phn
EASTERN MELBOURNE

An Australian Government Initiative

Health Needs Assessment: Homelessness

DECEMBER 2024

Acknowledgement

Eastern Melbourne PHN acknowledges the Wurundjeri people and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present. EMPHN is committed to the healing of Country, working towards equity in health outcomes, and the ongoing journey of reconciliation.

Recognition of lived experience

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them and celebrate their strength and resilience in facing the challenges associated with recovery. We acknowledge the important contribution that they make to the development and delivery of health and community services in our catchment.

Contributors

We acknowledge the generous and invaluable sharing of knowledge from a diverse group of community organisations and healthcare professionals across the Eastern Melbourne catchment. Thank you for your tireless efforts to meet the needs of consumers and patients, and for giving your time to assist with this health needs assessment.

We also acknowledge the generous sharing of knowledge of those with lived experience, whom for privacy reasons cannot be named in this report. Your knowledge, experiences and voices have shaped this health needs assessment.

Stakeholder consultation

1. Beyond Housing
2. Bolton Clarke
3. CHAOS Network
4. Croydon Hills Community Care
5. DPV Health
6. Eastern Affordable Housing Alliance
7. Eastern Carefinder Case Manager
8. Eastern Community Legal Centre
9. Eastern Health
10. Eastern Homelessness Network
11. Eastern Melbourne PHN
12. Eastern Region Care Finder Coordinator
13. Family Access Network
14. General practitioners
15. Haven; Home, Safe
16. healthAbility
17. Holy Fools
18. Launch Housing
19. Ovens; Murray; Goulburn Homelessness Network Coordinators
20. Street Side Medics
21. Uniting VicTas
22. VincentCare Victoria
23. WAYSS
24. Wellways
25. Winter Shelter – Maroondah
26. Wintringham Community Care
27. Women's Health East
28. Women's Housing Ltd.

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About us

The Eastern Melbourne Primary Health Network (EMPHN) is one of 31 PHNs funded by the Australian Government to improve the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes.

PHNs also work towards improving local care coordination to ensure people receive the right care, in the right place, at the right time.

Each PHN regularly undertakes regional health needs assessments, to identify and understand the evolving health challenges and priorities within their community. This involves gathering quantitative and qualitative data to analyse the population's characteristics, their health experiences, and the availability and accessibility of healthcare services. The findings are then synthesised and prioritised to inform local health planning and decision-making.

This HNA assists EMPHN to better understand the health needs of people experiencing or at risk of homelessness across the Eastern Melbourne region.

It draws on the rich expertise of community organisations, healthcare professionals and specialist services, along with the important voices and knowledge of people with lived experience.

The assessment highlights the complex and interconnected barriers to optimal health faced by people experiencing or at risk of homelessness.

Introduction

Grounded in the voices of people with lived experience, this Health Needs Assessment paints a picture of the complex barriers people experiencing homelessness or housing distress face in accessing healthcare.

The insights informing this assessment reflect the willingness of specialist homelessness services and community organisations across Eastern Melbourne to advocate for improved outcomes for their clients.

There is a hopeful urgency in their advocacy.

The healthcare needs of people experiencing homelessness cannot be easily separated from a range of other intersecting needs that directly impact their health.

People experiencing homelessness have generously and often with some difficulty spoken of the barriers they face, which are multifaceted: from economic hardships and housing instability to mental health and substance abuse struggles, and experiences of trauma.

They have shared stories of the day-to-day challenges that come with prioritising daily needs such as food, water and shelter over their healthcare needs - and the compounding impact this has on their overall health.

The health impacts vary across different forms of homelessness, whether rough sleeping, living in temporary shelters or staying in insecure housing. Each situation presents unique challenges, which require tailored healthcare responses.

These life experiences and circumstances create a cycle of poor health outcomes. They also give rise to stigma and shame that can lead to poor experiences when people seek healthcare services. Because of this, people often avoid healthcare until urgent care is needed.

The fragmented nature of services, compounded by issues like housing instability, limited transportation and financial constraints, makes it incredibly difficult for individuals to access and navigate healthcare.

General practitioners (GPs) have also spoken of wanting to provide accessible healthcare to all people, but there are challenges they face in doing this while ensuring practice viability. They share a desire to build long-term, meaningful relationships with patients but acknowledge the difficulty in doing so with people living transient lives.

There has been a richness and depth in the consultations, providing valuable insight into the complexity of navigating and providing healthcare services across the Eastern Melbourne region.

As a result of these consultations, and in-depth data analysis, the assessment highlights an urgent need for coordinated, integrated care.

This care must address the intertwined social determinants of health that impact people experiencing or at risk of homelessness.

The need for outreach services, mobile clinics, and integration between health and social services is paramount.

> “Which came first – the bad health or the housing problem?”
>
> Social Worker

Fostering a more trauma-informed, nonjudgmental approach within healthcare settings can also help build trust and improve engagement with healthcare providers.

Holistic models of care that incorporate housing support, mental health services, and general healthcare while respecting the dignity of people experiencing homelessness, can lead to improved health outcomes.

A snapshot of the EMPHN community

EMPHN is home to **1.6 million residents.**

33% were born overseas.

The population is **growing rapidly**, particularly in the **northern Whittlesea and Mitchell LGAs**.

Murrindindi and Boroondara have the highest proportions of people who **live alone**, and across the catchment **8%** of people live alone.

More than **10,000 First Nations** Peoples live in the region.

Relatively greater **disadvantage** is found in **Whittlesea, Murrindindi and Mitchell**.

More than a quarter (**26%**) of people living in the EMPHN catchment speak a **language other than English** at home; the most common being Chinese (incl. Mandarin and Cantonese), Indo-Aryan (incl. Bengali, Hindi, Punjabi) and Greek.

More than **8,802** people are **experiencing homelessness** across the EMPHN region – with the **highest number** of people in these populations living in the Local Government Areas of **Monash, Whittlesea and Whitehorse**.

Sources: Australian Bureau of Statistics (ABS) – data by region. 2021 census https://dbr.abs.gov.au

Where we work

We work across all or part of the 12 local government areas (LGAs) below.

These LGAs are entirely within EMPHN's catchment:

- City of Banyule
- City of Knox
- City of Monash
- Shire of Nillumbik
- City of Whittlesea
- City of Boroondara
- City of Manningham
- City of Maroondah
- City of Whitehorse

EMPHN's catchment also covers part of:

- Shire of Mitchell (35% of population)
- Shire of Murrindindi (27% of population)
- Shire of Yarra Ranges (portion which falls outside the EMPHN catchment is largely uninhabited national park)

Within the EMPHN catchment

In 2021, almost 9,000 people experienced homelessness (slightly lower than Greater Melbourne). There were high rates of homelessness in the Monash and Whitehorse Local Government Areas. While Whittlesea has a high number of people experiencing homelessness, which is proportional to the total population.

There were 66,998 people living in crowded dwellings. The highest concentrations were in Lalor/Thomastown (5,792), Epping/Wollert (4,545), and Box Hill / Box Hill North (2,920).

Source: ABS Population Census 2021.

Distribution by age group

Source: ABS Census Estimating Homelessness 2021 (OPGP Homelessness Operational Groups; AGE5P Age in Five Year Groups).

The most common form of homelessness within EMPHN is experienced by people living in overcrowded dwellings. Accommodation in boarding houses is also significant (30% of the homeless population).

	EMPHN		Rest of Greater Melbourne	
	Count	% of homeless population	Count	% of homeless population
Persons in other improvised dwellings	4	0.0%	46	0.1%
Persons in other temporary lodgings	266	3.0%	925	2.8%
Persons in supported accommodation for the homeless	1,578	17.9%	4,089	12.6%
Persons living in boarding houses	2,639	29.9%	4,657	14.4%
Persons living in improvised dwellings, tents, or sleeping out	95	1.0%	587	1.8%
Persons living in other crowded dwellings	2,557	29.0%	13,781	42.6%
Persons living in 'severely' crowded dwellings	1,210	13.7%	6,483	20.0%
Persons staying temporarily with other households	388	4.4%	1,158	3.5%
Persons who are marginally housed in caravan parks	65	0.7%	601	1.8%
Total	**8,802**	**100%**	**32,327**	**100%**

Source: ABS Census Estimating Homelessness 2021 (OPGP Homelessness Operational Groups).

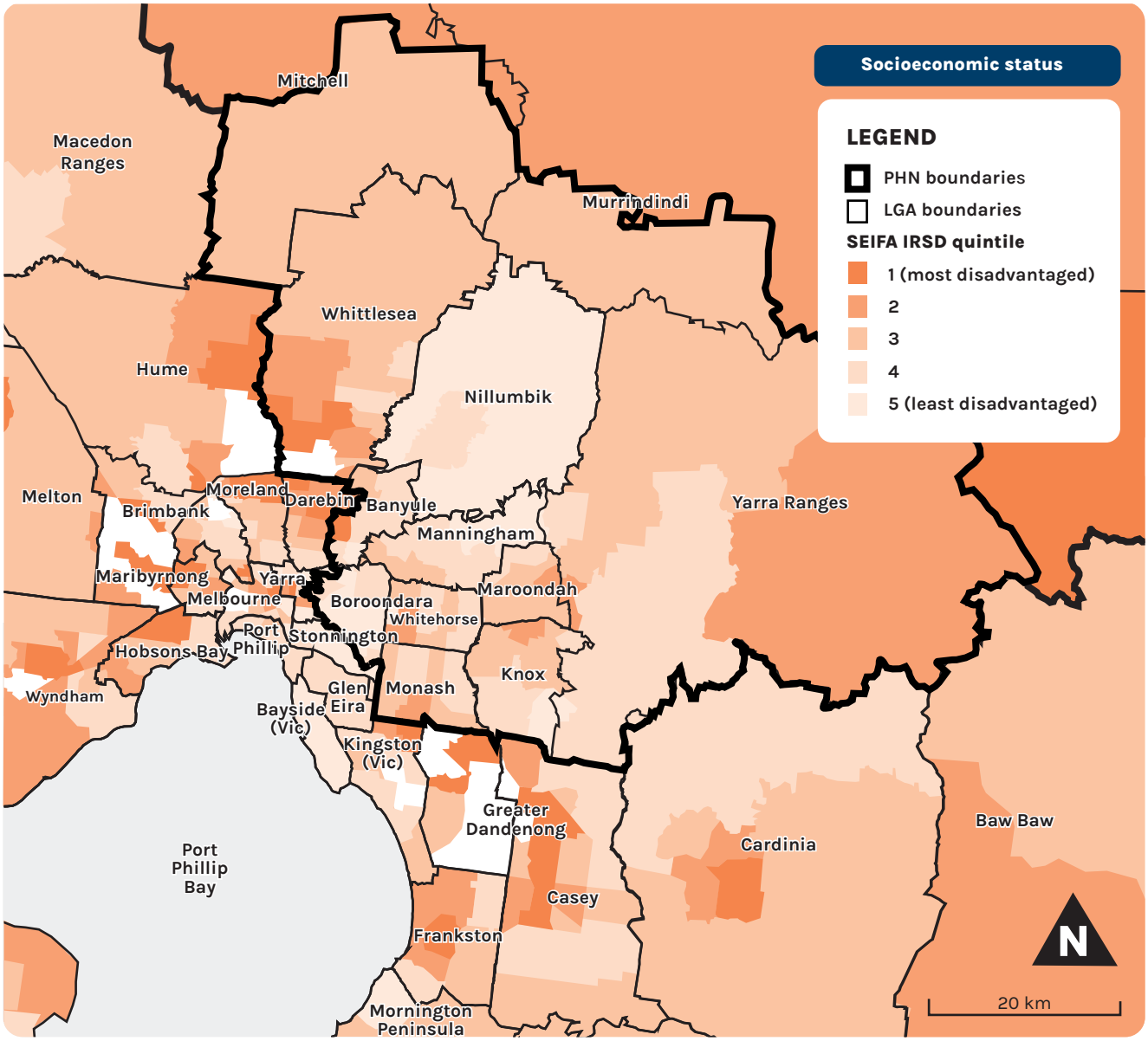
People experiencing homelessness are more likely to be triaged as urgent or emergency when admitted to emergency departments compared with people living in stable housing.

Suicidal thoughts and mental health issues are the leading causes of hospital admissions among people experiencing homelessness.

Source: Victorian Emergency Minimum Dataset (2024).

The Socio-Economic Indexes for Areas (SEIFA) in Australia, draws on Census data to rank areas according to socio-economic advantage and disadvantage. Patterns of disadvantage (based on a several factors including income, education, occupation) vary considerably across the EMPHN catchment, with areas of disadvantage primarily in the north.

SEIFA IRSD scores by SA2, Greater Melbourne, 2021



Source: ABS Socio-Economic Indexes for Areas (SEIFA) Australia 2021 (Index of Relative Socio-economic Disadvantage (IRSD)).

Methodology

We honoured the voices of those with lived experience throughout this Health Needs Assessment.

Extensive stakeholder and community engagement was complemented by data analysis on the regional population and its health service use. This captured the complexity of health needs for people experiencing or at risk of homelessness, and ensured a broad perspective was taken.

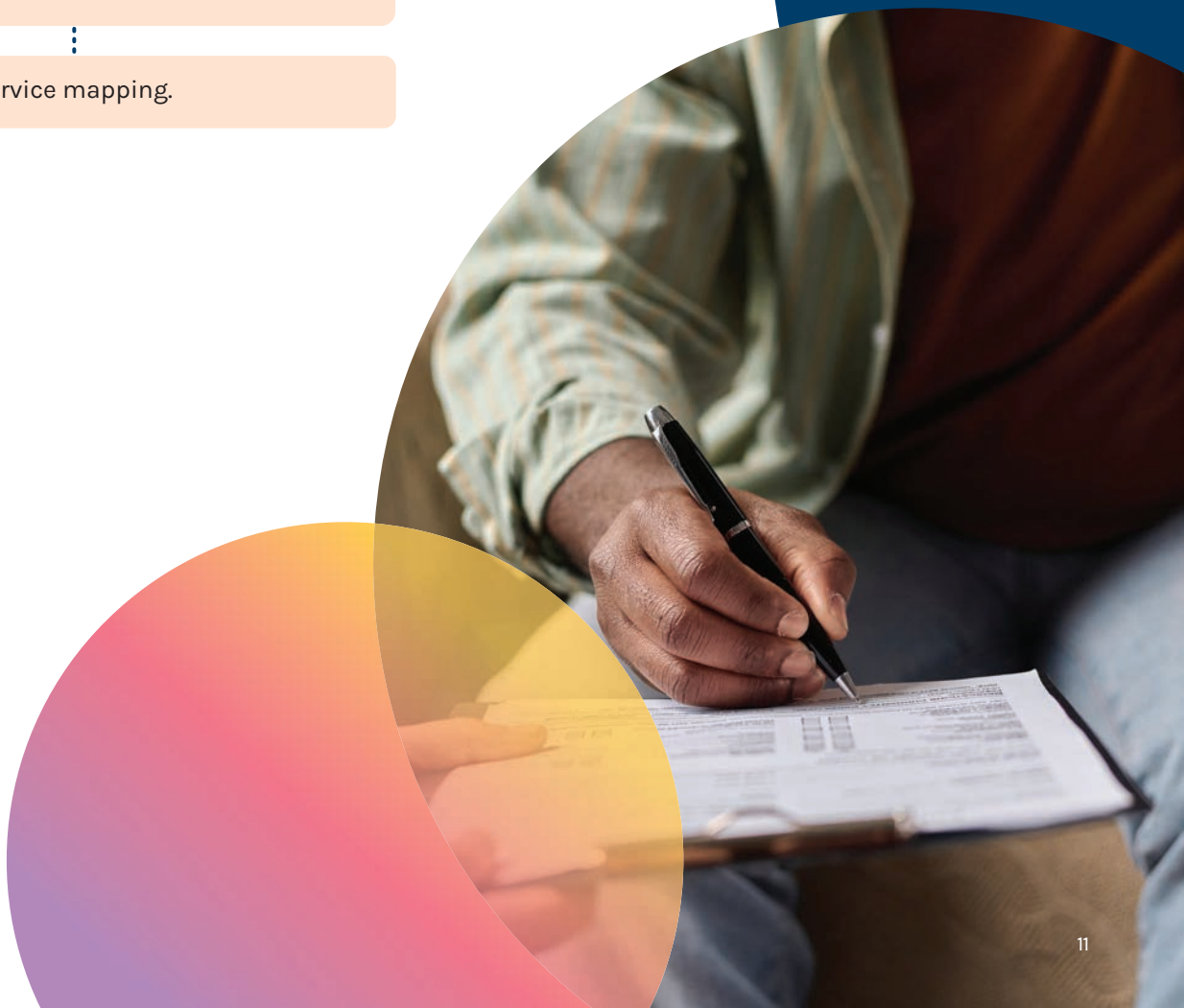
A review of relevant local, state and national literature.

Data analysis and interpretation of all available local, state and national data – including but not limited to ABS Census and Longitudinal data and the Australian Institute of Health and Welfare.

Significant stakeholder engagement with service providers, community organisations and health care professionals.

Extensive consultation with people who have lived experience.

Service mapping.



Literature review

A review of Australian and international literature found poor health and unmet social needs are causes and consequences of homelessness. The United Nations Universal Declaration of Human Rights says all people have the right to a standard of living that supports their health and wellbeing, including access to food, clothing, housing, medical and other social care.[1]

On the night of the 2021 Australian Population and Housing Census, 122,494 people were estimated to be experiencing homelessness across Australia. Of those, 55.9 percent were male and 44.1 percent were female. One in seven people experiencing homelessness were children aged under 12 and almost one in four were children and young people aged between 12 and 24. One in five were Aboriginal and/or Torres Strait Islander.[2]

The ABS notes there is no single definition of homelessness but that it is 'the lack of one or more of the elements that represent home'. A person is considered to be experiencing homelessness if their living arrangements are inadequate, have no tenure or do not allow them space for social relations.[3]

The Australian Homelessness Services Sector commonly uses Mackenzie and Chamberlain's cultural definition of homelessness, which recognises the diversity of homelessness across three levels: tertiary (inadequate housing/housing below community standards), secondary (couch surfing) and primary (rough sleeping).[4]

The sector provides data to the national Specialist Homelessness Services Collection. More than 1,700 Specialist Homelessness Services collect monthly data, capturing how and why people are seeking assistance across Australia. However, it is not a true measure of homelessness, as this data only reflects the number of people presenting at specialist homelessness agencies.

In March, 2024, 95,530 clients received support from Specialist Homelessness Services across Australia. A significant number of people had experienced family and domestic violence, and many were living with mental health issues, substance abuse, or both. This data highlights demand for a range of services, including health and medical care, mental health counselling, drug and alcohol rehabilitation, specialist counselling, psychological therapy, child-specific counselling, and psychiatric care.[5]

1 Universal Declaration of Human Rights | United Nation
2 Estimating Homelessness: Census, 2021 | Australian Bureau of Statistics (abs.gov.au)
3 4922.0 – Information Paper – A Statistical Definition of Homelessness, 2012 (abs.gov.au)
4 About Homelessness – Homelessness Australia
5 Specialist Homelessness Services collection - Australian Institute of Health and Welfare (aihw.gov.au)

Literature review findings

Physical and mental health needs are often not addressed until there is an emergency or crisis, resulting in high presentations by people experiencing homelessness at emergency departments.

People experiencing homelessness experience higher rates of mental illness, often have poor dental and eye health, and podiatry issues.

They are more likely to be exposed to violence, infectious and sexually transmitted diseases and pneumonia.

Many GPs and health professionals recognise there is an increasing need to work with patients navigating complex lives, and mental health is of a growing concern.

Housing stress is the fastest growing cause of homelessness in Australia.

Trauma significantly contributes to homelessness, particularly through family violence, mental health issues, and substance abuse.

There are a number of successful programs focusing on the healthcare of people experiencing homelessness across Australia – models where primary healthcare meets people where they are, when they need it. This includes mobile medical clinics, outreach services and drop-in centres.

Barriers to healthcare

Barriers	Impact on healthcare
Cost	Many people cannot afford medical care. Lack of access to bulk-billing GPs; cost of transport, medication, health assessments, allied health.
Mental health and substance use disorders	Prevalent among people experiencing homelessness and can compromise continuity of care, with missed appointments.
Discharge into homelessness	Patients are often discharged from hospital into homelessness, leading to readmission or deteriorating health outcomes.
Stigma and trust	People experiencing homelessness are often met with judgement or discrimination in health care settings by practitioners and others.
System navigation	A lack of coordination and communication between health and homelessness services can lead to people getting lost in the system. The system itself is also difficult for people with complex lives to navigate.
Transportation	Accessing public transport can be difficult or cost prohibitive – making it hard to attend medical appointments.
Limited time in appointments	Short visits do not allow for assessments of complex health needs.
Competing priorities	People experiencing homelessness are prioritising basic needs such as food, water and a place to sleep over health care.
No fixed address or phone	People with no fixed address or phone may not receive appointment reminders. They are also unable to keep medication secure.
Long wait times	Lengthy wait times for bulk-billing GPs or other specialists such as psychologists and psychiatrists mean some patients become critically unwell, or have left the region where they sought help.

What people experiencing homelessness told us

To understand the health needs of people experiencing homelessness across the EMPHN catchment, we spoke with many people and organisations across Eastern Melbourne.

People with lived experience told us that accessing healthcare remains a significant challenge – and healthcare is secondary to immediate survival needs.

We heard that stigma around mental health and housing instability, along with past negative healthcare experiences, leads to deep mistrust of healthcare providers.

These barriers are compounded by a complicated health system, particularly for people with mental health issues or other complex medical needs.

A lack of stable contact information and housing means many people miss critical appointments, delaying the care they desperately need. Many end up relying on emergency care, further taxing an already overwhelmed system.

Despite these barriers, we heard examples of stable, long-term relationships with healthcare providers – highlighting that these experiences can significantly improve health outcomes for people experiencing homelessness.

A patient-centered approach, with more flexible and accessible services, is essential to meeting the complex and diverse healthcare needs of people experiencing or at risk of homelessness.

Some common themes emerged during our conversations with people with lived experience of homelessness. The following four pages outline shared challenges, barriers and opportunities identified by those we spoke with.

Housing instability and health complications: Housing instability, especially for those living in temporary accommodation like motels, worsens health conditions. Basic needs such as proper storage of food and medication become difficult, which can lead to increased stress and deteriorating health, particularly for those requiring treatments like insulin.

Financial constraints: The high cost of medical services, including mental health care, medication, and specialist treatments, is a critical barrier. Many are forced to make difficult choices between essential needs like food and medication, and the financial burden often leads to avoidance of necessary healthcare.

> “Scripts add up... I often choose between medication or meals.”

Loss of identity documents: Many people experiencing homelessness may not have access to essential identification documents (e.g., Medicare cards), which are necessary to access healthcare. This is compounded by the scarcity of bulk-billing GPs, leading individuals to avoid seeking care, often due to the inability to afford out-of-pocket expenses.

> “Living on the street – haven’t been to a health service in 7 years.”

> “Huge amount of us don’t exist on paper.”

Lack of regular healthcare providers: Not having a fixed address makes it difficult to obtain a healthcare card, and many lack a regular GP. Without a consistent point of contact in the healthcare system, managing ongoing health issues becomes increasingly difficult, with many opting to “tough it out” rather than seek treatment.

Systemic barriers in healthcare access: Many are unaware of the services available to them. The healthcare system’s complexity presents significant barriers. Strict eligibility requirements, extensive referral processes, and a lack of drug and alcohol support for individuals with criminal histories create additional challenges for people trying to access the care they need.

> “I don’t know what services are out there, how am I meant to find out?”

> “GPs should know more about the services available.”

Geographical and logistical barriers: People without transportation face significant challenges in accessing healthcare. For those without a car or access to public transport, traveling to services can be a major obstacle. People often end up seeking emergency care instead.

> “I don’t have a GP.. When things get really bad, I just go to hospital.”

Housing instability exacerbates existing health conditions

> “Living in a motel means I can’t keep my insulin at the right temperature.”

> “Can’t accept much food because motels don’t have freezers.”

Lack of holistic care: Many participants expressed frustration with healthcare providers who offer quick, impersonal consultations rather than comprehensive, holistic care. The lack of time and attention from GPs often leads to feelings of neglect and a further erosion of trust in the healthcare system, particularly for those with complex health needs. People experiencing homelessness also often have complex behavioral problems that are poorly understood by healthcare providers. These issues can create unwelcoming and overwhelming environments in places like general practice and emergency departments, leading to reluctance to seek care. Healthcare providers may not be equipped to handle patients in a heightened emotional state, resulting in missed opportunities for intervention.

> “I end up drinking out the front and getting angry with my situation.”

Overburdened healthcare providers and short appointments: Overcrowded healthcare services lead to rushed appointments, which are especially problematic for people with complex health histories or trauma. The time-constrained interactions fail to address all of a patient's concerns, leading to disengagement from care and unresolved health issues. There is a critical need for more outreach nurses, better education for nurses, and improved service navigation to help individuals connect with appropriate healthcare resources.

> “My GP rushes me now; short appointments after waiting 40 minutes. People with trauma need more time.”

Digital health: People generally reported little to no use of telephone-based or digital health services, due to irregular access to phone credit or data, and little trust in technology. They also raised privacy issues at some sites which could provide digital access points.

> “There's an epidemic of mental health on our streets.”

Healthcare discrimination and bias: Many report being judged or stigmatised by healthcare providers due to their housing status. This bias can manifest in dismissive attitudes, assumptions about substance abuse, or a lack of attention to their complex health needs, including mental health or trauma. The combination of these discriminatory practices and a lack of culturally competent care can discourage people experiencing homelessness from seeking necessary medical attention, exacerbating their health problems and deepening their mistrust of the healthcare system.

> “I hear voices and I talk to people and I can get paranoid and people don't like that, so they escort me out.”

Fear, avoidance and chronic health issues:
Many avoid engaging with healthcare due to fear of diagnosis, exacerbating chronic health issues that require consistent support. The burden of managing multiple health conditions, combined with cognitive challenges, often leads to crisis-driven care.

Mental health services and walk-in support:
Mental health services, especially those that provide no-referral, walk-in support, are lacking. Outreach or co-located mental health support can make a significant difference, yet these services are limited.

> “Suicidal ideation is a critical issue for those at risk of homelessness, or homeless.”

> “More mental health professionals are essential; we are struggling.”

Self-medication and the cycle of substance use:
Many individuals use substances to cope with mental health issues, pain, or trauma. This self-medication creates a cycle of dependency, which can lead to further health complications.

> “I can’t look after my mental health properly… I drink to forget the pain, and I can’t stop drinking, and it’s ruining me.”

Desire for GPs that listen, don’t judge, and don’t cost

> “I want no judgement when I go see a doctor.”

> “(We want) good doctors: he listens, he cares, he’s not judgmental, he understands you.”

> “I’ve had the same doctor for 26 years; she’s fantastic… always fits me in, bulk-bills.”

Lack of access to allied health care: Many allied health services, including dental care, are not covered by Medicare or are not bulk-billed, making them unaffordable for those already struggling with poverty. Additionally, the stigma and discrimination faced by people experiencing homelessness can deter them from seeking help, due to a fear of judgement or a lack of understanding from healthcare providers. The absence of a fixed address, a regular GP, or consistent healthcare management further complicates access to these services, leaving many people without the allied care they need to improve their health and quality of life.

Inadequate coordination and system gaps: Fragmented systems of care result in individuals "slipping through the cracks," moving between services without adequate support. People experiencing homelessness often move between encounters with police, EDs, and life on the streets, without receiving any meaningful intervention.

Cultural and linguistic barriers: Refugees and individuals from multicultural backgrounds face additional barriers in accessing healthcare due to language and cultural differences. Participants reported feeling isolated and misrepresented within the health system.

> "Culturally, we are not encouraged to speak about mental health."

> "The language barrier makes it difficult to explain my pain."

> "I don't understand medical terms; it's overwhelming."

Impact of violence and trauma: People experiencing homelessness spoke of violence being a recurrent theme. This includes family violence, which has long-lasting effects on physical and mental health, with few resources readily available to address the underlying trauma.

> "We've both been through so much violence... it affects everything about our lives."

Inadequate primary health services and suburban gaps: There is a notable lack of homelessness-friendly healthcare services in suburban areas compared to the inner-city. Many people in need of healthcare are left without accessible services.

What specialist homelessness services and other agencies told us

Lack of youth-friendly services: There is a significant shortage of youth-friendly GPs making it particularly difficult for young people, including young mothers, LGBTIQA+ youth, and neurodiverse individuals, to access appropriate healthcare. The absence of specialised care tailored to their needs exacerbates health disparities among these groups.

Mental health challenges and stigma: Mental health is a major barrier. Previous negative healthcare experiences, such as being denied care or misdiagnosed, also create distrust in the system.

Impact of long wait times and lack of flexibility in the system: The prolonged wait times for essential services, particularly for people experiencing homelessness, often lead to deterioration in their health. The transient nature of homelessness means many individuals are no longer in the system by the time their appointments arrive. Specialist homelessness services call for greater flexibility and prioritisation, such as fast-tracking individuals to mental health and allied health services, to address the urgent needs of people experiencing homelessness.

Navigational complexities: The healthcare system is hard to navigate, particularly for people who do not have support. This is particularly problematic for young people and those facing multiple intersecting issues, such as homelessness, mental health, or addiction.

Specialist care access issues: Long wait times for specialist care, including mental health assessments, dental, optical, and other health services, create significant delays in care. People experiencing homelessness are especially vulnerable to "falling through the cracks" of the healthcare system due to missed appointments, lack of documentation, or inconsistent contact details.

Economic and resource constraints: People at risk of homelessness often face difficult decisions between paying for healthcare or prioritising housing. For example, people may choose to forgo health assessments for themselves in order to provide care for their children or meet urgent housing needs. The high cost of mental health services, dental, optical, and other specialist care, particularly when not covered by Medicare, is a major barrier.

Logistical barriers: Geographic and logistical challenges, such as long travel times and lack of transportation, make it difficult for people experiencing homelessness to access healthcare services, particularly in rural areas. Inconsistent access due to transient living conditions and a lack of continuity in care also complicates the diagnosis and treatment of health conditions.

The insights gathered to inform this Health Needs Assessment reflect the willingness of specialist homelessness services and community organisations across Eastern Melbourne to advocate for improved outcomes for their clients. There is a hopeful urgency in their advocacy.

What specialist homelessness services and other agencies say is working across Eastern Melbourne

Community organisations and specialist homelessness services have expressed that while staff are exhausted and demand is the '***worst we've ever seen***', there are initiatives and aspects of the healthcare system which are working well for people experiencing or at risk of homelessness.

> "What would good look like? Safe spaces, from reception through to practitioner; bulk billing; no judgement; no stigma; listen to where they're at. Not so many separate systems – i.e. family violence and homelessness. More counselling or mental health assessments."

> "For people in these communities, there is shame and stigma seeing a GP – they're often worried about what others in the waiting room think of what they look or smell like. One GP goes out into the car park to see patients if they feel this way."

Community health support: Community health services, such as allied health and dental outreach programs, have been helpful. These services reach out to groups in need, providing essential healthcare to young people, rough sleepers, and other vulnerable populations. This outreach makes a significant difference, especially for those who might otherwise be unable to access care.

Collaboration with homelessness services: Partnerships between healthcare providers and homelessness services ensure that rough sleepers and individuals at risk of homelessness receive essential health services. These collaborations help integrate healthcare with social support systems, improving outcomes for people who are often disconnected from the system.

Focus on holistic and preventive care: The importance of holistic care, addressing not just immediate health concerns but also social determinants of health. For example, Bolton Clarke's community health nurses work with homelessness organisations to treat both physical and mental health issues, linking individuals to broader health services like Hepatitis C clinics and diabetes management.

Brokerage for urgent medical needs: Some agencies use brokerage funds to help clients access urgent medical services, and devices such as glasses, hearing aids, and dental care. This financial support helps fill gaps when public healthcare services are overburdened or inaccessible, ensuring that individuals receive necessary care in a timely manner.

What we heard from GPs and other healthcare practitioners

General practitioners and other healthcare professionals have spoken of their commitment to providing accessible healthcare to people within these communities. They share a desire to build long-term, meaningful relationships with patients but acknowledge the difficulty in doing so with people living transient lives.

> "There are times when we have discharged patients without a fixed abode – homelessness is a serious issue."

> "PHN-commissioned services do not see a lot of our patient referrals as they are deemed too complex."

Due to the transient nature of the community, GPs spoke of not being able to build long term relationships with patients and may only see them once or twice.

Another ongoing issue for the general practice and GPs is the lack of contactable points for these patients, who mostly do not have a regular address and for whom phone contact is limited or non-existent. GPs would like to be trained in addressing social determinants of health and working closely with organisations that provide housing services.

Across the EMPHN catchment, there is a genuine concern shared by service providers for people experiencing or at risk of homelessness. Staff are overwhelmed by demand and increasingly complex cases, noting the system is under increasing pressure complicated by the rising cost of living, unemployment and a lack of affordable housing.

While GPs and health services are challenged by the competing demands of service viability versus health equity, those consulted for this health needs assessment all expressed concern for people experiencing homelessness or housing distress.

Medical teams share a desire to improve access to healthcare for people within these cohorts.

Across the EMPHN catchment, GPs report they are:

- Working in tandem with social worker teams and hospital teams to find short-term accommodation solutions for homeless patients, ensuring they're not discharged without a safe place to go.
- Providing essential healthcare services, but also offering psychosocial support to reduce the emotional strain that comes with homelessness.
- Leveraging connections with local housing and community health organisations, enabling them to refer patients to emergency housing situations and facilities and fostering a better lifestyle for them.
- Partnering with mental health outreach services to address mental health issues.
- Providing care to those who are unable to afford appointments.
- Aware of the importance of building and maintaining trust, rapport and open communication, and working with new or existing support workers.

> "Shared housing is a large cohort of patients seen in the clinic. This is an ongoing challenge and patients are quite open to share their experiences with the GP."

How GPs across Eastern Melbourne are trying to improve healthcare for people experiencing homelessness

> Our GPs also provide support to patients living in shared housing, and those who can't afford appointments by bulk billing the consultations. Our way of providing local support services and community linkages are referring them to resources like Front Yard.

> I have seen many patients who live out of their car or do not have a fixed address. In almost all of these situations they are experiencing mental health issues. DV is an issue. AOD is an issue.
>
> 1 out of 5 patients are experiencing homelessness. We try to meet their health needs first and then offer psychosocial support.

> EMPHN has been helpful and I look for resources through their website and HealthPathways.
>
> Stepped care model within EMPHN is used very often within our practice.

> We go beyond just healthcare services and strive to fight homelessness and its associated hardships in our community.

> For those at risk, our GPs take a detailed social history, seeking support from case managers and social workers, leading one-on-one interventions, and enrolling patients in local programs such as Orange Sky, Vinnies, Launch, and other government-funded initiatives.

> It is always very tough to feel that I have done a good job when seeing these patient groups as we want to do more but are limited to the time we get to spend with them. Many times, we only get to see them once or twice because they are a transient patient group that move around a lot and there is no way for us to contact them and embed them into our practice. Our team is well trained from reception through to nursing and GP teams and this makes it inviting for them to come in a safe manner. I think we see a lot of these patients due to word of mouth and they share their experience with others who then come to see us in our practice.

Recommendations

Core principles

Healthcare for people experiencing homelessness must be grounded in a trauma-informed, non-stigmatising approach that recognises and addresses the whole person, including their immediate survival needs. It is essential to provide care that acknowledges the complex challenges they face, including unstable housing, financial barriers, and histories of trauma.

A holistic, integrated approach that combines medical, mental health, and social care is key to meeting their needs. Building trust through consistent, compassionate, and non-judgmental care helps individuals feel safe and supported in engaging with the healthcare system. By creating an empathetic and coordinated healthcare environment, we can help improve health outcomes and provide the dignity and support that individuals experiencing homelessness deserve.

The following recommendations emphasise a 'Housing First' approach, affordable healthcare, expanding outreach services, and advocating for systemic changes.

Housing First

Stable housing is a foundational determinant of health. It directly influences an individual's ability to manage physical and mental health conditions, engage with healthcare providers, and maintain continuity of care.

The international Housing First model stresses the importance of coordination between housing and healthcare services. By co-locating healthcare providers alongside homelessness services, individuals can access both housing and health support in a seamless, integrated manner. This collaboration ensures people are not only housed but also able to manage their health effectively, ultimately resulting in improved outcomes and cost savings for the healthcare system.

Secure housing means there is a safe, stable environment where individuals can focus on their health and not their basic survival needs, such as food, water and shelter.

Providing stable housing leads to improved health outcomes by allowing people to establish routines, attend medical appointments, and engage with healthcare providers. This continuity of care is essential for managing chronic conditions and preventing emergencies.

When people are housed, they are more likely to stay on track with treatments, medications, and regular check-ups, leading to better long-term health outcomes. This also helps reduce the reliance on emergency healthcare services, lowering hospital admissions and reducing the overall cost burden on the healthcare system.

By ensuring all people have stable housing, we create a foundation for better health, stronger engagement with healthcare providers, and improved overall well-being.

Remove financial barriers to accessing healthcare

- Provide access to GPs, other medical specialists, and allied health services who bulk-bill or are free.
- Provide access to brokerage funds for urgent care needs and other barriers such as medication, allied healthcare, affordable transportation and communication services.

Flexible and inclusive primary care models

- Co-locate healthcare services with specialist homelessness services.
- Expand outreach services through a multidisciplinary approach including GPs, allied health, dental health and mental health.
- Fund mobile street clinics that provide free, accessible health care.
- Promote health screening and health checks in places at which people experiencing homelessness are likely to go.

Pathways to mental health services

- Integrate access to mental health services as part of routine primary health care.
- Provide onsite mental health support in partnership with mental health outreach services.
- Fast track access to mental health care for people in crisis, and maintain follow-up care.
- Consider a support stream for homeless men that are not connected to the primary health system.

Promote safe and welcoming healthcare environments

- Provide safe and private spaces in waiting areas and for primary and other healthcare consultations.
- Create welcoming environments so people feel respected and engaged.
- Train clinical and reception staff to interact sensitively, avoid stigma and de-escalate tensions.
- Train healthcare providers, particularly GPs, in trauma-informed, culturally-sensitive care.

Communicate health information differently

- Provide information and recalls/reminders in places where people experiencing homelessness gather and live.
- Consider place-based methods that work, including drop-in / outreach health services.
- Leverage existing support networks to communicate, providing health promotion, mental health, trauma-informed practice and other training if necessary.

Develop workforce capability and organisational capacity to address holistic health and social need

- Fund and grow the capacity of the social services and health workforce.
- Consider developing the capability of general practice and Urgent Care Centres to provide accessible, welcoming environments for people experiencing homelessness, and to provide access to wrap-around social services.
- Integrate roles focused on social determinants into general practice e.g. social workers.

The opportunity

The complex interplay of social, economic, and health factors significantly impacts the lives of people experiencing homelessness.

To improve the health outcomes and broader social needs of people experiencing homelessness, we need to prioritise affordable, accessible services across the healthcare system. This includes primary, dental, allied and mental health services.

This Health Needs Assessment identifies opportunities for a comprehensive approach to improving healthcare access for people experiencing homelessness in Eastern Melbourne.

Innovative, place-based strategies such as mobile clinics, outreach programs and community based healthcare services in trusted settings can take healthcare directly to people in the community. These services help to reduce barriers such as transport, cost and scheduled appointments.

These settings should also consider the broader needs of people experiencing homelessness, providing the support of wrap-around services such as pharmacists, social workers, housing services and other social service organisations.

Community settings such as night shelters or community meals, are ideal locations for health promotion initiatives and preventative health checks.

Providing trauma-informed care in healthcare settings can lead to better outcomes for people with complex trauma histories. Training healthcare providers to offer empathetic, non-judgmental care, fosters more welcoming and supportive environments – which can encourage people to seek help and improve their engagement with services.

Limitations

This Health Needs Assessment was limited by gaps in data collection methods, ethical considerations, and a lack of comprehensive literature on effective interventions.

The 2021 Census data on homelessness was affected by the COVID-19 pandemic, which created temporary housing solutions and lockdowns that may not accurately represent typical patterns of homelessness.

Traditional data collection, such as the Census, potentially missed individuals at risk of homelessness or those not accessing homeless services due to barriers like mistrust or lack of awareness, and thus not being recorded.

The transient nature of homelessness and ethical concerns about informed consent during consultations make it difficult to gather complete, accurate data on the full scope of the issue.

While there is evidence of successful models of health service delivery in other metropolitan areas, local evaluations and successful strategies for healthcare needs specific to homelessness remain largely unpublished. These gaps in data and literature make it difficult to assess the true scale of homelessness in the region and to identify the most effective responses. Addressing these limitations requires more inclusive and coordinated data collection efforts, greater engagement with service providers, and the dissemination of local success stories to inform future strategies.

phn
EASTERN MELBOURNE

An Australian Government Initiative

E: info@emphn.org.au
P: (03) 9046 0300

emphn.org.au