

⁵ ABS, 2002.0, 2016 Census of Population and Housing, Aboriginal and Torres Strait Islander Peoples Profile

⁶ <http://www.portphillip.vic.gov.au/demographics.htm>

⁷ <https://profile.id.com.au/port-phillip/tenure?BMID=20>

⁸ SEIFA, or *Socio-Economic Indexes for Areas*, ranks areas based on relative socio-economic advantage and disadvantage; for more detail, go to <http://www.abs.gov.au/ausstats/abs@.nsf/mf/2033.0.55.001>

⁹ ABS, 2049.0, 2016 Census of Population and Housing: Estimating homelessness, 2016, Table 6.1

3. About homelessness

Based on the ABS¹⁰ definition, a person is homeless if they do not have suitable accommodation options and their current living arrangement:

- Is in a dwelling that is inadequate, or
- Has no tenure, or if their initial tenure is short and not extendable, or
- Does not allow them to have control of, and access to space for social relations (ABS 2011, 2049.0).

Anyone can be considered homeless if they are:

- Sleeping in improvised dwellings, tents or sleeping out;
- Staying in supported accommodation for the homeless;
- Staying temporarily with other households;
- Staying in boarding houses;
- Staying in other temporary lodgings; or
- Living in severely overcrowded dwellings.

On Census night in 2016¹¹, an estimated 116,427 people were enumerated as homeless across Australia, an increase of 14 per cent since Census night 2011. In Victoria, the figure was 24,817, representing an increase of 11% since 2011. For the majority of people, the experience of homelessness is largely invisible; many people spent Census night in specialist homelessness accommodation, or stayed with relatives or friends, boarding houses, or were in severely crowded dwellings. Only seven percent of people experiencing homelessness were sleeping rough on the streets, in parks or in improvised dwellings on Census night.

Changes in levels of rough sleeping are variable. The latest 2016 ABS Census figures show that between 2011 and 2016, the proportion of people sleeping rough increased nationally by 20%, rising from 6,810 to 8,200. In Victoria, however, the figure was a relatively modest 3%, increasing from 1,090 persons in 2011 to 1,123 in 2016.

At the municipal level, the 2016 ABS Census recorded 71 people sleeping rough in the City of Port Phillip compared to 134 people enumerated in the 2011 Census. This means that 63 fewer people were sleeping rough, representing a drop of 47% over the five year period.¹²

In contrast, the recent City of Port Phillip Street Count suggests that rough sleeping is rising since the 2016 Census. With a total of 91 people counted sleeping rough in February 2018, these extra 20 people signify a 28% increase in rough sleeping in the municipality, as illustrated in Figure 1.

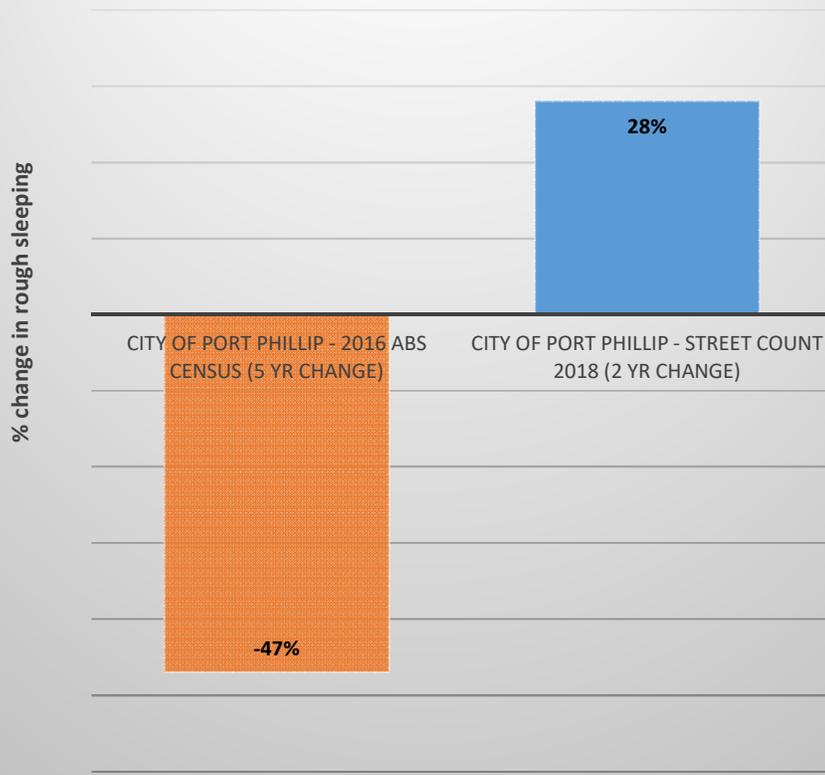
While providing an interesting contrast, the data are not directly comparable and should be interpreted with care. It is important to bear in mind, for example, that the Census and Street Counts use different methodologies in enumerating people sleeping rough and involve different time periods. The Census homelessness count takes place over a full week in August (winter time) every five years, whereas Street Count 2018 took place in the early hours of one February day (summer time).

¹⁰ ABS, 4922.0 – Information Paper – A Statistical Definition of Homelessness, 2012, 2012, Available from www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4922.0Main%20Features22012?opendocument&tabn.

¹¹ ABS, 2049.0, 2016 Census of Population and Housing: Estimating homelessness, 2016

¹² ABS, 2049.0, 2016 Census of Population and Housing: Estimating homelessness, 2016, Table 5.1

Figure 1: Percentage change in rough sleeping, comparing 2016 ABS Census and Street Count 2018



4. About Street Count

Street Count 2018 provides a point-in-time tally of each person sleeping rough on the streets, parks, cars, tents, or improvised dwellings in the municipality of Port Phillip. It was a collaborative effort between stakeholder agencies led by Launch Housing, including: City of Port Phillip, Department of Health and Human Services, Sacred Heart Mission, Port Phillip Housing Association (now Housing First), St Kilda Community Housing, Salvation Army Crisis Services, Ngwala Willumbong Cooperative, Star Health, South Port Community Housing, and Victoria Police.

Method

Informed by international best practice¹³, the methodology for conducting Street Counts was originally developed by the City of Melbourne for their first count in 2008 and undertaken annually. In 2012, it was changed to a biennial Street Count. The original approach, in addition to the model used by Launch Housing Registry Weeks, was used for the City of Port Phillip Street Count 2018.

The count occurred between the hours of 2.00 am and 6.00 am on Wednesday 7th February 2018. A total of 95 volunteers, recruited from the stakeholder agencies, worked in teams of four, each group supervised by an experienced homelessness worker.

The total Port Phillip area was divided into 25 sections with each team assigned to one of these sections.

Who was counted

The Procedures Manual¹⁴ specifies to count any person who:

- Obviously carrying many belongings;
- Sleeping, lying or sitting on the pavement, street, parks, shop/business fronts, parking lots, road or railway underpasses;
- Inhabiting a tent or makeshift structure; and
- In cars, including those with curtains or clothes draped around the windows; if no-one visible, then count one person per car/vehicle.

The data were essentially collected via three sources (refer to Appendix B):

1. Observation – used when people were asleep, it provided minimal detail;
2. Survey – questions focused on demographic details and service use;
3. VI-SPDAT¹⁵ – comprising 27 questions, the Vulnerability Index - Service Prioritisation Decision Assistance Tool (VI-SPDAT) is a pre-screening instrument that designed to indicate the acuity of each person's homelessness experience; this then determines the type of housing and level of service intervention needed.

A highly structured tool, the VI-SPDAT requires either yes, no, or refused for every question. Responses are then calculated to provide an overall score for each individual:

- 0 – 3 score indicates the need for access to housing and needing low level of support;

¹³ City of Melbourne StreetCount2016 Final Report

¹⁴ City of Port Phillip Street Count 2017 Procedures Manual, p.8

¹⁵ The Vulnerability Index – Service Prioritisation Assistance Tool (VI-SPDAT), Manual for Individual Tool, Version 2

- 4 – 7 score indicates the need for access to rapid re-housing and a moderate level of support to help sustain housing stability; and
- 8+ score, the need for access to permanent supportive housing indicates a high level of support is needed.

All participants who completed the survey received a 'Thanks Pack' comprising snacks and a \$20.00 gift voucher.

Limitations

The main limitation of a Street Count relates to the identification and count of individuals sleeping rough. The final count is likely to be an underestimation of the prevalence of rough sleeping in the Port Phillip area bearing in mind the following considerations:

- The safety of volunteers meant that derelict buildings or squats were off limits. It is likely that some people sleeping rough may have sought shelter in such places, and as a result, were not included in the count.
- Where people were asleep in cars or tents, it would have been difficult to see all the people who were sleeping in cars or in tents; in these instances, volunteers were instructed to record these types of shelters as one individual.
- While some double counting may have occurred, this was generally minimised wherever possible.

A further limitation relates to the response rates. The number of participating individuals recorded at each stage of data collection varied, and affected the overall response rates. Those who completed the VI-SPDAT represent slightly more than one third of the total number of individuals counted. Interpreting the findings, therefore, needs to be done with caution; they cannot easily be applied to the broader group of people sleeping rough in the Port Phillip Street Count.

5. Prevalence of rough sleeping

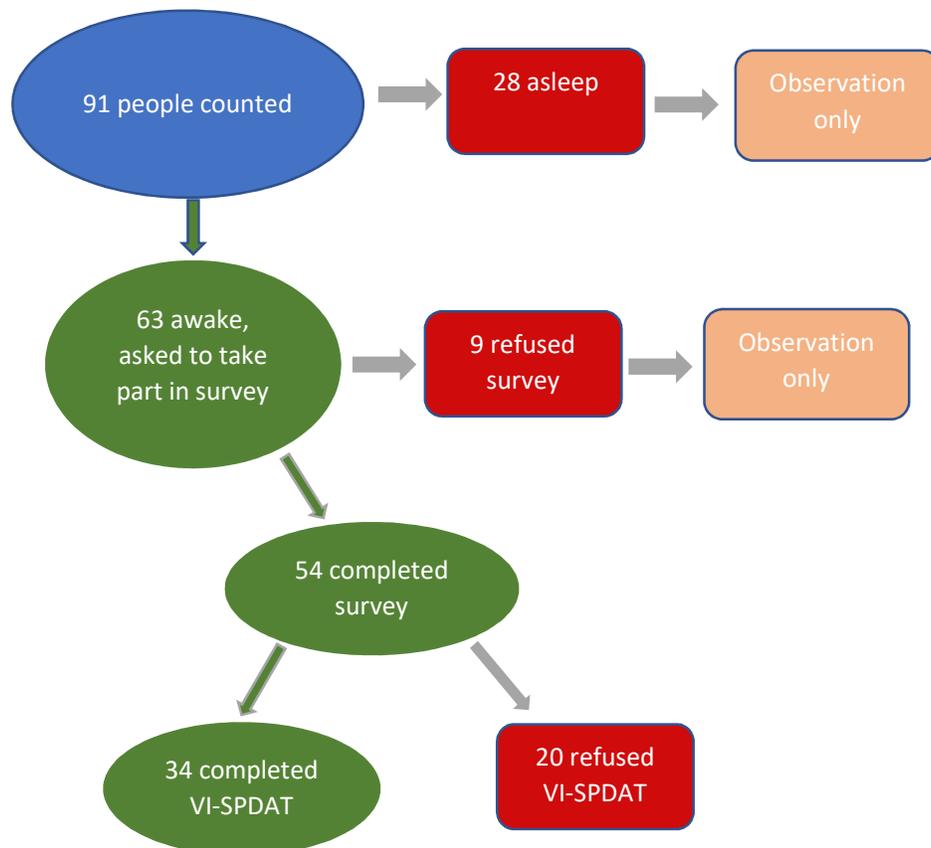
Focusing on prevalence, this section presents the results from the initial count and survey of the numbers of people recorded sleeping rough during the Street Count.

The findings are presented in two parts: the first part focuses on the number of people counted. The second presents the outcomes from the survey.

As shown in Figure 2:

- A total of 91 people were counted sleeping rough in the municipality of Port Phillip (as highlighted in Figure 1). Of this total, 28 people (31%) were recorded as asleep and 63 (69%) were awake;
- These 63 people were asked to take part in the survey: 54 completed the survey and 9 refused;
- Limited data were collected through 'observations only' for a total of 37 individuals (28 who were asleep and 9 who refused);
- 54 people were asked to fill in the VI-SPDAT, of whom 34 completed it and 20 refused.

Figure 2: Number of people in City of Port Phillip Street Count 2018



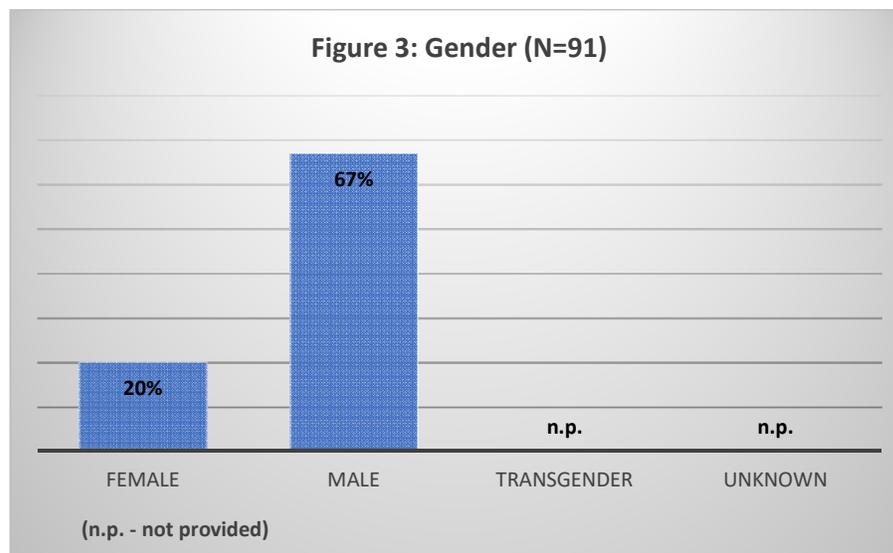
a. Observation data

Observation data analysed included information recorded for gender, age, presenting unit, and type of shelter for 91 people.

- In 37 cases (28 people who were asleep and 9 people who refused), the observations yielded only limited information for gender, age, presenting unit, type of shelter and location. As a result, there are many instances recorded as 'unknown'.

Figure 3 shows that 67% (61 people) of people counted were men and 20% (18 people) were women. This difference between the numbers of women and men sleeping rough is generally consistent with ABS 2016 Census figures. But the figure for women is slightly lower. Across Australia 34% of people sleeping rough on Census night in Australia were women. For Victoria, the figure was 30% women¹⁶.

It may be that a number of individuals recorded as 'unknown' were women. Research exploring the gender difference in rough sleeping noted that women occupy public space differently to men. For issues of safety, women generally try to remain as invisible as possible, searching for places such as public toilets, garages, bin bays, or spaces away from busy centres.¹⁷



The remaining group includes persons who identified as transgender or whose gender could not be recorded (due to being asleep and covered). The numbers counted for these two categories are not provided in order to maintain confidentiality for individuals whose gender identity was other than male or female; while at the same time ensuring their experiences of homelessness are not ignored.

One of the very few studies regarding homelessness experienced by the lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) community stated that while prevalence of homelessness

¹⁶ ABS, 2049.0, 2016 Census of Population and Housing: Estimating homelessness, 2016

¹⁷ Kesia Reeve, (2018) *Women and homelessness: putting gender back on the agenda*, Sheffield Hallam University, People, Place and Policy (2018): 11/3, pp. 165-174. Available at: <https://extra.shu.ac.uk/ppp-online/wp-content/uploads/2018/01/women-homelessness-putting-gender-on-the-agenda.pdf>

is unknown, limited information suggests that certain sub-groups, including transgender people, are over-represented in homelessness services.¹⁸

The youngest person counted was just 15 years old and the oldest person was 71 years old. Figure 4 shows that nearly half (49%, 44 people) were aged between 25 and 44 years; the average age was 38.6 years. Nine young people were aged under 25 years, accounting for 10% of the group. Those aged in their late 40s, 50s and older made up nearly a quarter (23%, 21 people) of those counted. For a large proportion, age was unknown (19%, 17 people), mostly due to the difficulty of trying to estimate someone's age based on restricted observation, particularly if people covered or otherwise obscured.

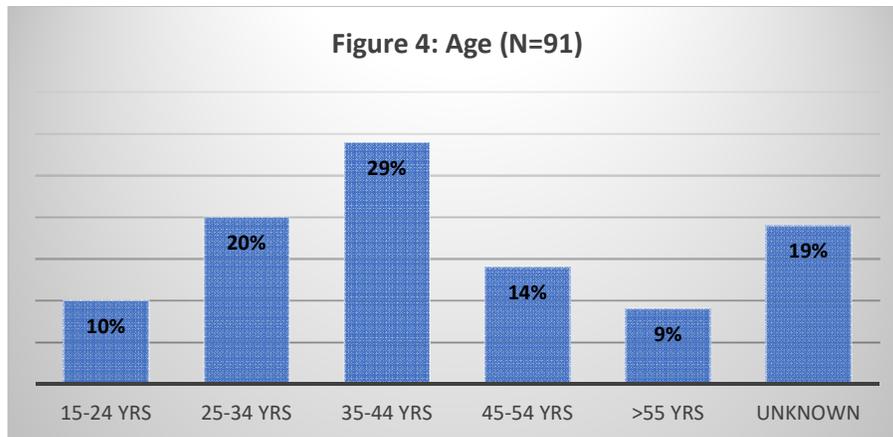
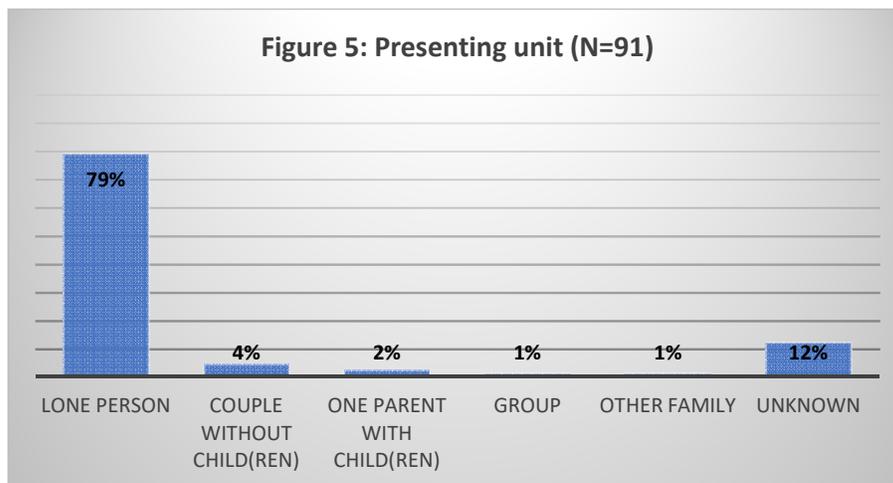


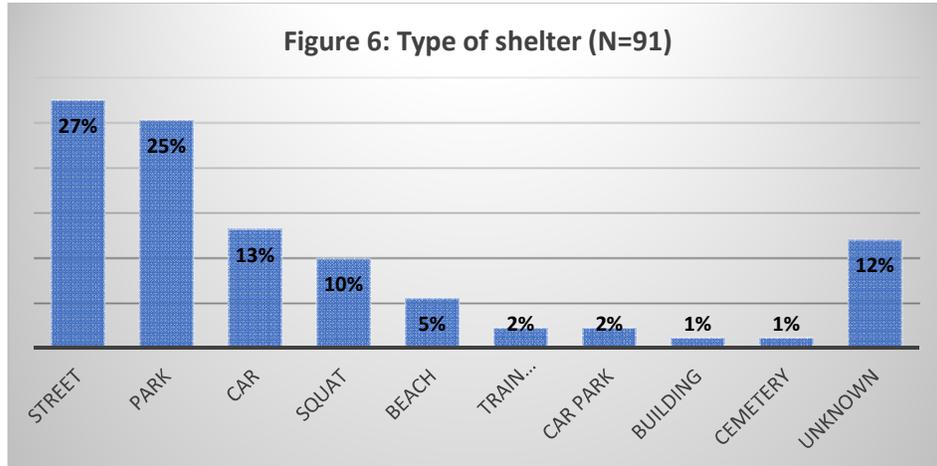
Figure 5 shows that the majority people (79%, 72 people) in Street Count 2018 were classified as individuals on their own. Among the remaining small group, 4% (4 people) were part of a couple, no children. Two people were counted as 'parent with children' (2%), although it was noted that no children were present. One person was counted as part of an unrelated group (1%), and another was recorded as part of 'other family group' (1%). In 12% of cases (11 people), the presenting unit was unknown.



¹⁸ *LGBTQ Homelessness: Risks, Resilience, and Access to Services in Victoria*, 2017. Available at: <https://www.galfa.org.au/wp-content/uploads/2018/01/LGBTI-Homelessness-project-Final-report-September-2017.pdf>

Type of shelter

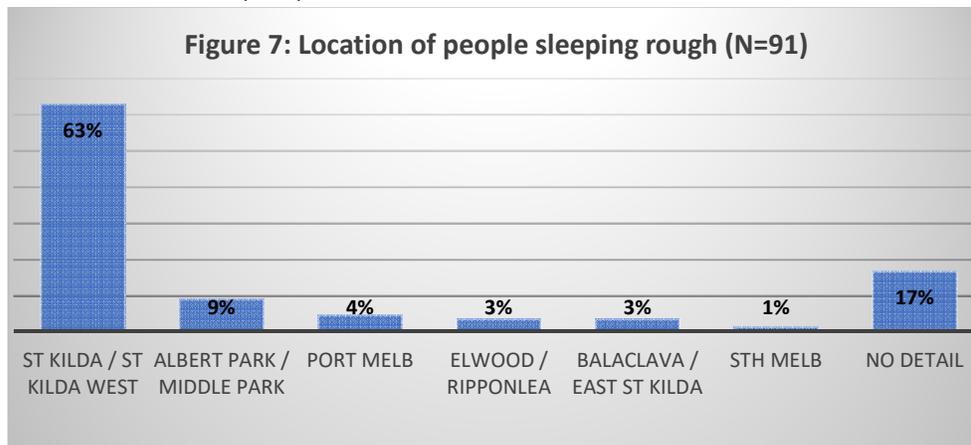
Figure 6 shows that of the 91 people, more than half were recorded or observed sleeping on streets (27%, 25 people) or in parks (25%, 23 people). Some were in cars (13%, 12 people), others in squats (10%, 9 people). A few were on the beach (5%, 5 people) and some took shelter in train stations (2%, 2 people), car parks (2%, 2 people), building alcoves (1%, 1 person) and cemetery (1%, 1 person). In 11 cases (12%), the information was unknown.



Location of rough sleeping

Most of the people counted were concentrated in one main area. As shown in Figure 7, nearly two-thirds (63%, n=57) of people sleeping rough were located in the area of St Kilda/St Kilda West. The reason for this is unclear since the Street Count did not ask people *why* they were sleeping rough in a particular area. A possible explanation may be linked to the fact that the St Kilda area is a central hub where a number of specialist agencies are situated, including an Indigenous service and one that provides breakfast and lunch 365 days of the year to people in need.

The remaining 19 people were located throughout the municipality including Albert Park/Middle Park (9%, 8 people), Port Melbourne (4%, 4 people), Elwood/Ripponlea (3%, 3 people), Balaclava/East St Kilda (3%, 3 people) and South Melbourne (1%, 1 person). There was no detail available in 15 cases (17%).



b. Survey data

Information presented in this section is based on the responses of 54 people who agreed to complete the survey. This represents 59% of all the 91 people counted, and 86% of the 63 people who were awake, and therefore asked if they would like to participate. Either way, both are favourable response rates.

Findings presented in this section relate to country of birth, Indigenous status, experiences of homelessness, and service use.

The gender difference, men outnumbering women, remained for this group of 54 who completed the survey. Those under 35 years of age represented 37% (20 people) of the group, including eight young people aged under 25 (15%).

Figure 8 shows that the vast majority (87%, 47 people) were born in Australia. The seven remaining people were born in New Zealand, Fiji, Japan, Thailand and Sri Lanka.

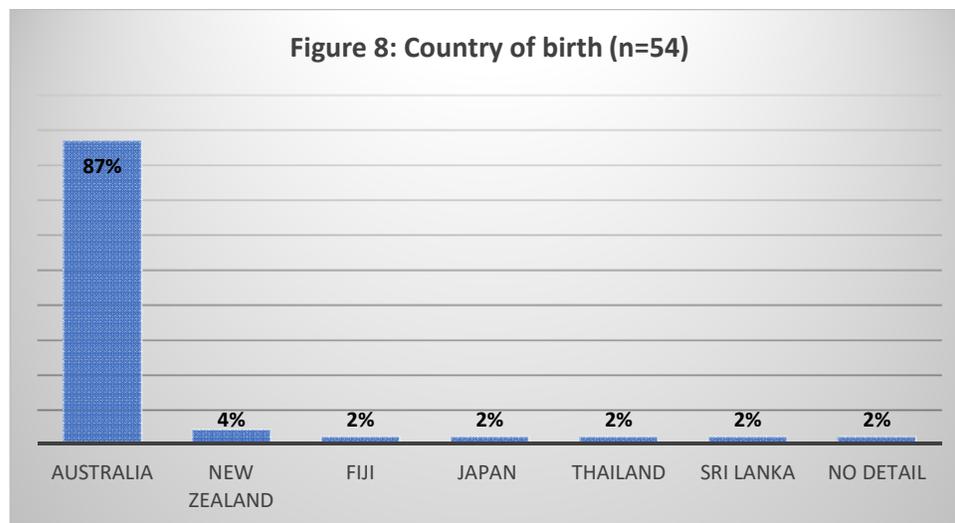
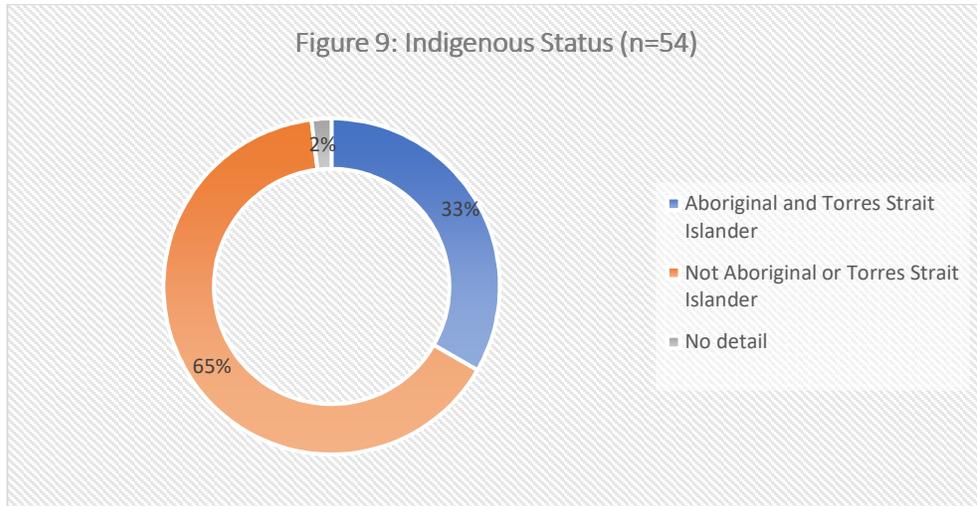


Figure 9 shows that of the 54 people surveyed, 18 (33%) identified as Indigenous, including six young people aged under 18 years. Thirty-five people (65%) identified as non-Indigenous.

These 18 Indigenous people, as a proportion, are an over-representation of Indigenous people sleeping rough in the Port Phillip area. This is consistent with the general over-representation of Indigenous homelessness recorded in the 2016 Census.

The proportion of 33%, however, is higher than the 27% Indigenous rough sleeping reported for Australia, and three times higher than the proportion of Indigenous rough sleeping in Victoria (11%). It is also more than twice as high as the proportion of Indigenous rough sleepers (14%) recorded in the City of Melbourne 2016 Street Count.

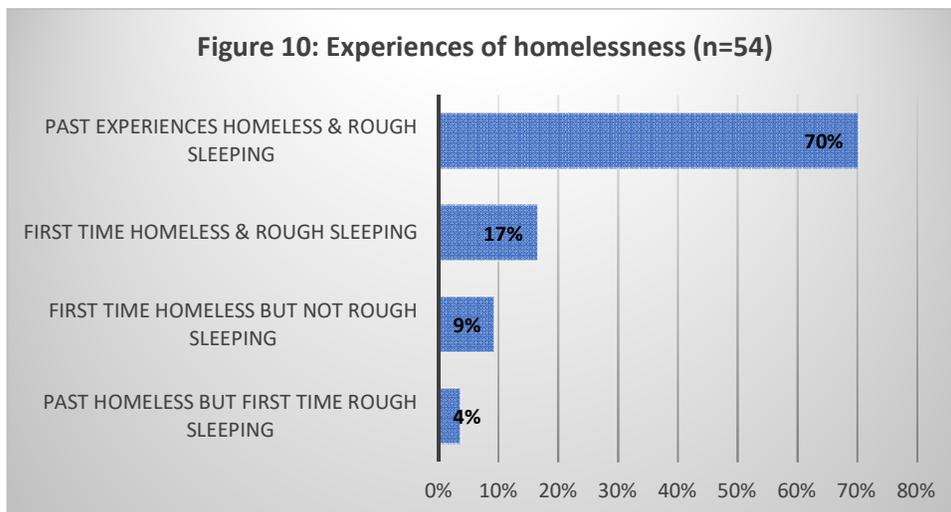


Experiences of homelessness

For the group of 54 people who were surveyed, homelessness was not an unfamiliar experience. Figure 10 illustrates that many of those surveyed (38 people, 70%) had past experiences with both homelessness in general *and* rough sleeping in particular. Most in this group were older adults, aged 35 to 44 (17 people), 45 to 54 years (8 people), or 55 to 74 (3 people). Only ten people were under the age of 35.

In contrast, first time experiences of both homelessness *and* rough sleeping were reported by nine people (17%). Apart from two people in their early thirties and one aged 67, most were young people still in their teens, just 15 to 17 years old. Given their young age, this is an extremely worrying result.

A further five people (9%) reported that it was their first experience of homelessness but not of sleeping rough – thus, their first experience of homelessness may have been one continuous period of moving between crisis services and rough sleeping. In two cases, people reported past experience of homelessness but it was their first time rough sleeping.

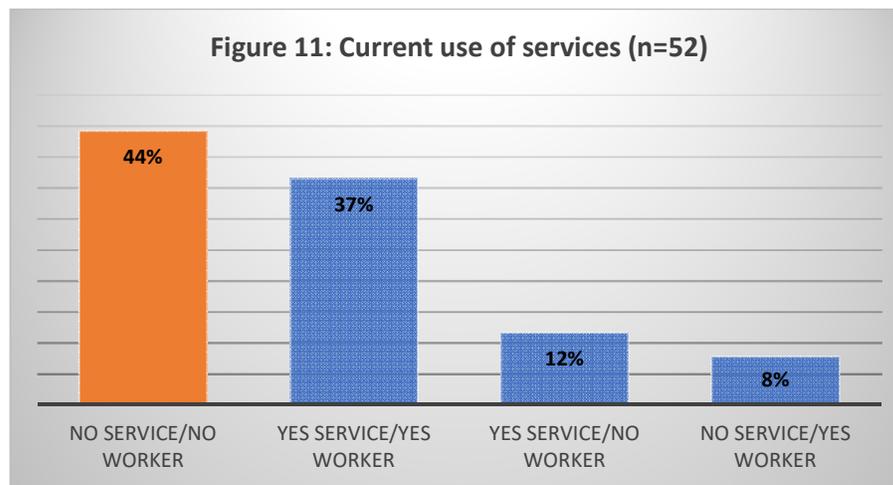


Service Use

People were asked about their current access to services and whether they had a worker. Figure 11 presents the overlap between current service access and worker support.

This shows that 29 people (56%) reported some type of link with services, including 19 people (37%) who were currently accessing services *and* had a worker, six people (12%) reported accessing services but *did not* have a worker, and four people (8%) who had a worker but *no current service contact*.

Importantly, a high number of people (n=23 or 44%) had *neither* current access to services *nor* a worker. This group included 17 people who had past experiences of rough sleeping and 14 were men aged between 32 and 53.



The reason for the absence of connection with services is unknown. The frequency of service use may have influenced how people responded. The question asked about 'current' access to services; perhaps a number of people in this group used services in an ad hoc way, for example, for meals or material aid. In this case, they may said that they were not 'currently' accessing services.

It is also possible that several people in this group may have had negative past experiences with services and were, therefore, reluctant to remain engaged. The evidence shows that contact with services is, generally, not great for people sleeping rough, and many remain sleeping rough after support has ended.¹⁹

Assertive outreach is widely recognised as the most effective way to connect with people sleeping rough, especially in cases where people have been sleeping rough for long periods of time.²⁰ But finding and engaging with people sleeping rough is intensive and time consuming work, which has implications both for resource capacity and the type of support that is offered. It has been noted, for example:

'...all people sleeping rough would benefit from more assertive outreach accompanied by an adequate offer of support that includes rapid entry into permanent housing'.²¹

¹⁹ Rough sleeping in Victoria, Situation Appraisal, May 2017.

²⁰ Rough sleeping in Victoria, Situation Appraisal, May 2017.

²¹ Rough sleeping in Victoria, Situation Appraisal, May 2017, p.29

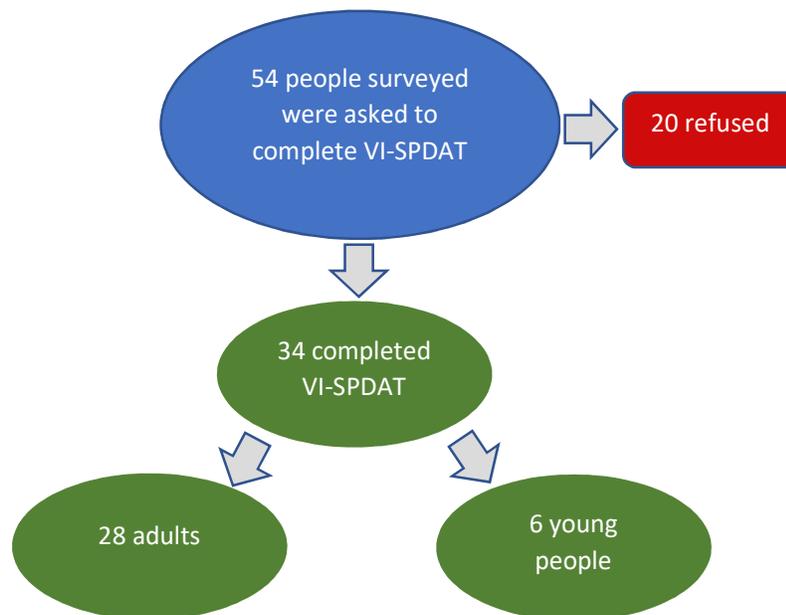
6. Exploring complexity – findings from the VI-SPDAT

Findings presented in this section are based on the group of people who completed the VI-SPDAT.²² The selected themes explored in this section include housing and homelessness history, exposure to violence, use of health services, and health and wellbeing.

Figure 12 shows that of the 54 people who were asked if they would like to complete the VI-SPDAT, only 34 (63%) agreed to continue. The findings presented in this section are, therefore, restricted to the 34 people for whom a VI-SPDAT was completed. Overall, this translates to 37% of the original total sample of 91 people. Given the small sample size informing the analysis, care must be exercised when interpreting the findings, which are necessarily indicative only.

The group of 34 comprised 28 adults aged between 25 and 63 years, and six young people aged 15 to 22; the overall average age was 36.9 years. The group included 28 men (82%) and six women (18%). Fourteen people who completed a VI-SPDAT identified as Indigenous.

Figure 12: Number of people who completed the VI-SPDAT



²² Launch Housing, The Vulnerability Index – Service Prioritisation Assistance Tool (VI-SPDAT), Manual for Individual Tool, Version 2, July 2017 (internal document)

Housing and homelessness history

When asked how long it had been since they lived in permanent stable housing, 20 participants reported 12 months or less. This included all six young people (aged 15 - 22) who said it had been less than four months since the loss of stable housing. For one of these six young people, it was just 14 days (see Figure 13).

Ten people had lived without permanent stable housing for more than 12 months, two of whom had ten years without stable housing, while another person reported 20 years without housing.



Unfortunately, the results show that homelessness was not a new experience for most of the people surveyed.

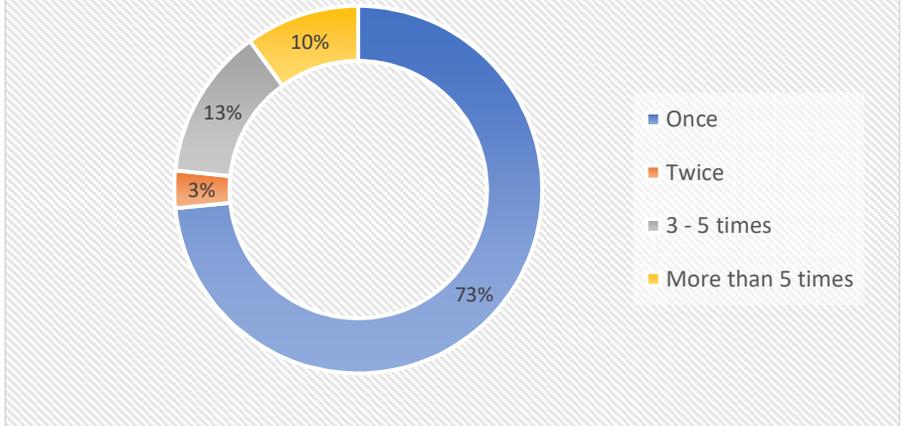
The nature of the homelessness experience were further explored for the 34 people who completed the VI-SPDAT. The specific question asked was: *“In the last year, how many times have you been homeless”*.

Of the 30 people who replied to the question, Figure 14 shows that 22 people (73%) said they had experienced one episode of homelessness in the last 12 months. This shows that for most in this group, homelessness has been ongoing.

For others, the experience has been episodic. For example, seven people (23%) reported multiple (3 or more times) incidents of homelessness in the last year, three of whom had five or more homelessness episodes.

One person, aged 42, reported 15 episodes of homelessness in the past year; this person has lived 20 years without permanent stable housing. In another case, a 22 year old who was homeless for 14 days had experienced ten instances of homelessness in the last year.

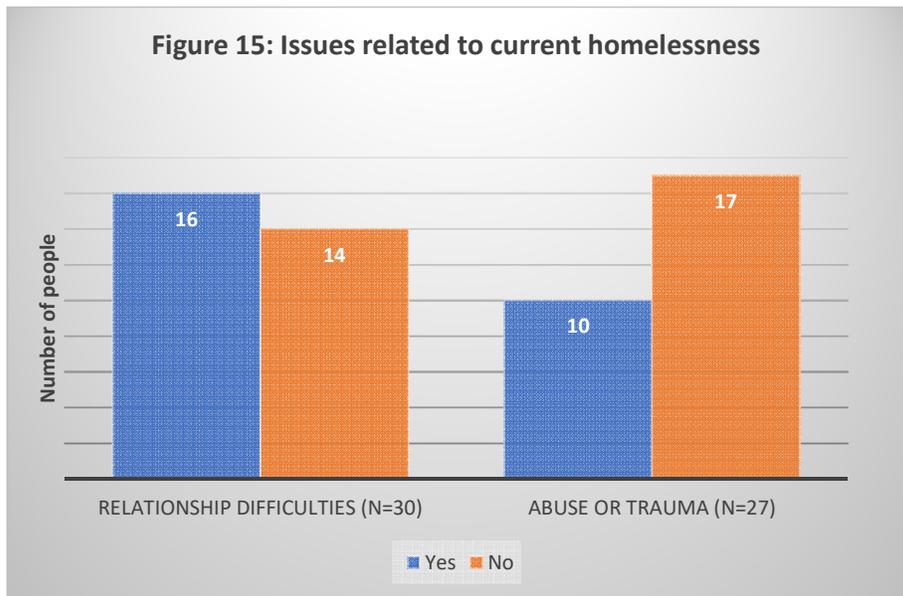
Figure 14: In the last year, how many times have you been homeless? (n=30)



Participants were asked whether their current homelessness was related to relationship difficulties or experiences of abuse and trauma. Among those who responded, Figure 15 shows that 16 people reported relationship difficulties (which may have involved unhealthy or abusive relationships, or family/friends causing eviction) as a trigger for current homelessness.

Meanwhile, ten people stated that their homelessness was related to abuse or trauma (emotional, physical, psychological, sexual or other trauma). There were eight people for whom homelessness was related to both relationship difficulties and abuse/trauma.

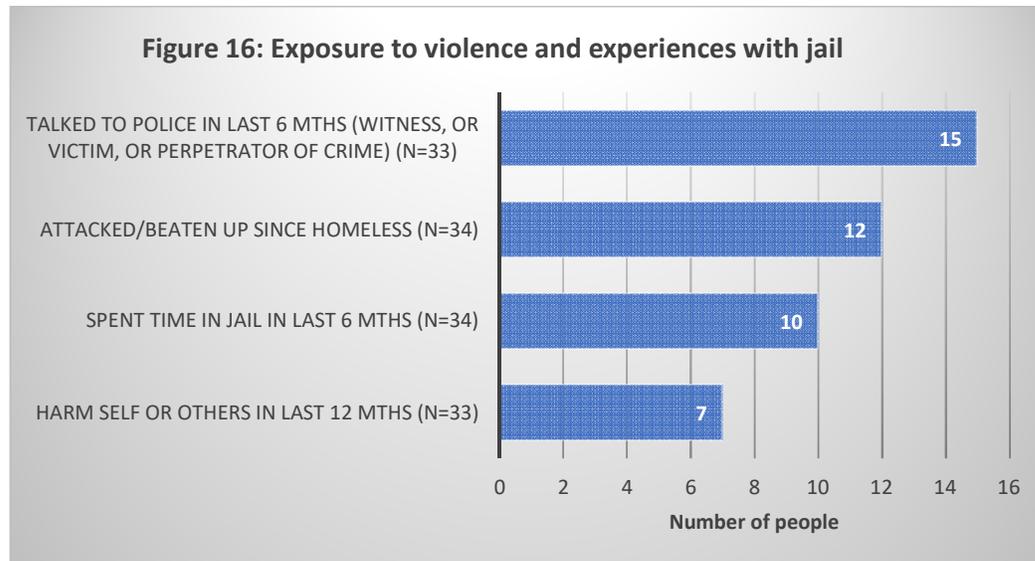
Figure 15: Issues related to current homelessness



Exposure to violence

People sleeping rough are highly vulnerable to the risk of violence.²³ People sleeping rough are at high risk of being victims of crime, including violent assaults and being killed. Figure 16, shows that this was also the case among this sample of 34 rough sleepers.²⁴

In the last six months, 15 people had talked to police either because they had witnessed a crime, perpetrated a crime, or were a victim of crime. Indeed, since becoming homeless, 12 people (nine men and three women) said they had been attacked or beaten up. Ten people had been incarcerated in the last six months. Seven people said that, in the last 12 months, they had harmed themselves or others (whether threatened or actual).



Health and Wellbeing

Sleeping rough is the most extreme and visible form of homelessness. It is very difficult on individuals, impacting them both physically and mentally. Drug and alcohol problems persist as mental and physical health deteriorates²⁵. Premature ageing and premature death are common.^{26 27}

Figure 17 provides an overview of the way people responded to a range of questions related to health and wellbeing. Overall, health and wellbeing difficulties were relatively common:

- Of the 33 who responded to health questions, 21 people reported some type of difficulty related to their physical health;
- 14 people had reported substance use issues; and
- 11 people identified a mental health issue.

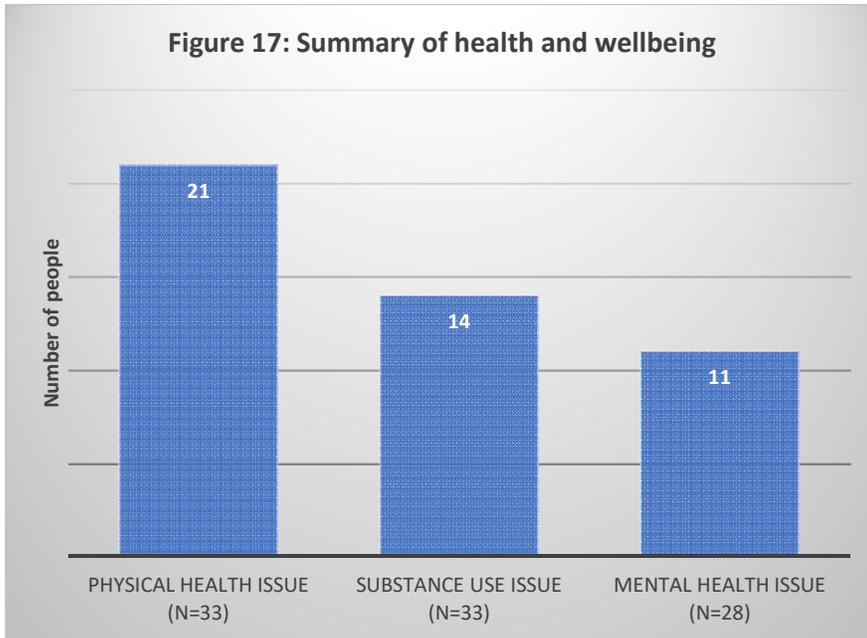
²³ Rough sleeping in Victoria, Situation appraisal, May 2017

²⁴ Robinson, C. (2010). *Rough Living: Surviving Violence and Homelessness*, UTS Shopfront Monograph Series No. 6, UTS Press, NSW.

²⁵ Sanders, B. and Albanese, F. (2016). *“It’s no life at all”: Rough sleepers’ experiences of violence and abuse on the streets of England and Wales*, Crisis UK, London.

²⁶ Thomas, B. (2012). *Homelessness Kills: An analysis of the mortality of homeless people in early twenty-first century England, Summary*.

²⁷ Murray, S. (2011). Violence Against Homeless Women: Safety and Social Policy, *Australian Social Work*, 64:3, 346-360.

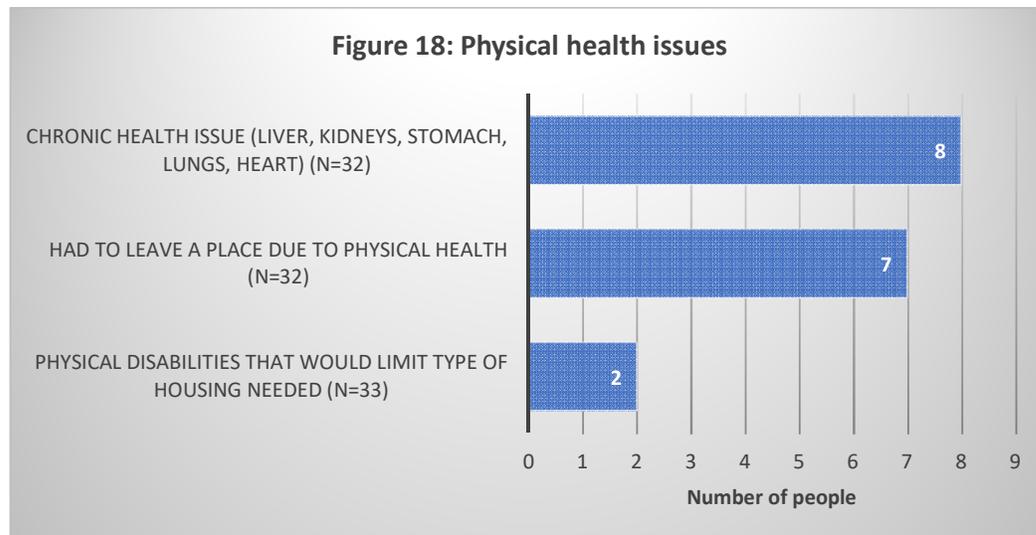


Physical health

Participants were presented with a range of issues related to physical health and asked whether they had experienced any of them (see Figure 18).

Chronic health issues were reported by eight people, six of whom said they avoided getting help when sick.

Seven people reported having to leave a place due to their physical health, but only two people stated that their physical disability would limit the type of housing they could access.

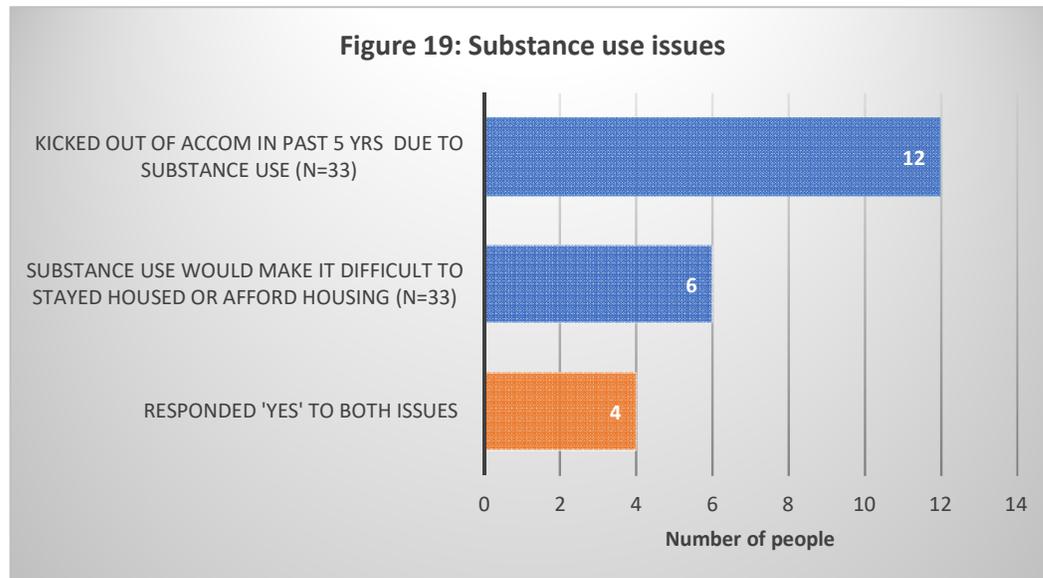


Substance use

When asked about their substance use and its impact on their housing, 12 people reported that they had lost their accommodation, within the last five years, due to alcohol or drug use, as shown in Figure 19.

In a number of cases, substance use affected people's future housing; six people stated that their ability to afford housing or to remain housed would be affected by their substance use.

Four people agreed with both; so not only was past housing affected, but they perceived that future accommodation would be as well.



Mental health

People had an awareness of their own mental health issues and were able to reflect on the impact of this on past or future housing stability. This is consistent with findings from a 2017 study²⁸ that showed people sleeping rough who had mental health problems were reluctant to accept offers of shared accommodation, because of their own mental health difficulties.

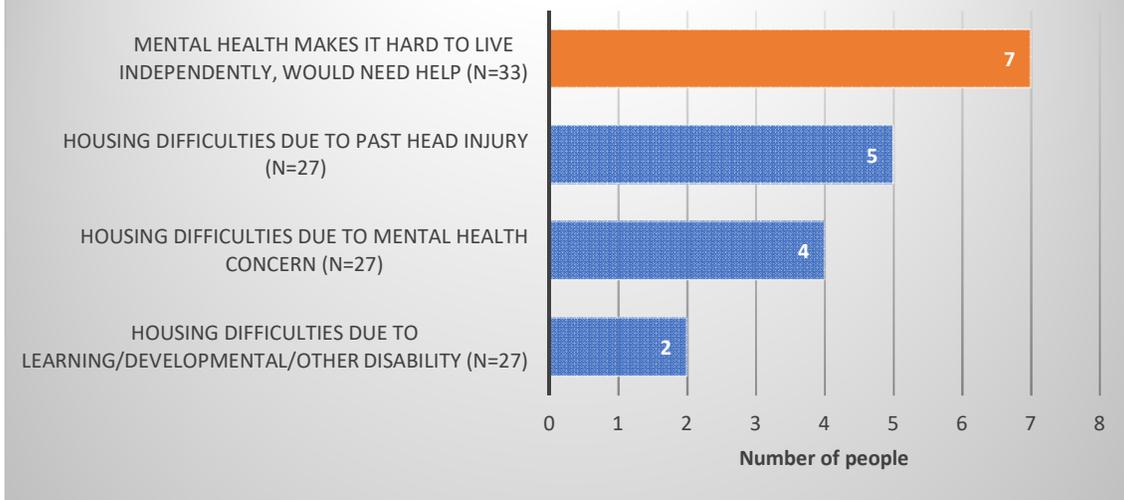
Seven people stated that they had mental health or brain issues that would make it hard for them to live independently because they would need help (see Figure 20).

When asked if they had ever had trouble maintaining housing, or been kicked out of an apartment, homelessness service, or other accommodation due to a mental health issue:

- Five people said their housing difficulties were due to a head injury from the past;
- Four reported their housing difficulties were because of a mental health concern; and
- Two said it was due to a learning, developmental or other disability.

²⁸ Launch Housing, Rough Sleeping: 'the canary in the coalmine' of failing housing policy

Figure 20: Mental health issues

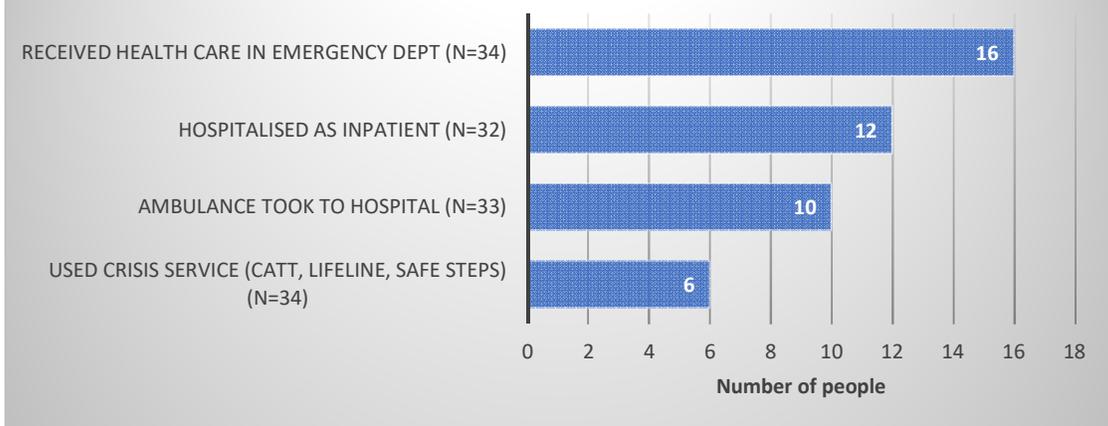


Use of health services

The high levels of health problems generally experienced by people sleeping rough means they are frequent users of emergency health care services²⁹. The frequent use of health services is also reflected for this group of participants. Participants were asked to report on a range of health situations that they may have gone through in the last six months.

Figure 21 shows that common events reported included ‘receiving health care in an emergency department’ (16 people), being ‘hospitalised as an inpatient’ (12 people), being taken to hospital by ambulance (10 people). Six people had used crisis services (including for mental health crisis, suicide prevention, or domestic/family violence).

Figure 21: Use of health services in past six months

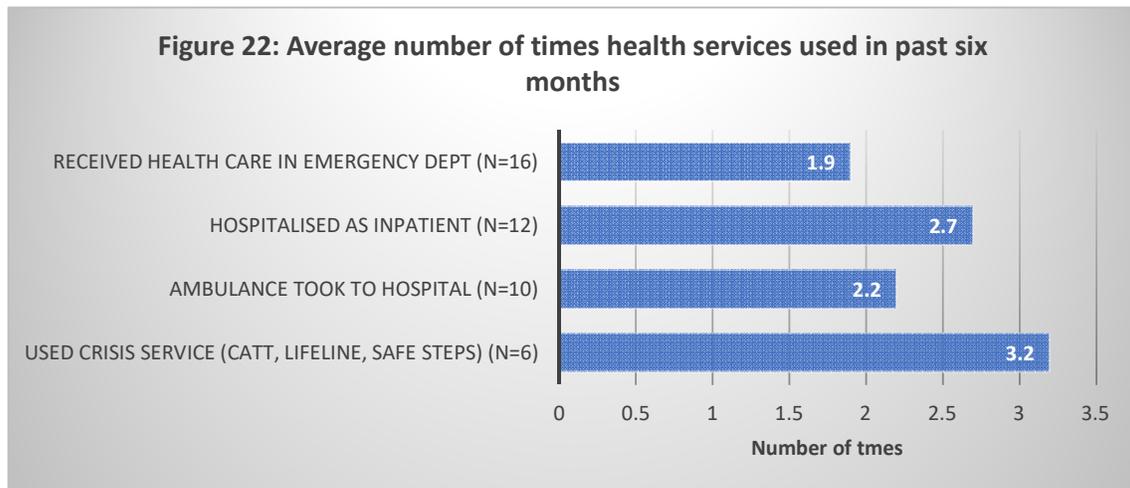


²⁹ Rough sleeping in Victoria, Situation appraisal, May 2017

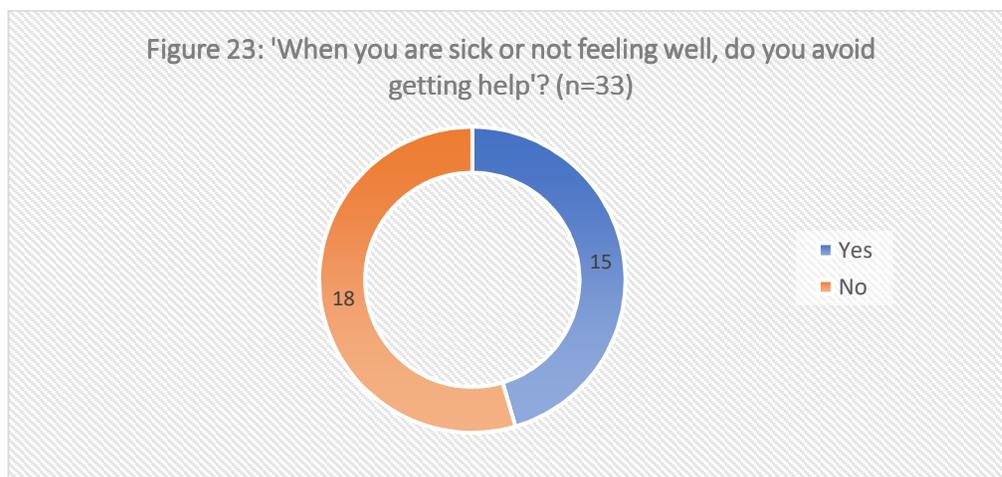
Figure 22 illustrates the frequency of use of the health system by showing the *average number of times* a particular service was used by each person, in a six month period.

It shows, for example, that 16 people accessed an emergency department an average of nearly two times each in the past six months; 12 had been hospitalised as inpatients nearly three times each; and 10 had been taken to hospital by ambulance an average of more than two times each in the six month period.

Crisis services had been intensively used by a small number of people. Six people had used crisis services an average of 3.2 times each in the past six months, including four people who had each accessed it more than ten times each in the past six months. One of these four people was a 26 year old man who had been hospitalised 17 times and had used crisis services 17 times; another was a woman aged 34; and two were men in their early fifties.



Despite serious health issues, many people avoided seeking medical help. When asked the specific question: “*When you are sick or not feeling well, do you avoid getting help*”, Figure 23 shows that 15 people, nearly half the sample, said that they did. Among these 15 people, all were men, were aged between 26 to 63 years, with an average age of 45.4 years.



It is unknown why these 15 rough sleepers said they avoided getting help, but rough sleeping contributes to and exacerbates poor health, causing further distress and suffering. Without help, health issues can escalate to a health emergency³⁰. In fact, many in this group experienced emergency health situations on multiple occasions. For example, in the past six months:

- Seven men were hospitalised as an inpatient, an average of four times each;
- Six men had been taken by ambulance to hospital, an average of nearly three times each;
- Six men had ended up in the emergency department, an average of nearly two times each; and
- Three men had used crisis services, an average of nearly 13 times each.

Disturbingly, the data suggest that despite the frequent contact with health services (emergency department, ambulance, hospitals) in a six month period, there appeared to be little improvement in the health and wellbeing of this group. And it appears that they were discharged from a health setting back to sleeping rough on the streets.

Acuity of homelessness

The acuity of homelessness was determined by the VI-SPDAT scoring system, which provides an 'acuity score'. It indicates a person's level of vulnerability and prioritises support for those who are most vulnerable. The score corresponds to a particular housing intervention response. A high score indicates a high level of need and issues that may impact on housing stability. It therefore requires a high level of support.

The 'acuity score' presented in this section is based on the responses of only 28 people. Scores could not be generated for six young people because the specific screening tool (VI-SPDAT for Youth) required for this group was not used.

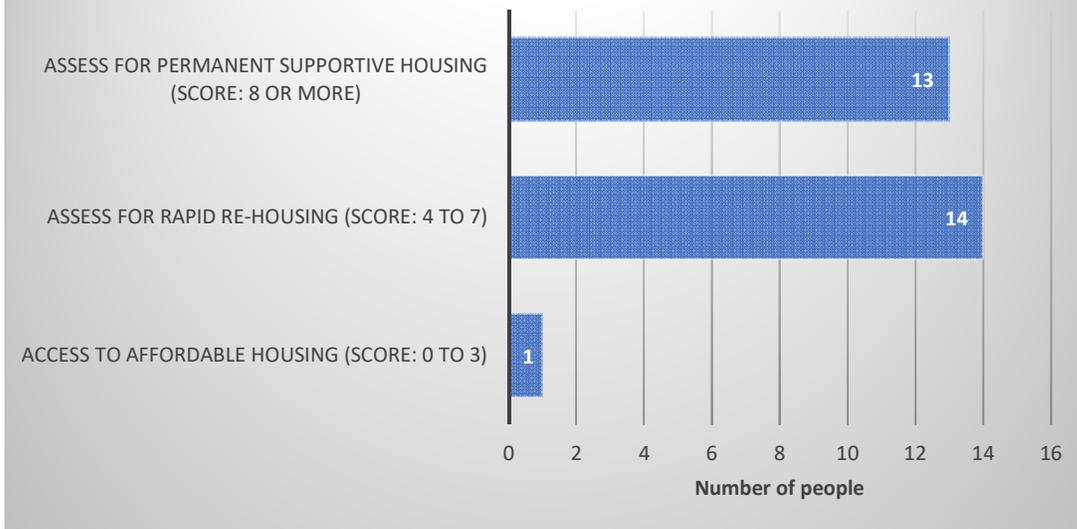
As shown in Figure 24, almost all 28 people who had a VI-SPDAT completed received high scores which indicated the need for a high level of service intervention. For example, 13 people received high scores indicating the need for permanent supportive housing. This generally means that people in this category have complex, co-occurring issues that would likely impact on overall housing stability. Therefore, long-term support to maintain tenancy is needed.

A further 14 people were identified for rapid re-housing. This category refers to people with moderate levels of need, requiring only a medium period of support to maintain housing stability. Apart from receiving assistance to access housing, additional support can include time limited case management assistance.

Only one person was identified as only needing affordable housing, without the need for any additional or ongoing support. However, this person had an accumulated score of three, which put them on the edge of needing an assessment for rapid rehousing.

³⁰ Amanda Stafford and Lisa Wood. (2017), Tackling health disparities for people who are homeless? Start with social determinants. International Journal of Environmental Research and Public Health

Figure 24: Overall level of intervention required (n=28)



7. Conclusion

The count of people sleeping rough in the Port Phillip area is the first Street Count undertaken by the City of Port Phillip. While the City of Melbourne has led the way as the first local government in Victoria to count people sleeping rough in its area, at the time of writing, Port Phillip is Victoria's second.

Street Count 2018 identified 91 people sleeping rough in the Port Phillip area in the early hours of Wednesday 7th February. Given the practical constraints of conducting a Street Count, the number of people counted is likely to be an underestimation.

It provides an important benchmark against which to monitor the changing levels of street homelessness at more regular intervals than can be achieved with the five yearly Australian Census conducted by the Australian Bureau of Statistics.

Importantly, Street Count 2018 incorporated surveys of those people who were prepared to participate (34 people), giving critical information for services to respond to their needs. Understanding the nature and extent of rough sleeping in the area will enable local government and services to develop appropriate programs and to better plan for the future.

In general, the findings are consistent with the day-to-day experiences of outreach workers, although the especially high proportion of Indigenous rough sleepers is noteworthy. The findings are also consistent with past research on rough sleeping, which has informed the state government's development of *Victoria's Homelessness and Rough Sleeping Action Plan*³¹. Street Count 2018 adds to the growing body of evidence of the traumatic and detrimental impact of homelessness, particularly for people who sleeping rough.

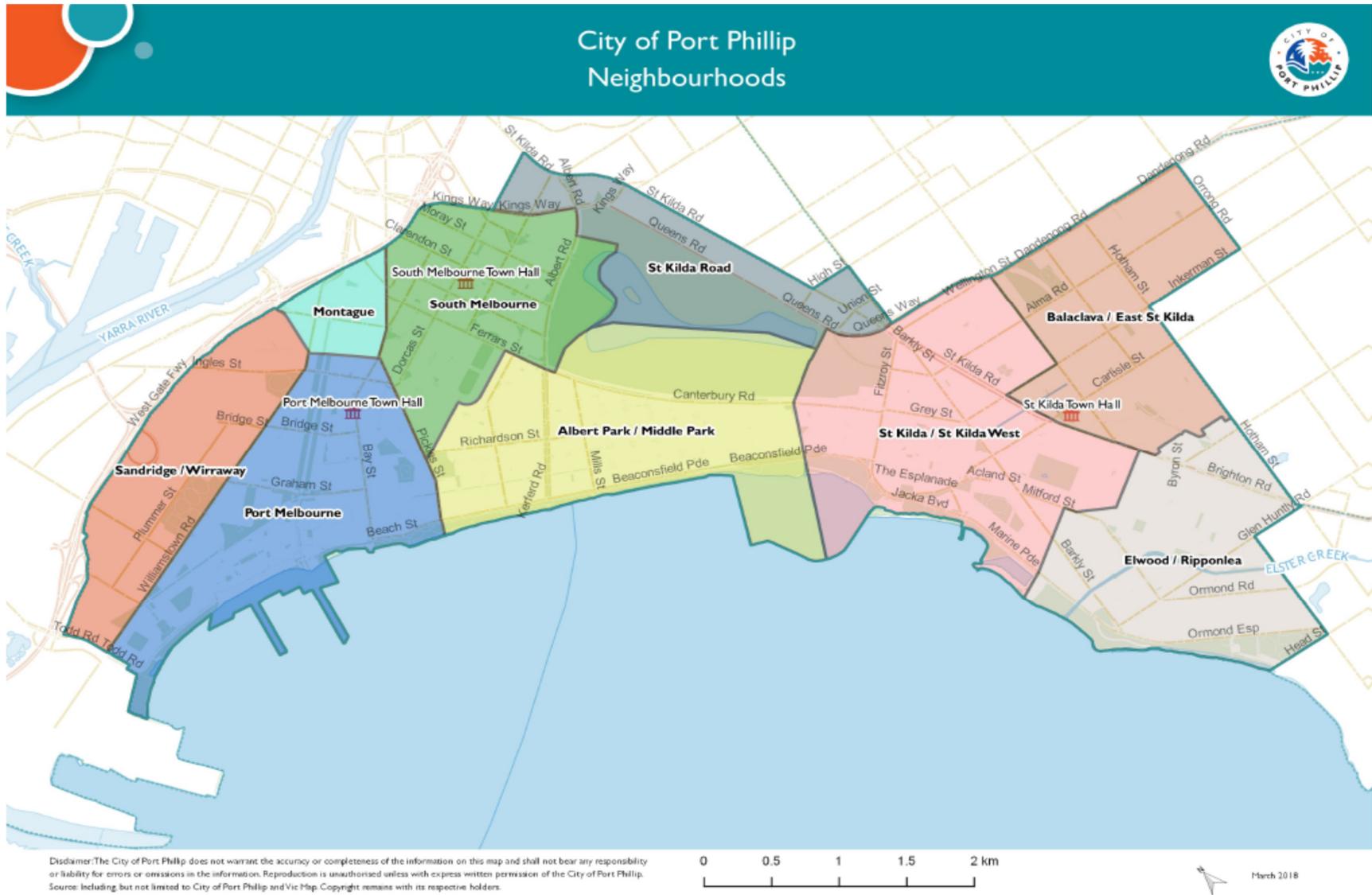
³¹ Available at: https://www.vic.gov.au/system/user_files/Documents/housing/1711047_Rough%20Sleeping%20Action%20Plan_On-Line.pdf

Observations

- All 91 people sleeping rough needed quick access to stable, safe and affordable housing.
- A localised response is required. The numbers of people sleeping rough was heavily concentrated in the St Kilda area, which would warrant a more localised response.
- A quick response is required. The high VI-SPDAT scores emphasise the importance of a timely housing and support service response. A time critical response was also required by the number of very young people, still in their teens and highly vulnerable, who have been sleeping rough for several weeks.
-
- An improved health response is required. Rough sleeping and serious health problems are tightly intertwined; these demand an improved health service response that considers the social factors impacting on health. Without housing, poor health outcomes will continue.³²
- A tailored Indigenous response is required. The very high proportion of Indigenous people sleeping rough warrants a particular service response.

³² Amanda Stafford and Lisa Wood, 2017. *Tackling health disparities for people who are homeless? Start with social determinants*

Appendix A: City of Port Phillip Neighbourhoods



Appendix B: Brief Survey Tool

THE COUNT 2017 SURVEY

SURVEYOR'S NAME: _____

MAP AREA NUMBER: _____

SURVEYOR NUMBER: _____

1. SAFE UNSAFE (if unsafe do not proceed)

2.

(Circle one of the following)	a. AWAKE	b. ASLEEP
-------------------------------	----------	-----------

Hi my name is I am asking some questions about homelessness for a Street Count organised by local services in the City of Port Phillip. Has someone from The Count already spoken to you today?

If yes, do not complete this form. If no, introduce The Count and continue.

The Count aims to collect accurate and up-to-date information about the extent to which people are sleeping rough. This information will help improve the response from local services.

We would like to ask you a few brief questions about your situation – Participation is completely voluntary and will only take a few minutes. You can stop at any time and once we are finished you will receive a 'thank you pack.' We do not need any personal details so information will be confidential.

3. Do you want to go ahead with The Count questions? (verbal consent)
 a. Yes proceed b. No c. Incapacitated

If B or C ask no more questions and fill out questions 4, 10, 13 and 14 by observation only

4. What type of shelter did you stay in last night (circle one of the following)

PARK CAR STREET SQUAT TRAIN STATION OTHER _____

5. Is this your first time sleeping rough? Yes No

6. Is this your first experience of homelessness? Yes No

7.

What is your age? _____ years estimated (by observation, if asleep or incapacitated)

8. In what country were you born? _____

9. Do you identify as Aboriginal or Torres Strait Islander? Yes No

10. What's your gender identity?

Female Male Prefer to self-describe _____ Unknown (by observation)

11.

Presenting unit (by observation)

- | | |
|--|--|
| <input type="checkbox"/> Single person
<input type="checkbox"/> Person with child/ren. How many? _____
<input type="checkbox"/> Couple with child/ren. How many? _____
<input type="checkbox"/> With pet – what sort? _____ | <input type="checkbox"/> Couple
<input type="checkbox"/> Unrelated group
<input type="checkbox"/> Other..... |
|--|--|

The Count is also about us trying to find the most appropriate service and housing for you.

12. Are you currently accessing services? Yes No

Please list services _____

13. Do you have a worker? Yes No

Please note down the name of worker if know _____

14. We also have some extra questions that will help work out what sort of housing and support would best suit your needs. These questions won't guarantee that we can offer you housing but it does mean that we can refer you on to a support agency for assistance.

- It will take approx. 10 minutes to complete
- You only need to provide "Yes," "No," or one-word answers
- You are welcome to skip questions and you don't need to answer a question if you don't want to
- You can stop the questions at any time
- There is no correct or preferred answer
- Your information will be kept private and secure
- We ask the same questions of everyone
- If anything is unclear please let me know
- Would you like to continue?

Consent to participate:

Yes ***skip the following questions and begin the VI SPDAT on the next page***

No ***continue with Q15, Q16 and Q17 below***

15. We don't want to count anyone twice today, to avoid this, may I write down your initials, month and year of birth? You will not be identified from this.

First name initial	Last name initial	MONTH	YEAR

16. Are you happy for us to share the information you've given us so far with the services we think will be able to assist you?

Yes ***continue***

No ***stop and thank the participant for their time and provide them with a Thanks Pack***

17. What is the best means of getting in touch with you for follow up?

First name: _____

Surname: _____

Date of Birth: _____

Contact number: _____

Email address: _____

Via a Service: _____

If a person does not have contact details - ask if it is make a note of their location, mark it on your map and when would be the best time to find them there. It may also be worth considering a photo to assist with identification (if they agree for you to do so).

Location: _____

Best time to find them there: _____

Photo taken: Yes No

Appendix C: VI-SPDAT Tool (In-depth Survey)

VI-SPDAT - SINGLE TOOL

First name: _____

Surname: _____

Date of Birth: _____ Age: _____ *(If aged 24 or under, a Youth VI-SPDAT is required)*

Gender identity: F M Prefer to self-describe (specify): _____

Contact number: _____

Email address: _____

Type of VI-SPDAT required: Single (*continue*) Youth (*Switch to Youth VI-SPDAT*)

These first questions are about your housing:

1. Where do you stay more frequently? (check one)

- Own home, private rental, community housing or public housing
- Couch surfing, crisis accommodation, sleeping rough
- Other homeless situation (specify) _____
- Refused

2. How long has it been since you lived in permanent stable housing?

_____ days/ months/ years (circle) Refused

3. In the last year how many times have you been homeless?

_____ times Refused

These next questions are about your experience of being homeless:

4. In the *past six months*, how many times have you:

- a. Received health care at an emergency department/room?
_____ times Refused
- b. Taken an ambulance to the hospital?
_____ times Refused
- c. Been hospitalised as an inpatient?
_____ times Refused
- d. Used a crisis service, including mental health crisis (CATT/ psych triage), suicide prevention hotline (Lifeline), Family/intimate partner violence (Safe Steps), and sexual assault crisis?
_____ times Refused
- e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?
_____ times Refused
- f. Stayed one or more nights in a cell, jail or prison, whether that was a short-term stay, a longer stay for a more serious offence, or anything in between?
_____ times Refused

5. Have you been attacked or beaten up since you've become homeless?

Yes No Refused

6. **Have you threatened to or tried to harm yourself or anyone else in the last year?**
 Yes No Refused
7. **Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?**
 Yes No Refused
8. **Does anybody force or trick you to do things that you do not want to do?**
 Yes No Refused
9. **Do you ever do things that may be considered risky like share a needle, run drugs for someone, have unprotected sex with someone you don't know, exchange sex for money, or anything like that?**
 Yes No Refused

These next questions are so we can understand what sort of assistance might be useful for you:

10. **Is there any person, past landlord, business, bookie, dealer, or government group like Centrelink that think you owe them money?**
 Yes No Refused
11. **Do you get money from Centrelink, a pension, an inheritance, working cash in hand, a regular job or anything like that?**
 Yes No Refused
12. **Do you have any planned activities, other than just surviving, that make you feel happy and fulfilled?**
 Yes No Refused
13. **Are you currently able to take care of basic needs like showering, changing clothes, using a toilet, getting food and clean water and other things like that?**
 Yes No Refused
14. **Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends cause you to become evicted?**
 Yes No Refused

These next questions are about your health:

15. **Have you ever had to leave a place you were staying because of your physical health?**
 Yes No Refused
16. **Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?**
 Yes No Refused
17. **Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?**
 Yes No Refused

18. When you are sick or not feeling well, do you avoid getting help?

Yes No Refused

19. For female respondents only: Are you currently pregnant?

Yes No Refused N/A

Now just a few more questions to help us figure out which services would be best able to assist you:

20. Has your drinking or drug use lead you to being kicked out of somewhere you were staying within the *past five years*?

Yes No Refused

21. Will drinking or drug use make it difficult for you to stay housed or afford housing?

Yes No Refused N/A

22. Have you ever had trouble maintaining housing, or been kicked out of an apartment, homeless service, or other place you were staying because of:

a. A mental health concern?

Yes No Refused

b. A past head injury?

Yes No Refused

c. A learning disability, developmental disability or other impairment?

Yes No Refused

23. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

Yes No Refused

24. Are there any medications that a doctor or nurse said you should be taking that, for whatever reason, you are not taking?

Yes No Refused

25. Are there any medications, for example painkillers, that you don't take the way the doctor prescribed or where you sell the medication?

Yes No Refused

26. Yes or No: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual or other type of abuse, or by any other trauma you have experienced?

Yes No Refused

27. Are you happy for us to share your information with the services we think will be able to help you end your homelessness?

Yes No

Survey completed. Thank the participant for their time and provide a Thanks Pack