SUNSHINE COAST ZERO

ENDING HOMELESSNESS IN OUR REGION

Health & Homelessness FINDINGS REPORT

Written By:

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EXECUTIVE SUMMARY

This project used a lived experience, co-design approach to better understand and respond to the health and wellbeing needs of people experiencing homelessness on the Sunshine Coast. In partnership with multiple local organisations, a co-design workshop with Street Up informed the development of the Help Us Help You: Accessing Health and Wellbeing Support event, ensuring the engagement approach was safe, relevant, and grounded in real-world experience.

The event combined on-site health checks offered in-kind by Zero partners Refocus and OneBridge with facilitated World Café style discussions and surveys, engaging participants in identifying barriers to care and opportunities for improvement. Health screenings revealed a high prevalence of chronic and complex conditions, alongside immediate needs requiring referrals and follow-up care. Insights gathered highlighted significant barriers to accessing healthcare, including cost, transport, service fragmentation, and experiences of stigma and discrimination.

Findings reinforce the critical need for accessible, trauma-informed, and integrated models of care that address both health and social determinants, particularly for those experiencing housing instability. While hospital discharge processes were generally viewed positively, gaps remain in continuity of care and post-discharge support. The project demonstrates the value of in-reach service delivery and lived experience input in shaping more effective and responsive systems.

These insights will inform local prototyping and improvements in service coordination, while also contributing to broader discussions on strengthening health system responses for people experiencing homelessness.

This project was made possible through the generous in-kind contributions of partner organisations, including Nambour Community Centre, IFYS, Refocus, OneBridge, Lifecare, and The Good Shift. Their commitment of time, expertise, and service delivery was critical to the success of both the co-design process and the event and is sincerely appreciated.

Participant payments, including consultation with Street Up, $35 vouchers for participants, were funded through the Sunshine Coast Council Minor Grants Program. The broader Sunshine Coast Zero initiative is supported by Country to Coast Queensland, whose ongoing work is focused on advancing health equity across the region.

BACKGROUND

Homelessness is strongly associated with significantly poorer health outcomes, with consistent evidence showing higher rates of chronic illness, mental health conditions, trauma, disability, and premature ageing among people experiencing housing instability (AIHW, 2025). Barriers such as lack of affordable primary healthcare, transport limitations, stigma within health services, difficulty maintaining contact details, and fragmented service systems often lead to delayed treatment and increased reliance on emergency departments (Sunshine Coast & Wide Bay Zero Service Coordination). As a result, health and housing are closely interconnected, with health acting both as a driver of homelessness and a barrier to exiting it.

On the Sunshine Coast, these challenges are occurring within a worsening housing crisis. The rental vacancy

rate remains critically low at 0.9%, well below the Real Estate Institute of Queensland's healthy range of 2.6–3.5% (REIQ, 2025). This constrained market has driven median weekly rents to $777 for houses and $694 for units, placing significant pressure on households across income levels. Recent analysis has shown that even individuals earning $130,000 annually can experience rental stress, spending more than 36% of their income on rent (Sunshine Coast Council, 2025; REIQ, 2025). These housing pressures directly contribute to increased risk of homelessness and reduced capacity to maintain stable health and wellbeing.

The Australian Institute of Health and Welfare (2025) further highlights that people experiencing homelessness experience disproportionately high rates of chronic disease, psychological distress, malnutrition, and accelerated ageing compared to the general population. This is reinforced by observational research by Gordon et al. (2025), which identifies high prevalence of clinical frailty, nutritional deficiency, psychological distress, impaired mobility, and oral health-related pain among people experiencing homelessness.

These broader trends are reflected in local Australian Homelessness Vulnerability Triage Tool (AHVTT) data collected across the Sunshine Coast between March 2025 and March 2026 (Appendix A). This dataset indicates significant complexity among people experiencing homelessness, including high rates of diagnosed mental health conditions (60%), post-traumatic stress disorder (35%), brain injury or head trauma (25%), and high emergency health service use (36%).

Sunshine Coast Zero is a collaborative collective impact initiative with backbone support provided by IFYS, a Specialist Homelessness Service, in partnership with Country to Coast Queensland (CCQ), the regions federally funded Primary Health Network. The initiative collaborates with community stakeholders, health providers, local government, housing agencies, and people with lived experience of homelessness with the goal of ending homelessness on the Sunshine Coast.

This local effort aligns with the national Advance to Zero framework led by the Australian Alliance to End Homelessness (AAEH), which aims to achieve Functional Zero homelessness, where homelessness is rare, brief, and non-recurring (AAEH, 2025). Key components include maintaining a real-time By-Name List (BNL) of people experiencing homelessness and using shared data systems to track outcomes and inform coordinated responses **(Figure 1).**

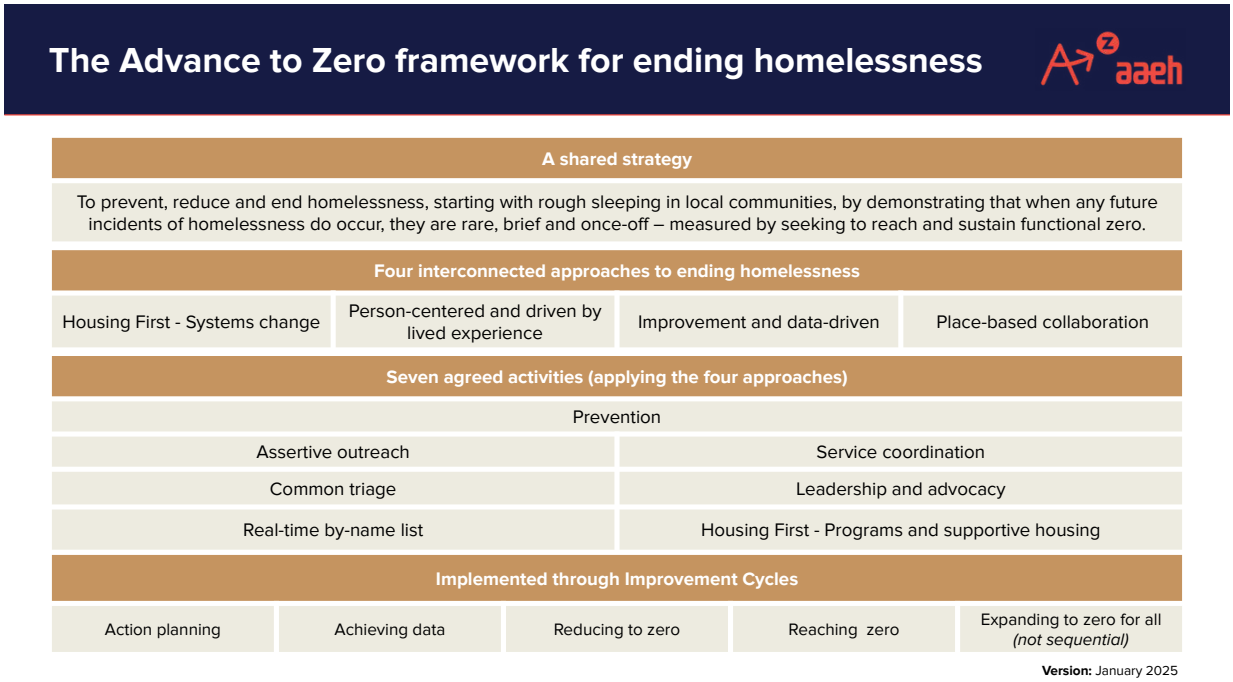

Figure 1. Australian Alliance to End Homelessness Advance to Zero Framework

Within this system, the AHVTT is used (with informed consent), to collect data for the BNL and support prioritisation and coordination of this list through cross-sector service coordination meetings. These meetings enable shared understanding of individual needs, coordinated action planning, and identification of systemic barriers to accessing housing and healthcare. While these tools provide valuable insight into need and service demand, they do not fully capture the lived experience of homelessness, or the day-to-day barriers people face in accessing health services.

Despite this growing evidence base, there remains limited qualitative insight into how people experiencing homelessness on the Sunshine Coast experience health services, navigate care pathways, and understand their own health needs within the local system. This gap highlights the importance of lived experience-informed approaches to better understand how services can be more accessible, coordinated, and responsive. This report responds directly to that gap.

METHODOLOGY

A lived experience co-design workshop and resulting Help us Help you: Accessing Health and Wellbeing Support event were delivered in partnership with Street Up, Nambour Community Centre, IFYS, Country to Coast Qld, Sunshine Coast Council, Refocus, One Bridge, Lifecare and The Good Shift. Sunshine Coast Zero in partnership with Nambour Community Centre secured funding from Sunshine Coast Council's Minor Grants Program to support participation payments for Street Up members and Hub residents involved in the co-design workshop and the Help Us Help You: Accessing Health and Wellbeing Support event. These payments were were provided to recognise and value, time, expertise, and lived experience contributions of participants. All other contributions to the co-design workshop, event delivery, analysis, and reporting were provided as generous in-kind support by participating organisations.

With funding secured, Sunshine Coast Zero collaborated with key staff from Country to Coast Queensland, Sunshine Coast Council and The Good Shift (learning partner for Sunshine Coast Zero) to plan the initial co-design workshop with Street Up, lived experience consultancy group.

Step 1: Co-design Workshop (Street Up)

Sunshine Coast Zero, in collaboration with Sunshine Coast Council, engaged Street Up, advocacy and consultancy group of people with lived and living experience of homelessness, to participate in a half-day co-design workshop facilitated by Dr Cathy Boorman from The Good Shift. The Good Shift is a for-purpose social innovation organisation specialising in learning and systems change.

The purpose of the workshop was to co-design an accessible and engaging approach for people with lived and living experience of homelessness to share insights into the health challenges they face, to inform system responses by Sunshine Coast Zero partners. A Convening Canvas, developed by The Good Shift, seen in Appendix B, was used to guide the process and support the co-design of both the participant experience and the engagement approach, including the "vibe", invitation, facilitation style, and key questions. The workshop was held at the Nambour Neighbourhood Centre and attended by four members of Street Up, one representative from Sunshine Coast Zero, and one representative from The Good Shift. Over three hours, participants discussed the contextual realities of homelessness, including trauma, service disengagement,

distrust of systems, and the impacts of daily instability such as sleep deprivation, stress, and limited capacity for forward planning.

Participants then co-designed a safe and welcoming engagement approach that included access to health checks, food, clothing, and opportunities to share lived experience. Consideration was also given to the most appropriate venue, facilitation approach, participant experience, and key discussion questions. A World Café and anonymous survey were chosen as the best methods of collecting information and the event was to be held at the Kawana Homeless Hub (the Hub). The final co-design outputs were captured in the Convening Canvas (Appendix B) and used to inform subsequent planning. The Good Shift translated these outputs into an anonymous survey tool (Appendix C) and World Café question set (Appendix D). Additional input was sought from the Hub Manager to ensure the approach was suitable for both residents and the facility. Drawing on this input and the co-design findings, a promotional flyer was developed (Appendix E). Event logistics were then finalised in consultation with the Hub Manager, including flow, space allocation, staffing, and participant engagement processes.

Image 2 - Lived Experience workshop Set-up

Step 2: Help Us Help You: Accessing Health and Wellbeing Support

The Help Us Help You: Accessing Health and Wellbeing Support event was held at the Hub on Friday 24 April 2026. The Hub is a 68-bed temporary accommodation and support program managed by IFYS, supporting individuals to transition into long-term, sustainable housing. The event ran from 10:30am to 1:30pm and included snacks and lunch provided through the Sunshine Coast Zero project.

Image 3 - Winter clothing donated by Lifecare

Engagement activities were delivered across two adjoining rooms. Participants were welcomed into the Hub recreation room, where the World Café was set up, alongside a lounge area, refreshments, and a stall providing free winter clothing and toiletries supplied by Lifecare (Image 3 and 4). Staff from Sunshine Coast Zero, The Good Shift, and the Hub welcomed participants and explained the structure of the day. Participants could choose to begin with either health checks in the adjacent workshop room or World Café activities, with flexibility to move between activities throughout the event. Lunch was provided in the latter part of the session.

The World Café was structured around a series of co-designed questions developed by The Good Shift with input from Street Up (Appendix D). Tables were facilitated by IFYS and Hub staff experienced in trauma-informed practice, with support from a lead facilitator from The Good Shift. Due to participant movement between spaces, the World Café operated in a flexible, non-linear format. Participants engaged as they entered, moved between tables, discussed questions with facilitators, and recorded responses on butcher's paper or via facilitator documentation. Health checks were conducted in the adjacent workshop room, set up with seating for participants awaiting assessment. Refocus (two Gunya Wellness clinical nurses) and OneBridge (one Street Health and Inclusion registered nurse), all experienced in providing care to people experiencing homelessness, delivered health screenings. While waiting for health checks, participants were offered the opportunity to complete an anonymous survey (Appendix C). Assistance was available to undertake the surveys if required, and completed surveys were placed in a secure collection box at the room entrance. Participants who completed a survey or contributed to the World Café received a $35 gift voucher in recognition of their time and input.

Image 4 Toiletries donated by Lifecare

RESULTS AND ANALYSIS

Nineteen individuals attended a health check, receiving comprehensive screenings including blood pressure, heart rate, oxygen saturation, respiration rate, temperature, and blood glucose assessments, alongside health promotion and education.

"Health issues identified included diabetes, hypertension, mental health concerns, scleroderma, endometriosis, unmanaged chronic pain. There was also health concerns associated with past and present substance use and smoking." **(Street Health and Inclusion Registered Nurse, OneBridge).**

Three individuals were advised to attend urgent care due to significantly elevated blood pressure. Two were supported to connect with bulk-billing GPs in Maroochydore, and one was referred for urgent dental care due to a broken tooth and associated pain.

"Most common health issue were high blood pressure readings otherwise, most people's history was too complex to manage in one consultation, and most observations came back within normal limits or relative to their current medication regime (as reported by the clients)." **(Gunya Wellness Clinical Nurse).**

Referrals and service linkages were also facilitated. One Aboriginal and/or Torres Strait Islander person was referred by the Gunyah of Wellness nurses to specialist Indigenous Services. This individual is currently experiencing chronic unmanaged pain and is awaiting a specialist appointment in the coming months. Additional connections were made to Aboriginal Health Services to support ongoing culturally appropriate care. Having both a street health nurse and nurses connected to local First Nations health services was ideal.

Health access

Responses from the World Café highlight strong demand for in-person, bulk-billed GP, mental health, and dental services. Participants also identified a need for specialist care to manage chronic conditions (including chronic pain, arthritis, diabetes, dual diagnosis, and physiotherapy), support to navigate Treatment Authorities and attend appointments, and access to medications, natural therapies, and non-clinical, goal-oriented activities to support health and wellbeing.

Four participants reported satisfaction with the health services they have accessed on the Sunshine Coast.

"Feel as if they are good /Good the way it is/All Qld Health services have been extremely kind, supportive and professional" **(Hub Residents)**

Health pathways

Participants identified several key supports required to access treatment pathways, including transport assistance, financial support for appointment and treatment costs (particularly for non bulk billed GP, dental, and specialist care), personal support before and during appointments, and access to safe, trauma informed healthcare environments and practitioners.

"Two of the main barriers to accessing healthcare, reported to us, were transport on the coast and accessing a bulk-billing doctor. We did attempt to schedule appointments for some clients to be seen at a bulk-billing GP in Maroochydore however, I couldn't get through on the day and was unable to book online." **(Gunya Wellness Nurse Clinician)**

"Some clients had reported having a regular GP they could engage with however, they weren't bulk billing. Some clients did not have a regular GP, and some clients could not recall the last time they were reviewed by a GP. This was a recurrent complaint around getting seen and ultimately leads to people presenting at ED or Urgent Care Clinics for review once they have deteriorated." **(Gunya Wellness Nurse Clinician)**

Community-based healthcare following hospital discharge

Most participants reported high satisfaction with discharge supports from Sunshine Coast University Hospital. The majority were referred to community-based health services, most commonly mental health services. Participants also noted receiving assistance with accessing disability supports, home visits, and GP referrals.

"Yes, GP / Seeing a GP and counselling through Mangoorja + cultural healing come to home visits /Yes GP has received reports from specialists at SCUH" **(Hub Resident)**

Post-discharge health

When asked what could have helped participants to look after their health post discharge, participants nominated housing, wrap around support, mental health support and family support.

Positives:

"I had a procedure done around 5 weeks ago and felt here at the Hub, that if things went pear shaped, help was always there" **(Hub Resident)**

"Very grateful to SCUH – helped me to get disability support pension, offered me services that I didn't know

existed (a number of people agreed with this)" **(Hub Resident)**

"The transition out of hospital was made easier by having NDIS support workers to assist in achieving my health goals after hospital" **(Hub Resident)**

System gaps:

"Need to provide more scans before discharge e.g. for breaks – don't refer people for scans outside the hospital" **(Hub Resident)**

"Discharged 1 year ago – missed follow up appointment – my GP has referred me to hospital 4 months ago, but I have not been contacted" **(Hub Resident)**

Welcoming, safe and accessible health services

Participants indicated that health services would be more welcoming, safe, and accessible if they were:

- Delivered through outreach or in-reach models
- More affordable
- Staffed by empathetic and compassionate practitioners, alongside increased peer-based support staff

"Listen better – I feel anxious – it can be difficult to understand what's going on – I don't want to feel like a guinea pig" **(Hub Resident)**

- Easier to communicate with, with greater openness to collaborating across providers to address interconnected health needs (e.g., gynaecology and gastroenterology)

"Not having to re-tell stories (and everything that sits behind my story)" **(Hub Resident)**

Discrimination

While five participants reported no experiences of discrimination by health service providers, most described encountering some form of bias. Participants said this discrimination included:

- Assumptions of criminality, with health workers often treating people experiencing homelessness as current drug users

"Face health staff who assume that everyone is a druggo" **(Hub Resident)**

"Taking my canula out when I go for a cigarette (because they assume I'm a druggo) which means I turn into a hole punch-I already feel ashamed for using" **(Hub Resident)**

"A joke and feel like a criminal just because of appearance or history. Just because one's done something illegal doesn't mean they're a crim." **(Hub Resident)**

- Feeling judged by practitioners who lacked understanding of individuals' circumstances or pathways into homelessness
- Breaches of privacy, such as nurse handovers conducted in public areas and routine exposure of personal information during hospital stays and ongoing care

"Lack of understanding of what people have been through" **(Hub Resident)**

"It's a feeling" **(Hub Resident)**

"Makes me feel anxious and uncomfortable" **(Hub Resident)**

"Felt judged for the way I am presented/ feeling judged" **(Hub Resident)**

"Not feeling confident that people will listen" **(Hub Resident)**

- Being denied assessments (e.g. mental health), services, or medication due to inability to pay or differing opinions with providers

"Refused a mental health assessment – not feeling heard" (Hub Resident)

"My requests be(ing) denied. I know more about my mental health than the treatment team." **(Hub Resident)**

Improving health provider understanding

When asked what they wished health providers understood about the challenges of managing their health, participants highlighted the need to recognise the whole-of-life impacts of their circumstances.

"Homelessness affects all aspects of wellbeing - everyday" **(Hub Resident)**

"I can't plan" **(Hub Resident)**

"That every day is hard – there is no energy, no privacy, no dignity – I feel embarrassed and ashamed" **(Hub Resident)**

"Medications don't help control sadness, more focused emotional therapy is needed for trauma survivors" **(Hub Resident)**

Being homeless makes people feel nervous, means they can't sleep properly and feel depressed and anxious:

"I've lost the ability to care – lost my sense of self" **(Hub Resident)**

Practical barriers to health services:

"Not having a postal address means I can't get hospital letters and can't access local services (when I move around)" **(Hub Resident)**

"Being homeless is expensive" **(Hub Resident)**

"I can't keep bottles of shampoo or hygiene products" **(Hub Resident)**

"That getting to and from appointments is hard" and "buses can be unreliable" **(Hub Resident)**

"That I don't have electricity, so I don't always have a phone" **(Hub Resident)**

"My prescriptions get stolen" **(Hub Resident)**

What health providers could do differently

When asked what they wished health providers would do differently, participants suggested:

- Improve continuity of care by sharing funding across regions and providers, avoiding repeated intake processes
- Recognise that everyone has a personal history contributing to their experience of homelessness
- Show greater empathy and allow more time for individuals to process information and take action

"Sometimes homelessness happens due to health and poor treatment" **(Hub Resident)**

"Doctors are in a job – they get stuck in a rut – they don't recognise that NO-ONE wants to be in hospital" **(Hub Resident)**

"I may have been misdiagnosed. They may have been wrong" **(Hub Resident)**

"Know me more personally" **(Hub Resident)**

"To be able to have my say about my mental health – have a choice" **(Hub Resident)**

"What could have helped me is having mental health support – psychologist, counselling for depression, anxiety and complex PTSD" **(Hub Resident)**

DISCUSSION

The findings highlight complex, co-occurring physical and mental health conditions among participants, alongside significant unmet need for timely, accessible primary and specialist care. On-the-day health screening identified a range of chronic and acute conditions, including hypertension, diabetes, unmanaged chronic pain, and mental health concerns, reinforcing the value of opportunistic, in-reach health models in reaching populations who may otherwise experience fragmented or delayed care. The identification of three participants requiring urgent escalation for elevated blood pressure further underscores the importance of proactive screening in settings supporting people experiencing homelessness.

Participants consistently identified systemic barriers to care, with access to bulk-billing general practice, dental services, and mental health support emerging as key gaps. These barriers were compounded by practical constraints such as transport availability, financial cost, and instability of contact details, which together contribute to delayed presentation and increased reliance on emergency departments when conditions deteriorate. The data suggest that fragmentation across services, coupled with limited continuity of care, continues to undermine effective chronic disease management.

Health pathway findings indicate that while discharge planning from hospital settings was generally perceived positively, post-discharge support remains uneven. Participants valued connections to community-based services, particularly mental health and disability supports, but identified ongoing gaps in follow-up, coordination, and accountability between hospital and community care. This suggests that existing discharge processes may not fully account for the complexity of social determinants affecting recovery and ongoing health maintenance.

A consistent theme across the World Café and survey data was the importance of relational, trauma-informed care. Participants emphasised the need for healthcare environments characterised by empathy, continuity, and reduced repetition of personal histories. Experiences of stigma and discrimination were commonly reported and were expressed as assumptions about substance use, breaches of privacy, and being treated

impersonally within clinical systems. These experiences appear to actively deter engagement with services and reinforce feelings of exclusion from mainstream healthcare.

Importantly, participants demonstrated clear insight into the structural determinants shaping their health. Housing instability, lack of transport, limited access to communication devices, and medication security were all identified as direct barriers to effective self-management. These findings reinforce that health outcomes for people experiencing homelessness cannot be separated from broader social and material conditions.

Overall, the results support the need for integrated, outreach-based models of care that combine accessible primary healthcare with coordinated wrap-around supports. Strengthening collaboration between health services, homelessness services, and culturally safe Indigenous health providers is likely to improve continuity of care and reduce avoidable escalation into acute services. The findings also highlight the importance of embedding lived experience perspectives into service design to ensure health responses are responsive to both clinical complexity and lived realities.

Strengths and Limitations

The project demonstrated several key strengths, particularly the use of a co-designed, lived experience approach that directly informed both the World Café and survey design. This ensured participant voices shaped the engagement process, while on-site health screening enabled immediate identification of health needs and facilitated timely follow-up and referrals. The integration of homelessness services and primary healthcare within a trusted in-reach setting supported strong engagement and contributed to a holistic understanding of both health status and service access barriers.

Participants and clinicians consistently provided positive feedback about the approach. Hub residents highlighted the value of respectful, non-judgemental engagement and the sense of care experienced during the event, noting: “It was really nice to have a chat and felt like people cared about my health.” Clinicians similarly reflected positively on the collaborative model, with one nurse stating, “It was a great day, and we would be keen to be involved for any future events or initiatives.” The provision of food, clothing, and participation payments was also identified as supporting respectful and ethical engagement, alongside the opportunity for participants to choose how they engaged in the activities.

However, several limitations should be noted. The activity involved a small, single-site cohort, meaning findings reflect the experiences of those attending the Hub on the day and may not be representative of the broader population experiencing homelessness on the Sunshine Coast. Participation was self-selecting, which may have influenced the range and diversity of perspectives captured. In addition, due to the flexible approach to adapted on the day in response to participant preferences, attendance at the World Café was fluid (some people completed different questions at different times) and not formally counted. As a result, the total number of participants engaging in this component cannot be accurately reported, which limits the precision of participation data and engagement analysis.

Operationally, clearer role definition for facilitators and staff welcoming participants would likely have improved consistency in engagement and strengthened the flow of activities across the event. In addition, limitations in physical space reduced the ability to ensure full privacy during health assessments, which may have affected participant comfort and confidentiality during clinical interactions.

Next steps

Sunshine Coast Zero stakeholders will use information gathered from both the Co-design workshop and the Help Us Help You: Accessing Health and Wellbeing Support event to guide some small-scale, and localised prototyping of potential opportunities to respond to some of the health challenges faced by people experiencing homelessness.

It is hoped that the rich insights generously shared by participants in both events will also expand understandings of the nature of challenges faced and support richer and more nuanced conversations regarding case coordination, service delivery and commissioning of future primary healthcare services.

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APPENDIX A: Australian Homelessness Vulnerability Triage Tool (AHVTT) Data, Sunshine Coast, 31st March 2026.

SUNSHINE COAST ZERO
ENDING HOMELESSNESS IN OUR REGION

VULNERABILITY STATEMENT

31 March 2026

Sunshine Coast Zero aims to end and prevent homelessness for individuals, youth and families, starting with those who are or have been sleeping rough- on the streets, in parks, in tents, in cars, or cycling through motels and emergency accommodation. By **2032** we aim to achieve this goal.

667 Individuals, youth and families

The data provides valuable information on people's needs, assists in triaging the most vulnerable and advocating for system change.

667 Individuals, youth and families

Average Age:
36 years

♂ **51%**
♀ **48%**
⚹ **1%**

Indigenous
28%
Identified as

Average time homeless
1 year 9 months

52% of people were sleeping rough, meaning they are sleeping on the streets, in parks, or cars at the time of survey

HEALTH & WELLBEING

31% do not seek medical help when unwell

60% have a diagnosed **mental health condition**

50% have a serious **ongoing health issue**

16% have been denied **medical help while homeless**

17% not taking **medications** as prescribed

Common diagnosed **mental** health issues

- **50% Anxiety disorder**
- **38% Clinical depression**
- **35% Post traumatic stress disorder**
- **17% Bi-polar disorder**

Common diagnosed **physical** health issues

- **25% Brain injury/Head Trauma**
- **17% Asthma**
- **12% Dental problems**
- **11% Heart disease**

36% were high health service system users

15% were taken in an ambulance to hospital 5 or more times in the past year

23% went to the emergency department 5 or more times in the last year

24% were admitted to the hospital for 5 or more nights in the past year

APPENDIX B: Completed Convening Canvas developed with Street Up participants.

SUNSHINE COAST ZERO: ENGAGING PEOPLE WITH LIVED + LIVING EXPERIENCE OF HOMELESSENESS

1 Purpose

Why does Sunshine Coast Zero want to engage people with lived + living experience of homelessness?

The purpose is to learn more about the health challenges faced by people with lived + living experience of homelessness so that Zero partners can make informed decisions about what changes might help.

2 Context

What's going on that might influence how people participate? About what Zero can do?

- home/housing will always take priority
- triggering - people have experiences of being over-promised + let down
- people feel vulnerable, threatened + scared - lack confidence + trust
- people feel shame - health in particular is a very private matter
- some people's ability to participate will be influenced by lack of sleep, D&A use
- planning in advance is difficult for many - phone issues, appts etc
- people may be hiding because they have been moved out of public spaces
- people feel betrayed by the system - will impact how they interact with people wo represent that system

3 Who + how to invite?

Who should Zero reach out to? How? How many people?

- invitations should:
  - spark curiosity
  - be clear about focus on health
  - be clear about the opportunity to learn
  - be clear about benefits of coming along (e.g. access to Dr/nurse, food, haircuts)
- invite:
  - people on the By Name List - start with Hub residents
  - people with existing health issues

4 How?

How should Zero engage? eg. workshop? 1:1 conversations?

- in-person event at The Hub (all events optional)
- start event with access to food + services (e.g. 10-3)
- hold health-focused World Cafe (e.g. 11-12:30)
- have option for people to answer questions anonymously + 'post' them in a locked box to be read later

5 Location + Vibe?

Where should engagement happen? What sort of vibe should they aim for?

- at the Hub
- on a Sunday - with music to lift vibrations
- spaces for people to self-regulate
- (if not the Hub, liaise with other Zero partners to identify an alternative venue that folk are already familiar/comfortable with)
- judgement-free + non-discriminatory

6 Name

What should we call it?

- Help Us Help You: Improving pathways to health + wellbeing

APPENDIX B: Completed Convening Canvas developed with Street Up participants.

7 Roles
Who would be great on the delivery team + what could they do?

- Peer workers (e.g. from StreetUp) - paid to help welcome participants + help them navigate the event + to host World Cafe tables
- Dr/Nurse/Zero providers to provide basic health services + warm referrals
- Zero staff - engage providers, plan event, print posters/invitations + feedback sheets

8 Activities + questions
What sorts of activities will help gather information? (e.g. paired conversations? group discussions? presentations? QnA? journey maps?). What sort of questions will people be interested in exploring?

- Have health practitioners on site to provide observations, treatments + warm referrals - ideally a GP but if not, a nurse practitioner
- lead conversation with people's experiences and grow/co-create information from there
- Use a World Cafe (peer workers as table hosts, questions developed by Emma, option for people to nominate other questions + to choose which tables they visit in the World Cafe)
- could create a poem or song that captures themes that emerge
- possible questions:
  - What does it look like to be discriminated against when accessing health services?
  - If a health appointment, or treatment pathway was offered to you, what would you need to be able to access it?
  - What do you wish that health providers knew about the challenges you face looking after your health?

9 Welcome
How to welcome people from the start?

- Tea, coffee, food + chats

10 Starting + finishing the session
What's important?

- close the loop - let people know what will happen next

11 Anything else?
Is there anything else that we need to think about?

- attract people by helping them get basic needs met (e.g. shower, food, toothbrush, soap, access to washing machine) and/or offer gift (e.g. handmade necklace, free haircut)
- offer chemist gift vouchers or HEALTHY food hampers to participants rather than cash
- no police presence
- make sure venue is accessible, parking, safe storage for trolleys, pets etc

the good shift

The Good Shift Pty Ltd is helping Sunshine Coast Zero and Country to Coast Qld (Primary Health Network) to understand how they can help people experiencing homelessness to address health issues.

We have worked with people from StreetUP who have lived and living experiences of homelessness to develop four pairs of questions to identify what change might help.

Please answer the questions on the next pages + put your finished survey in the response box. **Let The Hub know once you have completed the survey to receive a $35 gift voucher.**

Your answers will be completely CONFIDENTIAL.

If you have questions about this survey, or would like help answering it, please find **Cathy** from The Good Shift or **Emma** from IFYS/Zero who are both be at the Hub today.

Thank you!

What **health** services would you like to be able to access but can't?

If a health appointment, or treatment pathway was offered to you, what would you need to be able to access it? (e.g. transport, personal support, payment support)

If you have been discharged from hospital in this region in the last 2 years, did you receive help to access community-based health care? (e.g. a GP, counselling appointment etc)

What could have helped you look after your health after discharge?

What could make health services feel more welcoming, accessible and safe?

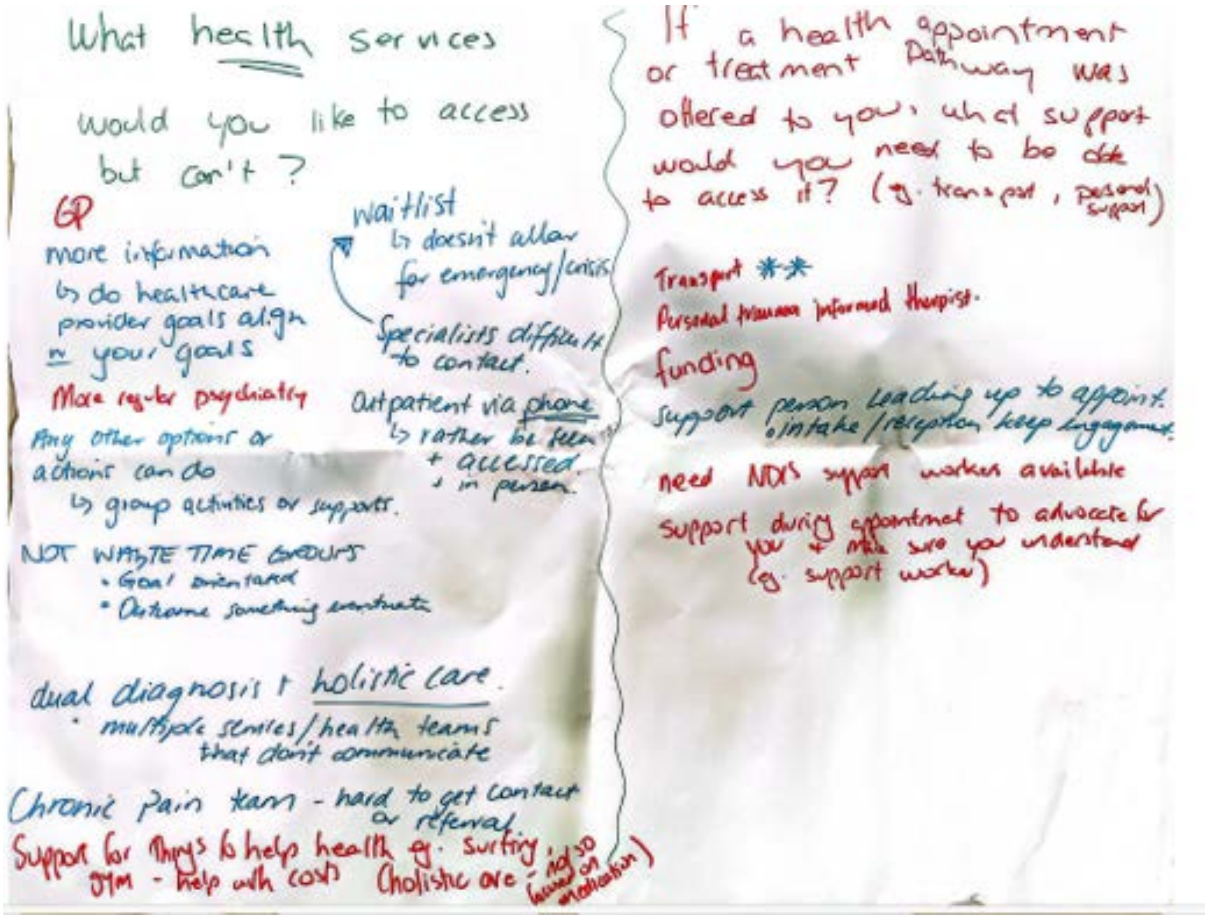
What does it look like to be discriminated against when accessing **health** services?

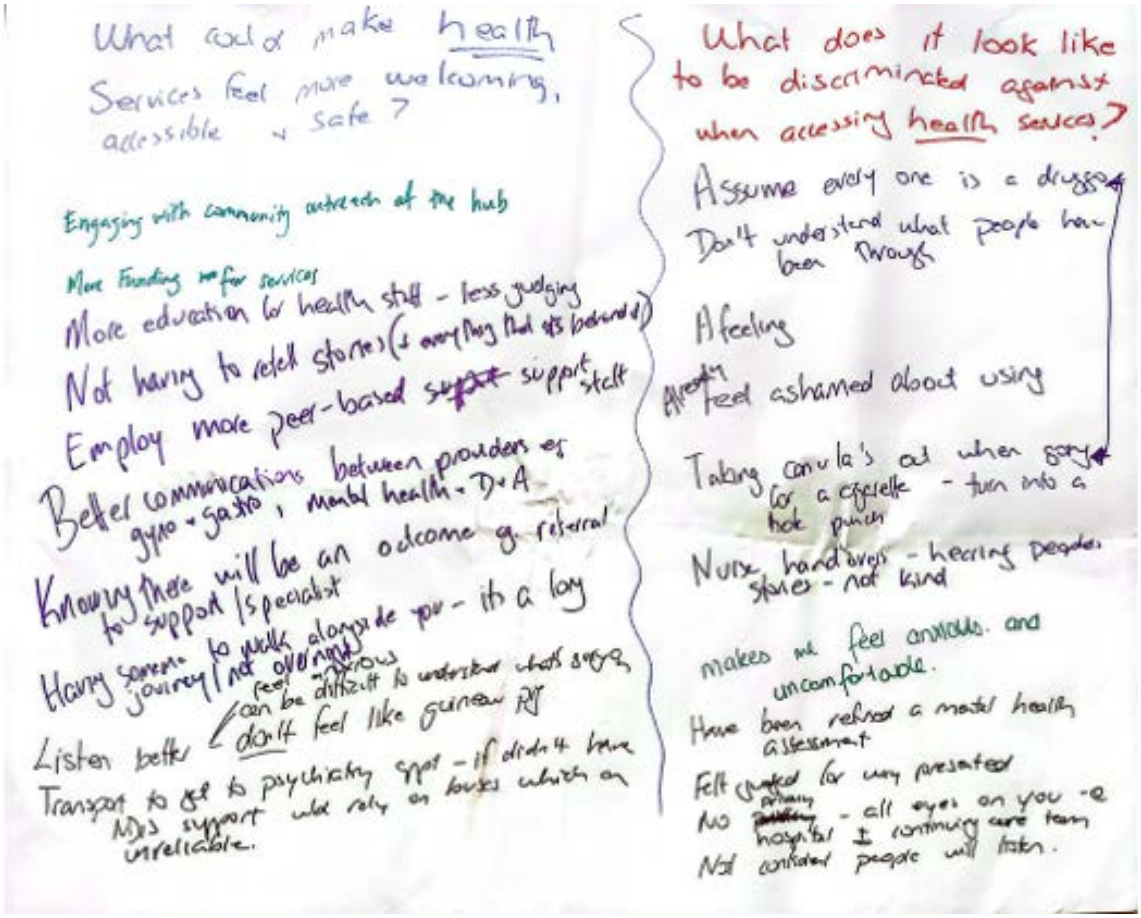
What do you wish that health providers knew about the challenges you face looking after your health?

Thank you for sharing your information with us!

We will use information gathered from all participants at the Hub Day to identify opportunities to improve health supports for people experiencing homelessness.

APPENDIX D: World Café.





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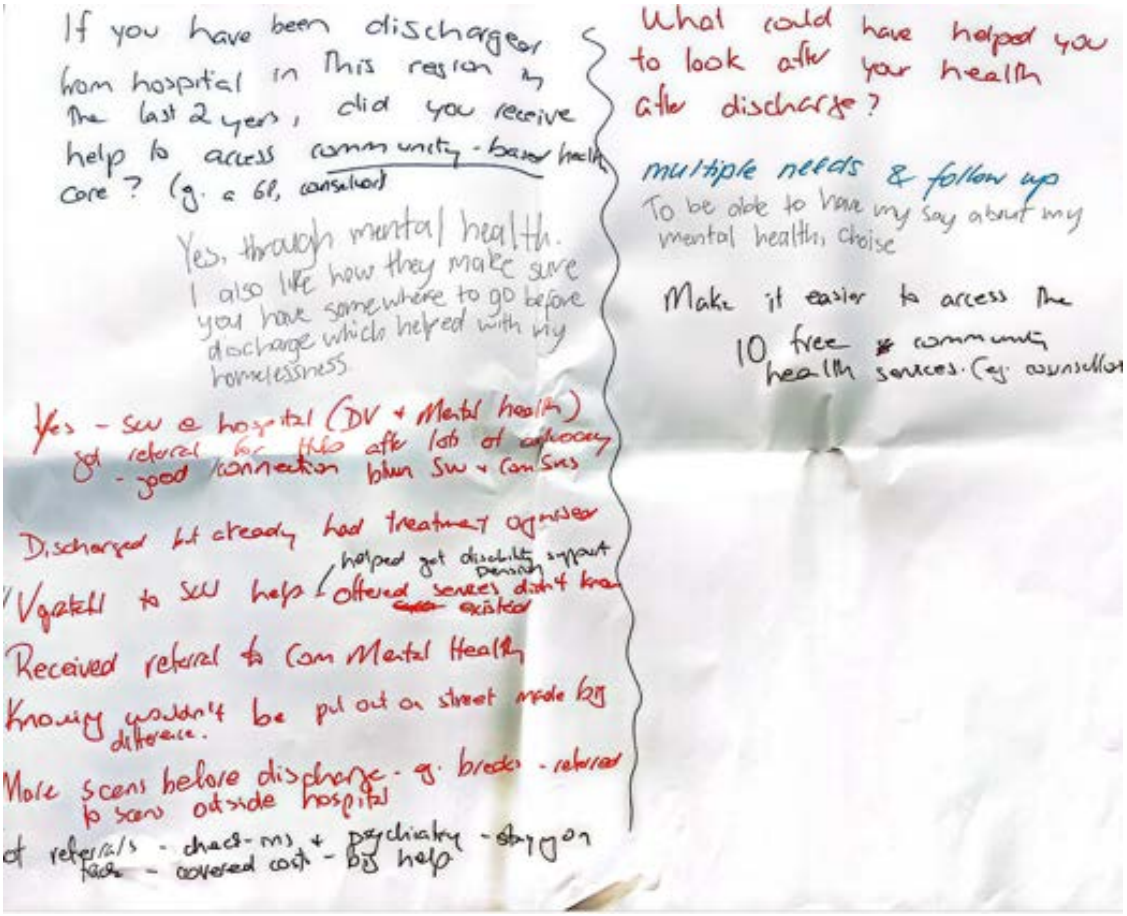

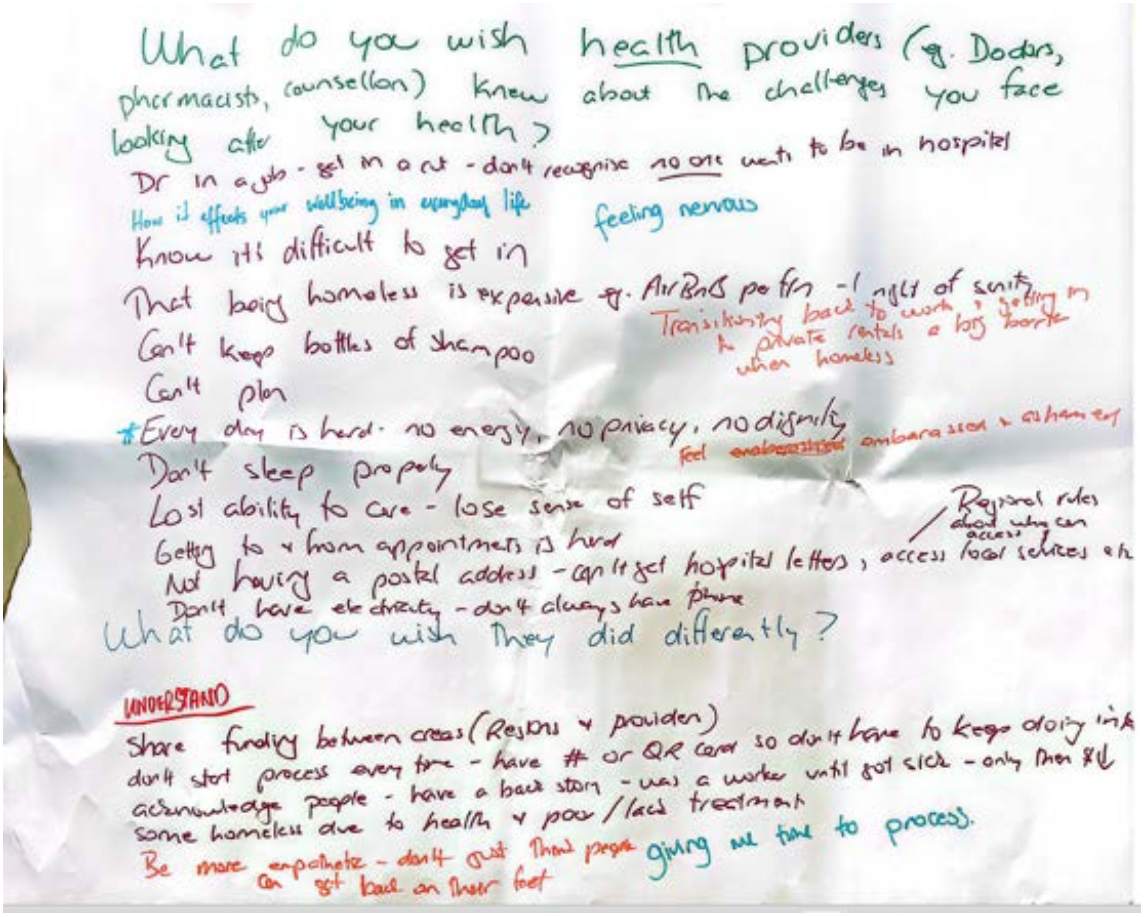

APPENDIX E: Invitation to the Hub Day, (event designed to reflect the outcomes from the Co-Design workshop).

SUNSHINE COAST ZERO
ENDING HOMELESSNESS IN OUR REGION

Sunshine Coast Zero aims to end homelessness in our region. The project is run by IFYS and works with health partners to ensure that people who have or are experiencing homelessness get the health care they need.

Help Us Help You:

Accessing health and wellbeing support

Friday, 24 April • 10.30am – 1.30pm • Kawana Hub
(Conference Room and Recreation Room)

Participation is completely optional

The day is designed to help Sunshine Coast Zero learn about the challenges you face in accessing health and wellbeing support so we can advocate for improvements.

Free
Health check-ups with a Nurse Practitioner from OneBridge

Music, Arts & Crafts

Learning Activities
Small group chats
Private surveys
$35 gift voucher for people who join in these learning activities

Snacks & Lunch Provided

Proudly supported by:

ONE BRIDGE
the good shift
streetup
CCQ COUNTRY TO COAST, QLD Healthy, connected communities
phn CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST An Australian Government Initiative

The funding for this activity is provided by Country to Coast QLD, with support from the Australian Government through the PHN Program.

Proudly supported by the Grants Program
Sunshine Coast COUNCIL

SUNSHINE COAST

ZERO

ENDING HOMELESSNESS IN OUR REGION

IFYS

'Strengthening the Human Spirit'