Joint Regional Health Needs Assessment

Homelessness

phn DARLING DOWNS AND WEST MORETON
An Australian Government Initiative

Darling Downs Health

West Moreton Health

We acknowledge Aboriginal and Torres Strait Islander peoples as the Custodians of this land, the Jagera, Giabal and Jarowair People of the Wakka Wakka nation. We pay our respect to Elders past, present and emerging, and commit to a future with reconciliation and renewal at its heart.

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Acronyms

ABS – Australian Bureau of Statistics

AI – Artificial Intelligence

AIHW – Australian Institute of Health and Welfare

AOD – Alcohol and Other Drugs

CNOS – Canadian National Occupancy Standard

CRAICCHS – Cherbourg Regional Aboriginal and Islander Community Controlled Health Services

DD – Darling Downs

DDH – Darling Downs Health

DDWMPHN – Darling Downs West Moreton Primary Health Network

DFV – Domestic and Family Violence

ED – Emergency Department

GPs – General Practitioners

HHS – Hospital and Health Service

HNA – Health Needs Assessment

KTD – Kitchen table discussions are a method of consumer engagement and form part of the PHN's TALK ABOUT program

LGA – Local Government Area

LGBTQIA+ Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual

NGO – Non-government Organisation

PHA – Population Health Area

PHC – Primary Health Care

PHIDU – Public Health Information Development Unit, Torrens University

PHN – Primary Health Network

QPS – Queensland Police Service

RACGP – Royal Australian College of General Practitioners

SA2 – Statistical Areas Level 2

SETS – Settlement Engagement and Transition Support

SHS – Specialist Homelessness Services

SHSC – Specialist Homelessness Services Collection

SUSO – Stand Up, Step Out

UCC – Urgent Care Clinic

WM - West Moreton

WMH – West Moreton Health

YWCA – Young Women's Christian Association

Introduction

Homelessness (including people who are at risk of or experiencing homelessness) is a major concern in Australia. The highest prevalence of people experiencing homelessness in our region are in Ipswich, Toowoomba and Lockyer Valley.

Homelessness can have serious effects on a person's mental and physical health, their security, and their safety, and they find it hard to participate in society.

Certain groups are more likely to experience homelessness, including:

- young people
- LGBTQIA+
- Aboriginal and Torres Strait Islander peoples
- people born overseas
- people leaving prison.

While men are more likely to experience homelessness, the rates of women experiencing homelessness is also increasing. Also, more women seek help for family, domestic and sexual violence reasons, placing them in the category of being at risk of homelessness.

Despite the rising rate of homelessness, it is an area which we are learning more about in terms of its intersection with the healthcare system.

As partners, Darling Downs Health, West Moreton Health and Darling Downs and West Moreton PHN, we have embarked on a journey to better understand and address the unique health needs of our communities. This is one of the first Regional Health Needs Assessment reports produced jointly in collaboration between Darling Downs Health, West Moreton Health and Darling Downs and West Moreton PHN.

This *Joint Regional Health Needs Assessment: Homelessness* provides us with a baseline understanding of the needs and concerns facing this group in our community to use as the basis to enhance our healthcare planning and service provision to better support them.

We will be using this document to improve and increase our understanding about:

- primary care access (ie. seeing a GP, pharmacist or allied health professional) for people experiencing homelessness and those at risk of homelessness
- the efficiency and effectiveness of primary healthcare services for people experiencing homelessness and those at risk of homelessness
- what required planning, coordination, and support is needed for primary healthcare services to better support those experiencing or at risk of homelessness.

We hope that other agencies and organisations, both within and outside of the healthcare system, might also learn and benefit from its findings.

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1. Executive summary

About the joint regional Health Needs Assessments

Darling Downs and West Moreton PHN (PHN), West Moreton Health (WMH) and Darling Downs Health (DDH) partnered to develop this Joint Regional Health Needs Assessment (HNA), which represents the primary health care needs and interests of people across the region who are at risk of or experiencing homelessness.

The HNA aims to identify service gaps and key issues, as well as establishing joint regional priorities.

Methodology

The HNA was completed through the implementation of an evidence-based methodology for understanding need and determining priorities. The process was conducted according to the PHN Program Needs Assessment Policy Guide[1] and considered needs from multiple perspectives as outlined in Bradshaw's Taxonomy of Need[2].

A working group and steering committee consisting of members from the PHN, WMH and DDH were established to oversee the delivery of the HNA. These groups met regularly throughout the project, with increased frequently during the project set up period.

The Darling Downs and West Moreton Region

In 2022, the total population of the Darling Downs and West Moreton region was estimated to be 606,588[3]. The region is one of the fastest growing areas in Australia and predicted to grow by 20% by 2030.

The responsibility for provision of health care and health services in the region is shared between the PHN, DDH and WMH. Aboriginal Community Controlled Health Organisations in the region include Carbal Medical Services, Cherbourg Regional Aboriginal and Islander Community Controlled Health Services (CRAICCHS), Goolburri Health Advancement Corporation, Goondir Health Services and Kambu Aboriginal and Torres Strait Islander Corporation for Health.

The region covers 99,000 km^2 and spans 12 local government areas (LGAs). The major communities in the region are Ipswich and Toowoomba, plus the surrounding communities located in the Lockyer Valley, Scenic Rim, Somerset, South Burnett, Cherbourg, Southern Downs, Goondiwindi and Western Downs. The region also includes communities located in the Banana Shire and Brisbane.

[1] Australian Government. (2021). PHN Program Needs Assessment Policy Guide. Department of Health and Aged Care. https://www.health.gov.au/resources/publications/primary-health-networks-phns-needs-assessment-policy-guide?language=en

[2] Bradshaw, J. R. (1972). The taxonomy of social need. In R. Cookson, R. Sainsbury, & C. Glendinning (Eds.), (2013), *Jonathon Bradshaw on social policy: Selected writings 1972–2011*. York: University of York.

[3] PHIDU (2023). Social Health Atlas of Australia 2023. Based on ABS 3235.0 Population by Age and Sex, Regions of Australia, 30 June 2022.

Communities at risk of or who are experiencing homelessness

In 2021, the **age-standardised ratio of homelessness per 10,000 people** was 42.7 in the region (compared to 43.2 across Queensland).[4]

The number of people experiencing homelessness is highest in the following Local Government Areas (LGAs):

- Ipswich (995 people or 41.4 per 10,000 people)
- Toowoomba (878 or 51.9 per 10,000 people)
- Lockyer Valley (152 or 37.8 per 10,000 people).

People living in crowded dwellings are most likely to live in:

- Ipswich (14,644 people or 6.8% of those living in Ipswich)
- Toowoomba (8,690 people or 5.5% of those living in Toowoomba)
- Lockyer Valley (2,574 people or 6.8% of those living in Lockyer Valley)
- Cherbourg (1,117 people or 34% of those living in Cherbourg).

There were 19.9 people per 10,000 living in severely crowded dwellings, compared to 16.6 across Queensland.

Of people experiencing homelessness in the region, 48% were under the age of 20, compared to 37% across Queensland.

In 2022, 22% of dwellings in the region were **receiving rent assistance from the Australian Government** compared to 19% of people living in Queensland).[5]

Of dwellings occupied by Aboriginal and Torres Strait Islander peoples, 32% were receiving rent assistance from the Australian Government compared to 28% of Aboriginal and Torres Strait Islander peoples living across Queensland.[6]

People receiving rent assistance were most likely to live in:

- Ipswich (20,723 people or 26.5% of those living in Ipswich)
- Toowoomba (13,155 people or 20.3% of those living in Toowoomba)
- Southern Downs (2,859 people or 20.4% of people living in Southern Downs).

Health needs across the region

Stakeholders and consumers identify the key need of people at risk of or experiencing homelessness across the region is **access to affordable health care**. The barriers that consumers reported experiencing when accessing health care included:

- long wait times
- affordability

[4] Public Health Information Development Unit (PHIDU), Torrens University Australia. Social Health Atlas of Australia. Data by Primary Health Network (PHN)/Population Health Area (PHA). Release date: December 2023.
[5] Public Health Information Development Unit (PHIDU), Torrens University Australia. Social Health Atlas of Australia. Data by Primary Health Network (PHN)/Population Health Area (PHA). Release date: December 2023.
[6] Public Health Information Development Unit (PHIDU), Torrens University Australia. Social Health Atlas of Australia. Data by Primary Health Network (PHN)/Population Health Area (PHA). Release date: December 2023.

- the use of technical language.

These barriers to accessing health care within the region underpin the following health needs identified by stakeholders, consumers and the literature:

- mental health concerns such as complex trauma, alcohol and other drug (AOD) use, mental health concerns related to risk factors other than trauma, undiagnosed mental health concerns and intellectual disability
- physical and preventative health matters such as infections, immunisations, vaccinations, contraception, hygiene, nutrition, competing needs and priorities aligned with the social and cultural determinants of health
- health system literacy such as not understanding how to make an appointment or where to attend it, no identification or certification.

Service needs

The key service needs suggested by stakeholders, consumers and the literature include better coordination of support services reflecting the need for:

- better coordination between health and social services to bridge referral gaps
- additional resourcing that facilitates client-centred support to better attend to client needs
- recreational activities that foster connection and belonging
- better access to health care in rural and remote areas
- awareness of available health services.

Strengths and challenges

What is working well

A number of system strengths were identified by stakeholders. These included:

- the Toowoomba Housing Hub which offers co-location and in-reach services
- care coordination, especially in the larger hubs of Ipswich and Toowoomba
- client-centred care models when appropriately resourced
- homelessness services that employ health workers to meet the needs of homeless communities
- homelessness services and resources that support system navigation.

What could be better

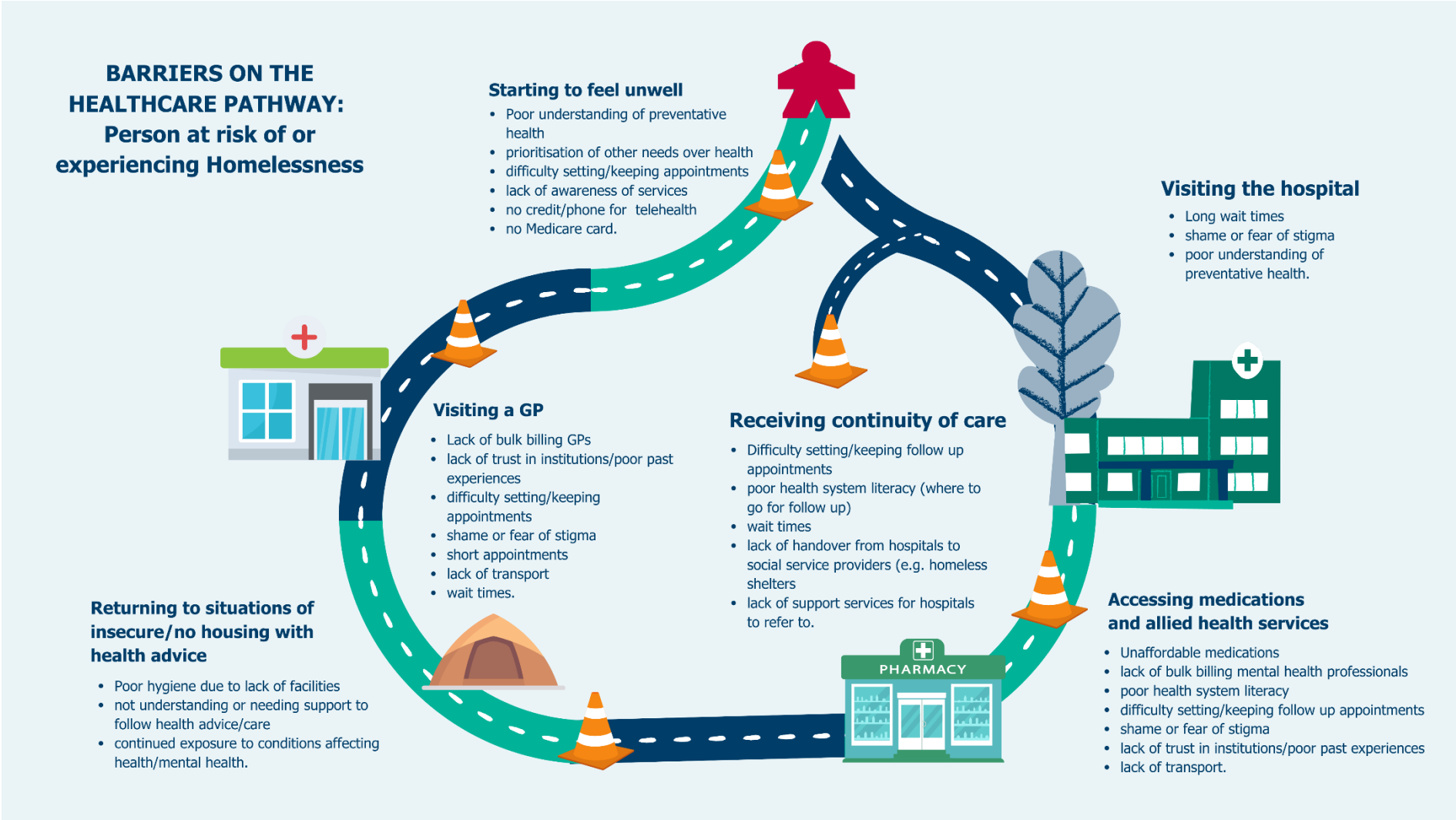
The literature, consumers and stakeholders identified a range of ways things could be improved so that people experiencing homelessness can better access health care. They include:

- provision of trauma-informed care
- better access to housing and daily essentials to enable people to prioritise health needs
- a connected service system that supports warm referrals between services
- a more sustainable workforce with better capacity to support the community
- addressing digital health challenges

- culturally appropriate practices.

The barriers that stakeholders told us about on the pathway to receiving health care are summarised in Figure 1.

Figure 1: Barriers on the healthcare pathway



Opportunities and priorities

Potential focus areas

The potential opportunities the region could focus on to address the health needs and service gaps of people at risk of or experiencing homelessness are described below. Stakeholders participating in the consultations were invited to a workshop and online meeting to prioritise the opportunities for the region. An overview of the priorities identified through this process is described in Table 1.

Table 1: Opportunities and relevance across the region

Opportunity	Relevant region
Investigate opportunities to provide a multidisciplinary homelessness health outreach team to provide assessment and intervention services to support people with mental health concerns, AOD concerns and physical health and to facilitate access to appropriate housing and social supports.	Relevant across the region **– stakeholders considered this a high priority across the region**
Increase outreach workers and mobile health services focusing on the Ipswich region, but also consider youth homelessness in Western Downs, Somerset and Ipswich	**Stakeholders considered this a high priority, with the possibility of expanding the concept to across the region**
Increase the number of transport options	Relevant across the region **– stakeholders considered this a high priority across the region**
Increase trauma informed and culturally appropriate services so clients feel safer engaging with services	Relevant across the region **– stakeholders considered this a high priority across the region**
Promote models of care that link the system (service hubs and link workers) learning about what works from services within Toowoomba	Relevant across the region – with a focus on Ipswich and Toowoomba
Leverage existing service providers in the community	Relevant across the region – with a focus on Ipswich and Toowoomba
Coordinate with Queensland Health and the Queensland Police Service to increase communication with these stakeholders and other service providers to improve the speed and quality of care for clients	Relevant across the region – with a focus on Ipswich and Toowoomba
Build capability and capacity in the workforce so care can be conducted using best practice, client-centred principles, including funding to support outreach and longer appointments	Relevant across the region

2. Health Needs Analysis

People at risk of or experiencing homelessness

People at risk of or experiencing homelessness are often the most socially and economically disadvantaged people in Australia. Homelessness can occur for many reasons including financial stress, whether a person is working, has an experience of family and domestic violence, ill health (including mental health), disability, contact with the criminal justice system, trauma and substance misuse.[7,8] Lack of adequate income and limited access to affordable and available housing also contribute to risk of homelessness.[9,10]

Homelessness refers to a situation where an individual does not have suitable accommodation alternatives and their current living arrangement:

- is in a dwelling that is inadequate; or
- has no tenure, or their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations.[11]

This definition adopts an Anglo American and European interpretation of 'home', which includes a sense of security, stability, privacy, safety and the ability to control living space.[12] This definition of homelessness was introduced by the Australian Bureau of Statistics in 2012 and aims to provide a consistent measure of homelessness.[13]

Nonetheless, it remains difficult to accurately measure the extent of homelessness in a region.[14] Many people are not recorded in official data collections, for example those that sleep in their car or couch surf. Seasonal fluctuations and transient populations also impact data collection resulting in either under counting, or double counting.[15]

A regional overview is presented in this chapter. For more details, please see Appendix 1.

Table 2 describes the rate of homelessness in the region compared to Queensland overall. The region has a similar homelessness rate to Queensland overall. In 2021, the age-standardised

[7] Fitzpatrick, S., Bramley, G. and Johnsen, S. (2013). Pathways into multiple exclusion homelessness in seven UK cities. Urban Studies 50 (1). https://journals.sagepub.com/doi/10.1177/0042098012452329
[8] Homelessness Australia (2023). Homelessness facts 2023. https://homelessnessaustralia.org.au/wp-content/uploads/2023/07/Homelessness-fact-sheet-2023-1.pdf
[9] Johnson, G., Scutella, R., Tseng, Y. and Wood, G. (2015). Entries and exits from homelessness: a dynamic analysis of the relationship between structural conditions and individual characteristics. AHURI Final Report No. 248. Australian Housing and Urban Research Institute Limited, Melbourne. www.ahuri.edu.au/research/final-reports/248
[10] Wood, G., Batterham, D., Cigdem, M. and Mallet, S. (2015). The structural drivers of homelessness in Australia 2001–11. AHURI Final Report No. 238. Australian Housing and Urban Research Institute Limited, Melbourne. www.ahuri.edu.au/research/final-reports/238
[11] www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4922.0Main%20Features22012?opendocument&tabname=Summary&prodno=4922.0&issue=2012&num=&view=
[12] https://homelessnessaustralia.org.au/about-homelessness
[13] www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4922.0Main%20Features22012?opendocument&tabname=Summary&prodno=4922.0&issue=2012&num=&view=
[14] www.abs.gov.au/ausstats/abs@.nsf/0/0E153AE549833768CA2578DF00228CBA?opendocumen
[15] Cordray, D.S. and Pion, G.M. (1991). What's behind the numbers? Definitional issues in counting the homeless. Housing Policy Debate, 2(3), pp. 585–616.

ratio of homelessness per 10,000 people in the region was 42.7 compared to 43.2 across Queensland.[16]

The number of people experiencing homelessness is highest in:

- Ipswich (995 people or 41.4 per 10,000 people)
- Toowoomba (878 or 51.9 per 10,000 people)
- Lockyer Valley (152 or 37.8 per 10,000 people.

The homelessness rate is especially high in specific Population Health Areas (PHAs),[17] for example Ipswich – Central/North Ipswich – Tivoli (141.6 per 10,000 people) and Drayton – Harristown/Toowoomba – Central (91.2 per 10,000 people). See Appendix 1 for the 10 PHAs in which the homelessness rate is highest.

Table 2 Homelessness rate in the region compared to Queensland overall, 2021

	DDWM	Queensland
People experiencing homelessness	2,546	22,444
Age-standardised ratio per 10,000	42.7	43.2
Standardised ratio per 10,000 people	89	90

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/PHA. Release date: December 2023.

Table 3 describes the rate of people at risk of or experiencing homelessness in the region by age for people accessing specialist homelessness services compared to Queensland.[18] The region had a **higher proportion of younger people at risk of or experiencing homelessness** relative to Queensland overall. In 2021, 48% of people at risk of or experiencing homelessness were under the age of 20 compared to 37% across Queensland. The proportion of homelessness among those under the age of 20 was highest in:

- Western Downs (66% of the people who were homeless in the region)
- Ipswich (53% of the people who were homeless in the region)
- Scenic Rim (51% of the people who were homeless in the region).

The high rates of children (aged 0–19 years) experiencing homelessness is likely reflective of homelessness and housing insecurity experienced by families. Recent research indicates that high proportions of people seeking support from Specialist Homelessness Services (SHS) were in a family.[19] Although the proportion of people aged over 60 years who are at risk of or experiencing homelessness is lower in the region compared to Queensland overall (3% in the

[16] PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/PHA. Release date: December 2023.
[17] PHAs are based on the Statistical Areas Level 2 (SA2), ABS Australian Statistical Geography Standard (ABS ASGS) 2021. PHIDU developed a set of areas (PHAs), which comprise individual (larger) SA2s, or aggregations of (smaller) SA2s. See PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN)/PHA for more information.
[18] 'Not stated' responses are also included.
[19] Valentine, K., Blunden, H., Zufferey, C., Spinney, A. and Zirakbash, F. (2020). Supporting families effectively through the homelessness services system. AHURI Final Report No. 330. Australian Housing and Urban Research Institute Limited, Melbourne. http://www.ahuri.edu.au/research/final-reports/330

region compared to 5% in Queensland), anecdotal evidence suggests that the number of older people at risk of or experiencing homelessness in the region is growing.

Table 3: Rate of people at risk of or experiencing homelessness by age group in the region, compared to Queensland overall, 2022–2023*

Age range		DDWM		Queensland
	n	%	n	%
0–9	623	28	4,608	21
10–19	493	22	3,906	17
20–29	477	21	4,217	19
30–39	345	15	3,918	18
40–49	184	8	3,083	14
50–59	87	4	1,761	8
60+	35	2	874	4
Total	2,238	100	22,367	100

Source: Australian Institute of Health and Welfare (2024). Specialist Homelessness Services Collection data cubes user guide 2011–12 to 2022–23. Canberra: AIHW. To minimise the risk of identifying individuals, a technique known as perturbation has been applied to randomly adjust cells. For this reason, discrepancies may occur between sums of the component items and totals, and data may not match other published sources. *Note: This data is compiled using AIHW Specialist Homelessness Services Collection (SHSC) data cubes.[20] The total numbers are higher than the PHIDU data above because they also include those at risk of homelessness.

Crowded and severely crowded dwellings

The AIHW adopts the Canadian National Occupancy Standard (CNOS) to define a 'crowded' dwelling. The CNOS refers to a household that would require at least one additional bedroom to adequately house all household members, given their number, age, sex and relationships.[21]

Table 4 describes the proportion of people within the region living in crowded dwellings, compared to Queensland overall. In 2021, the region had a **slightly higher proportion of people living in crowded dwellings** relative to Queensland overall (6.1% compared to 5.6% across Queensland).

People living in crowded dwellings are most likely to live in:

- Ipswich (14,644 people or 6.8% of those living in Ipswich)
- Toowoomba (8,690 people or 5.5% of those living in Toowoomba)
- Lockyer Valley (2,574 people or 6.8% of those living in Lockyer Valley)
- Cherbourg (1,117 or 34.% of those living in Cherbourg).

[20] www.aihw.gov.au/reports/homelessness-services/shsc-data-cubes/contents/data-cubes
[21] www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2019/contents/overcrowding-and-underutilisation

Table 4: People living in crowded households in the region compared to Queensland overall, 2021

		DDWM		Queensland
	n	% of people living in crowded dwellings	n	% of people living in crowded dwellings
People living in crowded dwellings	33,530	6.1	264,195	5.6
Total people in private dwellings	550,283	-	4,740,249	-

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/PHA. Release date: December 2023.

The AIHW also adopts the CNOS to define a 'severely crowded' dwelling, which refers to a household that would require at least 4 additional bedrooms to adequately house all household members, given their number, age, sex and relationships.[22] The ABS includes 'Persons living in "severely" crowded dwellings' as a homelessness category for the Census.

Table 5 describes the rate of people living in severely crowded dwellings compared to Queensland overall. In 2021, the region had a **slightly higher rate of people living in severely crowded dwellings**, relative to Queensland overall (19.9 people per 10,000 compared to 16.6 across Queensland).

Table 5: People living in severely crowded dwellings in the region compared to Queensland overall, 2021

		DDWM		Queensland
	n	Rate of people living in severely crowded dwellings (per 10,000)	n	Rate of people living in severely crowded dwellings (per 10,000)
People living in severely crowded dwellings	1,094	19.9	7,853	16.6
Total people in private dwellings	550,283	-	4,740,249	-

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/PHA. Release date: December 2023.

Households receiving rent assistance

Table 6 describes the proportion of households that received rent assistance from the Australian Government in the region compared to Queensland overall. In 2022, the region had **a larger proportion of households receiving rent assistance** from the Australian Government relative to Queensland overall (22% of dwellings in the region compared to 19% of people living across Queensland).

[22] www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2019/contents/overcrowding-and-underutilisation

People receiving rent assistance were most likely to live in:

- Ipswich (20,723 people or 26.5% of those living in Ipswich)
- Toowoomba (13,155 people or 20.3% of those living in Toowoomba)
- Southern Downs (2,859 people or 20.4% of people living in Southern Downs).

Table 6: Households receiving rent assistance from the Australian Government in the region compared to Queensland overall, 2022

		DDWM		Queensland
	n	Percentage of total dwellings receiving rent assistance from the Australian Government (%)	n	Percentage of total dwellings receiving rent assistance from the Australian Government (%)
Households in dwellings receiving rent assistance from the Australian Government	47,713	22	346,032	19
Total dwellings	213,869	100	1,869,510	100

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/PHA. Release date: December 2023.

A similar trend was recorded for Aboriginal and Torres Strait Islander households as shown in Table 7. In 2022, 32% of dwellings occupied by Aboriginal and Torres Strait Islander peoples in the region were receiving rent assistance from the Australian Government compared to 28% of Aboriginal and Torres Strait Islander peoples living across Queensland.

Currently, this data for people from multicultural communities is not available.

Table 7: Aboriginal households receiving rent assistance from the Australian Government in the region compared to Queensland overall, 2022

		DDWM		Queensland
	n	% of total dwellings with Aboriginal and Torres Strait households receiving rent assistance from the Australian Government	n	% of total dwellings with Aboriginal and Torres Strait Islander households receiving rent assistance from the Australian Government
Aboriginal and Torres Strait Islander households in dwellings receiving rent assistance from the Australian Government	4,821	32	28,171	28

		DDWM		Queensland
Total dwellings with Aboriginal and Torres Strait Islander households	14,883	100%	101,475	100%

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/PHA. Release date: December 2023.

Social housing

Table 8 describes the types of families found on the social housing register in the region compared to Queensland overall. In 2022, the family types are **similar in the region** relative to Queensland overall.

Most families on the social housing register are located in:

- Ipswich (1088 families)
- Toowoomba (899 families)
- Western Downs (163 families).

See Appendix 1 for the breakdown of social housing by LGA.

Table 8: Breakdown of family types on the social housing register in the region compared to Queensland overall

		DDWM		Queensland
	n	Percentage of people on the social housing register (%)	n	Percentage of people on the social housing register (%)
Single person	1236	48	12,061	48
Single parent, 1 child	237	9	2,301	9
Single parent, 2 children	236	9	1,856	7
Single parent, >2 children	229	9	1,891	7
Couple only	68	3	488	2
Couple, 1 child	12	0	193	1
Couple, 2 children	20	1	211	1
Couple, >2 children	30	1	281	1
Single person over 55	400	15	4,835	19
Couple only over 55	78	3	691	3
Other	52	2	554	2

		DDWM		Queensland
Grand total	2,598		25,362	

Source: Queensland Government (2023). Social Housing Register. Release date: 30 December 2023.

The health needs of people at risk of or experiencing homelessness

The longer-term impacts of rough sleeping on health include poor nutrition, harsh living conditions and high rates of injury. Severe overcrowding can lead to stress on infrastructure and increased transmission of infectious diseases.[23] People at risk of or experiencing homelessness may not have identification or their own income, making accessing services more difficult.

The key health needs identified by stakeholders and consumers in Kitchen Table Discussions (KTD) and responses to the TALK ABOUT[24] survey are outlined below. More detail is provided in Section 3 about the strengths and challenges associated with these health needs.

Stakeholders and consumers highlighted that the key health needs of people at risk of or experiencing homelessness is **access to affordable health care**. People at risk of or experiencing homelessness participating in the KTD also mentioned several barriers they experienced in accessing health care including:

- long wait times
- accessibility concerns
- the use of technical language.

Sometimes there is no service or I have no credit to make the telehealth appointments. (Consumer)

My health, like not being able to travel there. (Consumer)

Win the gold lotto and then I will go private. (Consumer)

Some [people] don't understand the [technical] language. (Consumer)

Wait times are too long, and it's a long wait time if you miss appointments too. (Consumer)

The theme of accessible and affordable health care underpins the more specific health needs below.

Neurobiology[25], intellectual disability and mental health concerns

Throughout the consultations, stakeholders and consumers highlighted their neurobiological, intellectual disability and mental health concerns. The flow-on effects such as AOD use, anti-social behaviour and legal issues were also identified by stakeholders. The lack of diagnosis for mental health, disability and neurobiological concerns was also raised as a barrier to receiving

[23] AIHW (2021). Health of people experiencing homelessness. www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness

[24] TALK ABOUT is a community engagement program run by Darling Downs and West Moreton PHN to seek input on local experiences with healthcare in the region. www.ddwmphn.com.au/TalkAbout

[25] Neurobiological disorders include (but are not limited to) epilepsy, learning disabilities, neuromuscular disorders, autism, attention deficit disorder

health care. The literature confirms that these concerns greatly impact the health, wellbeing and outcomes of people at risk of or experiencing homelessness.[26,27]

> *Counselling services, mainly mental health. (Consumer)*

> *Definitely needs work on mental health and believing the person does need that help. (Consumer)*

Concerns included:

- trauma and complex trauma, including assault, domestic and family violence (DFV), or childhood trauma
- mental health concerns
- intellectual disability
- psychosis
- anxiety and stress, including being driven by concerns about families and loved ones
- Wernicke-Korsakoff Syndrome (a brain condition associated with alcohol use).

Social issues that are known drivers of poor mental health and barriers to accessing care were also mentioned including:

- social isolation and lack of belonging
- marginalisation and discrimination.

Structural issues associated with a lack of diagnosis and the impacts of poor mental health and disabilities were also identified, including:

- lack of ability to demonstrate identification and certification, increasing the difficulties in accessing support
- lack of formal supports (only available following diagnosis).

The literature[28] also suggests that young people experiencing homelessness have specific mental health concerns. Approximately 48% of young people experiencing homelessness have a diagnosable mental illness. Young people are also more likely to experience self-harm and suicidal behaviour, violence, unsafe sexual encounters and AOD concerns – all of which increase the likelihood of a longer duration of homelessness.

Physical and preventative health

Stakeholders explained that a lack of understanding of and access to preventative health measures compounds physical health concerns. Symptoms can progress in severity and lead to unnecessary presentations in the public and emergency health system:

> *Distance, and lack of access to timely support services and systems, population transience, we are as far from Ipswich and Toowoomba as you can get in the DDHHS,*

[26] Davies, A. and Wood, J. (2018). Homeless health care: meeting the challenges of providing primary care. Med J Aust, 209 (5). https://doi.org/10.5694/mja17.01264
[27] Lyons, A. (2017). Homeless healthcare: patients on the margins. www.racgp.org.au/download/Documents/Good%20Practice/2017/July/GP2017-july-homeless-healthcare.pdf
[28] https://headspace.org.au/assets/clinical-toolkit/CT-At-Risk-Homeless.pdf

> *our low- and no-cost housing means we get folks in very complex situations at our clinic and hospital. (Health professional)*

The main physical health concerns mentioned by stakeholders included:

- Infections:
  - wound care
  - respiratory conditions
  - severe limb infections, in particular of feet
  - cellulitis
  - abscess.
- Immunisations, vaccinations and contraception:
  - complex medication requirements (that are either not being met, or instructions are not being followed)
  - low sexual health literacy.
- Hygiene:
  - lice care
  - skin irritations
  - dental issues
  - inability to conduct regular washing.
- Nutrition
  - Access to affordable, fresh food that provides adequate nutrition
- Competing needs and priorities aligned with the social and cultural determinants of health:[29,30]
  - the need to prioritise food, safety and shelter above health concerns
  - physical access to health services (for example transport and lack of documentation, or a lack of an address or telephone which makes it difficult to receive post, email or telephone calls and access medication)
  - lack of income and employment
  - lack of support from family and friends
  - fear of stigma and shame.

This was reiterated by a health professional in the TALK ABOUT survey:

> *Lack of specialist services. People cannot prioritise their health and health care when they are trying to survive. (Health professional)*

Health system literacy and navigation

Stakeholders and consumers expressed a need to better understand how the health system works and how to better navigate the health system including:

- which service to attend for what issue (GP, hospital or elsewhere)
- how to make or how to attend appointments (with little time or poor access to transport)

[29] Davies, A. and Wood, J. (2018). Homeless health care: meeting the challenges of providing primary care. *Med J Aust, 209* (5). https://doi.org/10.5694/mja17.01264
[30] Lyons, A. (2017). Homeless healthcare: patients on the margins. www.racgp.org.au/download/Documents/Good%20Practice/2017/July/GP2017-july-homeless-healthcare.pdf

- how to access Medicare or private health insurance with no identification
- how to trust the system (given poor experiences of getting the care they need in the past)
- shifting from adolescent to adult support.

Consumers also raised the need for more health information:

> *Advocate for more information – local services, group programs, mental health, drug and alcohol, rehabs, diabetes specialist services. (Consumer)*

> *It sounds simple, but people do not know health things and that would be very helpful for people to understand. (Consumer)*

Without an understanding of the health system, it is difficult for people to navigate services in a way that will help them to get their needs met and also makes it difficult for health services to meet their needs.

Service availability for people at risk of or experiencing homelessness

Based on a desktop review of physical services available in each LGA in the region, the greatest number and range of services available for people at risk of or experiencing homelessness are in Toowoomba and Ipswich. Some services are available outside the region, although these are fewer. Please see Appendix 3 for a list of available services.

The available services were categorised into:

- outreach
- basic needs
- health services (specific to homeless populations)
- drop in social support
- housing support and case management
- long term housing
- crisis accommodation
- youth.

Available services have been mapped in an interactive Google Map, with each of the above categories available as a toggle-on or off layer. Services in red and pink are youth-specific.

Figure 2: Map of available services in Toowoomba

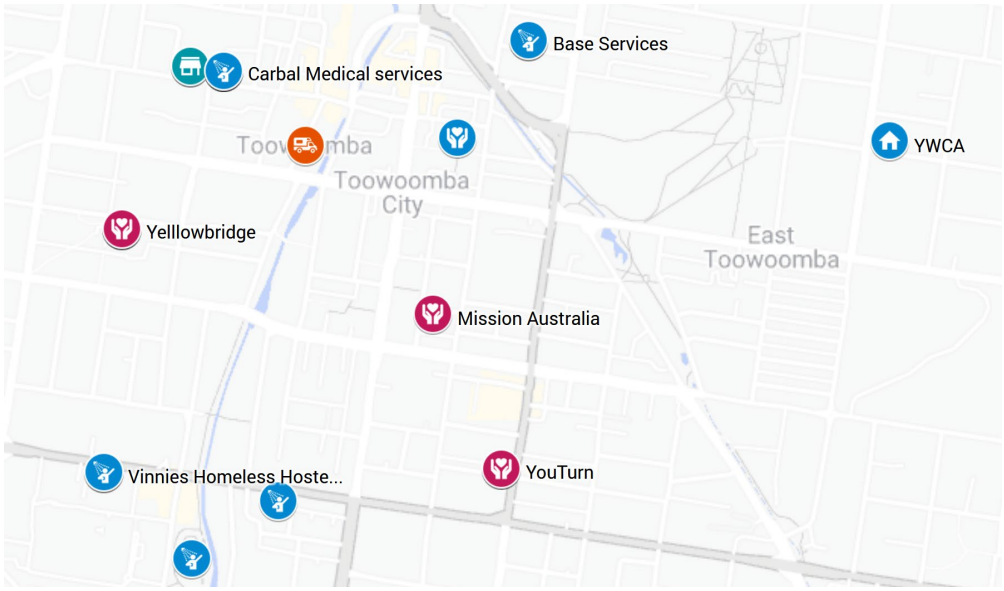
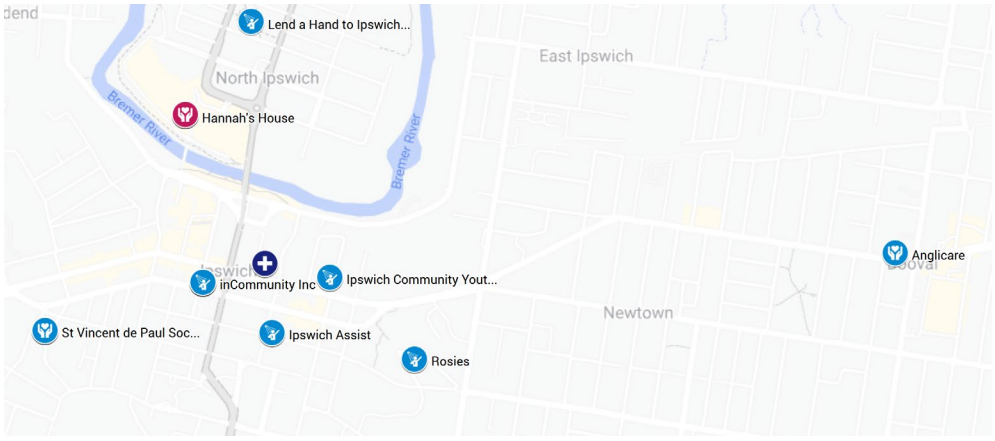


Figure 3: Map of available services in Ipswich



Other than in Toowoomba and Ipswich, there are gaps in the types of services available in the LGAs (Table 9).

Table 9: Heatmap of Homelessness Service availability by LGA

Location*	Outreach	Basic needs	Health services	Drop-in social support	Housing support and case management	Long term housing	Crisis Accommodation	Youth
Toowoomba	7	1	2	2	7	2	1	1
Southern Downs	1	1	2	1	3	0	1	0
Goondiwindi	0	0	0	0	0	1	1	0
Ipswich	2	7	3	1	6	2	1	3
South Burnett	1	2	0	0	1	1	1	1
Western Downs	0	1	0	0	0	1	1	0
Banana	0	1	0	0	1	0	0	0
Lockyer Valley	1	1	0	1	2	0	0	1
Scenic Rim	1	0	0	1	1	1	0	1

*Note: There are no homelessness services in the other LGAs of Cherbourg or Somerset.

The full list of providers in each LGA can be found in Appendix 3.

Service needs for people at risk of or experiencing homelessness

The key service needs identified by the stakeholders, the KTD with consumers, and the TALK ABOUT survey are outlined below. More detail about the strengths and challenges associated with these service needs is provided in Section 3. Generally, stakeholders and consumers reported a lack of awareness of health services among people at risk of or experiencing homelessness, and confusion around how to access these health services.

Better coordination of support services

Coordination between some stakeholders and organisations was strong, but several stakeholders reported that **fostering stronger connections** would be valuable to ensure services are collaborating effectively. Consumers noted that improving access to support was a necessity:

> *Mental health, more GPs. (Consumer)*
>
> *More podiatrist appointments available. (Consumer)*
>
> *If I require medication to get me fixed up. (Consumer)*

Some stakeholders noted service coordination had been variable during their time in the region. This may be due to changes in funding (which meant GPs could no longer provide support through co-location, for example) or the ongoing impacts of COVID-19 and remote working models reducing collaborative opportunities.

Ensuring services and organisations are aware of what health services are available and their capacity to receive clients is important for cohesion. Several models can support this:

- specific roles dedicated to coordinating care (e.g. nurse navigators)
- hubs and co-location of services
- social prescribing
- interagency and network meetings.

Stakeholders specifically identified the need for **greater coordination between health services and social services**. Ensuring warm referrals between the sectors means clients are less likely to be lost to the complexity of the system. This also enhances continuity of care. Additionally, to enhance access to health care for health consumers without identification in specific settings, consider better connecting with Services Australia (Centrelink) staff so that a client's history and identity can be verified at the point of care. This immediately overcomes barriers to accessing health care. Stakeholders mentioned that this service had not been available since the COVID-19 pandemic.

Stakeholders also identified that a stronger relationship with the Queensland Police Service (QPS) is important. A more proactive relationship with QPS would support more streamlined and efficient support, as it is often the QPS who are first engaging with rough sleepers. The Queensland Police Referrals service[31] links vulnerable people to approved external support service providers.

Additional resourcing that facilitates client-centred support

Stakeholders emphasised the importance of **client-centred support.** Given the often-complex needs of people at risk of or experiencing homelessness, effective health care may take more time – both to build trust and engage with clients and provide the required support. Stakeholders noted that taking extra time to develop positive relationships is an important part of the provision of care as trust in the health system for this group of consumers has often been lost due to previous negative experiences of care. However, resourcing constraints can

[31] https://policereferrals.org.au

make it difficult to deliver this level of support. Consumers emphasised the importance of this support:

> *Getting treated with respect. Listening. Getting them more to listen to you and believe you and that you are not fake. (Consumer)*
>
> *Giving me time for my appointment. (Consumer)*
>
> *Respectful care means I get the help I need in a manner that's suitable to me. That's respectful. (Consumer)*
>
> *A GP that listens and look you in the eye and that cares about me and my family. (Consumer)*

Outreach is an effective means of addressing transport and access barriers. Supporting a client in an environment familiar to them can build trust with the service provider and subsequently the broader support system. Similarly, co-located drop-in services help clients to determine the pace of support. This client-centric approach centralises support options and allows clients to access health care and other services when they are ready. This is especially beneficial when clients have a poor understanding of the health service system or do not have the capacity to make or adhere to appointments. This approach aligns well with a consortium-based model.

Recreational activities that foster connection and belonging

People at risk of or experiencing homelessness often **do not have access to recreational activities**. Stakeholders explained that a contributor to mental health issues in the community was a lack of connection and belonging which contributes to feelings of loneliness. This may also compound co-morbid health concerns. The opportunity to participate in recreational activities such as walking clubs or cooking classes may help to establish connections with like-minded people. Furthermore, it can help with physical and preventative health.

Better access to those on the city fringes

The region includes urban, rural and remote communities. Although most people live centrally in Ipswich and Toowoomba, people at risk of or experiencing homelessness live in communities on the outskirts of the two major cities and in the other LGAs. Much like for the general populations that live in these regions, few health services are available close to home. The issue is exacerbated for people at risk of or experiencing homelessness, who are unable to navigate or access public transport options.

3. Strengths and challenges

What is working well

Toowoomba Housing Hub (co-location and in-reach)

The Toowoomba Housing Hub[32,33] (the Hub) is located centrally in Toowoomba and brings together the local housing and homelessness sector, community organisations and the Department of Housing and Public Works. Services based in the Hub provide wrap-around support in a collective space. The Hub aims to connect those requiring housing support with the relevant services.

Services co-located here include:

- Australian Red Cross
- Mercy Family Services
- Mission Australia
- Ozcare
- Richmond Fellowship
- Salvation Army
- St Vincent de Paul.
- Tenant Advocacy Support Centre
- United Synergies
- Uniting Care Financial Services
- Yellowbridge Queensland
- YWCA.

Stakeholders explained that the Hub allows for coordinated care that meets the needs of the client (for example, crisis accommodation, emergency relief, DFV support or more intensive case management). Caseworkers that are based in the Hub perform an initial intake assessment and then link clients with the relevant service. Warm referrals increase the likelihood of service uptake.

Strong communication at the Hub means services are aware of what each organisation offers and understand the system's capacity. This facilitates targeted, meaningful referrals.

Care coordination

Stakeholders discussed several examples of effective care coordination, especially in the larger populated areas of Toowoomba and Ipswich. This coordination includes a range of interagency networks and alliances:

- Ipswich interagency networks and groups:
    - Housing and homelessness network – a housing network featuring several services with a housing or related focus, including Ipswich Council.

[32] www.justice.qld.gov.au/initiatives/end-domestic-family-violence/news/news-articles/news-items/2019/toowoomba-hub-assisting-people-in-need
[33] www.facebook.com/toowoombahousinghub

    - Specialised coordinator group – a network of funded housing organisations.
- Core 'under one roof' response group: A strong network that meets frequently to address care co-ordination for people with complex needs.
- Local Level Alliances[34] led by Family and Child Connect in 20 locations across Queensland including Toowoomba and Ipswich. They are an opportunity for services to come together to discuss issues affecting children, young people and families.
- The Ipswich Community Services website has a directory with over 1,000 community services staff where people can contact each other (for example, social workers from the hospital may use it as a platform to contact services).
- The Service Integration program[35] which designs or enhances place-based, multi-disciplinary care coordination frameworks. Located in Ipswich and Toowoomba, services come together to develop a plan for clients with complex needs. The program includes a funded Care Coordination Facilitator role based in Ipswich that focuses on facilitating the coordination of care for clients.

Stakeholders also described recent coordinated advocacy efforts. This has helped source extra funding for the region, for example, for the Care Coordination Facilitator role described above.

Client-centred care models

Specialist Homelessness Services (SHSs) that operate on the ground and develop rapport with consumers are important in connecting the consumer with the health system. People working in SHSs develop an acute understanding of the barriers that exist for people at risk of or experiencing homelessness when trying to access the health system. This enables them to implement a person-centred approach to support. Consumers appreciated this level of support:

> *Really friendly helpful, people treat you with respect, don't abuse people. People with manners. (Consumer)*

Services with the capacity to conduct **outreach** described the benefits of this approach. Some individuals are reluctant to leave their own area, due to safety concerns, meanwhile others do not have the capacity to travel, for example because of a lack of understanding of the transport system. By conducting outreach and meeting clients where they are, services foster a safe relationship and allow the client to feel more confident accepting help.

Services and workers for people experiencing and at risk of homelessness

Toowoomba and Ipswich-based services

St Vincent de Paul Society provides support services for those living in poverty or seeking assistance across Australia. Within the region, St Vincent de Paul case workers provide:

- outreach services, and engaging those with serious mental and physical health concerns (including afterhours outreach)
- service coordination (they work in the Toowoomba Housing hub)

[34] www.familychildconnect.org.au/resources/facc/what-is-family-and-child-connect-factsheet.pdf
[35] https://qshelter.asn.au/what-we-do/sector-support/service-integration

- legal support including probation parole
- working with hospitals in the region such as the Acute Mental Health Unit (AHMU) at Toowoomba Hospital
- crisis housing support.

Toowoomba based services

YWCA Australia is based in Toowoomba and provides safe housing, advocacy and housing opportunities for women. The service aims to ensure women have safe, secure and affordable homes and can build the future they want. Support provided by YWCA Australia can include:

- assistance accessing housing and settlement support
- support to stabilise tenancies
- case management
- safety measures and security upgrades for those with experience of family and domestic violence
- assistance to coordinate and connect with other services in the local community.

YWCA have access to approximately 45 houses in Toowoomba and are currently repurposing properties in Mary Street to open up more self-contained units. They also provide support with basic health care needs including immunisations, skin infections and lice treatments through the provision of care packages. A dentist visits the service a couple of times a year to check the teeth of children aged 0–5 years, teach children basic dental care and provide education for parents of babies.

The Basement Soup Kitchen is one arm of support within Base Services, a Toowoomba-based, not for profit, community development organisation. The Basement Soup Kitchen provides lunchtime meals to people at risk of or experiencing homelessness, or to people who may not have the skills, resources or money to prepare their own meal. They service 70 to 110 people every day. The Basement Soup Kitchen has also hosted outreach support services, such as:

- a GP from Goolburri Aboriginal Health Care Services (Mondays)
- the Department of Human Services (Mondays)
- Oz Care Health Clinic (Tuesdays)
- a Homeless Person's Legal Clinic (Wednesdays).

However, the GP and visits from Services Australia (Centrelink) have ceased since COVID-19.

Footprints is a community-based not-for-profit organisation that provides community care for people at risk of or experiencing homelessness. The services they offer include:

- Queensland Community Support Scheme
- Recovery and Wellness Program
- Assistance with care and housing
- Homelessness Response Service
- Stand Up, Step Out (SUSO) Mobile Outreach.

These services are more developed in Brisbane however they started working in the Toowoomba Housing Hub in December 2023.

Ipswich based services

InCommunity is based in Ipswich and provides a range of housing support services for young people, adults and families who are at risk of or experiencing homelessness. Services include:

- tenant education program
- engagement with real estate agents
- Beddown (repurposing of spaces for short-term sleep space for rough sleepers, breakfast club and outreach).

They are also funded to provide accommodation and support provision through case management.

The Ipswich Community Youth Service is a multi-service youth agency with a housing support arm. The housing service works with those aged 16–25 years, but also provides supported accommodation through five houses for young people with a dependent family. They also offer:

- a transitional program for single shared housing for young people
- brokerage for hotel accommodation as required (if clients satisfy the criteria)
- case management around housing support.

Sunrise Way provides drug and alcohol rehabilitation to people 18 years and older who are seeking support for addictive behaviours. They adopt an evidence-based approach that involves developing a long-term therapeutic relationship including regular check-ups after leaving the service and helping to establish a connection in the community with support like a 12-step program. The therapeutic community aims to set up a sustainable support system for the individual. Sunrise Way provides an abstinence model rather than a harm minimisation model. They also offer:

- work therapy, by getting clients into work either in the community or the facility
- social enterprise activities such as lawn mowing services and a coffee van
- transition houses for clients to stay in after leaving the program.

Hannah's House is a SHS based in Ipswich, funded by the Department of Housing and auspiced by Centro Church. The service provides crisis accommodation and mobile support to young women who are at risk of experiencing homelessness.

Other services and resources supporting the wellbeing of people at risk of and experiencing homelessness

The Care Finder Program supports vulnerable older people who need intensive support to access aged care services. Care Finder services are provided at no cost as they are fully funded through the PHNs. The program is seeing an increase in older people who are at risk of or experiencing homelessness. This includes people couch surfing, living in tents or short-term emergency accommodation.

The Just In Case Card (PDF) is a basic resource developed by the Ipswich Council that highlights support services in the region for example where people can get a meal or have a shower. Although available to anyone, the card is targeted at rough sleepers. The Just in Case

Card is distributed by council workers and GPs. Approximately 30,000 cards have been distributed since they were first introduced.

Webster-Paks support people to take the right dose of medication at the right time. This supports clients with low health literacy or those who take multiple medications. Generally, they are sourced from hospitals and pharmacies. Stakeholders suggested they could also be made available in primary healthcare clinics.

Drug Awareness Rehabilitation and Management (DrugARM) support individuals and their families face challenges with alcohol, other drugs or mental health by taking a holistic approach to support, including education, relationship building, and goal setting.

DrugARM attend the breakfast club provided by InCommunity to support people with AOD concerns.

The Queensland Council for LGBTQIA+ Health

The Queensland Council for LGBTQIA+ Health (QC) is in the process of opening a physical location in Toowoomba to provide safe spaces and mental health supports for LGBTQIA+ people in the region – including those who might be at risk of or experiencing homelessness as a result of their sexuality or gender identity.

2 Spirits is a QC program that supports the Aboriginal and Torres Strait Islander LGBTQIA+ population. The service aims to provide wrap-around support that addresses the unique and complex needs of people in both rural and urban regions.

QC also runs Yarns Heal, a suicide prevention campaign for the Aboriginal and Torres Strait Islander and LGBTQIA+ Sistergirl and Brotherboy community. It aims to strengthen peer support systems and increase access to culturally safe help that nurtures cultural healing, love and hope, although currently does not provide client-facing service delivery in the region. On their website, they have campaign videos, posters and links to other support services.

The YWCA

The YWCA are working with community to get elders and community champions to demonstrate they are an ally in the community, to foster safety and a sense of home.

Hospital services

Stakeholders acknowledged the care provided by the hospitals in the region. They recognised the difficulties the hospital system encounters and noted that the work of the staff in hospitals complemented their acute crisis response, describing hospitals and their workforce as a critical part of the support network.

Aboriginal health services which may provide care to people at risk of or experiencing homelessness

Several Aboriginal health services are available within the region. They are outlined in Table 10.

Table 10: Aboriginal health services providing support for people at risk of or experiencing homelessness

Service	Location	Housing support
Carbal Medical Services	Toowoomba, Warwick	Support (including outreach) and referrals for individuals and families at risk of or experiencing homelessness or unstable and/or unsuitable living.
Goolburri Aboriginal Health Advancement	Toowoomba, Gatton, Dalby, Oakey, Inglewood, Charleville, Warwick, Stanthorpe, Goondiwindi, St George, Cunnamulla, Roma, Crows Nest, Yarraman, Dirranbandi, Millmerran	Support for people, including elders, who require assistance with daily tasks to live independently through the Commonwealth Home Support Program Service.
Goondir	Chincilla, Dalby, Oakey, St George	Wide-ranging health and general support, including referral and connection to services and mentoring program such as the Big Buddy Program.
Kambu Health	Ipswich, Laidley	Wide-ranging health and general support, including the Family Wellbeing Service, a culturally safe, early intervention program with an aim to build strong and resilient families through connectedness with community and enhance the social and emotional wellbeing of vulnerable children and young people.
Cherbourg Regional Aboriginal and Islander Community Controlled Health Services (CRAICCHS)	Cherbourg	Wide-ranging health and general support, including strategies for parents, managing children's behaviour, family conflict resolution, finances and access to local services through the Family Wellbeing Program.
Wakai Waian Healing	Cherbourg	Building service capacity and capability, including providing guidance, recommendations and support with the establishment of processes, procedures and policies towards the enhancement of mental health and social and emotional wellbeing (MH/SEWB) services for Aboriginal and Torres Strait Islander peoples.

The Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) also offers housing support however not in the region. They provide high-quality, community-led crisis accommodation and support for women and their children that is culturally safe, affordable and stable in the Brisbane and Logan regions.

Vacseen

Vacseen is a not for profit, volunteer-run, pop-up outreach health clinic providing vaccination for people at risk of and experiencing homelessness. It provides weekly GP-supervised,

medical student-led, comprehensive health clinics in Brisbane City and Toowoomba, with an Ipswich clinic planned.

What could be better

The literature identified a range of challenges or barriers to accessing health care for people who are at risk of or experiencing homelessness.[36,37,38] Stakeholders and consumers identified a range of challenges or barriers to accessing health care. Many of the barriers align with cultural and social determinants of health and are outlined below.

While stakeholders acknowledged the care provided by hospitals in the region, they also reported that people who are at risk of or experiencing homelessness often feel let down by the health system. For example, individuals may feel unsafe and unsupported when going to hospitals or presenting at emergency departments. They often report experiencing discrimination and are without family and friends to support them. Clinical settings themselves can trigger individuals.

The issue may be compounded for young people.[39] Although there are clearer support systems and referral pathways for adolescents, the transition to adult services poses significant challenges. Despite their resilience, health literacy remains low among this demographic.

Stakeholders and the literature identified that services that can adapt to a less clinical setting or outreach directly to consumers would be beneficial.[40] Early positive and safe experiences with health services are crucial for young people.

Consumers would prefer better access to health care, including mental health care, and reduced wait times:

> *Easy access from location, home visits. (Consumer)*
>
> *Offered a bus service. (Consumer)*
>
> *Mental health services are hard to access. (Consumer)*
>
> *Less wait times prior to an appointment. (Consumer)*
>
> *Reduced wait times in hospital. (Consumer)*

[36] Strange, C., Fisher, C., Arnold-Reed, D., Brett, T. and Ping-Delfos, W.C.S. (2018). A general practice street health service: patient and allied service provider perspectives. *Aust J Gen Pract, 47* (1–2), pp. 44–49. doi: 10.31128/AFP-05-17-4201

[37] Liu, M. and Hwang, S.W. (2021). Health care for homeless people. *Nat Rev Dis Primers, 7* (5). https://doi.org/10.1038/s41572-020-00241-2

[38] Lyons, A. (2017). Homeless healthcare: patients on the margins. www.racgp.org.au/download/Documents/Good%20Practice/2017/July/GP2017-july-homeless-healthcare.pdf

[39] Heerde, J.A. and Patton, G.C. (2020). The vulnerability of young homeless people. *The Lancet Public Health, 5* (6), e302–e303.

[40] Strange, C., Fisher, C., Arnold-Reed, D., Brett, T. and Ping-Delfos, W.C.S. (2018). A general practice street health service: patient and allied service provider perspectives. *Aust J Gen Pract, 47* (1–2), pp. 44–49. doi: 10.31128/AFP-05-17-4201

Provision of trauma-informed care

Stakeholders across the region considered that improving the provision of trauma-informed and cultural appropriateness training for the healthcare services workforce across the region would help make clients feel safer engaging with services.

Stakeholders and consumers suggested that the available health services were often unable to meet the needs of clients. Stakeholders reported that health providers did not understand the unique experiences of people at risk of or experiencing homelessness, including youth-specific barriers and vulnerabilities. The use of complex health terminology can also impair communication and understanding of health care and treatment needs. Consumers emphasised the need for privacy, confidentiality and respect:

> *Getting treated with respect. Listening. Getting them more to listen to you and believe you and that you are not fake. (Consumer)*

> *When the provider has the belief that I am struggling and I deserve assistance. Believe me when I say, I'm in emotional pain and take me to a resource immediately. (Consumer)*

Stakeholders reported that short appointments mean there is little time to build a relationship, trust and an understanding of clients' needs. The pressure to meet KPIs may lead to a focus on the number of services provided, rather than client outcomes. For example, SHSs find themselves delicately balancing a cohort of complex clients with varying health needs such as varying mental health concerns, psychosis, infections and different medications). Consumers also noticed this:

> *These days healthcare professionals don't look at whole issue especially around drugs and alcohol, they just treat the immediate problem. They don't seem to teach that anymore. You take away the trauma and people won't act the way they are. (Consumer)*

Trauma-informed care can play a vital role in improving trust in and access to health care for people who are at risk of or experiencing homelessness. This approach involves acknowledging the high rates of trauma in this population and adapting care to be sensitive to the impact of trauma.[41,42] Trauma informed care includes:

- person-centred care that is respectful and responsive to the effects of trauma
- care that emphasises the importance of safety, choice and empowerment
- connects the person to housing support, case management, mental health supports, income assistance and harm reduction
- is accessed via a mix of co-located in-house services and visiting services
- provided by professionals who understand homelessness, including the problems and contexts that produce homelessness, AOD dependence and mental health concerns.

[41] Liu, M. and Hwang, S.W. (2021). Health care for homeless people. *Nat Rev Dis Primers, 7*(5). https://doi.org/10.1038/s41572-020-00241-2

[42] Western Australia Health (2023). Integrated primary health care for adults who have experience homelessness. https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/CAHO/Integrated-primary-health-care---Research-summary.pdf

Better access to affordable housing and daily essentials to enable people to prioritise health needs

Stakeholders from across the region spoke about housing shortages and a lack of affordable housing. They discussed waitlists on social housing registers that prioritise those with severe need and a lack of crisis accommodation options.

These concerns are compounded by cost-of-living pressures as accommodation and day-to-day expenses become more expensive. People are being forced into accommodation that is inadequate for their needs such as overcrowded dwellings, tents or cars. The fundamental needs for food, safety and shelter are often prioritised over health requirements and this can lead to deteriorating health.

A joined-up service system

The health system is complex and fragmented with many service gaps. It can be difficult for people to navigate. System integration becomes more complex when linking to social supports outside the healthcare system.

One health professional from the TALK ABOUT survey noted the need for more collaboration:

> *Oral health is not seen as a priority and the homeless don't tend to seek our services unless in pain. Also, they need a Centrelink card which many don't have and also an address. Would need to work together to deliver an oral health service to these people. (Health professional)*

Challenges with healthcare service awareness, integration and co-ordination for people at risk of or experiencing homelessness (and the workforce who care for them) are described by stakeholders. These are many and varied:

- consumers are often unaware of where and how to attend appointments they have been referred to, however a service provider may perceive a missed appointment as deliberate
- individuals often do not have the required identification or certification to access health support services such as a driver's licence or Medicare card, which can also make it difficult for services to understand a consumer's medical history
- some clinicians may not see themselves as part of broader community services which can hinder collaboration
- a lack of collaboration between AOD and mental health services can mean it is difficult to make a referral to the most suitable, local facility
- a lack of health care and community support services makes it difficult to implement best-practice support models such as comprehensive wrap-around support or outreach services
- a focus on acute crisis response has meant services are either not recognising, or do not have the capacity to address, the warnings leading up to a crisis.

A more sustainable workforce (capacity concerns)

Stakeholders and consumers report that the current workforce is struggling to keep up with the demand for support. This is due to an increase in demand for services, increasing

complexity of need and difficulties retaining staff, and can often result in burnout for the remaining workforce.

In the TALK ABOUT survey, health professionals were asked what factors impacted their ability to provide care to people at risk of or experiencing homelessness. A lack of resources to support providing care for their unique needs was selected by all but one respondent (97%).

Workforce retention challenges include:

- relatively poor pay for staff
- complex reporting requirements and the need to meet KPIs
- being unable to offer clients sufficient support can take a toll on the wellbeing of staff and can contribute to vicarious trauma and moral injury
- a lack of 'victories' for clients can be disheartening for staff
- higher level decisions such as policy and funding decisions may leave staff feeling helpless and unheard.

I would ask them to hire more staff, so we do not have to wait for hours, especially in hospitals. In regional areas, in hospitals, they are short of staff. (Consumer)

Digital health challenges

People who are at risk of or are experiencing homelessness may face difficulties using digital health platforms due to lack of access to technological devices or data, low levels of technological or digital health literacy, and poor-quality internet. Caseworkers would be required to support clients through digital health consultations. A desire for face-to-face support to foster a trusting relationship also impairs the utility of telehealth.

Culturally appropriate practices

Stakeholders and consumers indicated that the concerns listed above also apply to Aboriginal and Torres Strait Islander people at risk of or experiencing homelessness. They reported that there is a need for more Aboriginal and Torres Strait Islander services that support people at risk of or experiencing homelessness. They detailed that choice is essential, so clients feel comfortable with the service, consistent with client-centred care models.

> *There is a lack of supportive people which leads to a lack of understanding which sometimes leads to missed diagnosis. (Consumer)*

They also suggested that first responders and mental health services may not have education around the diversity of the Aboriginal and Torres Strait Islander population. Negative experiences may make consumers feel uncomfortable and less likely to engage with services:

> *There is stereotyping within certain services. (Consumer)*

> *If you are working within First Nations communities, you should know who the Traditional Custodians are, what the language names are and what the cultural customs are so you are being respectful. (Consumer)*

4. Opportunities and priorities

Potential opportunities on which to focus are outlined below.

Promote models of care that link the system

This opportunity is relevant across the region, with a focus on Ipswich and Toowoomba.

The community services and healthcare systems are complex. Both service providers and consumers struggle to navigate these systems. Stakeholders suggested that models and roles that help connect the system and facilitate warm referrals are valuable. Stakeholders were excited about the Ipswich Medicare Mental Health Centre opening in the region. Examples of models that could be leveraged are described below.

We have our champions but investment in coordination is needed. (Stakeholder)

Outreach models, hubs, co-location and drop-in services

This opportunity is relevant across the region with a focus on Ipswich building on learnings from what works well in Toowoomba.

Stakeholders considered the development of a homelessness health outreach team across the region a priority.

Hubs and co-located services increase the accessibility of services for people at risk of or experiencing homelessness. The 'drop-in' element promotes autonomy for consumers and provides flexibility.[43] The scope for co-location is broad. Stakeholders recounted having primary health and Centrelink services co-located so that the Centrelink staff member could access consumers' files (regardless of whether they had the requisite identification), allowing the GP to dispense the appropriate medication. At the preventative end, stakeholders discussed the benefits of having access to co-located showers, washing machines and hygiene products to mitigate the risk of infection.

Stakeholders considered increasing outreach workers and mobile health services, with a focus on Ipswich, a priority.

Specialised homeless general practice services[44] involve creating healthcare services designed to meet the needs of people who are at risk of or experiencing homelessness. These services are tailored to overcome the barriers that homeless people often face when trying to access traditional healthcare systems. For example:

- The Hub in Perth provides a base for Homeless Healthcare's mobile operation. This fixed-site clinic operates in a way that is similar to a GP, however, includes longer consultations and support from reception staff to maintain appointments. Fluid appointment times, higher nursing ratios, a women's clinic, physiotherapy, podiatry and counselling are also offered.

[43] Lyons, A. (2017). Homeless healthcare: patients on the margins. www.racgp.org.au/download/Documents/Good%20Practice/2017/July/GP2017-july-homeless-healthcare.pdf
[44] Davies, A. and Wood, J. (2018). Homeless health care: meeting the challenges of providing primary care. *Med J Aust, 209* (5). https://doi.org/10.5694/mja17.01264

- Micah Projects provides the Street to Home 24/7 outreach service in Brisbane. Nurses, support and advocacy workers can come to wherever people are, including in parks, living out of cars and shelters and making home visits for people who are couch surfing. They provide practical assistance, including health care.

Social prescribing

This opportunity is relevant across the region, with a focus on Ipswich and Toowoomba.

Social prescribing[45] is an established model in the UK. Its use is growing in Australia but it currently does not follow a formal framework so is very broadly defined. It is a person-centred model of care that allows 'link workers' (similar to case managers) to identify the needs of consumer and connect them with the appropriate service. The role also provides services with a centralised point of contact. For example, if a person that is at risk of or experiencing homelessness engages a social service and presents with a medical condition, the service can contact the link worker and connect the consumer with the relevant service. Although it has only been recently implemented in the region, stakeholders were positive about the impact of social prescribing and suggested it could be a valuable model moving forward.

Nurse and midwife navigators

This opportunity is relevant across the region, with a focus on Ipswich and Toowoomba.

Similar to link workers described above, Nurse and Midwife Navigators (Navigators) use their understanding of the health system to identify the actions required to manage the health care of consumers. Navigators offer timely referrals and provide a central point of communication for patients and services. They also assist health literacy by educating patients to understand their health conditions and the system.

Stakeholders considered identifying chronic disease nurses and nurse practitioners across the region – including those interested in working with people at risk of or experiencing homelessness within after hours clinics to be a high priority.

Leverage existing service providers in the community

This opportunity is relevant across the region, with a focus on Ipswich and Toowoomba.

There are three key ways SHSs in the region could be leveraged to support health care implementation.

1. Support with basic needs

Supporting local SHSs to provide more immediate needs such as food, safety and housing can stabilise consumers and help them to focus on their health needs.[46] Support could include:

[45] World Health Organization Regional Office for the Western Pacific (2022). A toolkit on how to implement social prescribing.
[46] Wright, N.M. and Tompkins, C.N. (2006). How can health services effectively meet the health needs of homeless people? *British Journal of General Practice, 56*(525) pp. 286–293.

- crisis accommodation
- leveraging existing meal services
- funding to provide basic hygiene products and help with washing clothes
- employment or welfare support.

Opportunities to expand the implementation of the Just in Case Card developed by the Ipswich Council could be explored.

2. Leverage existing relationships with the community

Leverage the trusted relationships that SHSs have with people who are at risk of or experiencing homelessness to implement health care strategies such as through outreach teams or co-located drop-ins. This may increase uptake.

3. Support community programs and recreational activities

SHSs in the region conduct recreational activities that support community connectivity and wellbeing. These include:

- gardening
- basic education such as hygiene and how to catch a bus
- bushwalking
- hands-on activities such as support with household jobs, like replacing a washing machine
- social barbecues.

Supporting SHSs implement these programs, for example through additional transport support, may lead to greater uptake and more connection within the community.

Coordination with Queensland Health and the Queensland Police Service

This opportunity is relevant across the region, with a focus on Ipswich and Toowoomba.

There is an opportunity to increase the connection between Queensland Health and other services. The coordination of health services is complex and case managers struggle to engage the system and efficient access referrals.

A more proactive relationship with the Queensland Police Service (QPS) would support more streamlined and efficient support. Often it is QPS who are first engaging with people who are at risk of or are experiencing homelessness, in particular rough sleepers. For example, it could be valuable to have representatives of both organisations present at interagency and network meetings.

Increase outreach workers and mobile health services

This opportunity is relevant across the region, with a focus on Ipswich and Western Downs. The youth homelessness focus is in Somerset and Ipswich.

Outreach teams have proven to be an effective means of reducing barriers to care in a non-judgemental environment.[47] Similar models have been developed and implemented successfully in other jurisdictions[48,49] – including the Homeless Health Outreach Team program operating in other areas of Queensland.

Potential services an outreach team could offer include:

- physical and mental health assessments
- AOD support
- wound management and infection care.

Importantly, these kinds of services are conducted in an environment familiar to the consumer. They provide an opportunity to develop trust with the healthcare system. This could have flow-on benefits by reducing hospitalisation rates by improving preventative health understanding such as increasing immunisations and encouraging proactive health screening. Education programs could similarly be applied through an outreach model such as mental health first aid, wound care and antenatal education.

Street-based general practice services:[50]

- provide care directly on the streets, in locations where the target population is more likely to be found, reducing barriers to accessing health care
- provide free, open access to care in a non-judgmental way.
- are based in a setting that fosters a sense of safety and community, such as co-locating with food and laundry programs, housing and mental health services
- can include a GP, nurse and outreach worker who provide triaged healthcare services in an outdoor 'waiting room' where people can drop in.
- can make referral pathways and transitions to housing services, mainstream general practice and other services as a consumer's circumstances improve.

For example, Streetside Medics in NSW operates from a mobile medical van that visits homeless communities across multiple locations. Each doctor in the van is an RACGP accredited GP. The vans are fitted with the necessary equipment to provide primary healthcare services to the standard of a normal general practice. Services provided include health examinations, diagnosis of medical conditions, healthcare plans, immunisation, pathology services, nutritional advice, minor surgical procedures and referrals.

The Freo Street doctor provides free, three-hour walk-in clinics. The team is staffed by GPs, Registered Nurses, outreach workers and a social worker. Services include immunisation,

[47] Davies, A. and Wood, J. (2018). Homeless health care: meeting the challenges of providing primary care. *Med J Aust, 209* (5). https://doi.org/10.5694/mja17.01264
[48] www.streetsidemedics.com.au
[49] www.blackswanhealth.com.au/freo-street-doctor
[50] Strange, C., Fisher, C., Arnold-Reed, D., Brett, T. and Ping-Delfos, W.C.S. (2018). A general practice street health service: patient and allied service provider perspectives. *Aust J Gen Pract, 47* (1–2), pp. 44–49. doi: 10.31128/AFP-05-17-4201

family planning, general health assessments, pap smears, alcohol and drug related assistance, STI and pregnancy tests, counselling, mental health services, wound dressing, sexual health, nutritional advice and diabetes education.

Increase the number of transport options

This opportunity is relevant across the region.

Transport was regularly mentioned as a barrier to accessing services and supports, both in metropolitan and regional areas. It would be beneficial to engage with LGAs and local organisations to understand the potential transport resources that are available (such as insurance payment support and funding additional bus drivers). This would support the community to access health appointments as well as attend recreational activities.

Improving transport options across the region was considered a high priority by stakeholders.

Build cultural appropriateness in services and capacity in the workforce

This opportunity is relevant across the region.

Ensure healthcare services are equipped with cultural appropriateness training and that Aboriginal and Torres Strait Islanders are represented in both the SHS and healthcare workforce.

It could be valuable to identify healthcare providers that are willing and able to conduct healthcare services in an accessible way for people at risk of or experiencing homelessness. Support these services with the necessary tools, training and resources around engaging with communities that are experiencing homelessness. This may include funding people to obtain these skills. It was suggested that providing funding to enable GPs to spend time embedded within SHSs, and to provide longer appointments, would enable much better delivery of primary health care.

Appendix 1. Demographic data tables

While not all of the LGAs of Banana Shire, Somerset and Scenic Rim fall within the areas of responsibility of the PHN, DDH and WMH regions (Table 11), it is important to include the full figures for people experiencing homelessness in the LGA, as this population generally experiences a degree of transience, and are likely to access health services wherever they can.

Proportion of LGA situated within Darling Downs and West Moreton PHN

Table 11: Population by LGA

LGA	Estimated Resident Population, 2022 (ABS, 2023)	Proportion of LGA that falls within DDWM region (PHN, 2017) (%)	Estimated Resident Population that falls within DDWM region (ABS, 2023)
Ipswich	242,653	100	242,653
Toowoomba	178,399	100	178,399
Lockyer Valley	41,750	100	41,750
Southern Downs	36,994	100	36,994
Western Downs	34,542	100	34,542
South Burnett	33,789	100	33,789
Somerset*	25,057	80.1	20,596
Scenic Rim*	42,984	29.2	12,945
Goondiwindi	10,410	100	10,410
Cherbourg	1128	100	1128
Banana Shire*	14,513	6.5	961

Source: Australian Government Department of Health and Aged Care, Primary Health Networks (PHN) (2017) – concordance files – Local Government Areas (2021). Released 26 September 2023. Accessed at www.health.gov.au/resources/publications/primary-health-networks-phn-2017-concordance-files-local-government-areas-2021?language=en. *Lake Manchester/England Creek is the only area within the Brisbane LGA that falls within the DDWM area but has no residents (ABS Population by SA2), so has been excluded.

Rate of homelessness across the region's population health needs

Table 12: Rate of homelessness across LGAs, 2021

Region	Number	ASR per 10,000	SR	Proportion of DDWM homeless persons in each LGA (%)
Darling Downs and West Moreton	**2,546**	**42.7**	**89**	**100**
Darling Downs	**1,307**	**35.1***	**72.9***	**51**
Banana	2	21.5	45	0
Cherbourg	42	320.7	667	2
Goondiwindi	27	27.0	56	1
South Burnett	119	39.9	83	5
Southern Downs	118	36.1	75	5
Toowoomba	878	51.9	108	34
Western Downs	121	34.0	71	5
West Moreton	**1,215**	**30.8^**	**64.1^**	**48**
Ipswich	995	41.4	86	39
Lockyer Valley	152	37.8	79	6
Scenic Rim	25	21.6	45	1
Somerset	42	22.3	46	2

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

*This is the average of the rates for each of the LGAs across the region and does not include Cherbourg. When Cherbourg is included, the Darling Downs average increases to an age-standardised rate of 75.9 per 10,000 people, and 157.8 standardised rate.

^This is the average of the rates for each of the LGAs across the region.

Rate of homelessness across the region's Population Health Areas

Table 13: Rate of homelessness across PHAs, 2021

Primary Health Area	Number	ASR per 10,000	SR
Ipswich - Central/ North Ipswich - Tivoli	184	141.6	295
Drayton - Harristown/ Toowoomba - Central	233	91.2	190
Springfield - Redbank - North	254	76.4	159
Newtown/ North Toowoomba - Harlaxton/ Wilsonton	211	69.9	145
Kingaroy Region - North/ Nanango	107	63.2	131
Ipswich - East	104	58.9	123
Darling Heights	83	54.9	114
Balonne/ Goondiwindi/ Inglewood - Waggamba/ Tara - part a	73	52.3	109
Gatton/ Lockyer Valley - West	100	50.3	105
Brassall/ Leichhardt - One Mile	102	48.3	100
Ipswich - Central/ North Ipswich - Tivoli	184	141.6	295
Drayton - Harristown/ Toowoomba - Central	233	91.2	190

Homelessness rate by age group in the region, by LGA, 2023

Table 14: Homelessness rate by age group in the Darling Downs region, by LGA, 2022-2023

Age group	Darling Downs		Banana		Cherbourg		Goondiwindi		South Burnett		Southern Downs		Toowoomba		Western Downs	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
0–9	328	27	18	20	0	0	0	0	31	29	13	10	242	30	24	33
10–19	244	20	10	11	0	0	0	0	25	24	13	10	176	22	20	28
20–29	251	21	22	24	0	0	5	83	27	25	32	26	153	19	12	17
30–39	214	18	19	21	0	0	5	83	11	10	35	28	138	17	6	8
40–49	101	8	10	11	0	0	0	0	9	8	14	11	61	8	7	10
50–59	58	5	6	7	0	0	0	0	11	10	15	12	21	3	5	7
60+	27	2	9	10	0	0	0	0	0	0	6	5	12	2	0	0
Total	**1,197**	**100**	**90**	**100**	**0**	**100**	**6**	**100**	**106**	**100**	**125**	**100**	**798**	**100**	**72**	**100**

Source: AIHW (2024). Specialist Homelessness Services Collection data cubes user guide 2011–12 to 2022–23. Canberra: AIHW. *Some columns do not equal the total row in the original data source.

Table 15: Homelessness rate by age group in the region, by LGA, 2022-23

Age group	West Moreton		Ipswich		Lockyer Valley		Scenic Rim		Somerset	
	n	%	n	%	n	%	n	%	n	%
0–9	319	27	226	27	43	29	33	36	17	20
10–19	274	23	213	25	22	15	22	24	17	20
20–29	263	22	210	25	23	15	14	15	16	19
30–39	161	14	112	13	28	19	9	10	12	14
40–49	94	8	63	7	16	11	6	7	9	10
50–59	45	4	26	3	8	5	5	5	6	7
60+	21	2	9	1	7	5	0	0	5	6
Total	**1,178**	**100**	**851**	**100**	**149**	**100**	**92**	**100**	**86**	**100**

Source: AIHW (2024). Specialist Homelessness Services Collection data cubes user guide 2011–12 to 2022–23. Canberra: AIHW. *Some columns do not equal the total row in the original data source.

Rate of crowded housing across the region's LGAs, 2021

Table 16: Rate of crowded housing across LGAs, 2021

Region	Total people in private dwellings	People living in crowded dwellings	% people living in crowded dwellings
Darling Downs and West Moreton	**550,283**	**33,530**	**6.1**
Darling Downs	**261,733**	**14,622**	**5.6**
Banana	798	33	4.2
Cherbourg	1,117	385	34.5
Goondiwindi	9,107	438	4.8
South Burnett	29,379	1,771	6.0
Southern Downs	32,746	1,705	5.2
Toowoomba	158,987	8,690	5.5
Western Downs	29,599	1,600	5.4
West Moreton	**282,840**	**18,863**	**6.7**
Ipswich	214,501	14,644	6.8
Lockyer Valley	37,725	2,574	6.8
Scenic Rim	11,665	543	4.7
Somerset	18,949	1,103	5.8

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Rate of severely crowded housing across the region's LGAs, 2021

Table 17: Rate of severely crowded housing across LGAs, 2021

Region	Total people in private dwellings	People living in severely crowded dwellings	Rate per 10,000
Darling Downs and West Moreton	**550,283**	**1,094**	**19.9**
Darling Downs	**261,733**	**517**	**19.8**
Banana	798	0	0.0
Cherbourg	1,117	37	331.2
Goondiwindi	9,107	22	24.2
South Burnett	29,379	41	14.0
Southern Downs	32,746	59	18.0
Toowoomba	158,987	316	19.9
Western Downs	29,599	42	14.2
West Moreton	**282,840**	**560**	**19.8**
Ipswich	214,501	476	22.2
Lockyer Valley	37,725	66	17.5
Scenic Rim	11,665	5	4.6
Somerset	18,949	13	6.9

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Rate of rent assistance across households in the region's LGAs, 2022

Table 18: Rate of households receiving rent assistance across LGAs, 2022

Region	Total dwellings	Households in dwellings receiving rent assistance from the Australian Government	Proportion of households in dwellings receiving rent assistance (%)
Darling Downs and West Moreton	**213,869**	**47,713**	**22.3**
Darling Downs	**107,654**	**21,900**	**20.3**
Banana	323	33	10.3
Cherbourg	307	158	51.5
Goondiwindi	3,757	636	16.9
South Burnett	12,685	2,730	21.5
Southern Downs	14,031	2,859	20.4
Toowoomba	64,650	13,155	20.3
Western Downs	11,901	2,329	19.6
West Moreton	**104,165**	**26,014**	**25.0**
Ipswich	78,058	20,723	26.5
Lockyer Valley	14,142	2,839	20.1
Scenic Rim	4,571	875	19.1
Somerset	7,394	1,577	21.3

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 19: Rate of Aboriginal households receiving rent assistance across LGAs, 2022

Region	Total dwellings with Aboriginal households	Aboriginal households in dwellings receiving rent assistance from the Australian Government	Proportion of Aboriginal households in dwellings receiving rent assistance (%)
Darling Downs and West Moreton	**14,883**	**4,821**	**32.4**
Darling Downs	**7,195**	**2,338**	**32.5**
Banana	23	5	21.5
Cherbourg*	-	-	-
Goondiwindi	356	115	32.3
South Burnett	929	311	33.5
Southern Downs	880	304	34.5
Toowoomba	3,903	1,212	31.1
Western Downs	1,104	391	35.4
West Moreton	**7,086**	**2,302**	**32.5**
Ipswich	5,508	1,872	34.0
Lockyer Valley	917	238	26.0
Scenic Rim	211	69	32.5
Somerset	450	123	27.4

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023. *Total number is less than four so not recorded.

Number of people on social housing register for each council in the region

Table 20: Social housing register numbers by LGA, 2023

Region	Total applications (received from 2007 – 2023)	Active applications (as at December 2023)
Ipswich City Council	1,088	1005
Toowoomba Regional Council	899	847
Western Downs Regional Council	163	150
Scenic Rim Regional Council	136	124
South Burnett Regional Council	84	81
Southern Downs Regional Council	71	65
Banana Shire Council	68	65
Lockyer Valley Regional Council	43	40
Goondiwindi Regional Council	32	29
Somerset Regional Council	10	10
Cherbourg Aboriginal Shire Council	4	3
Total	**2,598**	**2,419**

Source: Queensland Government (2023). Social Housing Register. Release date: 30 December 2023.

Appendix 2. Evidence from Australian and International models and practices

Homelessness health care: Meeting the challenges of providing primary care

People at risk of or experiencing homelessness are often the most socially and economically disadvantaged in Australia. Homelessness can occur for many reasons including financial stress, whether a person is working, has an experience of family and domestic violence, ill health (including mental health), disability, trauma and substance misuse.[51,52]

The longer-term impacts of rough sleeping on health include poor nutrition, harsh living conditions and high rates of injury. Severe overcrowding, a common form of homelessness, can lead to stress on infrastructure and increased transmission of infectious diseases.[53]

People at risk of or experiencing homelessness often have multiple complex health conditions and may face barriers when accessing health care, including[54,55]:

- competing needs and priorities (the need for safety, food and shelter)
- mental ill-health such as depression or experiences of trauma, substance use
- complex health needs and higher rates of traumatic brain injury
- physical access to health services, for example a lack of transport or lack of health documentation, or a lack of an address or telephone which makes it difficult to receive post, email or telephone calls and access medication
- the affordability of health care.

Trauma-informed care can play a vital role in improving access to health care and health care outcomes for people who are at risk of or experiencing homelessness. This approach involves acknowledging the high rates of trauma in this population and adapting care to be sensitive to the impact of trauma.[56,57] This care includes:

- person-centred care that is respectful and responsive to the effects of trauma
- care that emphasises the importance of safety, choice and empowerment
- connects the person to housing support, case management, mental health supports, income assistance and harm reduction

[51] Fitzpatrick, S., Bramley, G. and Johnsen, S. (2013). Pathways into multiple exclusion homelessness in seven UK cities. *Urban Studies 50* (1). https://journals.sagepub.com/doi/10.1177/0042098012452329
[52] Homelessness Australia (2023). Homelessness facts 2023. https://homelessnessaustralia.org.au/wp-content/uploads/2023/07/Homelessness-fact-sheet-2023-1.pdf
[53] AIHW (2021). Health of people experiencing homelessness. www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness
[54] Davies, A. and Wood, J. (2018). Homeless health care: meeting the challenges of providing primary care. *Med J Aust, 209* (5). https://doi.org/10.5694/mja17.01264
[55] Lyons, A. (2017). Homeless healthcare: patients on the margins. www.racgp.org.au/download/Documents/Good%20Practice/2017/July/GP2017-july-homeless-healthcare.pdf
[56] Liu, M. and Hwang, S.W. (2021). Health care for homeless people. *Nat Rev Dis Primers, 7* (5). https://doi.org/10.1038/s41572-020-00241-2
[57] Western Australia Health (2023). Integrated primary health care for adults who have experience homelessness. https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/CAHO/Integrated-primary-health-care---Research-summary.pdf

- is accessed via a mix of co-located in-house services and visiting services
- provided by professionals who understand homelessness, including the problems and contexts that produce homelessness, AOD treatments and mental health concerns.

A range of strategies to improve access to health care and health care outcomes for people at risk of or experiencing homelessness are suggested in the literature[58] and include:

- prioritising access to stable housing
- increasing continuity of health care
- developing specialised homeless general practice
- hospital in reach care
- enhanced discharge planning and coordinated care
- general practice outreach
- the development of urgent care or medical recovery centres.

Innovative models of health care, designed to improve access to health care for people who are at risk of homelessness or homeless include:

- Street-based general practice services[59]
- Hospital in reach[60,61]
- Specialised homeless general practice services[62]

Street-based general practice services

- Provide care directly on the streets, in locations where the target population is more likely to be found, reducing barriers to accessing health care.
- Provide open access to care (free) in a non-judgmental way.
- Are based in settings that foster a sense of safety and community. For example, co-locating with food and laundry programs, housing and mental health services.
- This model can include a GP, nurse and outreach worker, who provide triaged healthcare services in an outdoor 'waiting room' where people can drop in.
- Referral pathways and transitions to housing services, mainstream general practice and other services can be made as circumstances improve.

For example, Streetside Medics in NSW operates from a mobile medical van which ensures that can reach the homeless community across multiple locations. Each doctor in the van is an RACGP accredited General practitioner and the vans are fitted with the necessary equipment to provide primary healthcare services, to the standard of a normal general practice. Services provided include health examinations, diagnosis of medical conditions, healthcare plans, immunisation, pathology services, nutritional advice, minor surgical procedures, referrals.

[58] Davies, A. and Wood, J. (2018). Homeless health care: meeting the challenges of providing primary care. *Med J Aust, 209* (5). https://doi.org/10.5694/mja17.01264
[59] Strange, C., Fisher, C., Arnold-Reed, D., Brett, T. and Ping-Delfos, W.C.S. (2018). A general practice street health service: patient and allied service provider perspectives. *Aust J Gen Pract, 47* (1–2), pp. 44–49. doi: 10.31128/AFP-05-17-4201
[60] Davies, A. and Wood, J. (2018). Homeless health care: meeting the challenges of providing primary care. *Med J Aust, 209* (5). https://doi.org/10.5694/mja17.01264
[61] www.homelesshealthcare.org.au/royal-perth-hospital-inreach
[62] Davies, A. and Wood, J. (2018). Homeless health care: meeting the challenges of providing primary care. *Med J Aust, 209* (5). https://doi.org/10.5694/mja17.01264

The Freo Street doctor provides free, three-hour walk-in clinics. The team is staffed by GPs, Registered Nurses, outreach workers and social workers. Services include immunisation, family planning, general health assessments, pap smears, alcohol and drug related assistance, STI and pregnancy tests, counselling, mental health services, wound dressing, sexual health, nutritional advice and diabetes education.

Hospital in-reach

This is a health care delivery model that brings specialised GP care into the hospital setting to improve access to primary care for people who are at risk of or experiencing homelessness.

In-reach teams may include members from a community-based GP practice and are often multi-disciplinary.

These teams work collaboratively to develop a comprehensive plan to address the patient's health and psychosocial needs, linking the person to services within the community.

The model aims to reduce emergency department use and hospital readmissions by ensuring that consumers receive appropriate follow-up and support services within the community.

For example, Royal Perth Hospital (RPH) commenced an in-reach service in 2016 for patients who present at the Emergency Department and are identified as homeless or at risk of homelessness. Homeless Healthcare doctors and nurses then provide care to these patients, and help to link them with other support services. A 2019 program evaluation indicated that since implementation, RPH have seen a dramatic decrease in the number of patients presenting to the ED[63] and a significant decrease in the number of inpatient admissions.

Specialised homeless general practice service

Specialised homeless general practice services involve creating healthcare services designed to meet the needs of people who are at risk of or experiencing homelessness.

These services are tailored to overcome the barriers that people at risk of or experiencing homelessness often face when trying to access traditional healthcare systems.

For example, in Perth, the Hub[64] provides a base for Homeless Healthcare's mobile operation. This fixed site clinic operates in a way that is similar to a GP clinic, however, includes longer consultations, support from reception staff to maintain appointments, fluid appointment times, higher nursing rations, a women's clinic, physiotherapy, podiatry and counselling.

[63] Gazey, A., Wood, L., Cumming, C., Chapple, N. and Vallesi, S. (2019). Royal Perth Hospital Homeless Team. A Report on the First Two and a Half Years of Operation. School of Population and Global Health: University of Western Australia.
[64] www.homelesshealthcare.org.au/the-hub

Social prescribing for people experiencing or at risk of homelessness

Social prescribing[65] is 'a mechanism for linking patients with non-medical sources of support within the community.'

A review of literature found that having a navigator – someone who helps span the boundaries between primary health care and the community along with voluntary sectors who provide social and supports – was critical to the success of social prescribing.[66] Other enablers of social prescribing programs identified in the literature are:

- a phased roll-out with clear and appropriate organisation, infrastructure and management
- strong stakeholder engagement from all relevant sectors
- good communication and a clear understanding of shared goals.[67]

The literature suggests that social prescribing models should:

- be co-designed with all relevant stakeholders
- involve a navigator with a clearly defined role and personal skills and attributes
- should undergo rigorous monitoring and evaluation.

[65] Zurynski, Y., Vedovi, A. and Smith, K. (2020). Social Prescribing: A Rapid Literature Review to Inform Primary Care Policy in Australia. NHMRC Partnership Centre for Health System Sustainability, Australian Institute of Health Innovation, Macquarie University.
[66] Zurynski, Y., Vedovi, A. and Smith, K. (2020). Social Prescribing: A Rapid Literature Review to Inform Primary Care Policy in Australia. NHMRC Partnership Centre for Health System Sustainability, Australian Institute of Health Innovation, Macquarie University.
[67] Zurynski, Y., Vedovi, A. and Smith, K. (2020). Social Prescribing: A Rapid Literature Review to Inform Primary Care Policy in Australia. NHMRC Partnership Centre for Health System Sustainability, Australian Institute of Health Innovation, Macquarie University.

Appendix 3. Homelessness services by LGA

Table 21: Services available in Toowoomba

Outreach	Basic needs	Health services	Drop-in social support	Housing support and case management	Long term housing	Crisis Accommodation	Youth
Carbal Medical Services	Carbal Medical services	Carbal Medical services	Protea Place	Carbal Medical services	Yellowbridge	Yellowbridge	-
Mission Australia	-	Richmond Fellowship Queensland (Mental health)	Base Services	Richmond Fellowship Queensland	YWCA	-	Mission Australia
Under The Southern Cross Outreach Ministries	-	-	-	Protea Place	-	-	-
Tony's Community Kitchen	-	-	-	Mission Australia	-	-	-
Vinnies Homeless Hostel (Men)	-	-	-	YouTurn	-	-	-

Outreach	Basic needs	Health services	Drop-in social support	Housing support and case management	Long term housing	Crisis Accommodation	Youth
Toowoomba Homeless Outreach Inc	-	-	-	Toowoomba Housing Hub	-	-	-
Base Services	-	-	-	Yellowbridge	-	-	-

Table 22: Services available in Southern Downs

Outreach	Basic needs	Health services	Drop-in social support	Housing support and case management	Long term housing	Crisis Accommodation	Youth
Carbal Medical Services	Carbal Medical services	Carbal Medical services	Protea Place	Protea Place	-	Yellowbridge	-
-	-	Richmond Fellowship Queensland (Mental Health)	-	Richmond Fellowship Queensland	-	-	-
-	-	-	-	St Vincent de Paul Society	-	-	-

Table 23: Services available in Goondiwindi

Outreach	Basic needs	Health services	Drop-in social support	Housing support and case management	Long term housing	Crisis Accommodation	Youth
-	-	-	-	-	Yelllowbridge	Yellowbridge	-

Table 24: Services available in Ipswich

Outreach	Basic needs	Health services	Drop-in social support	Housing support and case management	Long term housing	Crisis Accommodation	Youth
inCommunity Inc	Support Alliance	Drug Awareness Rehabilitation and Management (DrugARM) (AOD)	Ipswich Community Youth Service (ICYS)	inCommunity Inc	Goodna Street Life	inCommunity Inc	inCommunity Inc
Hannah's House	Lend a Hand to Ipswich homeless	Goodna Street Life (AOD) Richmond Fellowship Queensland (Mental Health)	-	Hannah's House	St Vincent de Paul Society	-	Hannah's House
-	Keep The Faith-Helping	-	-	Goodna Street Life	-	-	Ipswich Community

Outreach	Basic needs	Health services	Drop-in social support	Housing support and case management	Long term housing	Crisis Accommodation	Youth
	Homeless In Ipswich						Youth Service (ICYS)
-	Ipswich Assist	-	-	St Vincent de Paul Society	-	-	-
-	Goodna Street Life	-	-	Richmond Fellowship Queensland	-	-	-
-	Ipswich Community Youth Service (ICYS)	-	-	Anglicare	-	-	-
-	inCommunity Inc	-	-		-	-	-

Table 25: Services available in South Burnett

Outreach	Basic needs	Health services	Drop-in social support	Housing support and case management	Long term housing	Crisis Accommodation	Youth
South Burnett CTC	Support Alliance	-	-	South Burnett CTC	-	-	South Burnett CTC

Table 26: Services available in Western Downs

Outreach	Basic needs	Health services	Drop-in social support	Housing support and case management	Long term housing	Crisis Accommodation	Youth
-	Western Downs Outreach Project Inc	-	-	-	Yellowbridge	Yellowbridge	-

Table 27: Services available in Banana

Outreach	Basic needs	Health services	Drop-in social support	Housing support and case management	Long term housing	Crisis Accommodation	Youth
-	Banana Shire Support Centre	-	-	Banana Shire Support Centre	-	-	-

Table 28: Services available in Scenic Rim

Outreach	Basic needs	Health services	Drop-in social support	Housing support and case management	Long term housing	Crisis Accommodation	Youth
-	-	-	Beaucare	InCommunity	Mununjali Housing and Development Company	-	InCommunity

Table 29: Services available in Lockyer Valley

Outreach	Basic needs	Health services	Drop-in social support	Housing support and case management	Long term housing	Crisis Accommodation	Youth
InCommunity	-	-	Laidley Community Centre	Wesley Mission Queensland	-	-	InCommunity
				InCommunity			

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