

Homelessness and housing instability

Position statement – October 2024

1. Position

The RACGP:

- believes that every person requires safe, stable and secure housing to reach and maintain optimal health^{1, 2}.
- supports a 'housing first' approach where secure, unconditional housing is the first step towards improved health and social outcomes.
- calls for the recognition of the complexity of the work of general practice, especially when caring for people living in poverty and experiencing homelessness. Access to general practice care, continuity of care and longer consultations should be supported for people experiencing housing instability.
- advocates for the explicit inclusion of GP expertise in policy spaces where decisions about housing and health are being made, and the increased integration of health and social care functions. General practice expertise needs to be embedded into policymaking and program planning to support people experiencing homelessness and housing instability.
- believes that adequate funding of general practice is essential to ensure that **all** Australians can access essential healthcare, not just those who can afford to pay.

2. Background

Housing and healthcare are human rights. Housing instability and homelessness are increasing across all populations in Australia with those living in poverty the most affected. Homelessness affects a wide range of people from different geographical regions, of different ages, and different cultural backgrounds – however Aboriginal and Torres Strait Islander people, women, children and young people, people with mental illness, and refugees and asylum seekers are disproportionately affected.

Homelessness and housing instability are directly linked to poorer health outcomes including worse outcomes for chronic disease care, poorer mental health and increased mortality at a younger age. Many health conditions are consequences of homelessness including mental health problems, substance abuse, poor nutrition and poor dental health. Homelessness also exacerbates and complicates the treatment of many health conditions. People experiencing homelessness experience significantly higher rates of death, disability and chronic illness than the general population². Compared to housed people, people experiencing homelessness in Australian hospital settings had a higher mortality rate (11.89 vs. 8.10 /1,000 person-years) and younger median age at death (66.60 vs. 78.19 years)³. Homelessness is a global public health issue: the mean age of death in England and Wales is over 30 years less than the population average⁵ with significantly higher rates of infectious diseases and mental health disorders⁶.

People experiencing homelessness also have significantly less access to health services than the broader population for a number of reasons including financial hardship, lack of transportation, lack of identification or Medicare Card, and difficulty maintaining appointments or treatment regimens.

3. Policy response

Housing is a human right.

The RACGP recognises that housing is one of the most basic human rights and no person can live to their full potential without safe, secure and affordable housing. Housing should be considered across all areas of government decision making with a focus on how any new policy would impact those living in poverty.

‘Housing first’ approach to healthcare

It is internationally accepted best practice to offer people experiencing homelessness a suitable dwelling and provide wrap-around support to empower them with the best possible chance of recovery and health. No person experiencing homelessness should be expected to meet health or recovery goals without first being housed. The RACGP advocates for streamlined, efficient and simple processes to enable patients to access housing support services.

Resources for general practice teams

General practice should be adequately resourced to provide effective healthcare for people experiencing homelessness and housing insecurity. Often GPs and emergency departments are the only parts of the health system that are accessible for these populations. With appropriate resourcing and support, general practice can be a place to recognise housing stress and to coordinate patient-centred care to improve outcomes for people experiencing homelessness and housing instability. Additional support for this complex work could be delivered via existing funding channels, including the Medicare Benefits Schedule, allocation of Primary Health Network funding towards homelessness supports, or new allocation of federal government grants.

Better integration of health and social care in the community

When GPs recognise complex social situations including homelessness, they are often not supported to assist patients to access existing social care in the community. Inadequate infrastructure to support information sharing, lack of remuneration for time spent on care management, and non-recognition of GP expertise in policy planning are currently evident.

GPs need to be able to assist patients to access community services. Funding should be available to enable GPs and their teams to coordinate wrap around supports for these patients rather than relying on time-based face-to-face MBS consultation item numbers.

4. References

1. Office of the High Commissioner - United Nations Human Rights. International Covenant on Economic, Social and Cultural Rights 1976 [Available from: <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights>]
2. Australian Human Rights Commission. Homelessness is a Human Rights Issue 2008 [Available from: <https://humanrights.gov.au/our-work/publications/homelessness-human-rights-issue-2008>].
3. Seastres RJ, Hutton J, Zordan R, Moore G, Mackelprang J, Kiburg KV, et al. Long-term effects of homelessness on mortality: a 15-year Australian cohort study. *Aust N Z J Public Health*. 2020;44(6):476–81.
4. Welfare. ALoHa. Health of people experiencing homelessness 2024 [Available from: <https://www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness>]
5. Office of National Statistics. Deaths of homeless people in England and Wales: 2021 registrations 2021 [Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2021registrations>]
6. Aldridge RW, Story A, Hwang SW, Nordentoft M, Luchenski SA, Hartwell G, et al. Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. *Lancet*. 2018;391(10117):241–50.
7. Clarke A, Parsell C, Vorsina M. The role of housing policy in perpetuating conditional forms of homelessness support in the era of housing first: Evidence from Australia. *Housing Studies*. 2019;35(5):954-75.

RACGP Mission statement

The RACGP's mission is **to improve the health and wellbeing of all people in Australia by supporting GPs, general practice registrars and medical students through its principal activities of education, training and research** and by assessing doctors' skills and knowledge, supplying ongoing professional development activities, developing resources and guidelines, helping GPs with issues that affect their practice, and developing standards that general practices use to ensure high quality healthcare