



WNSW PHN Homelessness Primary Care Needs Assessment in Western NSW

February 2026

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WESTERN NSW

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Executive Summary

Western NSW Primary Health Network (WNSW PHN) has conducted a comprehensive Homelessness Needs Assessment aimed at strengthening primary health care responses for people experiencing homelessness, or at risk of homelessness, across Western NSW. The Needs Assessment aims to identify the primary health care needs of this population, the barriers they face in accessing care, and gaps in current service provision, in order to inform future planning, commissioning and collaboration across the region. This Needs Assessment has been informed through a mixed-methods approach, including demographic and homelessness data, a scoping literature review, service mapping and stakeholder consultations. Consultations were undertaken with WNSW PHN staff and key stakeholders, service providers working with people experiencing homelessness and community members with lived experience across the region, including workshops held in Bathurst, Dubbo and Broken Hill.

Homelessness is driven by complex and intersecting social, economic and health-related factors and has been further exacerbated by housing affordability and supply pressures. People are at increased risk of homelessness when they experience multiple forms of disadvantage, including unemployment, experiences of domestic and family violence, lower educational attainment, disability, neurological conditions or acquired brain injury, and poor physical or mental health. Alcohol and other drug (AOD) misuse and trauma are also key contributing factors. These individual drivers are frequently compounded by structural issues such as discrimination, social exclusion, limited housing availability and broader system pressures, which are often intensified in regional and remote settings.

Approximately 1,032 people in Western NSW were recorded as experiencing homelessness, though this is likely an undercount given the hidden nature of homelessness in many communities. The Needs Assessment highlights that homelessness is unevenly distributed, with significant localised hotspots. Regions experiencing higher rates include Walgett, Central Darling, Brewarrina, Dubbo, Bathurst and Orange. Consultations highlighted that homelessness is experienced differently across the region, with visible homelessness more common in larger centres and hidden homelessness more common in smaller rural and remote communities through overcrowding, couch surfing and unstable arrangements. Priority populations identified as particularly vulnerable include First Nations people, young people, older persons, women impacted by domestic and family violence and people exiting incarceration.

Consultations across Western NSW indicate that people experiencing homelessness face complex and often unmet health needs that worsen over time without stable housing. Mental ill-health was consistently identified as the most prevalent concern, frequently co-occurring with AOD use and trauma. Other commonly reported issues included chronic and complex physical conditions (such as diabetes and wound care), oral and dental disease, injury, ageing-related needs and difficulties maintaining continuity of prescription medications. Access to primary health care was widely described as challenging, particularly for general practice, mental health, AOD supports, allied health, pharmacy and care coordination. Barriers included cost, transport and distance, long wait times, limited service availability, fragmented systems, unclear referral pathways, administrative requirements, and the need to repeatedly retell personal histories. Stigma, discrimination, lack of trust and growing digital exclusion were also identified as significant barriers, limiting engagement with services and access to appointments, telehealth and follow-up care.

In response to the Needs Assessment findings, a series of recommendations have been proposed for consideration by WNSW PHN to strengthen primary health care access and improve health outcomes for people experiencing homelessness or at risk of homelessness. Recommendations include recognising homelessness as a priority population within planning and commissioning, exploring low-barrier outreach and in-reach primary care models delivered through trusted community settings, strengthening workforce capability through trauma-informed and culturally safe practice, improving system integration through partnership-based approaches across

health, housing and homelessness sectors, strengthening care navigation and referral pathways, addressing barriers to prescription medication access and continuity, and considering homelessness within disaster preparedness and emergency response planning.

Introduction

Purpose

Western NSW Primary Health Network (WNSW PHN) is responsible for supporting the planning and coordination of primary health care services across a large and geographically diverse region. This includes communities in regional centres, rural towns and remote areas, where access to health services can be limited.

People experiencing homelessness, or at risk of homelessness, often face complex and intersecting challenges that impact their health and wellbeing. These may include physical and mental health conditions, alcohol and other drug (AOD) use, trauma and difficulties accessing timely and appropriate care. Structural factors such as housing availability, cost of living pressures, service availability and distance further compound these challenges, particularly in regional and remote settings.

To better understand these issues in the Western NSW context, WNSW PHN has undertaken a Homelessness Needs Assessment. The purpose of this Needs Assessment is to identify the primary health care needs of people experiencing homelessness or people who are at risk of homelessness across Western NSW, examine barriers to accessing care and assess gaps in current service provision. The Needs Assessment also seeks to identify opportunities to strengthen primary health care responses and improve health outcomes for this population.

The Homelessness Needs Assessment draws on multiple sources of evidence, including population data, service mapping, a review of relevant literature and consultation with people with lived experience of homelessness, service providers and key stakeholders across the region. Together, these inputs provide a comprehensive picture of need and inform future service planning, commissioning and collaboration.

This work reflects WNSW PHN's commitment to equitable access to primary health care and to supporting vulnerable communities across Western NSW to receive care that is appropriate, coordinated and responsive to their needs.

Background

WNSW PHN works to support the planning, coordination and delivery of primary health care services across Western NSW. Its role includes identifying local health needs, working with service providers and supporting access to high-quality, person-centred care for communities across the region. WNSW PHN focuses on improving health outcomes and reducing inequities by supporting services that respond to local priorities, particularly for populations who may experience barriers to accessing care. This includes people experiencing homelessness, who often have complex and unmet health needs.¹

The WNSW PHN region is one of the most geographically expansive and diverse in Australia, covering more than 433,000 square kilometres and spanning both the Western NSW and Far West Local Health Districts (LHDs). This makes it the largest Primary Health Network (PHN) footprint in NSW. The region supports more than 310,000 people, with communities ranging from larger regional centres to small rural and remote towns and settlements. Approximately 19% of the population are aged 65 years and over, and around 11.4% identify as Aboriginal and/or Torres Strait Islander, significantly higher than the national average.²

1 Western NSW Primary Health Network (2025) *Who we are*. Available at: <https://wnswphn.org.au/about-us/who-we-are/> (Accessed: February 2026).

2 Western NSW Primary Health Network (2025) *Understanding our region*. Available at: <https://wnswphn.org.au/about-us/understanding-our-region/> (Accessed: February 2026).

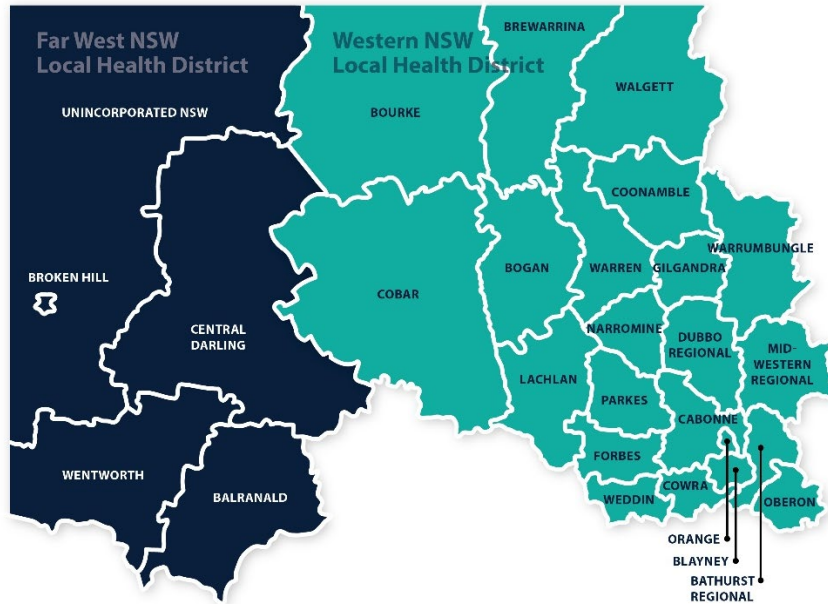


Image 1: Western NSW Primary Health Network Region

The region’s vast size and dispersed population present unique challenges for health service planning and delivery. Residents in remote areas often face longer travel distances to access care, reduced availability of local services and workforce shortages, particularly for specialist and allied health care. These structural issues can compound existing risk factors and contribute to poorer health outcomes in comparison to urban populations.³

WNSW PHN’s strategic planning recognises this context, emphasising a place-based approach to primary health care that is responsive to the real needs of communities across the region. Its Strategic Plan highlights a commitment to engaging with local communities and stakeholders, strengthening health system integration, driving evidence-based commissioning and supporting sustainable, culturally appropriate models of care, particularly for priority population groups with higher risk of poor health outcomes.^{4 5}

Collectively, these factors shape the broader environment in which primary health and social services operate across Western NSW, a region with strong community connections and diversity, but also with significant service access challenges, especially for vulnerable populations such as people experiencing or at risk of homelessness.

3 Western NSW Primary Health Network (2023) *Strategic Plan 2023–2026*. Available at: https://wnswphn.org.au/wp-content/uploads/2025/06/wnswphn_strategicplan_2023.pdf (Accessed: February 2026).

4 Western NSW Primary Health Network (2023) *Strategic Plan 2023–2026*. Available at: https://wnswphn.org.au/wp-content/uploads/2025/06/wnswphn_strategicplan_2023.pdf (Accessed: February 2026).

5 Western NSW Primary Health Network (2026) *Strategic Plan 2026–2030*. Available at: <https://wnswphn.org.au/wnsw-phn-strategic-plan-2026-2030/> (Accessed: February 2026).

Methodology

The methodology for developing the Western NSW Homelessness Needs Assessment employed a mixed-methods design, integrating both qualitative and quantitative approaches. Data sources include population health statistics, service mapping, review of strategic contexts, literature review, and thematic analysis of consultation data gathered through surveys and engagement with community members and service providers. Further details on the methodology are provided in Appendix A.

Strategic Context

This Needs Assessment is informed by a range of national, state and regional strategies and frameworks that shape how homelessness and health services are planned, funded and delivered. Collectively, these documents reinforce the need for integrated, person-centred and trauma-informed responses that address the complex intersection between homelessness, physical and mental health, alcohol and other drug (AOD) use and the broader social determinants of health. They also highlight the critical role of PHNs in strengthening system coordination, improving access to care and supporting partnerships across the health, housing and community service sectors.

Document Name	Description / Relevance
PHN Homelessness Health Framework⁶	<ul style="list-style-type: none"> ▪ The <i>PHN Homelessness Health Framework</i> provides guidance for PHNs on improving health outcomes for people experiencing homelessness. ▪ The Framework highlights the role of PHNs in coordinating health services with homelessness responses, strengthening integration between primary care, mental health and social supports, and improving access to care for people at risk of or experiencing homelessness. ▪ It provides a national guide to support PHNs in responding to the challenges faced by people experiencing homelessness through promoting trauma-informed, inclusive and responsive health service design. It emphasises the importance of integrating health care with housing and homelessness supports through strong cross-sector partnerships to improve coordination. ▪ The Framework outlines the following principles: equity and inclusion; person-centred care; early intervention; integrated and collaborative care; cultural safety and competence; data-driven improvement; and personal choice. ▪ The Framework outlines the following enablers: PHN leadership and governance; leveraging multiple funding streams; collaborative relationships and cross-sectoral partnerships; codesign and co-delivery of services; flexible funding; and workforce capacity and training. ▪ The Framework identifies five action areas: addressing needs; quality care; improving access; coordinated care; and capable organisations. ▪ This Needs Assessment directly addresses action area one, ‘understanding needs’ which will inform a comprehensive understanding of the needs of people experiencing homelessness across the Western NSW region. Furthermore, this Framework should be used to provide guidance on future activities in aim of improving health equity and access to services for vulnerable populations.
Housing and Mental Health Agreement⁷	<ul style="list-style-type: none"> ▪ The <i>Housing and Mental Health Agreement 2022</i> (HMHA 22) is a formal partnership between NSW Health and the Department of Communities and Justice that acknowledges the strong link between housing stability, mental health and wellbeing. ▪ The Agreement recognises that having safe, secure and appropriate housing is fundamental to health and that good mental health support helps people sustain their housing, recover and participate fully in the community. ▪ The Agreement supports integrated service responses for people experiencing homelessness or at risk of homelessness, especially those with mental health needs. It reinforces the need for collaboration between health services, housing and homelessness services and other support

⁶ PHN Cooperative (2025) *PHN Homelessness Health Framework*. Available at: https://a3hn.org/wp-content/uploads/2025/10/phn_homelessness_health_framework_report_digital_final.pdf (Accessed: February 2026).

⁷ NSW Health (2022) *Housing and Mental Health Agreement 2022*. Available at: <https://www.health.nsw.gov.au/mentalhealth/Pages/housing-and-mental-health-agreement.aspx> (Accessed: February 2026).

	<p>sectors. Therefore, this further reinforces WNSW PHN’s role in planning, coordinating and commissioning services in an integrated way, particularly given its responsibility for mental health service delivery and its focus on priority populations, including people experiencing homelessness.</p>
<p>NSW Homelessness Strategy 2025-2035⁸</p>	<ul style="list-style-type: none"> ▪ The <i>NSW Homelessness Strategy 2025-2035</i> is a 10-year whole-of-government plan to ‘<i>make homelessness rare, brief and not repeated because people have a safe home and the support to keep it</i>’. It aims to help focus efforts, align agencies around shared goals, and guide policy, funding and service delivery. It will also shape how to invest in housing and homelessness support. ▪ The strategy recognises homelessness as a result of a range of factors which also includes physical and mental health issues and access to healthcare. It also identifies the importance of working across sectors, including health, disability, education, justice, out of home care, housing and child protection. ▪ Focus Area 1.2 ‘<i>People know where to get information and support to prevent homelessness</i>’ identified the following focus: <i>Improving public awareness about information, services and supports to prevent homelessness, such ... mental health ...</i>. ▪ The Strategy is directly relevant to this Needs Assessment because it provides the overarching whole-of-government policy direction for reducing homelessness in NSW, and it explicitly recognises health (including mental health) and access to healthcare as key contributing factors, highlighting the importance of integrated, cross-sector service responses and improved awareness of available supports.
<p>NSW Homelessness Strategy Action Plan 2025–2027⁹</p>	<ul style="list-style-type: none"> ▪ The <i>NSW Homelessness Strategy Action Plan 2025–2027</i> translates the NSW Homelessness Strategy 2025–2035 into actions over a two-year period. The following actions are of relevance to WNSW PHN and this Needs Assessment: <ul style="list-style-type: none"> ○ Action 6: ‘<i>We will simplify access to mental health services by establishing one point of contact state-wide for 24/7 access to specialised assessment, advice and connection with services across all levels of government through the ConnectMH program.</i>’ ○ Action 7: ‘<i>We will implement 12 new AOD Hubs to improve people’s health and wellbeing through multidisciplinary support and care coordination with people at risk of homelessness, including training and improved support referral pathways to Homes NSW.</i>’ ○ Action 24: ‘<i>We will deliver 5 new Mental Health Housing Liaison Officer positions in Northern NSW, Western Sydney, South-Western Sydney, Southern NSW and Hunter New England Local Health Districts to work collaboratively with local stakeholders to support people to address their housing and mental health needs.</i>’ <ul style="list-style-type: none"> ▪ Though action 24 does not identify Western NSW, this is an opportunity for WNSW PHN, Western NSW LHD and Far West LHD to advocate for the delivery of Mental Health Housing Liaison Officer roles in these regions within the next rendition of the Action Plan. ▪ The actions outlined above provide a clear opportunity for WNSW PHN to strengthen system integration by bridging tertiary and primary care, supporting a more coordinated, connected and navigable health system.
<p>Homelessness NSW Strategy 2023-2028¹⁰</p>	<ul style="list-style-type: none"> ▪ The <i>Homelessness NSW Strategy 2023–2028</i> outlines a statewide framework for preventing and responding to homelessness in NSW, guiding policy, services and system reform over five years. ▪ The strategy focuses on earlier intervention, improved service coordination, culturally appropriate responses and stronger support outcomes for people experiencing or at risk of homelessness. ▪ It aims to strengthen partnerships across government, non-government and community sectors to reduce homelessness and improve housing stability across NSW. ▪ While WNSW PHN is not a housing provider, the guiding principles within the strategy are of relevance and key consideration in guiding commissioning, including: <ul style="list-style-type: none"> ○ Incorporating people with lived experience to influence systems and programs. ○ Proactively building partnerships and collaborating across the sector, including non-for profits, government, private sector and community.

8 NSW Government (2025) *NSW Homelessness Strategy 2025–2035*. Available at: www.nsw.gov.au/sites/default/files/noindex/2025-08/nsw-homelessness-strategy-2025-2035.pdf (Accessed: February 2026).

9 NSW Government (2025) *NSW Homelessness Strategy Action Plan 2025–2027*. Available at: www.nsw.gov.au/departments-and-agencies/homes-nsw/nsw-government-response-to-homelessness/nsw-homelessness-strategy-action-plan-2025 (Accessed: February 2026).

10 Homelessness NSW (2023) *Homelessness NSW Strategy 2023–2028*. Available at: <https://homelessnessnsw.org.au/homelessness-nsw-strategy-2023-2028/> (Accessed: February 2026).

- First Nations-led solutions as they are disproportionately impacted by homelessness.
- Co-design with the needs of diverse cultures and communities at the forefront.

WNSW PHN Strategic Plan 2023-2026¹¹ & 2026-2030¹²

- The WNSW PHN *Strategic Plan 2023* sets out the organisation’s vision to lead, support and strengthen person-centred primary health care across Western and Far West NSW. It is built around a quintuple aim of improving health outcomes, consumer experience, provider satisfaction, sustainability and equity.
- A core goal of the Strategic Plan is to strengthen system integration and place-based collaboration across sectors (LHDs, NGOs and community services), which directly supports the integrated approaches recommended within this Needs Assessment for homelessness and health service planning.
- This Needs Assessment and its recommendations can be used to realise all the Strategic Goals outlined within the Strategic Plan, including: engage with communities and stakeholders to improve health and well-being in our communities; strengthen health system reform through service integration, innovation and place-based initiatives; lead evidence-based commissioning; and support high-quality, sustainable primary health care.
- The Strategic Plan provides the organisational foundation for this Needs Assessment by confirming WNSW PHN’s role in evidence-based commissioning, system integration and engagement with priority populations across Western NSW. Its focus on equity, mental health, AOD, Aboriginal health and place-based partnerships aligns directly with the needs and service gaps identified for people experiencing or at risk of homelessness.
- The new WNSW PHN Strategic Plan 2026-2030, released at the time of the completion of this Needs Assessment, reflects the ongoing commitment to strengthen partnerships, invest in data-driven decision making, commission integrated, culturally safe care and support a strong and sustainable primary health workforce in the region.

Australian Primary Health Care Ten Year Plan 2022-2032¹³

- *Australia’s Primary Health Care 10-Year Plan 2022–2032* sets out a national agenda to strengthen primary health care over ten years.
- The Plan aims to improve access, equity, continuity and integration of care, supported by reforms in funding, workforce, technology and place-based delivery.
- Specifically related to this Needs Assessment, Action Area E ‘*Improve access to appropriate care for people at risk of poorer health outcomes*’ identifies the following short-term action:
 - ‘*Support PHNs to develop, refine and scale evidence-based models of social prescribing and system navigation supports for at-risk and disadvantaged groups, including ...Aboriginal and Torres Strait Islander people, people with mental illness, people in socioeconomically disadvantaged circumstances ... people experiencing homelessness, people at risk of harm from substance misuse and people leaving criminal justice settings*’.
- The above action area directly aligns with the Needs Assessment findings that people experiencing homelessness face significant barriers navigating complex and fragmented service systems. It supports a potential role for WNSW PHN’s to strengthen social prescribing and care navigation models which have been considered within the recommendations for this document.

Western NSW Local Health District Strategic Plan 2025-2030¹⁴

- The Western NSW Local Health District (WNSWLHD) *Strategic Plan 2025–2030* is the five-year roadmap guiding health service priorities, planning and delivery across the Western NSW region.
- Specifically related to this Needs Assessment, action area 1.5 ‘*Enhance coordination of care across services and partners*’ identified the following action:
 - ‘*Strengthen connections across primary, community, hospital, and aged care services to deliver smooth transitions and reduce duplication. Embed integrated internal clinical networks and external partnerships with the Primary Health Network, Non-Government Organisations, Aboriginal health organisations and Local Councils.*’

11 Western NSW Primary Health Network (2023) *Strategic Plan*. Available at: https://wnswphn.org.au/wp-content/uploads/2025/06/wnswphn_strategicplan_2023.pdf (Accessed: February 2026).

12 Western NSW Primary Health Network (2026) *Strategic Plan 2026–2030*. Available at: <https://wnswphn.org.au/wnsw-phn-strategic-plan-2026-2030/> (Accessed: February 2026).

13 Australian Government Department of Health (2022) *Future focused primary health care: Australia’s Primary Health Care 10 Year Plan 2022–2032*. Available at: <https://www.health.gov.au/sites/default/files/documents/2022/03/australia-s-primary-health-care-10-year-plan-2022-2032.pdf> (Accessed: February 2026).

14 Western NSW Local Health District (2025) *Western NSW Local Health District Strategic Plan 2025-2030*. Available at: <https://www.nsw.gov.au/sites/default/files/noindex/2025-11/wnswlhd-strategic-plan-2025-2030.pdf> (Accessed: February 2026).

	<ul style="list-style-type: none"> Specifically in relation to this Needs Assessment, the Strategic Plan reinforces the importance of partnership, prevention and integrated care and highlights a clear opportunity for WNSW PHN to work alongside WNSWLHD to strengthen coordinated, place-based responses.
NSW temporary accommodation for people experiencing homelessness¹⁵	<ul style="list-style-type: none"> Temporary Accommodation in NSW is a short-term housing program for people experiencing homelessness or in urgent housing need. It provides temporary stays (often in low-cost motels, caravan parks, or supported accommodation) through Homes NSW and some community housing providers. The length of stay is based on individual needs, with most people staying for a few days and extending if necessary. To continue receiving support, clients must follow accommodation rules, contribute to the cost (unless fleeing domestic and family violence), keep in touch with support providers and work on a Support Plan to secure longer-term stable housing. This plan might involve transitioning into other short-term options or seeking private rental or social housing assistance. The data for accessing the program in the Western NSW region is further described within this Needs Assessment.

Table 1: Strategic Context

Taken together, the strategic documents outlined in this section provide a strong policy and commissioning foundation for WNSW PHN to respond to homelessness as a key health equity issue. They support a coordinated, cross-sector approach that prioritises early intervention, improved navigation and access, culturally safe and inclusive service design and stronger partnerships with LHDs, homelessness services and community organisations. This strategic alignment strengthens the relevance of the Needs Assessment findings and supports the development of evidence-based recommendations to improve health outcomes for people experiencing or at risk of homelessness across Western NSW.

15 NSW Government (2026) *Temporary accommodation program for people experiencing homelessness*. Available at: <https://www.nsw.gov.au/departments-and-agencies/homes-nsw/social-housing-resources/temporary-accommodation> (Accessed: February 2026).

Scoping Literature Review

Homelessness is shaped by a complex interplay of social, economic and health-related factors, and has been further exacerbated by ongoing housing affordability and supply pressures in Australia. Evidence indicates that people are at increased risk of experiencing homelessness when they face multiple forms of disadvantage, including lower educational attainment, unemployment, experiences of family or domestic violence, physical or mental ill-health, neurological conditions or acquired brain injury, disability and AOD misuse. These individual risk factors are frequently compounded by broader structural influences, such as discrimination, social exclusion and systemic conditions that limit access to stable and affordable housing.¹⁶ Together, these intersecting drivers of homelessness have significant implications for health and wellbeing.

People experiencing homelessness have substantially poorer health outcomes than the general population, driven by a combination of high illness burden, chronic stress and trauma and difficulty accessing timely and continuous care.¹⁷ The relationship between homelessness and poor health is reciprocal, health conditions can increase vulnerability to homelessness, while homelessness itself can contribute to the development or worsening of both physical and mental health conditions.¹⁸ These impacts are often amplified in regional, rural and remote settings, where limited service availability, transport barriers and workforce constraints further restrict access to primary health care and increase reliance on acute and emergency services.¹⁹

Australian evidence consistently describes homelessness as being associated with complex comorbidity and a high prevalence of both physical and mental health conditions.²⁰ People experiencing or at risk of homelessness have significantly higher rates of morbidity and mortality, with studies indicating an average life expectancy 22 to 33 years shorter than the housed population. Chronic health conditions are more common, including diabetes, cardiovascular disease, respiratory illness, dental disease, blood-borne viruses and musculoskeletal conditions. Mental health conditions are also disproportionately prevalent, with higher rates of anxiety, depression, schizophrenia and post-traumatic stress disorder reported among people experiencing or at risk of homelessness.²¹

Across the Australian literature, barriers to accessing primary health care for people experiencing homelessness are commonly grouped into practical access barriers, system-level barriers and experience or relationship-based barriers. Practical barriers (often more common in regional and remote areas) include geographic distance, limited local service availability and restricted public transport options, all of which reduce appointment attendance and continuity of care.²² Competing day-to-day priorities, such as safety, food and shelter, combined with housing instability, further limit the capacity to schedule appointments or engage in follow-up care.²³

16 Australian Institute of Health and Welfare (2025) *Homelessness and homelessness services*. Available at: <https://www.aihw.gov.au/reports/australias-welfare/homelessness-and-homelessness-services> (Accessed: February 2026).

17 Australian Institute of Health and Welfare (2025) *Health of people experiencing homelessness*. Available at: <https://www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness> (Accessed: February 2026).

18 Bennett-Daly, G., Maxwell, H., & Bridgman, H. (2022) The health needs of regionally based individuals who experience homelessness: Perspectives of service providers. *International Journal of Environmental Research and Public Health*, 19(14). Available at: <https://doi.org/10.3390/ijerph19148368> (Accessed: January 2026).

19 Australian Institute of Health and Welfare (2025) *Health of people experiencing homelessness*. Available at: <https://www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness> (Accessed: January 2026).

20 Australian Institute of Health and Welfare (2025) *Health of people experiencing homelessness*. Available at: <https://www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness> (Accessed: January 2026).

21 Primary Health Network Cooperative (2025). *PHN Homelessness Health Framework Report*. Available at: https://a3hn.org/wp-content/uploads/2025/10/phn_homelessness_health_framework_report_digital_final.pdf (Accessed: January 2026).

22 Australian Institute of Health and Welfare (2025) *Rural and Remote Health*. Available at <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health> (Accessed: January 2026).

23 Bennett-Daly, G., Maxwell, H., & Bridgman, H. (2022) The health needs of regionally based individuals who experience homelessness: Perspectives of service providers. *International Journal of Environmental Research and Public Health*, 19(14). Available at: <https://doi.org/10.3390/ijerph19148368> (Accessed: January 2026).

System-level barriers include the complexity and fragmentation of health services, where referral requirements, repeated appointments, long waiting times and inconsistent information across providers can contribute to disengagement, particularly in regions with limited service options. Administrative burden also presents a significant challenge, with paperwork, documentation requirements and rigid processes excluding people who lack stable contact details, identification or the capacity to complete administrative steps, especially when combined with low health literacy.^{24, 25} Workforce constraints in rural and remote areas further restrict access, with limited availability of general practitioners and allied health services, fewer bulk-billing options, and high workforce turnover disrupting continuity of care.²⁶ Experience-based barriers also play a critical role, with stigma, mistrust and fear of judgement reducing willingness to seek help and attend follow-up care, particularly for mental health and AOD-related services.²⁷ While many of these challenges are also faced by the broader population, their impact is substantially greater for people experiencing homelessness, who often lack the social, financial and practical resources needed to mitigate these barriers.²⁸ This underscores the need for flexible, coordinated and person-centred primary health care responses, particularly in regional and remote settings.

The literature highlights a clear role for PHNs in supporting responses to homelessness that are flexible, integrated and grounded in local partnerships. For PHNs operating in regional and rural contexts, this includes commissioning and supporting outreach and in-reach primary care models, strengthening care navigation and coordination and embedding trauma-informed and culturally safe practice across the primary health care workforce.²⁹ The evidence also underscores the importance of collaboration between health services, housing providers and community organisations, recognising that stable housing is a critical foundation for improved health outcomes.³⁰ PHNs are therefore well positioned to facilitate coordinated, whole-of-system approaches that combine immediate access to primary health care with longer-term structural strategies, helping to reduce reliance on crisis services and improve continuity of care for people experiencing homelessness.³¹

24 Primary Health Network Cooperative (2025) *PHN Homelessness Health Framework Report*. Available at: https://a3hn.org/wp-content/uploads/2025/10/phn_homelessness_health_framework_report_digital_final.pdf (Accessed: January 2026).

25 Bennett-Daly, G., Maxwell, H., & Bridgman, H. (2022) The health needs of regionally based individuals who experience homelessness: Perspectives of service providers. *International Journal of Environmental Research and Public Health*, 19(14). Available at: <https://doi.org/10.3390/ijerph19148368> (Accessed: January 2026).

26 Australian Institute of Health and Welfare (2025) *Rural and Remote Health*. Available at: <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health> (Accessed: January 2026).

27 Bennett-Daly, G., Maxwell, H., & Bridgman, H. (2022) The health needs of regionally based individuals who experience homelessness: Perspectives of service providers. *International Journal of Environmental Research and Public Health*, 19(14). Available at: <https://doi.org/10.3390/ijerph19148368> (Accessed: January 2026).

28 Bennett-Daly, G., Maxwell, H., & Bridgman, H. (2022) The health needs of regionally based individuals who experience homelessness: Perspectives of service providers. *International Journal of Environmental Research and Public Health*, 19(14). Available at: <https://doi.org/10.3390/ijerph19148368> (Accessed: January 2026).

29 Primary Health Network Cooperative (2025) *PHN Homelessness Health Framework Report*. Available at: https://a3hn.org/wp-content/uploads/2025/10/phn_homelessness_health_framework_report_digital_final.pdf (Accessed: January 2026).

30 Australian Housing and Urban Research Institute (2022) *Housing First: An evidence review of implementation effectiveness and outcomes*. Available at: <https://www.ahuri.edu.au/sites/default/files/documents/2022-08/AHURI-Prof-Services-Housing-First-An-evidence-review-of-implementation-effectiveness-and-outcomes.pdf> (Accessed: January 2026).

31 Primary Health Network Cooperative (2025) *PHN Homelessness Health Framework Report*. Available at: https://a3hn.org/wp-content/uploads/2025/10/phn_homelessness_health_framework_report_digital_final.pdf (Accessed: January 2026).

While the literature notes limited evaluation of homelessness health programs specifically within rural and remote Australian settings, several of the following intervention models have demonstrated potential for improved health outcomes:

- **Housing First:** Housing First models prioritise immediate access to stable, permanent housing as the first step, without requiring people to address other issues such as mental health conditions or substance use. Housing First models improve housing stability and can improve health service access and reduce acute service use (e.g., Emergency Department). However, there has not been a clear causal link to improvements in overall health outcomes.³²
- **Nurse-Led Outreach Clinics:** Nurse-Led clinics have demonstrated positive outcomes, particularly in improving engagement, trust-building and access to care for people experiencing homelessness. These models support holistic assessment, trauma-informed practice and ongoing navigation through health and social care systems.^{33,34, 35}
- **Case management and peer support:** Dedicated case managers or health navigators play a critical role in helping individuals navigate health and social services, coordinate appointments, complete administrative processes and maintain engagement. Peer navigation models, delivered by individuals with lived experience of homelessness, further enhance engagement by building trust, improving health literacy, advocating on behalf of clients and reducing inappropriate use of acute services.^{36,37}
- **Community-based and outreach care models:** Community-based and outreach care models are effective strategies, particularly for individuals who are disconnected from mainstream services or sleeping rough. Delivering care in community settings (such as drop-in centres, shelters, outreach clinics or mobile health units) reduces barriers related to appointments, transport and formal service requirements. These models also foster respectful, trusting relationships and can be paired with education and navigation support to strengthen health literacy.^{38,39}

32 Australian Housing and Urban Research Institute (2022) *Housing First: An evidence review of implementation effectiveness and outcomes*. Available at: <https://www.ahuri.edu.au/sites/default/files/documents/2022-08/AHURI-Prof-Services-Housing-First-An-evidence-review-of-implementation-effectiveness-and-outcomes.pdf> (Accessed: February 2026).

33 Bennett-Daly, G., Unwin, M., Dinh, H., Dowlman, M., Harkness, L., Laidlaw, J., & Tori, K. (2021) Development and Initial Evaluation of a Nurse-Led Healthcare Clinic for Homeless and At-Risk Populations in Tasmania, Australia: A Collaborative Initiative. *International Journal of Environment Research and Public* 18, 12770. Available at: https://researchoutput.csu.edu.au/ws/portalfiles/portal/568272926/565831920_Published_article.pdf (Accessed: February 2026).

34 Paradis-Gagné, E., Jacques, M.-C., Pariseau-Legault, P., Ben Ahmed, H. E. & Stroe, I. R. (2023) The perspectives of homeless people using the services of a mobile health clinic in relation to their health needs: A qualitative study on community-based outreach nursing. *Journal of Research in Nursing*, 28(2). Available at: <https://journals.sagepub.com/doi/full/10.1177/17449871231159595> (Accessed: February 2026).

35 Lewis, S., Triandafilidis, Z., Carey, M., Hobden, B., Hourigan, C. & Richardson, S. (2025) Multidisciplinary primary care outreach for women experiencing domestic and family violence and/or homelessness: a rapid evidence review. *Australian Journal of Primary Health*, 31(5). Available at <https://connectsci.au/py/article/31/5/PY24200/238215/Multidisciplinary-primary-care-outreach-for-women> (Accessed: February 2026).

36 Meda, F., Oprea, N. & Buongiorno Sottoriva, C. (2025) Improving access to healthcare services for people experiencing homelessness: evidence from a scoping review of interventions. *Health Justice* 13, 77. Available at: <https://link.springer.com/article/10.1186/s40352-025-00384-y#citeas> (Accessed: February 2026).

37 Parkes, T., Matheson, C., Carver, H., Foster, R., Budd, J., Liddell, D., Wallace, J., Pauly, B., Fotopoulou, M., Burley, A., Anderson, I., Price, T., Schofield, J. & MacLennan, G. (2022). Assessing the feasibility, acceptability and accessibility of a peer-delivered intervention to reduce harm and improve the well-being of people who experience homelessness with problem substance use: the SHARPS study. *Harm Reduction Journal*, 19(1). Available at <https://link.springer.com/article/10.1186/s12954-021-00582-5>. (Accessed: February 2026).

38 Meda, F., Oprea, N. & Buongiorno Sottoriva, C. (2025) Improving access to healthcare services for people experiencing homelessness: evidence from a scoping review of interventions. *Health Justice* 13, 77. Available at: <https://link.springer.com/article/10.1186/s40352-025-00384-y#citeas> (Accessed: February 2026).

39 Kopanitsa, V., McWilliams, S., Leung, R., Schischa, B., Sarela, S., Perelmuter, S., Sheeran, E., Mourgue d'Algue, L., Tan, G.C. and Rosenthal, D.M. (2023) A systematic scoping review of primary health care service outreach for homeless populations. *Family Practice*, 40(1). Available at <https://academic.oup.com/fampra/article/40/1/138/6637479?login=false> (Accessed: February 2026).

- **Service integration and coordination:** Coordination services are essential for responding to the complex and co-occurring needs of people experiencing homelessness. Integrated approaches include joint casework across agencies, co-location of health services within homelessness settings and multidisciplinary teams combining medical, nursing, mental health, AOD, pharmacy and social care expertise.^{40,41,42}
- **Digital health interventions:** Telehealth services delivered within shelters or drop-in centres, supported by on-site staff, have demonstrated acceptability and potential to reduce inappropriate emergency department use. Text messaging and app-based tools can provide reminders, health information and up-to-date service directories, particularly among younger populations. However, the literature consistently emphasises that digital approaches should complement, rather than replace, face-to-face care, as people experiencing homelessness may have limited access to devices, connectivity, charging facilities, data and digital literacy.^{43,44,45,46}

Overall, the literature highlights that homelessness and poor health are closely interconnected, with people experiencing homelessness facing a substantially higher burden of physical, mental health and AOD-related conditions, alongside significant barriers to accessing timely and continuous primary health care. These challenges are amplified in regional, rural and remote settings, where service availability, workforce capacity and transport constraints further limit access. Evidence suggests that effective responses require flexible, low-barrier and integrated models of care, including outreach and in-reach services, care navigation, trauma-informed practice and strong coordination across health, housing and community services. This highlights a clear need for place-based, coordinated primary health care responses.

40 Meda, F., Oprea, N. & Buongiorno Sottoriva, C. (2025) Improving access to healthcare services for people experiencing homelessness: evidence from a scoping review of interventions. *Health Justice* 13, 77. Available at: <https://link.springer.com/article/10.1186/s40352-025-00384-y#citeas> (Accessed: February 2026).

41 Adams, E. A. & Ramsay, S. E. (2024) Exploring what works well and less well in a community-based drop-in hub providing health and wellbeing services for people experiencing homelessness: a participatory action evaluation of service coordination. *BMC Health Services Research*, 24(1). Available at: <https://link.springer.com/article/10.1186/s12913-024-11897-x> (Accessed: February 2026).

42 Clifford, B., Wood, L., Vallesi, S., Macfarlane, S., Currie, J., Haigh, F., Gill, K., Wilson, A. & Harris, P. (2022) Integrating healthcare services for people experiencing homelessness in Australia: key issues and research principles. *Integrated Healthcare Journal*, 4(1). Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10241025/> (Accessed: February 2026).

43 Meda, F., Oprea, N. & Buongiorno Sottoriva, C. (2025) Improving access to healthcare services for people experiencing homelessness: evidence from a scoping review of interventions. *Health Justice* 13, 77. Available at: <https://link.springer.com/article/10.1186/s40352-025-00384-y#citeas> (Accessed: February 2026).

44 Adams, E., Donaghy, E., Sanders, C., Wolters, M., Ng, L., St-Jean, C., Galan, R. & Mercer, S. W. (2025) Digital interventions for older people experiencing homelessness: systematic scoping review. *Journal of Medical Internet Research*, 27(1). Available at <https://www.jmir.org/2025/1/e63898/> (Accessed: February 2026).

45 Garvin, L. A., Vimalananda, V. G. & Hass, R. (2022) Text messaging to increase patient engagement in a large health care for the homeless clinic: results of a randomized pilot study. *Digital Health*, 8. Available at <https://journals.sagepub.com/doi/full/10.1177/20552076221129729> (Accessed: February 2026).

46 Lal, S., Elias, S., Sieu, V. & Peredo, R. (2023) The use of technology to provide mental health services to youth experiencing homelessness: scoping review. *Journal of Medical Internet Research*, 25. Available at <https://www.jmir.org/2023/1/e41939/> (Accessed: February 2026).

Regional Demographic Data

As of 2025, the count of people experiencing homelessness in Western NSW is at 1,032 people⁴⁷. This count is based on the 2021 Census, which can be misrepresenting the extent of homelessness across the region.

Name of PHN/LGA of residence	Total Estimated Resident Population (ERP) 2024	Number of People Experiencing Homelessness	Indirectly ASR per 10,000 population
Balranald	2,829	11	49.4
Bathurst Regional	55,942	158	36.2
Blayney	9,727	6	8.6
Bogan	3,139	4	16.1
Bourke	2,816	3	12.0
Brewarrina	1,686	11	76.9
Broken Hill	22,960	33	19.8
Cabonne	17,785	16	12.6
Central Darling	2,262	16	83.5
Cobar	4,963	4	9.1
Coonamble	4,812	6	16.2
Cowra	17,163	36	31.0
Dubbo Regional	69,971	241	44.0
Forbes	12,291	33	37.2
Gilgandra	5,641	11	28.1
Lachlan - part a	5,566	19	45.1
Mid-Western Regional	33,506	43	17.4
Narromine	8,397	16	26.8
Oberon	7,419	0	0.0
Orange	55,364	108	24.7
Parkes	18,255	22	16.0
Walgett	6,943	152	289.6
Warren	3,535	3	12.3
Warrumbungle Shire	12,870	33	40.0
Weddin	5,172	5	16.5

47 PHIDU (2025) *Social Health Atlas of Australia – Estimated number of people experiencing homelessness*. Available at: https://phidu.torrens.edu.au/current/data/sha-aust/phn_lga_parts/phidu_data_phn_lga_aust.xlsx (Accessed: February 2026).

Wentworth	9,924	17	23.2
Unincorporated NSW - part b	767	7	96.2
Western NSW	401,705	1,032	34.1
New South Wales	10,918,955	34,982	43.5

Table 2: People experiencing homelessness – ABS Census 2021. Source: PHIDU, 2025

The table above shows that the distribution is highly uneven. The WNSW PHN region has an indirectly age-standardised rate (ASR) of 34.1 per 10,000, which is lower than NSW overall at 43.5 per 10,000. However, several LGAs stand out as ‘hotspots’ when population size is accounted for such as Walgett being the strongest outlier with a count of 152 people and an ASR of 289.6 per 10,000, far above any other area and the NSW ASR. Other LGAs with notably elevated rates include:

- Central Darling (16; 83.5)
- Brewarrina (11; 76.9)
- Unincorporated NSW – part b (7; 96.2)

Some areas show higher absolute counts though moderate rates such as Dubbo Regional having the largest count at 241 and an ASR of 44.0, while Bathurst Regional (158; 36.2) and Orange (108; 24.7) are closer to the WNSW PHN average. Overall, this pattern shows that relying on counts alone would miss places where the rate is most extreme.

This analysis is important because it distinguishes volume demand (e.g., where many people will present from disproportionate burden and where the problem is most concentrated). It also enables for an evidence base for targeted responses in the highest-rate communities while still planning capacity for higher-volume centres.

The table below represents the count and homelessness status of Specialist Homelessness Services (SHS) clients for WNSW PHN over the past five years.⁴⁸ It is noted that LGA breakdowns for this dataset are unavailable. All clients of SHS are either homeless or at risk of homelessness with clients reporting into one of four categories listed below.

WNSW PHN – Person count	2019/20	2020/21	2021/22	2022/23	2023/24	% Change
Homeless - Sleeping rough	3,760	4,710	5,201	3,774	2,843	-24.4
Homeless - Short-term accommodation	8,858	11,186	13,624	14,053	13,138	48.3
Not homeless / At risk ¹	13,300	13,212	11,582	12,259	11,472	-13.7
Unknown	601	370	586	1,426	667	11.0
Total Persons	26,519	29,478	30,993	31,512	28,120	6.0

Table 3: Specialist Homelessness Services clients for WNSW PHN. Source: AIHW, 2025. Notes: Clients are reported in the PHN in which the SHS agency was located and provided services. Clients may access services in more than one PHN.

Across WNSW PHN, there appears to be a declining trend over time for people recorded as sleeping rough which reduced from 3,760 to 2,843 with an overall decrease of 24.4% across the 2019/20 to 2023/24 period. People recorded as not homeless / at risk declined more steadily, from 13,300 in 2019/20 to 11,472 in 2023/24. People in short-term accommodation increased by 48.3% over the past five years, this suggests that programs aimed at securing short-term accommodation for people who were previously rough sleeping may be working as the data uses housing situation recorded at the end of a month and at the end of support.

In the context of the earlier LGA-rate analysis, the key implication for WNSW PHN is that overall improvement can still coexist with the highly localised ‘hotspots’ meaning the regional decline in sleeping rough is unlikely to be evenly distributed. Practically, WNSW PHN should treat the falling totals as an opportunity to shift to targeted place-based strategies, maintaining system capacity in higher-volume centres such as Dubbo, while intensifying assertive outreach and integrated health–housing pathways in LGAs with disproportionately high rates such as Walgett.

A review of the AIHW Support Period data shows the average count of clients receiving assistance from a SHS agency. It relates to the provision of a service and/or supported accommodation. It is noted that a range of services additional to supported accommodation can be provided. The table below demonstrates that, on average, monthly supports for people in short-term accommodation has increased by 46.5% while support for people who are sleeping rough or at risk of homelessness has declined over the past five years. This may indicate that current services are stretched to provide services, and that the strain on the provision of short-term accommodation is increasing given the increase in the number of people requiring short-term accommodation over this time period.

48 AIHW (Australian Institute of Health and Welfare) (2025) *Specialist Homelessness Services Collection data cubes 2011–12 to 2024–25*. Available at: <https://www.aihw.gov.au/reports/homelessness-services/shsc-data-cubes/> (Accessed February 2026).

Furthermore, Homes NSW operates the Temporary Accommodation Program which sits outside of the Specialist Homelessness Services Collection (SHSC) and is not reported in the data below. Thus, people in short-term accommodation may be accessing relevant supports through the Temporary Accommodation Program which has accounted for the declining trend in the table below.

WNSW PHN –Average Person Monthly Count (Financial Year)	2019/20	2020/21	2021/22	2022/23	2023/24	% Change
Homeless - Sleeping rough	319.8	396.7	439.2	316.4	238.5	-25.4
Homeless - Short-term accommodation	774.7	980.0	1,178.3	1,214.9	1,135.3	46.5
Not homeless/At risk'	1,145.3	1,138.8	996.2	1,050.8	981.3	-14.3
Unknown	56.8	34.7	53.8	127.9	60.8	6.9

Table 4: Average count for supports received by homelessness status. Source: AIHW, 2025. Notes: Support periods are reported in the PHN in which the SHS agency was located and provided services. Support periods are reported only if full and valid client-level data (i.e. date of birth, sex, and alpha code based on selected letters of name) are available.

The table below outlines the count of clients with a need identified across various services and assistance types between 2019/20 and 2023/24, as noted within the SHSC.⁴⁹ The table below presents the immediate health service needs of SHS clients, captured during interactions between SHS clients and agency workers. This data set is limited only to services that relate more specifically to health needs within a service group listed below:

- Mental health - Psychological services, psychiatric services, mental health services
- Family - Child specific specialist counselling services, pregnancy assistance, family planning
- Intellectual disability services
- AOD counselling
- Health and medical services
- General services - Assertive outreach for rough sleepers, assistance for family/domestic violence

Across 2019/20 to 2023/24, the profile of clients with a need identified in WNSW PHN shows a general contraction in several support domains with AOD counselling decreasing from 129 to 95 (-26.4%). Family-related needs declined sharply, including family planning support by 60.0%. Needs relating to assistance for family/domestic violence remain substantial in absolute terms but still declined overall from 1,544 to 1,105. In contrast, mental health services increased over the period from 348 to 378 at 8.6%. Psychological and psychiatric services decreased during the same period. The 'All Services' total indicator also declined overall from 7,138 in 2020/21 to 6,266 in 2023/24, with the health services only total indicator also reflecting a slight downtrend.

This pattern matters as it suggests that, within the service system captured by this dataset, identified need is shifting toward mental health as a comparatively persistent driver, while multiple other domains show reduced identified need over time. Anecdotally, it is well acknowledged that people who are homeless or at risk of experiencing homelessness have high health acuity and service complexity, due to physical health, mental health, AOD, trauma, and safety risk factors and co-morbidities. There is a requirement for coordinated, multi-agency responses given that concurrent decline may indicate changes in reporting or system pressures that may be limiting data collection.

49 AIHW (Australian Institute of Health and Welfare) (2025) *Specialist Homelessness Services Collection data cubes 2011–12 to 2024–25*. Available at: <https://www.aihw.gov.au/reports/homelessness-services/shsc-data-cubes/> (Accessed February 2026).

WNSW PHN - Clients with a need identified		Financial year					
Service group	Service and assistance type	2019/20	2020/21	2021/22	2022/23	2023/24	% change
Disability	Intellectual disability services	27	41	35	43	35	29.6
Drug/alcohol	AOD counselling	129	116	98	134	95	-26.4
Family	Child specific specialist counselling services	54	81	54	77	18	-66.7
	Family planning support	70	113	130	115	28	-60.0
	Pregnancy assistance	57	31	64	70	28	-50.9
	Family subtotal	156	200	224	238	69	-55.8
General services	Assertive outreach for rough sleepers	394	620	537	461	654	66.0
	Assistance for family/domestic violence	1,544	1,434	1,110	1,003	1,105	-28.4
	General services subtotal	1,600	1,812	1,596	1,383	1,669	4.3
Mental health	Mental health services	348	339	423	530	378	8.6
	Psychiatric services	54	66	41	66	51	-5.6
	Psychological services	97	125	132	122	65	-33.0
	Mental health subtotal	375	387	440	556	399	6.4
Other specialist services	Health and medical services	380	450	428	411	344	-9.5
Total	Total (all services)	7,138	7,511	7,204	7,039	6,266	-12.2
	Total (health services only)	2,028	2,205	2,065	1,924	2,013	-0.7

Table 5: Count of clients with an identified need. Source: AIHW, 2025. Notes: 1. Clients may need and/or be provided different services and assistance types within a support period, and clients may have multiple support periods. The subtotals for each of the service groups is a distinct count of clients/support periods, therefore the sum of the categories is not equal to the group total hence not presented in the table. 2. Clients and support periods are reported in the PHN in which the SHS agency was located. 3. Total (health services only) is a count of unique clients and support periods that needed any health service in that PHN and financial year with not all clients in that PHN needing a health service. 4. Total (all services) is a count of unique clients and support periods that needed any service in that PHN and financial year.

Further to the above analysis, the table below shows the proportion of clients where need was identified alongside with proportion of clients with a need identified receiving service, being referred and not receiving or being referred to a service.⁵⁰ The profile of identified needs and service responses for selected assistance types in 2019/20 compared to 2023/24, shows that while the number and proportion of clients with particular needs shifted across the period, there are also meaningful changes in the service response mix, including signals of unmet need in some domains.

50 AIHW (Australian Institute of Health and Welfare) (2025) *Specialist Homelessness Services Collection data cubes 2011–12 to 2024–25*. Available at: <https://www.aihw.gov.au/reports/homelessness-services/shsc-data-cubes/> (Accessed February 2026).

Assistance for family/domestic violence (FDV) remains the dominant need category in absolute terms and the proportion provided a service decreased from 82.9% to 76.2%, while the proportion of clients not provided or referred increased from 14.8% to 20.9%. This shift suggests a growing gap between identified FDV-related need and the system's ability to deliver a direct response, which is of high consequence in homelessness contexts because FDV is a major driver of housing instability and crisis presentations.

For AOD counselling, the volume of clients with need identified decreased and the proportion of clients with this need also fell slightly from 1.8% in 2019/20 to 1.5% in 2023/24. The table shows service provision proportion was relatively unchanged, while the proportion not provided or referred increased from 43.2% to 46.4%. This points to a persistently high proportion of identified AOD need not translating into a documented service response pathway, which is relevant because untreated AOD issues can increase the risk of repeat homelessness and complicate tenancy sustainment.

The mental health subtotal increased in both count and share. The service response appears improved with the proportion provided a service increased from 38.6% in 2019/20 to 53.3% in 2023/24, while not provided or referred decreased from 43.4% to 36.1%. However, the "unmet" proportion remains substantial indicating ongoing service access or capacity constraints even as delivery improved. Within mental health-related needs, psychiatric services show a notable change in response mix despite similar volumes. The proportion of clients provided a service rose from 24.1% in 2019/20 to 50.0% in 2023/24 and not provided or referred fell from 66.7% to 40.4%. This is a positive shift, but the residual unmet proportion remains high for a high-acuity need category that often intersects with rough sleeping, crisis presentations, and frequent service contact.

Despite low numbers, intellectual disability services increased from 27 (0.4%) to 35 (0.6%), and the proportion of clients provided a service increased from 27.6% to 51.4%, yet those not provided or referred also increased slightly from 41.4% in 2019/20 to 42.9% in 2023/24), suggesting a mixed picture where more clients are being directly supported but a large unmet component may persist.

Family planning support declined substantially in volume (70 to 28) and share (1.0% to 0.4%), while the response mix shows a higher share provided a service (63.4% to 75.0%) and a reduced not provided or referred proportion (28.2% to 21.4%), albeit on a much smaller base. For the family subtotal category, clients with an identified need dropped from 156 (2.2%) to 69 (1.1%), with service provided essentially stable (58.6% to 59.2%), but a slight increase in not provided or referred (30.6% to 31.0%). This suggests that even where overall family-related needs are less prominent in the dataset over time, a consistent minority are potentially not receiving a service response or referral pathway.

The table below overall points to the rising "not provided or referred" proportion in FDV, and persistently high levels in AOD and mental health needs, because of potential pressure points where identified need is not reliably converting into support. The identified gap is a practical definition of service system strain, indicating that commissioning, referral pathways, outreach linkage, and integrated responses may need to be strengthened to reduce escalation into crisis, repeat presentations, and prolonged homelessness.

Service and assistance type	2019/20					2023/24				
	Clients with a need identified	% clients with need identified	% of clients with a need identified provided service	% of clients with a need identified referred only	% of clients with a need identified not provided or referred	Clients with a need identified	% clients with need identified	% of clients with a need identified provided service	% of clients with a need identified referred only	% of clients with a need identified not provided or referred
Assertive outreach for rough sleepers	394	5.5	29.9	3.8	66.4	654	10.4	27.4	1.2	71.5
Assistance for family/domestic violence	1,544	21.6	82.9	2.3	14.8	1,105	17.6	76.2	3	20.9
General services subtotal	1,600	22.4	83.6	2.9	13.6	1,669	26.6	59.6	2.3	38
AOD counselling	129	1.8	43.2	13.6	43.2	95	1.5	43.3	10.3	46.4
Health/medical services	380	5.3	54.7	14.2	31.1	344	5.5	62	9.1	28.9
Intellectual disability services	27	0.4	27.6	31	41.4	35	0.6	51.4	5.7	42.9
Mental health services	348	4.9	36.8	17.7	45.6	378	6	51.9	10.2	37.9
Psychiatric services	54	0.8	24.1	9.3	66.7	51	0.8	50	9.6	40.4
Psychological services	97	1.4	20.6	9.3	70.1	65	1	36.9	7.7	55.4
Mental health subtotal	375	5.3	38.6	18	43.4	399	6.4	53.3	10.7	36.1
Child specific specialist counselling services	54	0.8	44.4	16.7	38.9	18	0.3	61.1	22.2	16.7
Family planning support	70	1	63.4	8.5	28.2	28	0.4	75	3.6	21.4
Pregnancy assistance	57	0.8	42.1	10.5	47.4	28	0.4	44.8	6.9	48.3
Family subtotal	156	2.2	58.6	10.8	30.6	69	1.1	59.2	9.9	31

Table 6: Service Need Analysis by service and assistance type. Source: AIHW, 2025. Notes: 1. Clients may need and/or be provided different services and assistance types within a support period, and clients may have multiple support periods. The subtotals for each of the service groups is a distinct count of clients/support periods, therefore the sum of the categories is not equal to the group total hence not presented in the table. 2. Clients and support periods are reported in the PHN in which the SHS agency was located. 3. The need identified as percentage of clients and support periods uses the total clients and support periods on the 'Total (all services)' row within the dataset for each PHN as the denominator.

Across the WNSW PHN region, approximately 4.9% of people are living in crowded dwellings.⁵¹ While it is lower than the state proportion, there are LGAs that exhibit a higher proportion such as Brewarrina (13.1%), Central Darling (14.9%) and Walgett (10.9%). While for First Nations people, the proportion of people living in crowded dwellings and the rate per 10,000 population in severely crowded dwellings is higher than the state figures.

Other indicators of housing and financial stability that influence homelessness or being at risk of homelessness where WNSW PHN is higher than NSW figures include:

- 16.5% (18,770) of households in dwellings receiving rent assistance, compared to 14.2% for NSW.
- 32.3% (4,827) of First Nations households receiving rent assistance, compared to 27.2%.
- 4.5% (5,166) of social housing dwellings including housing authority and community housing dwellings compared to 4.2%.
- 4.3% (11,981) of people living in social housing compared to 3.2%.
- 49.0% (51,057) of households identified as low-income households⁵² compared to 40.8%.

Housing measures function as practical indicators of social risk that shape both health outcomes and the ability to access consistent, effective primary health care. It is acknowledged that household crowding and housing suitability, rental tenure, receipt of Australian Government rent assistance, and housing stress are linked to primary health care due to the causal pathway between living conditions and day-to-day health need and service access.

Crowding and unsuitable housing increase exposure to infectious diseases, worsen chronic conditions such as asthma due to damp, mould, or poor ventilation, raise injury risk, and intensify stress. These drive higher demand for prevention, early intervention, and ongoing management delivered through general practice and community health. Rental housing and reliance on rent assistance can be markers of lower income, residential instability, and weaker control over housing quality; frequent moves and insecure tenure which can disrupt continuity of care, medication adherence, immunisation schedules, and follow-up for complex conditions. Housing stress especially when housing costs consume a high share of income can force trade-offs between rent and essentials like healthy food, heating/cooling, transport, and paying for prescriptions. These can contribute to avoidable deterioration that shows up first in primary care.

51 PHIDU (2025) *Social Health Atlas of Australia – Housing, rent assistance and vehicle access*. Available at: https://phidu.torrens.edu.au/current/data/sha-aust/phn_lga_parts/phidu_data_phn_lga_aust.xlsx (Accessed: February 2026).

52 Low income households are identified as those in the bottom 40% of income distribution.

WNSW PHN	Total people in private dwellings (2021)	People living in crowded dwellings (2021)	% people living in crowded dwellings (2021)	People living in severely crowded dwellings	Rate per 10,000 (2021)
Balranald	1,829	114	6.2	9	49.2
Bathurst Regional	39,257	1,630	4.2	37	9.4
Blayney	6,881	247	3.6	0	0.0
Bogan	2,254	76	3.4	0	0.0
Bourke	1,935	121	6.3	0	0.0
Brewarrina	1,115	146	13.1	0	0.0
Broken Hill	15,741	736	4.7	7	4.4
Cabonne	12,564	479	3.8	6	4.8
Central Darling	1,363	203	14.9	0	0.0
Cobar	3,300	149	4.5	0	0.0
Coonamble	3,148	228	7.2	0	0.0
Cowra	11,539	504	4.4	11	9.5
Dubbo Regional	48,697	2,831	5.8	93	19.1
Forbes	8,421	358	4.3	5	5.9
Gilgandra	3,697	166	4.5	0	0.0
Lachlan - part a	3,750	190	5.1	0	0.0
Mid-Western Regional	23,557	981	4.2	25	10.6

Aboriginal people living in crowded dwellings (2021)	% Aboriginal people living in crowded dwellings (2021)	Aboriginal people living in severely crowded dwellings (2021)	Rate per 10,000
9	6.6	0	0.0
259	9.2	10	35.5
28	6.8	0	0.0
26	6.2	0	0.0
75	11.0	0	0.0
132	19.4	0	0.0
170	10.1	7	41.8
59	9.2	0	0.0
159	25.7	0	0.0
60	10.9	0	0.0
165	13.4	0	0.0
128	11.4	0	0.0
1,115	12.9	42	48.6
101	8.2	0	0.0
68	11.7	0	0.0
105	13.8	0	0.0
152	8.8	0	0.0

Narromine	5,450	285	5.2	0	0.0
Oberon	4,776	228	4.8	0	0.0
Orange	40,100	1,676	4.2	20	5.0
Parkes	12,998	697	5.4	0	0.0
Walgett	3,760	411	10.9	19	50.5
Warren	2,247	113	5.0	0	0.0
Warrumbungle Shire	7,840	397	5.1	23	29.3
Weddin	3,258	108	3.3	0	0.0
Wentworth	6,355	380	6.0	13	20.5
Unincorporated NSW - part b	583	36	6.2	0	0.0
Western NSW	276,374	13,493	4.9	274	9.9
New South Wales	7,527,325	617,027	8.2	14,491	19.3

	146	11.6	0	0.0
	28	11.9	0	0.0
	457	14.2	13	40.3
	206	11.2	0	0.0
	236	22.4	20	189.6
	35	9.4	0	0.0
	102	10.6	5	51.9
	10	6.4	0	0.0
	118	19.3	0	0.0
	6	28.6	0	0.0
	4,181	12.4	90	26.7
	31,048	11.6	650	24.3

Table 7: Household crowding by LGA. Source: PHIDU, 2025.

Service Mapping

The service mapping table and accompanying service map provide a practical, place-based view of what homelessness-specific support is available, where it is located, and associated service offerings. This is important to present because it is acknowledged that unmet need also sits in access barriers, referral pathways, eligibility thresholds, and service capacity. The services highlighted in the Service Mapping below have been obtained through stakeholder consultation and desktop review. The map below aims to show the location and concentration of the services for the WNSW PHN region. Please note that the service map includes services located within the WNSW PHN region only and may exclude some providers who have offices elsewhere in the state.

Service	Address	Description
Mission Australia - Dubbo	110-114 Macquarie Street, Dubbo	<p>Provides secure, affordable housing with on-site or outreach support. Assistance includes help with daily living skills, building independence, trauma-informed tenancy support, and flexible support as needs change. Clients are also supported to access health, mental health and community services.</p> <p>Homelessness & Housing Support Service Gilgandra - Gilgandra supports young people and couples aged 16 years and over who are experiencing homelessness or at risk of homelessness, including those impacted by domestic and family violence, within the Gilgandra Local Government Area.</p> <p>Homeless Youth Assistance Program (HYAP) - Supports children and young people aged 12–15 years who are homeless or at risk of homelessness. The program aims to reconnect young people with their families or broader support networks, or where appropriate, assist them to transition into long-term supported accommodation. Aboriginal children and young people in the Western NSW District are a priority client group.</p>
Mission Australia - Far West	146 Chloride Street, Broken Hill	<p>Provides secure, affordable housing with on-site or outreach support. Support includes help with daily living skills, building independence, trauma-informed tenancy support, and flexible assistance as needs change. Clients are also supported to access health, mental health and community services.</p> <p>Far West Homeless Youth Assistance Program (HYAP) - Supports vulnerable young people aged 12–15 who are homeless or at risk of homelessness in the Broken Hill LGA. The service provides culturally respectful support focused on preventing homelessness or responding early before homelessness becomes entrenched.</p> <p>Reconnect Far West - The community-based program supports young people aged 12–18 who are homeless, at risk of homelessness, or experiencing family conflict in Broken Hill, Wilcannia, Ivanhoe and Menindee. Reconnect provides early intervention support including short-term accommodation assistance, counselling and mediation, with a strong focus on family reconciliation, education and community connection. Referrals can be self-initiated or made by anyone connected to the young person, including family, schools, housing, police, Youth Justice, Centrelink, child protection and other community services.</p>

		Homelessness & Housing Support Service Broken Hill - Supports vulnerable young people aged 16–25, with a focus on Aboriginal young people. The service provides support across the full spectrum, from early intervention and prevention through to crisis and transitional accommodation and post-crisis support. The program offers case management and supports access to mainstream and specialist services.
Bathurst Uniting Church - BUSS	140A William Street, Bathurst	BUSS delivers programs and operates the weekend BUSS Café for people who are experiencing homelessness, living in poverty, socially isolated, or affected by addiction (including recovery). The service aims to improve wellbeing by building community connection, reducing isolation and supporting participants to make informed and positive choices. Also, a free hot shower is available daily at lunchtime.
Salvation Army - Broken Hill	196 Wolfram Street, Broken Hill	Provides homelessness support for adults and families (including families with children). Services include accommodation, case management, advocacy, limited financial assistance, counselling, meals, and referral to other specialist supports. The service also provides support and referral for a range of additional needs, including aged care, AOD support, asylum seeker and refugee services, emergency assistance, family and domestic violence, financial support, employment, and funeral support.
Salvation Army - Bathurst	86 Bentinck Street, Bathurst	Shower and laundry facilities are available on Tuesdays and Wednesdays from 10:00am to 12:00pm.
Wellways – Bathurst, Cowra, Dubbo, Gilgandra, Mudgee, Orange, Parkes, Walgett and Wellington	29 Piper Street, Bathurst 39/43 Kendal Street, Cowra Unit 13, 36 Darling Street, Dubbo 27 Miller Street, Gilgandra 4/72 Church Street, Mudgee 73 Dalton Street, Orange 2-4/71-73 May Street, Parkes 86 Wee Waa Street, Walgett 27 Swift Street, Wellington	Wellways delivers individually tailored supports for people living with mental ill-health or disability, as well as their families, friends and carers. Wellways also supports people to secure safe, affordable housing in the community of their choice. In NSW, they deliver the Sustainable Tenancies training program, designed for workers across the housing, homelessness and psychosocial support sectors. The program focuses on applying recovery-oriented, evidence-based approaches to support people experiencing housing instability or homelessness alongside mental ill-health, with the goal of building and maintaining sustainable tenancies. The Housing and Accommodation Support Initiative (HASI) is delivered by Wellways in the Central East region, supporting people with psychosocial needs who are at risk of or experiencing homelessness. In the Western NSW and Far West region, Wellways also provides services including community living support, icare supports, NDIS recovery coaching and support coordination.
Orana Support Services	9/11 White Street, Dubbo	Orana Services delivers a Specialist Homelessness Service across Dubbo, Wellington and Narromine, supporting adults, families and children who are experiencing homelessness or at risk of homelessness.

	69 Lee Street, Wellington	<p>The service supports clients to secure long-term housing, including assistance with transport to rental inspections, completing private rental applications, and liaising with local real estate agents and housing providers.</p> <p>Orana Services provides trauma-informed, holistic case management, working with clients to address barriers that may impact tenancy stability and sustainment. Services include:</p> <ul style="list-style-type: none"> ▪ Short-term accommodation for adult males (18+ only) ▪ Accommodation for women and children (males must be under 14) ▪ Medium-term accommodation, with priority for domestic and family violence (DFV) victim-survivors ▪ Support programs for people at risk of homelessness ▪ Domestic and family violence (DFV) support group ▪ Support for vulnerable tenants facing eviction <p>Orana Services also runs Meals on the Main, a free BBQ every Wednesday from 4:30pm–6:00pm. Qualified support staff are available during the service to assist with tenancy issues, DFV support and referrals to other services.</p>
NSW Aboriginal Lands Council (NSWALC)	149 Russell Street, Bathurst 200 Church Street, Balranald 84 Oxide Street, Broken Hill 45 Linsley Street, Cobar 137 Bathurst Street, Condoboli 124 Fishburn Street, Cowra 14 Merinee Road, Dareton 21 Yartla Street, Menindee 120 Byng Street, Orange 1 Briscoe Street, Tibooburra	<p>The Aboriginal Land Councils represent Aboriginal peoples in NSW and supports land rights, land management for cultural and economic benefit, and self-determination under the Aboriginal Land Rights Act 1983 (ALRA). NSWALC supports Local Aboriginal Land Councils (LALCs) and communities to respond to housing challenges by:</p> <ul style="list-style-type: none"> ▪ Providing strategic leadership through the NSWALC Housing Strategy ▪ Supporting LALCs to provide residential accommodation to members under the Community Benefits Scheme (Residential Accommodation) ▪ Establishing Birribee Housing in 2019 to grow the supply of new and improved housing for Aboriginal people ▪ Researching and advising on Aboriginal home ownership models suited to different community needs and financial capacity ▪ Delivering projects that increase Aboriginal participation in housing delivery, and in the governance and management of social and affordable housing across NSW. <p>It is noted that this has been added to represent a service partner that WNSW PHN can collaborate and work with in developing and implementing future strategies.</p>
Veritas House	96 Bentinck Street, Bathurst 98 Keppel Street, Bathurst	<p>Veritas House delivers a range of youth homelessness services including:</p> <ul style="list-style-type: none"> ▪ Prevention and early intervention support for young people at risk of homelessness ▪ Crisis accommodation and emergency housing for young people aged 15–18 through two youth refuges (Bathurst and Orange)

	<p>29-31 Sale Street, Orange</p>	<ul style="list-style-type: none"> ▪ Transitional housing for young people preparing to live independently ▪ Individualised casework support, including help to attend appointments (housing, mental health, medical), connect with counselling and other services, and relocate if needed ▪ Brokerage support for essential costs such as basic necessities, housing-related expenses, education and employment, and medical needs <p>Youth Refuges - A 24-hour crisis service providing short-term and emergency accommodation and support for vulnerable young people aged 16–18 (subject to assessment). Offices are located in Bathurst and Orange, with referral support across Bathurst, Oberon, Blayney, Orange and Cabonne.</p> <p>Bail & Accommodation Support Service (BASS) - Funded by Youth Justice, BASS provides after-hours accommodation and support for young people in police custody who cannot meet bail conditions. Veritas House provides safe accommodation and case management in Bathurst so young people can remain in the community while awaiting court, rather than entering detention, and receive support to reduce the risk of reoffending.</p> <p>Youth Outreach & Transitional Housing Programs - Supports young people aged 16–24 who are homeless or at risk of homelessness in the Bathurst area, including those living at home or independently.</p> <p>Homeless Youth Assistance Program (HYAP) - Provides free support for young people aged 12–15 who are experiencing homelessness or at risk of homelessness. Available in Bathurst, Blayney, Cowra, Cabonne (Molong), Forbes, Oberon, Orange and Parkes.</p>
<p>SecondBite</p>	<p>333 Wolfram Street, Broken Hill</p> <p>196 Wolfram Street, Broken Hill</p> <p>385 Argent Street, Broken Hill</p> <p>31-33 Church Street, Dubbo</p>	<p>SecondBite is a national food relief charity that rescues surplus food from growers, manufacturers and retailers and redistributes it to charities and community organisations across Australia. The service helps reduce food waste while supporting people experiencing food insecurity.</p>
<p>Marathon Health</p>	<p>206-214 Macquarie Street, Dubbo</p> <p>102 Keppel Street, Bathurst</p>	<p>Marathon Health provides a range of services including primary care and allied health, mental health and wellbeing supports, community outreach, NDIS therapy services, child and youth services, health promotion and education, and workforce training programs. After-hours support is available in Bathurst and Dubbo.</p> <p>Strong Minds: Strong Minds program is a free, short-term, evidence-based counselling service to support people living in regional, rural and remote parts of WNSW. The program provides:</p> <ul style="list-style-type: none"> ▪ Offers up to 12 free psychological counselling sessions with trained mental health professionals. ▪ Designed for people with mild to moderate mental health concerns (e.g., anxiety, depression) that affect daily functioning.

- Helps under-serviced and priority groups including people at risk of or experiencing homelessness, those with perinatal depression, people from culturally and linguistically diverse backgrounds, First Nations people, young people, and children under 12 (where clinicians are available).
- Not a crisis service and is available during business hours only; it is not suitable for highly severe, complex or chronic mental health needs.
- Sessions may be held face-to-face or via telehealth, and referrals can be made by a GP, another health provider, or through self-referral.

[Plus Community](#)

113 Byng Street, Orange

This organisation is part of Housing Plus and has a dual role as both a housing provider and a support service. It supports tenants and community members through domestic and family violence services, homelessness support, employment pathways, and post-release support.

The Orange Homelessness and Housing Support Service for Adults and Families supports people who are experiencing homelessness or at risk of homelessness to regain stability and secure sustainable housing. Services include:

- Case management and case coordination
- Advocacy and liaison with other services
- Outreach across Orange, Cabonne and Blayney
- Immediate support for people experiencing domestic and family violence
- Tenancy support
- Crisis and transitional accommodation
- Early intervention support
- Living skills workshops

[Hope Care](#)

200 Gilmour Street, Bathurst

HopeCare delivers a broad range of food relief services across the Central West and provides one-on-one support for people needing help with financial literacy, counselling, energy bills and advocacy. Key services include:

- Free emergency food parcels
- A low-cost community pantry, allowing clients to purchase groceries at reduced cost in a supermarket-style setting
- Food Rescue Central West (FRCW): a collaborative network of food relief charities across the Central West, supporting regional food rescue and agency cooperation
- EAPA assistance: HopeCare is an accredited provider of the NSW Government Energy Accounts Payment Assistance (EAPA) scheme, supporting clients with electricity and gas bills
- Financial counselling and budgeting support

[Housing Plus](#)

61 Boyd Street, Bathurst,

3 Frith Street, Dubbo

Housing Plus provides a range of housing options, including social housing, affordable housing and specialist accommodation.

	<p>4 Market Street, Mudgee</p> <p>113 Byng Street, Orange</p> <p>71A May Street, Parkes</p>	<p>Together with Plus Community, Housing Plus delivers an integrated service model that combines community housing, community services and development services across the region.</p>
Birribee Housing	<p>L6, 33 Argyle Street, Parramatta</p> <p><i>*Currently manage properties in Bathurst and Orange</i></p>	<p>An Aboriginal Community Controlled housing provider wholly owned by the NSW Aboriginal Land Council. The organisation is founded on the belief that safe, secure and culturally appropriate housing is essential to support Aboriginal self-determination and meet social, cultural and economic needs.</p> <p>The organisation aims to improve housing outcomes for Aboriginal people across NSW by increasing the supply and quality of housing, and expanding opportunities for Aboriginal people to participate in housing delivery, management and governance.</p>
Bunmabunmarra	<p>Winhangarra: 6 Arthur Street, Dubbo</p> <p>Gibir House: 70 Darling Street, Dubbo</p>	<p>Bunmabunmarra Service is a community-focused organisation supporting safer, stronger and healthier futures for Aboriginal people and the wider Central West community. The organisation delivers targeted programs including homelessness and domestic and family violence support, behaviour change programs, healthy relationship education, and healing and reconnection initiatives. Services support individuals and families experiencing disadvantage, providing both immediate assistance and longer-term pathways to wellbeing.</p> <p>Gibir House: A culturally safe, short-term accommodation service for men experiencing homelessness, housing instability, exiting custody, or on bail. The service is open to all men who require support and are eligible for Temporary Accommodation through Homes NSW.</p> <p>Winhangarra: A welcoming, culturally safe space providing practical support for people experiencing homelessness, housing instability, or barriers to accessing mainstream services.</p>
Wattle Tree House	<p>95 Rankin Street, Bathurst</p>	<p>A homelessness and housing support service for families, single men, women and children in Bathurst. The service acts as a key entry point to homelessness and housing support.</p> <p>Run by the Orange Local Aboriginal Land Council, the service supports people in Bathurst and Oberon who are experiencing homelessness or at risk of homelessness.</p>
CatholicCare	<p>136 Lachlan Street, Forbes (Head Office)</p> <p>Cnr Bourke & Young Street, Brewarrina NSW</p> <p>38 Mertin Street, Bourke</p> <p>9a Barton Street, Cobar</p>	<p>CatholicCare Wilcannia-Forbes supports individuals, families and communities across western NSW by strengthening social, economic and emotional wellbeing and building networks of support.</p> <p>Specialist Homelessness Service (SHS) - Supporting men, women, families and young people from high-risk groups who are experiencing homelessness or at risk of homelessness. The service provides access to short-term and crisis accommodation, transport assistance and case management. Longer-term support is also available to help clients achieve independent and sustainable living.</p> <p>Reconnect Housing Assistance and Homelessness Prevention - Supports young people aged 12–18 who are homeless or at risk of homelessness, as well as their families. The program provides early intervention for young people at risk due to family or relationship</p>

	13a Napier Street, Condobolin 17 Church Street, Parkes	breakdown, community disconnection, education and employment barriers, substance use, mental ill-health, peer pressure and limited local opportunities. Staying Home Leaving Violence (SHLV) - Provides support to women with or without children who wish to stay in their own home or a home of their choosing while leaving domestic and family violence.
Flourish Australia	84 Piper Street, Bathurst 231 Blende Street, Broken Hill 3/150 Darling Street, Dubbo 31 Bogan Street, Parkes	Flourish Australia is a leading provider of mental health support services, working with people who have lived experience of mental ill-health. Services include psychosocial support, help with daily living, support to find and maintain housing, employment assistance, supported independent living, and NDIS supports.
Homes NSW	Various locations	Homes NSW supports people who are experiencing or at risk of homelessness by undertaking an initial housing assessment and referral to appropriate Specialist Homelessness Services, and by arranging Temporary Accommodation such as short-term stays in supported accommodation, low-cost motels or caravan parks) where needed. Homes NSW also delivers targeted programs that help people move into and sustain stable housing, including Together Home , supporting people sleeping rough into longer-term accommodation with wraparound support and Rent Choice Start Safely , a time-limited private rental subsidy and links to support for people whose housing is unsafe due to domestic and family violence.
Link 2 Home	Telephone: 1800 152 152	Link2home is a statewide telephone service, as part of the NSW Temporary Accommodation Program, that provides information, assessment and referrals to specialist homelessness services, temporary accommodation and other relevant supports for people who are homeless or at risk of homelessness. Link2home also provides service information for homelessness providers and advocates supporting clients.
Uniting	2 Alfred Street, Dubbo	Uniting Doorways for Youth: Supports young people aged 16–24 in the Dubbo region to find accommodation, maintain current housing, and connect with relevant support services. The service also links young people to supports for underlying issues affecting housing stability, including financial and legal matters, employment and training, physical and mental health needs, family issues, and domestic and family violence. Aboriginal AfterCare Statewide Services: Supports Aboriginal young people aged 18–25 who have left statutory care in NSW. The program works with non-government out-of-home care organisations to support culturally appropriate leaving-care planning and access to post-care financial support.
Community Restorative Centre	427 Argent Street, Broken Hill	Community Restorative Centre (CRC) is a leading community provider of support services for people impacted by the criminal legal system in NSW. CRC programs aim to reduce reoffending and address cycles of disadvantage, offending and imprisonment.

Reintegration Housing Support Program: Supports people leaving custody (or released within the past month) who are at risk of homelessness. Specialist support workers assist to secure suitable accommodation and provide wrap-around psychosocial support, including:

- Connecting with Community Corrections (parole and probation) and Centrelink
- AOD support
- Access to physical and mental health services
- Support to obtain identification and reconnect with family or community
- Assistance with emergency items such as clothing, a mobile phone and transport

[St Vincent de Paul](#)

25 Douglas Mawson Drive,
Dubbo

64-66 Keppel Street, Bathurst

97/99 Argent Street, Broken Hill

The St Vincent de Paul Society NSW delivers homelessness services across NSW for people experiencing homelessness or at risk of homelessness, including single men and women, single parents and families. Support includes crisis accommodation, assertive outreach to people sleeping rough, transitional accommodation, and support to maintain tenancies, build living skills and strengthen community connection. Some St Vincent de Paul (SVdP) housing programs include:

- **Crisis accommodation:** short-term housing with on-site support and case management
- **Transitional housing:** medium-term housing with on-site support and case management
- **Specialist Disability Accommodation (SDA):** accessible housing for people with extreme functional impairment or very high support needs
- **Social housing:** rental housing for very low to moderate income households, with rent set as a percentage of income (typically 25–30%) plus Commonwealth Rent Assistance
- **Affordable housing:** rental housing for low to moderate income earners, with rent usually set at around 75% of market rent

SVdP operates charity retail stores selling donated clothing, furniture and household goods at low cost. Shop revenue supports community programs, including assistance for people experiencing homelessness, poverty and mental ill-health. Stores operate across NSW, including in locations such as Dubbo, Narromine, Bathurst and Broken Hill.

[The Salvation Army NSW](#)

633 Lane Street, Broken Hill

Broken Hill Adults and Families Homelessness and Housing Support Service supports men and women aged 25 years and over, including families, who are experiencing homelessness or at risk of homelessness, including people escaping domestic and family violence.

The service is based in Broken Hill and also provides outreach and phone support for clients in the Unincorporated Area, and in Menindee and Ivanhoe (Central Darling Shire). Single men without children from Wilcannia can also access the service.

Support includes early intervention and prevention, crisis and transitional accommodation, and post-crisis support.

The service has a strong focus on culturally safe responses for Aboriginal men, women and families. It also delivers Domestic Violence Response Enhancement (DVRE) to strengthen after-hours responses for women in crisis.

The service provides women’s refuge accommodation through Catherine Haven Women’s Refuge.

From Home in Place 123 Community Hub	123 Creedon Street, Broken Hill, NSW 2880	<p>The 123 Community Hub was born after Home in Place staff in the remote New South Wales town of Broken Hill identified the neighbourhood around Creedon Street as a suitable location for a community hub due to its distance from facilities, and relatively high concentration of social housing.</p> <p>The hub was designed to reduce antisocial behaviour by offering positive lifestyle activities for local residents as well as serving as a central point for support agencies to provide outreach services. It also operates The Pantry at the 123 Community Hub in Broken Hill is an essential resource for individuals and families facing financial difficulty. It provides access to low-cost or free groceries, thanks to partnerships with organisations like Foodbank.</p>
Barnardos	117-119 Church Street, Mudgee 1 Hampden Avenue, Orange	<p>This service provides after-hours support for women (with or without children) who are experiencing homelessness or at risk of homelessness due to domestic and family violence.</p> <p>The program proactively contacts and supports women who have left violence and are staying in temporary or crisis accommodation, particularly in locations where there is no 24/7 Specialist Homelessness Service available. Support includes regular phone check-ins, information and referrals, planning next steps, and telephone counselling.</p> <p>The service also delivers the Domestic Violence Response Enhancement (DVRE) Linker Support Project to strengthen after-hours responses for women in crisis.</p>
Wilcannia Safe House	Location not available publicly.	<p>Wilcannia Safe House provides overnight, short-term and medium-term accommodation for women (with or without children) who are escaping or experiencing domestic and family violence. The service also provides outreach support for people in the community who are experiencing domestic and family violence, homelessness, or are at risk of homelessness.</p> <p>The service also operates as a community hub, offering a safe place for women and children to meet and a venue for local and visiting services to deliver information sessions, events and one-on-one support.</p>
Baptistcare	111 Darling Street, Dubbo	<p>BaptistCare HopeStreet Dubbo supports people experiencing hardship, including those who are homeless or at risk of homelessness, impacted by domestic and family violence, relationship breakdown, or financial stress. The service provides a safe community space, food support, no-interest loans, chaplaincy, and case management. Breakfast is also available on Monday, Tuesday, Wednesday and Thursday.</p>
Anglicare	3 Church Street, Bathurst	<p>The Church Pantry in Bathurst, run by Anglicare, provides emergency relief and low-cost non-perishable food staples to the community.</p> <p>The service operates on Monday, Wednesday and Friday from 10:00am to 12:00pm, in partnership with All Saints Anglican Cathedral, supporting local individuals and families.</p>
Laneway Church-Community Meal	4/217 Howick Street Bathurst	Laneway Community Meal provides a free community meal every Wednesday evening.

The Greens - The little Pantry	29 William Street, Bathurst	<p>The Little Pantry is a community food pantry open to everyone. Each week, over 100 items are available, with fruit, vegetables and bread also provided at no additional cost.</p> <p>The service operates on Thursdays from 9:00am to 11:30am.</p>
StreetHeart	William Street and Stanley Street in Bathurst NSW. Facebook group provides updates on upcoming food drive locations.	<p>StreetHeart Bathurst is a local, volunteer-run charity supporting people who are homeless or vulnerable in the Bathurst region.</p> <p>The service operates mainly on weekends at Peace Park, providing free meals, clothing, blankets and essential items, supported through community donations and local business contributions.</p>
Department of Community and Justice: Community Services Centre Bathurst	Level 1, 205 Howick Street, Bathurst Other various locations across Far West and Western NSW available: Website	<p>Works in partnership with the community, non-government organisations and other agencies to improve outcomes for people experiencing homelessness or at risk of homelessness, and those needing safe and affordable housing.</p>
Manning Aquatic Centre	9 Elizabeth Street, Bathurst	<p>Shower facilities are available for \$2 per person, open daily from 6:00am to 8:00pm.</p>
Emmanuel Care Centre	177 Brisbane Street, Dubbo	<p>Emmanuel Care Centre is a local, not-for-profit Christian welfare organisation operating as part of Emmanuel Care Incorporated, alongside Dubbo Community Kitchen and the Dubbo Christian Book Centre.</p> <p>The service provides practical support including:</p> <ul style="list-style-type: none"> ▪ Food parcels ▪ Clothing and footwear ▪ Household items ▪ Referrals to other services ▪ EAPA vouchers for electricity and natural gas ▪ Pastoral care and prayer support ▪ Community programs including Alpha Experience, Money Mentoring and Self-Start
Global Care	57 Thompson Street, Dubbo	<p>Global Care is a church-linked community relief network (delivered through local churches) that provides practical support including emergency relief, food pantry support and microfinance assistance.</p> <p>Service centres operate in:</p> <ul style="list-style-type: none"> • Dubbo (Riverside Church)

		<ul style="list-style-type: none"> • Gilgandra (Heartland Church) • Mudgee (One Life Church) • Orange (New Life Church)
Home In Place	32 Victoria Street, Dubbo	<p>Home in Place (Dubbo) is a not-for-profit housing provider delivering social housing, affordable housing and Specialist Disability Accommodation (SDA) for low to moderate income households.</p> <p>The organisation also provides property management for Aboriginal Housing Office (AHO) properties and other specialist housing, including crisis accommodation for women and children.</p>
Aboriginal Housing Office- Services Our Way	Suite 4, 47-59 Wingewarra Street, Dubbo	<p>Services Our Way (SOW) is a NSW Aboriginal Housing Office (AHO) program that provides tailored, culturally safe support for Aboriginal and/or Torres Strait Islander people experiencing vulnerability, including those at risk of housing instability.</p> <p>The program connects people with housing, health and community services to improve wellbeing and support stable tenancies.</p> <p>The Western team provides services across the following LGAs:</p> <ul style="list-style-type: none"> • Coonamble Shire • Dubbo Regional Council • Narromine Shire • Gilgandra Shire
New England and Western Tenants Advice and Advocacy Service Incorporated (NEWTAAS)	31-33 Church Street, Dubbo	<p>The New England and Western Tenants' Advice and Advocacy Service (NEWTAAS) provides free, confidential information, advice and advocacy for renters in regional NSW, including the New England, North West, Western and Far West areas.</p> <p>Based in Armidale, Tamworth and Dubbo, the service supports tenants with tenancy issues and can represent eligible clients at the NSW Civil and Administrative Tribunal (NCAT). The service helps prevent homelessness by assisting tenants to resolve issues with landlords and maintain stable housing.</p>
Feeding Friends	Broken Hill	<p>Feedings Friends is a food service for people experiencing homelessness in Broken Hill. Feeding Friends is part of the Hope Centre a non for profit organisation in the Far West of NSW.</p>
Western NSW Local Health District	Across the Western NSW Local Health District region	<p>Western NSW Local Health District delivers Care in the Community and Planned Care for Better Health to support people to stay well in the community. They aim to deliver care to people as close to home as possible and provide holistic care coordination to health and social care services. Though these programs are not exclusively for homeless people, consultations identified that this cohort was a priority.</p>

[Help a Mate](#)

Dubbo

Help A Mate Dubbo is a local charity organisation supporting Mental Health and Homelessness in Dubbo. They also provide food services for homeless people once a week.

Table 8: Service Mapping

* Other services outside of those listed above may be available in the region. The services above were captured as of 9 February 2026 via the methods identified.

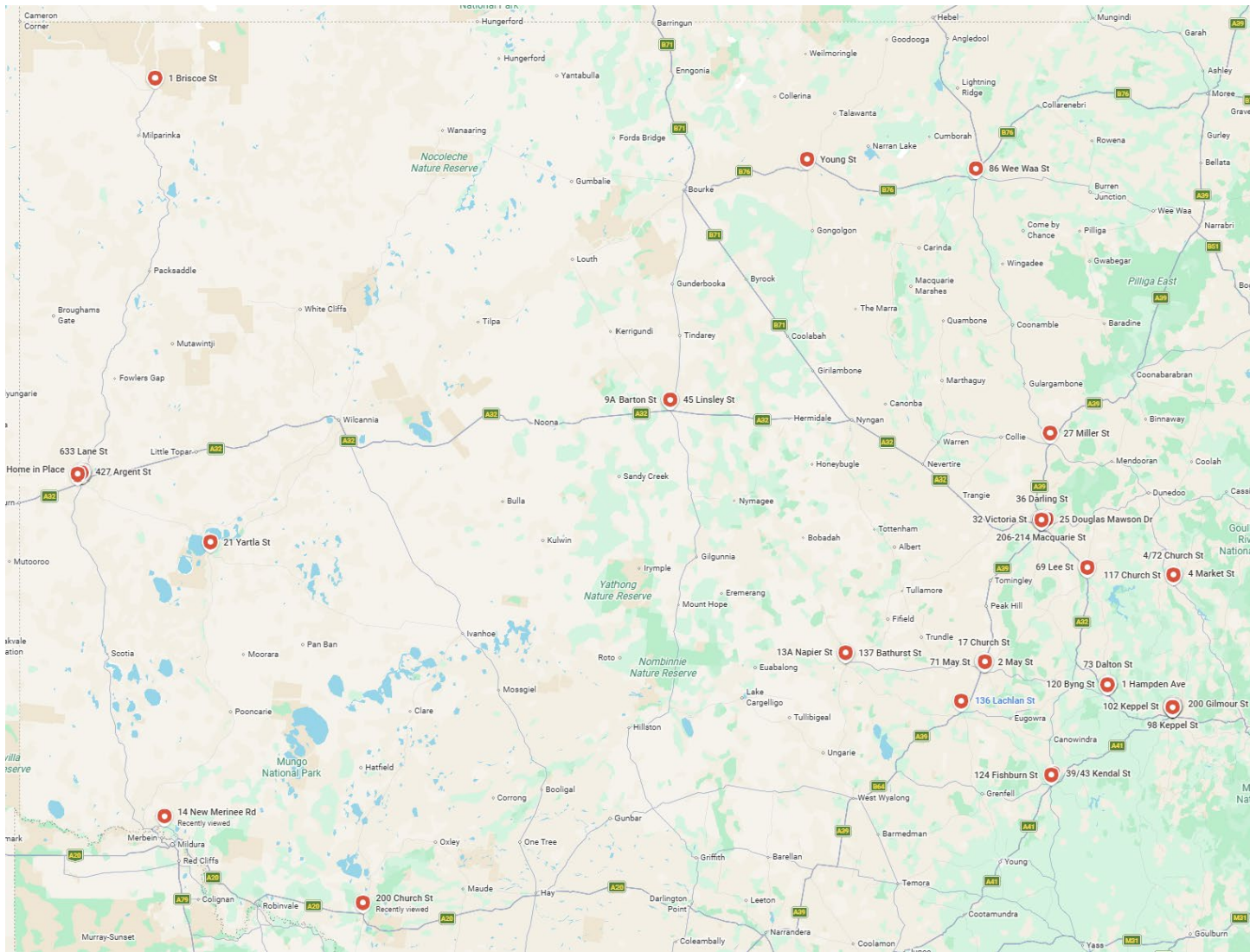


Figure 2: Service Map of current service providers. Source: Google Maps, 2026

Qualitative Findings

The following qualitative findings are drawn from focus groups, workshops with service providers and community members and responses to the service provider survey. Together, these inputs provide a detailed picture of the health needs of people experiencing homelessness in Western NSW, the barriers they face in accessing primary care and opportunities to strengthen system responses.

Complex And Intersecting Health Needs

Consultations consistently highlighted that people experiencing homelessness in Western NSW face multiple, interconnected health needs that are often compounded by housing instability, financial stress and limited access to ongoing care. Mental ill-health was identified as the most prevalent and pressing concern, frequently occurring alongside AOD use. Service providers described high levels of trauma, severe mental illness and co-occurring conditions that require sustained, coordinated responses rather than episodic care.

Other commonly identified health needs included oral and dental disease, chronic and complex physical conditions (such as diabetes and wound care) and injury or violence-related harm. Ageing-related needs, including cognitive decline, mobility issues and medication management, were also raised, particularly in regional centres with limited specialist services. Consultations also identified access to, and continuity of, prescription medications as an ongoing challenge for people experiencing homelessness, particularly where individuals have unstable living circumstances, limited storage options or difficulty accessing pharmacies and follow-up care. These health needs are often deprioritised by individuals due to the immediate demands of survival, such as finding food, safety and shelter. Consequently, individuals end up receiving care in tertiary settings rather than preventive treatment and management in the community.

Survey responses reinforced these themes, with service providers noting that mental health, AOD support and access to general practice and nursing services are the most critical primary care priorities for people experiencing homelessness.

Variability in the Experience of Homelessness

Participants emphasised that homelessness is experienced differently across Western NSW, shaped by local housing markets, service availability and community dynamics. In larger regional centres, homelessness is more visible, often involving rough sleeping or crisis accommodation use. In smaller rural and remote communities, homelessness is more likely to be hidden, presenting as overcrowding, couch surfing or unstable arrangements with family and friends. Also, homeless people were described as transient and often moving between towns, making continuity of service delivery challenging. These local variations highlight the importance of flexible, place-based approaches that respond to different patterns of need across the region.

Priority Populations

Participants identified several population groups who experience heightened vulnerability to homelessness across Western NSW, often in ways that are under-recognised or poorly captured in official data.

- **Young people** were frequently identified as experiencing housing instability that is under-recognised, with many not identifying as homeless despite living in unsafe or unsustainable arrangements.
- **First Nations** people were highlighted as being disproportionately affected by homelessness, shaped by intergenerational disadvantage, systemic barriers and limited access to culturally safe housing and support services.

- **Older persons** were identified as an increasingly vulnerable group, with housing instability often linked to fixed incomes, health and mobility needs, rental stress and a lack of suitable, affordable housing options.
- **Women experiencing domestic and family violence** were commonly identified as entering homelessness due to safety concerns, with limited availability of crisis and longer-term housing options, particularly in smaller communities.
- **People exiting incarceration** were highlighted as facing significant barriers to securing stable housing, including stigma, limited rental options and insufficient transitional support on release.

Barriers in Accessing Primary Health Care

Across all consultation methods, participants described significant and compounding barriers to accessing primary health care.

- **Cost** was identified as a major barrier, with even small out-of-pocket expenses for consultations, medications or transport preventing people from seeking care early. Competing priorities, including unstable accommodation, food insecurity and safety concerns, often limit people's ability to attend appointments or engage in follow-up care.
- **Stigma, discrimination and lack of trust** were also frequently raised. Participants described experiences of judgement related to appearance, hygiene or perceived behaviour, which can discourage people from accessing services or returning for care. These experiences contribute to disengagement and delayed treatment.
- **Transport and geography pose** additional challenges in regional and remote areas, where services are limited and distances are large. Survey respondents highlighted that lack of reliable transport and the transient nature of homelessness further reduce the feasibility of attending appointments.
- **System complexity and fragmentation** were identified as key structural barriers. Service providers reported unclear referral pathways, inconsistent eligibility criteria and poor coordination between services. People experiencing homelessness are often required to navigate multiple systems, repeat their stories and manage complex administrative processes, which can result in disengagement before care is received.
- **Digital exclusion** was also identified as an increasing barrier, with limited access to phones, data, charging facilities and digital literacy affecting appointment bookings, telehealth use and follow-up communication.

Disaster Preparedness

Disaster preparedness and emergency response was identified as an emerging issue for people experiencing homelessness in Western NSW, particularly in the context of climate-related events. PHN participants noted that people sleeping rough are often not captured in emergency planning processes due to the absence of fixed addresses, limited access to standard warning systems and lack of established connections with primary care services. Rough sleeping locations may be in high-risk areas (such as river corridors or bushland interfaces), and that evacuation and relief centre processes can create barriers due to documentation requirements, service rules, safety concerns and perceived stigma. These factors can reduce the likelihood that people experiencing homelessness will access emergency accommodation or health supports during crisis events.

Opportunities To Improve Access and Coordination

Despite these challenges, consultations identified clear opportunities to strengthen primary health care access for people experiencing homelessness.

- **Outreach and community-based models** were consistently identified as effective approaches, particularly for people sleeping rough or disconnected from mainstream services. Delivering care through mobile clinics, pop-up services or trusted community settings can reduce barriers related to transport, cost and mistrust.
- **Care navigation and coordinated referral pathways** were highlighted as critical enablers. Service providers noted that dedicated navigation support can help people understand eligibility, attend appointments, complete referrals and remain engaged over time. Survey responses also pointed to opportunities to improve information sharing and clarity around referral options.
- **Stronger partnerships and collaboration** between primary care, homelessness services, housing providers and local health services were viewed as essential. Participants emphasised that integrated, trauma-informed and person-centred responses are needed to address the complex needs associated with homelessness and reduce reliance on crisis and emergency services.

Recommendations

The following recommendations have been developed in response to the findings of the Western NSW Homelessness Needs Assessment and reflect the complex and interconnected health needs of people experiencing or at risk of homelessness in Western NSW, as well as the structural and access barriers identified through consultations. The recommendations are provided as strategic options only, and do not include a feasibility assessment, costings or budget impact analysis. Implementation considerations, resourcing requirements and funding decisions will need to be assessed separately by WNSW PHN and relevant stakeholders.

Homelessness as a Priority in Planning and Procurement

The Needs Assessment highlights homelessness as a priority population with complex and intersecting health needs. WNSW PHN may wish to consider how targeted health responses can be planned and procured to improve access and equity within available resources, including where homelessness intersects with mental health, AOD use, justice involvement and socioeconomic disadvantage.

Low-Barrier Outreach Primary Care Models

Consultation findings highlight outreach and community-based models as effective approaches to reducing access barriers. Flexible service delivery, reduced documentation requirements and pet friendly services are some of the considerations that support low-barrier access.

There may be an opportunity for WNSW PHN to explore the role of mobile, pop-up or in-reach primary care services delivered in trusted community settings, particularly in locations with limited access to traditional services. WNSW PHN may wish to consider place-based approaches that respond to local contexts, including hidden homelessness in rural and remote communities and the needs of specific cohorts such as young people, First Nations communities, older persons, women experiencing domestic and family violence and people exiting incarceration.

There is an opportunity for WNSW PHN to build and formalise relationships with health, housing and homelessness organisations, including Aboriginal Community Controlled Health Organisations and other key stakeholders, to support integrated commissioning approaches. This may include expert advisory input, collaborative governance arrangements or consortium-based models that bring together complementary services.

Service development should be aligned to the *Primary Health Network Homelessness Health Framework* and ensure the involvement of people with lived experience of homelessness in the co-design, development and evaluation of services. Ensuring diverse lived-experience perspectives are embedded can improve service relevance, responsiveness and trust.

Workforce Capability Building

Service providers identified workforce capability as critical to effective engagement with people experiencing homelessness. WNSW PHN may wish to explore opportunities to collaborate with homelessness health stakeholders to build service provider and primary care capability through targeted training and professional development, delivered through online, face-to-face or blended formats, with a focus on trauma-informed, culturally safe and person-centred care.

Strengthen Partnership-Based Approaches

Consultations emphasised the importance of stronger coordination across health, housing and homelessness systems. There is an opportunity for WNSW PHN to continue or further develop collaborative planning and partnership mechanisms with Far West and Western NSW LHDs, Specialist Homelessness Services, housing providers and Aboriginal Community Controlled Organisations to support more coordinated and place-based responses. A Homelessness Health Partnership may be considered to formalise and operationalise an arrangement between WNSW PHN, Far West LHD, Western NSW LHD, Specialist Homelessness Services/Housing, Non-Government Organisations and Aboriginal Community Controlled Organisations. A Plan would also enable clarity regarding organisational roles and reduce fragmentation and service duplication.

Strengthen Health Navigation and Referral Support

People experiencing homelessness face significant barriers navigating fragmented health and social service systems, contributing to service disengagement and poor continuity of care. WNSW PHN can enable stronger integration by strengthening and/or commissioning care navigation and referral support, and by facilitating coordinated service delivery across primary care, mental health, AOD and social supports. This could include:

- Integrating or aligning funding across commissioned programs where feasible to support shared models of care
- Supporting consortium or partnership-based service delivery, including lead provider models
- Establishing shared referral pathways and warm referral protocols across services
- Embedding navigation roles within existing services to improve continuity and reduce duplication
- Improving information sharing and service coordination through agreed processes and governance.

Access To Prescription Medication

Access to and continuity of prescription medications was identified as a challenge for people experiencing homelessness. WNSW PHN may wish to explore, with partners, practical and person-centred approaches to support medication access and adherence for people experiencing homelessness, recognising the interaction between health needs, housing instability and system barriers.

Disaster Preparedness

Given the vulnerability of people experiencing homelessness to climate- and environment-related events, WNSW PHN may wish to consider how disaster preparedness, response and recovery planning can account for the needs of rough sleepers and others disproportionately affected by environmental impacts. A separate Needs Assessment on Disaster Preparedness with vulnerable communities may be considered by WNSW PHN.

Action Items

The high-level actions outlined below translate the Needs Assessment recommendations into indicative short- and long-term areas of focus for WNSW PHN. They are intended to support strategic planning and prioritisation by identifying potential actions that align with the role of the PHN in system coordination, commissioning and partnership development. These actions are advisory in nature and do not reflect an assessment of feasibility, resourcing or implementation timelines, which would require further consideration by WNSW PHN and relevant stakeholders.

Action	Description
SHORT TERM ACTIONS (0-2 YEARS)	
Homelessness as a priority in planning and procurement	<ul style="list-style-type: none"> Formally recognise homelessness as a priority population within population health planning and commissioning considerations. Use Needs Assessment findings to inform future commissioning discussions where homelessness intersects with mental health and AOD. Establish mechanisms to engage people with lived experience of homelessness in advisory, co-design or consultation roles to inform future service planning and evaluation. Identify internal governance or accountability mechanisms to support oversight of homelessness actions.
Low-barrier outreach primary care models	<ul style="list-style-type: none"> Explore pilot opportunities or small-scale trials of outreach or pop-up primary care models in partnership with trusted community and homelessness services. Use local service mapping and consultation insights to identify priority locations or cohorts (e.g. rural and remote communities, young people, hidden homelessness) for targeted responses.
Workforce capability building	<ul style="list-style-type: none"> Identify priority training needs across primary care and commissioned services related to trauma-informed care, cultural safety and homelessness-responsive practice. Partner with existing providers to deliver targeted professional development through online or blended formats.
Strengthen partnership-based approaches	<ul style="list-style-type: none"> Strengthen existing relationships with LHDs, Specialist Homelessness Services, housing providers and Aboriginal Community Controlled Organisations. Explore the scope and purpose of a Homelessness Health Partnership and Plan to improve coordination and shared planning. Formalise partnership and governance arrangements to support coordinated, system-wide responses.
Health navigation and referral support	<ul style="list-style-type: none"> Review existing care navigation and referral pathways for people experiencing homelessness to identify opportunities for improvement or better alignment. Improve clarity and accessibility of referral information for primary care and community providers.
Access to prescription medications	<ul style="list-style-type: none"> Explore pilot opportunities or small-scale trials to Engage pharmacies, primary care and homelessness services to address key barriers to medication access and continuity.

Disaster preparedness	<ul style="list-style-type: none"> Consider scoping a separate Needs Assessment focused on disaster preparedness, response and recovery for vulnerable populations.
LONG-TERM ACTIONS (2–5 YEARS)	
Homelessness as a priority in commissioning	<ul style="list-style-type: none"> Incorporate homelessness as a priority consideration within longer-term commissioning strategies. Explore opportunities to align or coordinate multiple funding streams where integrated responses are required.
Low-barrier and outreach service models	<ul style="list-style-type: none"> Consider scaling effective outreach, shelter in-reach or permanent housing in-reach models where evidence and partnerships support expansion. Embed flexible service delivery expectations into future commissioning approaches. Ensure lived-experience participation as a standard component of service design, commissioning and evaluation processes. Explore consortium or co-commissioning models that bring together health, housing and homelessness providers.
Workforce development	<ul style="list-style-type: none"> Support sustained workforce capability through ongoing training pathways and cross-sector learning opportunities. Encourage shared learning between primary care, homelessness and Aboriginal community-controlled sectors.
Health navigation and system integration	<ul style="list-style-type: none"> Support the development of integrated navigation models that improve continuity of care across primary care, mental health, AOD and social services. Strengthen data sharing and coordination (within governance and privacy requirements) to reduce fragmentation.
Access to prescription medications	<ul style="list-style-type: none"> Consider scaling effective models which improve access and continuity to medication for people experiencing homelessness. Ensure lived-experience participation as a standard component of service design, commissioning and evaluation processes.
Disaster preparedness and recovery	<ul style="list-style-type: none"> Contribute to the development of homelessness-inclusive disaster preparedness, response and recovery frameworks in partnership with LHDs, emergency services and community organisations. Use future needs assessments and evaluations to inform planning for climate-related and environmental risks.

Table 9: Action Items

High-Level Evaluation Framework

This framework is intended to support WNSW PHN to monitor and reflect on whether the strategic actions identified in response to the Homelessness Needs Assessment are being progressed over time. It focuses on system change, integration and access rather than individual service performance, and is not intended to function as a contractual or funding acquittal framework.

- **Frequency:** Periodic review (e.g. annually or aligned to planning cycles)
- **Methods:**
 - Internal reflection and document review
 - Stakeholder and partner feedback
 - Lived experience input

Evaluation Domain	Key Questions
STRATEGIC PRIORITY AND PLANNING ALIGNMENT	
Homelessness is recognised and embedded as a priority population in PHN planning and decision-making.	<p>Key questions</p> <ul style="list-style-type: none"> ▪ Is homelessness consistently identified as a priority population in relevant planning, commissioning and strategy documents? ▪ Are intersections with mental health, AOD, justice and disadvantage considered in planning processes? ▪ Are people with lived experience involved in co-design, advisory or evaluation activities? <p>Possible indicators</p> <ul style="list-style-type: none"> ▪ Evidence of homelessness referenced in strategic plans, needs assessments or commissioning priorities. ▪ Internal planning documents reflect homelessness as a priority cohort.
ACCESS TO PRIMARY CARE AND LOW-BARRIER MODELS	
Progress toward more accessible and flexible primary care options for people experiencing homelessness.	<p>Key questions</p> <ul style="list-style-type: none"> ▪ Have opportunities for outreach, in-reach or co-located primary care been explored or trialled? ▪ Are flexible access options (e.g. walk-in, extended hours, non-traditional settings) being considered or supported? <p>Possible indicators</p> <ul style="list-style-type: none"> ▪ Mapping or scoping of outreach/in-reach models completed. ▪ Pilots, trials or partnership discussions documented. ▪ Feedback from service providers on access improvements. ▪ Documentation of lived-experience input into planning or evaluation ▪ Feedback from participants on the value and impact of engagement
SYSTEM INTEGRATION AND PARTNERSHIPS	
Strengthened coordination between health, housing and homelessness systems.	<p>Key questions</p> <ul style="list-style-type: none"> ▪ Are partnerships with LHDs, homelessness services, housing providers and ACCOs strengthened or formalised? ▪ Is there clearer role definition and improved coordination across sectors? <p>Possible indicators</p>

	<ul style="list-style-type: none"> ▪ Existence of partnership forums, working groups or governance arrangements. ▪ Shared planning activities or agreed referral pathways. ▪ Stakeholder feedback indicating reduced fragmentation.
HEALTH NAVIGATION AND REFERRAL PATHWAYS	
Improved system navigation and continuity of care.	<p>Key questions</p> <ul style="list-style-type: none"> ▪ Have navigation or referral support mechanisms been reviewed, strengthened or expanded? ▪ Do providers report improved clarity around pathways into primary care, mental health and AOD services? <p>Possible indicators</p> <ul style="list-style-type: none"> ▪ Updated referral pathway documentation or tools. ▪ Service provider feedback on navigation effectiveness. ▪ Reduced anecdotal reports of people disengaging due to system complexity.
WORKFORCE CAPABILITY AND PRACTICE CHANGE	
Increased capability of the primary care workforce to respond to homelessness.	<p>Key questions</p> <ul style="list-style-type: none"> ▪ Have training or professional development opportunities been offered or promoted? ▪ Is trauma-informed, culturally safe and person-centred practice more consistently referenced? <p>Possible indicators</p> <ul style="list-style-type: none"> ▪ Training sessions delivered or resources developed. ▪ Participation levels across primary care and commissioned services. ▪ Qualitative feedback on changes in confidence or practice.
MEDICATION ACCESS AND CONTINUITY	
Reduced barriers to accessing and maintaining prescribed medications.	<p>Key questions</p> <ul style="list-style-type: none"> ▪ Are practical supports or pathways being explored or implemented? <p>Possible indicators</p> <ul style="list-style-type: none"> ▪ Partnership discussions with pharmacies and providers. ▪ Service provider feedback on medication continuity challenges. ▪ Qualitative examples of improved access or coordination.
DISASTER PREPAREDNESS	
Consideration of homelessness in emergency preparedness and recovery planning.	<p>Key questions</p> <ul style="list-style-type: none"> ▪ Is homelessness considered in emergency preparedness discussions or planning activities? ▪ Have opportunities for further assessment or collaboration been identified? <p>Possible indicators</p> <ul style="list-style-type: none"> ▪ Inclusion of homelessness in disaster preparedness planning. ▪ Completion or scoping of further needs assessment work. ▪ Partner feedback on preparedness gaps or improvements.

Table 10: High-Level Evaluation Framework

Appendices

Appendix A: Methodology

The methodology for the development of the Western NSW Homelessness Needs Assessment combined qualitative and quantitative approaches. Quantitative data were gathered and analysed through population health data, service mapping, and a literature review. The qualitative component was drawn from a series of consultations with community members and service providers. Further details on these methods are provided below.

Scoping Literature Review

The scoping literature review synthesised recent national and international research to provide an overview of current knowledge in the field. The review aimed to identify the following key questions:

1. What are the most common health issues and conditions affecting people experiencing homelessness in regional or rural Australia?
2. What factors prevent people experiencing homelessness from accessing primary health services?
3. What supports or strategies help people experiencing homelessness access and use health services effectively?
4. What interventions or programs have been evaluated to improve access or health outcomes for people experiencing homelessness?

While not intended as an exhaustive or systematic review, the information presents a high-level summary of the most relevant and up-to-date evidence applicable to the Needs Assessment.

The review considered information published in the previous five years (2021-2026).

Data Points

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 Census.

Consultations have been undertaken with service providers and community members across the Western NSW region, including people with lived experience of homelessness or at risk of homelessness. The following stakeholder consultations were undertaken to inform the Western NSW Homelessness Needs Assessment:

- **Online surveys** with service providers.
- **A virtual focus group** with WNSW PHN staff and other key stakeholders.
- **Virtual workshops** with service providers working with people experiencing homelessness or at risk of homelessness.
- **Face-to-face workshops** with community members in Bathurst, Broken Hill and Dubbo.

In total, 59 individuals participated in the consultation process. The following organisations participated in the consultation process:

- WNSW PHN
- Western NSW Local Health District
- Bathurst Uniting Church
- Bathurst Regional Council
- Bunmabunmarra Service
- Catholic Care
- Marathon Health

- Mission Australia
- Plus Community
- St Vincent de Paul Society NSW
- Veritas House
- Wellways Australia

All transcriptions from consultations were independently and manually coded. Themes were documented and confirmed with WNSW PHN Needs Assessment Steering Committee meeting on Friday, 30th January 2026.

Appendix B: Limitations

Limitations of Homelessness Population Data

Interpreting homelessness prevalence and trends is complex due to the broad range of living situations captured under the term “homelessness”. National reporting typically recognises multiple forms of homelessness, including rough sleeping, supported accommodation, temporary arrangements with other households and overcrowded housing.

While the Census provides an important dataset for understanding homelessness, it is widely acknowledged that Census-based estimates are likely to undercount the true number of people experiencing homelessness. This is particularly relevant for regional and remote contexts, where homelessness may be less visible and more likely to present as hidden homelessness (e.g. overcrowding or couch surfing). As a result, population-level homelessness data should be interpreted as indicative rather than definitive.

Challenges Engaging People with Lived Experience

People experiencing homelessness are a vulnerable and often transient population. Participation in consultations can be impacted by safety concerns, competing priorities (such as access to food, shelter and services) and distrust of systems. Although multiple opportunities were provided for people with lived experience to contribute, including face-to-face participation options and survey mechanisms, overall consumer participation remained limited. This restricts the extent to which the Needs Assessment findings can reflect lived experience perspectives across different cohorts and locations and reinforces the need for ongoing engagement approaches that are flexible, culturally safe and accessible.

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