Homelessness Health Needs Assessment

Summary Report

February 2025

IMPACT CO.

Brisbane North PHN acknowledges the Turrbal and Jagera people, the Traditional Custodians of the lands on which Brisbane North PHN operates. We pay our respects to their Elders past, present, and emerging and recognise their continuing connection to Country. We are committed to working respectfully and collaboratively with Aboriginal and Torres Strait Islander peoples to improve health outcomes in the region.

CONTENTS

EXECUTIVE SUMMARY 6

SECTION 1 12
Prevalence and demographics of homelessness

SECTION 2 16
Health status and needs of those experiencing homelessness

SECTION 3 23
Healthcare supply and provider barriers

SECTION 4 28
Health Service utilisation and barriers

EXECUTIVE SUMMARY
ABOUT THIS REPORT

This Homelessness Health Needs Assessment (HNA) Summary Report provides an overview of homelessness, health needs, health care supply and utilisation across the Brisbane North Primary Health Network (henceforth Brisbane North PHN) region, based on the Final Report, developed by Impact Co., in February 2025.

The key findings and insights in this Summary Report draw on quantitative and qualitative data, including interviews with service providers and people with lived and living experiences within the region.

Amidst the challenges identified, there are positive stories to tell. Many dedicated and passionate individuals and organisations within the region are working tirelessly to support people experiencing homelessness.

This Summary Report provides key insights pertaining to prevalence, demographics, health needs, and service utilisation of individuals experiencing homelessness, aiming to improve understanding of what is working well and identifying areas for improvement in the future.

Several limitations to the analysis exist:

- **Data limitations:** The 2021 Census data may not accurately reflect the current situation due to the impact of COVID-19 restrictions.
- **Data gaps:** Limited data exists on certain health conditions (e.g., injuries, sexual health) and substance misuse among people experiencing homelessness.
- **Underestimation of need:** The transient nature of homelessness and lack of data on gender diversity may lead to underestimation of the true extent of the issue.
- **Service mapping limitations:** The service mapping may not capture all available services, particularly those with limited online presence or outreach components.
- **Other limitations:** The Final Report does not include ambulance data or forecast future trends. Data for Norfolk Island may be inaccurate due to collection methods.

The Final Report considered the following inputs:

- 57 stakeholder consultations across 20 organisations
- 10 people with lived and living experience of homelessness.
- 9 major data sources, including from service providers in the region;
- 41 academic references.

This resulted in 15 insights and 4 key recommendations to help improve support into the future for the health needs of the homelessness cohort. The Summary Report is structured into four key sections:

1 Prevalence and demographics of homelessness in the region

This section explores the current state of homelessness within the Brisbane North PHN region, including trends, geographic distribution, and the changing demographics of those affected.

2 Health status and needs of those experiencing homelessness

This section examines the specific health needs of people experiencing homelessness, including health needs related to physical health, mental health, and substance use.

3 Healthcare supply and provider barriers

This section analyses the availability and accessibility of healthcare services for people experiencing homelessness, including primary care, specialist services, and outreach programs.

4 Health service utilisation and barriers

This section examines the utilisation of health services by people experiencing homelessness within the Brisbane North PHN region and explores the barriers that prevent or hinder current access to care.

EXECUTIVE SUMMARY

PREVALENCE AND DEMOGRAPHICS OF HOMELESSNESS

The qualitative and quantitative insights underscore that homelessness is increasing, with a significant rise noted in recent years, which signals a pressing issue that warrants attention

Related insights:

- **Insight 1:** Homelessness in the Brisbane North PHN region is on the rise
- **Insight 2:** Homelessness in the Brisbane North PHN region is geographically widespread and varied
- **Insight 3:** There is a shifting profile of those experiencing homelessness

- **Rising rates of homelessness:** Homelessness is on the rise across the region, with a large increase seen in Specialist Homelessness Service (SHS) clients. Stakeholders have also indicated that rates of all types of homelessness have significantly increased in recent years.
- **Geographic spread:** Homelessness is widespread and varied across the region, with concentrations in inner-city areas of Brisbane and metropolitan outer suburbs, including Caboolture and Redcliffe. This spread highlights the need for tailored interventions that address the unique challenges faced in different localities.
- **Shifting demographics:** The profile of people experiencing homelessness is shifting, with growing numbers of youth, families and older adults. This shift necessitates a nuanced understanding of diverse needs and vulnerabilities. Further breakdowns of the shift in the sub-cohorts of those at risk of, or experiencing homelessness are as follows:
  - **Gender**: While the overall numbers of men and women experiencing homelessness are similar, there are variations in specific age groups and regions. Notably, there is a higher proportion of women experiencing homelessness as a proportion of the overall homeless cohort in Nundah, Caboolture and Kenmore-Brookfield-Moggill.
  - **Older adults**: Compared to the general population, a significantly higher proportion of older adults (over 65 years) experience homelessness. This trend is particularly pronounced in the Brisbane Inner, Sandgate and Bribie-Beachmere SA3s.
  - **Young people**: The proportion of young people (aged 0–25) experiencing homelessness is significantly higher than in the general population. In the majority of SA3s across the Brisbane North region, 25-50% of the homeless cohort are children and youth under 25 years of age. This highlights the specific homeless vulnerabilities faced by young people in the region.
  - **Aboriginal and Torres Strait Islander people**: Aboriginal and Torres Strait Islander people comprise 10.7% of all of the homelessness cohort within the region, with the largest number of persons in the Brisbane Inner region, and the highest overall proportions in Narangba-Burpengary, Chermside and Caboolture regions.
  - **People with disabilities**: The proportion of people with disabilities experiencing homelessness is 6.6% within the region, with Caboolture-Hinterland and Bribie-Beachmere showing a disproportionately higher prevalence of people with a disability experiencing homelessness. This highlights the need for better support and services for this group.
  - **Culturally and linguistically diverse (CALD) people**: The overall proportion of homeless individuals from a culturally and linguistically diverse background across the region is 3.7%, and significant local variations are evident. Caboolture has the highest proportion of its homeless cohort who are culturally and linguistically diverse (14.9%).

EXECUTIVE SUMMARY

HEALTH STATUS AND NEEDS

A larger percentage of individuals experiencing homelessness have one or more long-term health conditions compared to the general population. The rate of homelessness among those with mental health issues is notably higher than that seen in the broader community. Additionally, certain priority groups have specific health needs.

Related insights:

- **Insight 4:** Mental health conditions remain among the most prominent health needs
- **Insight 5:** Poorly managed chronic conditions are leading to the development of preventable multi-morbidities
- **Insight 6:** People experiencing homelessness with co-occurring mental health and substance use issues have unmet health needs
- **Insight 7:** Poor oral health and inadequate dental care are prevalent among people experiencing homelessness
- **Insight 8:** A number of high-risk cohorts exist that have distinct health needs
- **Insight 9:** Higher risk of developing treatable infections and skin problems

Complex health needs: Individuals experiencing homelessness often face multiple health issues, including:

- **Mental health:** A significant number have mental health conditions like anxiety, depression, and PTSD, with around 64% affected according to SHS data.
- **Chronic diseases:** Poorly managed conditions such as asthma and diabetes lead to preventable health complications, with higher prevalence noted in specific areas.
- **Substance use disorders:** Many have dual diagnoses, complicating access to integrated care for both mental health and substance use.
- **Oral health:** Limited access to hygiene and dental care results in poor oral health among this population.
- **Skin conditions:** Vulnerability to infections and skin issues is common due to inadequate hygiene and resources.

High risk and high needs: Certain groups within the homeless population have specific health needs:

- **Victim-survivors of domestic violence:** Require urgent health care and long-term support.
- **Young mothers and babies:** Need postnatal care, particularly in the first 1,000 days, though services are limited.
- **Young people:** Face challenges in sexual health and vaccine hesitancy.
- **People with disabilities:** Encounter barriers in accessing health care services.
- **Older adults:** Experience complexities in aged care, frailty, and social isolation.
- **Recently released prisoners:** Often face homelessness and need mental health support.
- **Palliative care needs:** Individuals may require this care earlier due to shorter life expectancies.
- **Aboriginal and Torres Strait Islander people:** Need culturally safe healthcare due to historical and systemic challenges.
- **LGBTIQA+ communities:** Have unique health needs, including access to gender-affirming care and support for those living with HIV.

EXECUTIVE SUMMARY

HEALTHCARE SUPPLY AND PROVIDER BARRIERS

The availability and accessibility of health care services and barriers faced by service providers can hinder service providers from delivering optimal care. A mismatch between the concentration of services in certain areas and the geographically widespread nature of homelessness results in significant service gaps

Related insights:

- **Insight 10:** Services are concentrated in few areas, leaving gaps in the region
- **Insight 11:** There is limited access to specialty healthcare services for people experiencing homelessness
- **Insight 12:** The private primary care system and model struggle to support this cohort
- **Insight 13:** Fragmented systems hinder effective care for people experiencing homelessness

There are some current services provided, which include:

- **Traditional health services:** There are a range of health services provided in the region that are available to those who are experiencing homelessness, although not specifically tailored to them. These include the Emergency Departments within the Metro North HHS boundary, Urgent Care clinics and Aboriginal and Torres Strait Islander Community Health Services. GP practices can also provide primary care services, and some specialist GP clinics provide services to priority cohorts, including youth and LGBTIQA+.
- **Specialist homelessness health care providers, including outreach services:** These currently include QuIHN, OneBridge, Micah Projects, Metro North Mental Health Homeless Health Outreach, and will soon include a Homeless Health Outreach Team in the Moreton Bay region. It is also noted that some Brisbane city services in the inner Brisbane south side provide services for those within Brisbane's inner north, including Emmanuel City Mission and the Inclusive Health and Wellbeing Hub.

There are several key service gaps and barriers:

- **Gaps in primary care:** People experiencing homelessness face challenges in accessing affordable and culturally appropriate primary health care services. The private primary care system struggles to adequately support this cohort due to financial constraints, workforce shortages, complex needs, and the challenges of providing continuity of care for those experiencing housing instability.
- **Limited access to specialised services:** There is a lack of access to specialised health services, including mental health care, substance abuse treatment, dental care, youth-specific health services, sexual and reproductive health services and DFV support. This gap is particularly concerning given the high prevalence of mental health conditions, substance use issues, and poor oral health among people experiencing homelessness.
- **Systemic barriers:** Service providers face systemic barriers that hinder their ability to provide effective care. These barriers include funding instability, workforce shortages, and a fragmented service system. The lack of sustainable funding models creates uncertainty and limits the capacity of service providers to expand their programs and outreach. Workforce shortages, particularly in mental health and specialised care, restrict access to essential services. The fragmented nature of the service system, with multiple providers operating independently, can lead to confusion, duplication of efforts, and difficulty navigating the system for people experiencing homelessness.

EXECUTIVE SUMMARY

HEALTH SERVICE UTILISATION AND BARRIERS

People experiencing homelessness in Brisbane North PHN face significant barriers to accessing health services. Despite increasing demand, timely and appropriate care remains difficult to obtain.

Related insights:

- **Insight 14:** Service use by people experiencing homelessness is growing within the region
- **Insight 15:** There are several economic, structural and social barriers that impact people experiencing homelessness' ability to access and use health services

- **Increasing demand:** Emergency department (ED) presentations by people experiencing homelessness have been rising over the past five years, placing a strain on existing resources. This trend highlights the growing need for accessible and appropriate health services for this vulnerable population.
- **Economic barriers:** Financial constraints, including the inability to afford health care costs and medication, are major obstacles to accessing care.
- **Structural barriers:** The fragmented service system, with its complex referral pathways and limited coordination between providers, creates confusion and difficulty navigating care. Additionally, limited transportation options and a lack of access to technology further hinder access to services.
- **Social barriers:** Stigma and discrimination associated with homelessness can discourage individuals from seeking help and delaying necessary care. Fear of judgment or mistreatment by healthcare providers can also deter people from accessing services.

EXECUTIVE SUMMARY

WHERE TO FROM HERE?

To address the challenges and improve the health and wellbeing of people experiencing homelessness, the Report recommends the following:

1. **Enhancing data collection:** Improve data collection efforts to gain a deeper understanding of this population's specific needs and health service utilisation patterns. This includes collecting data on the prevalence of different health conditions, barriers to accessing care, and the effectiveness of various interventions.

2. **Supporting tailored and responsive health care models:** Support developing and implementing tailored and responsive healthcare models that address the complex and intersecting needs of diverse subgroups within the homeless population. This includes models that are trauma-informed, culturally safe, and specifically designed to meet the needs of different groups, such as those with co-occurring mental health and substance use disorders, older adults, and young people.

3. **Improving access to primary and community health care:** Expand access to primary and community healthcare services through increased outreach, particularly to those living in temporary and emergency accommodations. This includes providing mobile health clinics, expanding telehealth services, and increasing the availability of primary care providers in shelters and other temporary housing facilities.

4. **Addressing service gaps and systemic barriers:** Address service gaps and systemic barriers by increasing funding for homelessness healthcare services, strengthening workforce capacity, and improving service coordination. This includes advocating for increased and sustained funding for homelessness healthcare services, providing incentives to attract and retain healthcare professionals specialising in homelessness healthcare, and developing more integrated and coordinated service systems.

PREVALENCE AND DEMOGRAPHICS OF HOMELESSNESS

INSIGHTS

INSIGHT 1

HOMELESSNESS IN THE BRISBANE NORTH PHN REGION IS ON THE RISE

'Homelessness has exploded in Brisbane in the last few years … You can't trust [the 2021] ABS data at all' – a service provider, indicating the drastic rate of growth in homelessness.

Despite some limitations in official ABS Census statistics, multiple data sources indicate a concerning increase in homelessness in recent years.

This trend is supported by observations from frontline service providers, community organisations, and people with lived experience.

Key trends:

- 22% increase in SHS caseloads between 2017-18 and 2021-22, exceeding national and state averages.
- 17% annual rise in SHS caseloads in 2023-24 within the Brisbane North PHN region.
- Significant increase in rough sleepers in the Brisbane region since 2020, as identified by Brisbane Zero.
- Estimated 80% rise in individuals at risk of homelessness in Queensland between 2016 and 2022, as modelled and estimated by Homelessness Australia

Why the increase:

- **Individual vulnerabilities:**
  - **Mental health**: Up to 67.5% of homeless individuals experience mental health issues.
  - **Substance misuse**: Nearly 80% of homeless individuals have substance abuse issues.
  - **Domestic & Family Violence (DFV):** 45% of SHS presentations are due to DFV. 77% increase in women/children sleeping rough in Queensland (2022-23 vs. 2019-20).
  - **Marginalised groups:**
    - Aboriginal/Torres Strait Islander: Disproportionately high rates due to colonisation and discrimination.
    - LGBTIQA+: Youth are up to 120% more likely to experience homelessness.
- **Systemic pressures:**
  - **Rental unaffordability**: Affordable rentals in Greater Brisbane dropped from 19% (2020) to 10% (2022).
  - **Inadequate social safety nets**: Limited income support and other social safety nets leave individuals in Brisbane vulnerable to economic shocks and hardship, increasing their risk of homelessness.
  - **Stagnant wages**: Brisbane rents increased 14% (2022), while wages grew only 2.6%.
  - **Limited social housing**: Over 50,000 applicants on Queensland's social housing waitlist.
  - **Population shifts**: Inner city areas are increasing in unaffordability, and outer suburbs are experiencing increased demand.

Key takeaway:

The rising rates of homelessness in Brisbane North PHN highlight the urgent need for increased resources and targeted interventions to address needs.

HOMELESSNESS IN THE BRISBANE NORTH PHN REGION IS GEOGRAPH-ICALLY WIDESPREAD AND VARIED

‘We are seeing big changes to where people experiencing homelessness are located. There may be many reasons for this’ – an SHS provider commenting on the changing spread of homelessness in the Brisbane North PHN region.

While concentrated in certain areas, homelessness exists in every corner of the region, highlighting the need for diverse and geographically targeted interventions.

Key geographic trends:

- Homelessness is present in every SA3 within the region.
- Highest concentrations: Brisbane City, Redcliffe, Caboolture.
- Elevated rates also seen in Sandgate, indicating unique vulnerabilities.
- Caboolture stands out within outer suburban/northeast areas.

Factors influencing distribution:

- **Public transport costs**: Debate exists; some believe lower fares increase transience, others disagree.
- **"Crowding Out":** Individuals may relocate from high-concentration areas due to resource competition or stigma.
- **Local Government policies:** Disincentives in some areas (e.g., bans on pets/sleeping in vans) and incentives in others (e.g. allowing camping on council land) influence movement.
- **Service density:** Higher rates in Brisbane City, Redcliffe, and Caboolture are partly attributed to increased outreach and crisis services.

Key takeaway:

- While inner-city challenges are significant, homelessness is a region-wide issue with diverse contributing factors.

INSIGHT 3

THERE IS A SHIFTING PROFILE OF THOSE EXPERIENCING HOMELESSNESS

'The typical homeless person [being] an older male, is no longer the case. We are seeing people and cohorts of people who have never been homeless before present in big numbers. Young people, families, people who have privileged backgrounds …' – a service provider highlighting the changing mix and profile of people who are becoming homeless.

Homelessness is no longer confined to the stereotype of a single, middle-aged man. It now affects a diverse range of people, including youth, families, and older adults.

This shift reflects a broader trend of increasing housing insecurity across the general population. Where more than one of these key sub-cohorts are present there can be cascading disadvantage.

Key Sub-Cohorts:

- **Youth:** Increasing numbers, often presenting alone. Brisbane Youth Service data shows 17% average annual growth in interventions (2019-20 to 2023-24).
- **Families fleeing DFV:** Significant driver, particularly for women and children. Females outnumber males in accessing SHS.
- **LGBTIQA+:** Overrepresented, linked to discrimination and lack of inclusive services.
- **Culturally and linguistically diverse:** Overrepresented and face further barriers to accessing services.
- **First Nations:** Significantly overrepresented (31.4% of SHS clients vs. 3.0% of the population).
- **Older individuals:** Dramatic 46.7% increase in those 60+ seeking SHS services (2022-23 to 2023-24).
- **Ex-prisoners:** Growth cohort, increasing by 3.6% over four years.
- **People struggling with cost of living pressures:** Service providers report an increase in first-time homelessness due to rent and cost of living increases.

Why the shift?

- Rising housing costs and economic inequality.
- Increased prevalence of domestic and family violence.
- Aging population and lack of support for older adults.
- Discrimination and social exclusion faced by marginalised groups.

Key takeaway:

The face of homelessness is changing, requiring services to adapt to the diverse needs of these growing populations.

HEALTH STATUS AND NEEDS OF THOSE EXPERIENCING HOMELESSNESS

INSIGHTS

INSIGHT 4

MENTAL HEALTH CONDITIONS REMAIN AMONG THE MOST PROMINENT HEALTH NEEDS

'I had never had any troubles with my mental health but after moving [into temporary accommodation] I became very depressed; I wouldn't leave my room' – a person with lived and living experience of homelessness sharing how becoming homeless impacted their mental health.

A high prevalence of mental health conditions, both diagnosed and undiagnosed, is evident among those experiencing homelessness in the region, mirroring international and domestic trends.

There is a cyclical relationship between homelessness and mental health – mental health challenges can contribute to homelessness and homelessness can worsen existing conditions or trigger new ones. 53% of homeless individuals in a Victorian study developed mental health conditions after becoming homeless.

Barriers to accessing support:

- **Lack of diagnosis:** Hinders access to appropriate care.
- **Limited psychiatrist access:** Expensive or long wait times.
- **Strained resources:** Overreliance on Emergency Departments due to inadequate community support.
- **Distrust in services:** Negative experiences with inpatient care lead to distrust.
- **Challenges identifying conditions:** Outreach staff may lack training to identify mental health needs.
- **Restrictive GP funding:** Limits GPs' ability to provide holistic care for complex needs.

Impact on service provision:

- Supporting mental health and wellbeing is challenging while individuals are actively experiencing homelessness.
- There is a need for increased investment in community-based mental health services and improved access to specialist care.

Key takeaway:

Addressing mental health in the context of homelessness requires a multi-faceted approach that tackles both individual needs and systemic barriers.

INSIGHT 5

POORLY MANAGED CHRONIC CONDITIONS ARE LEADING TO THE DEVELOPMENT OF PREVENTABLE MULTI-MORBIDITIES

People experiencing homelessness report a higher prevalence of chronic health conditions than the general population. This is compounded by a lack of consistent management, leading to the exacerbation of these conditions and the onset of multi-morbidities.

Poorly managed conditions increase the risk of severe complications, hospitalisation, disability, and premature mortality. Examples of prevalent chronic conditions include diabetes, cancers, asthma, COPD, heart diseases

Barriers to effective management:

- **General barriers:** Including cost, transport, limited services available (see insight 15)
- **Chronic condition-specific barriers:**
  - **Medication storage:** Lack of safe storage (e.g., fridges).
  - **Medication loss/theft:** Disrupts treatment.
  - **Healthcare access:** Difficulties with regular appointments and consistent care. Fee-for-service models are cost-prohibitive.
  - **Health literacy:** Poor communication about disease management and implications.
  - **Poor nutrition**: Inadequate access to nutritious food hinders health and recovery.

Key takeaway:

Addressing chronic conditions requires overcoming both general and specific barriers to ensure consistent care and prevent severe complications.

'When I had cancer, the only way I could get my prescriptions was going to the hospital – I couldn't afford the GP and there weren't any bulk-billed places.' – a person with lived and living experience of homelessness discussing the difficulties of managing chronic conditions.

INSIGHT 6

PEOPLE EXPERIENCING HOMELESSNESS WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS HAVE UNMET HEALTH NEEDS

'The decline in mental health has impacted every cohort we're seeing, but quite rapidly among youth.' – a service provider talking to the prevalence of mental health conditions.

A high prevalence of dual diagnoses (mental health conditions and substance use disorders) exists among those experiencing homelessness, posing significant challenges.

Prevalence:

- Co-occurring mental health and substance use disorders (dual diagnoses) are common among homeless individuals.
- ~64% accessing SHS have a mental health condition.
- 16.4% report substance use issues (likely an underestimate).
- High prevalence anecdotally noted in the First Nations community.

Barriers to accessing support:

- **Lack of integrated services:** Specifically for dual diagnoses creates a barrier to receiving appropriate and holistic care.
- **Not accepting clients:** Many mental health services don't accept clients with active substance use disorders.
- **Addiction treatment:** Access to addiction treatment (rehabilitation, detox, pharmacotherapy) is limited.
- **Eligibility**: Self-medication of mental health conditions with illicit drugs can impact a persons' eligibility for services.
- **Overshadowed physical health:** Focus on mental health and substance use can lead to delayed diagnosis and treatment of other physical health conditions. This can result in worsened symptoms, co-morbidities, and poor outcomes.

Key takeaway:

Integrated, holistic care that addresses both mental health, substance use, and physical health needs is crucial for improved outcomes in this population.

INSIGHT 7

POOR ORAL HEALTH AND INADEQUATE DENTAL CARE ARE PREVALENT AMONG PEOPLE EXPERIENCING HOMELESSNESS

'Dental support is a big one – lots of the young people we support have never seen a dentist in their life.' – a service provider talking about the barriers to young people experiencing homelessness accessing dental care.

Oral health is a significant, often overlooked challenge, with multiple contributing factors.

Poor oral health is a widespread issue among homeless individuals.

Contributing factors:

- **Limited hygiene access:** Difficulty obtaining toothbrushes, toothpaste, etc.
- **Poor health literacy:** Lack of awareness about oral health importance.
- **Inadequate access to affordable care**: High costs, limited services, inflexible appointments, long wait times.
- **Dental anxiety**: Fear and embarrassment act as barriers.
- **Eligibility vs. Access:** 90% of homeless individuals in Brisbane are eligible for public dental care (vs. 31% of the general population). Yet, >67% avoid or delay care due to supply barriers (vs. 30% of the general population).

Impact:

- People experiencing homelessness are highly susceptible to tooth decay, gum disease, and other oral health issues.
- Poor oral hygiene is also linked to systemic health issues like stroke and cardiovascular disease.
- Emotional distress and impact on self-esteem.

Specific needs of cohorts:

- **DFV victim-survivors:** Require access to emergency dental care for trauma-related injuries.
- **People with disabilities:** Need supported pathways to overcome additional barriers.
- **People with substance use issues:** Drug use can significantly impact oral health.

Key takeaway:

Addressing oral health in homelessness requires improving access to affordable care, increasing health literacy, and providing specialised support for vulnerable groups.

INSIGHT 8

THERE ARE A NUMBER OF HIGH-RISK COHORTS THAT HAVE DISTINCT HEALTH NEEDS

While some of these groups only encompass a small proportion of the overall population experiencing homelessness, the complexity of the needs and the long-term risks of their remaining unaddressed are significant.

Key cohorts:

- **Victim-survivors of DFV:** Require acute care (strangulation, dental, reproductive) and long-term trauma-informed support.
- **Young mothers & babies:** Increasing need for postnatal care and early parenting support, especially in the first 1,000 days.
- **Young people:** Highlighted needs include sexual/reproductive health and addressing vaccine hesitancy.
- **People with disabilities:** Face challenges navigating systems and accessing diagnostic services, particularly for intellectual/neurological disabilities.
- **Older adults:** Difficulty navigating aged care, increased risk of frailty, chronic conditions, and social isolation.
- **People recently released from prison:** Lack of connecting services (mental health, primary care, pharmacotherapy) hinders successful community reintegration.
- **People requiring palliative care:** Shorter life expectancy, limited service availability, and lack of support networks create barriers to accessing palliative care.
- **Aboriginal & Torres Strait Islander people:** Require culturally safe care addressing the impacts of colonization, trauma, and systemic racism.
- **LGBTIQA+ communities:** Unique needs include HIV care, PrEP/PEP access, and gender-affirming care. Limited service availability and cultural safety are concerns.
- **People from culturally and linguistically diverse (CALD) backgrounds:** Experience health declines linked to social determinants of health, including trauma, PTSD, and poorly managed chronic conditions, requiring culturally sensitive and trauma-informed care.

Key takeaway:

Effective responses to homelessness must consider the diverse and complex needs of these high-risk groups, ensuring culturally safe and appropriate services for all.

'Many [young people experiencing homelessness] are not immunised and are very scared of vaccinations so COVID, influenza et cetera is very prevalent' – a service provider talking to the impact of vaccine hesitancy among young people.

INSIGHT 9

INDIVIDUALS EXPERIENCING HOMELESSNESS HAVE A HIGHER RISK OF DEVELOPING TREATABLE INFECTIONS AND SKIN PROBLEMS

Preventable infections and skin issues are prevalent among homeless individuals in the region.

These conditions, often preventable with proper care and access to resources, can cause significant discomfort and lead to serious health complications.

Common conditions:

- **Hepatitis C**
- **Bacterial infections** (e.g., school sores)
- **Cellulitis**
- **Skin and soft tissue infections**
- **Foot problems**
- **Infectious diseases**

Contributing factors: Unique environmental challenges faced by homeless individuals:

- **Limited access to hygiene and sanitation**
- **Inadequate footwear**
- **Improper wound care**
- **High costs of antibiotics**
- **Extended periods spent on feet**
- **Poor sleeping conditions** (restricting blood flow)
- **Limited access to clean clothing, bedding, and towels**

Impact:

- These conditions can lead to severe complications, hospitalisation, and even mortality.

Key takeaway:

Timely access to healthcare for prevention and early diagnosis is essential to mitigate the impact of infections and skin problems on homeless individuals.

SECTION 3

HEALTHCARE SUPPLY AND PROVIDER BARRIERS

INSIGHTS

INSIGHT 10

SERVICES ARE CONCENTRATED IN FEW AREAS, LEAVING GAPS IN THE REGION

'A doctor or nurse coming to the hotel [emergency accommodation] would help me and my kids' – a mother housed in temporary emergency accommodation who has experienced challenges seeing health care providers to treat school sores.

Services are concentrated in a few key areas, leaving significant gaps in other parts of the Brisbane North PHN region.

There is unmet demand for health care services in all areas of the Brisbane North PHN region, and even more so in areas outside inner-city Brisbane, Caboolture and Redcliffe. This has resulted in significant geographical service gaps, especially across the Moreton Bay LGA.

Geographic disparities:

- High concentration of services in inner-city Brisbane, Caboolture, and Redcliffe.
- Limited services in other areas, particularly the Moreton Bay LGA.
- Critical lack of outreach services to temporary and emergency accommodation.

Systemic barriers:

- **Funding instability:** Short-term funding models disrupt continuity of care and make it difficult for providers to plan and deliver consistent services
- **Program boundaries:** The geographical boundaries of programs can impact access to services and also continuity of care for people experiencing homelessness who are often very transient.
- **Limited GP availability:** Limited availability of GPs who can address preventable concerns, such as prescribing antibiotics for infections, particularly for rough sleepers with wounds, can lead to serious health complications.
- **Workforce shortages:** A shortage of specialist nurses, such as DFV nurses and nurse practitioners, limits access to critical support services.
- **Limited funding for outreach**: Nurse Practitioner outreach models, which could address some of the region's geographical gaps, are inadequately supported by existing MBS item numbers, making them difficult to fund and maintain.

Key takeaway:

These challenges create a fragmented and inequitable healthcare system. Increased investment, improved coordination, and targeted interventions are needed to address service gaps and ensure equitable access for all.

INSIGHT 11

PEOPLE EXPERIENCING HOMELESSNESS HAVE LIMITED ACCESS TO SPECIALISED HEALTH CARE SERVICES

Individuals experiencing homelessness often have complex needs requiring specialised care, but service availability is limited, leading to unmet needs and poorer health outcomes.

Key service gaps:

- **Palliative care:** Provides comfort and symptom management for individuals with life-limiting illnesses.
- **Dental care:** Addresses oral health issues, often exacerbated by homelessness.
- **Opioid replacement therapy:** Provide medically supervised withdrawal management for individuals with substance use disorders
- **Youth-specific health services:** Address the unique physical and mental health. needs of young people.
- **Sexual and reproductive health:** Provides access to contraception, STI testing and treatment, and pregnancy care.
- **DFV support:** Offers medical care, crisis intervention, and counselling for survivors.
- **Maternal and infant health support:** Provides support for mothers and babies during the critical first 1000 days of life.
- **Community mental health services:** Long-term psychological supports along with intermittent supports for people who have relapsed. Providing supports to GPs to be able to address mental health issues is also crucial.
- **Disability supports:** Provides assistance with core activities to individuals with physical or intellectual disabilities.
- **Long-term care:** Provides social and health care to older people experiencing homelessness that cannot safely live independently.
- **Health care for First Nations people:** An Aboriginal and Torres Strait Islander led and delivered strategy for improved access to this pathway for First Nations people experiencing homelessness in the region is required.

Challenges:

- Limited number of providers offering these specialised services.
- Long wait times and limited capacity within existing services.
- Geographic disparities in service availability.
- Financial constraints and lack of affordable options.

Key takeaway:

Expanding access to specialised services, including culturally appropriate care for First Nations people, is vital to address the complex health needs of homeless individuals and improve outcomes.

INSIGHT 12

THE PRIVATE PRIMARY CARE SYSTEM AND MODEL STRUGGLE TO SUPPORT THIS COHORT

‘The traditional medical [GP-led] model of primary care does not tend to work for people experiencing homelessness – we need to move to a more responsive, multidisciplinary, holistic health model.’ – a service provider on the way in which models of care need to shift for those experiencing homelessness.

The private primary care system, with its reliance on fee-for-service models and limited bulk-billing options, faces significant challenges in effectively supporting people experiencing homelessness.

This model often struggles to provide the comprehensive, holistic care this population requires, leading to disparities in access and health outcomes.

Challenges:

- **Financial barriers:** Limited bulk-billing and reliance on patient fees create access barriers.
- **Complexity of needs:** Traditional short consultations are inadequate for addressing complex health issues, including chronic conditions, mental health, and substance use.
- **Lack of specialised knowledge:** Mainstream GPs may lack the skills and knowledge to adapt care for homeless individuals, including those who are rough sleeping or First Nations.
- **Care coordination challenges:** Difficulty coordinating care for chronic or complex conditions.
- **Inflexible appointment systems:** Appointment-based systems are often unsuitable for the transient nature of homelessness, leading to "no-shows" and disincentivising practices.

Positive examples:

- Strong GP-patient relationships can provide some continuity of care, particularly when:
  - GPs have a specific interest in homelessness and offer flexible payment options.
  - Trusting relationships are established between patients and providers.

Key takeaway:

Adapting the private primary care model to better accommodate the needs of homeless individuals, including increased bulk-billing, specialised training, and flexible care approaches, is crucial to improve access and health outcomes.

FRAGMENTED SYSTEMS HINDER EFFECTIVE CARE FOR PEOPLE EXPERIENCING HOMELESSNESS

‘The hospitals have a policy to not discharge anyone into homelessness and we have had instances where people experiencing homelessness have shown up at our service in a taxi as their discharge destination, without handover or context being provided to us.’ – a homelessness service provider discussing the disconnect across the health system for those experiencing homelessness.

Poor communication and collaboration between EDs, hospitals, primary care, and specialized services create a fragmented healthcare experience for homeless individuals.

Challenges:

- **Disjointed referrals:** Lack of smooth transitions between services.
- **Limited information sharing:** Patients "fall through the cracks" due to poor communication between providers.
- **Competitive funding:** Disincentivises collaboration and information sharing between organisations.
- **Inconsistent use of My Health Record:** Limits its effectiveness in facilitating seamless care.

Impact on Individuals:

- Repetition of tests and procedures.
- Inconsistent treatment plans and medication errors.
- Re-traumatisation from repeatedly recounting medical history and traumatic experiences.

Impact on Services:

- Increased reliance on emergency departments for primary care needs.
- Higher rates of hospital readmission for preventable conditions.
- Poorer health outcomes due to delayed diagnoses, medication errors, and lack of follow-up care.

Key takeaway:

Improving coordination, communication, and information sharing across the healthcare system is essential to provide integrated and effective care for homeless individuals.

HEALTH SERVICE UTILISATION AND BARRIERS

INSIGHTS

SERVICE USE BY PEOPLE EXPERIENCING HOMELESSNESS IS GROWING WITHIN THE REGION

Utilisation of both specialist and mainstream healthcare services has increased in recent years, across community, primary, and tertiary settings.

Stakeholder reports and data shows of significant rises in homelessness and demand exceeding health service capacity.

Evidence of increased demand:

- ED presentations by people at risk of, or experiencing, homelessness have increased by 90% in the last four years within the Metro North HHS catchment.
- The number of people receiving health care through a homeless outreach service (data from Micah and QuIHN) has increased significantly over the past three years.

Potential drivers:

- Growing number of individuals experiencing homelessness in the region.
- Increased awareness of available services.
- Worsening health conditions due to delayed or inadequate care.

Key takeaway:

The substantial increase in service use highlights the urgent need for increased support and expansion of existing services to meet the growing demand and provide effective, holistic care.

INSIGHT 15

ECONOMIC, STRUCTURAL AND SOCIAL BARRIERS IMPACTING ACCESS AND USE OF HEALTH SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS

‘If you’re recently homeless it’s hard to know where you go for services. You know to get Centrelink but then they don’t link you in with anyone. So it is hard to know where to go next.’ – a person experiencing homelessness talking about the difficulties of navigating the health system.

People experiencing homelessness face numerous barriers that hinder their ability to access and utilise healthcare services.

These barriers lead to unaddressed health conditions, more acute illnesses, and the development of additional comorbidities.

Key barriers to health utilisation:

- **Financial barriers:**
  - **High service costs:** Non-bulk-billed services and diagnostic investigations are often unaffordable.
  - **Limited bulk-billing:** High demand and limited capacity restrict access to low-cost GP options.
  - **Medication affordability:** Inability to afford prescribed medications can exacerbate health conditions.
- **System-related barriers:**
  - **Appointment accessibility:** Transportation challenges and distance from services create difficulties.
  - **Missed appointment reminders:** Reliance on letters or texts for reminders is ineffective for those without stable addresses or phone access.
  - **Unwelcoming environments:** Physical layout and design of waiting rooms can deter individuals with anxiety or trauma.
  - **Misplaced documentation:** Loss of important documents (e.g., birth certificates) hinders service access.
  - **Lack of identification:** Difficulty obtaining a Medicare number or identification limits access to bulk-billed services and My Health Record.
  - **Client transience:** Frequent changes in living situations disrupt continuity of care and information sharing.

Key takeaway:

Addressing these economic, structural, and social barriers is crucial to ensure equitable access to healthcare for homeless individuals and improve their health outcomes.