



ST. PATRICK'S COMMUNITY SUPPORT CENTRE

Fremantle Registry Week 2016



A Partnership with:



Supported by:



Government of Western Australia
Department for Child Protection
and Family Support

FOREWORD

Those of us who live in the urban centres of Australia are sadly familiar with the growing number of homeless people living on our streets. Fremantle is no exception to this trend. Many of us have seen women, men and youth who appear to be living on the streets, in cars, under bridges and in shelters. Anecdotal information is one thing – but to properly tackle the root causes of homelessness and to understand the depth of the problem, quantifiable data is needed.

That's where Registry Week comes in. Since 2012 Registry Week has been run in Perth by RUAH Community Services. Teams of trained volunteers go out into the streets in the early hours of the morning to take a comprehensive survey, known as the VI-SPDAT. This survey gathers valuable information about the health of those on the streets; as well as why they have become homeless and how long they have been without a home.

As one of Perth's major urban centres, Fremantle is home to a substantial population of people who are either homeless or at-risk of homelessness. This was the first year we have conducted Registry Week, led by St. Patrick's Community Support Centre in conjunction with RUAH and supported by the Department of Child Protection and Family Services as well as the City of Fremantle.

As you'll see from the following report, the results are sobering. Many of the individuals we located were in poor health and most respondents had been homeless for more than five years. This is particularly concerning as the combination of long-term homelessness and serious health issues significantly increases the risk of death if people are not housed.

The findings are grim, but vital. If we are to tackle this growing crisis with effective, evidence-based solutions, data such as this will be one of our primary tools in convincing our society of the need to act.

Our gratitude to all who contributed to this important event with particular thanks to the host of agencies involved as well as the St. Pat's team who worked so hard on this project.



Steve McDermott

CEO, St. Patrick's Community Support Centre

ACKNOWLEDGMENTS

Fremantle Registry Week followed on from Perth Registry Week 2016. It was the result of long-term planning involving the support, collaboration and participation of many organisations in the area. Funding was provided by Ruah Community Services, the City of Fremantle and the Department for Child Protection and Family Support.

Registry Week could not have been undertaken without the involvement of partners. Working in collaboration the following key agencies have come together with a shared commitment to end homelessness.

Planning Group Members

- St Patrick's Community Support Centre
- Ruah Community Services
- Department for Child Protection and Family Support
- City of Fremantle Community Safety and Liaison team
- Mobile Clinical Outreach Team
- Street Doctor (Black Swan Health)
- Housing Authority
- MercyCare

Volunteers

- St Patrick's Community Support Centre
- Ruah Community Services
- Department for Child Protection and Family Support
- City of Fremantle Community Safety and Liaison team
- Mobile Clinical Outreach Team
- Fremantle Street Doctor
- Curtin University
- Notre Dame University
- UnitingCare West
- MercyCare

Fremantle Registry Week was led by St Patrick's Community Support Centre in partnership with Ruah Community Services. The citation for this report is: St Patricks Community Support Services, Fremantle Registry Week 2016 Report, Fremantle, September 2016.

FOREWORD	2
ACKNOWLEDGMENTS.....	3
Planning Group Members.....	3
Volunteers.....	3
EXECUTIVE SUMMARY	5
INTRODUCTION.....	6
METHODOLOGY	7
Identifying the Most Vulnerable.....	7
Conducting the Interviews.....	7
Reporting Survey Results	7
COMPARISON WITH PERTH REGISTRY WEEK 2016.....	8
At-Risk Indicators	9
Acuity	9
History of Homelessness.....	10
FREMANTLE 2016 - INDIVIDUALS EXPERIENCING HOMELESSNESS.....	11
Demographics of the Surveyed Individuals	11
At-Risk Indicators	11
Acuity of Housing Need.....	11
Homelessness History	13
Health Status.....	15
Use of Health Services	17
Violence	19
Contact with the Justice System	19
FAMILIES EXPERIENCING HOMELESSNESS.....	20
Acuity for Families.....	20
Health for Families	21
Physical Health	21
Mental or Cognitive Issues.....	21
Substance Use Issues	21
Trimorbidity	21
Other Health Issues.....	21
Use of Health Services	22
SAFETY AND VIOLENCE FOR FAMILIES.....	22

EXECUTIVE SUMMARY

This report describes the outcomes of the Registry Week which took place from 28th June to 1st July 2016 in the City of Fremantle. The process of surveying homeless people was coordinated by St Patrick's Community Support Centre, following a Registry Week that had been conducted across a number of other local government areas in February 2016. St Patrick's Community Support Centre was supported by staff from Ruah Community Services to conduct the event.

The methodology used in Registry Week was developed by Common Ground in the United States. It makes use of trained volunteers working in teams to conduct early morning surveys of people who are sleeping rough; using a specific survey tool. In communities across the USA and in other states within Australia, the methodology has introduced a targeted approach to move the most vulnerable homeless people into long-term housing.

Registry Week is critical to identifying and prioritising delivery of support services to homeless people according to their level of vulnerability. It is an evidence-based process to prioritise and match housing and support to individual and family needs.

During Fremantle Registry Week 2016, 68 individuals and 5 families (comprising 6 adults and 15 children) agreed to participate. Their survey results were entered into a database, and the data analysed. A further 15 people who were sleeping rough were approached by surveyors but elected not to participate. Respondents were all located in the City of Fremantle. They were approached in the early mornings in public spaces around Fremantle, and during the day at St Patrick's Community Support Centre.

The average age for all individuals interviewed was 45 years. The youngest were two 23-year-old men, and the oldest was a 66-year-old man. Most respondents were male: the overall gender ratio was 91.2% male and 8.8% female. Twenty-two (33.8%) individual respondents and one (20.0%) family identified as Aboriginal, Torres Strait Islander or both (ATSI). Fifty-eight respondents (85.3%), two of whom were under 25 years old, were considered vulnerable according to the vulnerability index criteria. That is, in addition to being homeless for six months or more, they have one or more serious health issues. A combination of long-term homelessness and serious health issues significantly increases the risk of death if people are not housed.

Although only a small number of families were surveyed, the data reveals some disturbing insight into homeless families in Fremantle. Three of the five families had been homeless for four years or more. The majority of these families were single parent families, in which the female was the primary caregiver. Altogether there were 15 children whose parents were waiting to be housed before the families could be reunited. Members of three (60%) of the four families surveyed had presented at the Accident and Emergency Department of a hospital in the previous six months. One family had presented six times. Four families had made extensive use of crisis services including telephone hot lines (100 times or more in six months).

The acuity rating determines what level of support is required. These ratings show that all five of the families would need ongoing support to maintain long-term affordable housing. Nine individuals (13.8%) were likely to require only brief assistance or information once long-term affordable housing had been obtained. The remaining individuals were equally divided between 28 (43.1%) needing Short Term Support and 28 (43.1%) requiring Ongoing Support. More men than women require ongoing support.

INTRODUCTION

This report describes the methodology and survey results of the Fremantle Registry Week event which took place between 28th June and 1st July 2016. The process was coordinated by St Patrick's Community Support Centre as the lead agency, in partnership with government and non-government agencies.

Between those dates, vulnerable homeless people, primarily those who were sleeping rough during the nights of 29th and 30th June, and some who attended St Patrick's Community Support Centre during the daytime between 28th June and 1st July, were asked to participate in a survey. This survey would enable people to be prioritised for housing, health and other support services based on their assessed vulnerability.

Other than four questions in which the interviewer is asked to make observations about aspects of the respondent's presentation, all data is based on self-reported responses to a series of mostly closed questions. The survey is not a census of homeless people, but presents a snapshot of homeless people in geographic locations, at a particular time.

The service prioritisation aspect of the survey tool also rates a range of other factors including a respondent's homelessness history, risks, socialisation and daily functions to determine what type of housing and amount of support will be most effective for that individual or family:

- Long-term affordable housing with Brief Intervention.
- Long-term affordable housing with Short Term Support.
- Long-term affordable housing with Ongoing Support.

Service definitions used in this report are:

- *Brief Intervention*: those who could benefit from affordable or subsidised housing but need no specific intervention from the specialist homeless services; can be referred elsewhere or just provided with information (scores of 0-4).
- *Short term support*: those with moderate health, mental health or substance use issues, who are likely to achieve housing stability after medium or short-term rent subsidy and access to support services (scores of 5-9).
- *Ongoing support*: those who need permanent housing with ongoing access to services and case management to remain stably housed (scores of 10 and above).

METHODOLOGY

Identifying the Most Vulnerable

The methodology for Registry Week was developed by Common Ground in the United States. It makes use of trained volunteers working in teams to conduct early morning surveys over two days, of people who are sleeping rough; using a specific survey tool. In communities across the United States and in other states within Australia, the methodology has served to introduce a targeted approach to identify and prioritise the most vulnerable homeless people into long-term housing.

The survey tool – the Vulnerability Index Service Prioritisation Decision Assistance Tool (VI-SPDAT) identifies:

- vulnerability, determined by a number of factors, including the length of time they have been homeless; and their healthcare and psychosocial support needs; and
- level of housing and support services required to end their homelessness and to maintain them in long-term housing.

More detail about the components of the VI-SPDAT can be found in the *Ruah Community Services, Registry Week 2016 Report*, Perth, April 2016.

The ultimate objective of undertaking the survey is for homeless people to be housed and to ensure they stay housed by prioritising service delivery to the most vulnerable.

Conducting the Surveys

Nine teams including an Emergency Response team and a Roaming team were trained in conducting the surveys with homeless people who were sleeping rough. A total of 44 volunteers and seven team leaders were in the seven teams on the streets, with each team allocated particular areas. Police were involved in the squat team, and in a patrol vehicle to support the teams on the streets.

The teams surveyed people sleeping rough on the streets and parks of Fremantle from 4.00am-6.30 am over two mornings (29th and 30th June 2016). In addition to the early morning surveys, other surveys were conducted during the day at St Patrick's Community Support Centre between 28th June and 1st July.

Respondents were provided with a \$10 voucher for their participation in the survey.

Data from the surveys was entered into the VI-SPDAT database. This allowed initial high level analysis from the surveys to be presented shortly after the Fremantle Registry Week. This report provides a more comprehensive overview of the data.

Reporting Survey Results

Data provided in this report is a snapshot only, based primarily on the self-reported circumstances of respondents who agreed to participate, at the time they were interviewed. Only in four questions in the survey were interviewers asked to make their own observations on the respondent's self-care and whether health, mental health or substance use conditions were evident.

In reporting the data, the information has been divided into two groups:

- The data of individuals, including those who may have been linked with others, but were not in a family group and did not have children under 18 with whom they would be living once housed. There are differences in risks between adults and young people, therefore much of the individual data presented shows adult (25 years and over) and youth (under 25 years) separately.
- The data of families: at least one parent or carer who intends to live with at least one dependent child under 18 once housed.

COMPARISON WITH PERTH REGISTRY WEEK 2016

The dataset from each Registry Week is a snapshot only. The survey tool’s reliability and validity is based on its demonstrated ability to predict the most effective housing support approach for the individuals surveyed at a particular point in time. The following differences between the Perth Registry Week (PRW) and Fremantle Registry Week (FRW) datasets should be considered when assessing the validity of the comparative data in this section.

Geographical differences

The 2016 Perth Registry Week was conducted over two weeks and focused primarily on homeless people in Perth inner city, Northbridge and Victoria Park areas in the first week. In the second week homeless people in Wanneroo, Joondalup, Rockingham and Kwinana were surveyed. Also surveyed were people in transitional housing who are awaiting long-term housing. The 2016 Fremantle Registry Week was conducted over one week in the Fremantle inner city area, with some surveys being completed at St Patrick’s Community Support Centre.

Differences due to the time of year surveys were conducted

The Perth Registry Week was conducted in February and the Fremantle Registry Week was conducted in late June. Differences in seasonal weather conditions may affect responses.

Table 1: Demographic Comparison

	PRW 2016	FRW 2016
Individuals surveyed	307	68
Gender		
Female	27.7%	4.4%
Male	72.0%	95.6%
Transgender	0.3%	0%
Age groups		
<25 years	11.7%	4.4%
25-45 years	52.1%	51.5%
46-60 years	32.9%	38.2%
> 60 years	3.3%	5.9%
Cultural identity		
Aboriginal and/or Torres Strait Islander (ATSI)	42.0%	32.4%
Australian non-ATSI	50.8%	58.8%
Other	7.2%	8.8%

At-Risk Indicators

Respondents considered most at risk are those who have been homeless for six months or more and have any of the indicators shown in the Table below.

- In Perth Registry Week, 29 (80.6%) respondents under 25 years and 225 (83.0%) of those 25 years and over had been homeless for six months or more.
- In Fremantle Registry Week, 3 (100%) respondent under 25 years and 55 (84.6%) of those 25 years and over had been homeless for six months or more.

The percentages in the table below are based on the number of people homeless for 6 months or more in each cohort:

Table 2: Risk Factor Comparison

	PRW < 25 yrs n = 29	FRW < 25 yrs n = 3	PRW 25 yrs + n = 225	FRW 25 yrs+ n = 55
Trimorbidity: co-existing psychiatric, medical and substance use problems	48.3%	66.7%	51.6%	54.5%
3+ accident and emergency (A&E) visits in last 6 months	27.6%	0	33.1%	21.8%
> 60 years old	0	0	4.4%	7.3%
HIV-AIDS	0	0	1.3%	0.0%
Liver disease	0	0	15.6%	20.0%
Renal disease	0	33.3%	6.2%	7.3%
Wet weather injuries	3.4%	0	3.1%	5.5%
Alcohol daily for past 30 days	51.7%	33.3%	50.2%	61.8%
Injection use	31.0%	33.3%	48.0%	60.0%

Noticeable differences between the Perth and Fremantle surveys are:

- A much lower percentage of Fremantle respondents 25 years + with multiple A&E visits than in the Perth 25 years + cohort.
- Higher percentages reporting daily alcohol use and injection use in the Fremantle 25 years + cohort than the Perth 25 years + cohort.

Acuity

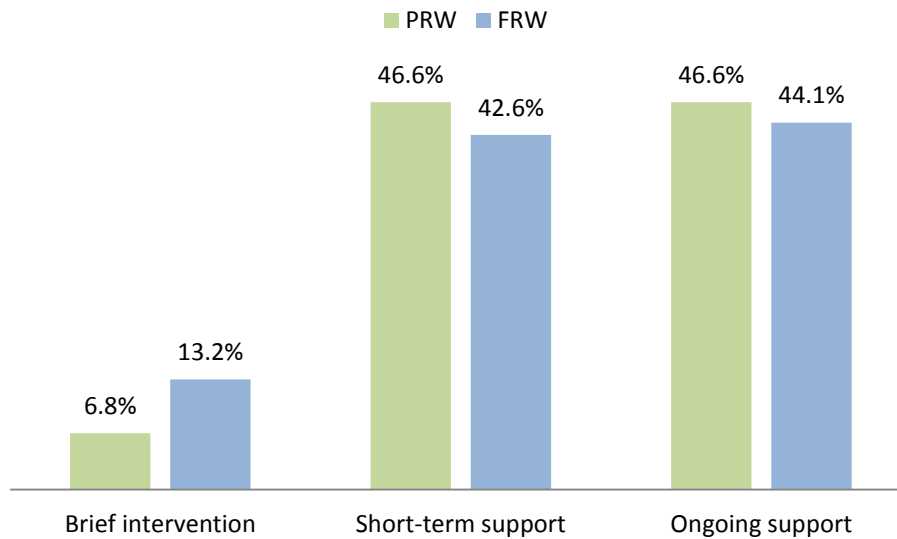
The acuity score is calculated by the responses to questions around risk factors in table 2 and the respondents' homelessness history, their wellness, their socialisation, and daily functioning.

Research undertaken on the survey tool has shown that this score can reliably be used to recommend housing and particular levels of support:

- If the score is equal to or greater than 10, the individual requires affordable housing with ongoing support.
- If the score is between 5 and 9, the individual requires affordable housing with short-term support.
- If the score is between 0 and 4, the individual requires affordable housing with only brief intervention should be needed from specialist homelessness services.

As can be seen in figure 1, the Fremantle respondents included a higher percentage of people who required brief intervention.

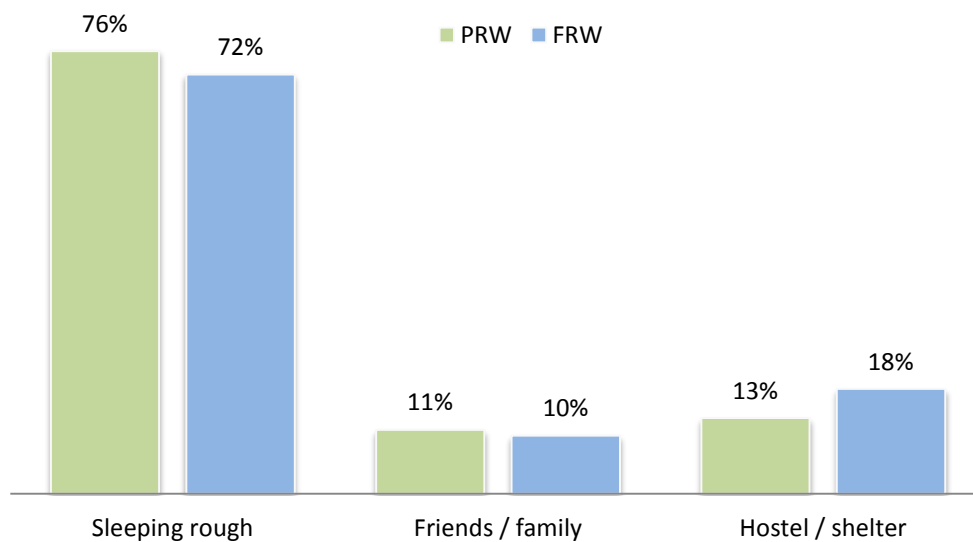
Figure 1: Acuity Comparison



History of Homelessness

- In the Perth Registry Week, the average homelessness duration for respondents under 25 years was 3.0 years, and for those 25 years and over it was 4.9 years.
- In the Fremantle Registry Week, the average homelessness duration for respondents under 25 years was 6.5 years, and for those 25 years and over it was 5.0 years.

Figure 2: Usual Place of Sleeping Comparison



FREMANTLE 2016 - INDIVIDUALS EXPERIENCING HOMELESSNESS

Demographics of the Surveyed Individuals

Table 3: Gender and Age Group

	< 25 years (n=3)	25 years + (n=65)	All Individual Respondents (n=68)
Female	0%	9.2%	8.8%
Male	100%	90.8%	91.2%

- Three individual respondents (4.4%) were under 25 years.
- The youngest was 23 years old.
- Four (5.9%) were older than 60 years old.
- The oldest respondent was 66 years old.
- Twenty Five individuals (32.3%) aged 25 and over identified as Aboriginal and / or Torres Strait Islander. The 2011 Census identified 3.1% of the total Western Australian population as Aboriginal and Torres Strait Islander – as a percentage of the homeless population they are disproportionately over-represented.
- Two individuals under 25 years identified as Australian, and the other as American.
- Forty Three individuals aged 25 years and over identified as Australian.

At-Risk Indicators

The respondents considered most at risk are those who have been homeless for six months or more and meet at least one of the criteria below. Three of the respondents under 25 years, and 55 (84.6%) of those 25 years and over, had been homeless for six months or more. The percentages in the table below are based on that number of respondents.

Table 4: At-Risk Indicators

	< 25 years (n=3)	< 25 years %	25 years + (n=58)	25 years + %
Trimorbidity: co-existing psychiatric, medical and substance use problems	2	66.7%	30	54.5%
3+ accident and emergency presentations in last 6 months	0	0.0%	12	21.8%
> 60 years old	0	0.0%	4	7.3%
Liver disease	0	0.0%	11	20.0%
Kidney disease	1	33.3%	4	7.3%
Wet weather injuries	0	0.0%	3	5.5%
Alcohol daily in last 30 days	1	33.3%	34	61.8%
Injection use	1	33.3%	33	60.0%

Acuity of Housing Need

From each individual's completed VI-SPDAT survey a score can be determined, based on responses to questions in the following domains:

- History of housing and homelessness (how long they have been homeless).
- Risks (where they sleep, use of acute health care, exposure to violence, risky behaviour).
- Socialisation and daily functions (lack of money; fear of, or coercion by associates).
- Wellness (a range of physical and mental health conditions and substance use).

Research has shown that this score can reliably be used to recommend what type of support is required when affordable housing has been accessed.

Of the people surveyed for the Fremantle Registry Week, 30 respondents (two under 25 years and 28 aged 25 and older) were in the highest category, requiring the greatest level of support. The highest score recorded for an individual respondent was 15. Twenty-nine respondents (one under 25 years and 28 aged 25 and older) required short term support and nine people (all aged 25 and older) had scores which indicated that if affordable housing were made available to them, they would only require brief intervention to maintain their tenancy.

Table 5: Acuity - Level of Support Required

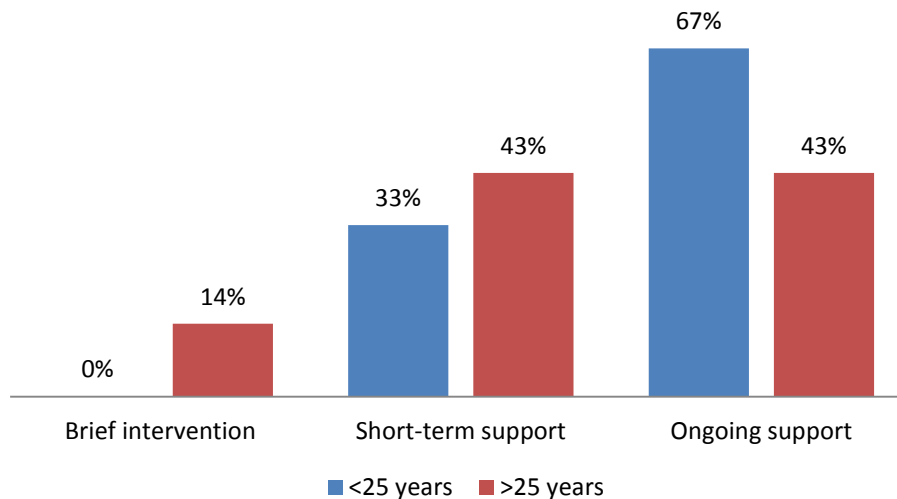


Table 6: Acuity and Demographics

	Brief Intervention (n=9)		Short-term Support (n=29)		Ongoing Support (n= 30)	
Gender						
Female			3	10.3%	3	10.0%
Male	9	100.0%	26	89.7%	27	90.0%
Age group						
<25 years		0.0%	1	3.4%	2	6.7%
25-45 years	1	11.1%	16	55.2%	18	60.0%
46-60 years	5	55.6%	11	37.9%	10	33.3%
> 60 years	3	33.3%	1	3.4%		0.0%
Culture						
ATSI	1	11.1%	9	31.0%	12	40.0%
non-ATSI	8	88.9%	19	65.5%	18	60.0%
Where they usually sleep						

Hostels/ shelters	3	33.3%	7	24.1%	2	6.7%
Friends/family		0.0%	2	6.9%	5	16.7%
Sleep rough	6	66.7%	20	69.0%	23	76.7%

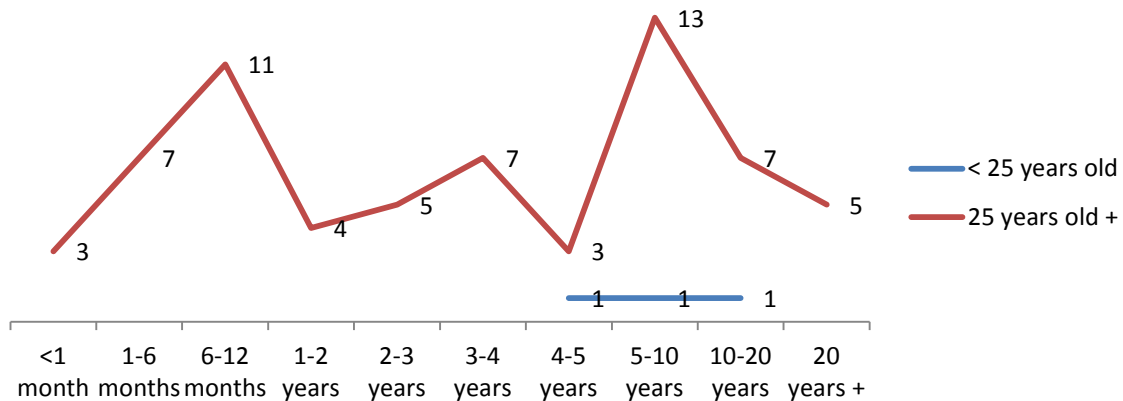
Those who the VI-SPDAT predicted would benefit most from:

- brief intervention – were all male, mostly over 45 years old, predominantly non-ATSI and 66.7% were sleeping rough while the other 33.3% usually stayed in hostels or shelters;
- short-term support – were mostly male between the ages of 25 and 60, with 31% being ATSI and 65.5% non-ATSI. The majority usually slept rough;
- ongoing support – were mostly male, aged between 25 and 60, with 40% being ATSI and 60% non-ATSI. 76.7% usually slept rough.

Homelessness History

In figure 3 all of the respondents aged under 25 years had been homeless for more than four years. Five people aged 25 years and over had been homeless for over 20 years.

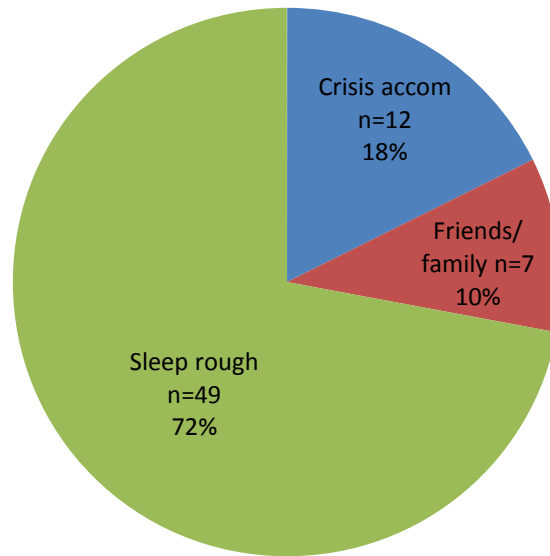
Figure 3: Duration of Homelessness



Thirty-seven (54.4%) respondents said that prior to becoming homeless they had been living in the Perth suburbs, and 14 (20.6%) had lived in the Perth CBD. Nine (13.2%) had lived in country WA, and the remaining eight (11.8%) said they had lived somewhere else.

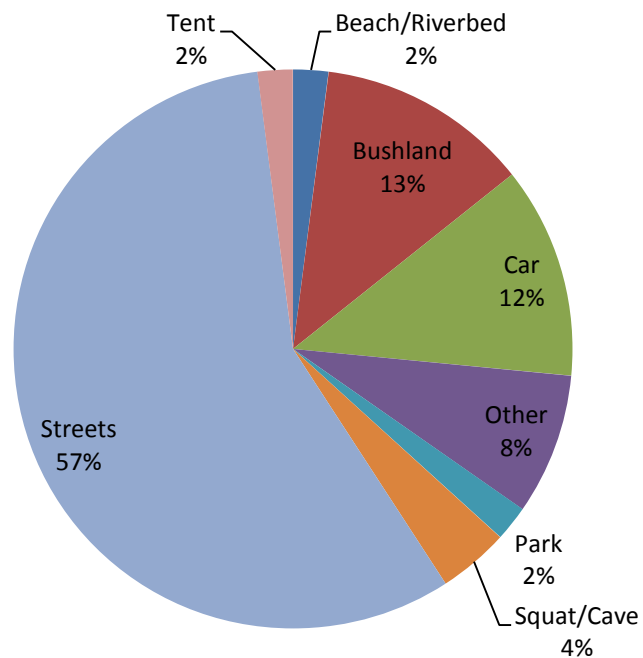
The majority of respondents said they sleep rough (72%) or slept somewhere that is not intended to be a living place. Two of the three respondents aged under 25 years were rough sleepers, with the third usually staying with friends or family.

Figure 4: Where They Usually Sleep



The usual sleeping locations of the 49 rough sleepers surveyed during Fremantle Registry Week are broken down in figure 5.

Figure 5: Where Rough Sleepers Usually Sleep



Health Status

Respondents were asked “Do you have now, have you ever had, or has a healthcare provider ever told you that you have...” any of a range of serious physical disorders. There were also questions to elicit the presence and severity of mental health (MH) or cognitive issues, and to identify problematic alcohol or other drug (AOD) use. The interviewer was required to note any observable signs of poor physical health, of serious mental illness or cognitive impairment, or of intoxication.

In interpreting the graphs below, it is important to remember that there were only three people in the under 25 years cohort, compared with 65 people who were 25 years or older.

Figure 6: Physical Health Conditions

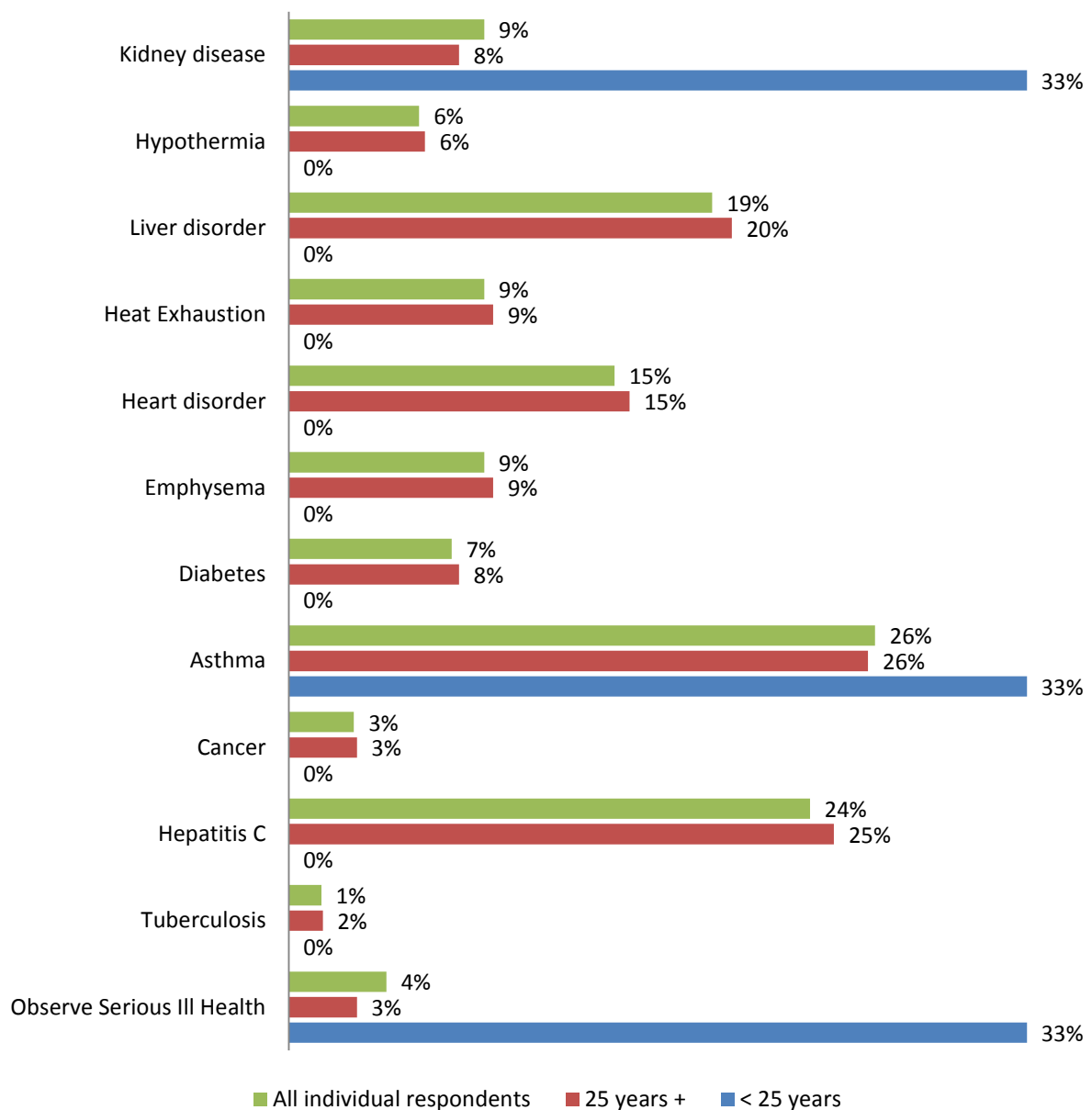


Figure 7: Alcohol or Other Drug (AOD) Use

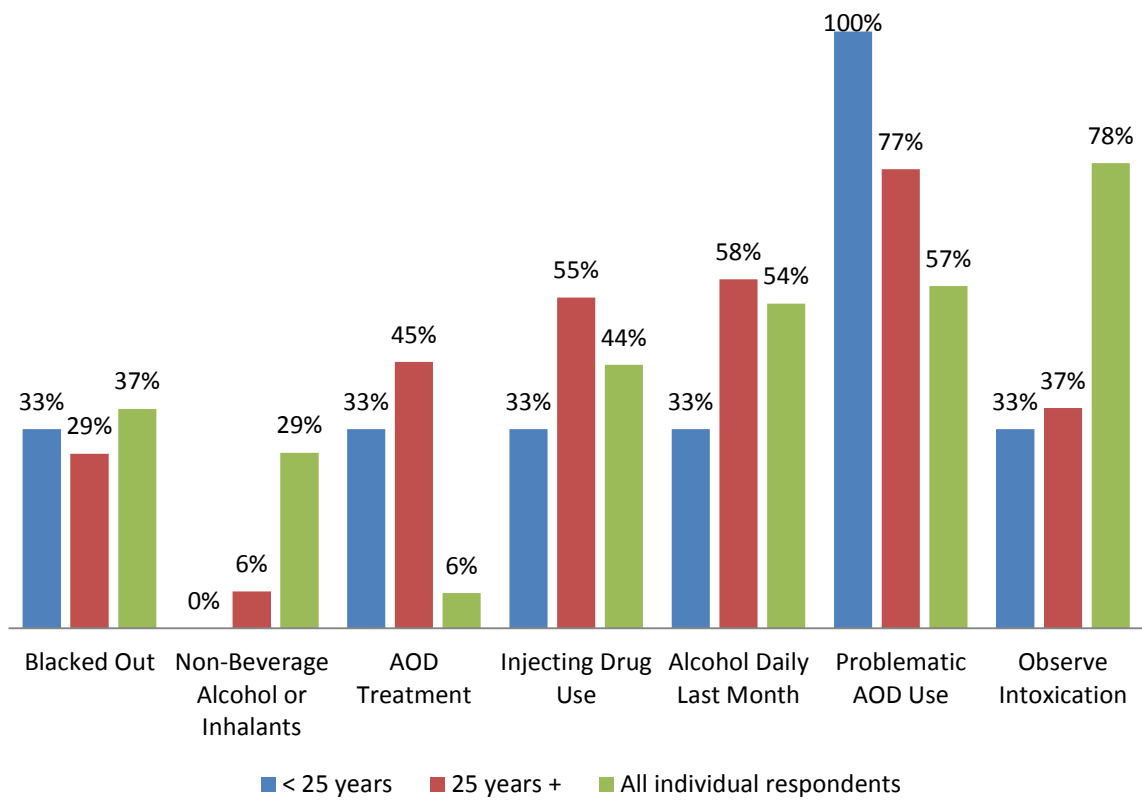
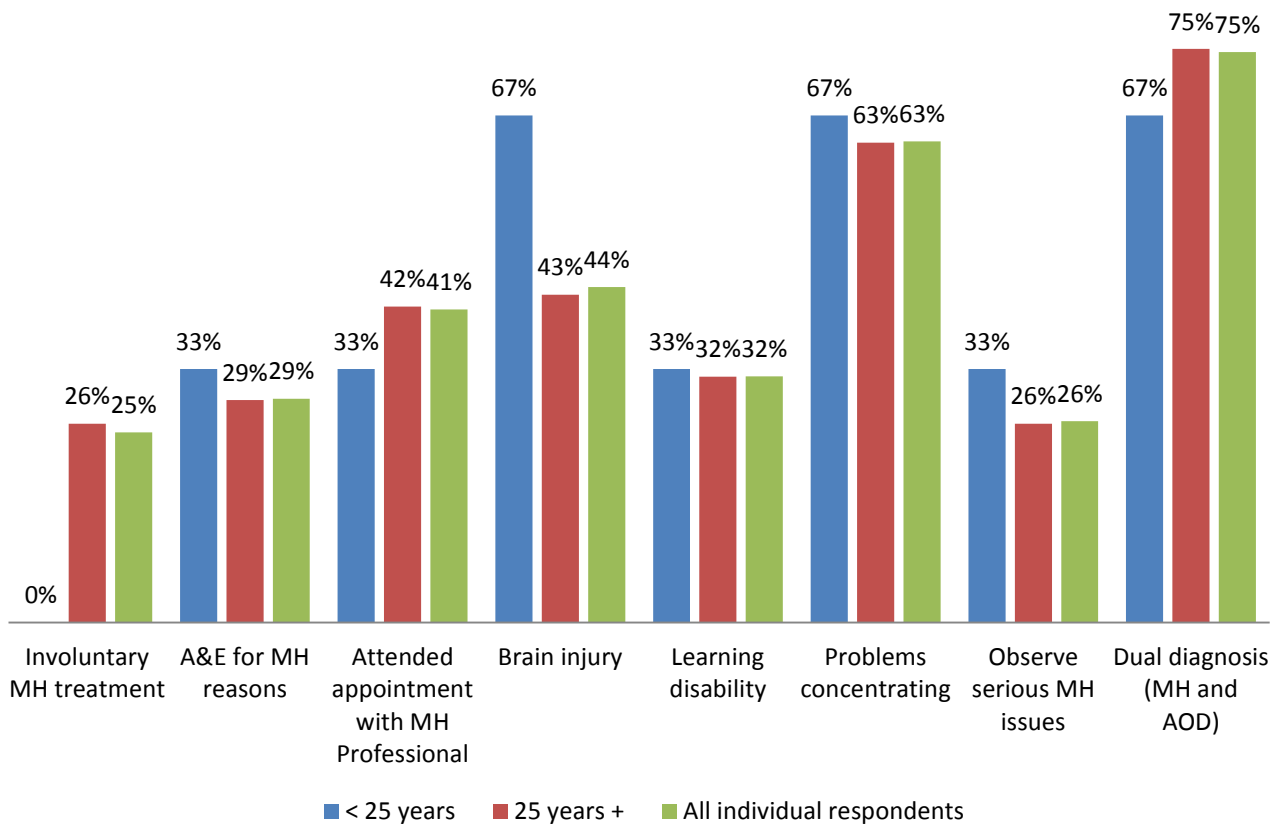


Figure 8: Mental Health (MH) and Cognitive Issues



Respondents' health conditions often did not occur in isolation, thus complicating their health care needs.

- Fourteen respondents in the 25 years and over cohort had three or more medical conditions.
- Thirty-seven respondents, one under 25 years and 36 in the older cohort, had three or more indicators of substance use issues.
- Thirty-one respondents, one under 25 years and 30 in the older cohort, had three or more indicators of mental health or cognitive issues.
- There were nine individuals in the 25 years and over cohort (and none under 25 years) who said they had three or more indicators each of physical ill health, mental or cognitive issues and substance use issues.

As well as identifying indicators of serious health conditions, respondents were asked whether they experienced any of a series of other conditions that may be caused or exacerbated, or made difficult to manage, by their homelessness. Of particular concern is the high percentage of respondents with dental problems.

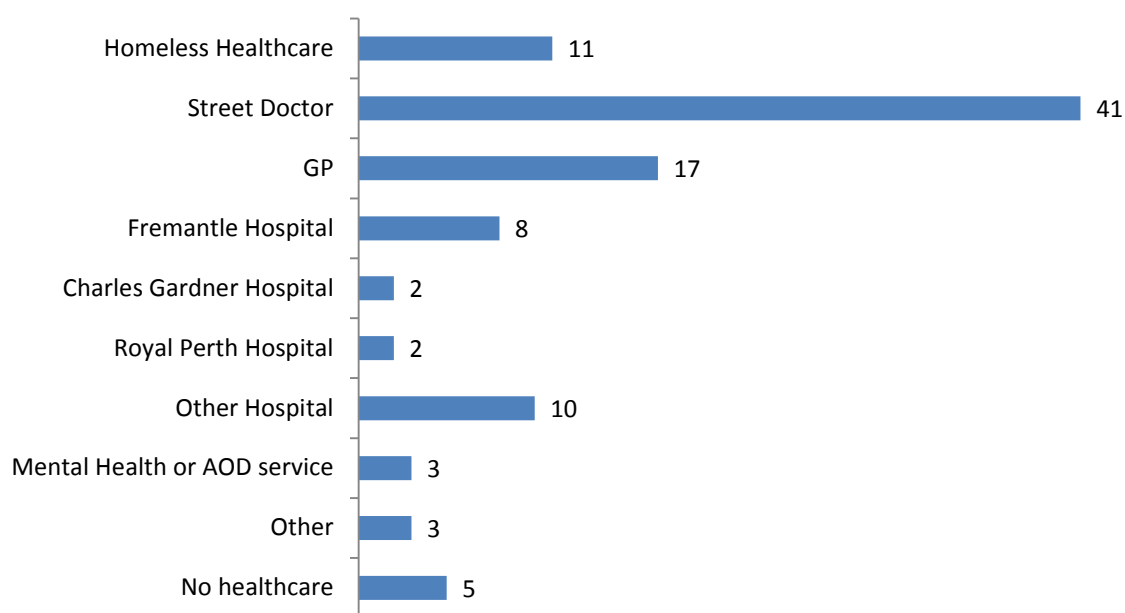
Figure 9: Other Health Conditions

	< 25 years		25 years +		All individual respondents	
Cellulitis	0	0%	11	17%	11	16%
Skin infection	1	33%	22	34%	23	34%
Scabies	0	0%	3	5%	3	4%
Dehydration	0	0%	19	29%	19	28%
Convulsions	0	0%	11	17%	11	16%
Epilepsy	1	33%	6	9%	7	10%
Pregnancy	0	0%	0	0%	0	0%
Dental problems	2	67%	46	71%	48	71%

Use of Health Services

Respondents were asked to list all health services they accessed, therefore, the numbers shown in figure 10 totals more than the total number of respondents. The majority of respondents used one or more of the mobile services for homeless people, or a GP. Fremantle Hospital was the public hospital most commonly used by this cohort, with one or two people naming several other public hospitals across the metropolitan area.

Figure 10: Health Services Used By Respondents



Homelessness can present some challenges for continuity of health care and can result in frequent use of services such as ambulances, accident and emergency (A&E) Departments and inpatient treatment. The table below shows the most frequent users of the listed crisis services: the number of respondents who said they had used the service at least three times in the past six months, the total number of times those people used it during that six month period, and the average number of uses or attendances per person.

	# individuals	# times	Average times per person
A&E last 6 months	12	82	6.8
Ambulance to hospital last 6 months	5	46	3.8
Hospital inpatient last 6 months	4	42	3.5

According to the WA Health Department’s Metropolitan Health Service Annual Report 2014-15, the average cost per A&E department attendance per person for Metropolitan Health Service hospitals was \$703. Paying for the 12 frequent users’ 82 visits in six months could have cost the Health Department \$57,646.

Respondents were asked how many inpatient admissions they had in the past six months but not how long they stayed or in what type of hospital. It is therefore difficult to extrapolate the costs for the frequent users’ 42 hospital inpatient stays. At Royal Perth Hospital the average cost of an inpatient bed in a medical ward in the first half of the 2015-16 financial year was \$1,716 per day.

Ambulance fees range from \$492 for non-urgent use to \$916 for urgent or life threatening, so the cost of the frequent users’ 46 trips could have ranged from \$22,632 if all trips were non-urgent; to \$42,136 if they had all been for urgent or life-threatening conditions.

Violence

Questions asked in the survey highlight respondents' feelings about their ability to safeguard themselves and their possessions:

- Two (67%) respondents under 25 years and 11 (17%) 25 years and over said there was someone who forces them or stands over them to do things they do not want to do.
- No respondents under 25 years but 22 (34%) 25 years and over said they engaged in risky behaviours like having unprotected sex with someone they didn't know, exchanging sex for money, running drugs, or sharing a needle.
- Two (67%) respondents under 25 years and 23 (35%) 25 years and over said they had threatened or tried to harm themselves or someone else in the past year.
- Two (67%) respondents under 25 years and 31(48%) 25 years and over said they had people in their lives out of convenience or necessity whose company they did not like.
- One (33%) respondent under 25 years and 31 (48%) 25 years and over said there were people in their lives who take their money, borrow cigarettes, use their drugs or drink their alcohol.

All three of the respondents aged under 25 years and 22 (33.8%) aged 25 and older said they had been attacked or beaten up since becoming homeless.

Two (66.7%) respondents aged under 25 years and 28 (43.1%) aged 25 and older said they had experienced a serious brain injury or head trauma.

One (33.3%) respondent aged under 25 years and 29 (44.6%) aged 25 years and older said they had experienced abuse or trauma in their lives for which they had not sought help or which had led to their homelessness.

Contact with the Justice System

Respondents were asked how many interactions they had with the police in the previous six months. Thirty one (47.7%) of those 25 years and over said they had no interaction with the police. Of those who had interacted with police, those under 25 years averaged 2.3 contacts in the past six months, and those 25 years and over averaged 21.4 contacts in the past six months.

Two (66.7%) of those under 25 years and 24 (36.9%) of those 25 years and over said they had "legal stuff" pending – matters that might result in imprisonment or a fine.

Figure 11 shows the number and percentage of respondents who reported having experienced the types of detention listed.

Figure 11: Experience of Detention

	< 25 years		25 years +		All individual respondents	
Watch House or Police Cells	2	67%	53	82%	55	81%
Youth Detention	1	33%	19	29%	20	29%
Prison	1	33%	46	71%	47	69%

FAMILIES EXPERIENCING HOMELESSNESS

During Fremantle Registry Week five family surveys were completed. Four of these families had no children with them at the time of the survey, but intended to have their children with them once housed. The other family had children present when surveyed.

Of the adults who completed the survey on behalf of their family, two belonged to one household, and the remaining four were the sole adult in the family. In total three men and three women responded to the family survey, with an average age of 41.8 years, and their homelessness duration averaging three years and seven months. The youngest child was one year old, and the oldest was 15. The two children who were interviewed with their mother were aged 10 and 13. The largest household, with two adults and five children, was the only Aboriginal family, and also the family that had been homeless the longest - over nine years.

Four of the families were living in some form of crisis or temporary accommodation (three of them with their children placed elsewhere). One family (two parents) stayed most frequently in a park, with their children placed elsewhere while awaiting housing to become available to the whole family. All four of the families whose children were not currently with the household said there had been some involvement with child protection services over the past six months, and three said they had matters being considered in the Family Court in the past six months.

Acuity for Families

The acuity rating for families is calculated differently from the individual acuity rating. The two surveys ask different questions, and some of the answers are weighted differently. The following shows how acuity ratings are determined from the VI-Family-SPDAT Pre-Screen scores:

- If the pre-screen total is 0-5, the family requires affordable housing, with brief intervention.
- If the pre-screen total is 6-11, the family requires affordable housing and short term support.
- If the pre-screen total is equal to or greater than 12, the family requires long-term affordable housing and ongoing support.

All five of the families were assessed as being of high acuity, requiring affordable housing and ongoing support.

Health for Families

When asked about health conditions and health treatment, families were asked if anyone in the family experienced any conditions or received formal health treatment.

Physical Health

- Diabetes, liver disease and cold/wet weather injuries such as frostbite were each experienced by one family.
- Two families said at least one member had cancer, and the same two families also reported having someone with Hepatitis C.
- Heat exhaustion or heat stroke, heart disease and emphysema were experienced by three families.
- Asthma was reported as occurring in four of the families.
- One family said they had nine of the twelve serious physical health conditions listed in the survey, and another had six. One family reported no serious physical health conditions.

Mental or Cognitive Issues

- Four families said at least one member had received mental health treatment against their will, and all five said they had been to a hospital accident and emergency department seeking treatment for something related to a family member's emotions or "nerves".
- All five families reported having a serious brain injury, and all five said that at least one member had problems concentrating.
- Four of the families said they had attended appointments with a mental health professional.
- Four of the families said that one or more of their members had been diagnosed with a learning or developmental disability.

Substance Use Issues

- All five families said they had problematic use of alcohol or other drugs, and that they had received treatment for substance use but had returned to using.
- Daily alcohol over the last 30 days, and having blacked out in the last month from substance use, were reported by the same three families. Two of those families and one other reported injecting drugs.

Trimorbidity

- One family reported having a single family member who experienced at least one indicator of physical, mental and substance use issues. This was the only question in which it was specified that the answer related to an individual rather than anyone in the family.

Other Health Issues

- Four families reported dental problems.
- One family reported one or more members with epilepsy, and two families reported someone having an ear, nose and throat condition.

Use of Health Services

When asked where the family go for health care when they are not feeling well:

- Two families said they used the Street Doctor, and one of those families also used an Aboriginal Health Service.
- One family used a mental health service and Fiona Stanley Hospital.
- One family used their GP.
- One family said they didn't have a usual place to go for health care.

Of these five families, in the last six months:

- Three had presented at the accident and emergency department of a hospital – two families more than three times.
- Three reported that at least one family member had been taken to hospital by ambulance – two families more than three times.
- Three reported at least one family member had been a hospital inpatient – two families more than three times.

SAFETY AND VIOLENCE FOR FAMILIES

Families, in a similar way to the individuals who were surveyed in Fremantle Registry Week, sometimes made compromises to keep themselves and their property secure on the streets and sometimes put themselves at risk or were coerced by others.

- All five families said someone in the family had harmed or threatened to harm themselves or someone else in the last year.
- Two of the families said at least one of them had been coerced or stood over.
- Four families said they had some people in their lives for convenience or necessity even though they did not really want to be with them, and all five families said that their friends and family took or borrowed their possessions such as drugs, money or cigarettes.

Three families had at least one member who had been attacked since they had been homeless.

All five families reported having someone with a serious brain injury or head trauma.

All five families also reported that at least one of them had experienced a trauma of some kind for which they had not sought help and/or that had caused their homelessness.

