

**HEALTH
REPORT**

Acknowledgement of Country

Murray PHN acknowledges its catchment crosses over many unceded First Nations Countries following the Dhelkunya Yaluk (Healing River).

We pay our respects and give thanks to the Ancestors, Elders and Young People for their nurturing, protection and caregiving of these sacred lands and waterways, acknowledging their continuation of cultural, spiritual and educational practices.

We are grateful for the sharing of Country and the renewal that Country gives us. We acknowledge and express our sorrow that this sharing has come at a personal, spiritual and cultural cost to the wellbeing of First Nations Peoples.

We commit to addressing the injustices of colonisation across our catchment, and to listening to the wisdom of First Nations communities who hold the knowledge to enable healing.

We extend that respect to all Aboriginal and Torres Strait Islander Peoples.

OUR COMMITMENT TO BEING AN ANTI-RACIST COMPANY

We aspire to be an anti-racist organisation, embedding cultural humility as a daily practice, to improve health outcomes and health equity in our communities. We recognise cultural humility as a life-long commitment to self-reflection, personal growth and redressing power imbalances in our society.

A MESSAGE FROM THE CEO



Matt Jones
Chief Executive Officer



Winter in central and northern Victoria is so often characterised by deep blue skies and chilly temperatures in the daytime, along with cloud-free nights when the mercury dips well below freezing.

As we reflect on the comfort and security provided by our homes, be they large or small, brick or weatherboard, mortgaged or rented, we seldom stop to consider the challenging reality for people in our region who do not have this “luxury” – in winter or any other season.

A stable roof over your family’s head is not a luxury in any way – it is one of the basic building blocks of life, and should not be too much to expect as a member of a first world society.

While state and federal governments are working to increase housing stock across the country, it falls to agencies in our communities to help people struggling with the extended impacts of homelessness.

People who are experiencing homelessness or unstable housing situations often find it difficult to break a poor health cycle. For example, poor health can undermine housing stability or lead to homelessness through loss of income or increased care needs. At the same time, unstable

or inadequate housing can worsen health due to stress, unsafe living conditions and lack of access to the health services that they need.

Addressing homelessness and the needs of homeless people is a key priority for Primary Health Networks around Australia. In its May 2023 budget, the Australian Government announced funding towards a new Homelessness Access to Primary Health Care Program for Primary Health Networks.

At Murray PHN, we have conducted extensive research into homelessness and its impacts across our region, to inform our latest three-year Health Needs Assessment and underpin our programs that support access to primary healthcare for people at risk of, or experiencing, homelessness.

Our latest Murray Health Report “Housing Instability and Health” aims to give our communities and stakeholders increased visibility and a clearer understanding of the extent and impact of homelessness in our region. To access more detailed information and data, please see our Homelessness Population Health Series Report, which can be found [here](#).

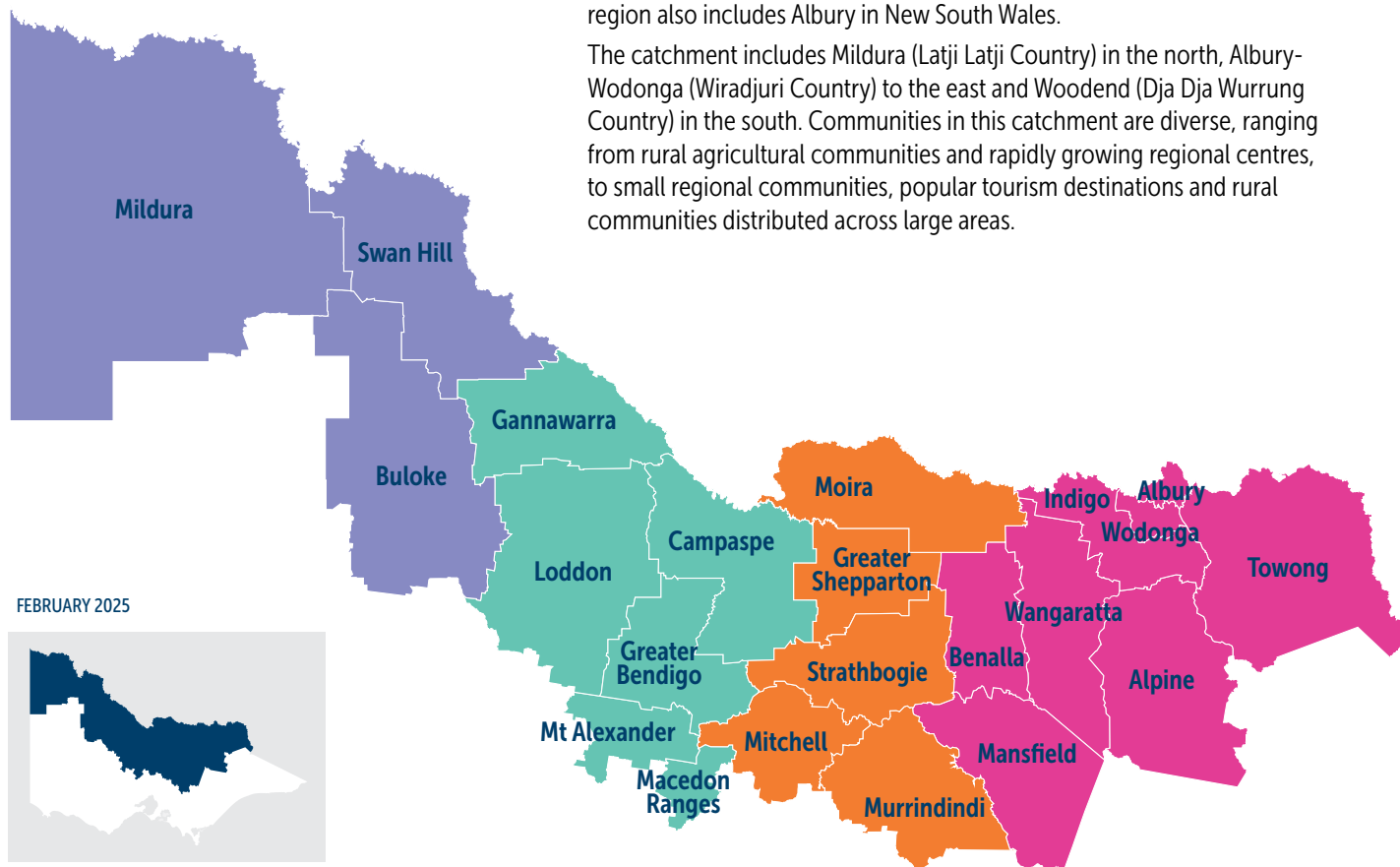
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The Murray PHN catchment

The Murray PHN catchment covers almost 100,000 square kilometres and 22 local government areas. It is home to around 660,000 people, including almost one third of all the First Nations Peoples who live in Victoria. The catchment covers 44 per cent of the entire state of Victoria, with the Murray River forming the northern border of the catchment. Our region also includes Albury in New South Wales.

The catchment includes Mildura (Latji Latji Country) in the north, Albury-Wodonga (Wiradjuri Country) to the east and Woodend (Dja Dja Wurrung Country) in the south. Communities in this catchment are diverse, ranging from rural agricultural communities and rapidly growing regional centres, to small regional communities, popular tourism destinations and rural communities distributed across large areas.



FEBRUARY 2025

	 Local government areas (LGAs)	 GP full-time equivalent	 Aged care services	 General practice services	 Public hospitals	 Private hospitals	 ACCHOs
North West Vic	3	75	39	25	9	1	1
Central Vic	6	294	62	73	13	3	3
Goulburn Valley	5	200	85	48	10	4	1
North East Vic	8	203	60	48	12	7	2
Murray PHN	22	772	246	194	44	15	7



HOMELESSNESS IS NOT A PROBLEM CONFINED TO CITIES

The Murray PHN region had **2705 people experiencing homelessness and 2297 marginally housed individuals** recorded in 2021, with rates slightly lower or equal to state averages. The North West sub-region had the highest rates of homelessness and marginal housing.



JUST ONE BAD LIFE EVENT CAN LEAVE PEOPLE WITHOUT A ROOF OVER THEIR HEAD

In 2022-23, **13,974 people accessed Specialist Homelessness Services (SHS)**, with higher rates than the Victorian state rate. More people are at risk of homelessness than those who are already experiencing homelessness and it just takes one difficult experience to turn the tide.



HOMELESSNESS DOESN'T DISCRIMINATE – MEN, WOMEN, OLDER PEOPLE, YOUNG ADULTS AND FAMILIES

- In the 2021 ABS Census, **more males were experiencing homelessness or marginally housed** when compared with females
 - The fastest growing group of people experiencing homelessness is **over 65s seeking housing support from SHS – a 31 per cent increase**
 - **Women over 55 are one of the most affected groups** with more females accessing support from SHS in 2022-23, compared with males
 - **Young people aged between 10 and 25 had the highest proportion of homelessness** in comparison with other age groups
 - **Aboriginal and/or Torres Strait Islander Peoples made up 10 per cent of the homeless population** in the Murray PHN catchment, which is higher than the state comparison
-



MARGINAL HOUSING DOESN'T FIX THE PROBLEM

- Caravan parks, couch surfing and living temporarily anywhere **does not give people what they need to feel securely housed and able to make other life decisions**
 - **Homelessness goes hand in hand with health issues**
 - Commonly reported health issues by people who are experiencing homelessness include **mental ill-health, asthma, arthritis, diabetes and heart disease**
 - **Substance dependence, dental health, premature ageing and early mortality** are also issues for this population
 - **Homelessness and poor health can exist in a cycle** – for example, poor health can undermine housing stability or lead to homelessness through loss of income or increased care needs, and unstable or inadequate housing can worsen health due to stress, lack of access to care or unsafe living conditions
 - Research shows that **life expectancy can be greatly reduced for those experiencing homelessness**, with people dying as much as **40 years younger** than other Australians
-

NO FIXED ADDRESS

THE IMPACT OF HOUSING INSTABILITY ON PEOPLE'S HEALTH



As a Primary Health Network, Murray PHN undertakes a comprehensive analysis of the health and primary service needs of people in our region every three years, and updates it on an annual basis.

We know that for people who live in rural and regional areas, populations are older and their health needs are greater. We also know that the vitality of regional Australia is dependent on access to effective healthcare, delivered by local clinicians. Despite that, we have significantly lower access to healthcare services compared with people living in metropolitan regions.

In our most recent Health Needs Assessment, approved by the Australian Department of Health, Disability and Ageing, we confirmed the extent of a range of health priorities for people living in our region, including chronic diseases and mental ill-health, and the specific needs of people in our aged care and First Nations communities. You can read our full Health Needs Assessment [here](#).

We also looked closely at the experiences and needs of people who are often less visible – those living without a reliable roof over their heads.

The Australian Institute of Health and Welfare views homelessness as a situation when a person does not have access to stable, safe and functional housing.

There are those who are formally described as “experiencing homelessness” but also those in “marginal housing”, which includes caravan parks, improvised or crowded dwellings.

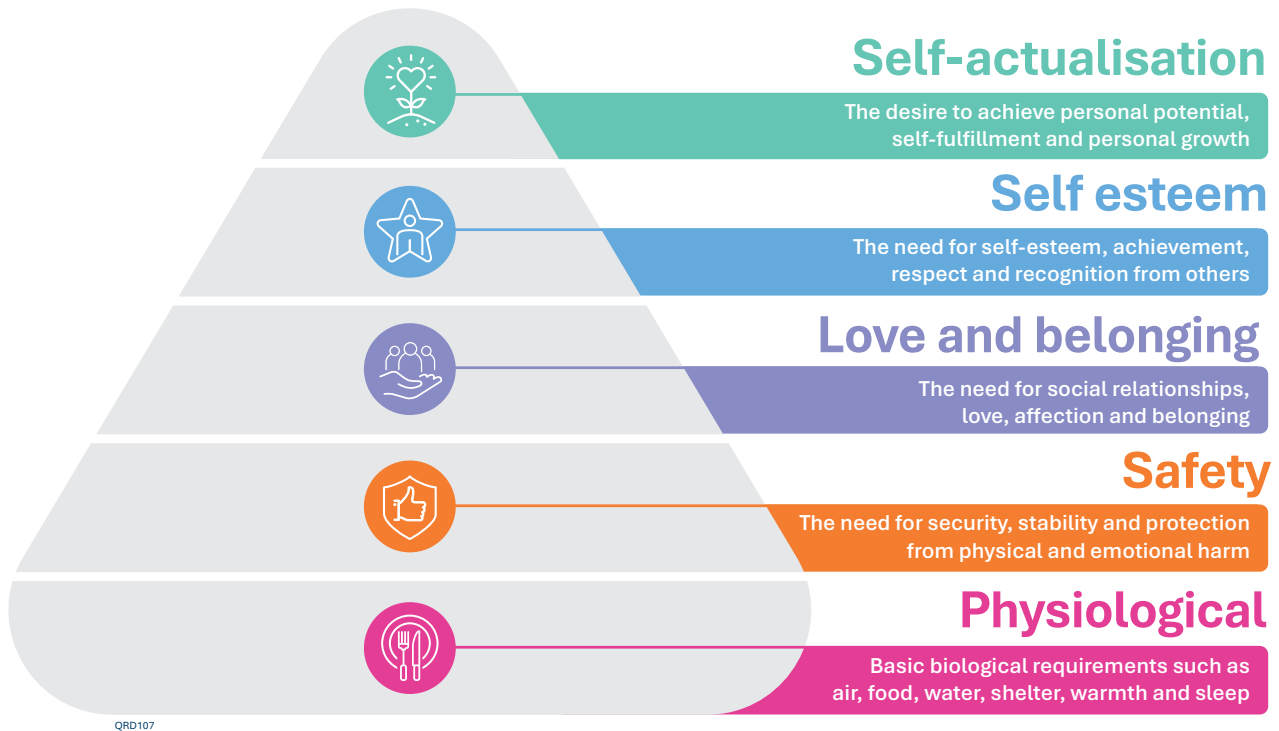
People can also be seen to be “at risk of homelessness” if they are in danger of losing their accommodation or experiencing one or more of a range of factors (such as financial strain, housing affordability stress, inadequate or inappropriate accommodation), that can contribute to homelessness.

Salvation Army Major Brendon Nottle believes that “homelessness” is distinctly different to “houselessness”.

“There is a global acknowledgement that people do not just need a roof over their heads,” Major Nottle said. “Rather, for people to be fully human, they need a home which is safe and secure.”

You can watch the Salvation Army’s short video on the Meaning of Home [here](#).

[Maslow's Hierarchy of Needs](#) puts shelter, warmth and sleep into the basic biological needs of humans, along with food and water. Abraham Maslow, who developed his hierarchy of human motivation in the 1940s, puts these physiological needs at the base of his five-category pyramid, which moves up through safety (also impacted by lack of stable housing), love and belonging, self-esteem, and finally, personal growth and potential. Maslow argued that the absence of many of these needs could create anxiety and tension in people, particularly when they experienced more than one deficiency at the same time.



Housing supply, availability and affordability are all major issues in our society in 2025 and beyond, and we are seeing the flow-on effects to people who are experiencing this, particularly in relation to their primary health needs.

As housing insecurity can affect people from all walks of life, Murray PHN recently published an in-depth health needs assessment on homelessness, highlighting the strengths and gaps in the capacity of primary healthcare to meet the health needs of this population and to identify opportunities to improve access to services. This detailed assessment has been informed by quantitative and qualitative data for service planning, capacity building, and system coordination and integration.

Population health data on the location, demographics and health needs of people experiencing or at risk of homelessness were identified and examined, together with analysis of significant stakeholder consultations that included health service providers, housing and homelessness service providers, Murray PHN Clinical and Community Advisory Councils, medical advisors and subject matter experts.

This edited report provides Murray PHN community members with some of the key insights into the ever-present threat of housing insecurity across our regions.

Click [here](#) to access the full Health Needs Assessment.



Homelessness in our region

A reliable roof over your head is one of the basic necessities of life, along with adequate food and water, enough sleep and fresh air to breathe. The right home also provides warmth, shelter, safety and stability to those who live inside it. But homelessness can happen to anyone, so it is significant that homelessness rates in our region are growing, and it goes far beyond the issue of rough sleepers – often the visible face of homelessness.

Some people say they are just one missed pay cheque away from losing their home, while others tell us they are experiencing the impact of poor health, intimate partner violence or family separation.

In our consultations with stakeholders, they told us that population groups more likely to experience or be at risk of homelessness included young people, older people (particularly older single females), First Nations People, single parents and families, and people from culturally and linguistically diverse groups.

Also at risk are people who have recently left state care (including hospitals, out-of-home care or correctional facilities), people in overcrowded living situations or those who have issues with hoarding or squalor.

People more likely to experience higher risk of homelessness also include victim/survivors of family violence and other trauma, people with lower incomes or insecure employment and those who are socially isolated.

In the Murray PHN catchment, people affected by natural disasters (such as the 2022 and 2024 floods) also experience homelessness and dislocation.

While the numbers of people experiencing homelessness dipped during COVID-19 for a variety of factors relating to lockdowns and the increased social security safety net, the years since have seen a return to an upward trend.

The housing supply shortage and limited social housing, combined with the challenges of buying or renting an affordable home, mean that the impact of homelessness is being felt even in regional areas.

In the 2021 Census, there were 2705 people experiencing homelessness and 2297 people marginally housed in our 100,000 sq km region. This equates to a rate of **four people experiencing homelessness and three people marginally housed for every 1000 people** in the region.

Our region has a **higher proportion of people experiencing homelessness sleeping out in improvised dwellings, in supported accommodation or staying temporarily with other households**, but fewer people living in boarding houses.

Of people who were marginally housed, there was a **higher proportion of people in other improvised dwellings or marginally housed in caravan parks** than the state average, but fewer living in other crowded dwellings.

The **North West sub-region** of the Murray PHN catchment **has the highest rates of homelessness or marginally housed people**, followed by Goulburn Valley.

Four LGAs had above the catchment average rate of seven people experiencing homelessness or marginally housed people per 1000 head of population. These were **Swan Hill (20), Greater Shepparton (13), Mildura (11) and Wodonga (eight)**.

The rate of homelessness for **First Nations Peoples in the catchment was 14 per 1000** and is slightly lower than the state rate (17). However, the North West sub-region rate was higher (21).

In the 2021 Census, **10 per cent of all people who were experiencing homelessness in the Murray PHN region identified as Aboriginal and/or Torres Strait Islander**, which is higher than the state (4 per cent) and the average across all non-metropolitan areas of Victoria (8 per cent).

More males (53.9 per cent) than females (46.1 per cent) were experiencing homelessness or marginally housed in the 2021 Census, **yet more women (61.4 per cent) were SHS clients in 2022-23**. The largest discrepancy was in Specialist Housing Services (SHS) clients recorded as at risk of homelessness, with 4804 females compared to 2390 males.

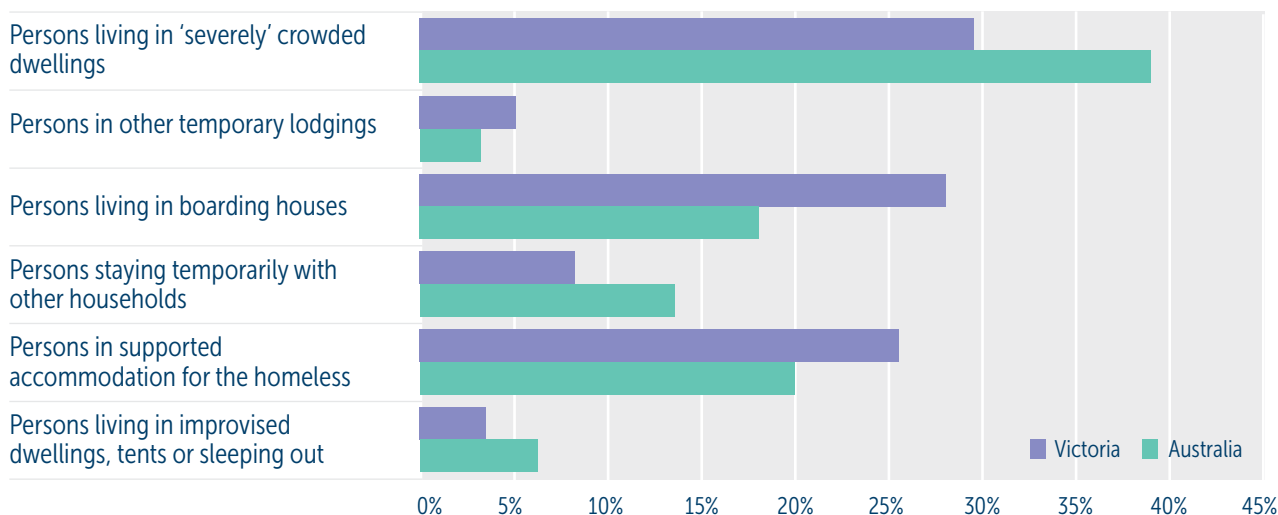
Young adults accounted for the highest proportion of people experiencing homelessness and marginally housed people, with **10.9 per cent of the total being aged 20-24 years, and almost 30 per cent aged between 15 and 29 years**.

A larger proportion of people who were marginally housed (21.4 per cent) were age 55 years and older, compared with those who were actually homeless (14 per cent).

The extent of homelessness in Australia

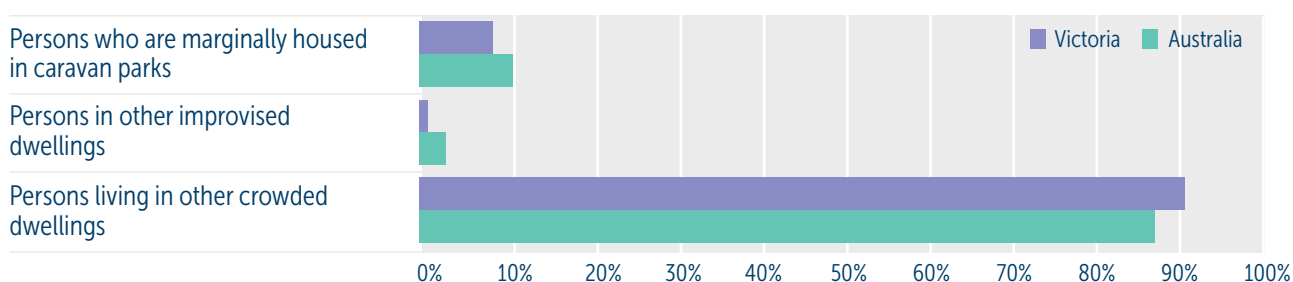
On Census night in 2021, approximately 122,488 people in Australia were recorded as experiencing homelessness: of this number, 30,602 were in Victoria (by state/Australia; ABS 2021) (see Figure 1). Another 93,186 people across Australia were recorded as being in marginal housing, 21,307 of whom lived in Victoria (by state/Australia; ABS 2021) (see Figure 2).

FIGURE 1: PROPORTIONAL DISTRIBUTION OF PEOPLE RECORDED AS EXPERIENCING HOMELESSNESS ACROSS THE SIX 'HOMELESS' OPERATIONAL GROUPS IN THE 2021 CENSUS



Source: ABS (2021). Public data: accessible to all audiences

FIGURE 2: PROPORTIONAL DISTRIBUTION OF PEOPLE RECORDED AS EXPERIENCING HOMELESSNESS ACROSS THE THREE 'MARGINALLY HOUSED' OPERATIONAL GROUPS IN THE 2021 CENSUS



Source: ABS (2021). Public data: accessible to all audiences





HEALTH AND HOMELESSNESS

The lack of safe, secure and stable housing, along with complex psychosocial factors, a lack of nutrition and hydration are some of the factors that contribute to poor health in people experiencing or at risk of homelessness in Victoria.

Common health conditions in this population can include mental illness, alcohol and other substance use disorders, chronic illness and cardiovascular disease. They commonly experience dental health problems, feet and leg issues, skin conditions, and respiratory and eye conditions.

Census data about self-reported, long-term health conditions shows that close to half of the at risk or homeless population in Murray PHN region report at least one long-term health condition, and in all but one condition (dementia), the rates in the Murray PHN region were higher than the state.

Two of the most pressing health needs, mental health issues and alcohol or other drug use disorders, both have a complex relationship with homelessness. Mental illness and alcohol and other drug problems may contribute to someone experiencing or becoming homeless, and a lack of stable, safe and functional housing may impact on someone's ability to effectively manage these health problems.

The number of people seeking support increased an average rate of 4.5 per cent between 2014 and 2019. During the COVID pandemic, numbers dropped in part because of the increased level of emergency and short-term accommodation provided to people experiencing homelessness and because people were unable to leave unsafe or inadequate housing due to lockdowns and other issues. Since 2021, these numbers have started to rise again.

A review of available data demonstrated that the LGAs in the Murray PHN catchment with the highest level of health needs for people experiencing or at risk of homelessness are Greater Shepparton, Mildura, Greater Bendigo, Swan Hill and Campaspe.

Overall, the rates of self-reported long-term health conditions in the 2021 Census were higher in people experiencing homelessness or marginally housed people in the Murray PHN catchment compared with the state.

The most common health issues reported in the Census by people experiencing homelessness or marginally housed populations were mental health conditions (127 per 1000 people), asthma (80), arthritis (57), diabetes (37) and heart disease (29). The rates in the Murray PHN catchment were all higher than the state average for each of these conditions.

Rates of self-reported long-term health conditions were highest in North East and Central Victorian sub-regions and lowest in the North West.

Mental health was the most prominent health issue reported in our stakeholder consultations, with alcohol or other drug dependence being prominent and often linked with mental ill-health.

Dental health was of concern, with treatment difficult to access and often not sought until people experience significant pain.

Other wellbeing issues related to insecure housing raised by stakeholders included social isolation, being victims of violence or other crimes, environmental exposure, women's and reproductive health, and difficulties adhering to prescribed medication plans.

Premature ageing and early mortality were also reported by stakeholders as common issues. In fact, late last year the Australian Institute of Health and Welfare (AIHW) produced a report that highlighted the huge gap in life expectancy and mortality rates among people experiencing homelessness. While the average life expectancy in Australia is 83 years, the average age of death in the homeless population was 46, with the main causes of death being suicide and accidental poisoning, including drug overdoses.

Rates per 1000 people of health conditions in people who are experiencing homelessness or marginally housed

Health condition	Murray PHN region					Victoria
	Central Victoria	Goulburn Valley	North East	North West	Total	
Arthritis	82	56	65	31	57	36
Asthma	91	73	103	64	80	62
Cancer (including remission)	21	14	24	14	18	10
Dementia (including Alzheimer's)	3	3	0	0	3	3
Diabetes (excluding gestational diabetes)	42	45	25	17	37	32
Heart disease (including heart attack or angina)	21	31	31	14	29	19
Kidney disease	13	2	4	4	9	6
Lung condition (including COPD or emphysema)	8	26	22	14	20	13
Mental health condition (including depression or anxiety)	163	125	147	73	127	92
Stroke	12	9	3	5	10	6
Any other long-term health condition(s)	92	56	98	44	65	57
No long-term health condition(s)	518	586	489	616	550	603
Not stated	172	161	216	178	178	187



Why healthcare is an issue for people who don't have stable housing

Competing priorities

When people are living in unstable circumstances, they are often existing in 'survival mode,' meaning that immediate needs such as food and shelter take priority over everything else.

Health concerns may only be acted on at a crisis point or when in pain, which can make accessing primary healthcare in a timely manner difficult.

Once the initial problem settles, people may have other priorities that prevent ongoing and follow-up treatment, resulting in poorer health outcomes.

Distance and transport

Many people on lower incomes or at risk of homelessness may be living on the fringes of larger cities or in small towns, so travel distances to health services may be increased.

Invisible barriers to access

Stakeholders reported that the clinical look and feel of many mainstream healthcare settings can feel unwelcoming and/or unsafe to this population group. Previous negative experiences of healthcare might also contribute substantially to this population's capacity to engage in primary healthcare.

Establishing rapport and building a trusting relationship between service providers and the person experiencing homelessness is often key to providing high-quality healthcare. It was frequently reported that a lack of these connections between people experiencing or at risk of homelessness and mainstream primary healthcare workers was a major barrier to healthcare access. A lack of continuity of care was also cited as a barrier.

Common barriers to accessing healthcare were practical issues such as:

- **lost or non-existent identification documents or Medicare card**
- **no access to a telephone or fixed address for communications**
- **lack of secure place to store belongings while attending appointments**
- **inability to safely store medications, particularly those that need refrigeration**
- **lack of access to shower or laundry facilities, making it difficult to access services without experiencing stigma**
- **costs of services such as gap payments**
- **lack of transport and/or cost of transport.**

Stakeholders reported a common scenario of people seeing a new GP each visit and different treatment decisions being made or advice given. That patients tell their story multiple times can be frustrating, confusing and contributes to a further lack of trust and unwillingness to engage with services when needed.

Untreated or inadequately managed mental health and substance use problems were also identified as significant barriers to accessing care and some policies in health settings unintentionally exclude this group from getting the care they need. One example was given of a health provider having a 'three strikes and you're out' policy for inappropriate or aggressive behaviour that essentially 'locks' people out of any future service.

Finding safe discharge destinations

Discharge destinations from hospitals and other residential facilities are important for primary care coordination and prevention. Hospitals discharging people back into homelessness was an expressed concern, highlighting an established duty of care, similar to discharge from other state care systems such as justice/corrections and out-of-home care.

A hospital-based provider in the Goulburn Valley sub-region noted that despite the determined efforts of staff, the lack of refuge beds or supported and temporary accommodation meant that sometimes staff had no choice but to discharge people into unstable housing or onto the streets. This situation likely contributes to higher rates of hospital readmissions, as often patients return within weeks.

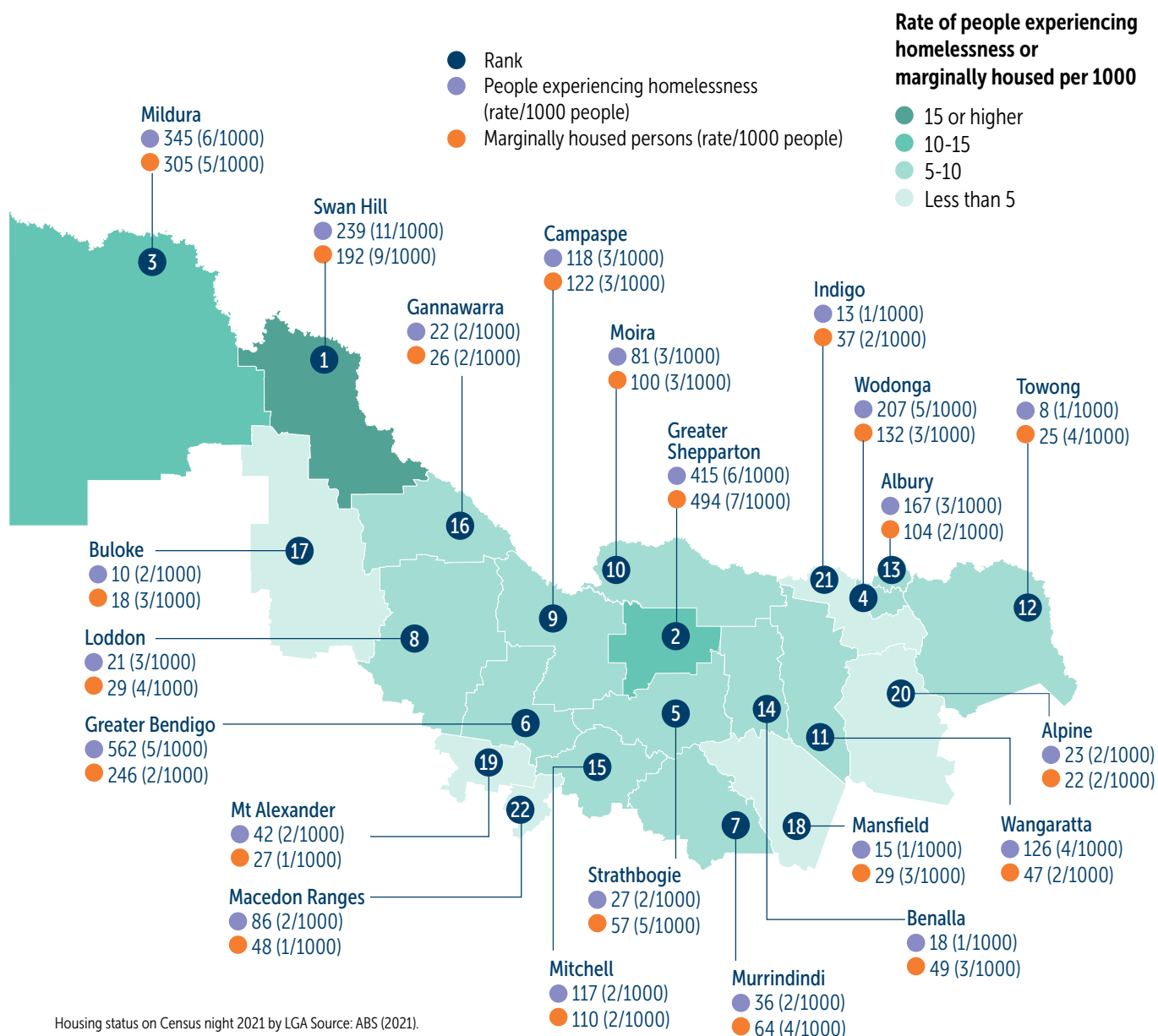
Access to housing supports health

Stakeholders emphasised the importance of adequate housing in improving health outcomes, and there is robust evidence supporting Housing First initiatives (best practice for providing sustainable housing for people who have experienced long term or recurring homelessness).

Some examples of Housing First initiatives in the Murray PHN region include the state-funded Education First Youth Foyers. The Shepparton Foyer is delivered in partnership by Berry Street, Beyond Housing and GOTAFE. Another foyer, set to open in Wodonga in 2025, is a partnership between Junction Support Services, Beyond Housing and Wodonga TAFE.

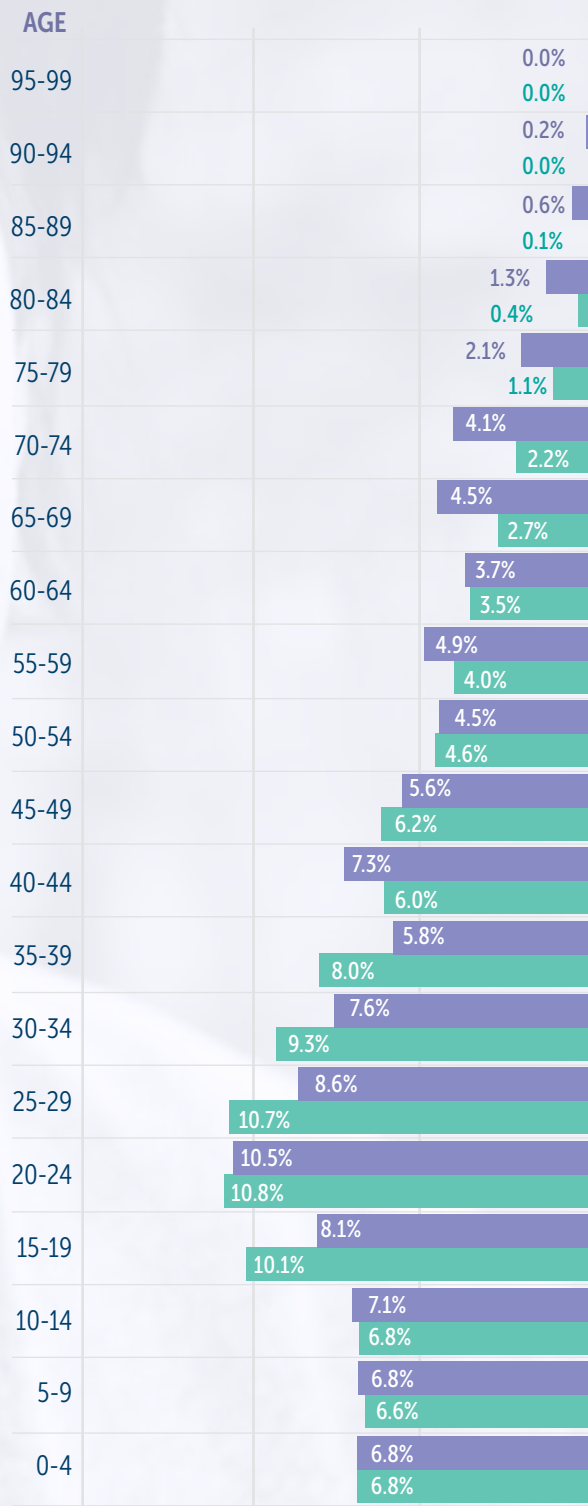
Stakeholders noted the importance of these programs in enhancing the overall health and wellbeing of people experiencing or at risk of homelessness, while also noting that demand far exceeds supply. Other notable programs reported to prevent homelessness include the Tenancy Plus support program and the Sustaining Tenancies at Risk (STAR) program.

Where people experience homelessness



HOMELESS AT ANY AGE

The age of people who are experiencing homelessness or at risk of homelessness is skewed towards young adults, with just over one third of this population (36.5%) being between the ages 10 to 29 years old.



People who are marginally housed

People experiencing homelessness

Population age profile people experiencing homelessness vs marginally housed in the Murray PHN region
Source: ABS (2021).

The role of family violence in homelessness

In 2022-2023, more than 5000 family violence victim/survivors were assisted at family violence (FV) specialist agencies for women and children (specialist FV service clients) in the Murray PHN region. The rate of specialist FV service clients was higher across the Murray PHN region compared to the state.

Eight of the 22 Murray PHN LGAs had rates higher than the state, with rates in Mildura and Swan Hill being higher than the catchment or state rates (by LGA; AIHW, 2022-23).



Rank	LGA*	Client count	Rate per 100,000 population
1	Mildura	1382	2403
2	Swan Hill	347	1637
3	Greater Shepparton	681	980
4	Buloke	59	969
5	Wodonga	408	921
6	Gannawarra	81	771
7	Campaspe	284	734
8	Greater Bendigo	880	708
9	Moirā	156	508
10	Mitchell	277	508
11	Murrindindi	76	488
12	Benalla	61	419
13	Loddon	32	413
14	Wangaratta	110	365
15	Mount Alexander	66	321
16	Alpine	34	257
17	Towong	15	242
18	Strathbogie	28	239
19	Indigo	41	233
20	Macedon Ranges	84	159
21	Mansfield	7	66
-	Albury	N/A	N/A
	Murray PHN total count	5109	-
	Murray PHN average LGA rate	-	635
	Victoria average LGA rate	-	518

Specialist FV service clients in Murray PHN LGAs in 2022-23 financial year. Source: Crime Statistics Agency (Victoria) (2022-23). Pink highlights indicate LGA rates above the state average rate. LGAs ranked by rate.

REGIONAL PROFILES

Central Victoria

The Central Victoria sub-region within the Murray PHN catchment covers six LGAs and has the greatest proportion of the catchment population, with a total population of approximately 250,000 people. Close to half this sub-region's population live in and around the regional city of Bendigo, with many other towns and rural communities spread across the area, from the Macedon Ranges in the south, to Gannawarra and Campaspe LGAs in the north along the Murray River.

Rank	LGA	Count (persons)			Rates per 1000		
		Homeless	Marginally housed	Total	Homeless	Marginally housed	Total
1	Greater Bendigo	562	246	808	5	2	7
2	Loddon	21	29	50	3	4	6
3	Campaspe	118	122	240	3	3	6
4	Gannawarra	22	26	48	2	2	5
5	Mount Alexander	42	27	69	2	1	3
6	Macedon Ranges	86	48	134	2	1	3
Total Central Victoria		851	498	1349	3	2	5

People who are homeless or marginally housed by LGA in the Central Victoria sub-region Source: ABS (2021).

Goulburn Valley

The Goulburn Valley sub-region comprises of five LGAs and has a population of approximately 170,000 people. Several communities in the Goulburn Valley have been affected by natural disasters in recent years, including floods in Shepparton and Rushworth in 2022, which displaced many residents causing property damage and homelessness, creating pressure on local housing stock availability and increasing rent causing forced relocation.

Rank	LGA	Count (persons)			Rates per 1000		
		Homeless	Marginally housed	Total	Homeless	Marginally housed	Total
1	Greater Shepparton	415	494	909	6	7	13
2	Strathbogie	27	57	84	2	5	7
3	Murrindindi	36	64	100	2	4	7
4	Moirā	81	100	181	3	3	6
5	Mitchell	117	110	227	2	2	5
Total Goulburn Valley		676	825	1501	4	5	9

People who are homeless or marginally housed by LGA across the Goulburn Valley sub-region Source: ABS (2021).



North East

The North East sub-region in the Murray PHN catchment covers eight LGAs, with a total population of almost 200,000 people. Around half of this region's population live in and around the twin regional cities of Albury and Wodonga, which are separated by the Murray River and the NSW/Victoria state border. The North East sub-region includes diverse regional and rural communities, and encompasses the eastern part of Victorian highlands and ski fields, which are major tourist attractions and experience an influx of workers and travellers during the winter months.

A unique challenge in the North East is the cross-border context, as residents in Albury and Wodonga access services interchangeably in both cities. There is a clear need for better coordination and integration of service provision and funding allocation across geographical boundaries to ensure continuity of care for people experiencing homelessness.

Rank	LGA	Count (persons)			Rates per 1000		
		Homeless	Marginally housed	Total	Homeless	Marginally housed	Total
1	Wodonga	207	132	339	5	3	8
2	Wangaratta	126	47	173	4	2	6
3	Towong	8	25	33	1	4	5
4	Albury	167	104	271	3	2	5
5	Benalla	18	49	67	1	3	5
6	Mansfield	15	29	44	1	3	4
7	Alpine	23	22	45	2	2	3
8	Indigo	13	37	50	1	2	3
Total North East		577	445	1022	3	2	5

People who are homeless or marginally housed by LGA across the North East sub-region Source: ABS (2021).

North West

The Murray PHN North West sub-region covers three LGAs of Buloke, Mildura and Swan Hill and has an estimated total population of 84,500 people. Some rural towns within the North West, including Robinvale, have transient and migrating population groups, which means that official statistics such as those in the Census can underestimate the actual residential population (Geografia, 2019).

Rank	LGA	Count (persons)			Rates per 1000		
		Homeless	Marginally housed	Total	Homeless	Marginally housed	Total
1	Swan Hill	239	192	431	11	9	20
2	Mildura	345	305	650	6	5	11
3	Buloke	10	18	28	2	3	4
Total North West		594	515	1109	7	6	13

People who are homeless or marginally housed by LGA across the North West sub-region Source: ABS (2021).





HELP AND SUPPORT

Support from specialist homelessness services (SHS)

In the 2022–23 financial year, 273,648 people across Australia were recorded as seeking support from SHS. Of these, just more than 98,000 sought assistance in Victoria (by state/Australia; AIHW 2022–23).

There are many reasons for people to seek support from a specialist homelessness service, however there is no available data on this at an LGA level. Statewide data for Victoria provides insight into reasons why people may seek assistance from local services.

More than half of people seeking assistance are experiencing financial and/or housing shortage and relationship issues, with a quarter experiencing health problems, demonstrating the complexity of their situations.

Reasons for seeking assistance in Victoria

Reason for seeking assistance		Males	Females	Total clients (N)	Total clients (%)
Financial		23,734	31,070	54,804	56.1%
Accommodation		23,777	27,285	51,062	52.2%
Interpersonal relationships	Sexual abuse	307	1,640	1,947	2.0%
	Family and domestic violence	10,166	29,042	39,208	40.1%
	Non-family violence	1073	1558	2631	2.7%
	Total	15,688	34,332	50,020	51.2%
Other		18,284	18,211	36,495	37.3%
Health	Mental health issues	7741	10,207	17,948	18.4%
	Medical issues	4369	5298	9667	9.9%
	Problematic drug or substance use	3476	2568	6044	6.2%
	Problematic alcohol use	1322	760	2082	2.1%
	Total	10,912	13,128	24,040	24.6%
Not stated		311	274	585	-

Reasons for clients seeking assistance from a SHS in Victoria (*clients may indicate more than one reason*) Source: AIHW (2022–23).

What Murray PHN can do to help

The key recommendations from our Health Needs Assessment include:

	Commission tailored models of care to enhance primary healthcare access for people experiencing or at risk of homelessness in key areas of identified need.
	Support and advocate for strategies and services that improve access to mainstream primary healthcare services and encourage flexible models of care.
	Strengthen existing health navigation services and build capacity with the non-health sector to support equitable access to health services.
	Support and facilitate collaboration and communication between healthcare providers and other non-health service providers to strengthen and build coordinated cross-sector systems that support equitable access to primary healthcare.
	Provide workforce development and support capacity building activities that improve understanding of homelessness and the impacts on health and healthcare access.
	Advocate for and support partnerships to improve housing for priority groups.
	Above all, we need to demonstrate empathy – to listen to and seek to understand experiences of stigma, discrimination and racism within healthcare systems.

Murray PHN projects

In 2024, Murray PHN issued a tender for three dedicated services in the region to be established through the Australian Government's Homelessness Access to Primary Health Care Program. Bendigo Community Health Services and Wyndham House Clinic in Shepparton provide people with direct access to no-cost primary care with a GP or nurse practitioner, with Wyndham House Clinic providing care offsite at a local housing and community support service to make it easy for people to get the care they need. The third, Junction Support Services, strengthens relationships with local services to understand health needs and enhance service integration and referral pathways, with some funding able to be provided to people to help reduce the cost of items such as prescription medicines and travel to appointments.

CASE STUDY - Providing wrap around care for a woman with complex needs

Bendigo Community Health Services, through their Murray PHN funded service, recently assisted a middle aged woman who was unemployed, had experienced homelessness for some time and not seen a regular health professional for more than four years.

The woman presented with multiple and complex presentations, including poor oral hygiene, a dual diagnosis of mental health and substance use issues, and Hepatitis C on blood screening. Due to not having had regular health checks, there was a lack of documentation on her medical history and health conditions.

While some services were hard to coordinate, due to the woman's memory problems and not owning a mobile phone, she successfully completed three months of hepatitis medication, had her teeth removed and dentures

fitted, was referred to a GP for ongoing and mental health support, and was assisted with and successful for a disability support pension.

Despite the complexities of the woman's situation, all the health professionals involved in her care found her pleasant to work with. The healthcare professional involved in her care attributes not having expectations or judgment, particularly when it came to missed appointments, meant the woman was able to build trust with the worker to overcome many obstacles and had better adherence to treatment to improve her health. Also, the ability to speak on behalf of the person to another service prior, helped reduce stigma and increase understanding to improve the experience for all involved.

CASE STUDY - LMARG Aboriginal Youth Project

The Loddon Mallee Aboriginal Reference Group (LMARG) has set a target to reduce homelessness among Aboriginal youth (aged 10-17 years) within the Murray PHN catchment. LMARG collaborates with various Aboriginal organisations, including Bendigo & District Aboriginal Co-operative, Mallee District Aboriginal Services, Murray Valley Aboriginal Cooperative and Njernda Aboriginal Corporation. Additionally, it partners with Murray PHN and health service providers, such as Bendigo Health, and state government agencies including the Department of Education, the Department of Families, Fairness and Housing (DFFH), the Victorian Department of Health, and the Department of

Justice and Community Safety, as well as the National Institute for Aboriginal Australians (NIAA).

LMARG assists in advising various services related to children, including education, mental health support, alternatives to youth detention, increased access to primary health services, employment support, guidance and other opportunities. In its efforts to address homelessness, LMARG works closely with DFFH and has proposed to introduce care alternatives for Aboriginal young people with short and longer-term needs, such as cottage homes supported by the Regional Housing Fund and Housing First model. (LMARG. [2024]. LMARG Aboriginal Youth Project Implementation Plan)

CASE STUDY - Supporting an older man at risk of homelessness

Housing Justice, part of Arc Justice in Bendigo, worked with an older man at significant risk of homelessness who was also managing health issues, including mental illness and cataracts. Though he was housed, he felt unsafe in the housing complex where he lived, and this was compromising his housing security. The Housing Justice team collaborated with him to connect with support services, including Vision Australia to address his vision impairment. They successfully arranged surgery for one eye, improving his vision and mobility.

However, logistical challenges remained, and the client required other practical support such as arranging transportation for medical appointments and post-operative care. The absence of a support network further complicated his ability to follow crucial post-surgery care instructions. This highlights the need for comprehensive support services for older, isolated individuals in similar situations.

CASE STUDY - A holistic approach to addressing the needs of people experiencing homelessness

In response to the rise in homelessness during the COVID-19 pandemic, MADCOW (the acronym for Make a Difference, Change our World) was established as a charity in 2020. Supported by philanthropic contributions, the initiative of Bendigo Baptist Community Care launched a community 'hub' and homelessness cafe in the Bendigo CBD, offering essential services such as showers, storage, laundry, kitchen and dining spaces, and clinical facilities. The hub serves hot meals, as well as coffee and desserts to dozens of individuals daily.

MADCOW addresses basic needs like hydration, food and social connection, while fostering relationships built on

trust, stability and positive role modelling. The hub also has a support team with various health professionals, community workers and volunteers who offer regular, low-pressure supports, further reinforcing MADCOW's role as a trusted community resource.

MADCOW's 'Beyond the Café' program expands this support by helping individuals define and pursue their own goals, offering pathways to volunteering, employment and housing. This holistic approach highlights MADCOW's commitment to addressing homelessness through community support, meeting basic needs and empowerment.

CASE STUDY - Enhancing healthcare access for people through outreach and integration

In response to the healthcare access challenges faced by at-risk populations, innovative strategies have emerged, including the successful 'Jabber the Bus' outreach vaccination initiative in the Goulburn Valley during the COVID-19 pandemic. Jabber enabled vaccine delivery to people sleeping rough at known camp and street locations. Stakeholders have recommended expanding outreach efforts, recognising the need for services to reach individuals who cannot access traditional healthcare settings.

Strengthening collaboration between services and identifying local community champions is key to improving integration and referral pathways. Suggestions include creating outreach hubs as one-stop centres and tenancy support programs that could facilitate healthcare access. Additionally, participants highlighted the need for a cultural shift within healthcare settings to allow for longer appointments for people with complex needs. Encouraging clients to book longer appointments with primary care providers was also recommended.

CASE STUDY - Addressing the challenge of storing belongings in Wangaratta

A critical challenge for the homeless population is the safety of their belongings while attending appointments. In Wangaratta, an innovative but limited solution has emerged, where some people experiencing homelessness leave their items at the local library while running errands or attending medical appointments. Recent initiatives,

including a fundraising collaboration between Wangaratta Council and a local high school, led to the installation of lockers near essential facilities such as laundries. However, the absence of a dedicated strategy to address this issue across the whole region raises questions about the broader approach.

CASE STUDY - Barriers to primary healthcare for a person with unmet mental health needs

A homelessness outreach support worker in Central Victoria recounted the story of assisting a male client in his 20s, which highlighted the challenges in accessing primary healthcare for individuals experiencing homelessness and mental health issues.

The worker built a rapport with the man, learning over time that he had been diagnosed with schizophrenia and other mental health conditions, but had not received his prescribed antipsychotic depot injections for around six months. After gaining the client's trust, the worker was able to support him to reconnect with mental health services and access the medications he needed.

Initially, the worker contacted the local public mental health service that had previously treated the client.

However, they were informed that the client had 'disengaged' from care and was no longer listed as an active patient. The worker then reached out to the regional mental health triage service but was told that, because the client didn't pose an immediate risk of suicide or self-harm, he should seek mental healthcare through a general practitioner (GP).

The worker attempted to schedule an appointment with the GP clinic where the client had previously been a patient and was told that the client was no longer "on the books" and that the clinic was not accepting new patients. After some persistence, the worker was able to locate a different bulk-billing GP willing to take on the client's care, allowing him to finally access the necessary medications and treatment.

Listening to our stakeholders

This report has been produced using population health data from a range of sources; generally those released in the last five years. We also used key health and service needs data sources including the Australian Bureau of Statistics (ABS), the Australian Institute of Health and Welfare (AIHW) and the Crime Statistics Agency (Victoria). But stakeholder consultations were vital in providing us with the “on-the-ground” issues that are specific to various parts of our region.

Consultation and engagement for this analysis involved 34 organisations, subject matter experts, clinical and community advisory councils and medical advisors, in person and in online focus groups, as well as some semi-structured interviews.

Theme	Barriers
Services not meeting the needs of the homeless population	• Difficulty navigating services • Lack of support for complex cases • Lack of capacity in the health system • Long wait times for services, due to workforce shortage or infrastructure capacity or capability shortage
Practical barriers	• Cost of services • Problems with or loss of ID/documents • Distance to services or physical barriers • Unable to prioritise healthcare e.g. lack of housing stability • Other practical barriers e.g. nowhere to store personal belongings
Stigma and emotional barriers	• Stigma or social isolation • Lack of trust • Previous negative experiences with healthcare services • Person declining appropriate care • Culturally unsafe services
Mental health and/or AOD use	• Mental health issues making it difficult to engage • AOD use impacting engagement or access
Consequences of barriers to accessing appropriate care	• Use of emergency department for non-emergency care



Priority groups identified in stakeholder consultations

The population groups prioritised by stakeholders in the Murray PHN catchment closely reflect priority groups in Victoria and Australia.

Stakeholders noted that it is important not to overlook the less visible homeless or at-risk populations that are often living in unstable or insecure housing as *"they are often unknown to services so can be particularly hard to reach and/or support"*.

During the stakeholder consultations, discussion continually returned to the problems faced by the homeless populations with less focus on system strengths or possible solutions. This likely reflects the considerable challenges and injustices that people experiencing or at risk of homelessness have in accessing mainstream health systems and suggests that health needs are not being met.

Category	Description
Demography 	• Young people • Single parents and families • Older people including older single women
Cultural background 	• First Nations Peoples • Culturally and linguistically diverse population groups • People with a refugee or migrant background
Socio economic or other marginalisation 	• Low-income earners • Victims/survivors of family violence • People with trauma history • Socially isolated • Veterans (including younger veterans) • Unemployed or struggle to find and keep steady jobs
Living situation 	• Are in overcrowded living situations • People leaving state care (including prisons, out-of-home care and health services) • People in areas affected by natural disasters such as recent floods (people who lost homes, but also those affected by resulting house rental increases) • People who rent or are in insecure housing, especially people who: – struggle with issues of hoarding and/or squalor; or – have dearly loved companion animals/pets as they limit housing options
Health issues 	• People experiencing mental illness and/or AOD problems • People with disabilities and/or chronic illness • People with cognitive impairment such as intellectual disability or acquired brain injury

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