



BRISBANE ZERO
2023-24 COLLABORATIVE
SNAPSHOT





Brisbane Zero acknowledges and pays respect to the traditional custodians of the Greater Brisbane area: the Turrbal people, the Jagera people, the Ugarabul people, the Yuggera people and the Elders both past and present on whose land we walk, work and live. We recognise that sovereignty of their land was never ceded.

Data for this financial year includes contributions from the following **Brisbane Zero** regional members:



Brisbane Zero is supported by Ellen Whitty Trust and Department of Housing Queensland.

In addition to the above organisations, the work of **Brisbane Zero** would not be possible without our collaborators and other support services. Their partnership is essential in helping us achieve housing outcomes and support for as many people as possible. Visit our website to see full list of the collaboration — brisbanezero.org.au

Brisbane Zero seeks to reduce homelessness for individuals and families. We aim to make visible those who are often unseen, with the goal of homelessness being rare, brief and non-recurring.

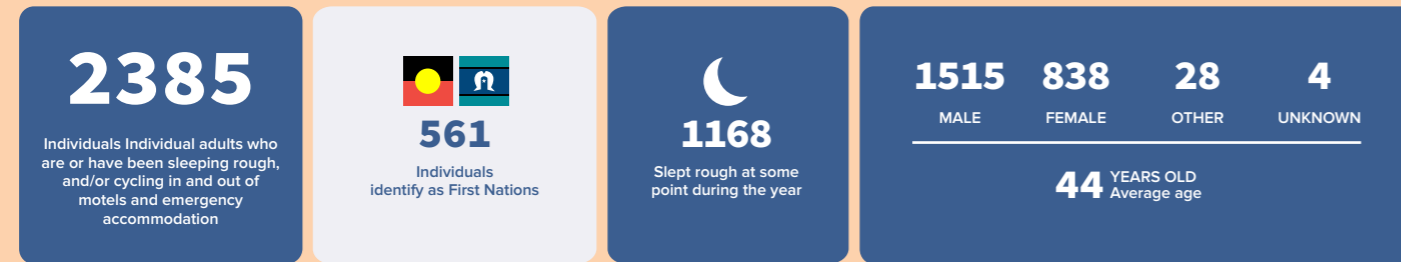
This factsheet summarizes data about individuals and families who are or have been sleeping rough—on the streets, in parks, tents, cars, and/or cycling in and out of motels and emergency accommodation and have engaged with participating **Brisbane Zero** services over the 2023-24 financial year. It also includes information disclosed by people who have been surveyed using the Vulnerability Index Service Prioritisation Decision Assistance Tool (VI-SPDAT).

This screening tool helps to better understand their history of homelessness, housing, health, and support needs.

This information, collected and shared with consent, enables us to better match appropriate housing solutions and support services using a Housing First framework.

Individual Adults By Name List Data

The Brisbane Zero Collaboration reports individual adults over the age of 18. The Know By Name List reports on population groups who present to our services who are or have been sleeping rough – on the streets, in parks, tents, cars, and/or cycling in and out of motels and emergency accommodation and engaged with participating Brisbane Zero services.



PERMANENT HOUSING PLACEMENTS

During 2023-24 financial year the Brisbane Zero collaboration has worked to match appropriate housing solutions and relevant supports for 393 people experiencing homelessness.

TYPE OF HOUSING	
Public Housing	227
Community Housing	92
Private Rental	51
Other	14
Supportive Housing	5
Self-Housed	4



16% n=393
Individuals recorded as having a positive housing outcome



29% n=115
Individuals housed identify as First Nations

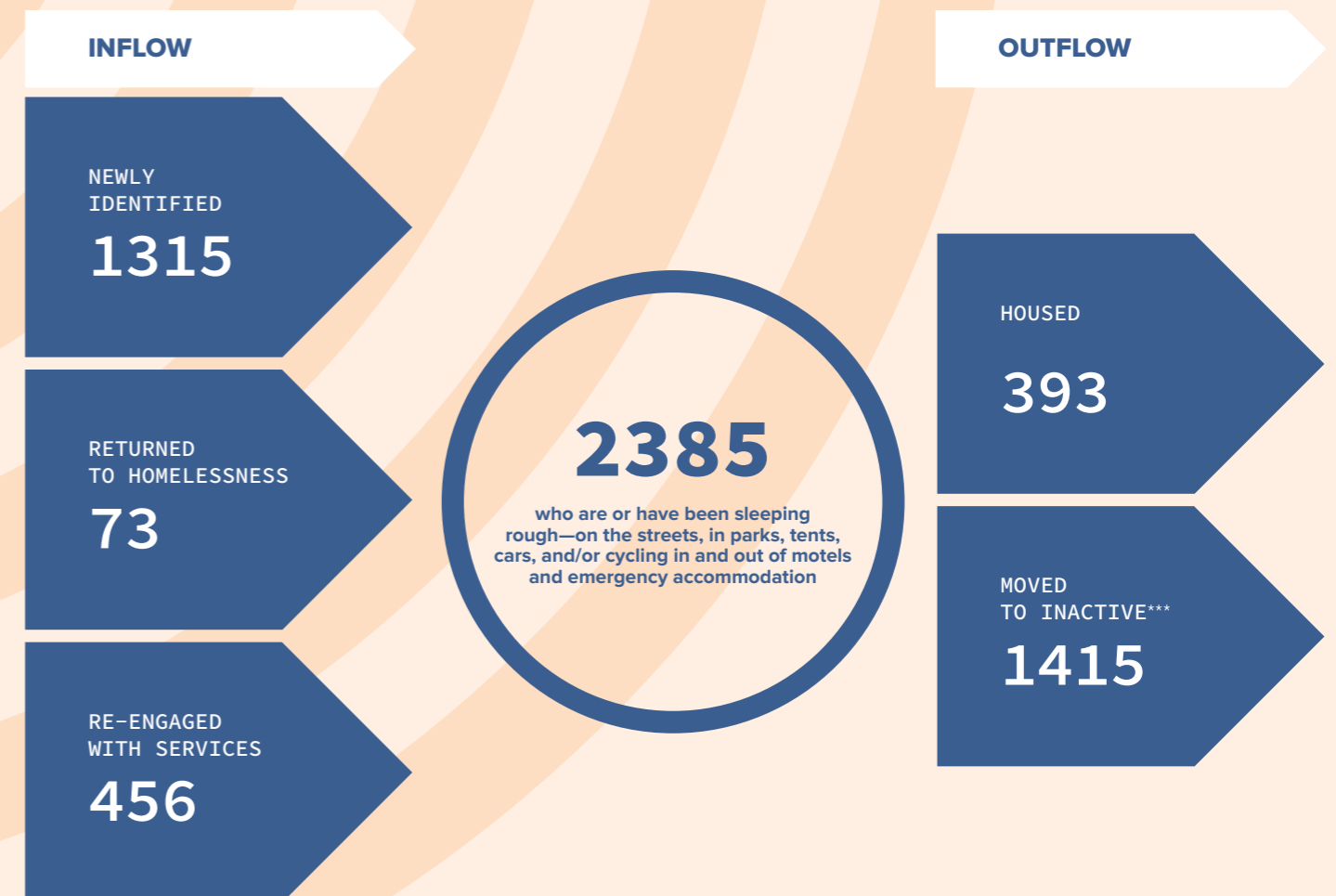
However, not every person experiencing homelessness on our By-Name List has found a permanent housing outcome.

84% n=1,992
Still require permanent housing*

*As per By-Name List data at the end of financial year 2023-24

BRISBANE BY NAME LIST**

A first step towards addressing homelessness in Brisbane is understanding how people move in and out of homelessness. Using the following six key data points, we can better assess the impact of our collaboration.



**Inflow and Outflow figures could include re-representations and may be counted in more than one category

***Inactive: Engagement has been disrupted

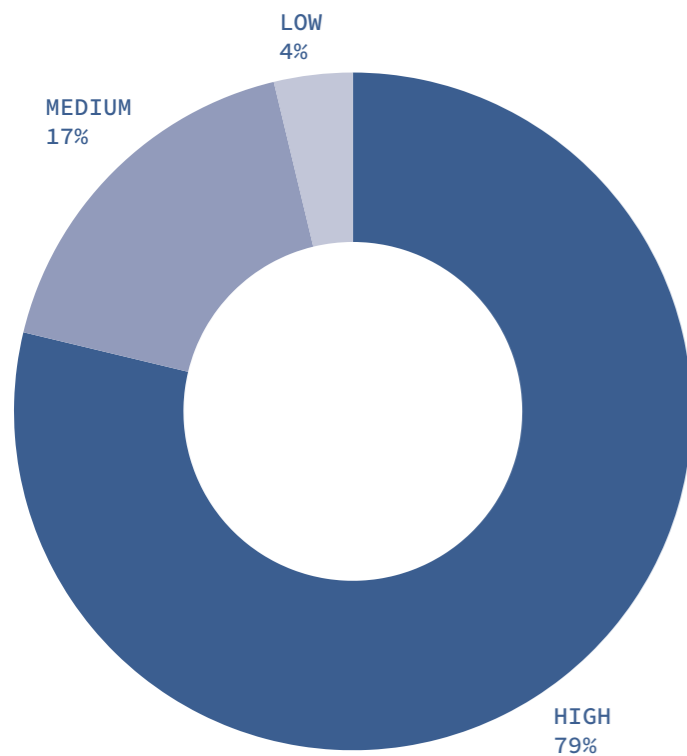
Individual Adults



The following health and risk related data is collated using the internationally recognised common triage tool called the Vulnerability Index Service Prioritisation Decision Assistance Tool (VI-SPDAT). The Brisbane Zero Collaboration has collected surveys during the 2023-24 financial year to offer insights in the multiple needs and the systems impacting people who experience homelessness in our community.

Due to the demand in responding, we do not have a comparable sample of people who have undertaken the survey, however, it is still indicative of needs.

Out of the 2,385 individuals on the Know By Name List, 160 consented to being surveyed during the 2023-24 financial year.



VULNERABILITY LEVELS

The VI-SPDAT helps us to identify support needs, to be determined using an acuity scale, identifying the kind of housing and support people require to live more safe, stable and productive lives.

- 126 (79%) people surveyed need access to Supportive Housing
- 28 (17%) people surveyed need access to affordable housing with short-term support services
- 6 (4%) people surveyed need access to affordable housing

HEALTH NEEDS SNAPSHOT n=160

People experiencing homelessness live shorter and less healthy lives than people who are securely housed (Seastres et al., 2020). Inaccessibility of basic social determinants of health drives poorer health outcomes.

The following data highlights the level of health complexities disclosed by people surveyed.

87% n=160
At least ONE Mental Health Condition

Trauma Experienced	80%	128
Anxiety Diagnosed	67%	107
Depression Diagnosed	71%	113

77% n=123
At least ONE Physical Health Condition

Dental Problems	58%	93
Asthma	36%	57
Dehydration Experienced	34%	54

44% n=71
At least ONE Type of Disability

Intellectual Disability	28%	44
Physical Disability	19%	30
A mental health condition*	12%	19

63% n=100
Substance Use Alcohol & Other Drugs

Problematic Substance Use	41%	65
Substance Use**	21%	34

Mental Health + Substance Use	58%	93
Mental + Physical Health + Substance Use	48%	77

*that limits independent living
** that impacts housing stability

SERVICE UTILISATION SNAPSHOT n=160

People experiencing homelessness may often interact with and rely on multiple systems such as health and legal systems, child protection, and emergency services. In the last six months.

89% n=143
have used at least ONE of these Emergency Services

have presented at Emergency	69%	111
have used Crisis Services	67%	107
have taken an Ambulance	59%	94
have had Police Interaction	54%	87

INSTITUTIONAL HISTORY n=160

People transitioning from care settings such as hospitals, psychiatric, rehabilitation, as well as young people leaving out-of-home care such as foster care and residential settings, often face an increased risk of homelessness.

39% n=62
have been in at least ONE of these Institutions

Institutional Care as an Adult	21%	34
Institutional Care as a Child	21%	33
Youth Detention	12%	19
Watch House or Prison	10%	16

SAFETY & RISKS n=160

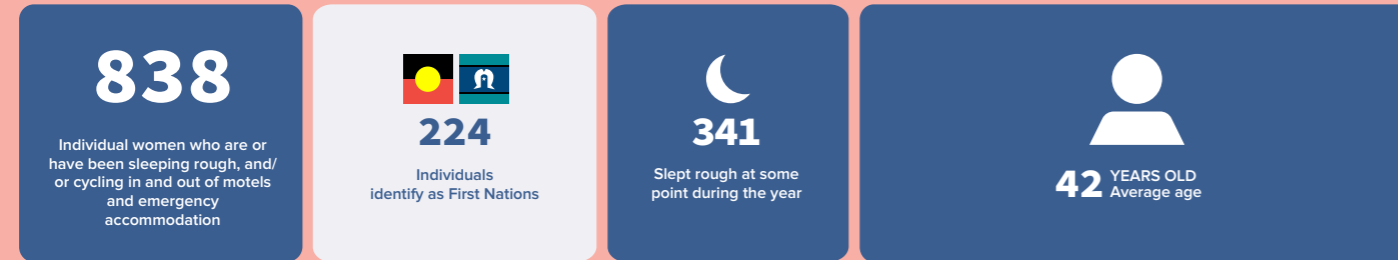
People experiencing homelessness frequently face exposure to risks and harmful behaviors affecting their well-being and safety.

39% n=62
have been in at least ONE of these Institutions

At Risk of Harm	84%	134
At Risk of Violence	64%	103
Homelessness Caused by a Relationship Breakdown	57%	91
Dental Problems	27%	43

Individual Women By Name List Data

The Brisbane Zero Collaboration reports individual women over the age of 18. The Know By Name List reports on population groups who present to our services who are or have been sleeping rough – on the streets, in parks, tents, cars, and/or cycling in and out of motels and emergency accommodation and engaged with participating Brisbane Zero services.



PERMANENT HOUSING PLACEMENTS

During 2023-24 financial year the Brisbane Zero collaboration has worked to match appropriate housing solutions and relevant supports for 148 individual women experiencing homelessness.

TYPE OF HOUSING	
Public Housing	65
Community Housing	47
Private Rental	28
Other	4
Supportive Housing	3
Self-Housed	1



18% n=148
Individual women recorded as having a positive housing outcome



28% n=42
Individual women housed identify as First Nations

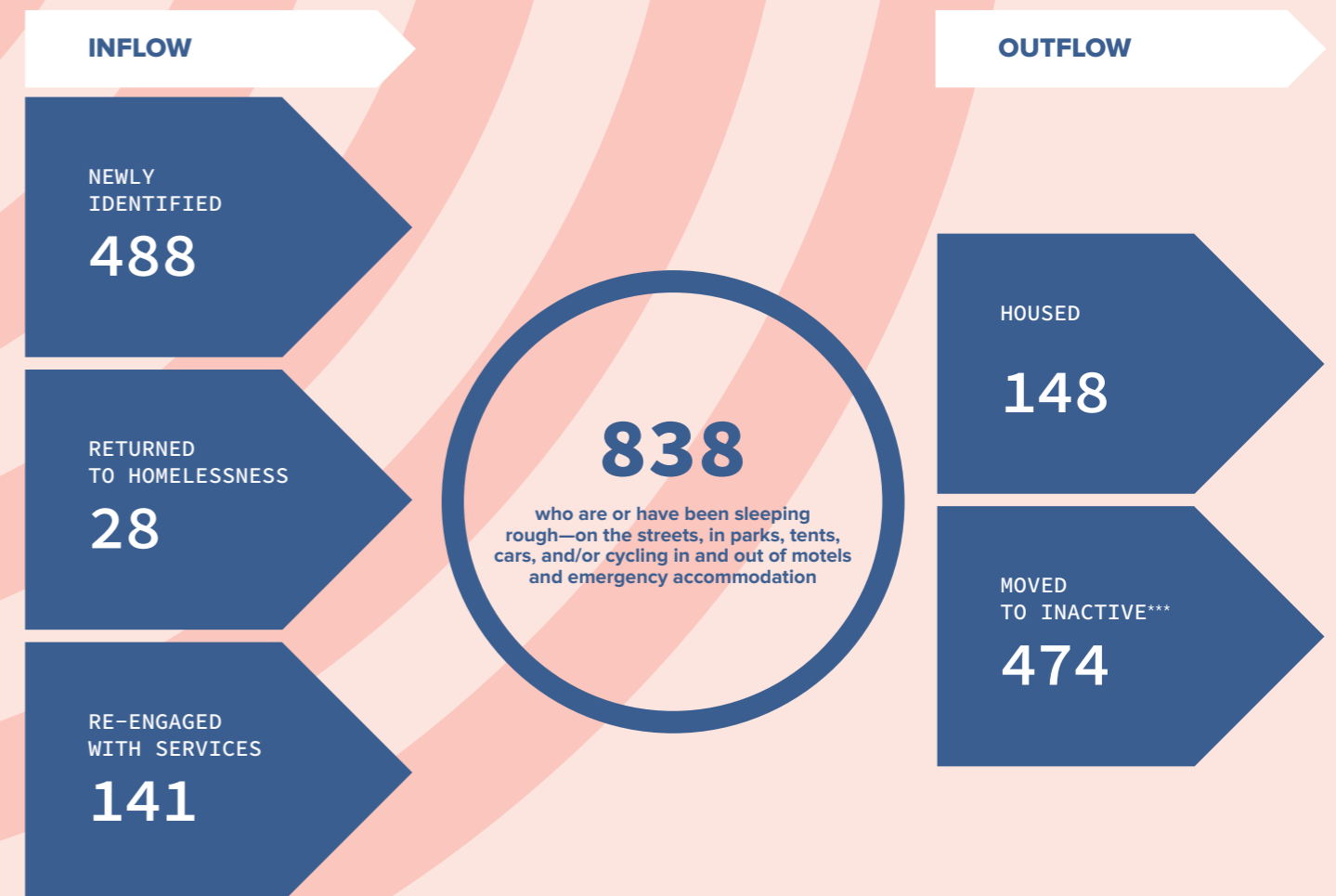
However, we have not achieved housing solutions for every woman experiencing homelessness in our community.

82% n=690
Still require permanent housing*

*As per By-Name List data at the end of financial year 2023-24

BRISBANE BY NAME LIST**

A first step towards ending homelessness in Brisbane is understanding how people move in and out of homelessness, so we can be confident that our actions are having the necessary impact – we can follow this using the six data points:



**Inflow and Outflow figures could include re-representations and may be counted in more than one category

***Inactive: Engagement has been disrupted

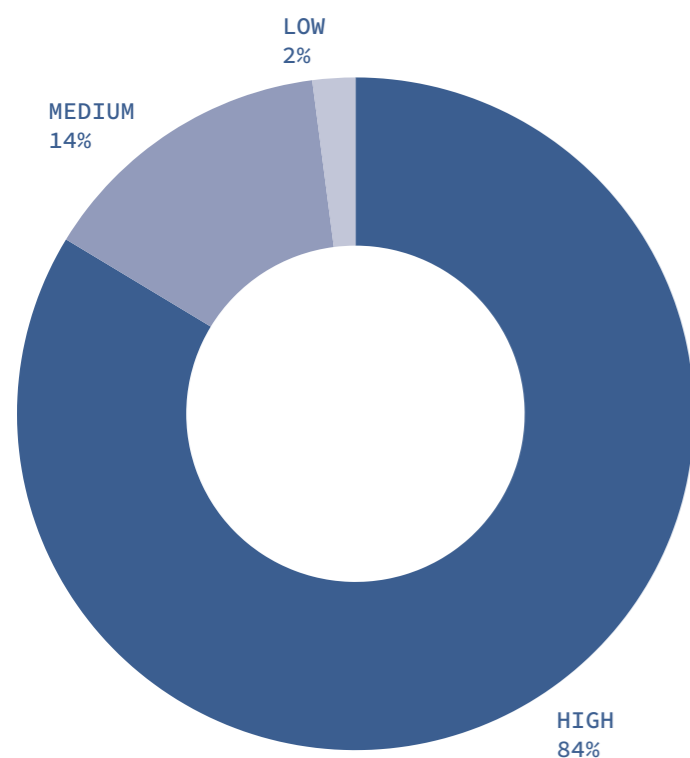
Individual Women



The following health and risk related data is collated using the internationally recognised common triage tool called the Vulnerability Index Service Prioritisation Decision Assistance Tool (VI-SPDAT). The Brisbane Zero Collaboration has collected surveys during the 2023-24 financial year to offer insights in the multiple needs and the systems impacting people who experience homelessness in our community.

Due to the demand in responding, we do not have a comparable sample of people who has undertaken the survey, however, it still indicative of needs

Out of the 838 individual women on the Know By Name List, 49 consented to being surveyed during the 2023-24 financial year.



VULNERABILITY LEVELS

The VI-SPDAT helps us to identify support needs to be determined using an acuity scale, identifying the kind of housing and support people require to live more safe, stable and productive lives.

- 41 (84%) women surveyed need access to Supportive Housing
- 7 (14%) women surveyed need access to affordable housing with short-term support services
- 1 (2%) woman surveyed need access to affordable housing

HEALTH NEEDS SNAPSHOT n=49

The following data highlights the level of health complexities experienced by the individual women surveyed.

90% n=44
At least ONE Mental Health Condition

Trauma Experienced	88%	43
Anxiety Diagnosed	76%	37
Depression Diagnosed	73%	36

80% n=39
At least ONE Physical Health Condition

Dental Problems	63%	31
Asthma	53%	26
Dehydration Experienced	41%	20

47% n=23
At least ONE Type of Disability

Intellectual Disability	31%	15
A mental health condition*	18%	9
Physical Disability	14%	7

63% n=31
Substance Use Alcohol & Other Drugs

Problematic Substance Use	37%	18
Substance Use**	27%	13
Mental Health + Substance Use	61%	30
Mental + Physical Health + Substance Use	53%	26

*that limits independent living
**that impacts housing stability

SERVICE UTILISATION SNAPSHOT n=49

People experiencing homelessness are often interconnected with multiple systems including criminal justice, legal processes, and emergency health services. In the last six months...

94% n=46
have used at least ONE of these Emergency Services

have presented at Emergency	69%	34
have used Crisis Services	82%	40
have taken an Ambulance	59%	29
have had Police Interaction	59%	29

INSTITUTIONAL HISTORY n=49

People transitioning from care settings such as hospitals, psychiatric, rehabilitation, and aged care facilities, as well as young people leaving out-of-home care like foster care and residential settings, often face increased risk of homelessness.

39% n=19
have been in at least ONE of these Institutions

Institutional Care as an Adult	14%	7
Institutional Care as a Child	20%	10
Youth Detention	6%	3
Watch House or Prison	10%	5

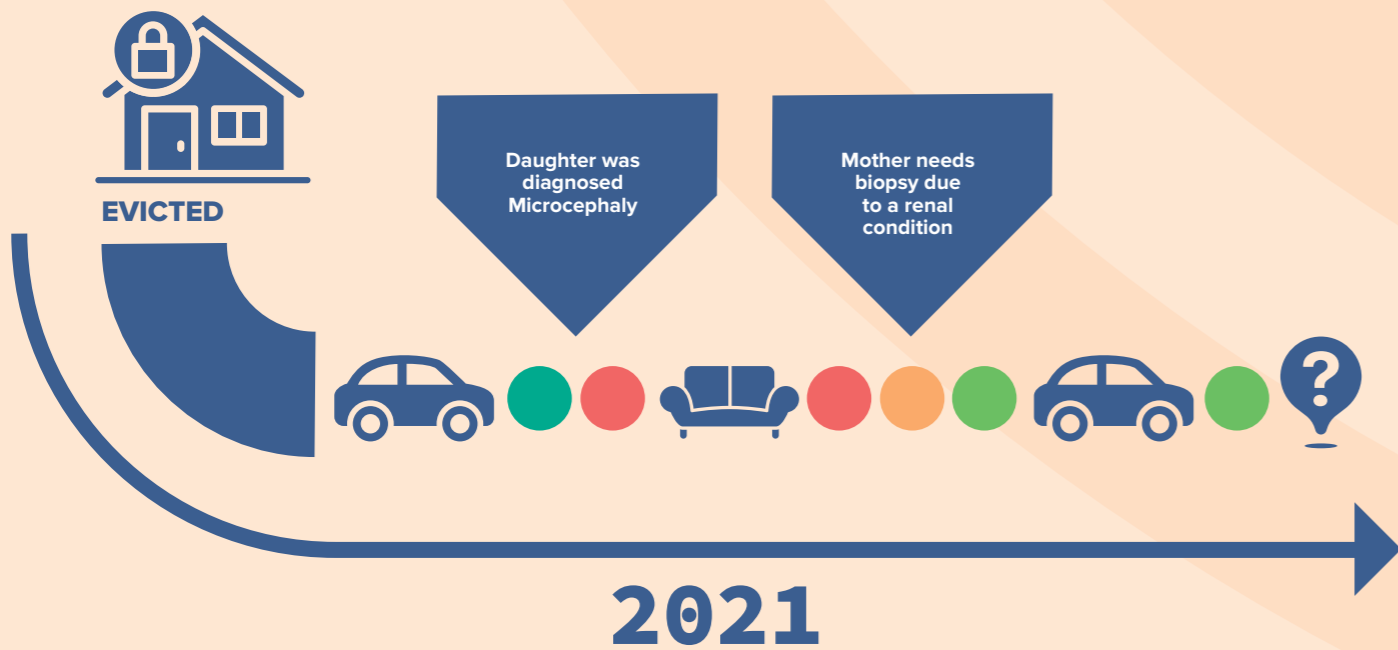
SAFETY & RISKS n=49

Women experiencing homelessness face higher risks than men. This may include exposure to crime, self-harm, exploitation, and risky behaviors, endangering their safety and wellbeing (Box, E., Flatau, P., & Lester, L. (2022).

At Risk of Harm	92%	45
At Risk of Violence	69%	34
Homelessness Caused by a Relationship Breakdown	59%	29
Unresolved Legal Issues	33%	16

A pathway out of homelessness

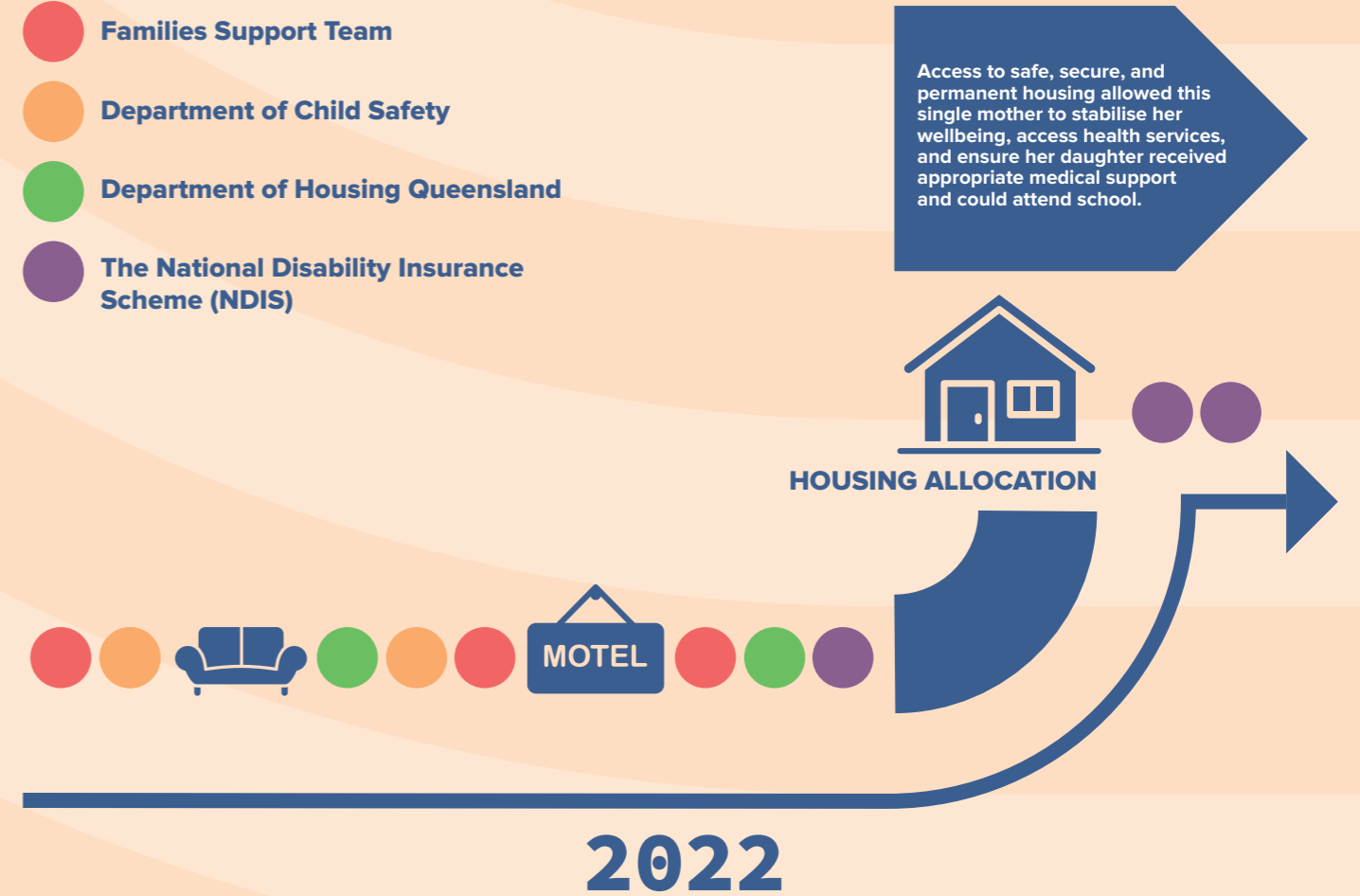
Illustrated here is a journey map using Brisbane Zero and other data sources to represent one single mother's pathway out of homelessness. A middle-aged sole parenting woman and her 11-year-old daughter moved from New South Wales to Queensland to escape domestic and family violence. After being evicted from their private rental and with nowhere else to go, they ended up sleeping in their car. The lack of housing choices are impacting the quality of life for both, struggling to access health services, and the daughter was unable to attend school.



- Sleeping in a car
- Couch Surfing
- Unknown Location
- Accommodated in a motel

SERVICES INVOLVED

- Home for Good Hub
- Families Support Team
- Department of Child Safety
- Department of Housing Queensland
- The National Disability Insurance Scheme (NDIS)



Families By Name List Data

The Brisbane Zero Collaboration reports families with children. The Know By Name List reports on population groups who present to our services who are or have been sleeping rough – on the streets, in parks, tents, cars, and/or cycling in and out of motels and emergency accommodation and engaged with participating Brisbane Zero services.

989

Families who are or have been sleeping rough, and/or cycling in and out of motels and emergency accommodation

229

Heads of household identify as First Nations

1907

Children in their care

# Children per Family	# of Families
1	413
2	277
3	133
4	115
Unknown	51

Age of Children	# of Childrem
0-4 years	698
5-12 years	839
13-17 yrs	366
Unknown Age	4

37% n=365
Families recorded as having a positive housing outcome

21% n=76
Heads of Household housed identify as First Nations

TYPE OF HOUSING	
Public Housing	182
Community Housing	61
Private Rental	110
Other	7
Supportive Housing	4
Self-Housed	1

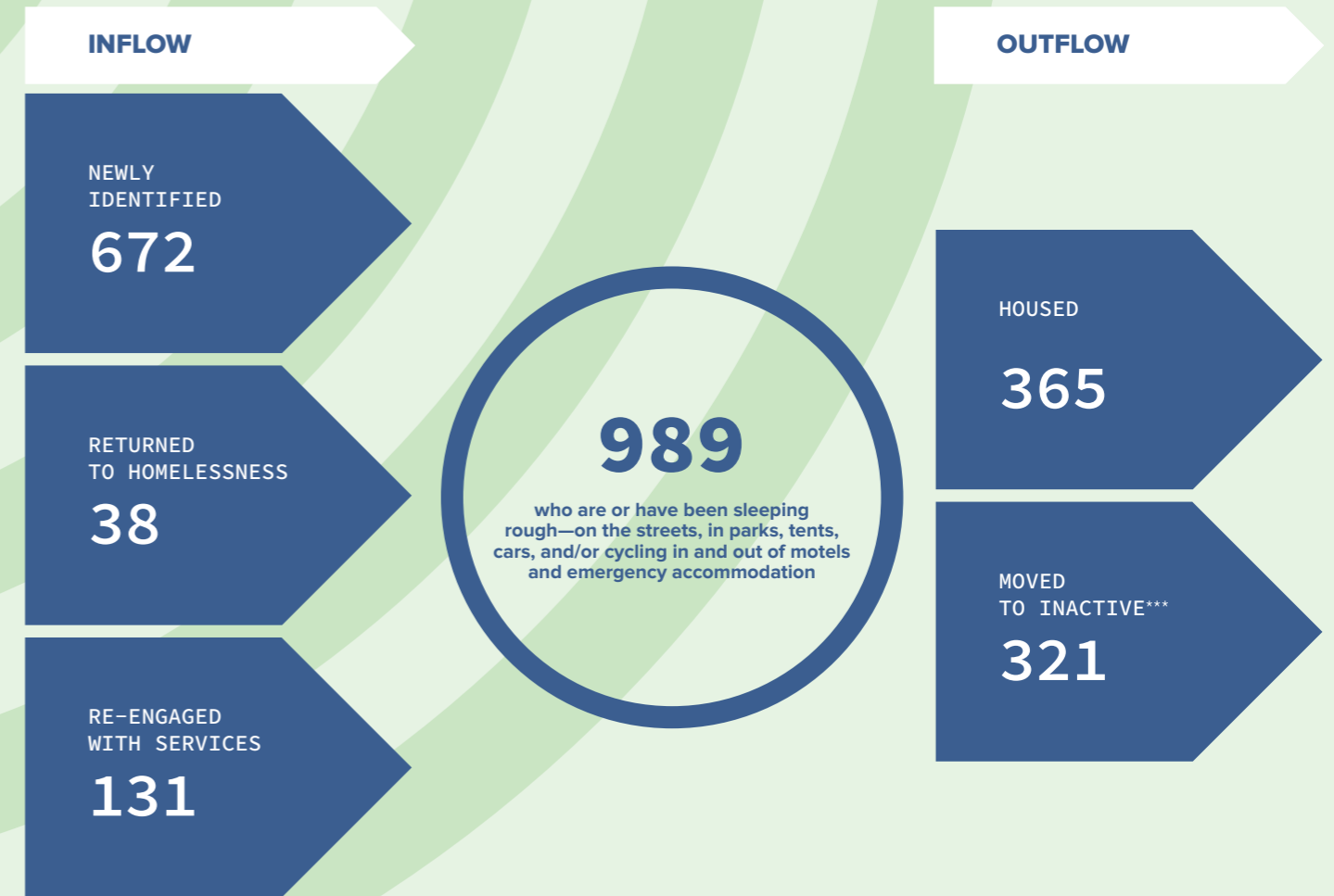
However, not every family experiencing homelessness on our By-Name List has found a permanent housing outcome.

63% n=624
Families still require permanent housing*

*As per By-Name List data at the end of financial year 2023-24

BRISBANE BY NAME LIST**

Families face unique challenges when dealing with housing stress and homelessness. A first step towards ending homelessness in Brisbane is understanding the dynamics of how these families move in and out of homelessness. Using the following six key data points, we can better assess the impact of our collaboration.



**Inflow and Outflow figures could include re-presentations and may be counted in more than one category

***Inactive: Engagement has been disrupted

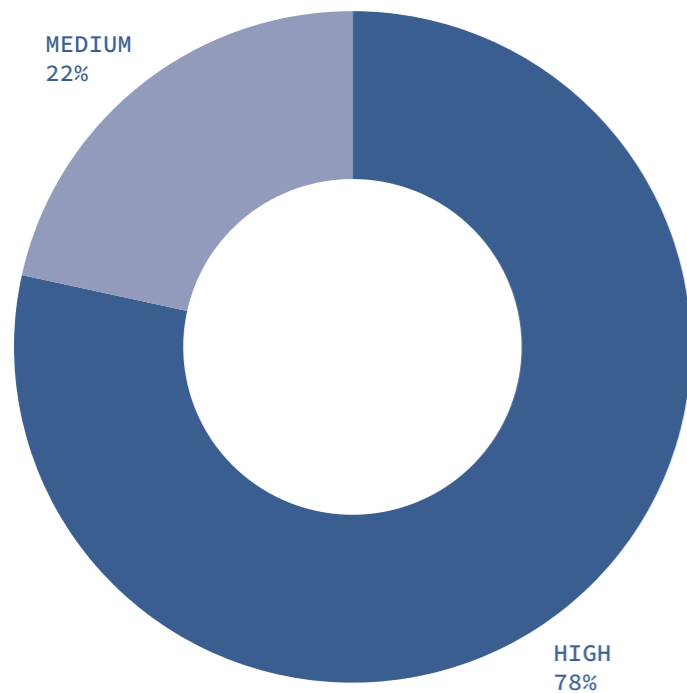
Families



The following health and risk related data is collated using the internationally recognised common triage tool called the Vulnerability Index Service Prioritisation Decision Assistance Tool (VI-SPDAT). The Brisbane Zero Collaboration has collected surveys during the 2023-24 financial year to offer insights in the multiple needs and the systems impacting people who experience homelessness in our community.

Due to the demand in responding, we do not have a comparable sample of people who has undertaken the survey, however, it still indicative of needs.

Out of the 989 families on the Know By Name List, 102 consented to being surveyed during the 2023-24 financial year.



VULNERABILITY LEVELS

The VI-SPDAT helps us to identify support needs to be determined using an acuity scale, identifying the kind of housing and support people require to live more safe, stable and productive lives.

- 80 (78%) families need access to Supportive Housing
- 22 (22%) families need access to affordable housing with short-term support services

HEALTH NEEDS SNAPSHOT n=102

According to AIHW (2024), people who have experienced homelessness are more likely to report mental or long-term health conditions. Homelessness worsens other difficulties, leading to negative outcomes for families and children, both directly (cognitive, social, emotional, and biological) and indirectly (parental caregiving capacity).

The following data highlights the level of health complexities disclosed by people surveyed.

84% n=86
At least ONE Mental Health Condition

Trauma Experienced	73%	74
Anxiety Diagnosed	75%	76
Depression Diagnosed	61%	62

57% n=58
At least ONE Physical Health Condition

Dental Problems	44%	45
Asthma	44%	45
Foot/Skin Infection	21%	21

33% n=34
At least ONE Type of Disability

Intellectual Disability	25%	26
Physical Disability	13%	13
A mental health condition*	9%	9

30% n=31
Substance Use Alcohol & Other Drugs

Problematic Substance Use	26%	27
Substance Use**	10%	10
Mental Health + Substance Use	30%	31
Mental + Physical Health + Substance Use	44%	45

*that limits independent living

SERVICE UTILISATION SNAPSHOT n=102

Families experiencing homelessness may often rely on multiple systems, including the child protection system, and emergency health services. In the last six months.

87% n=89
have used at least ONE of these Emergency Services

have presented at Emergency	47%	48
have used Crisis Services	74%	75
have taken an Ambulance	39%	40
have had Police Interaction	45%	46

FAMILY UNIT n=102

Families experiencing homelessness often face social isolation and lack of community connection. This can affect their children, who are more vulnerable to mental health issues, physical disabilities, and emotional or behavioral problems compared to housed children (AIHW, 2022).

Homelessness impacting engagement with children	67%	68
Homelessness causing isolation from family supports	52%	53
Child has experienced trauma or abuse in past 6 months	39%	40
In past 6 months adults in the family have changed over	39%	40

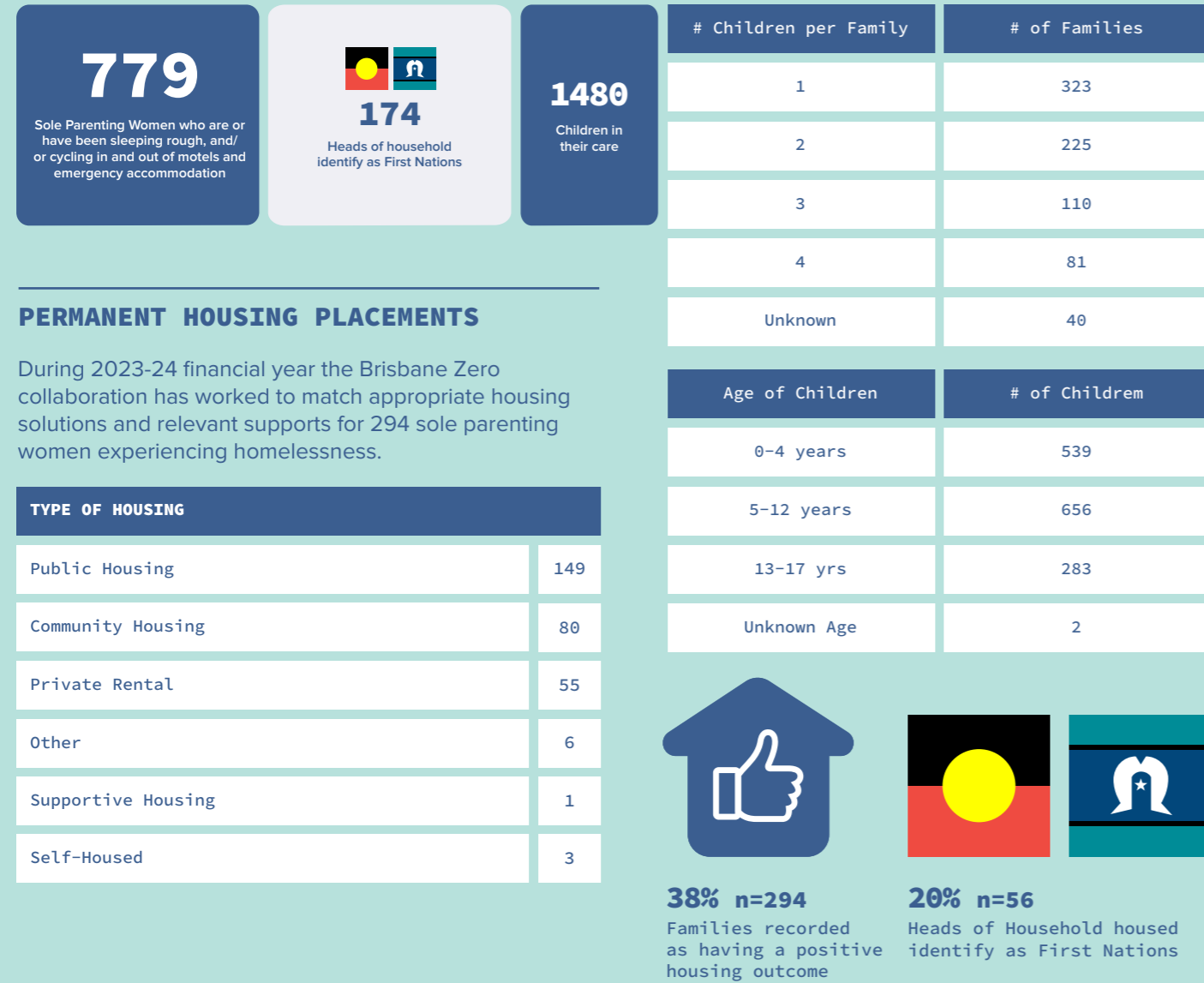
SAFETY & RISKS n=102

Relationship breakdown often leads families into homelessness, exposing children to risks and harmful behaviors that threaten their well-being and safety (AIHW, 2023).

At Risk of Harm	63%	64
At Risk of Violence	62%	63
Homelessness Caused by a Relationship Breakdown	75%	77
Unresolved Legal Issues	20%	20

Sole Parenting Women By Name List Data

The Brisbane Zero Collaboration reports 779 sole parenting women. The Know By Name List reports on population groups who present to our services who are or have been sleeping rough – on the streets, in parks, tents, cars, and/or cycling in and out of motels and emergency accommodation and engaged with participating Brisbane Zero services.



PERMANENT HOUSING PLACEMENTS

During 2023-24 financial year the Brisbane Zero collaboration has worked to match appropriate housing solutions and relevant supports for 294 sole parenting women experiencing homelessness.

TYPE OF HOUSING	
Public Housing	149
Community Housing	80
Private Rental	55
Other	6
Supportive Housing	1
Self-Housed	3

However, we have not achieved housing solutions for every person experiencing homelessness in our community.

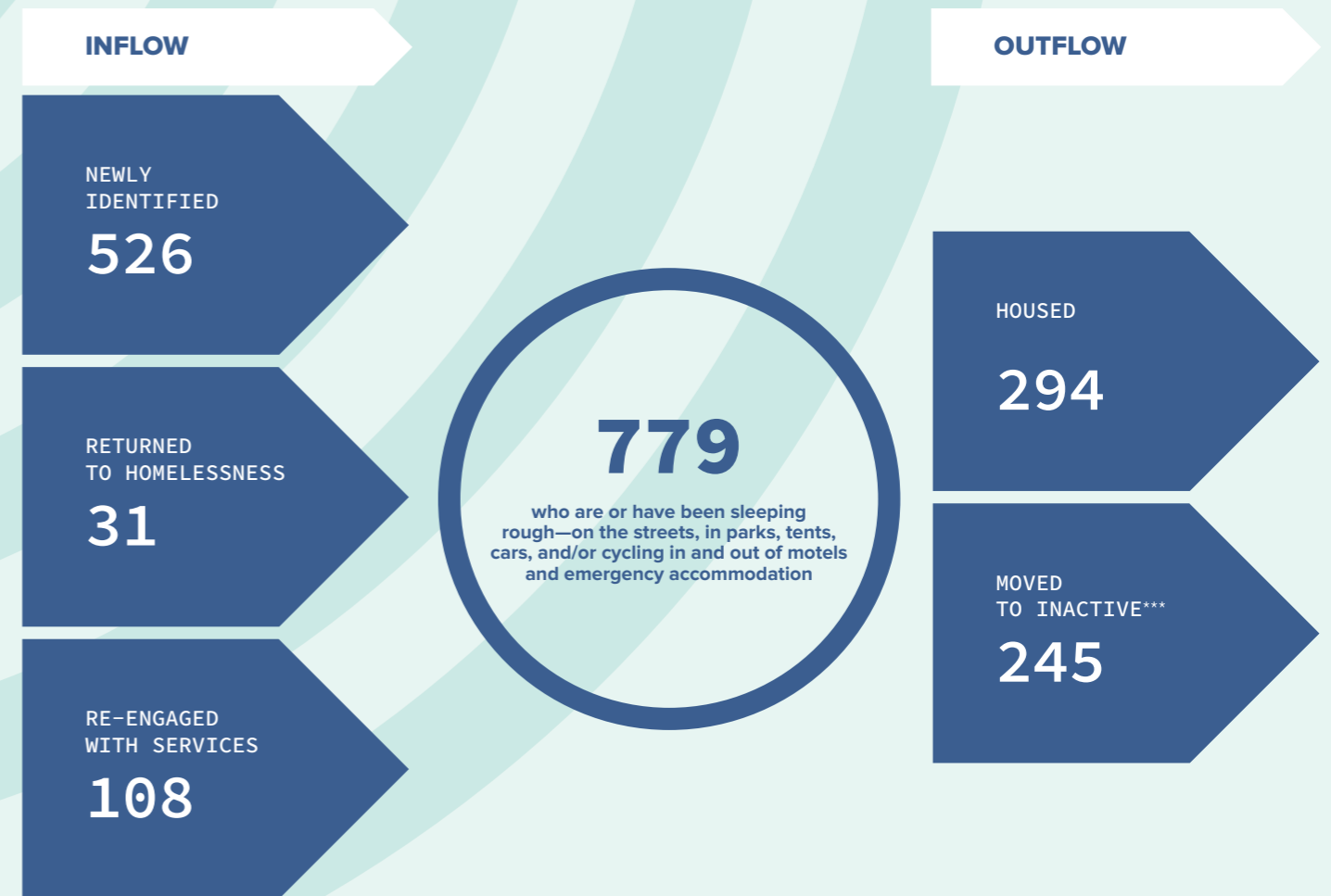
62% n=485
Sole Parenting Women still require permanent housing*

*As per By-Name List data at the end of financial year 2023-24

Sole Parenting Women

BRISBANE BY NAME LIST**

Sole Parenting Women face unique challenges when dealing with housing stress and homelessness. A first step towards ending homelessness in Brisbane is understanding the dynamics of how these families move in and out of homelessness. Using the following six key data points, we can better assess the impact of our collaboration.



**Inflow and Outflow figures could include re-representations and may be counted in more than one category

***Inactive: Engagement has been disrupted

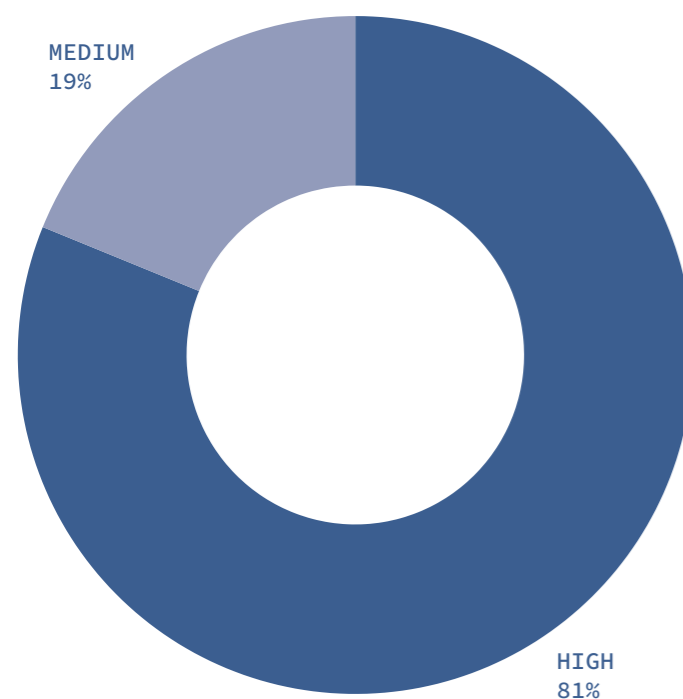
Sole Parenting Women



The following health and risk related data is collated using the internationally recognised common triage tool called the Vulnerability Index Service Prioritisation Decision Assistance Tool (VI-SPDAT). The Brisbane Zero Collaboration has collected surveys during the 2023-24 financial year to offer insights in the multiple needs and the systems impacting people who experience homelessness in our community.

Due to the demand in responding, we do not have a comparable sample of people who has undertaken the survey, however, it still indicative of needs.

Out of the 779 Sole Parenting Women on the Know By Name List, 69 consented to being surveyed during the 2023-24 financial year.



VULNERABILITY LEVELS

The VI-SPDAT helps us to identify support needs to be determined using an acuity scale, identifying the kind of housing and support people require to live more safe, stable and productive lives.

- 56 (81%) sole parenting women need access to Supportive Housing
- 13 (19%) sole parenting women need access to affordable housing with short-term support services

HEALTH NEEDS SNAPSHOT n=69

According to AIHW (2024), people who have experienced homelessness are more likely to report mental or long-term health conditions. Homelessness worsens other difficulties, leading to negative outcomes for families and children, both directly (cognitive, social, emotional, and biological) and indirectly (parental caregiving capacity).

The following data highlights the level of health complexities disclosed by people surveyed.

80% n=55
At least ONE Mental Health Condition

Trauma Experienced	72%	50
Anxiety Diagnosed	72%	50
Depression Diagnosed	57%	39

61% n=42
At least ONE Physical Health Condition

Dental Problems	46%	32
Asthma	42%	29
Foot/Skin Infection	20%	14

29% n=20
At least ONE Type of Disability

Intellectual Disability	23%	16
Physical Disability	14%	10
A mental health condition*	10%	7

26% n=18
Substance Use Alcohol & Other Drugs

Problematic Substance Use	25%	17
Relapse Post Treatment	6%	4
Mental Health + Substance Use	26%	18
Mental + Physical Health + Substance Use	45%	31

*that limits independent living

SERVICE UTILISATION SNAPSHOT n=69

Families experiencing homelessness may often rely on multiple systems, including the child protection system, domestic and family violence and emergency health services. In the last six months...

89% n=59
have used at least ONE of these Emergency Services

have presented at Emergency	69%	111
have used Crisis Services	67%	107
have taken an Ambulance	59%	94
have had Police Interaction	54%	87

FAMILY UNIT n=69

Sole Parenting Women experiencing homelessness often face social isolation and lack of community connection. This can affect their children, who are more vulnerable to mental health issues, physical disabilities, and emotional or behavioral problems compared to housed children (AIHW, 2023).

Homelessness impacting engagement with children	21%	34
Homelessness causing isolation from family supports	21%	33
Child has experienced trauma or abuse in past 6 months	12%	19
In past 6 months adults in the family have changed over	10%	16

SAFETY & RISKS n=69

Violence is the most common reason that women with children become homeless. Being particularly vulnerable to family violence and sexual abuse, this often forces them into harmful situations or to stay in abusive relationships due to lack of housing (AIHW, 2023)



At Risk of Harm	62%	43
At Risk of Violence	68%	47
Homelessness Caused by a Relationship Breakdown	80%	55
Unresolved Legal Issues	19%	13

Data-led Solutions

what the data tells us

Invest in more prevention strategies, including building more social housing.

Maintain Sustaining Tenancies mobile support teams.

Build more Supportive Housing for all the population groups with high acuity who cannot sustain a tenancy.

REFERENCES

Australian Institute of Health and Welfare (2024) Health of people experiencing homelessness, AIHW, Australian Government.

Australian Institute of Health and Welfare (2023) Homelessness and homelessness services, AIHW, Australian Government.

Australian Institute of Health and Welfare (2022) Australia's children, AIHW, Australian Government.

Box E, Flatau P, Lester L. (2022). Women sleeping rough: The health, social and economic costs of homelessness. Health Soc Care Community.

Seastres, Ramon & Hutton, Jennie & Zordan, Rachel & Moore, Gaye & Mackelprang, Jessica & Kiburg, Katerina & Sundararajan, Vijaya. (2020). Long-term effects of homelessness on mortality: a 15-year Australian cohort study. Australian and New Zealand journal of public health.

Brisbane Zero is supported by Ellen Whitty Trust Fund
and Department of Housing Queensland.

BRISBANEZERO

Unlocking systems
to end homelessness

brisbanezero.org.au

