

Making it work: health, housing and homelessness in action.

Phoebe Lawson, Adelaide Primary Health Network

Monica Novick, Commission on Excellence and Innovation in Health

Van Luong, Commission on Excellent and Innovation in Health

Nicholas Cowling, Department of Human Services

23 October 2025


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An Australian Government Initiative

Acknowledgement of Country



Homelessness is a health issue

- Premature mortality
- Preventable deaths
- Increased rates of illness & multi-morbidity
- Social determinants of health account for 55% of health outcomes

Adelaide Primary Health Network

Phoebe Lawson, Contracts and Capacity Building Coordinator

phn
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Homelessness Access Program

Phoebe Lawson – Contracts and Capacity Building
Coordinator - Integration

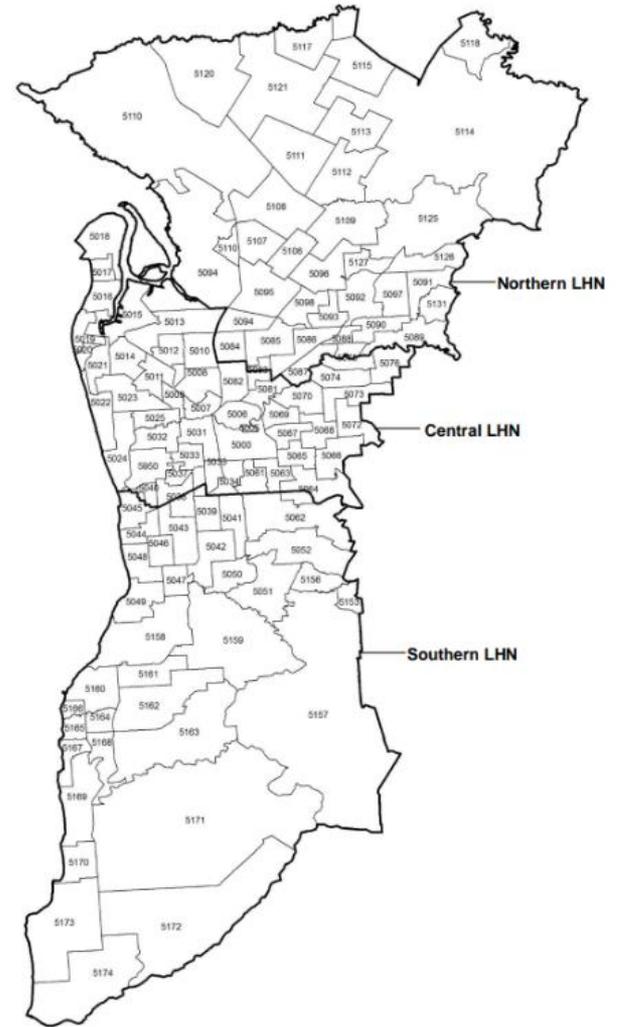


We acknowledge the Kaurna peoples who are the traditional Custodians of the Adelaide Plains. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present. We would also like to acknowledge and pay our respects to those Aboriginal and Torres Strait Islander people from other Nations who live, work, travel and contribute on Kaurna Country.

Marni Naa Pudni - Welcome

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Primary Health Networks (PHN's)

- Funded by the Australian Government to improve efficiency and effectiveness of health services
- Coordinate and integrate local health care services in collaboration with Local Hospital Networks (LHN) to improve quality of care, people's experience and efficient use of resources.
- Commission primary care and mental health services to address population health needs and gaps in service delivery and to improve access and equity.
- Capacity-build and provide practice support to primary care and mental health providers to support quality care delivery

Adelaide PHN

- One of 31 PHNs across Australia.
- Covers metropolitan Adelaide, serving over 1.2 million people.
- Assess regional health needs through comprehensive analysis.
- Engage communities, health professionals & partners.
- Commission services to fill gaps & improve access.
- Focus on safe, equitable care for priority populations.
- Work in partnership to achieve better health outcomes.



Role of PHN in homelessness

- Conduct Needs Assessment

Homelessness Access Program funding to:

- Address service gaps in primary health care for people experiencing or at risk of homelessness
- Support services where physical, geographic, or social barriers limit access
- Strengthen local coordination and provider capability to deliver integrated care

Needs Assessment – Population & Health Profile

- ~1 in 240 South Australians experience homeless
- Overrepresented groups: youth, women fleeing violence, Aboriginal people, CALD communities, older adults.
- High prevalence of mental illness, chronic disease, and poor oral health.

Needs Assessment – Current Services and Gaps

- Limited dedicated health services, concentrated in the CBD (e.g. Brian Burdekin Clinic, SA Dental Homelessness Program).
- Declining GP workforce in the region.
- Major gaps outside CBD and in service coordination.

Needs Assessment - Summary

Key Needs: chronic disease management, mental health, drug & alcohol support.

Service Priorities: integration & coordination, multidisciplinary clinics, outreach/drop-in models.

Opportunities: partnerships with homelessness services, provider education, navigation support, expanded clinics beyond CBD.

Takeaway: Addressing health access requires flexible, integrated, and stigma-free care models.

Needs Assessment – Place-Based Care

Adelaide CBD

- Highest concentration of people experiencing homelessness.
- Existing services present but fragmented and poorly integrated.

Port Adelaide

- Significant need identified.
- Very limited health services available locally.

Northern Suburbs (Salisbury, Playford)

- High absolute numbers of people experiencing homelessness.
- Areas of disadvantage with limited tailored services.

Co-Design Process

- Three co-design workshops per region with broad stakeholder input, including lived experience expertise
- EOI for General Practice involvement across Adelaide CBD and Port Adelaide → 2 responses received
- Both sites commissioned as part of the program

Stakeholders included:

- Adelaide North West Homelessness Alliance
- Toward Home Alliance
- Central Adelaide Local Health Network
- City of Port Adelaide and Enfield
- Streetlink
- Adelaide City General Practice



Identified Challenges for Healthcare Providers

- General Practices are overstretched
- Bulk billing insufficient to cover costs
- Siloed system
- High staff turnover leading to trust and continuity of care issues
- Unable to access bulk billed allied health even if can access GP



Road Map

**Co-design problems,
generate solutions with
diverse stakeholders and
lived experience**



**Agree upon a
shared vision and
a pathway to get
there**



**The vision comes to
life - a community
health hub**



Road Map – Short Term Vision

1. Nurse Navigator Role

- Meet people where they are
- Supporting clients to navigate the health care system

2. Flexible General Practitioner

- Acts as a conduit for access to Chronic Disease Management (CDM) and multidisciplinary team (MDT) services
- Bulk-billed, trauma-informed, walk-in model of care

3. Funded Allied Health

- Provides access to bulk-billed MDT care for holistic support

4. Integration and Partnerships

- Strengthens coordination and collaboration between existing services

Road Map – Medium Term Vision

Transition to sustainable Medicare funding:

- Leverage MyMedicare and GP chronic condition management plan to unlock MBS funding for bulk-billed care
- Integrate services within the broader health system
- Build capacity within mainstream General Practices

Improved Models of Care

- High-quality, accessible care becomes the standard
- Simplified pathways for service navigation

Enhanced Data Sharing and Continuity

- Strengthen data sharing between Specialist Homelessness Services and General Practice

Road Map – Long Term Vision

Community health hub:

- **Central Location:** A single, accessible hub serving as a point of care and support
- **Sustainable Model:** Self-sustained, bulk-billed services ensuring universal access
- **Comprehensive Support:** Health care integrated with basic needs and social supports
- **Multi-Agency Collaboration:** A coordinated presence of health, social, and community services
- **Open Access:** Walk-in appointments as the standard of care
- **Shared Data Systems:** Seamless information sharing across agencies to improve continuity and outcomes

Commissioned Outcomes – CBD – General Practice

CSP: Adelaide City General Practice

- 0.2FTE General Practitioner in-reach at Hutt St Centre
- 0.2FTE Nurse in-reach at Hutt St Centre
- Targeted health projects e.g. CST clinic



Adelaide City
General Practice

Commissioned Outcomes – CBD - MDT

2 Commissioned Service Providers

- Both organisations deliver allied health supports with a strong focus on integrated, wrap-around care.
- Offer free access to a range of allied health professionals (e.g. occupational therapist, diabetes education).
- Each site is developing a formal referral pathway with Adelaide City General Practice to enhance coordination and leverage GP care plans for continuity of care.

Commissioned Outcomes – Port Adelaide

CSP: Uniting Communities



- 0.5FTE Clinical Relationships Manager
 - Nursing out-reach role to engage, build and maintain relationships with community and primary care
 - Supports health system navigation
- 0.1FTE GP onsite in Port Adelaide
 - Situated within trusted specialist homelessness service
- Ancillary funding to cover allied health appointments

Clinical Relationships Manager

- Delivers outreach services in collaboration with the North West Homelessness Alliance team of case managers.
- Provides on-site clinical care, equipped with a nurse bag for immediate patient needs.
- Coordinates closely with GP to facilitate booked appointments and ensure continuity of care.
- Leverages prior experience and established community relationships to build trust and enhance service delivery.

Questions?

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Commission on Excellence and Innovation in Health

Monica Novick, Director, Partnerships
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Homelessness to Health: Partnering for Change

● Commission
● on Excellence
● and Innovation
● in Health.

SA Zero Homelessness Summit Oct 2025



We would like to acknowledge this land that we meet on today is the traditional lands of the Kurna people and that we respect their spiritual relationship with their country.

We also acknowledge the Kurna people as the custodians of the greater Adelaide region and that their cultural and heritage beliefs are still as important to the living Kurna people today.

Commission
on Excellence
and Innovation
in Health.



Government
of South Australia
SA Health

Together, creating health and prosperity for all

● Commission
on Excellence
and Innovation
in Health.

OUR PRIORITIES



MEASURING OUR IMPACT

- Demonstrated reduction in unwarranted clinical variation.
- Improved access to timely and appropriate care.
- Improved patient experiences and outcomes.
- Embedded measurement of patient experience and outcomes.
- Embedded consumer and carer centrality.
- Alignment of activities to SA Health's Climate Change Framework.
- Reduction in emissions and waste.
- Strengthened sector leadership.
- Improved retention and attraction.
- Improved cross-sector collaboration focussed on equity.
- Growth in health innovation investment including clinical trials capability.

OUR APPROACH



OUR VALUES



We take ownership and responsibility for outcomes, words and actions.

- *connect ideas*
- *connect people*
- *connect the dots*

Our Approach



GROW NETWORKS AND PARTNERSHIPS

We bring people together to solve problems, connecting clinicians, consumers and the community so that they can achieve 'better' together.



DELIVER INSIGHTS

We use a data driven approach to facilitate discussions, understand impact, deliver insight and, generate action.



PROVIDE ADVICE AND CONSULTATION

We provide advice, encourage different ways of thinking and facilitate safe spaces to be creative.



ENABLE SYSTEM IMPROVEMENT AND INNOVATION

We seek creative solutions to drive excellence and innovation in practice.



BUILD CAPABILITY

We create opportunities for people to learn new skills and support the mindsets that allow innovation and research to happen.

Statewide Clinical Networks

Urgent & Emergent Care Clinical Network



Understand the opportunity for improvement to health experiences and outcomes for people experiencing homelessness

What ED staff said

- ❖ High ED re-presentation rates
- ❖ ED Impacts:
 - ❖ service access - wait times
 - ❖ Decreased productivity
 - ❖ psychosocial impacts on staff, patients & public
- ❖ Complexity of presentations
- ❖ Fragmented service response
- ❖ Duplication & frustration in finding service pathways

Healthcare needs are not being met

Lack of equity of access to care



SA Health

Media Monitoring

[Return to Contents](#)

The Advertiser

10/07/2025

'Admitting patients in corridors': RAH nurse lifts lid on overcapacity public hospitals



A nurse told The Advertiser it was an "unethical, immoral, situation. Picture: NewsWire/Kelly Barnes

"We are currently admitting patients into the corridors of wards," the nurse told The Advertiser.

"There is no oxygen suction available in an emergency situation. There is full lighting that cannot be turned off. There is no privacy, no showers, only the public toilets available for these patients to use.

"Meanwhile we have wards full of patients admitted from nursing homes that do not need acute care but are deemed 'too difficult' for the nursing homes to handle."

The nurse also revealed the RAH has become a de facto home for the homeless.

"We literally have people living in this hospital," the nurse said.

"We have homeless patients, many homeless for years, but once admitted cannot be discharged until appropriate accommodation has been found for them which is virtually impossible.

"Therefore they, too, are living here.

Lived experience

- ❖ Central Adelaide Local Health Network
- ❖ Case examples
- ❖ Service navigation
- ❖ Service access
- ❖ Service connection
- ❖ Trust, inclusivity, person-centred
- ❖ Falling between the gaps – prison, mental health, primary care, between specialities



2024

- Trends

2023-2024

- Detailed understanding of cohort and ED presentations



In 2024 for homelessness related ED presentations:

Daily average emergency department presentations

10.6

Daily average GP type* emergency department presentations

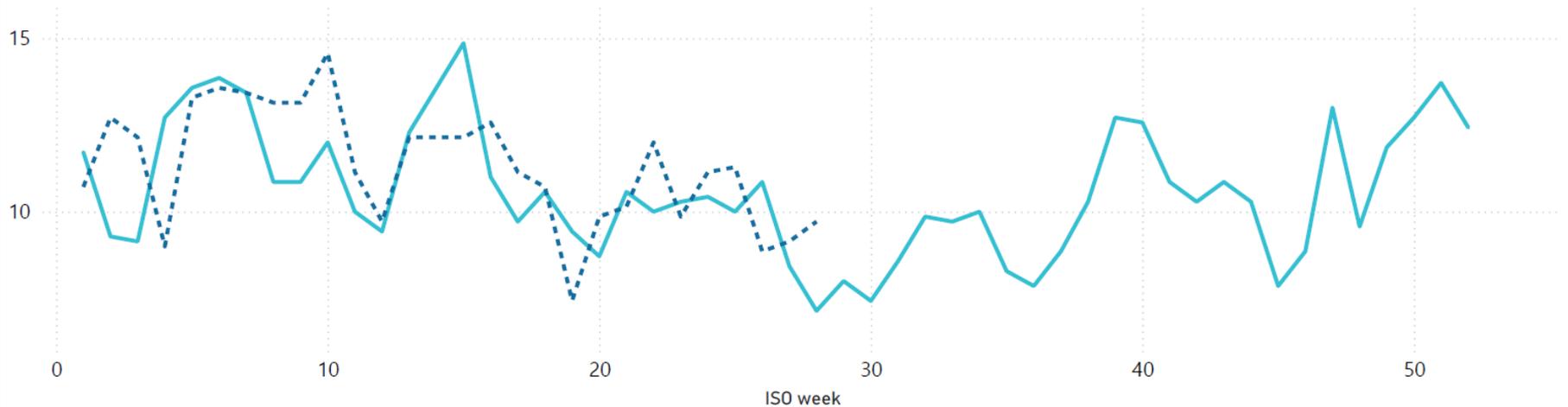
3.0

Daily average emergency department presentations for social issues

1.12

Overall, the average daily ED presentations for the homeless were slightly higher in 2025 YTD, but was similar to 2024

Year ● 2024 ● 2025



*Defined using National Healthcare Agreement: PI 19- Selected potentially avoidable GP-type presentations to emergency departments, 2022

In 2024 for homelessness related ED presentations:

Total ED Presentations

3877

Unique Individuals

1135

Median ED presentations
past 6 months

5

Arrivals by ambulance

42%

The daily average ED presentations has been increasing per year



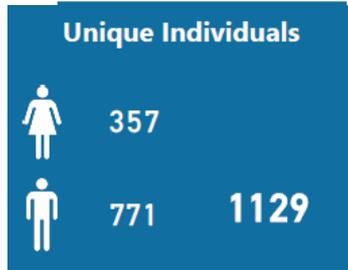
25% of patients didn't wait or left before treatment was complete

ED Outcome	% of ED presentations
Admitted to ward/EECU /H@H/other hospital	33%
Did not wait & Left before treatment complete	25%
Discharged	42%
Total	100%

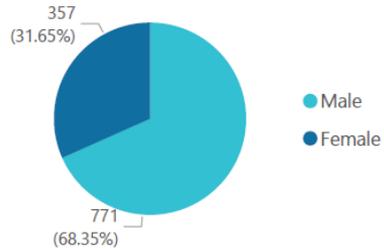
- 12-month snapshot
- October 2023 – October 2024
- Metropolitan hospitals
- People who were identified as experiencing homelessness



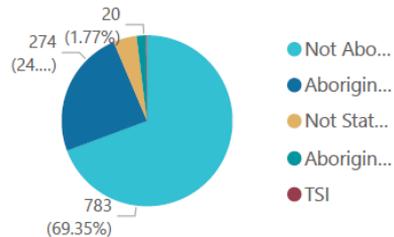
Homelessness: ED Presentations Cohort



Gender Breakdown

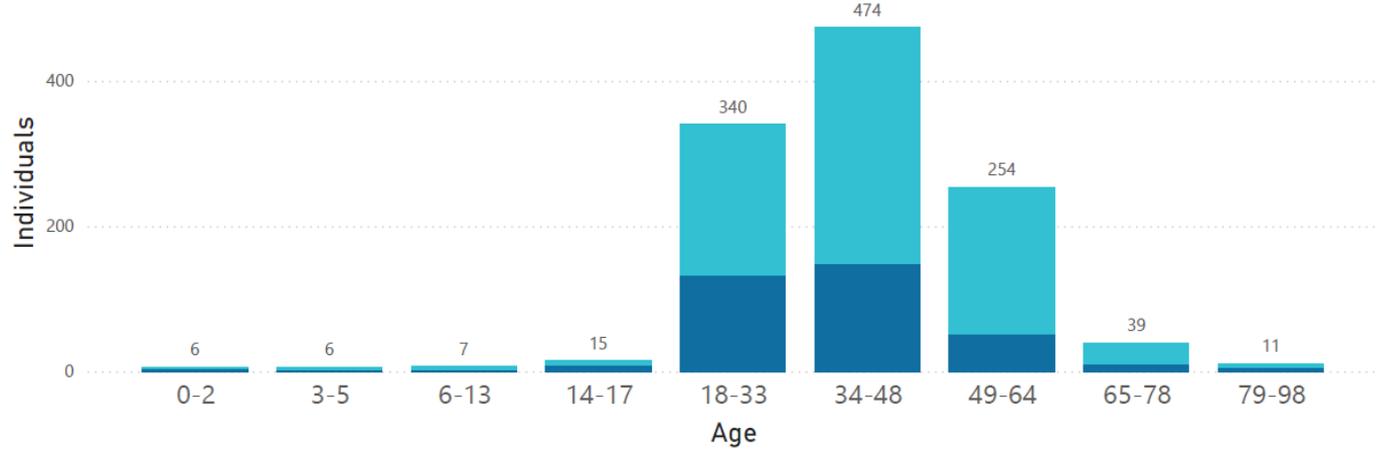


Indigenous Breakdown



Age

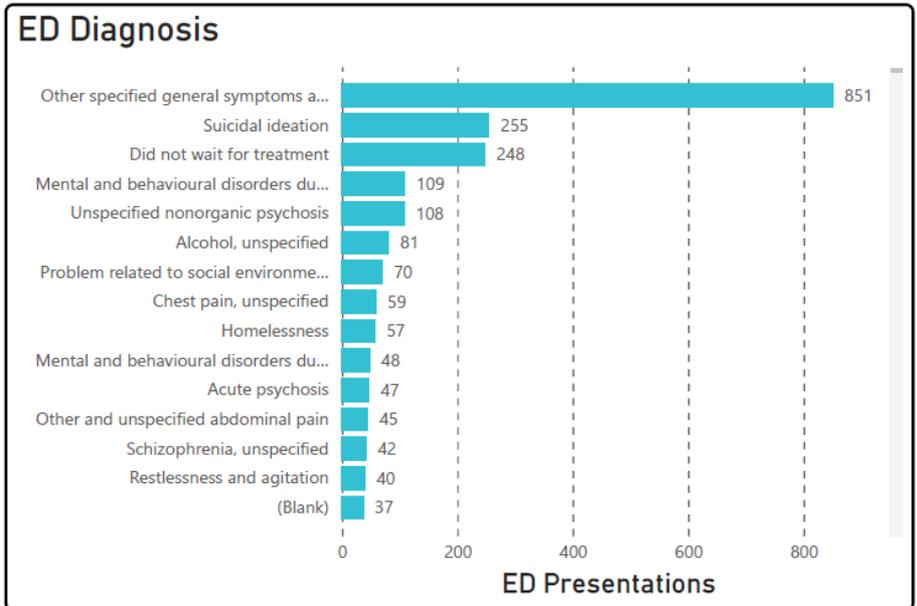
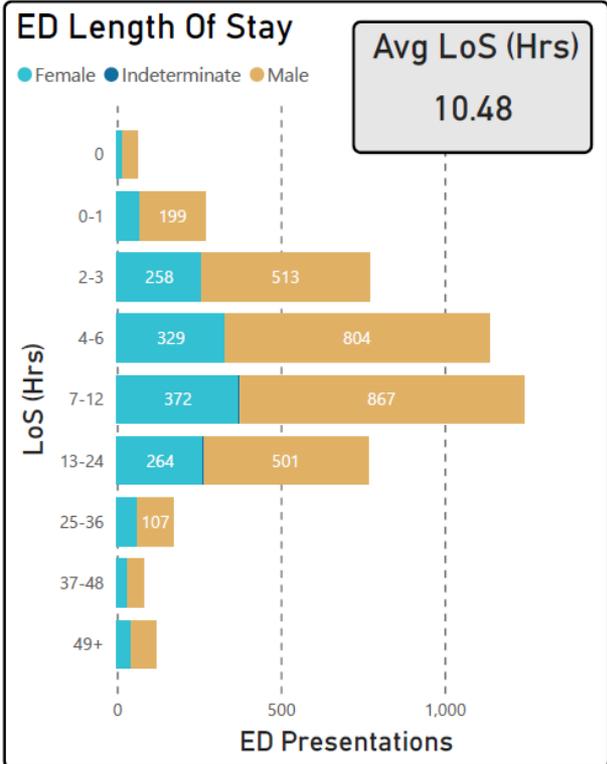
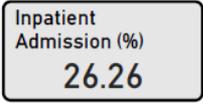
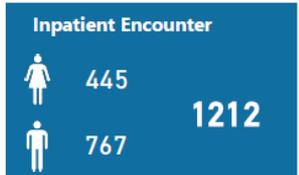
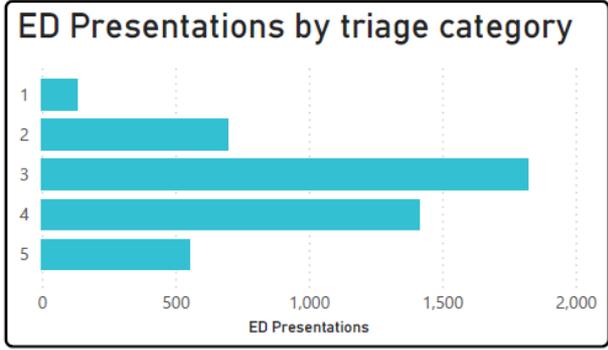
● Female ● Male



Classification

Classification	1	2	3	4	5	6	7	8	Total
Usual Accommodation : Homeless - No usual Accommodation	128	193	67	81	175	457	16		742
SUBURB : NFA	29	82	24	32	55	123	2		236
Usual Accommodation : Homeless - Public Place	6	5	4	9	12	42	5		65
Usual Accommodation : Homeless - Homeless Persons Shelter	4	7	4	5	9	29	4		38
Usual Accommodation : Homeless - Boarding-Rooming house	9	5	2	2	8	18	3		33
Usual Accommodation : Shelter-Refuge - Not including Homeless persons shelter	3	6	1	1	1	3	6		15
Total	179	298	102	130	260	672	36		1129

Homelessness: ED Presentations & IP Admissions



Age on Admission

All

Gender

All

Indigenous

All

Homelessness: Frequent ED Presentations

Presentations per Person

30 10000000

Emergency Presentations

163 **775**

612

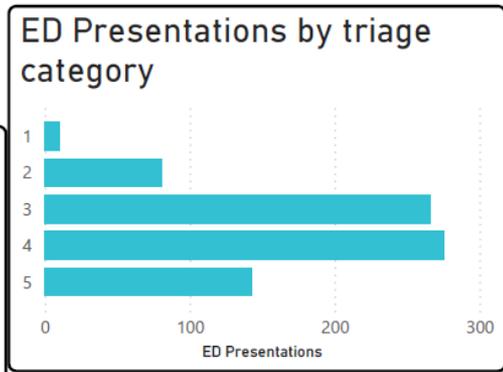
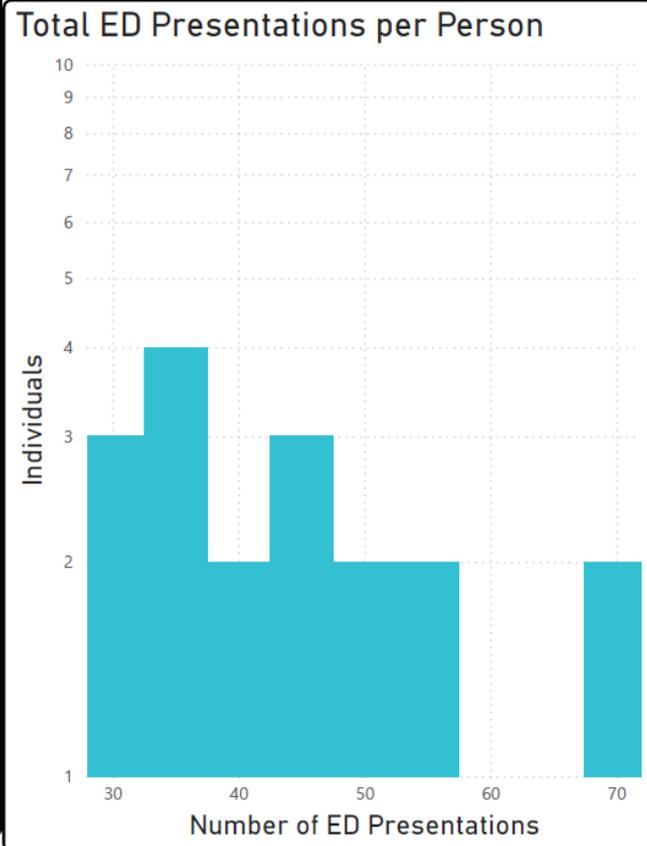
Inpatient Admissions

19 **94**

75

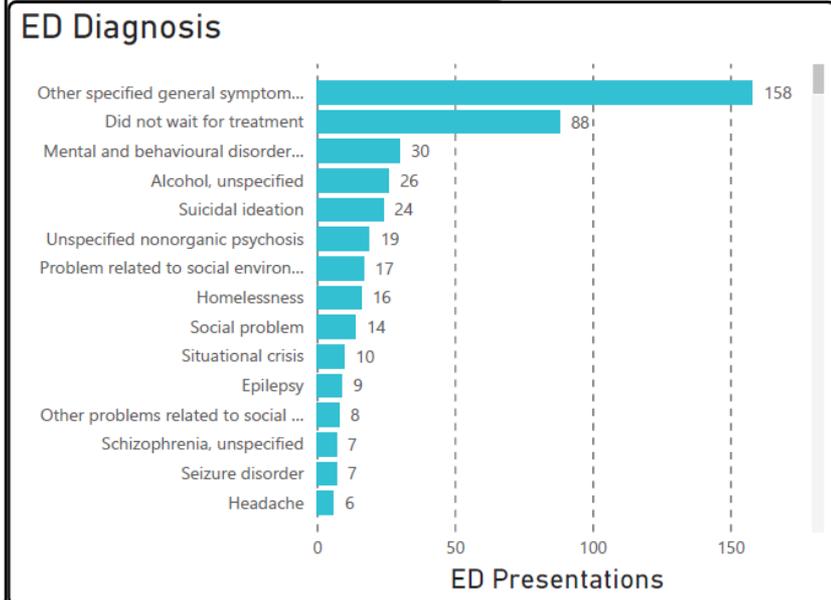
Frequent Presenters

Unique ID	Presentations
1277	73
3230	72
1554	58
2674	56
3823	54
2393	53
274	48
1216	44
992	41
1806	39
475	37
3114	36
1618	35
174	31
3149	31
2450	29
Total	775



Inpatient Admission (%)

12.13



Commission on Excellence and Innovation in Health.

Hospital Selection

IP Admissions

Homelessness

Presented to ED

4616

Inpatient Admission (%)

26.26

Inpatient Admission

1212

Avg LoS (Days)

6.04

Emergency Episode



1452



3158

4616

Inpatient Encounter



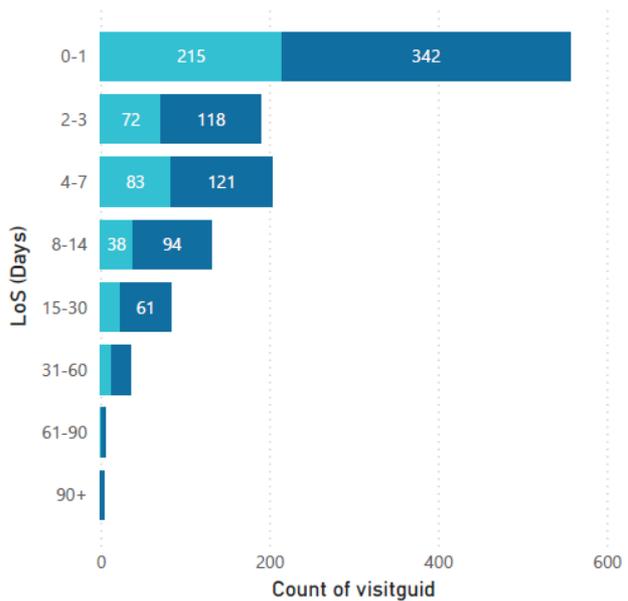
445



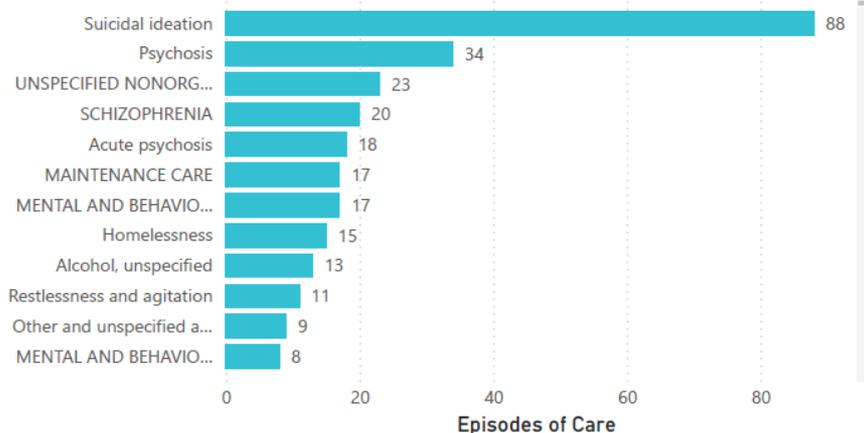
767

1212

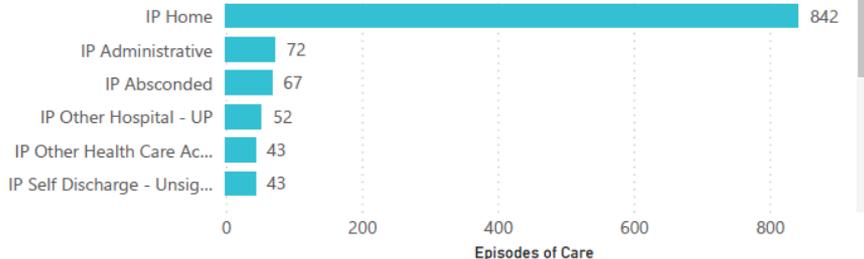
IP Length Of Stay (Days)



IP Primary Diagnosis



IP Discharge Destination



Age on Admission

All

Gender

All

Indigenous

All

Data Snapshot

- Repeated ED and SAAS use without resolution
- Staff filling social care gaps (clothing, transport)
- No shared visibility or coordinated follow-up
- Pathways not built for complex needs
- A system challenge — not an individual failure
- 3 of top 5 presenters have since passed away



Opportunities

- Repeated ED and SAAS use; without resolution
- Staff filling social care gaps (clothing, transport)
- No shared visibility or coordinated follow-up
- Pathways not built for complex needs
- Staff navigating in gaps between sectors (health, social, housing); dependent on individuals
- A system challenge — not an individual failure
- Health, Housing, Community



OFFICIAL

Connecting the dots

● Commission
on Excellence
and Innovation
in Health.

Optimising Access to Healthcare for Patients Experiencing
Homelessness in Hospital Emergency DepartmentsJane Currie ^{1,*}, Amanda Stafford ², Jennie Hutton ^{3,4} and Lisa Wood ⁵

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² Royal Perth Hospital, Perth, WA 6000, Australia
³ Emergency Department, St Vincent's Hospital Melbourne, Melbourne, VIC 3005, Australia
⁴ Department of Medicine, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, VIC 3010, Australia
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 * Correspondence: jane.currie@qut.edu.au

Abstract: The ED is often the first and sometimes the only place where people experiencing homelessness seek medical assistance. While access to primary healthcare is a preferable cost-effective alternative to ED, for many reasons, people experiencing homelessness are likely to have a regular General Practitioner compared to those living in stable accommodation. Drawing on a growing body of emergency care and homelessness literature and practising synthesised four potential interventions to optimise access to care when people experiencing homelessness present to an ED. Although EDs are in no way responsible for resolving the complex and social issues of their local homeless population, they are a common contact point and present an opportunity to improve access to healthcare.



**Homelessness is solvable:
How we can end it in Australia**

David Pearson

2020 Churchill Fellow awarded to study efforts to end homelessness

United States of America | Canada | England | Scotland | Finland | Sweden

Winston
Churchill Trust
Littera globaliter, parare localiter.aah
australian alliance
to end homelessnessLaunch
2020
IT'S TIME TO END
HOMELESSNESS

ST VINCENT'S



URBS

BETTER HEALTH AND
HOUSING PROGRAM

Impact Evaluation and Economic Analysis


Jimalyia Topsy Harry Centre Mount Isa
 "Maximising Choices For New Opportunities"


Jimalyia Topsy Harry Centre Manager Robert Willetts and Assistant Manager Ashley Chong (2013)

Research and Evidence

- Royal Perth Hospital
- St Vincents Melbourne
- Streetside Medics
- Holbrooks
- Kurlana Padnipadninya (New Journey) Program
- ASPIRE
- Baptist Care/CALHN (Covid response)

**ROYAL PERTH HOSPITAL
HOMELESS TEAM**
THIRD EVALUATION REPORT
NOVEMBER 2023

CEIH Engagement

Who we engaged with:

- People with lived experience
- Health, Housing and Community
- Other government departments
- Interstate colleagues

Workshop Feb 2025:

- Presentations new/emerging models
- Workshop activities to identify opportunities
- Lived experience voice central





Discovery Workshop
Homelessness to Health:
Improving healthcare equity for people
experiencing homelessness
21 February 2025

IMAGINATION AT WORK

L7 Citi Centre
Building
11 Hindmarsh

+61 (08) 8226 0883
oah.sa.gov.au

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and Innovation
in Health

**Key Finding: LACK OF INTEGRATED CARE
PATHWAYS ACROSS SECTORS**

Findings – No surprises

- Not a system; human dependent
- Silos within health and across system
- Barriers to data sharing
- Lack of coordination across health, housing and community
- Variation in eligibility criteria / people falling through the gaps
- Limited after hours support
- System navigation challenges – staff and individuals
- No equity of access
- Workforce capability – trauma informed, empathetic, culturally safe
- Housing First Principle not a reality



What we're doing



- ✓ Brains Trust
- ✓ RAH ED Outreach Pilot with Toward Home Alliance & Adelaide Zero Project
- ✓ ED coordinated care (RAH/AZP)
- ✓ Exploration Virtual Care Service Integration Community SHS
- ✓ Facilitating new partnerships and pathways
- ✓ Data Sharing Enablers
- ✓ Phd Student: Intern

On the Horizen



- ✓ Transitional Health & Housing Options
- ✓ Sustainable, integrated funding models
- ✓ Workforce capability and sustainability
- ✓ Palliative care/Return to Country initiatives
- ✓ Research opportunities
- ✓ Prediction = Prevention (Winter / Justice System)

Connect *the work already happening*

Share *the solutions that are working*

Act *on what we already know*

Together *design a better path forward*

For more information:

visit www.ceih.sa.gov.au and subscribe to our newsletter

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Monica Novick – monica.novick2@sa.gov.au

Department of Human Services SA

Nicholas Cowling, Nursing Director
Remote Visitor Outreach Team

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Questions?

 **phn**
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Afternoon tea

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