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CENTRAL AND
EASTERN SYDNEY

An Australian Government Initiative

HEALTH AND WELLBEING OF PEOPLE IMPACTED BY HOMELESSNESS

2025-2027 Needs Assessment

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Overview

On Census night in 2021, 11,496 people experienced homelessness in CESPHN, equating to 35% of the state's homeless population (1). Homelessness is influenced by complex interplay of social, economic, and health-related drivers and contributes to poorer health, exacerbation of mental and emotional health issues, an increased risk of injury due to violence, and greater difficulty in managing chronic health conditions.

The CESPHN region has the highest proportion of homelessness in the NSW with large numbers of people sleeping rough in the City of Sydney and Inner West council regions. The CESPHN region also has the highest number of boarding houses in NSW along with some of the highest numbers of people from the list of National priority homelessness cohorts, which include youth, older adults, and Aboriginal and Torres Strait Islander peoples.

The Specialist Homelessness Services program is the primary NSW government response to homelessness, providing a wide range of supports to people experiencing, or at risk of homelessness. In 2022-23, Specialist Homelessness Services in CESPHN provided support to over 8,000 people experiencing, or at risk of homelessness, representing approximately 13% of all Specialist Homelessness Services delivered across NSW (2).

As evidenced by demographic and epidemiological data and consultation with health, housing, and homelessness providers and consumers highlighted there has been progress in many key areas, but further supports are required to address the unmet health needs of people experiencing and at risk of homelessness in our region. The following key needs and gaps for the CESPHN region were identified:

Key issues

- Access to affordable primary health care services
- Upskilling of the primary care workforce
- Enhanced data capture methodologies are required to capturing clients, prioritise needs, and improve the overall service system.
- Strengthened collaboration between housing providers, specialist homelessness service providers and health service providers based around a housing first approach
- Embedding of primary health care services with housing and specialist homelessness support services
- Need for more localised place-based responses for priority homelessness cohorts, e.g. Aboriginal people and those leaving correctional centres.

Key gaps

- Integration of the health, housing and homelessness service system
- Access to homelessness friendly GPs, pharmacists, allied health, dentistry, mental health, and drug and alcohol detox and support services
- Access to post-crisis mental health and drug and alcohol detox and support services
- Capacity of workforce to deliver respectful and person-centred care
- Geographic location and spread of Specialist Homelessness Services with most providers working in the inner-city regions.
- Access to ongoing coordinated chronic care management

Central and Eastern Sydney PHN is a partner in the regional Intersectoral Homelessness Health Strategy 2020-2025 for its region, which identifies shared strategic priorities for improving health outcomes among people experiencing homelessness. Key action areas of this strategy have been reviewed and consolidated into the CESPHN Needs Assessment. Conversely, gaps identified from

the Needs Assessment will be used to inform and update the regional Intersectoral Homelessness Health Strategy 2020-2025.

CESPHN homelessness profile

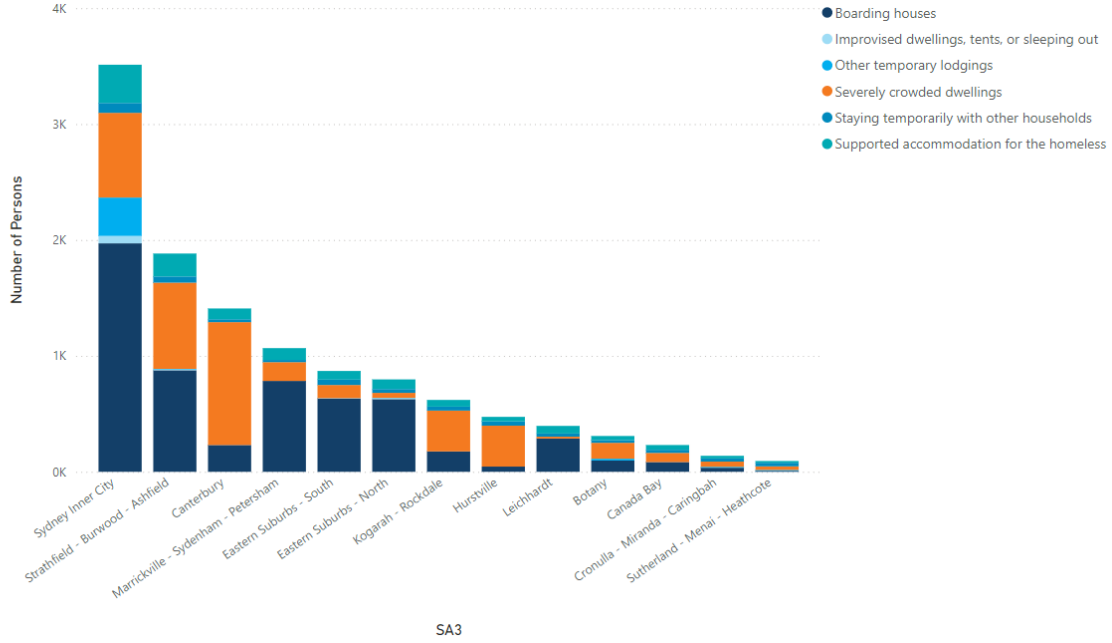
On Census night in 2021, approximately 11,496 people in the CESPHN region were estimated to be experiencing homelessness in the Central and Eastern Sydney region. This equates to approximately 32% of the State's homeless population of 35,011 people, and just under 10% of the National homeless population of 122,494 (1).

Table 1: Homeless operational groups by place of enumeration by SA3, CESPHN region, 2021

SA3	People living in improvised dwellings, tents, or sleeping out	People in supported accommodation for the homeless	People staying temporarily with other households(d)	People living in boarding houses(e)	People in other temporary lodgings(e)	People living in 'severely' crowded dwellings(f)	All homeless persons
Bayside	6	62	22	28	0	27	147
Botany	0	35	24	97	16	137	316
Canada Bay	0	41	27	84	0	79	231
Canterbury	0	93	25	231	0	1,060	1,408
Cronulla - Miranda - Caringbah	0	23	27	35	8	45	142
Eastern Suburbs - North	7	83	33	627	4	43	802
Eastern Suburbs - South	3	75	46	633	0	113	868
Kogarah - Rockdale	0	58	34	176	0	352	623
Leichhardt	0	66	27	287	0	16	400
Marrickville - Sydenham - Petersham	0	102	19	784	0	162	1,069
Strathfield - Burwood - Ashfield	6	198	53	876	6	744	1,882
Sutherland - Menai - Heathcote	0	15	31	9	7	31	103
Sydney Inner City	64	330	85	1,971	331	731	3,505

Source: ABS Homelessness, 2024

Figure 1: Homeless operational groups by place of enumeration by SA3, CESPHN region, 2021

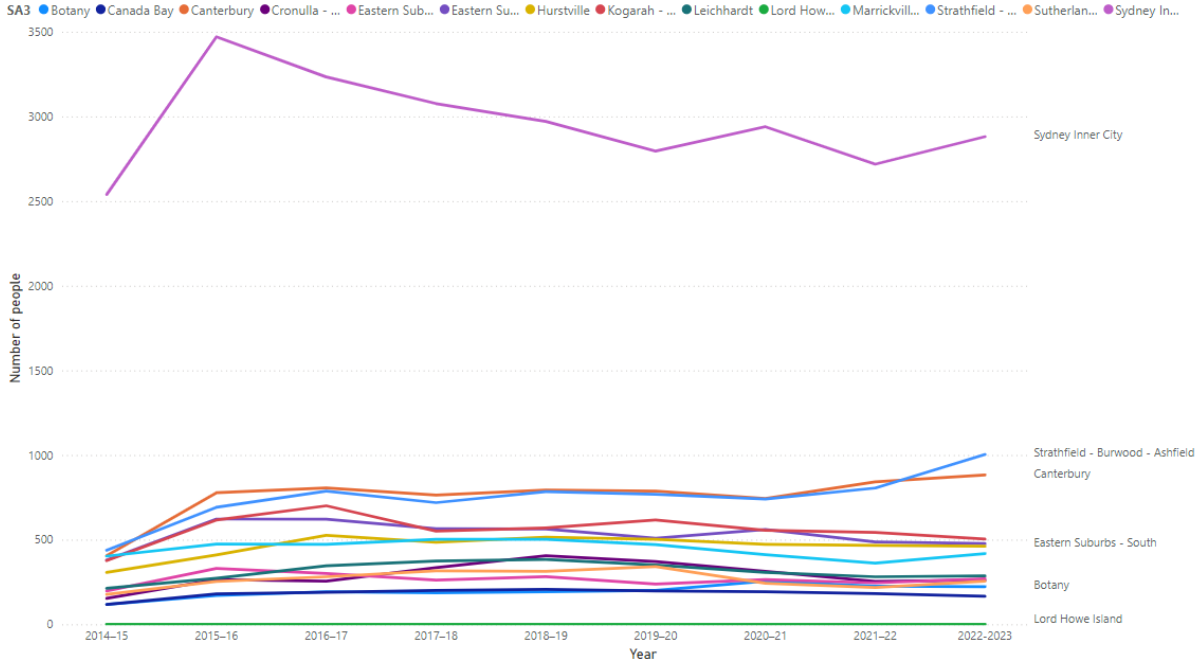


Source: ABS Homelessness, 2024

The number of people experiencing homelessness in CESPHN has remained relatively stable over the period 2013/4 – 2022/23. Of note:

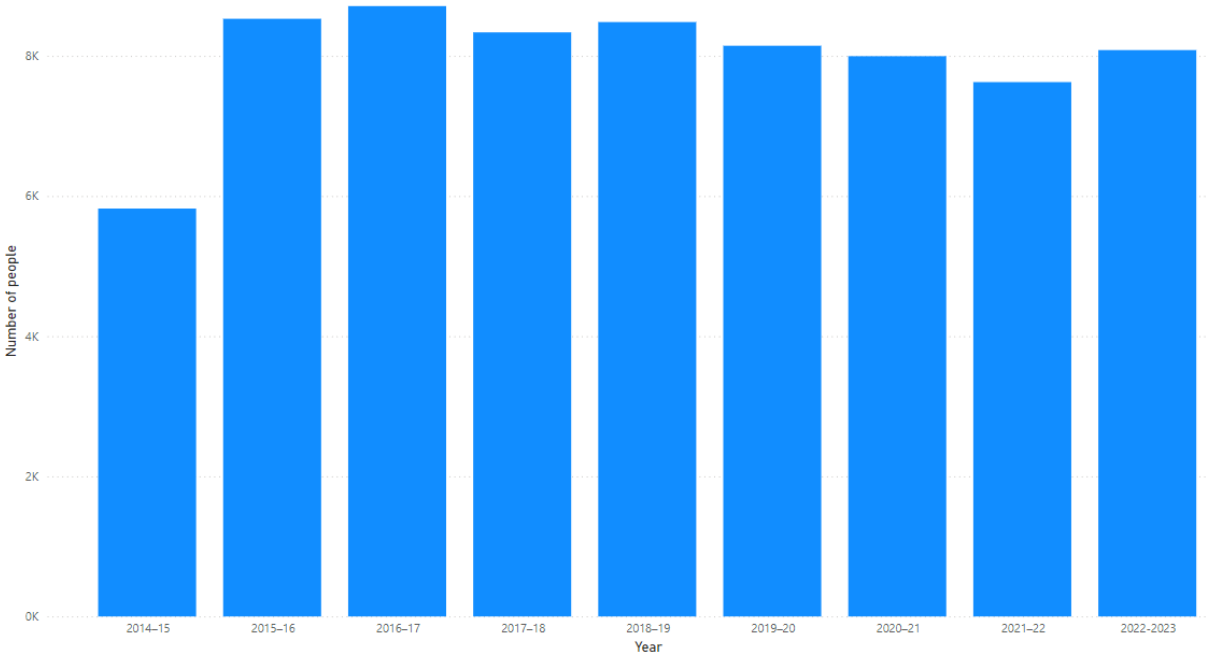
- The highest rates of homelessness for this region were in the Inner-City area (37% of the population experiencing homelessness), followed by the Strathfield-Burwood-Ashfield area (15%).
- Rough sleeping was most common in the Inner City of Sydney but makes up only 5% of people experiencing homelessness in the region.
- Ten percent (10%) of those experiencing homelessness across the region were residing in supported crisis accommodation on the night of the Census.
- People residing in Boarding Houses make up a sizeable portion of people experiencing homelessness in both the Inner West and Inner City (24% in total) and account for over half of those experiencing homelessness in the Eastern Suburbs (59%) and
- People living in 'severely' overcrowded dwellings form the most common experience of homelessness across most areas. Twenty two percent (22%) of the regional total was in the Inner City and Strathfield, Ashfield, and Burwood areas.

Figure 2: Number of people experiencing homelessness in the CESPHN region by year and SA3, 2014-2023



Source: AIHW, 2023

Figure 3: Number of people experiencing homelessness in the CESPHN region by year, 2014-2023



Source: AIHW, 2023

Priority populations in our region

People experiencing homelessness are often members of priority populations, that may not be fully met by current services. Priority populations within the CESPHN region include:

Aboriginal and Torres Strait Islander people

- This group is overrepresented in homelessness services, with 20 percent all people homeless Aboriginal and Torres Strait Islander (Census 2021) and 30 percent of people accessing SHS identifying as Aboriginal (3) (4).

People from multicultural backgrounds

- This group is particularly overrepresented in severely overcrowded dwellings such as Boarding Houses in the inner west region (5).

People with a disability

- This group is considered a priority population, with many people in this group experiencing higher levels of persistent homelessness becoming an ongoing feature of their lives (6) (7).

LGBTIQ+ people

- Members community members are more than twice as likely to experience homelessness than the rest of the population (8).

Refugees and asylum seekers

- The hardships and trauma endured by many refugees prior to resettlement coupled with their lack of financial resources means that they are often vulnerable to housing stress, insecurity and homelessness (9).

Older people

- The number of people aged 65 and older who are experiencing homelessness has been increasing, exacerbated by increasing cost of housing and rent. One in seven people (16 per cent) experiencing homelessness were aged 55 years and over (1).

Victims of Domestic Violence

- Family and domestic violence is the main reason women and children leave their homes in Australia (AHURI 2021). 43.8% of women accessing Specialist Homelessness Services in 2024 had experienced domestic or family violence (10).

Homelessness health services

Primary care is a critical site for preventative health care, early diagnosis and management of acute and chronic disease and access to specialist health care. Primary health care providers play a key role in coordinating the health care provided to individuals with complex needs, enabling patients to access the right care at the right time and place. There are a range of primary care services in the CESPHN region with a dedicated focus in providing holistic care to people experiencing homelessness. These include:

- General Practices (providing patient centred care for homelessness)
- Homeless Health Service at St Vincent's Hospital
- Aboriginal Medical Service Redfern
- Kirketon Road Centre
- Mission Australia Clinic
- Streetside Medics
- Primary health care clinics at the Matthew Talbot Hostel and the Exodus Foundation

- Primary health care outreach clinics into crisis accommodation shelters

There are several local public health initiatives in place for people experiencing homelessness. These include annual programs to:

- distribute influenza vaccines,
- targeted initiatives to address strategic priorities (e.g. hepatitis C health promotion), and
- responses to extreme weather, and
- local arrangements for managing public health emergencies such as outbreaks of communicable diseases in specialist homelessness services.

Supporting the delivery of primary health in the community in our region is linkage to specialist homelessness health hospital staff including clinicians, ward and administrative staff and health service managers from a range of clinical service streams including Emergency Departments, Mental Health, Drug and Alcohol and Social Work

Potential exists to increase the capacity of homelessness health primary care services in our region. This includes the number of greater accesses to homelessness friendly general practices, allied health, mental health and alcohol and other drug practitioners working with the homeless population particularly in areas further afield from the inner-city region.

Specialist homelessness services

Supporting the delivery primary care services and clinics across the region is a diverse and sizable Specialist Homelessness Service workforce responsible for the provision of specialist homelessness supports services for people experiencing or at risk of homelessness. These include:

- Specialist Homelessness Service providers delivering services to both specific target groups such as: older women, people experiencing family and domestic violence, refugee and migrants, youth and Aboriginal and Torres Strait Islander people
- A range of more general Specialist Homelessness Services assisting people facing housing crises

Many Specialist Homelessness Services in our region provide integrated access to primary care mental health and drug and alcohol support workers. They also report ongoing issues linking clients without a GP to a homelessness friendly GP practice for ongoing affordable primary care, particularly those who are rough sleeping.

The CESHN region contains 67% of NSWs' boarding houses (11). Within the Specialist Homelessness Service sector in our region specialist case management support to people residing in Boarding Houses in our region is provided by Newtown Neighbourhood centre.

The total number of clients who received support from the program each month in NSW has slowly increased to 23,976 clients in June 2024, with women making up 61.5% of clients during this period (2). Data as of June 2024 shows that over this time:

- 43.8% of women accessing Specialist Homelessness Services had experienced domestic or family violence
- 11.7% of clients had problematic drug or alcohol issues

The highest proportion of clients accessing Specialist Homelessness Services in our region come from the Inner City and Inner West regions. Specialist Homelessness Services in our region are operating in the inner-city region and the need for greater access to services further from the inner-city region has been reported.

Table 2: SHS clients by SA3, 2022-2023

SA3	No. clients
Marrickville - Sydenham - Petersham	418
Sydney Inner City	2881
Botany	223
Eastern Suburbs - North	269
Eastern Suburbs - South	477
Canterbury	883
Hurstville	461
Kogarah - Rockdale	504
Cronulla - Miranda - Caringbah	261
Sutherland - Menai - Heathcote	255
Canada Bay	166
Leichhardt	286
Strathfield - Burwood - Ashfield	1004

Source: AIHW, 2024

In June 2024 Specialist Homelessness Services across NSW provided a variety of services to assist people who are experiencing homelessness or who are at risk of homelessness, ranging from general support and assistance to immediate crisis accommodation.

Table 3: NSW SHS clients by client group, June 2024

Row Labels	Female	Male	Total
Number of clients accommodated in short-term/emergency accommodation	1,281	933	2,214
Number of clients financially assisted with payments for short term/emergency accommodation	103	43	146
Number of clients who are at risk of homelessness	6,912	3,753	10,665
Number of clients who are homeless	7,294	5,345	12,639
Number of clients who have experienced family and domestic violence	6,390	2,095	8,485
Number of clients with a current mental health issue	5,257	2,839	8,096
Number of clients with problematic drug or alcohol issues	826	874	1,700
Number of Indigenous clients	4,828	2,954	7,782
Number of nights in short-term/emergency accommodation	28,841	19,813	48,654
Total	**61,732**	**38,649**	**100,381**

Source: Australian Institute of Health and Welfare, 2024

Feedback from stakeholder consultation with peak bodies in June 2024 revealed that the region is experiencing issues with services being at capacity, and complex cases in which clients are experiencing multiple health and social issues. Additionally, specialist homelessness services also told of increased uptake by women between the ages of 18 to 24.

Housing

Social and supported housing providers within the CESPHN region include Homes NSW, the Aboriginal Housing Office, and a diverse range of Community housing providers. Within the CESPHN region access to social housing consists of:

- 24,741 Public housing residential dwellings and 7,082 Community housing residential dwellings across the CESPHN region accounting for 28.8% and 14.4% of all NSW Public and Community housing residential dwellings, respectively (12).
- The Aboriginal Housing Office and several Aboriginal housing providers operate within our region to provide culturally appropriate and affordable housing, and rental assistance for the Aboriginal people in our region.

The main Community housing providers of social and affordable housing in the region include:

- Bridge housing,
- Metro community housing,
- St George community housing,
- Mission Australia housing
- Women's housing company

Wait times for social housing remain high. Of general housing applicants, there is an expected minimum 5 to 10 years wait for a social housing property for allocation zones within our region.

In 2024, Applications for social housing across the CESPHN region, with the highest numbers of applicants originating from the Leichhardt/Marrickville, Inner West and St George regions (12).

Table 4: Applicants on NSW Housing register, CESPHN region, as at June 2024

Allocation zone	General Applicants, 2024	Priority Applicants, 2024
Inner City	521	195
Eastern Suburbs	894	292
Leichhardt/Marrickville	1,092	363
Canterbury	711	147
Inner West	1,256	356
Sutherland	578	168
St George	1,421	327
Riverwood	129	20
NSW	**46,904**	**9,428**

Source: Communities and Justice, 2024

There are several programs that provide rapid access to temporary accommodation housing for homeless people in our region. These include:

- The Homelessness Outreach Support Team (HOST) and the Homelessness Assertive Response Team (HART) street-based patrols fast tracking clients into temporary accommodation
- The Together Home Program which allocates high needs housing support packages to people with complex needs, including those with severe mental health conditions
- Implementation of No Exits from Government Services into Homelessness framework, which work to coordinate and focus efforts across government agencies to prevent exits into homelessness

Of note, for 6 out of 10 people in social housing where a movement from social housing to another status was recorded was recorded returned to some form of homelessness. Reported contributing factors include (13):

- A lack of ongoing access to homelessness support services once a person is placed into social housing

- A disconnect from social networks that often occurs with people being placed in locations away from their longer standing community and support networks.

The CESPHN region contains approximately 67% of NSW's boarding houses. In May 2022, 711 of 1,062 (67%) of boarding house registered with NSW Fair Trading were located within the CESPHN region (11). Of these, the largest majority were:

- General boarding houses with a small number of assisted boarding houses.
- Rent for traditional boarding houses averaging between $120-270 per week.

Regional drivers of homelessness

The key drivers of homelessness in NSW are (14) (15):

Poverty and financial disadvantage

- Accounting for 21% of homelessness in NSW (15).

Undersupply of affordable and appropriate housing

- Rising rental prices that have seen many low-income households spend over 30% of their income on housing cost. A lack of affordable housing is pushing more people into homelessness with reports of increasing numbers of people in our region living out of cars.

Social housing

- The supply of social housing has been outpaced by the population growth and need for affordable and suitable housing.

Employment

- Unemployment in different region in our area is high and may be attributable to economic factors that contribute to homelessness

Socioeconomic status

- CESPHN contains some of the lowest socio-economic status regions in Sydney. The link of association between risk of homelessness and SES is high and provide an indication of risk of homelessness

Domestic violence

- In 2023-2024 people experiencing family and domestic violence were the largest cohort of Specialist Homelessness Service clients, making up over 39% of all clients.

Mental health and alcohol and other drugs

- People experiencing mental health issues, alcohol and drug addictions, family or relationship breakdown, issues with sexual identity and other addictions like gambling are more likely to experience homelessness, and homelessness can increase the risk of mental illness.

Access to primary healthcare

Key barriers to accessing primary healthcare include (15):

Cost of services

- Lack of awareness and confusion over which GPs and general practices bulk bill is impacting access and desire to engage with general practice and other primary care services. The limited access to affordable GP services also extends to allied health services.

Cost of medications

- Upon discharge from a general practitioner, homeless people are unable to follow the prescribed treatment protocol due to the cost of medications

Wait lists

- Longer wait times to see a bulk-billing general practitioner were highlighted as a key barrier across our region. This limited access to GP services also extends to allied health services.

Digital health literacy

- Online booking systems have identified as a barrier to accessing general practitioner services if no alternative booking mode is available, as people experiencing homelessness may not have access to a digital device or have the skills to make an online booking

Transport

- People experiencing homelessness may not have access to a car or be able to afford petrol and public transport to attend medical appointments

Shame and stigma

- People experiencing homelessness report shame in accessing a GP due to issues such as personal hygiene and clothing. Stigma from general practice staff, in particular reception staff, has been highlighted by service providers and consumers as a barrier to access

Lack of understanding and awareness of services

- Many people who are homeless lack understanding of the health system and the skills to navigate it. This often results in presentations to Emergency Departments for issues that could be addressed in primary care

Lack of care coordination

- Providers have identified difficulty in engaging with GPs and general practices to provide arrange referrals and coordination care for their clients

Identified needs, gaps and opportunities

Key needs

Access to timely and affordable primary health care services

- Greater access to crisis supports and support for people experiencing secondary and tertiary homelessness (Improved access to mobile primary care clinics and GP Homelessness friendly practices)
- Codesign and coproduction of strategically placed Homeless GP practices supported by business models that subsidise the use of longer consultation times (Item C and D MBS items) and health assessment plans for the management of chronic and complex conditions and reduction of persistent homelessness
- Strengthened collaboration and integration of GP homelessness friendly practices with health, housing, and homelessness sectors, in particular case workers facilitating patient attendance and follow up with GP clinics
- Stakeholder consultations highlighted the need for general practices to be better equipped to provide care to Aboriginal and Torres Strait Islander people and young people experiencing homelessness.
- Provision of education and training to GP reception staff to help reduce shame and stigma experienced by people who are homeless.
- Commissioning to support expansion of existing primary care outreach clinics and services into homelessness crisis accommodation and shelters (GP's, nurses, mental health and drug

and alcohol practitioners, sexual health workers, peer support workers, Aboriginal and multicultural health workers, allied health workers)

Coordinated chronic care management

- Prioritised connection with a regular GP and general practice for people transitioning from shelter accommodation to independent housing or post discharge from government agencies such as hospitals and the criminal justice systems to improve general health and chronic disease management
- Prioritised health assessments and chronic disease management plans in general practice for the management of chronic and complex conditions which can lead to recurring or. persistent homelessness
- Greater use of case management services and peer support networks and other integrated approaches in general practice to assist follow up primary care and strengthen community support networks for people at risk of or experiencing homelessness.
- The codesign and coproduction homelessness friendly GP practices needs to incorporate a plan to promotes the integration of these new models of primary care, through the building strong relationships across the housing homelessness and health system that facilitate referrals to the services

Workforce development

- Upskilling of the primary care workforce working with people at risk of homelessness
- More GPs qualified and trained in the provision of Provide trauma informed care, including the use of GP trainees
- More GPs trained in the early detection and management of family and domestic violence
- Expanded employment and use of Aboriginal and multicultural health workers in existing homelessness health outreach services and clinics
- Provision of education and training to GP reception staff to help build trust and reduce shame and stigma experienced by people who are homeless.
- Training of general GPs and practice staff to identify of people at risk of homelessness at the earliest opportunity, linking people to the care they need at the earliest opportunity
- Providing access to ongoing support from the appropriate range of services including mental health, psychosocial and housing providers
- Improved care coordination to help people to navigate health, homeless and housing services to receive the support they need

Geographic location of services

- Most of the homelessness and primary health care services within our region are focused around areas with higher proportions of homelessness. This result is high provider density in the Inner-city and Inner west regions
- It has been reported that the service environment can be difficult to navigate and access, and services lack flexibility to respond to other areas in the CESPHN region
- Opportunity exists to review and map the homelessness and primary health care supports across the CESPHN region to help inform, shape, and coordinate services to meet the needs of more marginal and underserved regions, where access to homelessness and primary health care.

Collaborative partnerships

- There are multiple health housing and homelessness service providers and other community organisations such as councils, emergency services, charities, real estate agencies and community managed organisations providing services to people experiencing or at risk of homelessness
- Opportunity exists to collaborate with a broader range of partners, including Homes NSW, community housing providers and community managed organisations such as hot meal

service providers to embed primary health care services including, health assessments and clinics
- Opportunity exists to scaling up existing work addressing the needs of people residing in crisis accommodation and in Boarding Houses
- Opportunity exists to build on evolving multi-agency service models and approaches to improve service coordination and improve access to primary healthcare across the spectrum (i.e. prevention, early intervention, crisis and post crisis care and assistance)
- Further opportunities exist to target delivery of mental health and drug and alcohol detox and support services for people experiencing homelessness through provider partnerships, use of existing commissioned service providers, and expanded presence of mental health and alcohol and other drug practitioners in existing homelessness services.
- Opportunity exists for more innovative localised place-based responses for priority homelessness cohorts, e.g. Aboriginal people and those leaving correctional centres and mental health services.

Improved data collection and use

- Opportunity exists to expand collaboration and use of Advance to Zero - End Street Sleeping Collaboration framework and build on collection of real-time data and insights created through the by-name list registry of the Sydney Zero project.
- The purpose of the by-name list register is for those who are homeless to be known by name and for their housing, health and social needs to be recognised to facilitate the organisation of local services to assist people into permanent housing with necessary supports. Potential exists to explore expanding access to the register for GPs and primary care practitioners whose work focuses on homelessness

PHN Homelessness Access Program

- CESPHN is the lead agency for a new national PHN Homelessness Access Program and will be working with the Australian Alliance to End Homelessness to strategically improve PHN responses to improving access to primary health care for people who are homeless or at risk of homelessness. Key initiatives include commissioning of services, and PHN participation in a national intersectoral health, housing and homelessness community of practice to assist enhance collaboration and capacity between sectors.

Regional Intersectoral Homelessness Health Strategy 2020-2025

- CESPHN is a partner in a Intersectoral Homelessness Health Strategy which is a joint initiative between South Eastern Sydney Local Health, Sydney Local Health District, St Vincent's Health Network, Central and Eastern Sydney Primary Health Network, Department of Communities and Justice - Sydney, South Eastern Sydney and Northern Sydney District and City of Sydney.
- This Strategy identifies five priority areas for improving health outcomes for people experiencing or at risk of homelessness within region; Improving access to the right care at the right time, Strengthening prevention and public health, Increasing access to primary care, building workforce capacity, and establishing collaborative governance and shared planning.

References

1. **Australian Bureau of Statistics.** Estimating Homelessness: Census. *Australian Bureau of Statistics.* [Online] 22 March 2023. https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/latest-release#data-downloads.
2. **Australian Institute of Health and Welfare.** Specialist Homelessness Services: monthly data. *Australian Institute of Health and Welfare.* [Online] 29 November 2024. https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-monthly-data/contents/monthly-data.
3. **Australian Bureau of Statistics.** Estimating Homelessness: Census. [Online] 2023. https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/2021.
4. —. Housing Statistics for Aboriginal and Torres Strait Islander Peoples. [Online] 2022. https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/housing-statistics-aboriginal-and-torres-strait-islander-peoples/2021.
5. *Describing homelessness risk among people from culturally and linguistically diverse backgrounds in Western Australia: A cluster analysis approach.* **Blackford, K., Crawford, G., McCausland, K. & Zhao, Y.** 4, s.l. : Health Promotion Journal of Australia, 2023, Vol. 34.
6. **Australian Institute of Health and Welfare.** Specialist homelessness services annual report 2023–24. [Online] 2024. https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-with-disability.
7. **NSW Ageing and Disability Commission.** *Housing Issues for People with Disability, Older People and Carers in NSW .* Sydney : NSW Ageing and Disability Commission, 2023.
8. **Teremok.** *Examining the intersectionality of housing needs for the LGBTIQA+ community across the City of Sydney.* Sydney : Teremok, 2024.
9. **Jesuit Refugee Service & Western Sydney University.** *A Place to Call Home: A pilot survey of people seeking asylum in Greater Sydney.* Sydney : Jesuit Refugee Service, 2021.
10. **Australian Housing and Urban Research Institute.** *Housing, homelessness and domestic and family violence.* Melbourne : Australian Housing and Urban Research Institute, 2022.
11. **NSW Fair Trading.** Search Accommodation Registers. *NSW Fair Trading.* [Online] 2024. https://applications.fairtrading.nsw.gov.au/accomregister/.
12. **Department Communities and Justice.** Department Communities and Justice. *Social Housing Residential Dwellings Dashboard.* [Online] 19 June 2024. https://public.tableau.com/app/profile/dcj.statistics/viz/Social_Housing_Residential_Dwellings_17032188360200/Dashboard?publish=yes.
13. **End Street Sleeping Collaboration.** The By-Name List. [Online] 2024. https://endstreetsleeping.org/the-bnl.
14. **Pawson, H.** The housing and homelessness crisis in NSW explained in nine charts. [Online] UNSW Sydney, 2023. https://www.unsw.edu.au/newsroom/news/2023/03/the-housing-and-homelessness-crisis-in-nsw-explained-in-nine-cha.
15. **NSW Government.** *Intersectoral Homelessness Health Strategy 2020-2025.* Sydney : s.n., 2019.
16. **Specialist Homelessness Services: feature analysis. *Australian Institute of Health and Welfare.* [Online] 27 November 2024. https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-feature-analysis/data.**