Opening the Doors:

Health Equity in Traditional Boarding House Populations

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TERTIARY HOMELESSNESS

- insecure tenures leave residents vulnerable to unfair practices
- shared amenities with multiple unrelated people
- poorly maintained, older houses privately owned and managed

3,200

residents living in private boarding houses across Sydney Local Health District



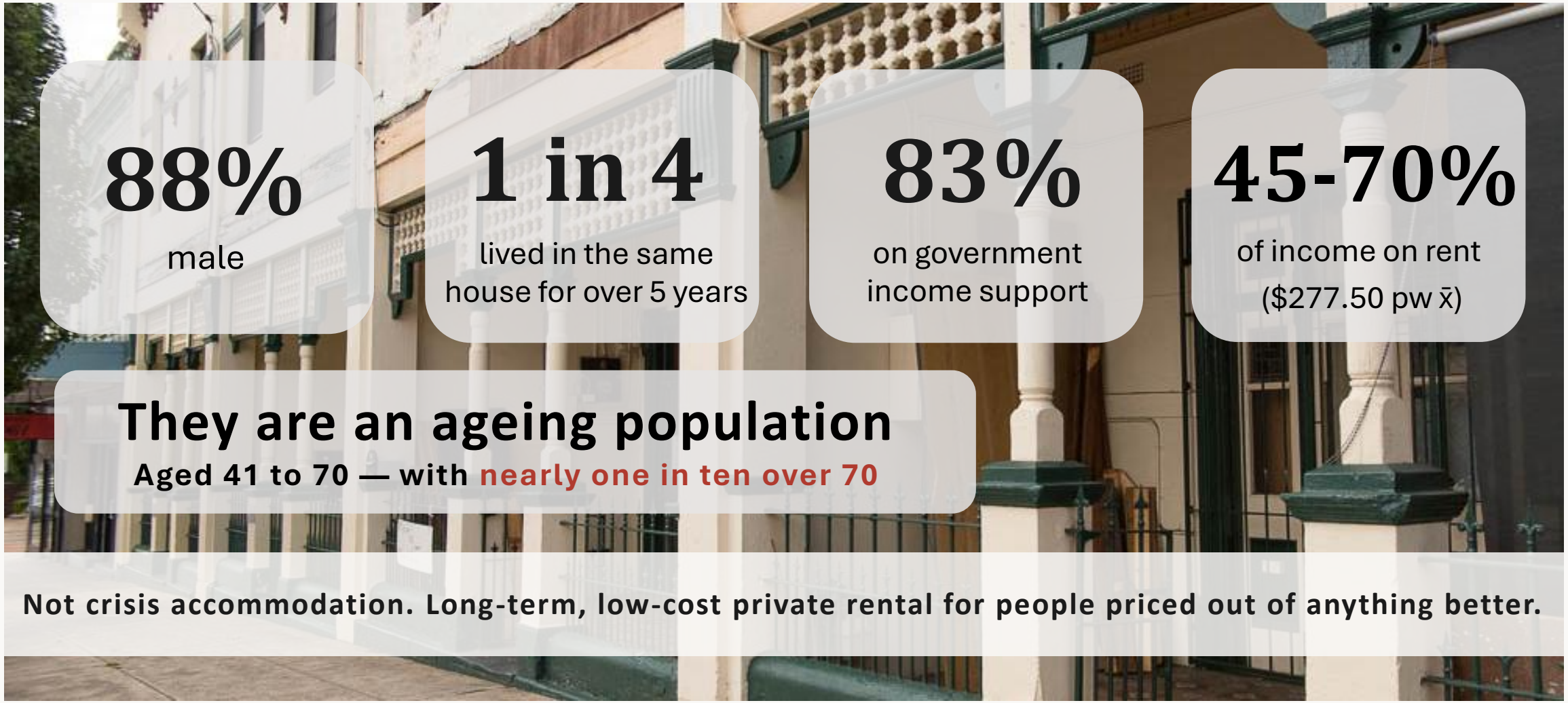






81 OF 90 RESIDENTS APPROACHED · 30 BOARDING HOUSES

Who actually lives here



88%
male

1 in 4
lived in the same house for over 5 years

83%
on government income support

45-70%
of income on rent ($277.50 pw x̄)

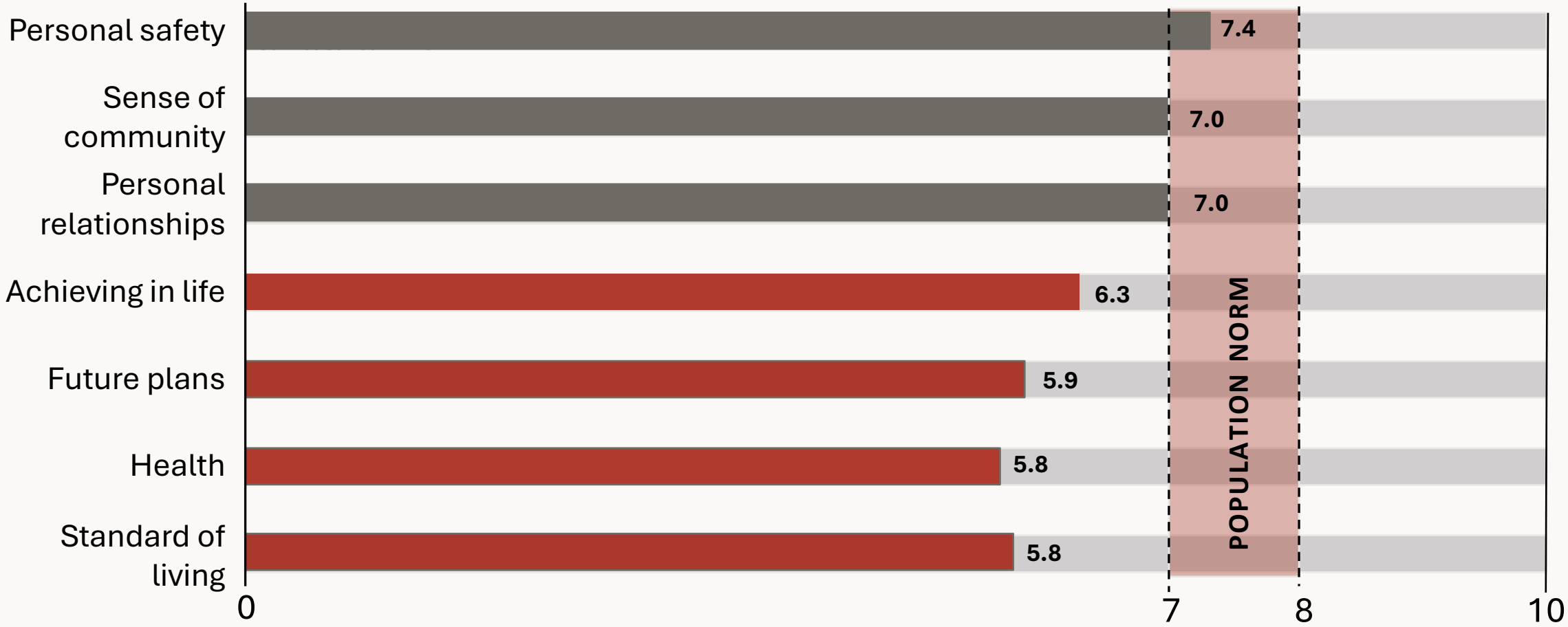
They are an ageing population

Aged 41 to 70 — with nearly one in ten over 70

Not crisis accommodation. Long-term, low-cost private rental for people priced out of anything better.

PERSONAL WELLBEING INDEX · ALL SEVEN DOMAINS · SCORED OUT OF 10

Socially Connected, Yet Health Needs Remain



The Deficits Are Material And Clinical

In contact. But not receiving care.

THE HEALTH REALITY

53% **smoke**
vs 11% of the general population

30% **had a hospital admission**
vs 13% of the general population

85% **had seen a GP**
But many were seeing a different doctor every visit

64.2% **accepted care navigation.**
Assistance to access support for unmet needs

NEEDS IDENTIFIED THROUGH CARE NAVIGATION



159 separate unmet needs, spread amongst only **52** residents

Photo by Dion Georgopoulos for The Sydney Morning Herald 2025

CONTACT ≠ CARE

Boarding houses are not outside the health system. They are already touching it. But contact isn't the same as care.

THE NEED IS THERE

Unmet health and wellbeing needs can remain hidden behind the appearance of housing stability.

THE CONNECTION IS MISSING

Care navigation creates the link between the person, their housing context and the services they need.

THE SERVICES ARE THERE

Already seeing GPs, presenting to hospitals, interacting with health and services.

A dedicated boarding house care navigator can turn contact into coordinated care.

1. Take the care to the person rather than expecting them to come to you

2. Use relational, non-clinical, and informal styles of engagement

3. Provide on-the-spot education, referral, and assistance