Australian Health, Housing & Homelessness Network

phn CENTRAL AND EASTERN SYDNEY — An Australian Government Initiative | aaeh australian alliance to end homelessness

IMPACT STATEMENT · APRIL 2026 · HOMELESSNESS ACCESS PROGRAM (HAP)

Investing in HAP saves **lives** and **money**

A national primary care program connecting people experiencing homelessness to health services – reducing emergency department demand and delivering measurable return on public investment.

Program period: 2023-2026

EXECUTIVE SUMMARY

The Homelessness Access Program (HAP) has, in three years, transformed how Australia's health system responds to homelessness. With **29 of 31 PHNs** funded, the program has generated national coordination infrastructure, broken systemic silos, and produced early but compelling evidence that proactive primary care prevents costly acute escalations. Continued and expanded investment — at the level requested — is not a discretionary spend: it is the lowest-cost, highest-return intervention available to prevent avoidable deaths, reduce emergency demand, and protect the Commonwealth's existing investment.

29
PHNs funded across all Australian states and territories

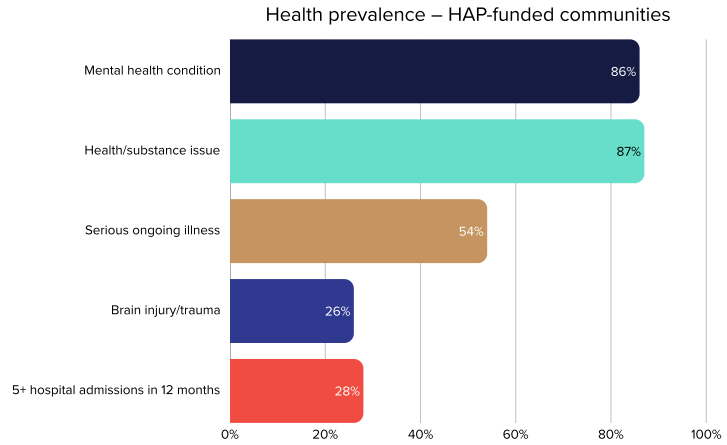
9/day
Potentially avoidable deaths among SHS clients
(AIHW, 2022-23)

33 year
Life expectancy gap for people experiencing homelessness

$82K
Avg. annual hospital cost per person exp. homelessness
(NSW 13 yr study)

The health burden is measurable

South Australian data shows **1,129 individuals experiencing homelessness** accounted for more than **4,600 emergency department presentations** in a single year – a repeat-presentation cycle that is both **preventable and expensive.**



Figures represent highest recorded prevalence across Brisbane Zero, CQ Zero and WA by-name list communities. Individual community data varies.

What HAP has built (2023-2026)

- **PHN Homelessness Health Framework** – nationally consistent commissioning standard (August 2025), attended by 90% of HAP-funded PHNs
- **Coaching delivered to 16 PHNs** across 5 jurisdictions, strengthening commissioning capability and cross-sector pathways
- **Quarterly Communities of Practice** with national participation – creating shared language, tools and accountability
- **A3HN National Forum** (August 2025) – first time in a decade PHNs convened collectively on homelessness health
- **Desktop review baseline** of all 29 PHN hoomelessness activities, enabling future measurement
- **Advance to Zero integration** – by-name lists linking health data with housing metrics across CCQ, Logan and WA communities

90%
of HAP PHNs present at national forum

16
PHNs coaching across 5 states

108
Individuals housed via Zero coordination (CCQ alone)

CASE STUDY · WESTERN AUSTRALIA · HOMELESSNESS HEALTH ADVOCACY PROGRAM)

Peter, 55, was at risk of homelessness following his mother's entry into aged care. He presented with unmanaged schizophrenia, significant cardiac conditions requiring specialist review, and no transport capacity. The Homeless Health Advocate (HAP-funded) coordinated GP referrals, cardiac specialist bookings, SATS hearings, and NDIS linkages across multiple agencies. Without this coordination, Peter would have become yet another revolving-door emergency department patient. He is now hospitalised for mental health stabilisation with supported transition to metropolitan mental health accommodation — an outcome only possible through HAP-enabled cross-sector integration.

Return on investment and the case for **refunding**

The evidence is clear: HAP-funded services cost a fraction of what they save. Every dollar withheld from HAP is a dollar added to emergency department queues, hospital beds and avoidable deaths.

CRITICAL DEADLINE

Round 1 HAP funding expires June 2026. Without a committed extension, 29 PHNs will lose commissioned services, workforce and cross-sector partnerships built over three years – reverting to fragmented, crisis-driven responses.

$6.45-6.9M
saved by Micah Projects Street to Home (Brisbane) from $503k investment – 438% ROI
University of Queensland economic evaluation

$2.56M
Hospital cost savings generated by Harbour of Hope (Logan) on a $350k PHN investment
Brisbane South PHN/Harbour of Hope, Feb 2026

$2.3M
Hospital savings in Perth Medical Respite Centre Year 1 – 6.5x cheaper than inpatient care bed per day
University of Notre Dame, 2024

Breaking silos: HAP's cross-system impact

Health ↔ Housing
HAP-funded nurses coordinate GP referrals, cardiac specialists, and housing waitlists within a single outreach visit – collapsing a process that previously required multiple separate engagements or simply never happened.

PHNs ↔ Homelessness services
Advance to Zero by-name lists now incorporate health indicators alongside housing metrics, enabling coordinated case conferencing across 50+ partner organisations – a capability that did not exist before HAP.

Hospitals ↔ Community
Perth Medical Respite reduced re-presentation by 46% and inpatient days by 44% by bridging acute hospital discharge and community housing – preventing the revolving door that costs $82K per person annually

Human impact: What HAP looks like in practice

HARBOUR OF HOPE · LOGAN, QLD· BRISBANE SOUTH PHN

317 individuals received direct nursing care; 491 occasions of care delivered; 202 linked to housing access; 411 chronic disease clients supported

Case study 2: A middle-aged woman experiencing homelessness with heart failure (35% ejection fraction), Hepatitis C, PTSD, and psychosis – previously cycling through emergency departments and self-discharging. HAP-funded community nursing provided **weekly outreach visits**, medication management and coordinated cardiology, GP and mental health appointments. Outcome: no recurrent sepsis, varicose veins treated, stable housing secured, **ED visits reduced.**

COUNTRY TO COAST QLD · SUNSHINE COAST, WIDE BAY, CENTRAL QLD

50+ organisations. 380+ people identified. System silos broken via shared data

HAP funding enabled CCQ to establish Advance to Zero across three regions – Queensland's first regional sites. **Backbone organisations IFYS and Roseberry QLD** introduced a shared by-name list, enabling case conferencing that identified over 380 people with documented health needs. **108 individuals were connected to housing and primary care** through the Zero coordination model – a direct result of PHN commissioning enabled by HAP funding.

The ask: Refund and expand HAP

The A3HN and CESPHN seek **$839,064 over 2026-2028** to sustain national coordination and implement the Homelessness Health Framework Scorecard across all 29 PHNs. Separately, the position paper calls for HAP to expand from **$15M to $30M**, enabling PHNs to commission evidence-based, locally responsive services at scale. This is not a new program – it is the completion of what has already been built. Withdrawing now means losing the workforce, relationships, and shared infrastructure accumulated over three years. The cost of inaction – measured in avoidable ED presentations, hospital bed days, and preventable deaths – far exceeds the cost of refunding.

$30M
HAP INVESTMENT REQUIRED

What happens without refunding

- **29 PHNs** lose commissioned homelessness health services June 2026
- The PHN Homelessness Health Framework becomes an unfunded document
- By-name list health integration with housing data — abandoned
- Cross-sector workforce capability — dispersed and lost
- Return to **crisis-driven, fragmented responses** at higher system cost
- Commonwealth's $15M 2023-25 investment yields no lasting infrastructure

Policy alignment – HAP delivers on:

- **Strengthening Medicare** – primary care equity for Australians experiencing homelessness
- **Closing the Gap** – First Nations commissioning co-design
- **National Housing & Homelessness Plan** – health/housing integration
- **PHN Performance Framework** – commissioning maturity and accountability
- **National Preventive Health Strategy** – upstream primary care investment