

# DEEP END LIVING LAB COMMUNITY FORUM

## INTRODUCTION

Unstable housing and homelessness pose significant risks to individuals' physical and mental health, exacerbating conditions such as chronic illnesses and mental health disorders. Additionally, people experiencing unstable housing and homelessness face numerous challenges with accessing consistent healthcare, perpetuating a cycle of disadvantage.

The **Deep End Living Lab** team is working to improve health outcomes of people experiencing homelessness and unstable housing. Our work has two key priorities: (i) improving screening for homelessness in healthcare, and (ii) supporting health and social service navigation and integration.

On the 22nd of February 2024, a community forum was held, bringing together people with lived experience and key stakeholders in housing and health including Austin Health, Bolton Clarke, City of Melbourne Council, City of Melton Council, Council to Homeless Persons, Jesuit Social Services, Launch Housing, McAuley, Melbourne City Mission, Monash University, Mornington Peninsula Shire, OnCall Group, Peninsula Health, Salvation Army, St Vincent's Health Australia, Star Health, Victorian Health Promotion Foundation (VicHealth), VincentCare and Wyndham City Council. Insights from the Scottish and international Deep End Movements as well as our ongoing Australian research were presented for context, followed by a robust discussion on shared priorities for the health and housing sectors.

## SHARED PRIORITIES

Over 30 ideas were raised to address current gaps in service delivery for people experiencing homelessness and unstable housing. Highlighted below are the top priorities that have been identified as new, useful, and feasible.

### MOST NOVEL IDEAS

- Better funding models for health service delivery to reduce the reliance on Medicare
- Urgent care hubs with trained staff to support emergency department

### MOST USEFUL IDEAS

- More (and more appropriate) social housing that is co-designed with consumers
- Better funding models for health service delivery to reduce the reliance on Medicare

### MOST FEASIBLE IDEAS

*(within current context)*

- Strong, ongoing agency collaboration for service delivery and integration to better support consumers
- Leverage shared data and information systems to advocate for health and housing
- More support to build capacity among people with lived experience of homelessness to be involved in service co-design and workforce development. People with lived experience should play a leading role in upskilling healthcare workers to proactively discuss housing.

To address the interconnected challenges of housing instability and its detrimental effects on health, it is imperative for policymakers, healthcare providers, community organizations, and individuals to prioritize collaborative efforts - which can begin with these priorities.

**For more information, please contact:**

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Project partners:

