Homelessness

Needs Assessment

February 2024

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Contents

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Executive Summary

Wentworth Healthcare, provider of the Nepean Blue Mountains Primary Health Network, has conducted a comprehensive Needs Assessment aimed at improving primary care access for individuals experiencing homelessness or at risk of homelessness in the Blue Mountains Hawkesbury, Lithgow, and Penrith region. The Needs Assessment aims to identify the health needs of the homeless population, the gaps in primary care service access and barriers to accessing primary care services.

This Needs Assessment has been informed through demographic and epidemiological data and stakeholder consultations which have been undertaken with homelessness service providers from the Nepean Blue Mountains region and residents of the Nepean Blue Mountains region who identify as homeless or at risk of homelessness.

Homelessness can be attributed to various social, economic, and health-related factors. Individuals with lower educational attainment, unemployment, experiencing family and domestic violence, poor physical and mental health (in particular post-traumatic stress disorder), neurological issues/brain injuries, disability and people experiencing alcohol and drug abuse are at higher risk of becoming homeless. Political, economic, social, and environmental conditions may also impact an individual's risk of homelessness, including exclusion, discrimination, unaffordable housing, and lack of available housing.

Approximately 1,181 people in the Nepean Blue Mountains region are estimated to be homeless, out of these, 66% were in Penrith, 20% in Hawkesbury,10% in Blue Mountains and 2% in Lithgow. Region-specific factors in the Nepean Blue Mountains have been identified as potentially contributing to homelessness in the region - this includes rates of unemployment, availability of social housing support, impacts of natural disasters (ie., bushfires and floods), incidence of domestic violence and prevalence of mental health conditions.

Consultations with service providers and consumers in the Nepean Blue Mountains region indicate that people experiencing homelessness or at risk of homelessness have significantly neglected health issues which further deteriorate the longer their homelessness persists. Mental health concerns, drug and alcohol issues and oral health issues were the most noted health conditions identified during the consultations. Other health concerns noted include diabetes, skin issues, foot issues, and neurological and cognitive issues. Poor access to nutritious food and hygiene facilities were identified as key contributors to poorer health outcomes for people experiencing homelessness, and their children.

Access to primary healthcare services in the Nepean Blue Mountains region was identified as difficult for people experiencing homelessness or at risk of homelessness. Access to general practitioners, allied health professionals, pharmacy and mental health professionals were highlighted as most problematic. Several barriers to accessing primary healthcare services were identified, including the cost of services, transportation to services, wait times, awareness of available services, lack of trust in service providers, shame and stigma associated with homelessness and reduced digital and health literacy.

In response to the Needs Assessment, recommendations have been proposed for consideration by the Nepean Blue Mountains Primary Health Network for improving access to primary healthcare services for people experiencing homelessness or at risk of homelessness. Recommendations include trauma-informed care training for primary care providers, commissioning of place-based health services, promotion of existing navigation tools and services and advocating for mental health services for homeless people in Lithgow and Blue Mountains.

Introduction

Purpose

Wentworth Healthcare, provider of the Nepean Blue Mountains Primary Health Network (PHN), was successful in its application for the Australian Government Department of Health and Aged Care (DoHAC) Primary Health Networks Homelessness Access Program. The Homelessness Access Program aims to provide PHNs with funding to support primary healthcare across their region for people experiencing homelessness or people at risk of homelessness.

In order to improve primary care access for people experiencing homelessness in the Nepean Blue Mountains region, Nepean Blue Mountains PHN has undertaken this Needs Assessment. The purpose of the Needs Assessment is to identify the health needs of people experiencing homelessness in the Nepean Blue Mountains region and to assess the gaps in primary care service delivery and barriers to accessing services. The Needs Assessment identifies opportunities for improving the health outcomes of people experiencing homelessness in the Nepean Blue Mountains region.

The development of the Nepean Blue Mountains Homelessness Needs Assessment was supported by data analysis, literature review and extensive consultation undertaken with service providers and community members from the Nepean Blue Mountains region.

Background

Primary Health Networks (PHNs) are independent organisations funded by the Department of Health and Aged Care (DoHAC) to coordinate primary healthcare in their region. Australia has 31 PHNs that assess the needs of their community and commission health services to deliver coordinated healthcare to the local community where and when they need it. In order to assess the needs of their communities, PHNs undertake Health Needs Assessments which are the first stage in the broader PHN commissioning framework and provide the basis for planning and commissioning of services[1].

Wentworth Healthcare is the provider of Nepean Blue Mountains PHN and aims to improve the health and wellbeing of people in the Blue Mountains, Hawkesbury, Lithgow and Penrith Local Government Areas (LGAs)[2]. The Nepean Blue Mountains region is over 9,179 square kilometres of concentrated suburban and rural areas and is diverse both demographically and geographically[3].

The Nepean Blue Mountains resident population as of 2021 is over 387,000 people[4] and is expected to increase to over 452,000 people by 2041[5]. Of the population in the Nepean Blue Mountains region, 4.3% (16,548 people) are Aboriginal and Torres Strait Islander, which is higher compared to the NSW state average (3.2%)[6].

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[1] Australian Government of Health and Aged Care, 2019. A commissioning overview in the PHN context. Accessed in November 2023 on https://www.health.gov.au/sites/default/files/documents/2021/06/primary-health-networks-phns-commissioning-information-sheet-overview.pdf

[2] Wentworth Healthcare. Who We are. Accessed in November 2023 on https://nbmphn.com.au/About/Who-We-Are

[3] Wentworth Healthcare. Health in our Region. Accessed in November 2023 on https://nbmphn.com.au/About/Health-in-our-Region

[4] Profile ID. Nepean Blue Mountains Primary Health Network. Accessed in November 2023 on https://profile.id.com.au/nbmphn

[5] NSW Government. Planning Portal. Accessed in November 2023 on https://www.planningportal.nsw.gov.au/populations

[6] Profile ID. Nepean Blue Mountains Primary Health Network. Accessed in November 2023 on https://profile.id.com.au/nbmphn

Image 1: Nepean Blue Mountains PHN region[7]

The Australian Institute of Health and Welfare (AIHW) recognises that people experiencing homelessness and individuals at risk of homelessness, are amongst the most socially and economically disadvantaged cohorts in Australia[8]. In 2021, 122,494 people were estimated to be experiencing homelessness in Australia[9]. In the Nepean Blue Mountains region, 1,181 people were estimated to be homeless on census night[10]. In Australia, individuals who have been identified at greater risk of experiencing homelessness include people experiencing family and domestic violence, young people, older people, children on care and protection orders, Aboriginal and Torres Strait Islander peoples and people exiting health or social care support[11].

In 2021-22, individuals who accessed Specialist Homelessness Services across Australia were more likely to:

- have drug or alcohol issues (60% of people)

- be between the age of 15-24 (52%)

- be female (60%)

- have been members of the Australian Defence Force (52%)[12].

Specialist Homelessness Services are funded by the government to deliver prevention, early intervention, crisis and post crisis services to people experiencing homelessness and at risk of homelessness.

Individuals who experience homelessness are less likely to access primary care and prevention services compared to the rest of the Australian population. Individuals often seek medical care

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[7] Australian Government Department of Health and Aged Care. Nepean Blue Mountains Primary Health Network Map Topographic. Accessed in November 2023 on https://www.health.gov.au/resources/publications/nepean-blue-mountains-nsw-primary-health-network-phn-map-topographic?language=en

[8] Australian Institute of Health and Welfare, 2023. Homelessness and homelessness services. Accessed in November 2023 on https://www.aihw.gov.au/reports/australias-welfare/homelessness-and-homelessness-services

[9] Australian Bureau of Statistics, 2021. Estimating Homelessness: Census. Accessed in November 2023 on https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/2021

[10] Australian Institute of Health and Welfare, 2021. Housing data dashboard. Accessed in December 2023 on https://www.housingdata.gov.au/dashboard/meovkmx92o8jo45

[11] Australian Institute of Health and Welfare, 2023. Homelessness and homelessness services. Accessed in November 2023 on https://www.aihw.gov.au/reports/australias-welfare/homelessness-and-homelessness-services

[12] Ibid.

once their health has deteriorated and requires more intensive treatment[13]. Due to the health disparities and reduced access experienced by homeless people and people at risk of homelessness, it is imperative that health service planning and delivery is tailored to this population cohort.

Methodology

The Methodology for the development of the Nepean Blue Mountains Homelessness Needs Assessment which was undertaken included qualitative and quantitative data collection and analysis. Refer to Appendix A for the description of the Methodology and Limitations.

Overview

Alignment with Government Priorities and Policies

The health policy and planning context of homelessness in Australia, recognises the importance of providing access to safe and affordable housing which has significant social, economic, and personal benefits. Within this context, the Australian and NSW Governments actively engage in policy and planning initiatives to improve access to safe and secure housing for people experiencing homelessness.

The Australian Government is currently undertaking the development of the National Housing and Homelessness Plan in collaboration with state and territory governments[14]. The National Housing and Homelessness Plan is expected to be released in 2024 and will outline a 10-year strategy to inform policy relating to housing and homelessness in Australia. The National Housing and Homelessness Plan will provide further insight into the current state of homelessness in Australia, as data currently related to homelessness does not accurately capture the entire cohort. The National Housing and Homelessness Plan will also consider the diverse drivers of homelessness across Australia[15].

The NSW Homelessness Strategy 2018-2023 is the NSW Government's 5-year plan to improve their response to homelessness. The NSW Homelessness Strategy outlines actions for government agencies, non-government organisations and communities to prevent homelessness and increase access to appropriate services collectively.[16] Acknowledging that the NSW Homelessness Strategy is at completion in 2023, this document is still valid for consideration in the context of this Needs Assessment.

Scoping Literature Review

Homelessness is likely to severely impact an individual's mental and physical health, in addition to their educational attainment, employment prospects, and overall participation in society[17]. Homelessness is defined by the Australian Bureau of Statistics as:

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[13] Davies, A., and Wood, L.J, 2019. Homeless healthcare: meeting the challenges of providing primary care. Accessed in November 2023 on https://www.mja.com.au/system/files/issues/209_05/10.5694mja17.01264.pdf

[14] Department of Social Services. Developing the National Housing and Homelessness Plan. Accessed in November 2023 on https://www.dss.gov.au/housing-support-programs-services-housing/developing-the-national-housing-and-homelessness-plan

[15] Ibid.

[16] NSW Government. NSW Homelessness Strategy 2018-2023. Accessed in November 2023 on https://www.facs.nsw.gov.au/__data/assets/pdf_file/0007/590515/NSW-Homelessness-Strategy-2018-2023.pdf

[17] 17 Australian Institute of Health and Welfare, 2022. Specialist homelessness services annual report 2021-22. Accessed in November 2023 on https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents

"when a person does not have suitable accommodation alternatives, they are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate.

- has no tenure.

- if their initial tenure is short and not extendable, or

- does not allow them to have control of, and access to space for social relations[18]."

Three levels of homelessness are commonly referenced in the Australian context, including primary homelessness (eg., rough sleeping), secondary homelessness (e.g., couch surfing) and tertiary homelessness (eg., housing below minimum community standards)[19].

Approximately 122,494 people in Australia were identified as experiencing homelessness in the 2021 Census. Of those[20]:

- 55.9% were male

- 44.1% were female

- 39.1% were living in severely crowded dwellings

- 19.8% were in supported accommodation for the homeless

- 18.1% were living in boarding houses

- People aged between 19-24 years and 25-34 years had the highest rates of homelessness at 91 and 70 people per 10,000, respectively.

- Young people aged between 12 to 24 years represented 23.0% of all people experiencing homelessness

- Older people (over the age of 55) represented 15.8% of those experiencing homelessness

- First Nations people were disproportionately represented at 20.4% of all people experiencing homelessness

As such, young people (aged between 12 to 24 years), older people (aged over 55 years) and Aboriginal and Torres Strait Islander peoples have been identified as national priority homelessness cohorts for the Australian, State and Territory Governments[21].

Homelessness can be attributed to a variety of social, economic (such as the current housing crisis in Australia) and health-related factors. Individuals with lower educational attainment, unemployment, experiencing family and domestic violence, poor physical and mental health (in particular trauma), neurological issues/brain injuries, disability and experiencing alcohol and drug abuse, are at higher risk of becoming homeless[22]. Political, economic, social and environmental

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[18] Australian Bureau of Statistics, 2012. Information Paper - A Statistical Definition of Homelessness. Accessed in November 2023 on
   https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4922.0Main%20Features22012?opendocument&tabname=Summary&prodno=4922.0&issue=2012&num=&view=

[19] Homelessness Australia. About Homelessness. Accessed in November 2023 on https://homelessnessaustralia.org.au/about-homelessness/

[20] Australian Bureau of Statistics, 2021. Estimating Homelessness: Census. Accessed in November 2023 on https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/2021

[21] Ibid.

[22] Australian Institute of Health and Welfare, 2023. Homelessness and homelessness services. Accessed in November 2023 on https://www.aihw.gov.au/reports/australias-welfare/homelessness-and-homelessness-services

conditions may also impact an individual's risk of homelessness, including exclusion, discrimination, unaffordable housing and lack of available housing[23] [24].

Health and social needs which are unmet may both contribute to homelessness. International data has indicated that people experiencing homelessness have mortality rates that are 8 to 12 times higher than the average population[25]. An Australian cohort study found that homelessness was associated with double the risk of mortality compared to the non-homeless population and experienced lower life expectancy (almost 12 years lower on average)[26]. People experiencing homelessness often find it difficult to meet basic physical needs such as food, water, and shelter, therefore they are less likely to prioritise health needs. Due to not being able to meet their basic physical needs, people experiencing homelessness may defer treatment for illness, which can be managed early within settings such as primary care and as a result their health issues progress to more advanced stages[27]. In 2020-21, 32% of people accessing Specialist Homelessness Services in Australia reported seeking assistance due to health-related reasons. Out of those reporting health-related issues, 76% identified mental health issues, 36% identified drug or substance abuse, and 13.7% identified alcohol abuse[28]. The Australian literature identifies a variety of health issues, which are commonly experienced by people experiencing homelessness, including mental health issues (including trauma), substance abuse, chronic disease, musculoskeletal disorders, skin issues, foot issues, oral health, and infectious diseases (ie., tuberculosis, hepatitis C and HIV infection)[29]. People experiencing homelessness are also more likely to access the emergency department for health needs which could be managed in the primary care setting[30]. The use of emergency departments by patients who could be managed in primary care has been identified as a concern across Australia. Inappropriate use of emergency departments may contribute to overcrowding, longer wait times for treatments and poorer health outcomes[31].

People experiencing homelessness are more likely to experience barriers to accessing healthcare. People who accessed Specialist Homelessness Services identified cost as the main barrier to accessing health services, followed by long wait times or unavailable appointments[32]. A study by Davies and Wood (2018) identified that people experiencing homelessness are less likely to access primary care services as a result of personal, practical and relationship barriers. Personal barriers may include an individual's mental health as individuals with mental health issues may be less motivated to attend medical appointments, experience anxiety in attending appointments and/or be less trusting of health professionals. Practical barriers identified include the cost of travel and any out-of-pocket expenses, and not having a mailing address or phone. Lastly, relationship barriers such as feeling judged or stigmatised by healthcare providers were identified as barriers to accessing primary healthcare[33].

[23] Australian Institute of Health and Welfare, 2023. Homelessness and homelessness services. Accessed in November 2023 on https://www.aihw.gov.au/reports/australias-welfare/homelessness-and-homelessness-services

[24] National Institute for Health and Care, 2022. Excellence. Integrated health and social care for people experiencing homelessness. Accessed in November 2023 on https://www.ncbi.nlm.nih.gov/books/NBK579613/

[25] National Institute for Health and Care, 2022. Excellence. Integrated health and social care for people experiencing homelessness. Accessed in November 2023 on https://www.ncbi.nlm.nih.gov/books/NBK579613/

[26] Seastres, R.J, et al., 2020. Long-term effects of homelessness on mortality: a 15-year Australian cohort study. Accessed in November 2023 on https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.13038#:~:text=There%20were%20735%20individuals%20with,years%2C%20see%20Table%202

[27] Davies, A., and Wood, LJ, 2018. Homeless healthcare: meeting the challenges of providing primary care. Accessed in December 2023 on https://www.mja.com.au/system/files/issues/209_05/10.5694mja17.01264.pdf

[28] Australian Institute of Health and Welfare, 2021. Health of people experiencing homelessness. Accessed in November 2023 on https://www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness

[29] Davies, A., and Wood, LJ, 2018. Homeless healthcare: meeting the challenges of providing primary care. Accessed in December 2023 on https://www.mja.com.au/system/files/issues/209_05/10.5694mja17.01264.pdf

[30] Davies, A., and Wood, LJ, 2018. Homeless healthcare: meeting the challenges of providing primary care. Accessed in December 2023 on https://www.mja.com.au/system/files/issues/209_05/10.5694mja17.01264.pdf

[31] Park, A., and Gannon B, 2021. Do access, quality and cost of general practice affect emergency department use. Accessed in February 2024 on https://www.sciencedirect.com/science/article/abs/pii/S0168851021000208#:~:text=The%20use%20of%20ED%20resources,get%20treated%20in%20an%20ED

[32] Australian Institute of Health and Welfare, 2021. Health of people experiencing homelessness. Accessed in November 2023 on https://www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness

[33] Davies, A., and Wood, LJ, 2018. Homeless healthcare: meeting the challenges of providing primary care. Accessed in December 2023 on https://www.mja.com.au/system/files/issues/209_05/10.5694mja17.01264.pdf

Models and strategies for addressing homelessness are multifaceted and combine the need for immediate assistance and long-term structural strategies. Providing immediate shelter, food, and access to healthcare services is crucial to meet the urgent needs of individuals experiencing homelessness. The Housing First strategy is an example of immediate assistance that is implemented nationally across Australia for people who have experienced reoccurring or long-term homelessness. Housing First prioritises stable and secure housing as a primary need that is required prior to addressing other issues, such as mental health and drug and alcohol problems[34]. The NSW Homelessness Strategy (2018-2023) highlights the need for early intervention, effective support services and an integrated service system. The strategy emphasises the need for long-term structural solutions to overcome intergenerational poverty and reliance on income support through affordable housing and participation in education and the labour market. A whole of system holistic approach through government, private and community organisations is required to address homelessness in Australia[35].

Needs Assessment

Community Profile

According to the 2021 Census data, 1,181 people in the Nepean Blue Mountains region were estimated to be homeless on census night[36]. Out of these, 66% were in Penrith, 20% in Hawkesbury, 10% in Blue Mountains and 2% in Lithgow. The Nepean Blue Mountains region had a rate of homelessness at 30.8 per 10,000 population, compared to NSW at a rate of 43.0 per 10,000. Given the impact of the bushfires and floods of 2019 / 20 that affected the Hawkesbury LGA, the LGA experienced a rate of homelessness at 35.6 people per 10,000 population, which is comparable to the rate of homelessness for Penrith LGA at 36.3 people per 10,000, despite it having approximately three times the total population of the Hawkesbury LGA.

Refer to Table 1 for the number of homeless people per LGA in the Nepean Blue Mountains region. Please see Appendix A which outlines data set limitations for homelessness.

Local Government Area	2021 Resident Population	Number of homeless people	Rate per 10,000
Blue Mountains	78,121	121	15.5
Hawkesbury	67,207	239	35.6
Lithgow	20,842	30	14.4
Penrith	217,664	791	36.3
Nepean Blue Mountains PHN Total	**383,834**	**1,181**	**30.8**

Table 1 – Homelessness Data. Source: ABS, 2021. * Crude standardised rate calculated[37].

It must be noted that homelessness data captured from the Census is likely to significantly underrepresent the actual number of homeless people as no current measures of homelessness in Australia are precise[38]. Service provider consultations have indicated that increased homelessness has been observed across the Nepean Blue Mountains region.

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[34] Homelessness Australia, 2020. Housing First Principles for Australia. Accessed in December 2023 on https://homelessnessaustralia.org.au/wp-content/uploads/2022/07/Housing-First-Principles.pdf

[35] NSW Government, 2018. NSW Homelessness Strategy 2018-2023. Accessed in December 2023 on https://www.facs.nsw.gov.au/__data/assets/pdf_file/0007/590515/NSW-Homelessness-Strategy-2018-2023.pdf

[36] Australian Institute of Health and Welfare, 2021. Housing data dashboard. Accessed in December 2023 on https://www.housingdata.gov.au/dashboard/meovkmx92o8jo45

[37] Australian Bureau of Statistics, 2021. 2021 Census All Persons QuickStats. Accessed in January 2023 on https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA16350

[38] Australian Bureau of Statistics, 2011. Position Paper - ABS Review of Counting the Homeless Methodology. Accessed in February 2023 on https://www.abs.gov.au/ausstats/abs@.nsf/0/0E153AE549833768CA2578DF00228CBA?opendocument

Regional Homelessness Driving Factors

Region specific factors, may further, exacerbate the risk of people experiencing homelessness in the Nepean Blue Mountains region. This section explores potential regional driving factors which may influence homelessness.

Employment

Homelessness may be attributed to economic factors, such as unemployment. In order to address homelessness, it is vital to consider the population within the region that is impacted by unemployment. Overall, the region is comparable to the NSW rate of 3.4%, albeit slightly higher. The Hawkesbury LGA in the Nepean Blue Mountains region has the highest percentage of unemployed residents compared to its total population, followed by Penrith, Blue Mountains, and Lithgow (Table 2)[39].

Local Government Area	Number of people unemployed	Percentage of people unemployed*
Blue Mountains	1,041	2.4%
Hawkesbury	1,528	3.9%
Lithgow	235	2.3%
Penrith	4,621	3.7%

Table 2 – Unemployment Data. Source: Australian Government, 2023[40].
**Percentage of the population within the identified LGA who were unemployed as of June 2023.

Socioeconomic Status

People experiencing homelessness are one of the most socially and economically disadvantaged cohorts in Australia[41]. The Socio-Economic Indexes for Areas (SEIFA) in Australia, utilises Census data in order to provide ranking according to socio-economic advantage and disadvantage. The SEIFA score may provide an indication of risk of disadvantage, potentially leading to homelessness across regions in the Nepean Blue Mountains.

The Lithgow LGA in the Nepean Blue Mountains region, has the highest level of disadvantage, followed by Penrith. When compared to NSW, Lithgow ranked 23 out of 128 LGAs, indicating it is relatively disadvantaged compared to the rest of the State. Refer to Table 3 for the SEIFA scores and ranking per LGA in the Nepean Blue Mountains region.

Local Government Area	SEIFA Score	Ranking with NSW
Blue Mountains	1041	110
Hawkesbury	1026	103
Lithgow	935	23
Penrith	991	82

Table 3 – SEIFA Data. Source: Australian Bureau of Statistics, 2021[42].

Rental Cost

Rental costs across Australia, in particular in NSW, have continued to rise and add financial burden on renters. According to the Department of Communities and Justice, from July to September 2023, Penrith had the highest annual median weekly rental rate change at 13% in the Nepean Blue Mountains region, followed by Lithgow (10%), Hawkesbury (2.7%) and Blue

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[39] Australian Government, 2023. Small Area Labour Markets. Accessed in December 2023 on https://www.jobsandskills.gov.au/data/small-area-labour-markets

[40] Ibid.

[41] Australian Institute of Health and Welfare, 2023. Homelessness and homelessness services. Accessed in February 2024 on https://www.aihw.gov.au/reports/australias-welfare/homelessness-and-homelessness-services

[42] Australian Bureau of Statistics, 2021. Socio-Economic Indexes for Areas (SEIFA), Australia. Accessed in February 2024 on www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release

Mountains (1.9%)[43]. It should be noted that median data has been utilised in the dataset to address outliers created by minimum and maximum values.

Data obtained from the Homelessness and Housing Dashboard has indicated that for the Penrith LGA, on 31/12/2019, the weekly median rental was $394, compared to $548 on 31/12/2023. For the Hawkesbury LGA, on 31/12/2019, the weekly median rental was $393 compared to $586 on 31/12/2023. For Lithgow LGA, on 31/12/2019, the weekly median rental was $296 compared to $388 on 31/12/2023. Lastly, for Blue Mountains LGA, on 31/12/2019, the weekly median rental was $408, compared to $541 on 31/12/2023[44]. This data demonstrates that rental increases have impacted the entire Nepean Blue Mountains region and therefore may further exacerbate issues around secure housing.

Social Housing

Social housing programs provide support to people who are struggling to find affordable housing by providing accommodation at rental costs that are below market rate. Social housing data indicates the availability of housing assistance within a region. The Penrith LGA in the Nepean Blue Mountains region has the largest number of social housing dwellings, followed by Hawkesbury, Blue Mountains, and Lithgow[45].

Social housing applicant data provides further insights into the number of individuals awaiting social housing support. The Penrith LGA in the Nepean Blue Mountains region has the largest number of social housing applications, followed by Blue Mountains, Hawkesbury, and Lithgow[46]. See Table 4 for the social housing data per LGA in the Nepean Blue Mountains region.

Local Government Area	Total Social Housing Dwellings	Social Housing Applications
Blue Mountains	699	364
Hawkesbury	897	324
Lithgow	563	109
Penrith	4,324	1818

Table 4 – Social Housing Data. Source: Australian Institute of Health and Welfare, 2022 [47].
*Percentage of the population within the identified LGA as of June 2023

Domestic Violence

Individuals who experience domestic violence are at greater risk of experiencing homelessness. From January to December 2022, in the Nepean Blue Mountains region, Lithgow reported the highest rates of domestic and family violence-related assaults, with 590 per 100,000, ranking 29th out of 129 LGAs in Australia. Penrith ranked 53rd (498 per 100,000), Hawkesbury 64th (422 per 100,000) and Blue Mountains 84th (305.6 per 100,000)[48]. A rise in domestic and family violence related assaults was reported in the Lithgow and Hawkesbury LGAs when compared to previous years. The high rates of domestic and family violence across the Nepean Blue Mountains region may be a regional driving factor that further exacerbates the risk of people experiencing homelessness.

[43] Communities and Justice, 2023. Issue 145 (2023) Rent tables September 2023 quarter. Accessed in February 2024 on www.f acs.nsw.gov.au/download?file=851728

[44] Homelessness NSW. Housing and Homelessness Dashboard. Accessed in February 2023 on www.homelessnessnsw.org.au/data/housing-and-homelessness-dashboard/

[45] Australian Institute of Health and Welfare, 2022. Social housing: Dwellings and income units by Local Government Area. Accessed in December 2023 on https://www.housingdata.gov.au/visualisation/social-housing/dwellings-and-income-units-by-local-government-are

[46] Australian Institute of Health and Welfare, 2022. Social housing: Dwellings and income units by Local Government Area. Accessed in December 2023 on https://www.housingdata.gov.au/visualisation/social-housing/dwellings-and-income-units-by-local-government-are

[47] Ibid

[48] Bureau of Crime Statistics and Research (BOCSAR), NSW Local Government Area excel crime tables. Accessed in December 2023 on https://www.bocsar.nsw.gov.au/Pages/bocsar_crime_stats/bocsar_lgaexceltables.aspx

Mental Health Conditions

In the Nepean Blue Mountains region, mental health was identified as the most common long-term health condition with over 36,748 (9.6%) people reporting the condition in the 2021 Census. Blue Mountains LGA is most impacted by mental health conditions in the Nepean Blue Mountains region, followed by Lithgow, Hawkesbury, and Penrith[49]. See Table 5 for the reported mental health data per LGA.

Local Government Area	Number of people with one or more mental health condition(s)	Percentage of people with one or more mental health conditions*
Blue Mountains	8,896	11.4%
Hawkesbury	6,259	9.3%
Lithgow	2,222	10.7%
Penrith	19,371	8.9%

Table 5 – Mental Health Data. Source: Profile ID, 2021[50].
*Percentage of the population within the identified LGA

An individual may be at more risk of experiencing homelessness if they have a mental health condition present. The prevalence of mental health conditions in the Nepean Blue Mountains region may be a further contributing factor for increasing the vulnerability of experiencing homelessness.

Natural Disasters

The Nepean Blue Mountains region has been significantly impacted by natural disasters, including major floods (2016, 2019 – 2022) and bushfires (2019-2020). As a result of these events, homes have been damaged and destroyed, and local infrastructure and industries have been greatly impacted[51].

As a result of major flooding between 2019 and 2022, 1500 homes were damaged in the Nepean Blue Mountains region, with the Hawkesbury area being primarily impacted. As a result of the damage, residents across the Nepean Blue Mountains have been displaced. The Nepean Blue Mountains Primary Health Network (2022) Floods Needs Assessment has identified that as a result of the floods, there has been an increased risk of homelessness for individuals across the region[52]. The present impact of the floods on the homeless population is unknown, however qualitative data obtained from consultation with service providers, indicates that many houses in Hawkesbury are still not appropriate for habitation as a result of the floods.

The 'Blue Mountains Black Summer' occurred in late December 2019 following backburning efforts in the Upper Mountains. As a result of the fires, homes across the Blue Mountains, Hawkesbury and Lithgow area were destroyed. The Nepean Blue Mountains Bushfire Needs Assessment (2020) identified that 22 homes were destroyed in the Blue Mountains, 19 in Hawkesbury and 54 in Lithgow. The loss of homes and the economic losses potentially further impacted stable housing for individuals in the region[53]. The present impact of the bushfires on the homeless population is unknown.

[49] Profile ID. Nepean Blue Mountains Primary Health Network. Accessed in December 2023 on https://profile.id.com.au/nbmphn/long-term-health?WebID=10

[50] Ibid

[51] Wentworth Healthcare, 2022. Nepean Blue Mountains Primary Health Network Needs Assessment 2022. Accessed in December 2023 on https://nbmphn.com.au/Resources/About/Nepean-Blue-Mountains-Needs-Assessment-2022

[52] Wentworth Healthcare, 2022. Flood Recovery Needs Assessment 2022. Accessed in December 2023 on https://www.nbmphn.com.au/getattachment/887571f7-ea95-4e78-8146-9917ef16566f/626_0423-Floods-Needs-Assessment-REPORT_SinglePages_Final.pdf

[53] Wentworth Healthcare, 2020. Bushfire Needs Assessment December 2020. Accessed in December 2023 on https://www.nbmphn.com.au/NBMPHN-Library/Bushfire-Needs-Assessment

Service Mapping

The services highlighted in the Service Mapping (Table 6) below have been obtained through stakeholder consultation, the Wentworth Healthcare My Health Connector webpage and desktop review.

Service	Location	Description	Website Link/ Contact No.
Anglicare	Penrith	Anglicare provides emergency food relief hampers and financial assistance.	Penrith - (02) 8624 8600 St Marys - 0449 991 927
Baptist Emergency Accommodation Ministry	Hawkesbury	The Baptist Emergency Accommodation Ministry provides short-term accommodation within Hawkesbury for people in crisis situations.	wdbc.org.au
Barnados	Penrith	Barnados provides fresh produce and clothing assistance.	(02) 4729 1211
Benevolent Society	Blue Mountains, Hawkesbury and Penrith	The Benevolent Society supports people 65 and over who are homeless or at risk of homelessness, and assists them in finding ongoing sustainable housing. Services can include assisting with private rental viewings, applications, public and social housing applications, advocacy and filling in forms.	benevolent.org.au
Christ Mission - Housing Solutions	Penrith	Christ Mission Housing Solutions offers best-practice crisis accommodation to individuals and families experiencing homelessness.	www.dvwest.org.au
Christ Mission Possible	Penrith	Christ Mission Possible provides groceries, household items and free food for people in need.	(02) 4704 8809
Department of Housing	Blue Mountains, Hawkesbury, Lithgow and Penrith	The Department of Housing supports people in identifying how to apply for private rental assistance or social housing, understanding their rights and responsibilities as a tenant or requesting support with a property and finding out more about management transfers.	facs.nsw.gov.au/housing
Domestic and Family Violence (DFV) Linkers	Blue Mountains, Hawkesbury, Lithgow and Penrith	Three DFV linkers provide support to general practice and minimise waiting times for referral to appropriate services. The DFV linker can provide the client with over-the-phone, or face-to-face support on: initial support and advice, info/referral regarding support services (housing, counselling, finances), advice on next steps (securing AVO, safety and security), undertake risk assessment and safety planning, info/referral to behaviour change programs.	nbmphm.com.au/DFSVLinkers
DV West	Blue Mountains, Hawkesbury and Penrith	DV West provide supported crisis accommodation, transitional housing, an after-hours service and outreach support for women and children. DV West also provide after-hours support to women, with or without children who are placed in Temporary Accommodation in Hawkesbury.	dvwest.org.au
Flourish Australia - Young People's Outreach Program (YPOP)	Hawkesbury and Penrith	Flourish YPOP services are focused on meeting the everyday needs of 17–25-year-olds who are dealing with mental health issues, from finding accommodation, to becoming work-ready, and maintaining healthy interests and relationships.	flourishaustralia.org.au
HASI (Housing and Accommodation Initiative) - Flourish	Hawkesbury and Lithgow	HASI Accommodation supports people who experience mental illness to live independently in the community and meet their personal goals. HASI assist clients living within accommodation supplied by the Department of Housing.	flourishaustralia.org.au
Hawkesbury City Salvation Army	Hawkesbury	Salvation Army provides affordable hampers, and free fruit, vegetable and bakery program. They also provide referrals for financial support.	1300 371 288
Hawkesbury Community Kitchen	Hawkesbury	Hawkesbury Community Kitchen provides drop-in support & referral, material aid in the form of shower & laundry facilities and free community meals.	(02) 4577 5203
Hawkesbury Helping Hands	Hawkesbury	Hawkesbury's Helping Hands supports people experiencing homelessness or at risk homelessness by providing food, toiletries, clothing, shoes, blankets, sleeping bags, tents, swags, pet supplies also advice on services available and if possible, support with accommodation.	hawkesburyshelpinghands.org.au
Homelessness Mental Health Team	Blue Mountains, Hawkesbury, Lithgow and Penrith.	The Homelessness Mental Health Team offers a multidisciplinary approach to the bio psychosocial assessment and treatment of people who are homeless and experiencing mental ill health.	1800 011 511

Service	Location	Description	Website Link/ Contact No.
Houses to Homes - Catholic Church	Hawkesbury and Penrith	Catholic Church provides early intervention, crisis, and transitional accommodation with support for young mothers and pregnant teens.	catholiccarewsbm.org.au catholiccarewsbm.org.au/I-am-looking-to/support-my-family//I-am-looking-to/support-my-family
Housing Agency - NSW Department of Communities	Blue Mountains, Hawkesbury, Lithgow and Penrith.	The NSW Department of Communities and Justice (DCJ) support clients on low income that need support to help them live independently and have problems finding affordable housing.	facs.nsw.gov.au/housing
Lithgow Community Projects	Lithgow	Lithgow Community Projects provides support, casework, advocacy, and information to single adults, families and young people (16+) who are homeless, at risk of homelessness and/or have experienced or are experiencing domestic and family violence.	lcpinc.org
Link2home	Statewide	Link2home is a statewide telephone service providing information, assessment and referral to specialist homelessness services, temporary accommodation and other appropriate services for people who are homeless or at risk of homelessness.	1800 152 152
Link Wentworth Housing	Blue Mountains, Hawkesbury, Lithgow and Penrith.	Link Wentworth provides homelessness support and housing assistance services.	(02) 4777 8000
Mama Lana	Penrith	Mama Lana provides free meal services.	0407 909 447
Mountains of Joy	Hawkesbury	Mountains of Joy provides food hampers, meals and emergency relief for individuals and families from Mt Tomah, Berambing, Bilpin, Mountain Lagoon and Kurrajong Heights.	facebook.com/groups/380416802773087
Mission Australia - Nepean Blue Mountains Family Homelessness and Housing Support Service	Penrith	Mission Australia provides accommodation, support and case management to vulnerable families who would otherwise be homeless.	missionaustralia.com.au/servicedirectory
National Psychosocial Support (NPS) Program	Blue Mountains, Hawkesbury, Lithgow and Penrith	The NPS Program assists people with a severe mental illness who have reduced psychosocial function and who are not supported by the NDIS. The NPS Program focusses on non-clinical supports, including tenancy and accommodation retention.	stride.com.au
Nepean Area Disabilities Organisation (NADO) - St Marys	Blue Mountains, Hawkesbury and Penrith	NADO is a registered NDIS Provider and a community-based charity that supports people with disabilities, their families and carers with accommodation support.	1300 738 229
Nepean Blue Mountains Adult Homelessness and Housing Support Service	Blue Mountains, Hawkesbury, Lithgow and Penrith	The Adult Homelessness and Housing Support Service delivers housing support to single adults and couples without accompanying children who are homeless or at risk of homelessness. It delivers all responses: prevention and early intervention, crisis and transitional accommodation, rapid re-housing, and intensive support for clients with complex needs.	facs.nsw.gov.au/housing/help/ways/services/nepean-blue-mountains-adult-housing-support
Nureen Hawkesbury Women's Accommodation &Support Services	Hawkesbury	Nureen Hawkesbury Women's Accommodation & Support Services provides housing and support services for women and children in the Hawkesbury escaping domestic violence or who are homeless or at risk of homelessness.	(02) 4574 8905
Our Lady of Consolation (Aged Care and Services)	Blue Mountains, Hawkesbury, Lithgow and Penrith	Our Lady of Consolation Housing has a concern for older people who are in precarious accommodation situations because they have incomes or are below the level of the aged pension and are renting in the private housing market.	(02) 9832 5400
Paying It Forward	Penrith	Pay It Forward is a free meal service.	0459 262 637
Penrith Community Kitchen	Penrith	Penrith Community Kitchen is a free meal service.	(02) 4722 5556
Platform Youth Services - homelessness and housing and homeless youth assistance program (HYAP)	Blue Mountains, Hawkesbury, Lithgow and Penrith	Platform Youth Services delivers homelessness programs for 12–25-year-olds. They provide access to housing (refugee, transitional housing) case management, family counselling, family restoration, post-out-of-home care, assertive outreach for rough sleepers and financial assistance.	platformys.org.au
Penrith Community Kitchen	Penrith	Penrith Community Kitchen is a free meal service.	(02) 4721 4444

Service	Location	Description	Website Link/ Contact No.
Salvos Assessment Line	Blue Mountains, Hawkesbury, Lithgow and Penrith	The Salvos Assessment Line provides assessment for emergency relief to help people address immediate basic needs in times of crisis, including food assistance, clothing, household items and other practical assistance.	salvationarmy.org.au /hawkesburycity/em ergency-relief-assistance-1300-371-288
Salvation Army	Penrith	The Salvation Army provides financial assistance cards for groceries and essential services.	(02) 4721 3076
San Miguel (Yourtown)	Statewide	San Miguel is a child-centred family residential service providing intensive, individualised support to vulnerable young parents and their children.	(02) 4579 6622
St Vincent de Paul Society	Blue Mountains, Hawkesbury, Lithgow and Penrith	St Vincent de Paul Society provides emergency relief/material aid, psychosocial support, disaster recovery, disability services, emergency housing, DV support, financial support, to those in need.	vinnies.org.au/find-help#!nsw
The Right Door	Blue Mountains, Hawkesbury, Lithgow and Penrith	The Right Door service targets families with accompanying children, including young parents who are homeless or at risk of homelessness. The service provides all responses including prevention and early intervention, crisis and transitional accommodation, rapid re-housing, and support for people with complex needs.	(02) 4724 3000
Wentworth Community Housing	Blue Mountains, Hawkesbury, Lithgow and Penrith	Wentworth Community Housing provides affordable rental housing and other assistance to eligible people on low to moderate incomes.	linkwentworth.org.au
Wentworth Community Housing - Tenancy Support Service	Blue Mountains, Hawkesbury, Lithgow and Penrith	Wentworth Community Housing provides a range of tenancy support services to help people where possible to maintain their current home. They provide financial counselling, brokerage and rapid re-housing if required.	facs.nsw.gov.au/hou sing/help/ways/servi ces/nepean-blue-mountains-tenancy-support
Wesley Family Centre Nepean - Wesley Mission	Blue Mountains, Hawkesbury, Lithgow and Penrith	The Wesley Family Centre provides case management services for young people aged 12-17 years and their families, including crisis accommodation.	(02) 4723 9277
WestCare	Penrith	WestCare provides emergency relief services and food hampers (access through service referral only).	(02) 4731 3275
Winmalee Neighbourhood Centre	Blue Mountains	Winmalee Neighbourhood Centre offers support through services such as utility assistance and food vouchers.	(02) 4574 405
Women's Community Shelter	Blue Mountains, Hawkesbury, Lithgow and Penrith	Women's Community Shelter provides crisis accommodation and support to women with or without children who are escaping domestic violence.	womenscommunitys helters.org.au

Table 6: Service Mapping
* Other services outside of those listed above may be available in the region. The services above were captured as of 30 November 2023 via the methods identified.

Qualitative Findings

The following section will highlight the key findings from consultations undertaken with homeless community members and service providers in the Nepean Blue Mountains region during November and December 2023. See Appendix 1 for further information on the methodology for this component of the Needs Assessment.

Health Outcomes

This section highlights the key information gathered in relation to the health conditions and concerns of homeless people in the Nepean Blue Mountains region. Consultations with service providers and consumers have indicated that people experiencing homelessness or at risk of homelessness have significantly neglected health issues which further deteriorate the longer an individual is homeless. Mental health concerns, drug and alcohol issues and oral health issues were the most noted health conditions identified during the consultations. Other health concerns noted include diabetes, skin issues, foot issues, and neurological and cognitive issues. Other conditions which were noted, but not widely highlighted, include asthma, eczema and recurring respiratory illness in children. Poor access to nutritious food and hygiene facilities were identified as key contributors to poorer health outcomes for people experiencing homelessness and their children. The key findings regarding health outcomes of people experiencing homelessness or at risk of homelessness in the Nepean Blue Mountains region are described below.

Mental Health

Mental health issues for people experiencing homelessness were highlighted throughout every consultation undertaken with service providers and the community. It was identified that there is a strong correlation between mental health problems and homelessness, as one can exacerbate the other.

Mental health concerns identified range from anxiety and depression to more complex mental health needs such as bipolar disorder, schizophrenia, personality disorder and post-traumatic stress disorder (PTSD). Severe and unmanaged mental health issues were identified as contributing to homelessness due to the challenges individuals face in maintaining stability in their lives. It was also noted that experiences of homelessness can exacerbate existing mental health issues due to restricted access to consistent mental health support and medication, stress, lack of stability and exposure to unsafe situations.

Drug and Alcohol

Similarly to mental health, all consultations undertaken with service providers and the community indicated that drug and alcohol abuse was a significant problem experienced by homeless people. Drug and alcohol abuse was also identified as a significant contributor to homelessness and can be further exacerbated by homelessness. Drug and alcohol were noted as closely linked to mental health concerns, as individuals with mental health issues may 'self-medicate' through substance abuse.

Oral Health

Oral health was identified as a significant concern for individuals experiencing homelessness. People experiencing homelessness may be more likely to have oral health issues due to poor nutrition and barriers to maintaining oral hygiene due to restricted access to clean water, dental products, and a safe location to undertake hygiene practices. Financial constraints also impacted access to regular dental check-ups and treatments. Oral health issues were also identified as an additional barrier to homeless people seeking other health or social support due to the associated shame and stigma.

Diabetes

Diabetes was reported throughout some consultations as impacting individuals experiencing homelessness in the Nepean Blue Mountains region. As a result of unstable housing and limited access to regular healthcare facilities, people experiencing homelessness may experience additional barriers to managing diabetes. Access to a high-quality diet, consistent medical care, medication, and monitoring devices were reported as difficult for people experiencing homelessness due to financial constraints, mental health issues and unstable housing to store medication and supplies. Poorly managed diabetes for homeless people in the Nepean Blue Mountains region has contributed to further health complications, including infections, wounds, and foot problems. These findings may further suggest that the management of chronic conditions more broadly is difficult for people experiencing homelessness.

Neurological and Cognitive Issues

Neurological and cognitive issues were identified throughout some consultations as impacting individuals experiencing homelessness in the Nepean Blue Mountains region. Managing medications for neurological conditions can be challenging without stable housing due to financial constraints in receiving treatment and accessing prescriptions. In addition, people experiencing homelessness were identified as being more vulnerable to neurodegenerative diseases as a result of domestic violence and other violent encounters.

Cognitive issues were also identified as increasing an individual's risk of homelessness and creating additional challenges to navigating and accessing homelessness services. Cognitive issues can impair decision-making abilities, making it difficult for homeless individuals to navigate available resources and contribute to communication difficulties which may further impair help-seeking attempts.

Domestic Violence

Though domestic violence is not a 'health condition', its contribution to homelessness was highlighted throughout consultations. Consultations with service providers and the community identified domestic violence as a significant contributor to homelessness, particularly for individuals and families seeking to escape abusive situations. It was noted that the perpetrators may control finances, preventing domestic violence survivors from accessing resources to secure housing. Throughout consultations, it was also identified that the trauma of domestic violence can have long-term psychological effects, potentially leading to mental health challenges that can further contribute to difficulties in securing stable housing.

Access to Primary Healthcare

This section highlights information regarding the accessibility of primary care services in the Nepean Blue Mountains region for people experiencing homelessness or at risk of homelessness. Reduced access to general practitioners, allied health professionals, pharmacy and mental health was highlighted for people experiencing homelessness. Other inaccessible services include dentistry, specialist services, detox services, and rehabilitation services. The following section will outline the key findings in relation to accessing services.

General Practitioners

Consultation with community and service providers has identified that access to general practitioners was limited for people experiencing homelessness in the Nepean Blue Mountains region. Limited access to general practitioners was reported at all consumer and service provider consultations. As a result, consultations highlighted that individuals alternatively seek medical assistance through the local Emergency Departments, for services which could be more appropriately accessed and are provided in primary care.

The following barriers to accessing a general practitioner for people experiencing homelessness or at risk of homelessness were identified:

- **Cost of Service:** Reduced availability of bulk-billing providers impacting access to general practice services. Limited access to bulk-billing general practitioners was most highlighted in the Blue Mountains and Lithgow regions.

- **Cost of Medications:** Upon discharge from a general practitioner, homeless people are unable to follow the prescribed treatment protocol due to the cost of medications.

- **Wait Lists:** Long wait lists to see a bulk-billing general practitioner were highlighted as a key barrier across the Nepean Blue Mountains region.

- **Digital Health Literacy:** Online booking systems were identified as a barrier to accessing general practitioner services if no alternative booking mode is available. This barrier was highlighted as people experiencing homelessness may not have access to a digital device and/or have limited connectivity.

- **Transport:** Individuals experiencing homelessness may not have access to a car, and if they do have access, they may not be able to pay for petrol. In areas where public transport is not

readily available, walking is the utilised mode of transportation. Therefore, if general practice services are not within walking distance, access to homeless people is restricted.

- **Shame and Stigma:** People experiencing homelessness reported shame in accessing a general practitioner due to their personal hygiene and clothing. Stigma from general practice staff, in particular reception staff, was highlighted by service providers and consumers.

- **Lack of Awareness/Understanding:** Service providers identified that people experiencing homelessness have reduced understanding of mental and physical health issues and how to navigate the Australian healthcare system. It was reported that people would often attend an emergency department for concerns that would be most appropriately managed in primary care to ensure continuity of care for the patient.

- **Previous Negative Experiences:** Previous negative experiences when engaging with primary care services were reported as a barrier for clients, affecting their willingness to re-engage with services. As a result of negative experiences, people experiencing homelessness reported being fearful of discrimination and recurrence of previous negative experiences.

- **Coordinated Healthcare:** Service providers identified difficulty in engaging with general practitioners to provide multidisciplinary support and care coordination for their clients. In particular, homelessness and/or social support service providers consulted, noted difficulties engaging a general practitioner in supporting housing applications.

Allied Health Services

Consultation undertaken with community members and service providers identified that access to allied health services was difficult for people experiencing homelessness in the Nepean Blue Mountains region. Services that were most needed and difficult to access (in order of need) include occupational therapy, psychology, podiatry, social work, physiotherapy, and chiropractic services.

The following barriers to accessing allied health professionals were identified:

- **Cost:** Perceived high costs of allied health services was highlighted as the main barrier to accessing services.

- **Wait times:** Extensive wait times for accessing allied health services which are free or low cost.

- **Transport:** Individuals experiencing homelessness may not have access to a car, and if they do have access, they may not be able to pay for petrol. In areas where public transport is not readily available, walking is the utilised mode of transportation. Thus for services not well-located, this further exacerbates access issues.

- **Lack of Awareness:** Service providers identified that people experiencing homelessness have reduced understanding of the available allied health services and how to access them.

Pharmacy

Consultation with community and service providers has identified that access to pharmacy services in the Nepean Blue Mountains region was hindered due to cost of medication and transportation to the pharmacy. Access to ongoing medication was highlighted as a significant risk for people experiencing homelessness. Obtaining regular scripts for medications was a barrier to maintaining health conditions, in particular mental health and diabetes which could be severely exacerbated as a result of ceasing medication. In addition, experiences of shame were noted when accessing specific medications in smaller communities such as Lithgow.

Mental Health

Access to mental health services in the Nepean Blue Mountains region was identified as limited for people experiencing homelessness or at risk of homelessness. In all regions, the cost of mental health services was highlighted as a key barrier to accessing services. In the Lithgow and Upper Blue Mountains region, it was highlighted that mental health services are not readily available. The need for mental health support for people experiencing homelessness or at risk of homelessness was highlighted across all consultations.

Other Services

The consultations undertaken for the development of the Needs Assessment focused on access to primary care services for people experiencing homelessness. Through the consultations, services that are not within the primary care setting were identified as inaccessible for people experiencing homelessness. The following services were most identified:

- **Dentistry**
- **Specialist Services (including Psychiatry and Pediatrician)**
- **Detox and Rehabilitation Services**

In addition, it was reported that there is a disconnection between tertiary and primary healthcare services. Homeless people presenting to the Emergency Department for an acute episode, did not receive referrals or discharge planning to appropriate supports in the community. Therefore, individuals' conditions would potentially deteriorate again, leading to readmission. This was particularly noted for individuals presenting with mental health conditions.

Barriers to Accessing Primary Healthcare Services

Homeless individuals face many barriers when attempting to access health services, creating significant challenges in addressing their healthcare needs. Some of these barriers have already been discussed in the previous section in relation to specific primary care services, this section will expand on general barriers identified across the majority of primary care services. Barriers that have been identified through the consultations include cost, transportation, wait times, awareness of services, lack of trust, shame, stigma, and digital and health literacy.

Cost

Cost of appointments with health service providers and cost of medications was identified as a key barrier to accessing services across all consultations. Individuals experiencing homelessness have very limited access to financial resources. It was noted that any money which individuals did have would be utilised for food, water and in some instances in supporting their pets, therefore health service costs were not prioritised.

Transportation

In addition to cost, transportation has been highlighted as a major barrier to accessing health services. Public transportation was identified as not accessible in some areas, in particular across the Blue Mountains, Hawkesbury and Lithgow LGAs. When public transportation is available, cost may be a barrier to accessing it. For individuals who owned a vehicle, they were likely to not be able to pay for petrol.

Wait Times

Long wait times were identified across the majority of primary care services, in particular for general practitioners and allied health services. Service providers highlighted wait times as a key barrier due to the transient nature of the homeless population. Service providers reported that homeless people may often become disengaged from services and, therefore, do not attend appointments that are booked far in advance.

Awareness of services

People experiencing homelessness or at risk of homelessness were identified as not being aware of the services that are available to them. In particular, it was identified that awareness of free local services was limited. Reduced awareness is a significant barrier to accessing services.

Lack of trust

Past negative experiences or distrust in healthcare systems were identified as preventing homeless individuals from seeking care or fully disclosing their health issues when accessing primary healthcare. Individuals who do not trust service providers would most benefit from establishing a relationship with a service provider and receiving healthcare from them over the long term. Unfortunately, it was identified that consistent access to a single service provider is difficult for homeless people due to the transient nature of their residency.

Shame and Stigma

Homeless individuals may face stigma or discrimination from healthcare providers, discouraging them from seeking care. During consultations, it was reported that homelessness is often publicly stigmatised, leading to internalised feelings of shame that prevent health-seeking behaviour. As previously stated, people experiencing homelessness may be ashamed of their personal hygiene and clothing and are less likely to present at a service. Service providers have also reported that primary care providers may be further perpetuating shame through biased interactions with the individual during the consultation.

Health Literacy

People experiencing homelessness may also experience lower health literacy which is a barrier to accessing primary care services. People experiencing homelessness may be more likely to have risk factors for lower health literacy, such as lower levels of educational attainment, lower general literacy, cognitive issues, mental health, and substance abuse. Service providers identified homeless people as having lower health literacy which impacts their ability to manage their health conditions and navigate the Australian healthcare system, which often leads to the exacerbation of a person's health condition.

Digital Accessibility

Digital accessibility was also identified as a key barrier to accessing primary health services which are digitally accessed. People experiencing homelessness may not have access to digital devices such as mobile phones and laptops, may also not be able to access charging facilities and have low to no connectivity. Limited access to digital devices impacts an individual's ability to utilise telehealth services, complete online forms, and schedule/manage bookings online.

Consultations undertaken with health service providers and communities have identified that if the barriers listed are not addressed, homeless people will continue to experience difficulty in accessing primary healthcare services, even if they are made available.

Opportunities to Improve Health Outcomes

This section of the Needs Assessment will explore recommendations proposed by health service providers and the community during the consultation process undertaken to inform the Needs Assessment. These recommendations have been outlined in Table 7, with the aim of improving the health outcomes of homeless people and people at risk of homelessness in the Nepean Blue Mountains region.

No.	Recommendation from Consultation	Description
1	Trauma Informed Care for General Practice Staff	Trauma informed care training for general practice staff, including general practitioners, nursing staff and reception staff.
2	General Practice and Pharmacy Outreach	An outreach general practitioner and pharmacy service which enables homeless people to receive scripts and medication on the same day.
3	Placed Based Hub Services	Primary care and allied health services delivered from community settings or temporary accommodation settings which homeless people trust.
4	Community Transport Services	Partnering with community transport services to assist people in attending their medical appointments.
5	Embed Health Checks with Hot Meal Services	Primary care providers to attend meal services to provide free health-checks.
6	Primary Health Service Linker	A dedicated role/program which connects homeless people to primary care services.
7	Health Literacy Education	Education to people experiencing homelessness or at risk of homelessness around accessing health services, in particular understanding when they need to present to hospital.
8	Pharmacy Education	Pharmacists to attend homelessness services to provide education regarding medication usage.
9	Social Workers in General Practice	Social workers working within a general practice to support the psychosocial needs of homeless people.
10	Mental Health and Drug and Alcohol Service	A dedicated service which manages co-morbid mental health and drug and alcohol problems.
11	Domestic Violence Support Service in Lithgow	Domestic violence support service in Lithgow with a key focus on supporting young people.
12	Mental Health Support Line	A 24/7 Mental Health Line for people experiencing homelessness to receive advice and guidance.
13	Accommodation Disaster Support	Ongoing housing support for people experiencing homelessness following a natural disaster (ie., foods and bushfires). It is noted that this is outside the PHN scope of service.
14	Portable Phone Charging Station	Free phone charging stations to be made available in public places. It is noted that this is outside the PHN scope of service.
15	Priority Access List	Implement 'Priority Access Lists' for individuals experiencing homelessness. Homelessness service providers to be able to add their clients to a Priority Access List to receive health services faster.
16	Service Collaboration	Service collaboration and integration across the social and health sector through the development of interagency and events focused on improving homelessness through partnerships.
17	Online Primary Care Service Event	An online event for the community to receive more information about available primary care services and how to access them.
18	Digital Literacy Support	Education to people experiencing homelessness or at risk of homelessness around utilising devices to access digital services.

Table 7: Opportunities to Improve Health Outcomes

Recommendations

The following recommendations (Table 8) have been developed with the aim of improving health outcomes for homeless people in the Nepean Blue Mountains region. The recommendations have been identified through information gathered in the development of the Needs Assessment.

The recommendations have been listed in order of priority.

No.	Recommendation	Description
1	**Placed Based Hub Services**	Commissioning of primary care and allied health service providers to partner with community managed organisations which are commonly accessed by people experiencing homelessness. Primary care and allied health professionals to offer free health services to the community. Place Based Hub Services would be prioritised in Lithgow, Hawkesbury and Penrith LGAs.
3	**Mental Health Service**	Through partnerships, we are encouraging the targeted delivery of mental health services for people experiencing homelessness in areas with limited access to mental health support, including Lithgow and Upper Blue Mountains.
2	**Trauma Informed Care Training**	Trauma informed care training for primary care staff, including general practitioners, nurses and reception. Training to increase understanding of homelessness, the challenges people experience and how to deliver care which is trauma informed and non-judgmental. Trauma Informed Care Training is recommended for all LGAs in the Nepean Blue Mountains region.
4	**Promotion of Service Navigation Tools/Services**	Promotion of the NBMPHN Head to Health intake line, Mental Health Help website and My Health Connector website to people experiencing homelessness and service providers to support them in identifying appropriate services in their region for receiving support. The recommendation is relevant for all LGAs in the Nepean Blue Mountains region.

Table 8: Recommendations to Improve Health Outcomes

Appendix A – Methodology

Data Collection

Methodology

The Methodology for the development of the Nepean Blue Mountains Homelessness Needs Assessment was undertaken through qualitative and quantitative data collection and analysis. Quantitative data was collected and analysed through a literature review. The qualitative component of the Needs Assessment was collated through a series of stakeholder consultations. Further information on these methods is provided below.

Scoping Literature Review

A Scoping Literature Review was undertaken of relevant Australian literature on the primary health needs of Homeless communities. The following key questions were explored in the literature review:

1. What contributes to the prevalence of homelessness in Australia?

2. What are the health outcomes of homeless people in Australia?

3. What health conditions are most prevalent in homeless people in Australia?

4. What are the barriers to accessing primary healthcare for homeless people in Australia?

Data Extraction

A variety of demographic and epidemiological data has informed the data collection components of the Needs Assessment. National, State and local policies, plans and reports have been reviewed, including demographic and epidemiological data through the 2021 Census.

Consultations have been undertaken with Homelessness service providers from the Nepean Blue Mountains region and residents of the Nepean Blue Mountains region who identify as having previously or currently experiencing homelessness or are at risk of homelessness. The following Stakeholder Consultations were undertaken to inform the Nepean Blue Mountains Homelessness Needs Assessment:

- Focus Groups with individual service providers, including Anglicare, Hawkesbury Helping Hand, Link Wentworth, Penrith Community Kitchen, St Vincent De Paul, Wentworth Healthcare and Wessley Mission.

- Two Workshops were undertaken with broad attendance from service providers, including Aboriginal Housing Office, Anglicare, Hawkesbury City Council, Lithgow Community Projects, Nannas Touch, The Benevolent Society, The Haven, Wessley Mission and Vinnies.

- One Workshop undertaken with residents of the Nepean Blue Mountains region who identify as homeless or at risk of experiencing homelessness. The Workshop was held on 14th December at Nanna's Touch for the Lithgow and Blue Mountains region. In total, 22 consumers attended the Workshop.

All transcriptions from the Focus Groups and Workshops were independently and manually coded. Themes were documented and confirmed with NBMPHN.

Limitations

Statistics on People Experiencing Homelessness

'Homelessness' encompasses various definitions and therefore reporting on Homelessness population statistics can be challenging. The Australian Bureau of Statistics utilises the following categorisation when estimating the number of people experiencing homelessness:

- people living in improvised dwellings, tents or sleeping out

- people living in supported accommodation for the homeless

- people staying temporarily with other households

- people living in boarding houses

- people in other temporary lodgings

- people living in 'severely' crowded dwellings[54].

It must be noted that homelessness data captured from the Census is likely to significantly underrepresent the actual number of homeless people across Australia. A Position Paper by the Australian Bureau of Statistics acknowledges that no current measures of homelessness in Australia are precise[55].

Availability of Stakeholders

The service provider and community consultations were undertaken from November to December 2023 to align with funding received from the DoHAC. Undertaking consultations from November to December may have impacted the availability of stakeholders, as this is prior to the commencement of the holiday period in Australia. Therefore, the qualitative data produced in this Needs Assessment may not be inclusive of all service providers and community members in the region.

Transient Community Population

People experiencing homelessness or at risk of homelessness are a vulnerable and transient population. Engaging people experiencing homelessness in the consumer workshops and surveys was difficult and identified as high risk of negative impact on participants. Therefore, the qualitative component of this Needs Assessment is reliant on the input from service providers.
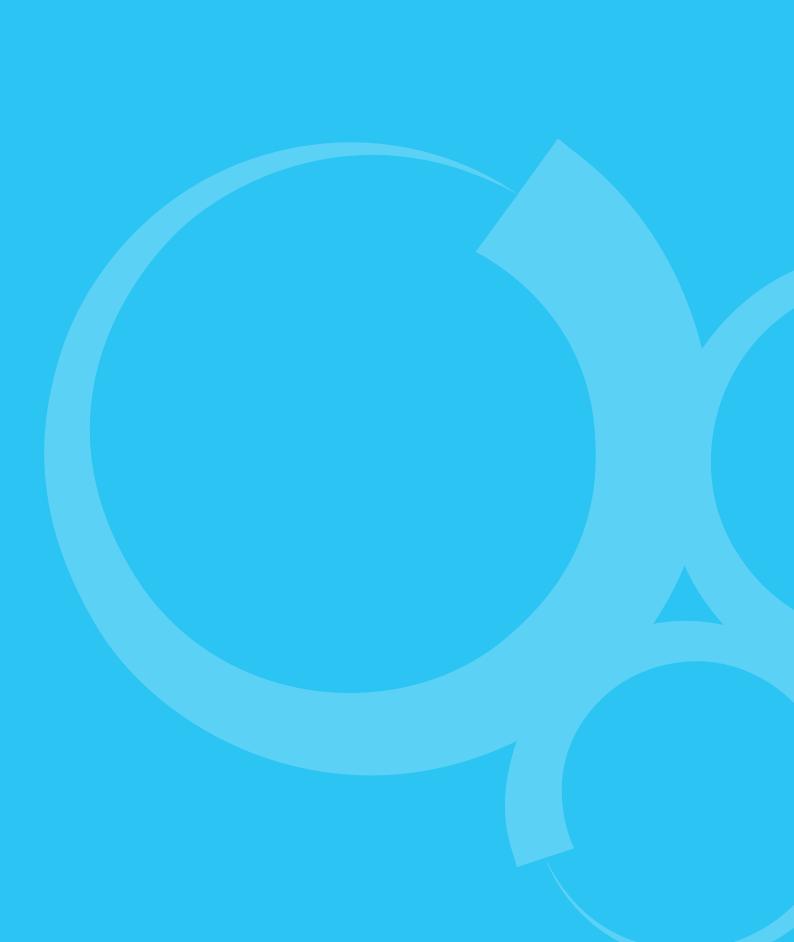
Covid-19 Impact on Data

The 2021 Census was held on 10 August 2023, when COVID-19 restrictions were in place across Australia. State and Territory Governments across Australia were providing temporary accommodation to people sleeping rough or in crisis situations in order to prevent the spread of COVID-19. Therefore, the homelessness estimated presented in the 2021 Census data are likely to have been impacted by the State and Territory Government accommodation measures[56].

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[54] Australian Bureau of Statistics, 2021. Estimating Homelessness: Census. Accessed in November 2023 on https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/2021

[55] Australian Bureau of Statistics, 2011. Position Paper - ABS Review of Counting the Homeless Methodology. Accessed in February 2023 on https://www.abs.gov.au/ausstats/abs@.nsf/0/0E153AE549833768CA2578DF00228CBA?opendocument

[56] Australian Bureau of Statistics, 2021. Estimating Homelessness: Census. Accessed in November 2023 on https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/2021

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