

MEDIA RELEASE

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‘Housing is healthcare’: Renewed calls for urgent Australian Government action on rough sleeping homelessness

In 2020, an estimated 424 people who had been sleeping rough died in Australia¹. However, this number is likely to be a significant underestimate because there are no national systems in place to measure data regarding homeless deaths.

The [Australian Alliance to End Homelessness](#) (AAEH) and the [Australasian College for Emergency Medicine](#) (ACEM) have joined forces to urge the Australian Government to show leadership on this critical issue by urgently commissioning a national homelessness deaths and life expectancy gap reporting framework.

Data surrounding life expectancy and causes of death has been widely used to drive efforts in improving better outcomes for many population groups in Australia. We measure road deaths and use this data to drive changes, just as we do with data on the life expectancy gap for Aboriginal and Torres Strait Islander peoples, which holds Australia accountable for ‘closing the gap’ and allows for progress to be tracked and measured.

As there is no consistent data collected or recorded on the deaths of people experiencing homelessness across Australia, this already vulnerable group is rendered further ‘invisible’ to governments – a point that is highlighted by the estimated 424 deaths of people experiencing rough sleeping homelessness across the nation last year.

This national estimate was drawn from research conducted by the University of Western Australia’s (UWA) [Home2Health](#) team that identified 56 people who died while sleeping rough or with a long-term experience of rough sleeping in Perth alone last year.

The findings from Home2Health’s research underscore the fact that housing is an essential component of healthcare, said AAEH CEO David Pearson.

“Emergency departments are at the frontline of healthcare for people experiencing homelessness, who often cannot access healthcare in other ways. Housing is healthcare, and compared to presentations at emergency departments, investing in housing is much more economically viable,” said Mr Pearson.

“If we are to drive change in this area, we must measure and publicly report what is an all-too-frequent but hidden occurrence in communities across Australia – that people are dying without a safe place to call home.”

¹ This estimate of national deaths associated with rough sleeping has been calculated using the actual figures from the University of Western Australia’s Home2Health research and extrapolated using the National 2016 Census Data. It has been calculated to raise awareness of the unknown actual number of people who die while sleeping rough or with a long-term experience of sleeping rough in Australia.

Dr Lai Heng Foong, Chair of Public Health and Disaster Committee at ACEM, stated that a health-informed approach is vital to addressing homelessness.

"Homelessness is intrinsically linked to healthcare, so it's critical to understand the underlying causes of health problems and deaths in this vulnerable group to enact change," said Dr Foong.

"People experiencing homelessness are more likely to be involved in accidents and have mental illness, including higher rates of suicide. We need to advocate for more concerted efforts to address homelessness from the perspective of the social determinants of health."

Ending homelessness in Australia is possible, with more and more communities around the world demonstrating their ability to do so. As such, **the AAEH and ACEM urge the Australian Government to take action by commissioning the Australian Institute of Health and Welfare (AIHW) to develop a national homelessness deaths and life expectancy gap reporting framework.**

Developing such a framework would make it possible to understand the extent of homeless deaths in Australia and inform how best to address this critical issue. As set out in this month's national homelessness publication [Parity](#), the framework should:

- set out how to improve data capture;
- drive more accurate measures of homelessness in hospital and coronial administrative data;
- articulate the number of deaths among people experiencing homelessness (all types of homelessness), the age of death, and cause of death (direct and indirect) at both the local, state/territory and national level, and;
- seek to report such data in as close to real time as possible.

-ENDS-

David Pearson, CEO of AAEH, and Dr Lai Heng Foong, Chair of Public Health and Disaster Committee at ACEM, are available for media interviews. For media enquiries, please contact:

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About the Australian Alliance to End Homelessness (AAEH)

The [AAEH](#) is an independent champion for preventing and ending homelessness in Australia – starting with rough sleeping homelessness. The AAEH supports Australian communities to individually and collectively end homelessness. Specifically, they work with local communities at all levels to ensure everyone has access to safe and sustainable housing services and that any incidents of homelessness that do occur are rare, brief and non-recurring.

About the Australasian College for Emergency Medicine (ACEM)

[ACEM](#) is the not-for-profit organisation responsible for training emergency physicians and the advancement of professional standards in emergency medicine in Australia and New Zealand.