AHURI

RESEARCH SUMMARY

Paradigm shift? When a health response meets a homelessness crisis

What this research is about

This research looks at public health responses to homelessness during the COVID emergency in Australia. It identifies barriers, adaptations and lessons learned from increased teamwork between public health and homelessness sectors. It investigates how these partnerships formed and how they can continue with ongoing adequate funding, staffing and logistical support.

Why this research is important

People experiencing homelessness faced high risks from COVID-19. This was due to their limited ability to practice social distancing, reduced access to infection-prevention items and difficulties self-isolating when required.

Support measures showed health and homelessness services can work well together given the right operational environments. This highlights that the collaborations need to continue as homelessness remains a significant public health issue.

Based on

Final Report No. 443: *Homelessness as a public health emergency: learnings from crisis*

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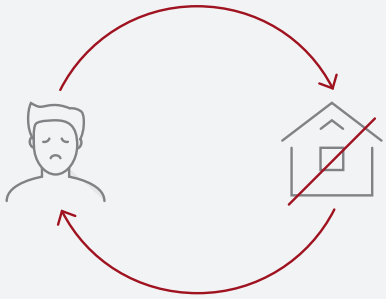
At a glance

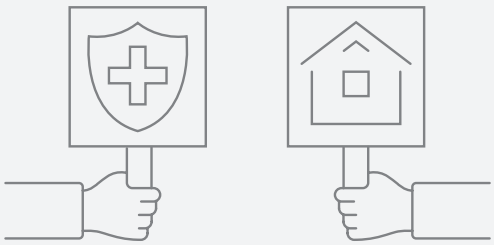
Poor health and homelessness are often connected.

Poor health can cause people to become homeless,



while being homeless can damage people's health.

Traditionally, health and homelessness sectors have been separate,



leading to fragmented health care and inadequate support for people experiencing homelessness.

The pandemic created an unexpected chance to stress-test how the health and homelessness sectors could collaborate to deliver better health outcomes.

Early and close collaboration between health and homelessness sector agencies led to more effective delivery of health services to people experiencing homelessness.

"Going forward, it is essential to build on the success of the targeted health initiatives used during the pandemic."

"The health sector must take an active role in addressing homelessness as an urgent and ongoing public health crisis."

– Chris Hartley

Key findings

The research explored three case-studies in NSW, Victoria and Tasmania, looking at the COVID-19 emergency period from January 2020 to October 2021. Each case-study region faced different challenges, highlighting the localised nature of public health responses across Australia.

Strong pre-existing relationships helped

Successful health agency responses to people experiencing homelessness came from strong partnerships that existed between health and homelessness agencies before the pandemic. These relationships enabled quick coordination, trust-based teamwork and fast implementation of targeted responses.

Collaboration and communication are important

Strong communication and coordination between support agencies helped successfully deliver health services. This effective collaboration meant emerging issues could be identified and addressed quickly.

Outreach health services proved vital

Health agencies already active in outreach work were crucial for delivering health services during the pandemic. The existing outreach structure allowed these services to quickly adapt to increased demand and logistical challenges.

Government agencies created a supportive environment

Governments had a key role in effective health responses. Government agencies created a policy environment characterised by flexibility and strong support from senior officials. This encouraged organisations to work together and go beyond their usual limits, allowing more responsive and innovative approaches.

Support was uneven across regions

All three case studies showed uneven delivery of health services. There were gaps in coverage for people outside city areas and for groups other than rough sleepers.

Other barriers included difficulties sharing sensitive information and tensions between organisations with different working cultures. These differences hindered the development of shared understanding, which is critical for effective multi-agency work.

Health responses were not designed to meet the needs of unaccompanied children under 18 experiencing homelessness. This group faced difficulties complying with public health orders such as lockdowns, stay-at-home orders and social distancing rules.

‘Governments had a key role in effective health responses. Government agencies created a policy environment characterised by flexibility and strong support from senior officials.’

Policy actions

Treat homelessness as an ongoing public health emergency

Health agencies and services should take a proactive and sustained role in addressing homelessness as an urgent public health crisis—and not just as a social issue. This involves creating policies and practices that prioritise homelessness prevention, ensuring vulnerable people receive support before they become homeless.

Teamwork between health and homelessness services is essential

Strong coordination between health and homelessness services across all regions is vital for effective delivery of health services to people experiencing homelessness.

A well-resourced, centrally authorised framework for inter-agency communication is needed. This framework could bring together health, housing, homelessness agencies and NGOs to improve collaboration and information-sharing.

Formal partnerships between health and homelessness services should clearly define roles to strengthen these relationships.

Continue targeted responses beyond emergencies

To build on the success of targeted health initiatives during COVID, it is essential such approaches continue. Ensuring people experiencing homelessness can access health services in familiar and trusted settings is crucial for ongoing health improvement.

Mobile and outreach-based services are key parts of a complete strategy to address the health needs of people experiencing homelessness.

‘Strong coordination between health and homelessness services across all regions is vital for effective delivery of health services to people experiencing homelessness.’

Research design

This research includes a literature review and interviews with representatives from community services, health sector, and government agencies in New South Wales, Victorian and Tasmania.

The New South Wales study focused on health service delivery to people rough sleeping in inner-city Sydney.

The Victorian study focused on health service delivery to people experiencing homelessness, including those sleeping rough, in Melbourne.

The Tasmanian study explored how youth and homelessness services working with unaccompanied homeless children navigated public health measures.

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