Why VI?
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Background
The Vulnerability Index (VI) is an instrument which is based on the medical and research work of Dr Jim O’Connell and Dr Stephen Hwang from Boston’s Healthcare for the Homeless. They have identified eight vulnerability factors that place people who are chronically street homeless at greater risk of death, compared to people with the same conditions who are housed.

Since 2010 when the first use of the Vulnerability Index in Australia was undertaken in Brisbane by Micah Projects, the same project has been undertaken in Melbourne, inner-Sydney, Townsville, Hobart, Perth and Western Sydney.

The ‘Registry Week’ methodology used in Australia is based on the work of the 100k homes campaign by Community Solutions in the USA. This methodology uses the VI as an initial survey undertaken with rough sleepers on the streets and parks of a city or region. This is not research. This is a practice tool for better understanding who is street homeless, what are their health vulnerabilities and what type of follow-up (most importantly housing and support) can be provided.

Human Beings with Names and Needs, not Faceless Statistics
In fact, when considering the question, why VI?, the five most important answers are:

- to inform part of the assessment process for various communities
- to identify and match needs to appropriate housing and resources
- to profile people sleeping rough based on self-disclosure of health and psycho-social needs
- to advocate based on vulnerability risk and mortality
- to enable tracking of progress in housing people.

Registry Weeks in Australia
Registry weeks have now been conducted in seven cities/regions in Australia. The methodology involves bringing local people, services and agencies together to jointly canvas the local area three early mornings in a row. Inviting rough sleepers to complete a VI and then bringing that information together to provide a report on the situation by the end of the week. The reports made at the end of the week have been illuminating; providing a wake-up call to communities about the number of people rough sleeping in their community and their health and housing needs.

Outreach services that have worked with the Registry Week projects are also able to provide direct follow up (when requested) to people identified during the project.

Meeting the Needs of Rough Sleepers
Although the most important part of the results is that they are ‘local results’ which require a local response, the projects have also now served to provide a nation-wide picture of the
rough sleeping population. Some summary results are provided in the next section of this article.

The other crucial element is that because the VI is not an anonymous survey – conducted to meet the needs of researchers and not homeless people – there is a way of locally tracking success (or failure) over time in housing people off the register. The federal government has made a commitment to a 25 per cent reduction in rough sleeping. I believe, through the use of the VI, that this per cent reduction can be clearly identified in a number of localities where Registry Weeks have been done. For example, there is evidence that since mid 2010 when Micah Projects coordinated a Registry Week in Brisbane that more than 25 per cent of people identified at that time have now been housed.

1977 People Experiencing Homelessness
To date 1977 people who are experiencing homelessness have completed a VI in Australia. This includes those VI s done as part of a registry week as well as those that have been added when outreach teams come across any new rough sleepers and have invited them to complete a VI at a later date. Of this number, 1274 have been identified as ‘vulnerable’.

Vulnerability factors
Factors that identify people as vulnerable are the following:

More than six months street homeless AND at least one of the following:

- End Stage Renal Disease
- History of Cold Weather Injuries
- Liver Disease or Cirrhosis
- HIV+/AIDS
- Over 60 years old
- Three of more emergency room visits in prior three months
- Three or more ER or hospitalisations in prior year
- Tri-morbid (mentally ill+ abusing substances+ medical problem)

Under 25 risk factors:

- Alcohol everyday in past 30
- HIV+/AIDS
- Injection Drug Use

Some summary (and troubling) information about people experiencing homelessness who have done a VI:

- People of Aboriginal cultural identity are significantly over-represented in the street homeless population.
- Over 50 per cent of the total are aged between 36 and 55.
- Almost 40 per cent reported being the recipient of the Disability Support Pension.
- Almost a third of respondents reported a history of foster/institutional care as children.
- A significant majority (over 75 per cent) have been in police cells (watch house) since being homeless.
- Almost half of the respondents reported having been the victim of violent attack since becoming homeless and a third reported having ever had a brain injury.

Using the VI to Prioritise People for Housing and Support
Whilst it is important to acknowledge that all homeless people need to be able to access housing and some will also need ongoing support, the VI helps identify those people who may be at greater risk if they continue to remain chronically homeless.

In Sydney, for example, it was used as a way to identify those people who would initially be offered permanent housing and support at Common Ground Camperdown. Instead of housing people who had more articulate advocates or greater access to resources to help them find housing, the VI was an independent method to ensure those who were in greatest need were offered housing in the first instance.

I’m sure that many of us wish we didn’t have to make these kind of prioritisations – but the hard fact is that we do not yet have enough housing and support options for everyone who needs them in Australia. That is another reason to use the VI information to advocate for this particularly vulnerable group of homeless people.

Conclusion
The VI is a useful tool for local communities to more accurately identify people who are chronically homeless and those that are most at risk. It is essential that the information gathering exercise be matched with follow-up and the intention to source affordable and supportive housing and link respondents with those options. This is currently being done in each region. The VI also serves as a useful advocacy tool to help argue for and source additional housing.

The Australian Common Ground Alliance (ACGA) has been assisting local communities to undertake the VI. Contact the ACGA Chair, Felicity Reynolds – CEO of the Mercy Foundation at executive@mercyfoundation.com.au for more information about the VI or about carrying out the project in your region.