



Business Case Report

For Sunny Street Mobile Outreach

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EXECUTIVE SUMMARY

Sunny Street is a Queensland-based outreach service led by doctors and nurses whose mission is "to facilitate community connectivity and improve access to health care options". This Business Case Report identifies how Sunny Street's service delivery has evolved over time, and how they can leverage key strengths, such as their extensive range of partnerships to provide more and improved services to the community. The report seeks to assist Sunny Street in achieving their mission through analysis of current patient and volunteer data, as well as external trends and influences. A synthesis of findings identifies strengths and weaknesses in the current business model and Sunny Street's ability to respond to trends. The report highlights key areas where improved business intelligence practices could help Sunny Street grow and deliver even greater impacts. These were:

- Understanding barriers for underrepresented demographics and new patients
- Leveraging existing partnerships
- Gathering critical feedback from clients
- Improvements in data collection practices through current platform

Analysis of internal and external data sources to guide strategic actions will assist Sunny Street in reaching its objective to expand their services nationwide.



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The Organisation

In 2018, Dr Nova Evans and Sonia Goodwin created Sunny Street, a Queensland-based outreach program aimed at providing equitable healthcare services for the homeless and under-privileged (Sunny Street, n.d.). Their overarching mission is “to facilitate community connectivity and improve access to health care options” (Sunny Street, n.d.). Some of the services they provide include health consultations, health education, wound treatment, and immunisations.

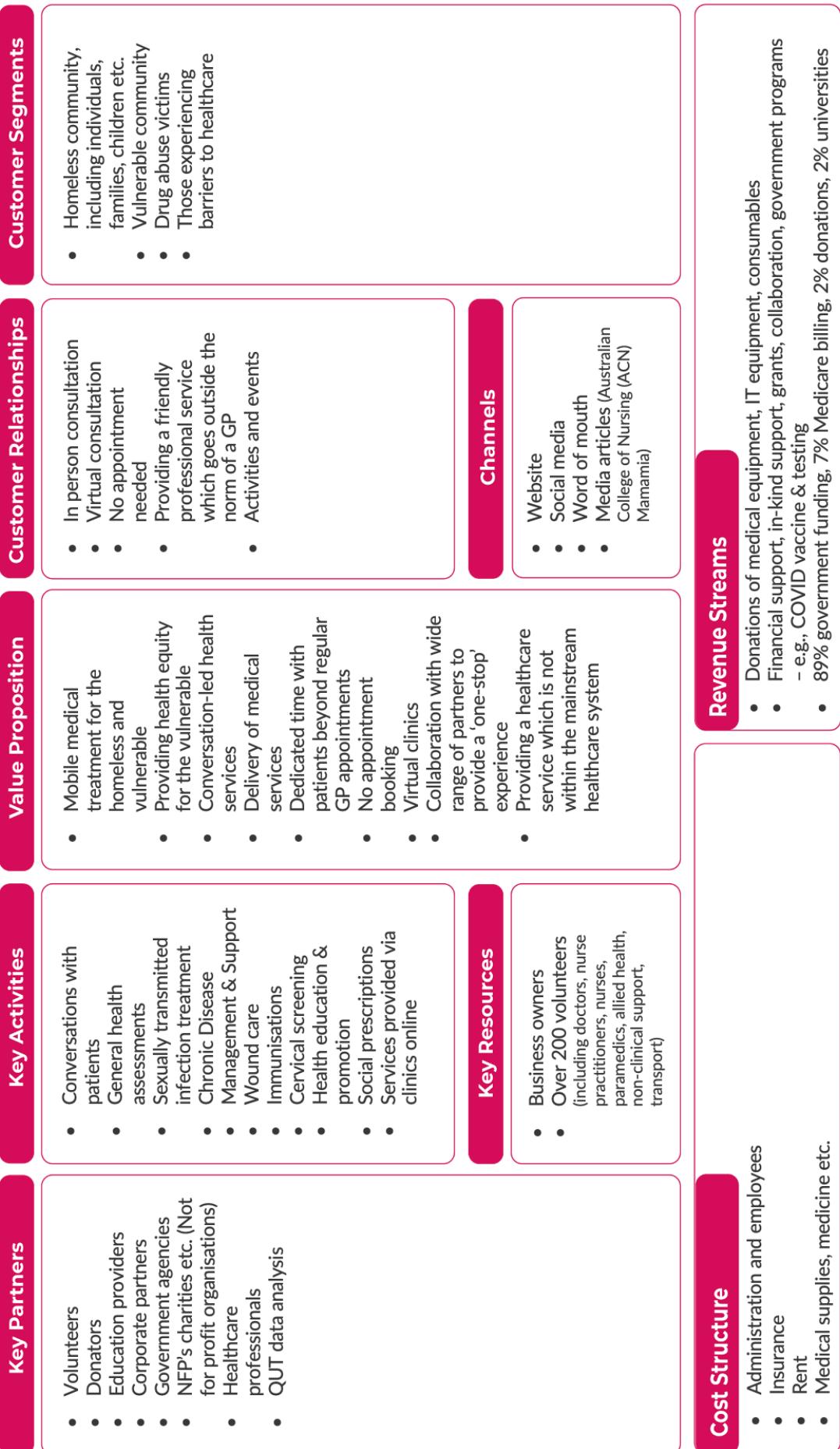
Sunny Street’s Business Model

Sunny Street’s initial business model centred around providing medical assistance to the homeless and vulnerable communities. They later adopted a conversation-led health care service model - a unique model that differentiates their services from other initiatives. Their current business model is presented in Figure 1 below.

Figure 1

Sunny Street's Business Model Canvas

Business Model Canvas



Value proposition

Sunny Street aims to lower the barriers to accessing healthcare, provide an alternate option to mainstream healthcare systems, and deliver a 'one-stop' experience for their patients. Their services are mobile, and do not require appointments, allowing vulnerable patients to access their services easily. Their model of care includes traditional healthcare services as well as social prescriptions and assistance with living and financial arrangements impacting their patients' health.

Resources/Partners

Sunny Street relies heavily on volunteers, commercial partnerships and funding to operate. Their staffing consists of deeply passionate unpaid volunteers - including doctors, nurses, allied health practitioners, and non-clinical individuals. The existing collaborations with business partners include the advertising of their services. These partnerships have given Sunny Street the invaluable and low-cost opportunity to grow their brand, and gain access to medical donations. Therefore, it is vital for the sustainability of their business and their future expansion plans that they are able to maintain and increase these resources.

Key Activities

At the heart of Sunny Street's approach is the conversation-led health care service model - a unique model that has not been provided elsewhere. It involves genuine empathic conversations with clients and providing medical consultations which they would not otherwise have access to due to disenfranchisement from mainstream healthcare systems. These services are delivered in person and online via a virtual clinic.

Data Analysis Approach

To grow sustainably and provide even greater impact, it is important to understand how Sunny Street's service has evolved. Trends discovered through data analysis present a range of potential opportunities and risks for Sunny Street to consider.

The process below has been followed to analyse the data and draw recommendations for an improved data-led strategy and business model.

01 Analysis of Sunny Street Data

- Obtained, cleansed and categorised Sunny Street datasets

02 Analysis of External Environment

- Applied the PESTEL framework to identify and analyse relevant external factors and trends

03 Synthesis of Findings

- Used SWOT analysis to synthesise the findings of data analysis
- Identified key themes

04 Improved Data-Led Strategy and Business Model

- Recommended strategic actions for Sunny Street to improve their business
- Linked actions with data required, and relevant methods of data collection and analysis

Summary of Datasets Supplied

Datasets supplied

Two datasets were supplied by Sunny Street, herein referred to as the 'Patient dataset' and the 'Volaby dataset' (see Appendix A for a breakdown of the data). The Patient dataset contained basic patient data including their age and gender while the Volaby dataset contained detailed information on each volunteer shift.

Limitations of the datasets

Table 1: Limitations found in the datasets

No.	Limitation	Reason
1	Volaby dataset and the Patient dataset was not linked	Trends between patients and services, patient revisit, or common services among different age groups, genders, ethnicities, and geographical locations could not be identified.
2	Large quantity of null data entries	Patient dataset: <ul style="list-style-type: none">• Ethnicity: 46% 'null', and 4% 'not provided'• Gender: 8% 'unknown'• Year of birth: 5% listed as '1900' (likely this means the year of birth is unknown) Volaby dataset: <ul style="list-style-type: none">• Journal entries: 37% 'null'• Patient feedback received: 34% 'null'• Service provider feedback: 44% 'null'
3	Human errors in the data	Many of the feedback inserted into the 'service provider feedback' field likely belonged to the 'patient feedback' field.
4	Dataset does not span across a consistent period	The Volaby dataset ranged from June 2019 to April 2021. 2020 was the only year where data was collected across a 12-month period. Both 2019 and 2021 contained partial year data. Thus, data comparisons could only be made on a monthly basis rather than yearly.
5	Bias in data	Fields such as the journal entry, patient and service provider feedback, and safety ratings are prone to bias.

Assumptions made in analysing the datasets

Table 2: Assumptions made in analysing the datasets

No.	Assumption
1	The two datasets were not collected on the same data collection platform.
2	Sunny Street does not update government databases (ie My Health Record) with the patient's health care plans or medications. Or alternatively, Sunny Street does not use government databases for the collection of patient information.
3	It is assumed that data related to Tait Duke Cottage is for YouTurn Youth Service.
4	It is assumed that some interaction types which had a lot of null values in the earlier data were added into the data collection system later as opposed to being a new service altogether.

Data Analysis and Visualisation

Sunny Street's Patients

Number of new Patients By Year:

498
2019

472
2020

90
2021

Age

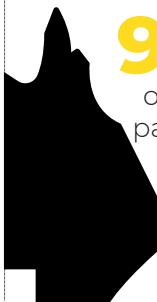


Sunny Street's youngest patient is **1** years old.



Sunny Street's oldest patient is **84** years old.

70% of patients are aged between 26 - 65 years old



99% of all Sunny Street patients live within Queensland

58% of Sunny Street's patients are from the Sunshine Coast

27% of Sunny Street's patients are from Brisbane

74% of new Sunny Street patients in 2021 lived within the same postcode as a Sunny Street activity centre

Gender



52.08%

Male



39.25%

Female



8.68%

NA

60%

of all Sunny Street patients live within the same postcode as a Sunny Street activity centre

10.66%

identified as Aboriginal or Torres Strait Islander



Patient Trends

Patient locations

The majority of:

- Queensland's homeless population live in Brisbane LGA (ABS, 2016)
- Sunny Street's patients live in Sunshine Coast LGA

There are larger numbers of people experiencing homelessness living in Greater Brisbane LGAs (Moreton Bay, Logan, Gold Coast) than the Sunshine Coast. However, currently Sunny Street sees less patients in the Brisbane activity centres.

Figure 2

Map of Homeless Population and Sunny Street's Patients

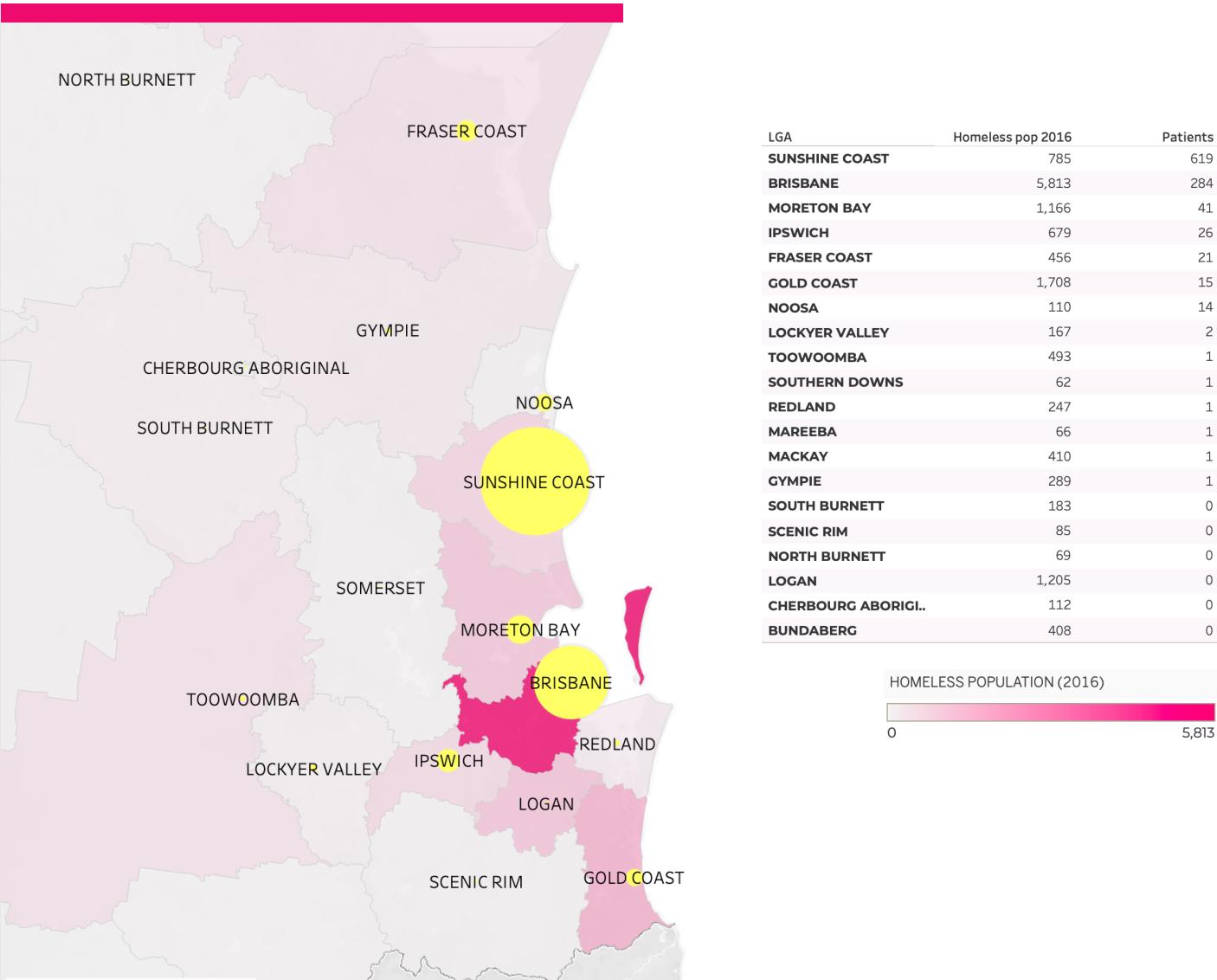




Figure 3

Age group distribution of new patients each year

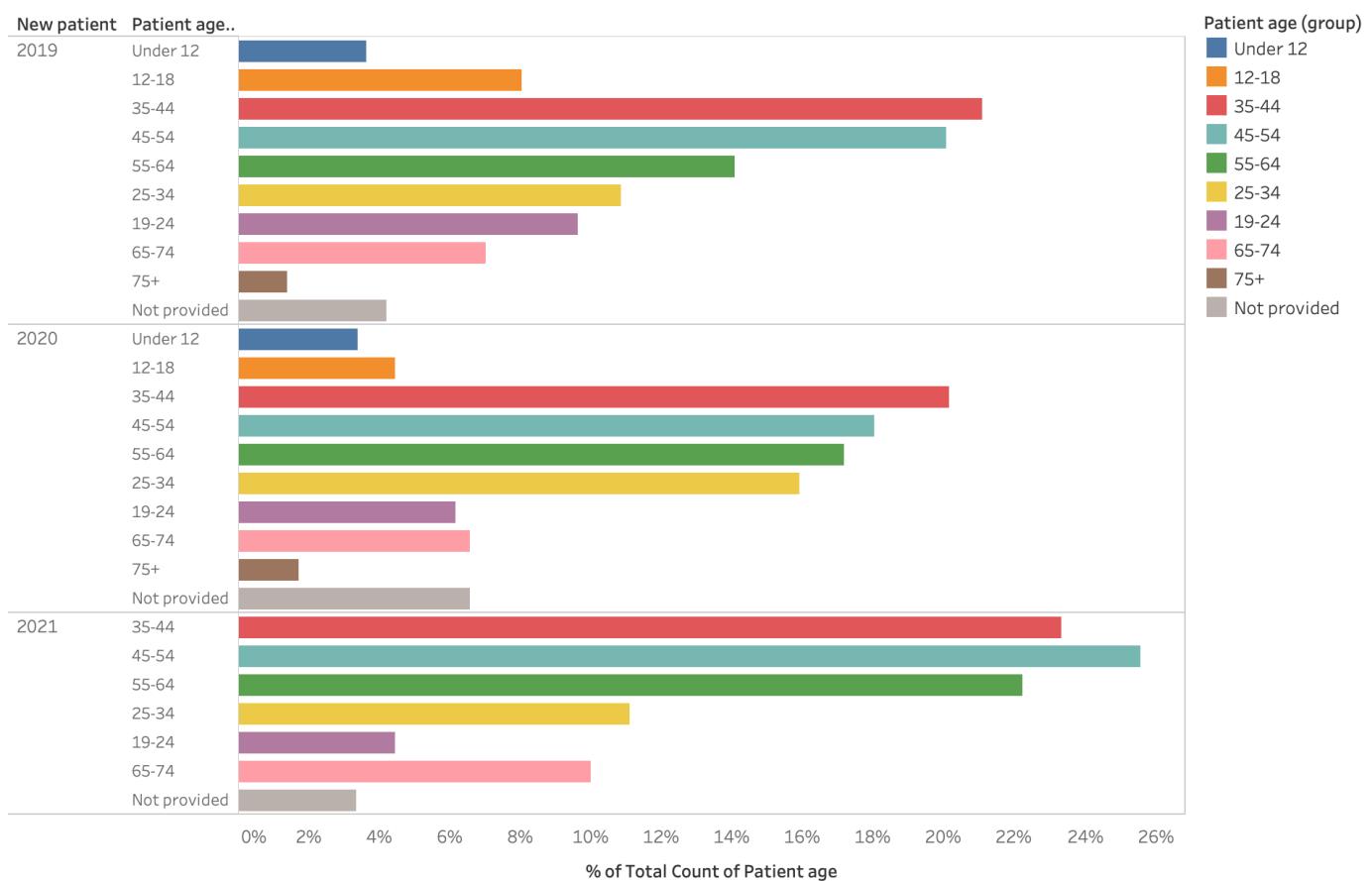
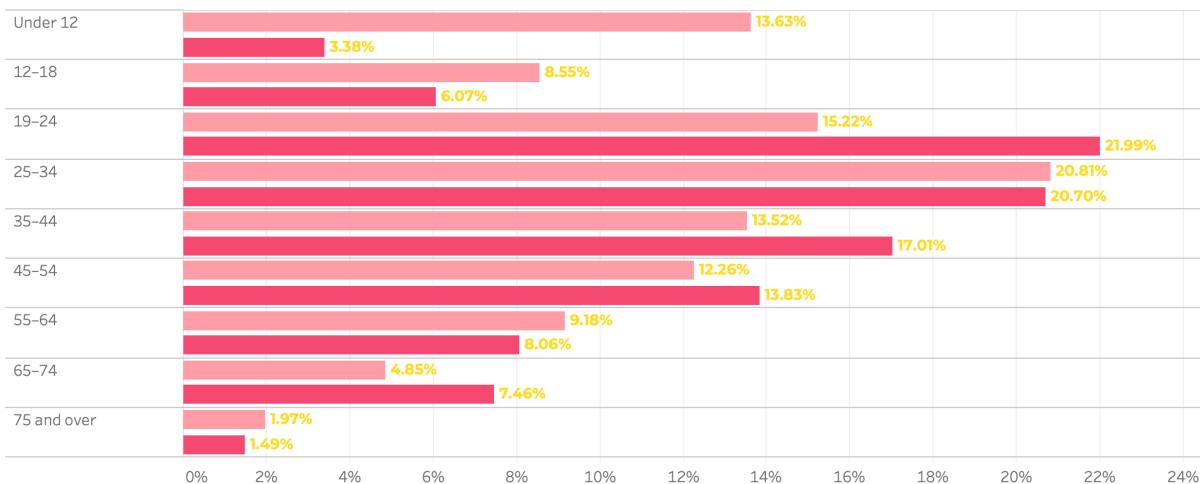


Figure 4

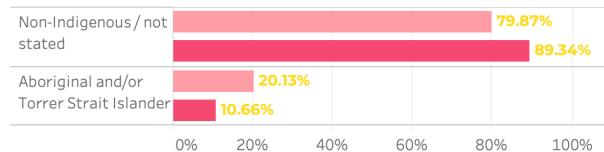
Age group distribution, Ethnicity, and Gender comparison with ABS data

Patient demographics

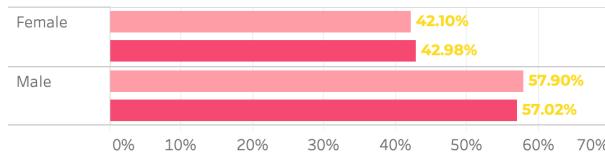
A. Age distribution



B. Ethnicity



C. Gender



■ Australian Homeless Population
■ Sunny Street Patients

Age groups

The population aged under 18 years old are generally underrepresented amongst Sunny Street's patients when compared against the Australian homeless population (ABS, 2016). In 2021, there have been no patients 18 years or younger.

Ethnicity

Approximately 20% of the Australian homeless population (ABS, 2016) identifies as Aboriginal or Torres Strait Islander (ATSI), compared with approximately only 10% of Sunny Street's patients.

Gender

Sunny Street's patients are generally consistent with the Australian homeless population figures on gender (ABS, 2016).

Sunny Street's Services

24,358

total interactions to date

39

Established partnerships with external organisations (including Grill'd, Volaby, Dailybread, Wesley Mission & Orange Sky)

Since August, Sunny Street has provided through its Activity Centres:



14,620

conversations with patients



4739

education sessions



3478

consultations (including 131 telehealth)



1521

informal and formal referrals

Centres

11

Street Clinics

1

Weekly Virtual Clinic

4

Brisbane, Gold Coast, Fraser Coast & Sunshine Coast

QLD Regions

2

Metro based centres

9

Regionally based centres

Interaction Types

4

types of **consultations** (Medical, Nurse Practitioner, Nursing/Paramedic, Allied Health & Telehealth)

5

types of **conversations** (Suicide Prevention/Planning, Mental Health, Substance Use, Service Provider & Patient)

2

types of **education** interactions (Health education & Medication education)

Shift Safety

Shift safety was measured on a scale of 1 - 5, 1 being the least safe, and 5 being the safest

Average

4.895

was the average shift safety rating across all activity centres

1372

hours of clinic have been delivered through all activity centres since 2019

More than

200

volunteers including 20 doctors

Growth of Sunny Street's Services

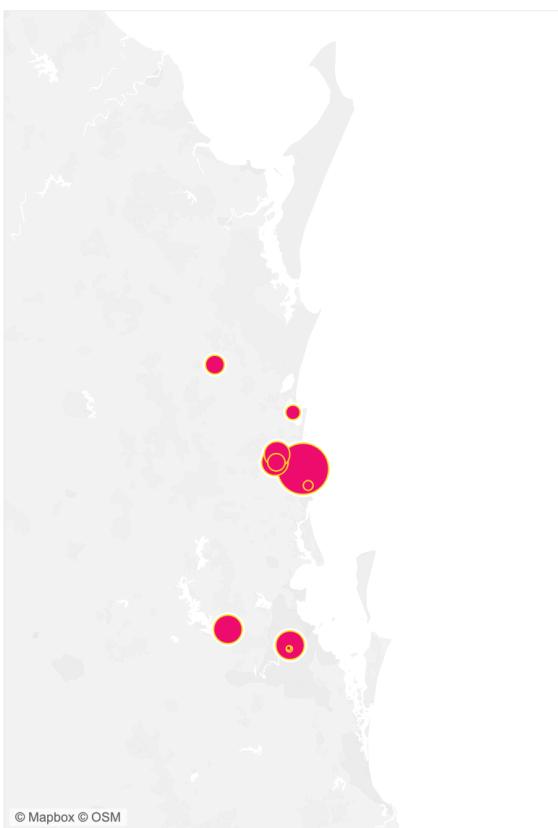
Since September 2019, the total number of interactions with patients has doubled. Ten activity centres were opened in the first 12 months of operation, followed by an additional four centres in the second year.

Figure 5

Growth of Sunny Street's Services since September 2019

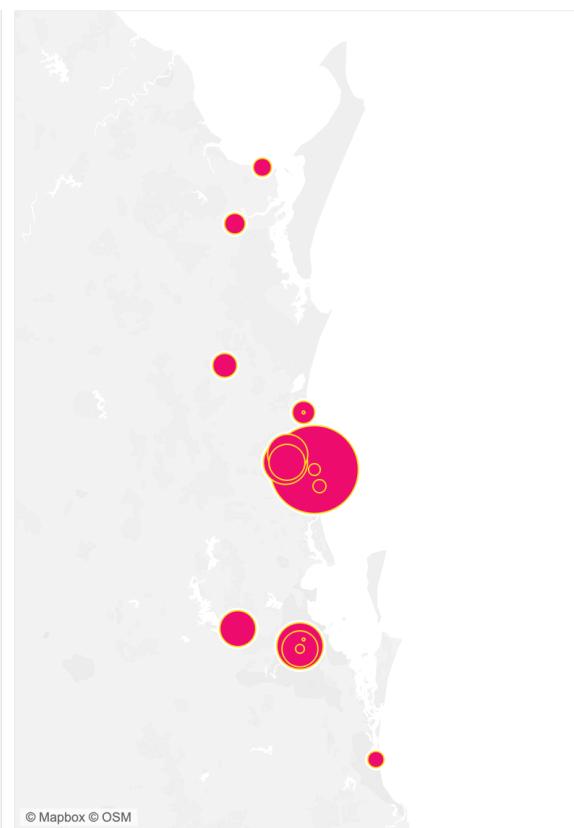
YEAR ONE

August 2019 - July 2020



YEAR TWO

August 2020 - April 2021
(Partial year)



12,726

Interactions

10
Activity
Centres

7,125

Conversations

2,154
Consults

2,425
Education sessions

1,022
Referrals

24,358

Interactions

14
Activity
Centres

14,620

Conversations

3,478
Consults

4,739
Education sessions

1,521
Referrals

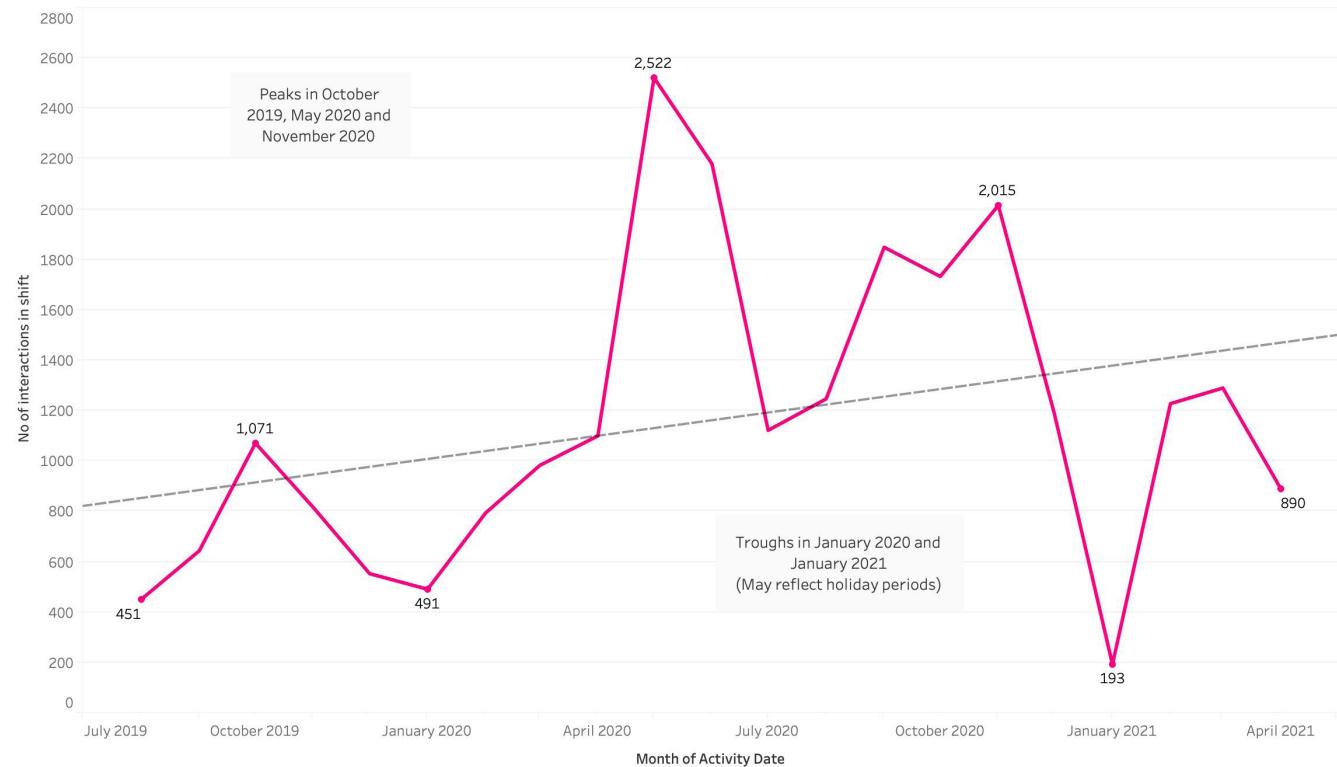
Trends across all Activity Centres

Since August 2019, the total number of services delivered by Sunny Street across all activity centres has trended upwards. There are some notable peaks and troughs in delivery at certain times. In particular, there seems to be less activity around January. For a breakdown of each activity centre, refer to Appendix B.

Figure 6

Number of interactions over time across all activity centres

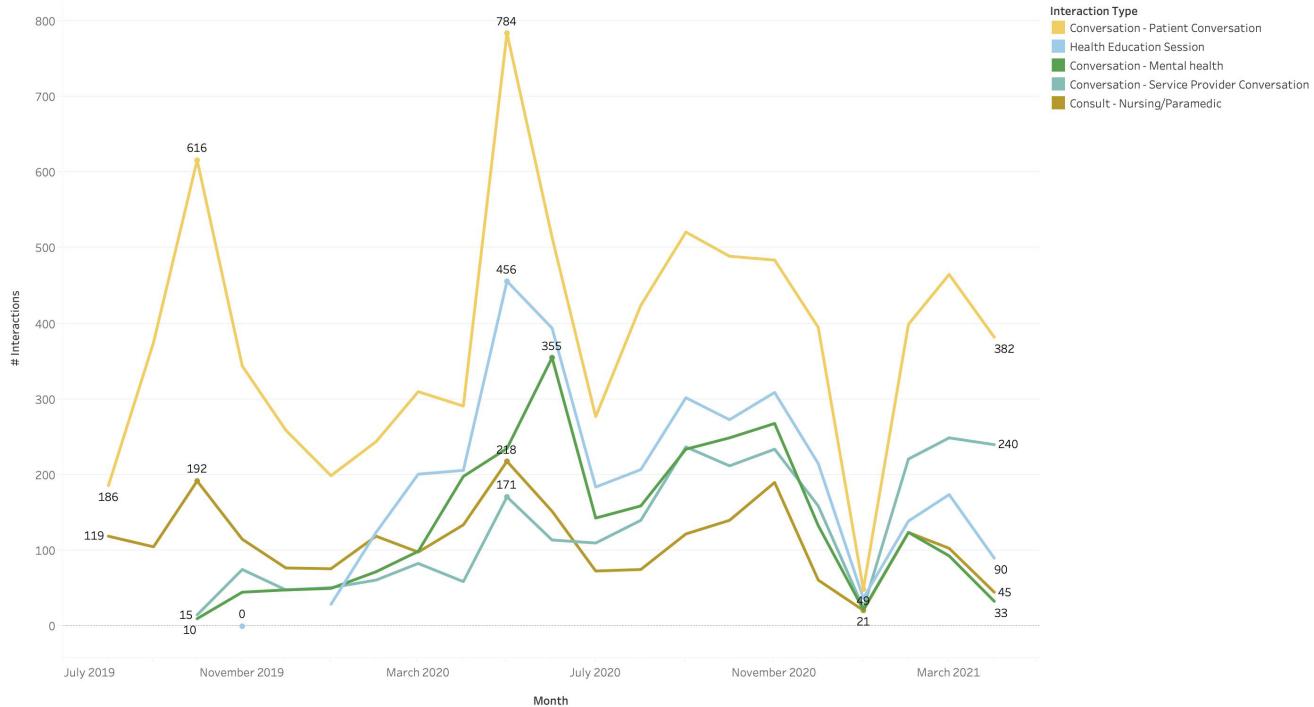
Number of interactions over time



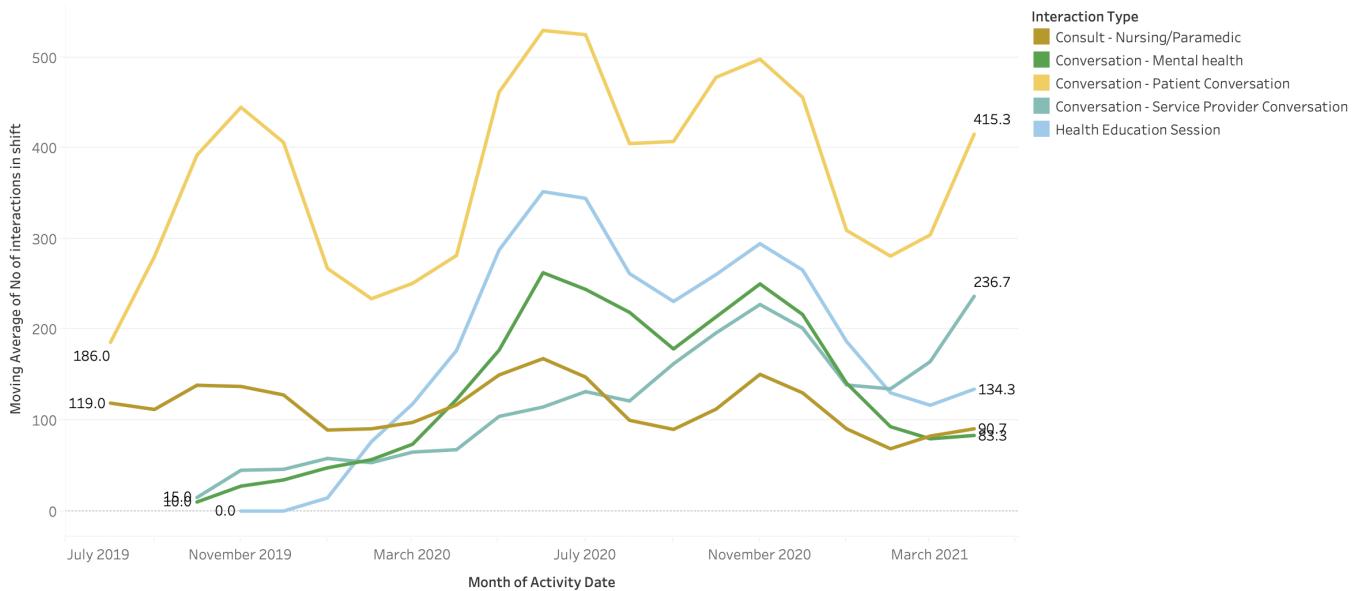
Top 5 Interaction Types

Figure 7

Top 5 interaction types, as determined by the total number of interactions to date

**Figure 8**

Top 5 interaction types, as determined by the monthly average number of interactions to date

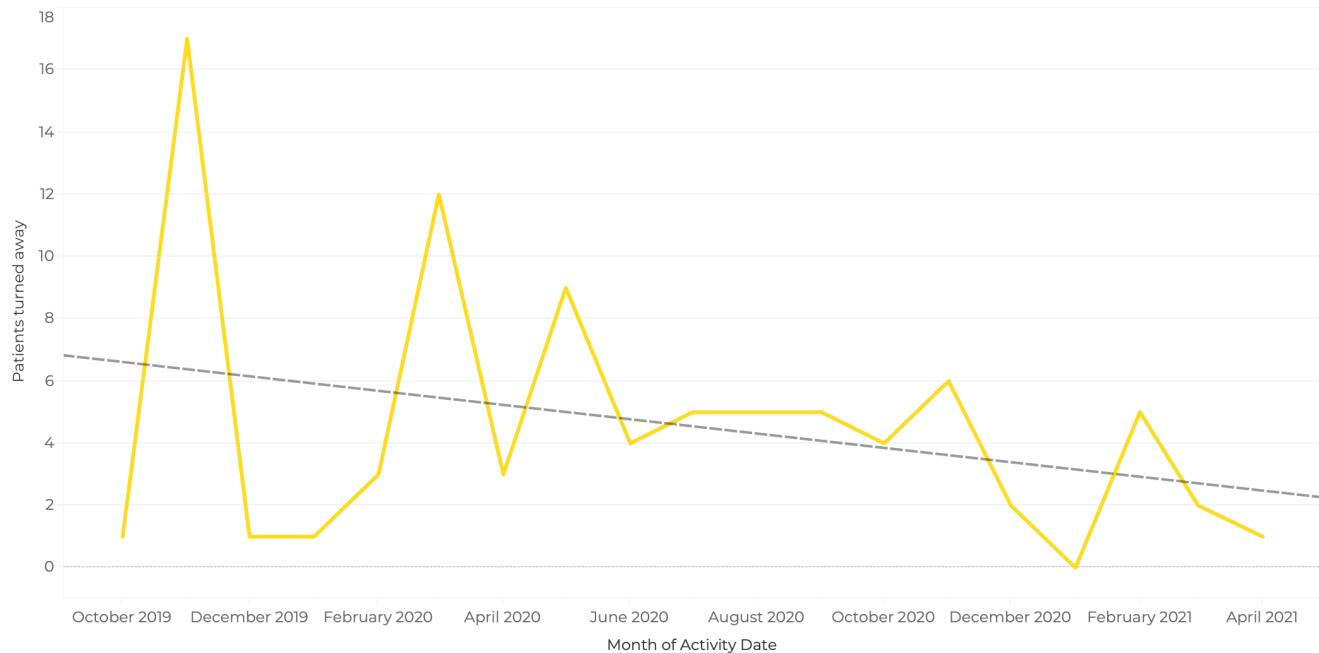


The average number of each interaction is generally trending upward, excluding nursing and paramedic consults which is trending downward. There is no data available suggesting why, however it is likely attributed to a lack of resources available to provide the service.

Patients Turned Away

Figure 9

Total number of patients turned away to date



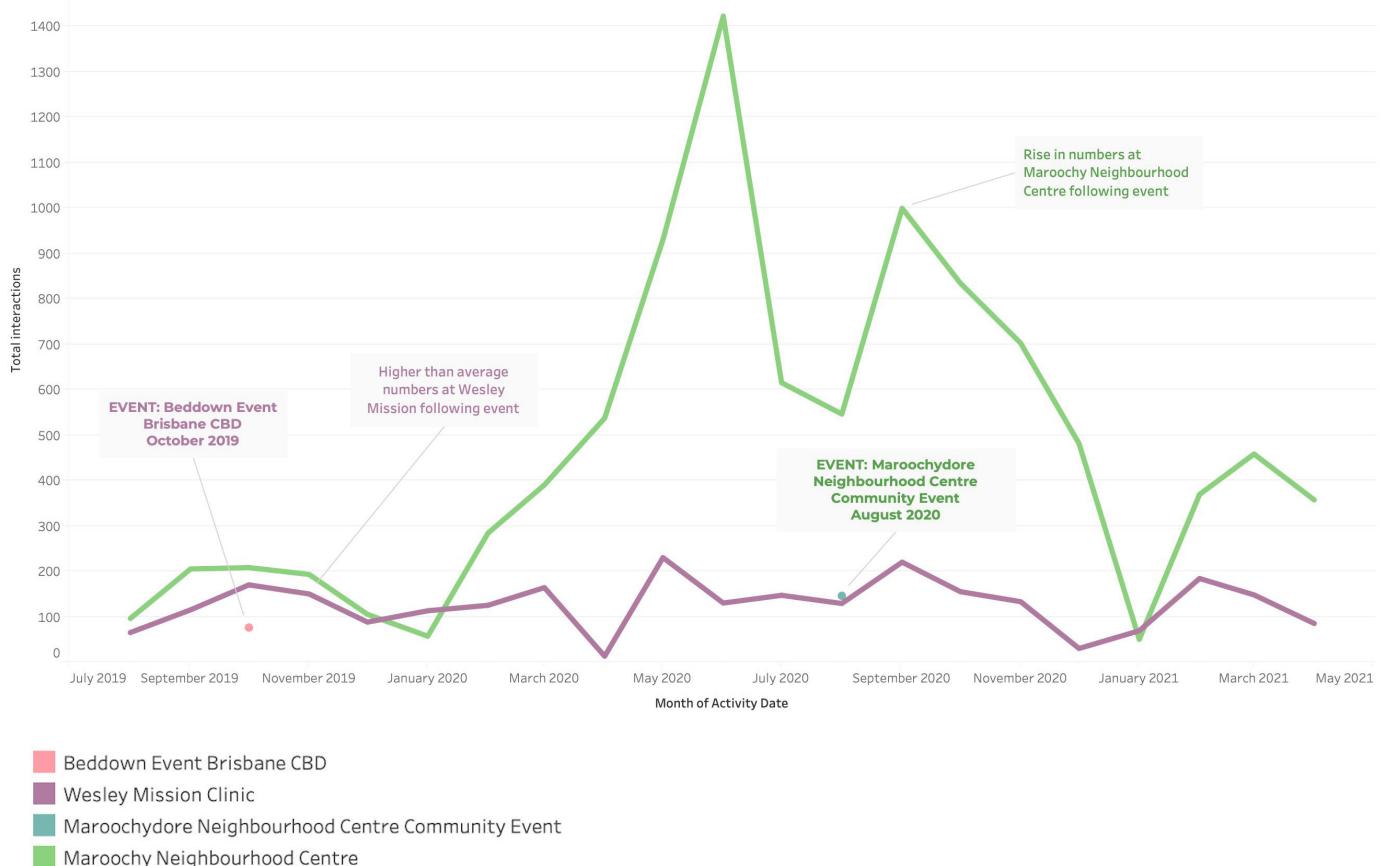
The number of patients being turned away is low and trending downward. Larger numbers of patients were turned away in November 2019 and March 2020 which could be correlated with time constraints, shortage in staff, or with the introduction of COVID-related lockdowns. Sunny Street generally prioritises children over single adults. Turning away patients has the potential to further increase disengagement of patients from the health system. Longer clinics, additional resources or linking patients with alternative services may help to improve engagement.

Events

Sunny Street has held two main events. It appears the events have had an impact on Sunny Street's services as there is a notable rise in interaction numbers at the Maroochydore Centre and the Wesley Mission in Brisbane in September 2020.

Figure 10

Interactions following events



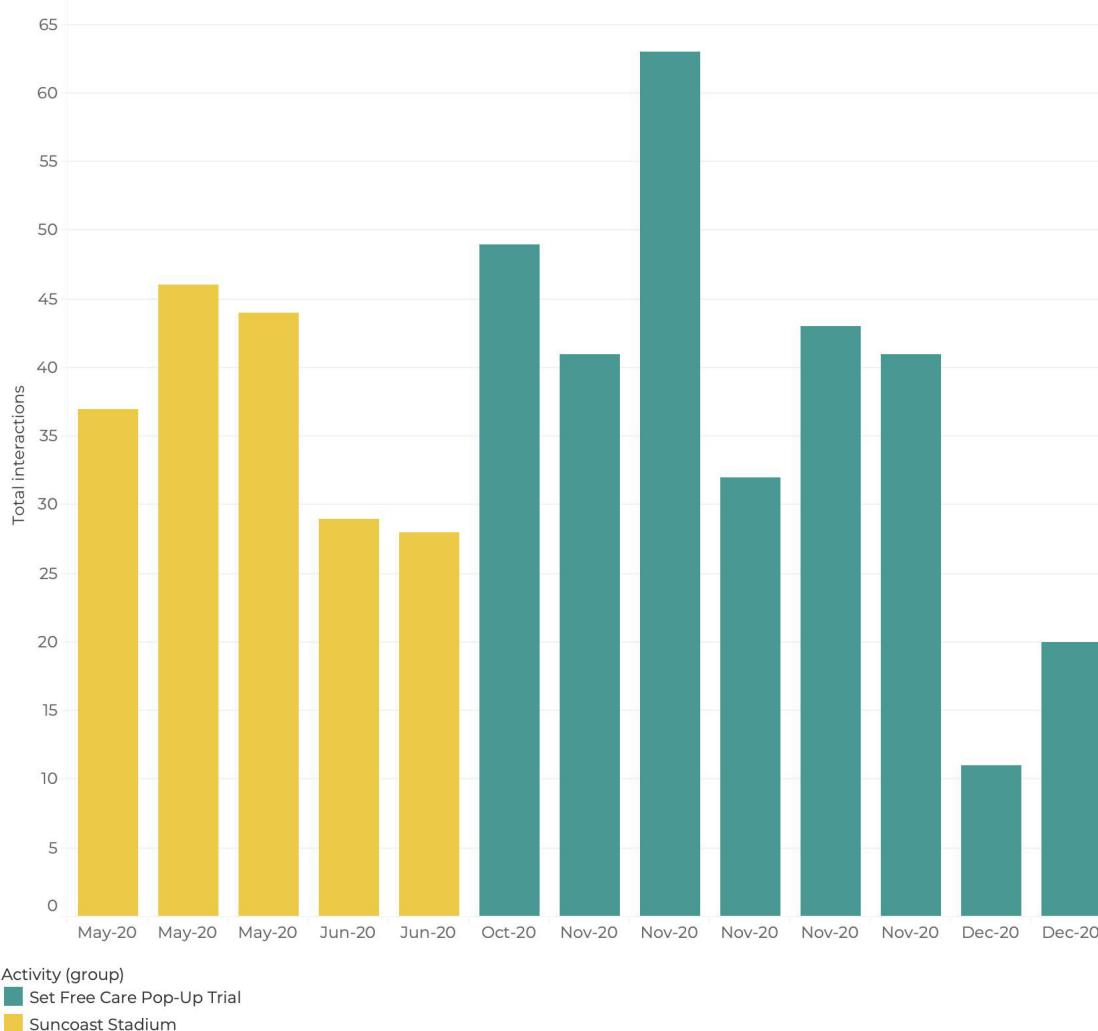
Temporary Clinics

Sunny Street set up three temporary clinics. Figure 11 shows activity at two of the temporary clinics. The COVID Respiratory clinic had no recorded interactions to quantify.

- Patient feedback received at the clinics was very positive. It was noted that patients were sad to see the Gold Coast clinic close (the only Sunny Street centre provided in that area). Now, residents in that region cannot easily access Sunny Street's services.
- There is limited opportunity for Sunny Street to achieve their mission by delivering temporary clinics, as building trusted relationships to achieve health outcomes takes considerable time.

Figure 11

Total number of interactions at temporary clinics

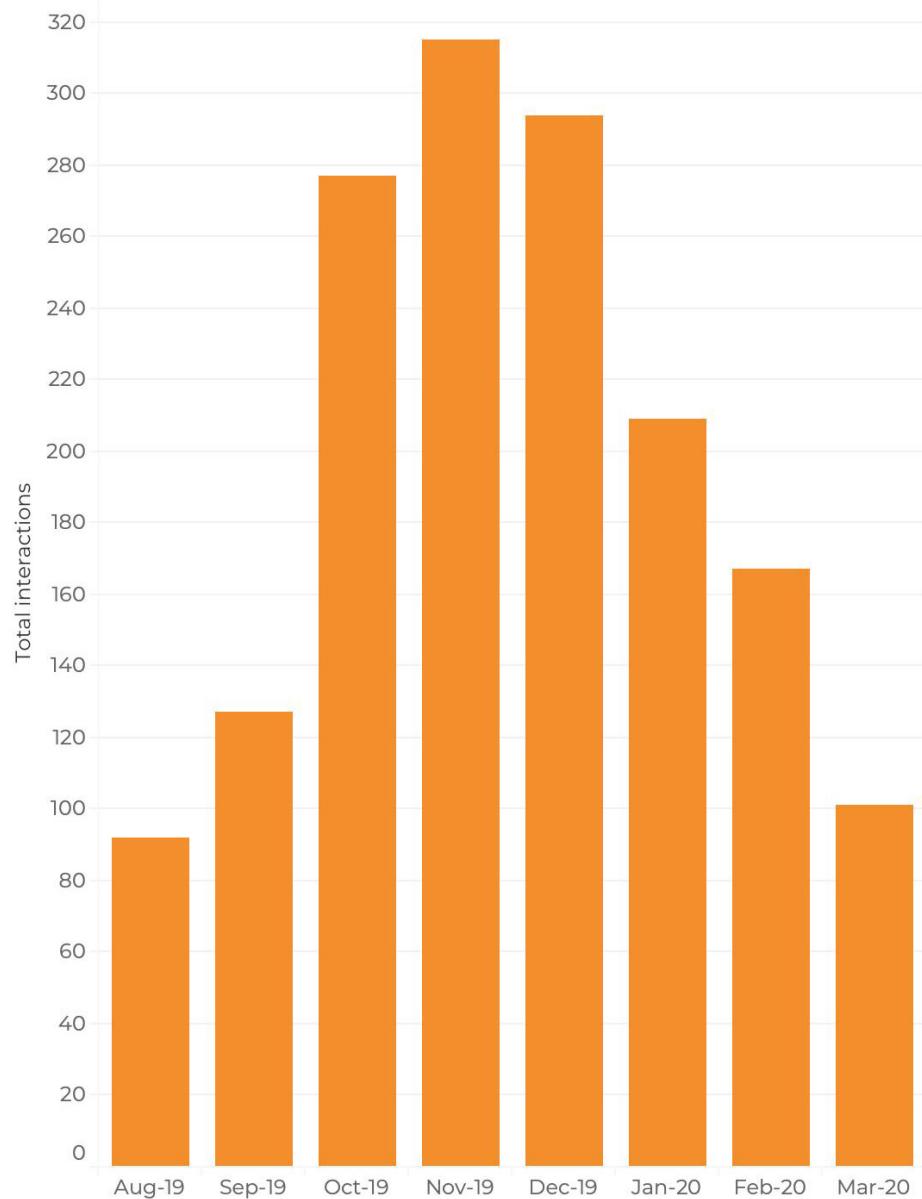


Telehealth

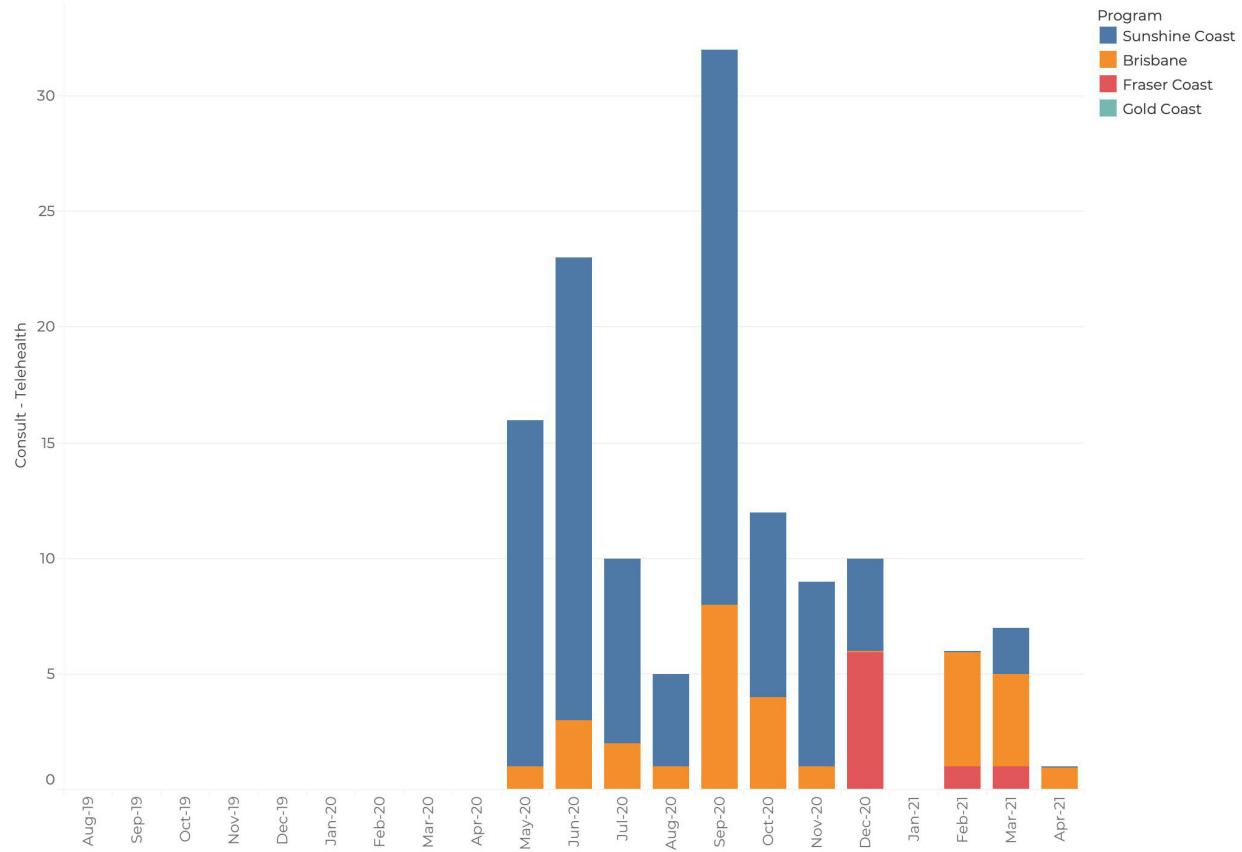
Telehealth Clinic

Figure 12

Total number of interactions at the Telehealth Clinic



Telehealth Consults

Figure 13*Total number of telehealth consults*

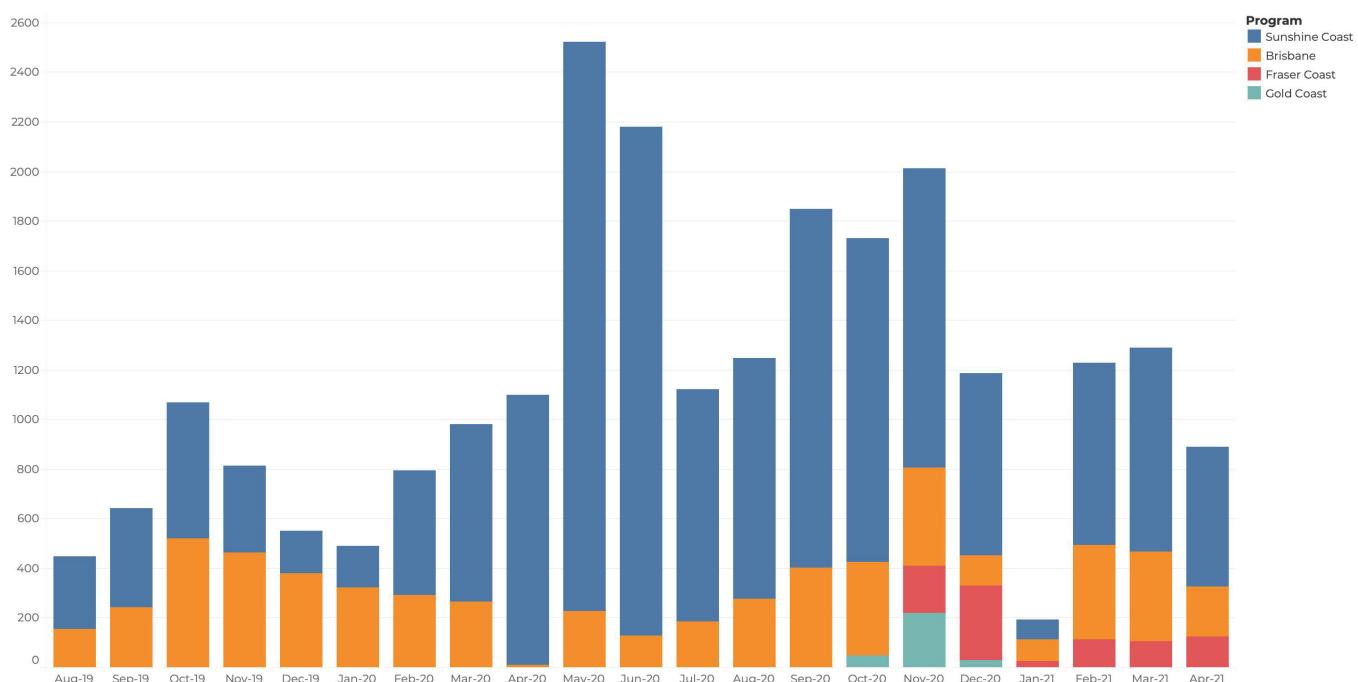
- The Telehealth clinic appeared to be quite busy during the limited period it was operational. It is not clear why it was discontinued. A total of 1,582 interactions were provided over this 8-month period which is more than the Daily Bread activity centre has provided over a 19-month period. Given the category 'Telehealth Consult' commenced from May 2020, it is assumed that the service was made permanent through the activity centres. The monthly number of 'Telehealth Consults' has dropped significantly since this change.
- The delivery of telehealth consults at activity centres may also remove resources who could be better utilised for face-to-face interactions.

Regional Trends

Sunny Street has delivered services across four regional areas: Sunshine Coast, Brisbane, Fraser Coast and Gold Coast. Trends within each region are unique due to differences in duration of operation, resourcing, frequency of clinics and events. Comparisons below focus on the total number of interactions delivered within each region.

Figure 14

Total monthly Interactions by region

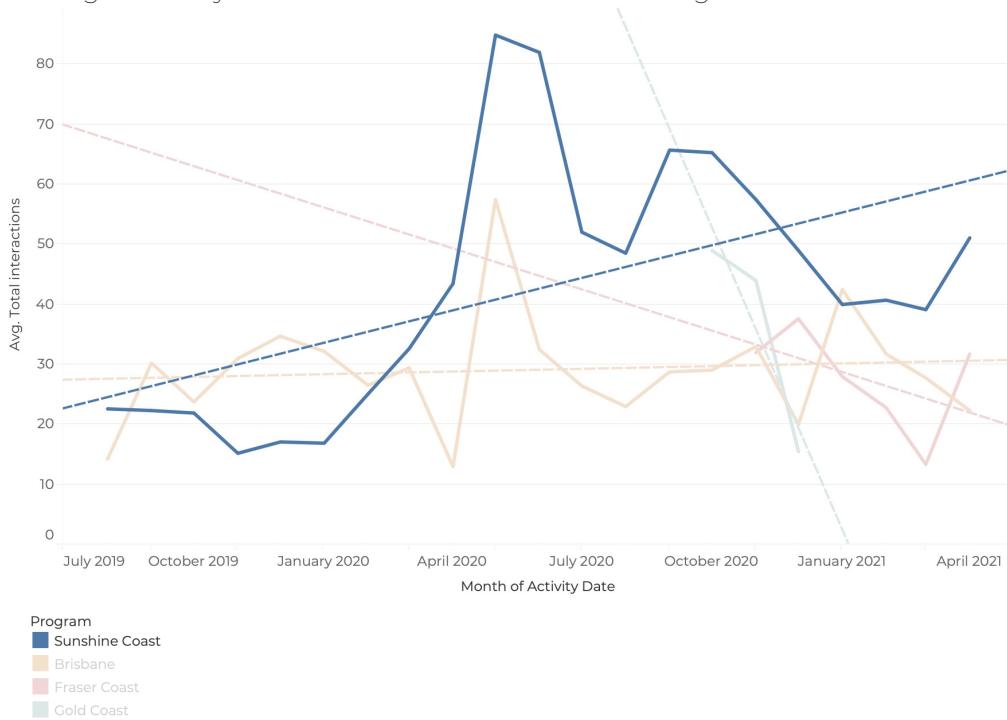




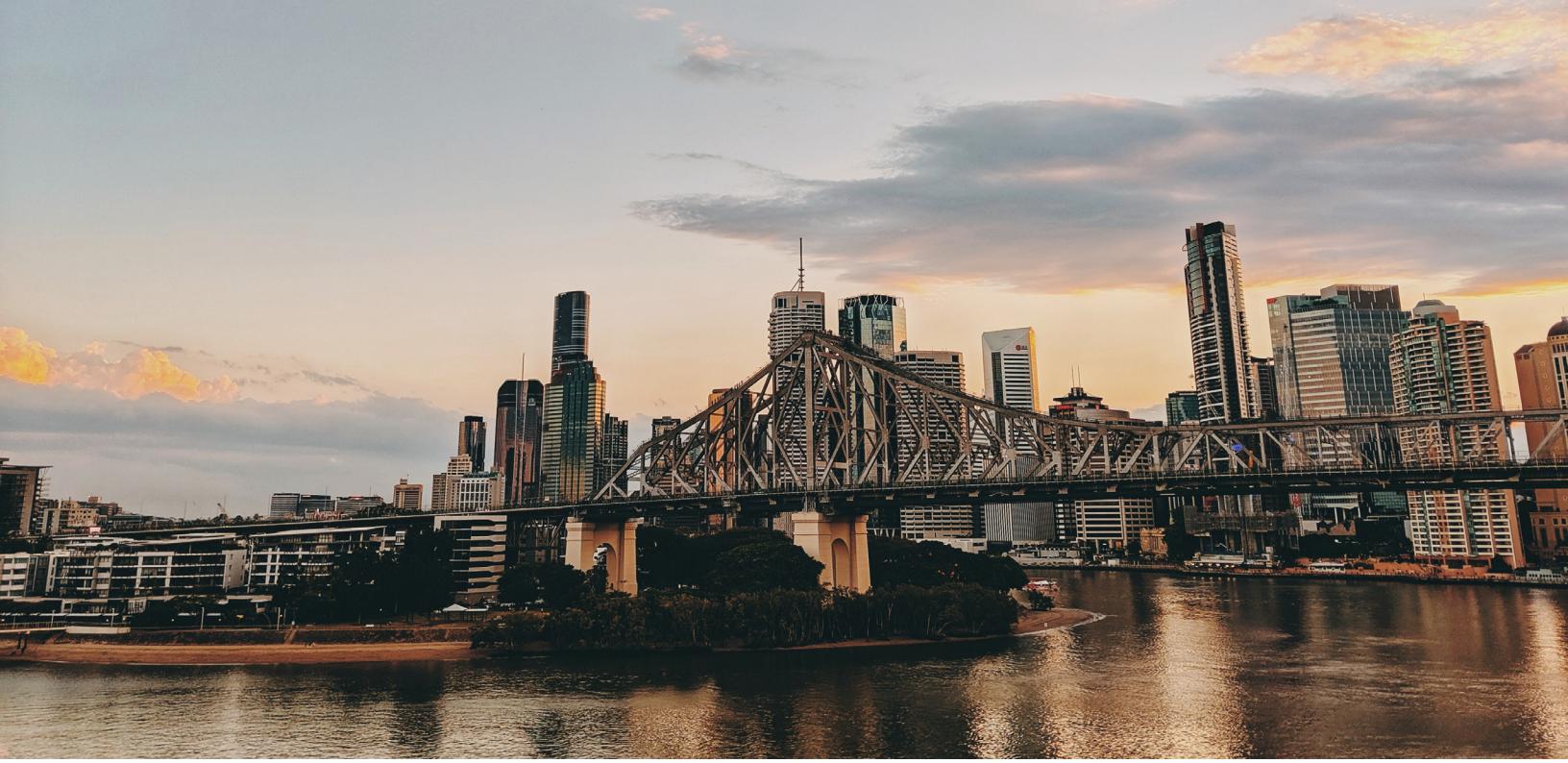
Sunshine Coast Region

Figure 15

Average monthly interactions in the Sunshine Coast region



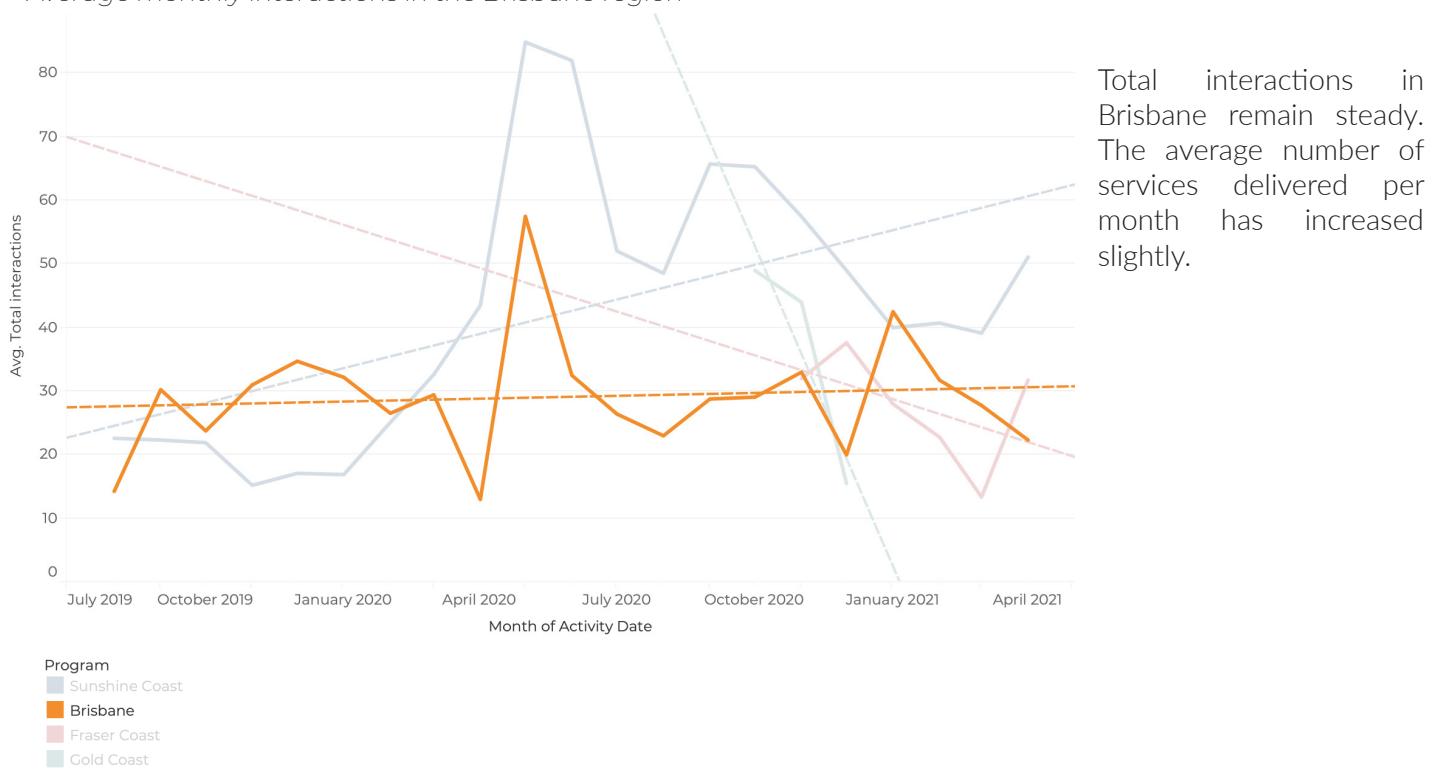
Total numbers of interactions in the Sunshine Coast region are consistently higher than the other regions, and average services delivered per month are growing rapidly. This could largely be attributed to the fact that the Maroochydore Neighbourhood Centre delivers two street clinics per week, as opposed to most other centres that only deliver one.



Brisbane Region

Figure 16

Average monthly interactions in the Brisbane region

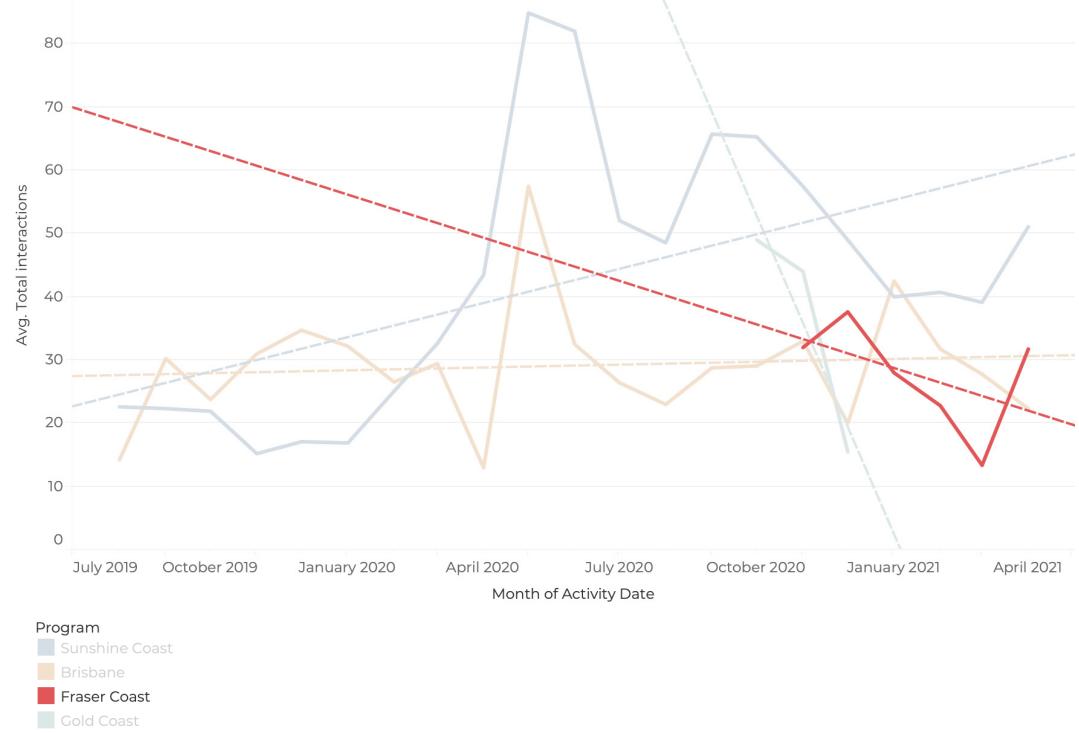




Fraser Coast Region

Figure 17

Average monthly interactions in the Fraser Coast region

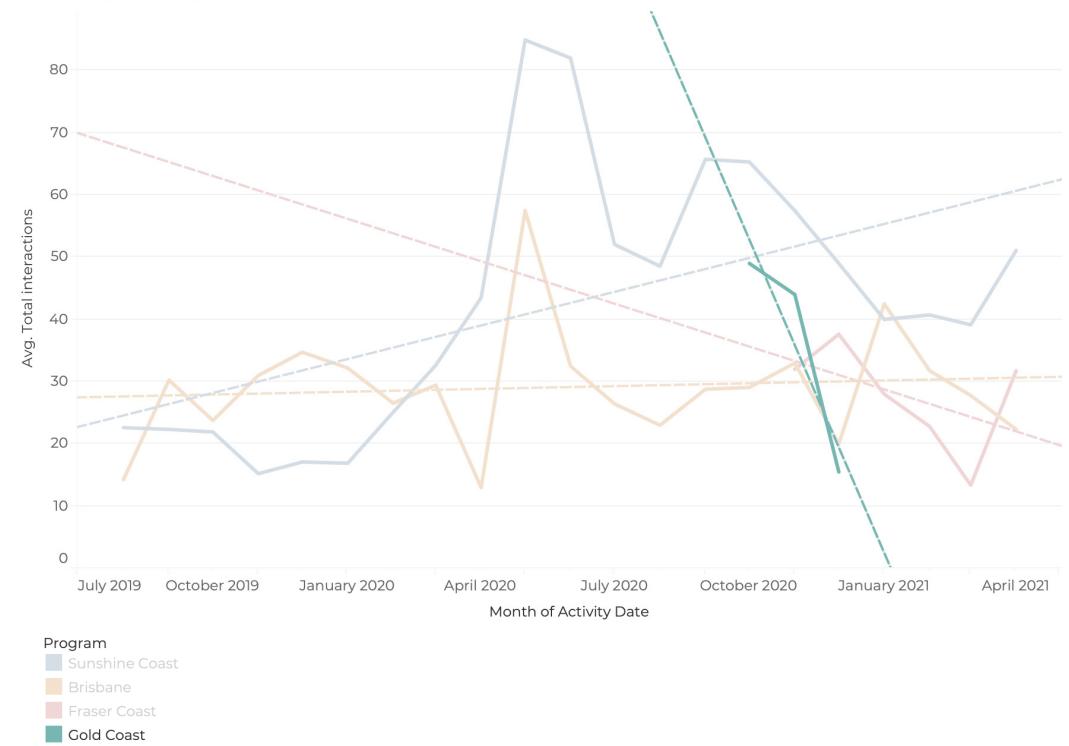


Total interactions in the Fraser Coast region appear to be falling, however there is likely insufficient data to determine a trend in these centres yet.



Gold Coast Region

Figure 18
Average monthly interactions in the Gold Coast region



A trial activity centre was established in the Gold Coast, and was operational between October to December 2020. While the numbers were trending downward, there is likely insufficient data to determine a reliable trend.

Homeless Healthcare

In 2016, there were approximately

116,427

Australian's experiencing homelessness (ABS, 2016)

21,671

Queenslander's experiencing homelessness (ABS, 2016)

2,979

under the age of 12

3.6%

identified as Aboriginal and/or Torres Strait Islander

Gender



58%

Male



42%

Female

6 homeless operational groups.
These are:

1. Persons living in improvised dwellings, tents or sleeping out;
2. Persons in supported accommodation for the homeless;
3. Persons staying temporarily with other households;
4. Persons living in boarding houses;
5. Persons in other temporary lodges; and
6. Persons living in 'severely' crowded dwellings

Health relations

26%

of people who have experienced homelessness assess their health as fair or poor (ABS, 2016)

11%

of Specialised Homelessness Services' homeless clients identified as having medical issues (AIHW, 2020)

Barriers to healthcare

13%

of the Australian homeless population report experiencing barriers to accessing healthcare when needed (ABS, 2015)

64% Sunny Street

of Sunny Street's patients have visited a GP in the 12 months prior to March 2020, 20% less than the national average (Bourke, 2020)

Sunny Street's patients visit a GP **4** times less than the **4** national average per year (Bourke, 2020)

40%

of the Australian homeless population identified cost of service as the main barrier, followed by long wait times and lack of available appointments (ABS, 2015)

Environmental Scanning

A PESTEL analysis was conducted to understand relevant and related trends for Sunny Street and the potential impacts for their strategy moving forward. Table 4 below provides an overview of the more relevant and significant trends observed.

Table 4: PESTEL Environment Analysis

External Factors	Trends
Political	<ul style="list-style-type: none"> The homelessness funding of \$41.3 million is expected to be reduced for the next financial year. This is likely to result in increased unemployment, financial pressure, housing market pressure (Homelessness Australia, 2021).
Economic	<ul style="list-style-type: none"> Due to high unemployment rates, homelessness in Australia is predicted to significantly increase this year (Homelessness Australia, 2021). Covid-19 effect on the economy will increase homeless rates by 10% (Flatau, 2020). People who are experiencing homelessness have not been considered in the Covid-19 roll out (Michael, 2021).
Social	<ul style="list-style-type: none"> Homeless individuals have significantly reduced access to health services than the rest of the population. This is attributed to financial pressures, transport difficulties to medical centres, and lack of Medicare. Persistent discrimination and stigmatisation are common experiences especially in the contexts of accessing health care services (Australian Human Rights Commission, 2008), which has disproportionate impacts on the following social groups: <ul style="list-style-type: none"> People who identify themselves as homeless are likely to have lower levels of well-being. This is associated with significant social and emotional costs (Walter et al., 2017). 2% of the Australian population are ATSI, however they account for 9% of the homelessness population. This is largely attributed to chronic health problems they experience (Australian Human Rights Commission, 2008). 42% of the Australian homeless population is female. However, women who are homeless are less visible than men due to the fear of violence, rape and other abuse. This figure is assumed to be underestimated (Australian Human Rights Commission, 2008). Half of the Australian population who are homeless are under the age of 24 (Australian Human Rights Commission, 2008). People experiencing homelessness have a high risk of severe health impact and mortality from Covid-19 (Flatau, 2020).

Technological	<ul style="list-style-type: none">• My Health Record is a national digital health record platform, adopted by the Australian government for mainstream healthcare services. Use of the platform improves access to users information nationally, responsiveness to the health status, needs and preferences.• Infoxchange utilises a chatbox that provides a conversational and personalised way to connect to people experiencing homelessness particularly younger audiences.
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Synthesis of findings

The growth of Sunny Street to date has largely been organic. However, to effectively reach the organisation's objectives in expanding nationwide, and provide these services to a wider population of Australia's homeless and vulnerable, Sunny Street will need to take strategic actions. The findings from both internal and external data analysis is presented in a SWOT analysis below to expose strategic opportunities for Sunny Street.

Figure 17
SWOT Analysis



The Data-led Strategy

Sunny Street has a key objective to transform their business model to a nationally coordinated service. To deliver on their mission to facilitate community connectivity and improve access to health care options, there is a range of structured and unstructured business intelligence Sunny Street can collect and analyse. The strategic actions identified below sit within four key themes.

Theme 1: Make service more accessible to underrepresented demographics and new patients

Theme 2: Establish activity centres in new geographies

Theme 3: Resources and funding

Theme 4: Improve internal data collection

Theme 1: Make service more accessible to underrepresented demographics and new patients

Strategic action required	Key data requirements	Sources and collection methods
Raise awareness of service: <ul style="list-style-type: none">• with groups underserved by Sunny Street, i.e. ATSI and younger people under 18 years• in greater Brisbane region, where homeless population is greatest	<ul style="list-style-type: none">• Identify current and potential partner organisations working specifically with these demographics, to facilitate new connections with Sunny Street	<ul style="list-style-type: none">• Approach current partners for insight/expression of interest• Director's professional networks
Extend hours of operation of Virtual (Telehealth) clinic separate from activity centre-based services	<ul style="list-style-type: none">• Obtain feedback on best time of day / week / year to provide this service• Identify resources required to establish a standalone virtual clinic	<ul style="list-style-type: none">• Survey patients (target as appropriate) about interest in service• Draw from past anecdotal experience• Expression of interest with current workforce

Expand current services by providing additional clinics and events from established activity centres	<ul style="list-style-type: none"> Identify centres that have most potential to run additional clinics Evaluate response to events and event-specific funding sources 	<ul style="list-style-type: none"> Expression of interest with current partners Research grants online
When patients are turned away, provide information for them to engage with Sunny Street at an alternative time or location, or via Telehealth if available	<ul style="list-style-type: none"> Monitor numbers of patients turned away and reasons 	<ul style="list-style-type: none"> Data collected via Volaby
Implement website upgrades and social media strategy to enhance communications with patients	<ul style="list-style-type: none"> Research competitors to identify popular social media or other communication channels 	<ul style="list-style-type: none"> Ask current providers for insights Survey patients for most effective communication channels

Theme 2: Establish activity centres in new geographies

Strategic action required	Key data requirements	Sources and collection methods
Attend or create networking events with other homeless service providers to raise brand awareness and form new relationships outside of Queensland.	<ul style="list-style-type: none"> Collect and present Sunny Street's unique value proposition, achievements and impacts to date 	<ul style="list-style-type: none"> Partnership with QUT Business Intelligence to collect and present data
Establish new relationships in other states of Australia through existing partnerships.	<ul style="list-style-type: none"> Identify existing partners with interstate connections 	<ul style="list-style-type: none"> Survey/expression of interest with existing partners
Re-establish clinics in the Gold Coast, where there is demand.	<ul style="list-style-type: none"> Identify resources required Present data on successful trial 	<ul style="list-style-type: none"> Approach existing partners, City of Gold Coast and other stakeholders for support
Lead initiative to deliver COVID-19 vaccinations and testing nation-wide. Establish interstate partnerships to deliver this specific program, with the aim to expand the service to include Sunny Street's conversation-led model.	<ul style="list-style-type: none"> Identify federal and state funding sources to implement program Present data on barriers in health services for people experiencing homelessness, particularly the risk that they miss out on COVID-19 vaccinations 	<ul style="list-style-type: none"> State and federal government

Theme 3: Resources and funding

Strategic action Required	Key data requirements	Sources and collection methods
Create workforce and volunteer management strategies to ensure capacity to deliver events and limit impact on Sunny Street's normal operations.	<ul style="list-style-type: none"> Identify sources of funding or resources to assist Identify resources within current workforce and partnerships with potential availability for events 	<ul style="list-style-type: none"> Queensland Government business grants website Leverage partnership with QUT to identify potential partners and maximise business intelligence
Create Corporate Social Responsibility Sponsorship package to attract new corporate sponsors. Create a partnership package, identifying benefits of being a Sunny Street partner (e.g. promotion of partner's brand via Sunny Street's channels).	<ul style="list-style-type: none"> Identify potential corporate partners to approach Collect and present Sunny Street's unique value proposition, achievements and impacts to date 	
Create partnerships with other departments within QUT to engage students from other technical fields to solve problems in line with Sunny Street's growth strategy.	<ul style="list-style-type: none"> Identify other technical fields within QUT who could form partnerships and provide valuable input i.e. marketing or nursing 	

Theme 4: Improve internal data collection

The following provides a list of data that could be added or improved from Sunny Street's current Patient and Volaby data collection platform. The recommendations provided are intended to enhance the effectiveness of current data collection methods and maximise data insights.

Data	Action required (remove/add/improve)	Suggested approach
General	Improve	Align data fields with those required by government systems, such as My Health Record.
Patient data	Add	Link Patient ID with date of visit and services provided to individual patients in order to track repeat visitation and other trends.
Patient data	Add	<p>Question to patient:</p> <ul style="list-style-type: none"> How did you hear about Sunny Street? Have you used Sunny Street's services previously?

All open text fields [i.e. journal entry, feedback]	Improve	Select from standard responses list, to improve quality of data collected, and target areas of interest.
Patients turned away	Improve	Add a new field for 'Reason why patient turned away' - select from options: <ul style="list-style-type: none">• Clinic closing early• Clinic too busy

Conclusion

This report has presented valuable insights for the future direction of the organisation. The demand for Sunny Street's service has undoubtedly grown since 2019, however further action can be taken for the organisation to expand nationwide. The report identified opportunities for Sunny Street to improve accessibility, establish new activity centres, enhance current resourcing and funding strategies and most importantly, to maximise and improve their current data collection methods.

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Appendix

Appendix A

Patient's Dataset

Patient's dataset was sectioned by year, from 2019 to 2021. The following table contains the data structure.

Table A1: A Breakdown of the Patient's dataset.

Data	Data Type
Patient unique ID	Numeric
Patient address	Choice: <ul style="list-style-type: none">• Hidden; or• Homeless
Patient postcode	Numeric value
Patient year of birth	Numeric value in date form
Patient ethnicity	Text
Patient gender	Choice <ul style="list-style-type: none">• Male• Female• Other• Null

Volaby Dataset

The Volaby dataset is more extensive. It contains details from every shift entry between June 2019 to April 2021. The following table contains the data structure.

Table A2: A Breakdown of the Volaby dataset (including modifications made to the data).

Data	Data Type	Modified Data
Program (the regional area of the shift)	Text	NA
Activity (the activity centre where the shift was carried out)	Text	NA
Location of the activity centre in: • Longitude; and • Latitude	Numeric	NA
Date of shift	Numeric value in date form	NA
Time of Shift • Start time; and • end time	Numeric value in date form	NA
Date of submission (of the journal entry)	Numeric value	NA
Journal entry	Free text	The data was divided into common themes. They were: • Positive journal entries; • Negative journal entries; • New patient; • Busy or quiet; • Stock shortages; and • Technological issues
Number of: • Medical consultations • Nurse practitioner consultations • Nursing/Paramedic consultations • Allied health consultations • Telehealth consultations	Numerice	• NA
Number of: • Suicide/prevention planning conversations • Mental Health conversations • Substance use conversations • Service provider conversations • Patient conversations • Health education • Medication education	Numeric	NA
Referrals • Formal; or • Informal	• Written	• NA

Number of patients turned away	Numeric	NA
Patient feedback	Free text	The data was divided into: • Positive feedback; and • Negative feedback
Service provider feedback	Free text	The data was divided into: • Positive feedback; and • Negative feedback
Completion of debrief	Choice • Yes; or • No	NA
Completion of all progress notes	Choice • Yes; or • No	NA
Entered all doctor and nurse practitioner appointments	Choice • Yes; or • No	NA
Wiped down clinic area	Choice • Yes; or • No	NA
Shift safety	Scale • 1-5	NA

Appendix B

In-depth breakdown of each activity centre and the interactions that occurred there.

Centres:

- Figure B1: Gympie
- Figure B2: Hervey Bay Neighbourhood Community Centre
- Figure B3: Maroochy Neighbourhood Centre
- Figure B4: Nambour Caravan Park
- Figure B5: Red Cross Night Cafe
- Figure B6: Salvation Army Maryborough
- Figure B7: Tait Duke Cottage
- Figure B8: The Daily Bread
- Figure B9: The Shack
- Figure B10: Wesley Mission Clinic

Events:

- Figure B11: Event - Beddown Brisbane
- Figure B12: Event - Maroochy Neighbourhood Centre

Temporary Clinics:

- Figure B13: Set Free Care Pop-Up Trial
- Figure B14: Suncoast Stadium

Figure B1: Gympie

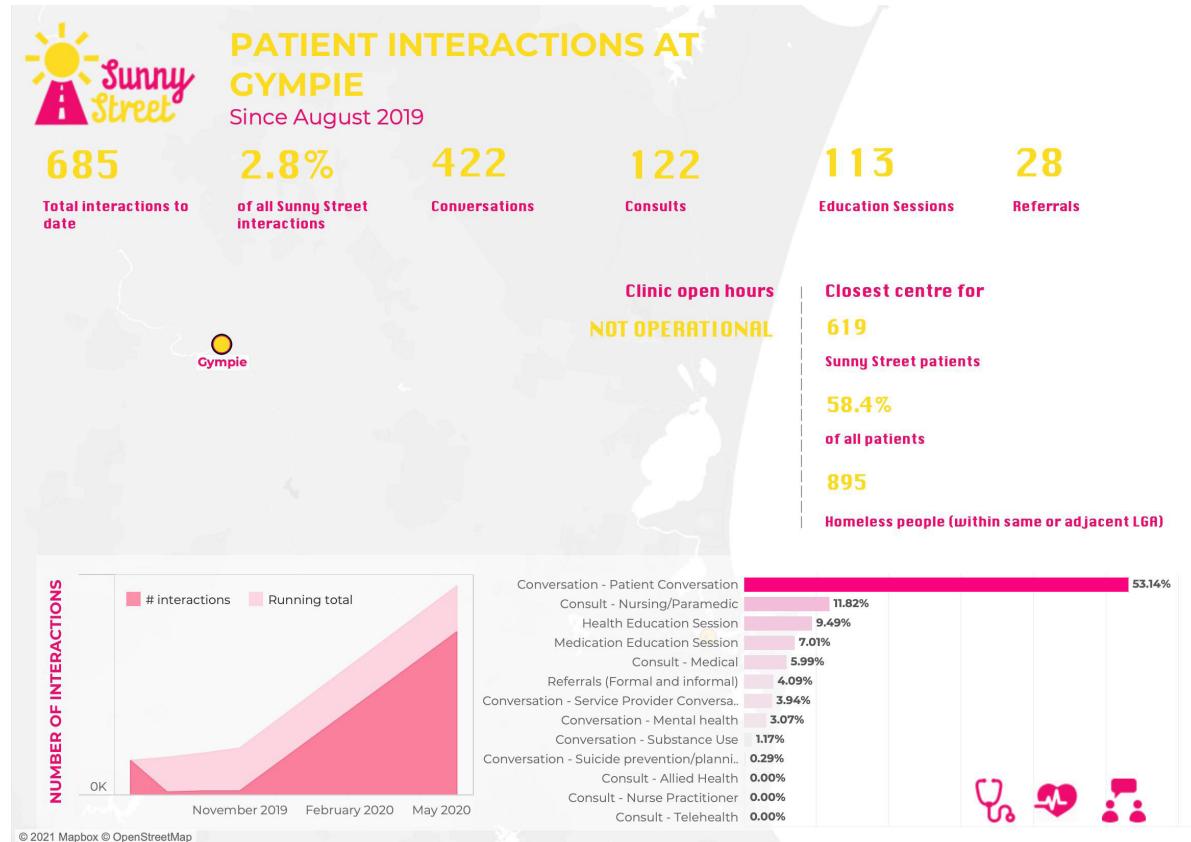


Figure B2: Hervey Bay Neighbourhood Community Centre

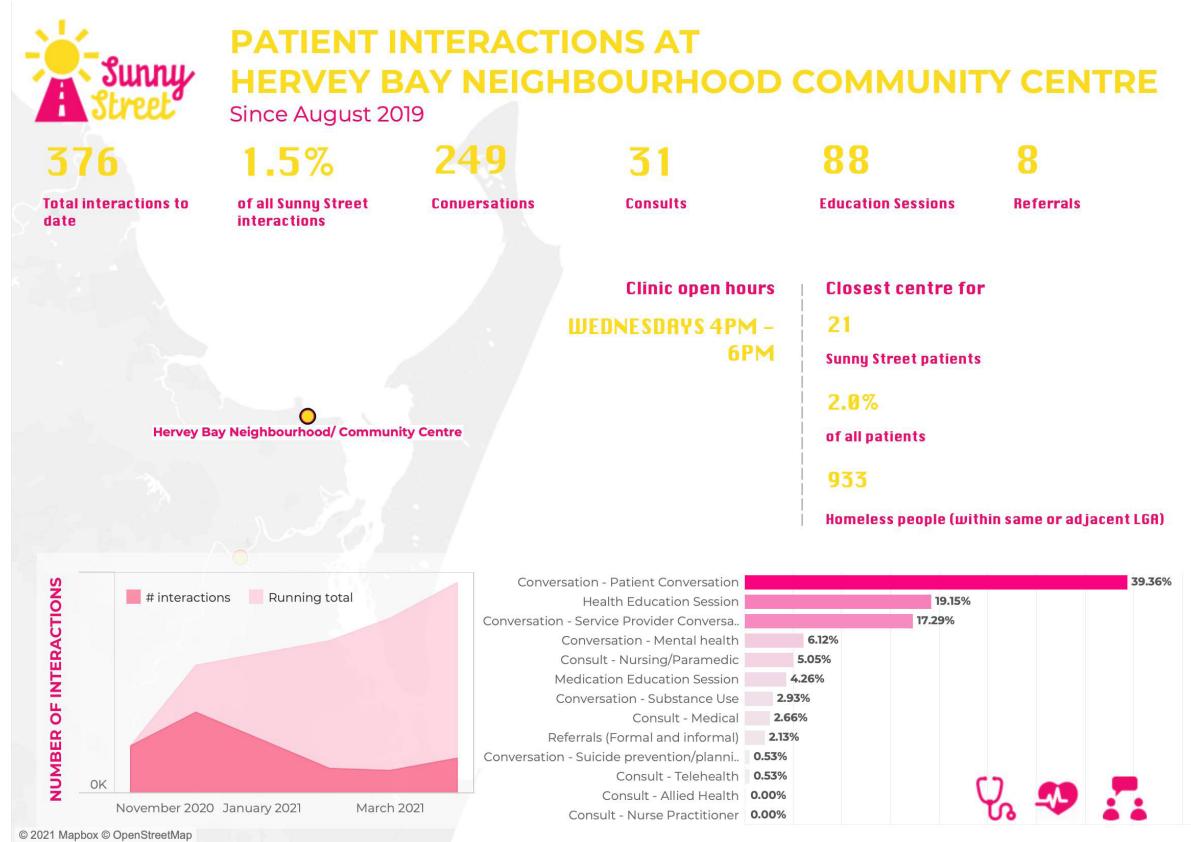


Figure B3: Maroochy Neighbourhood Centre

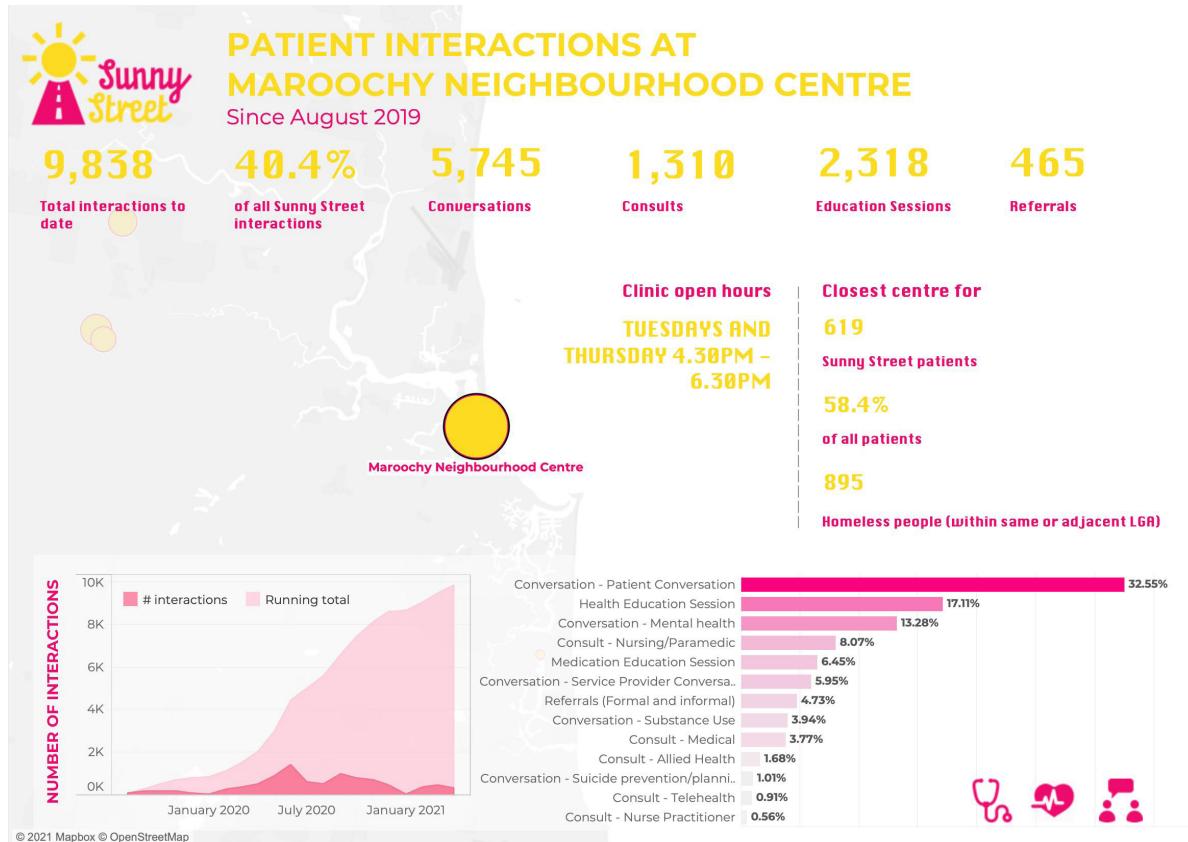


Figure B4: Nambour Caravan Park

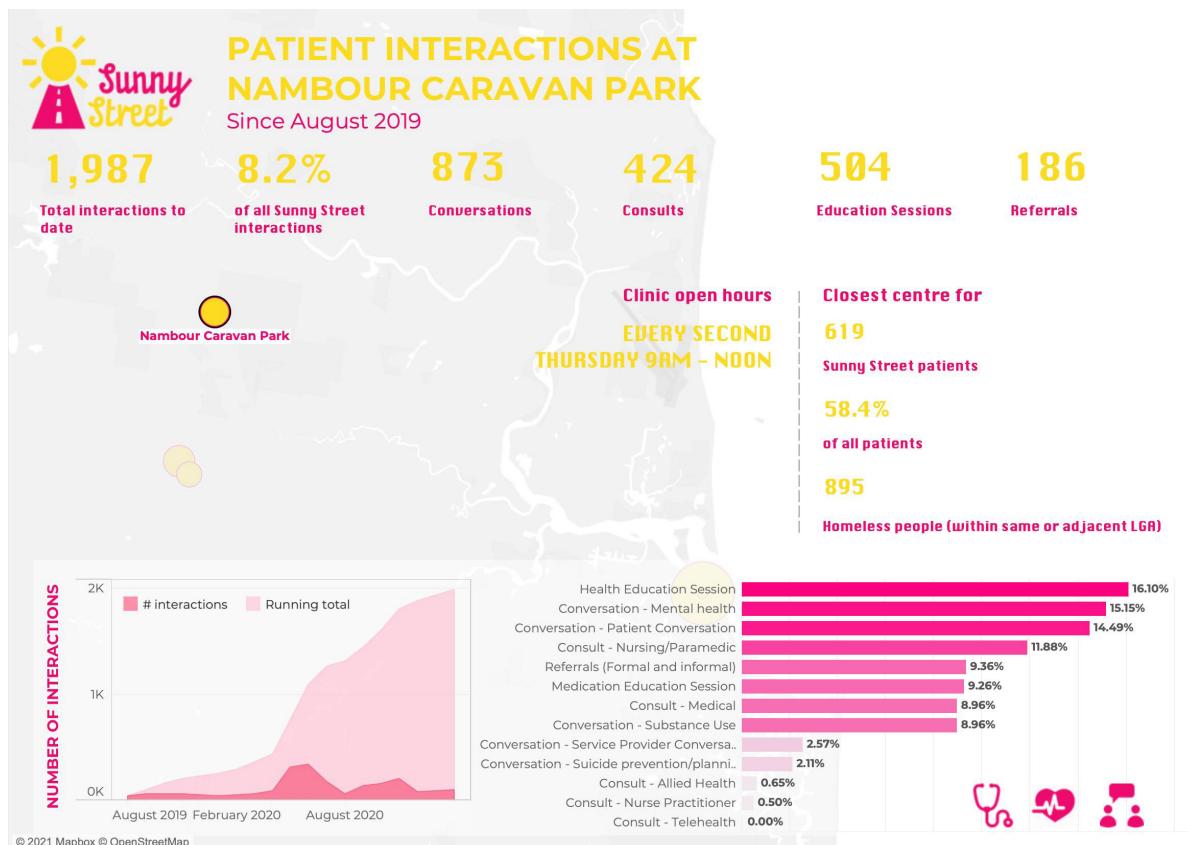


Figure B5: Red Cross Night Cafe

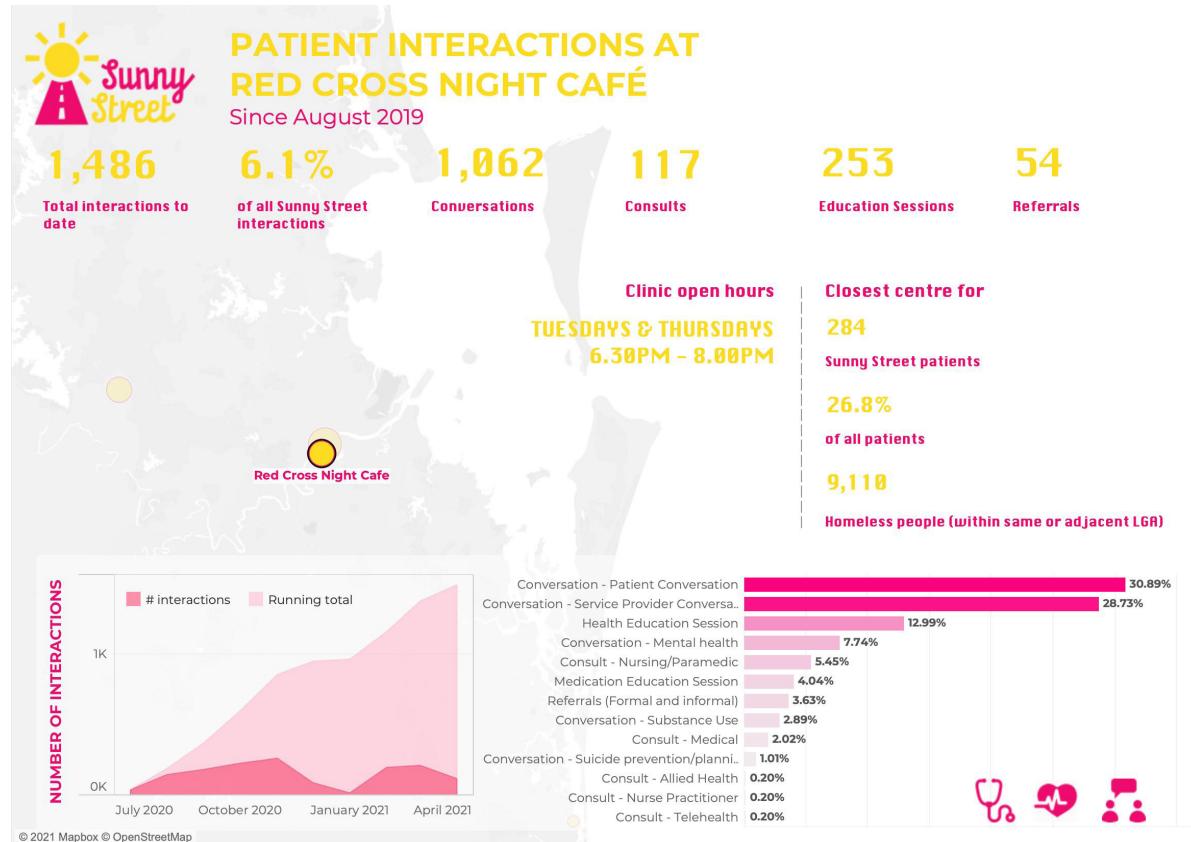


Figure B6: Salvation Army Maryborough

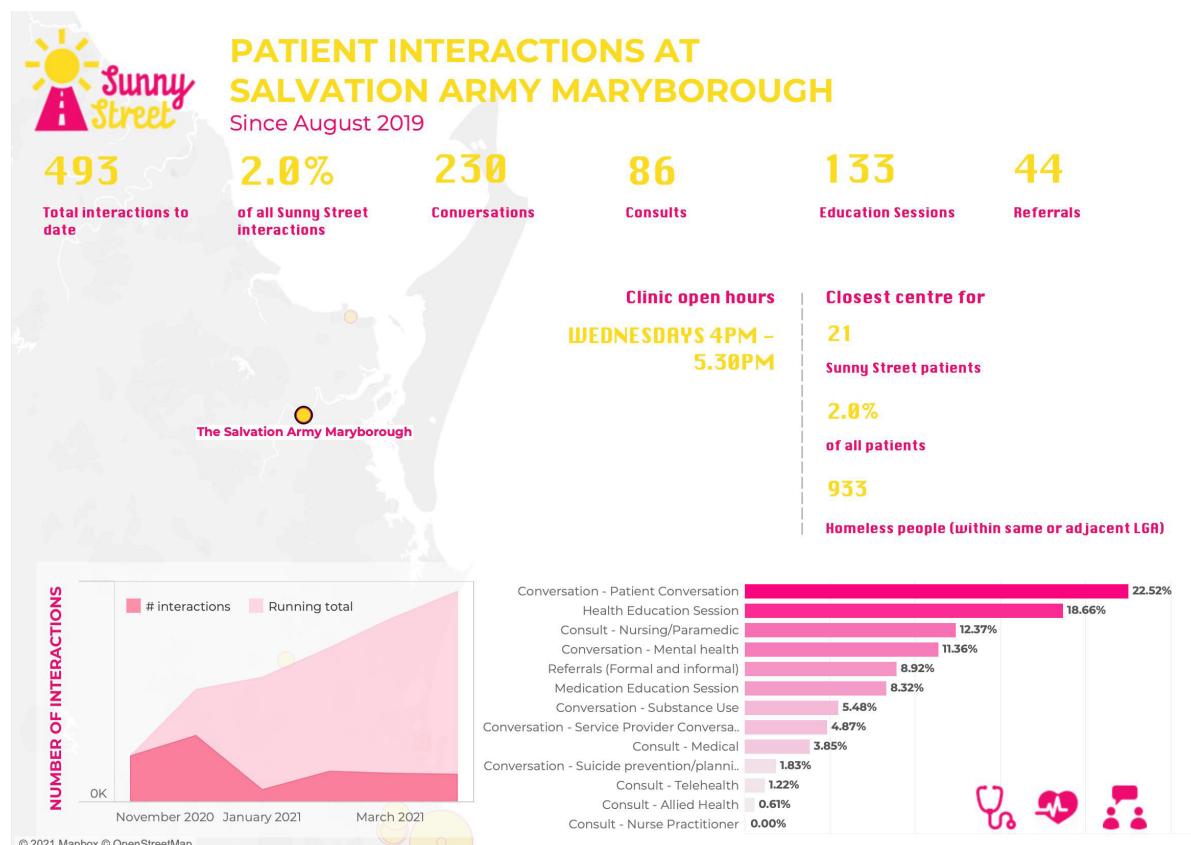


Figure B7: Tait Duke Cottage

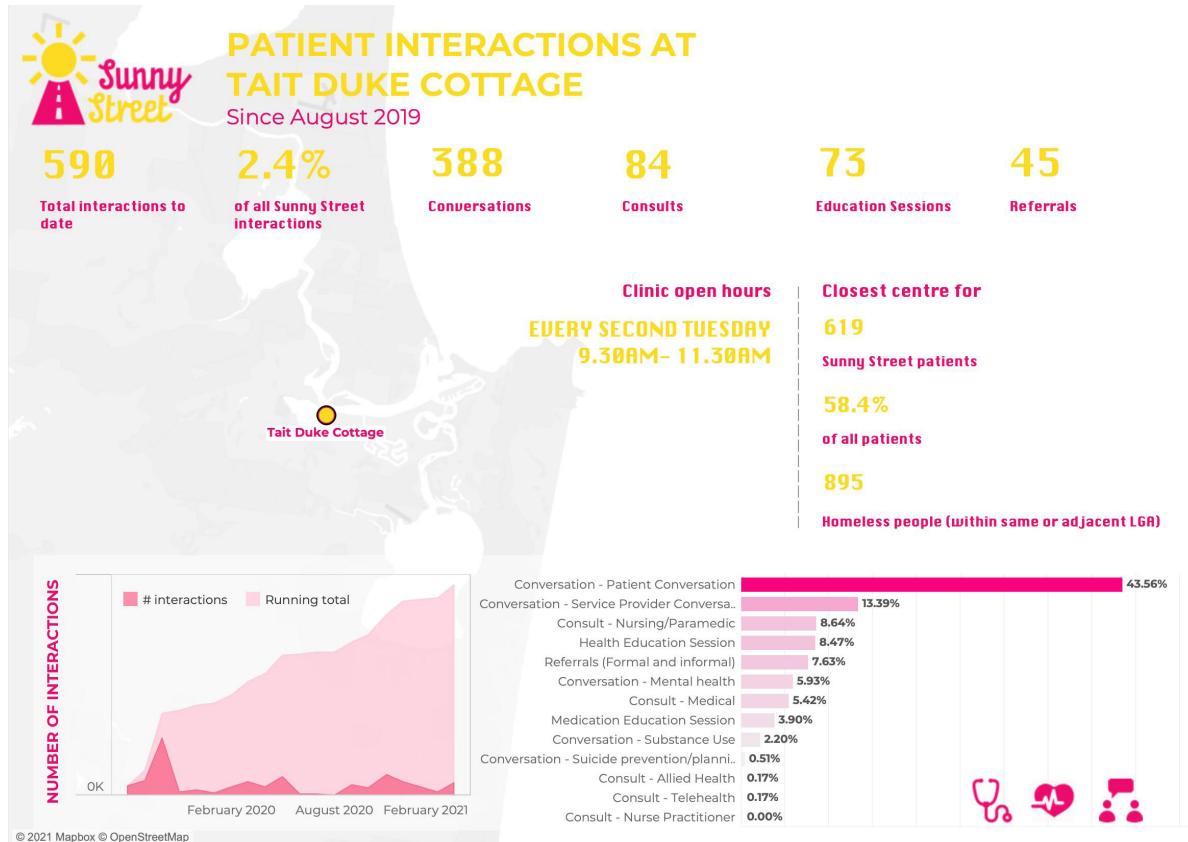


Figure B8: The Daily Bread

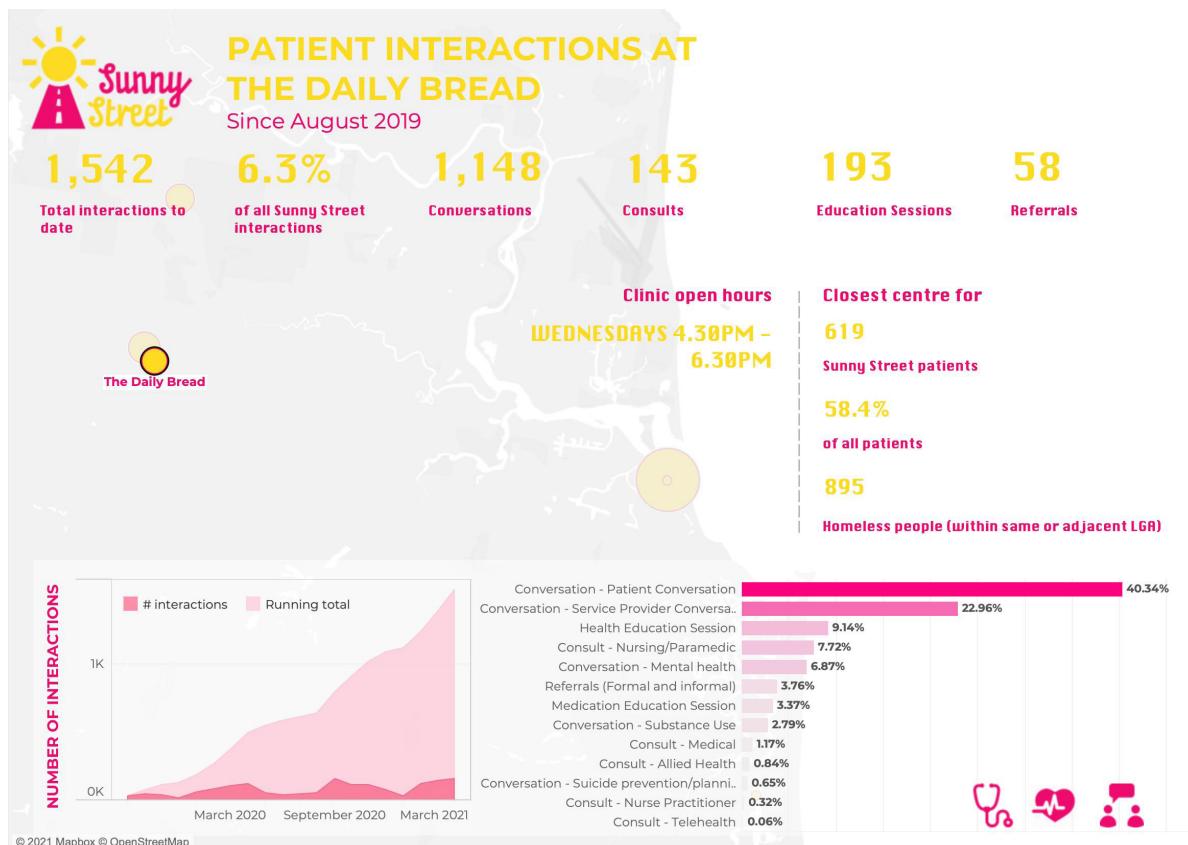


Figure B9: The Shack

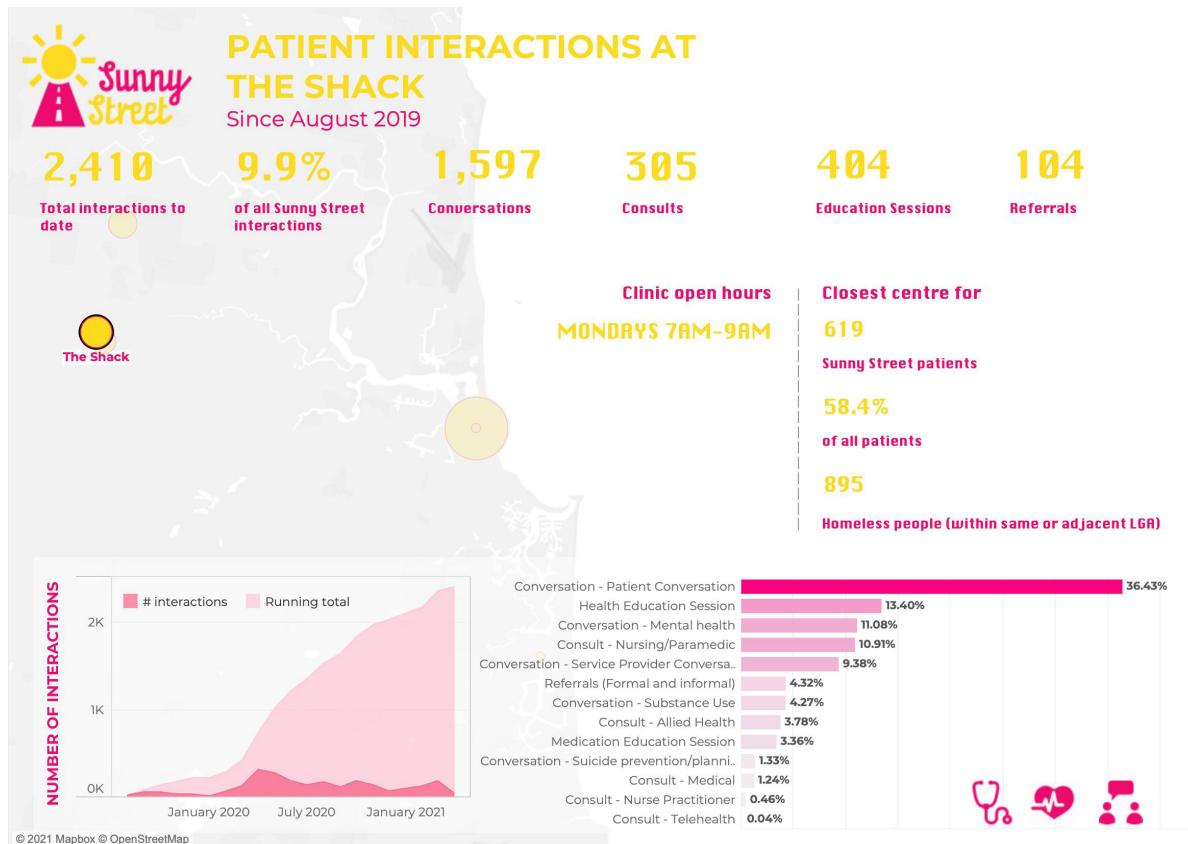


Figure B10: Wesley Mission Clinic

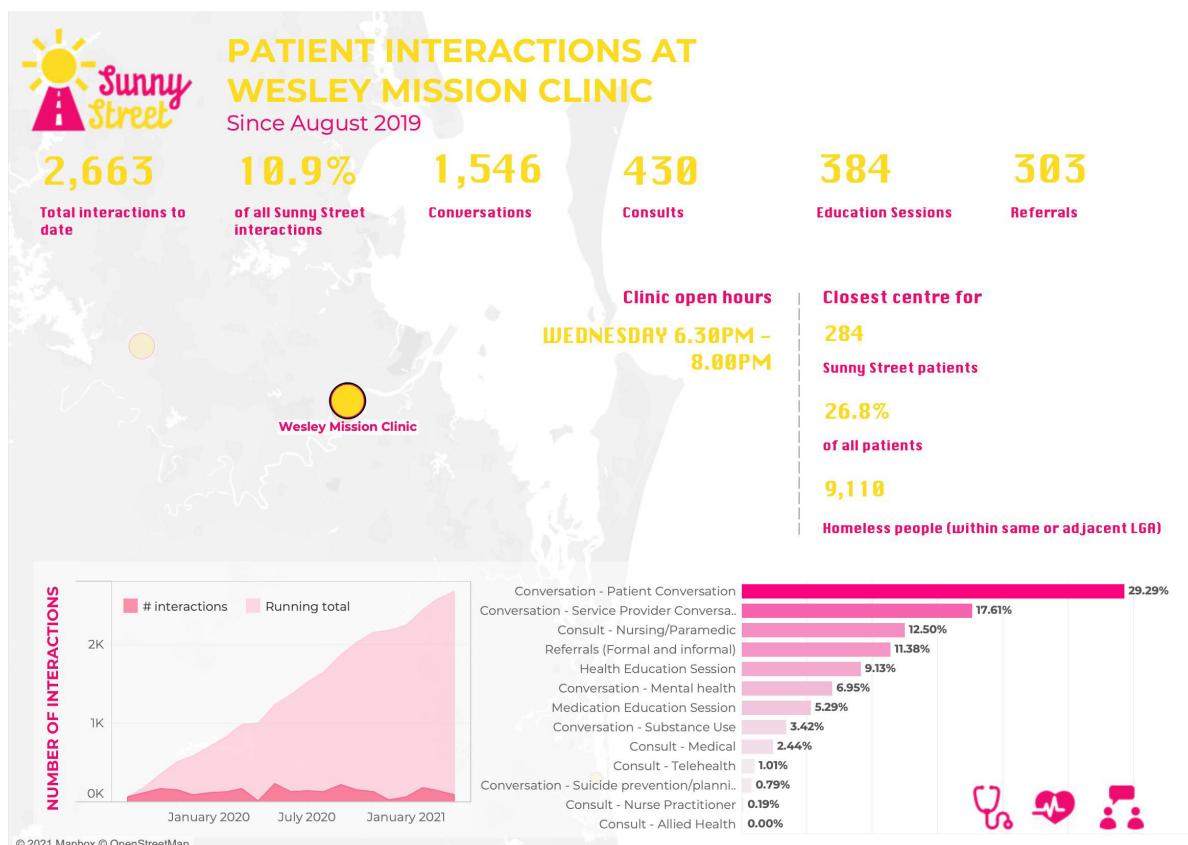


Figure B11: Event - Beddown Brisbane

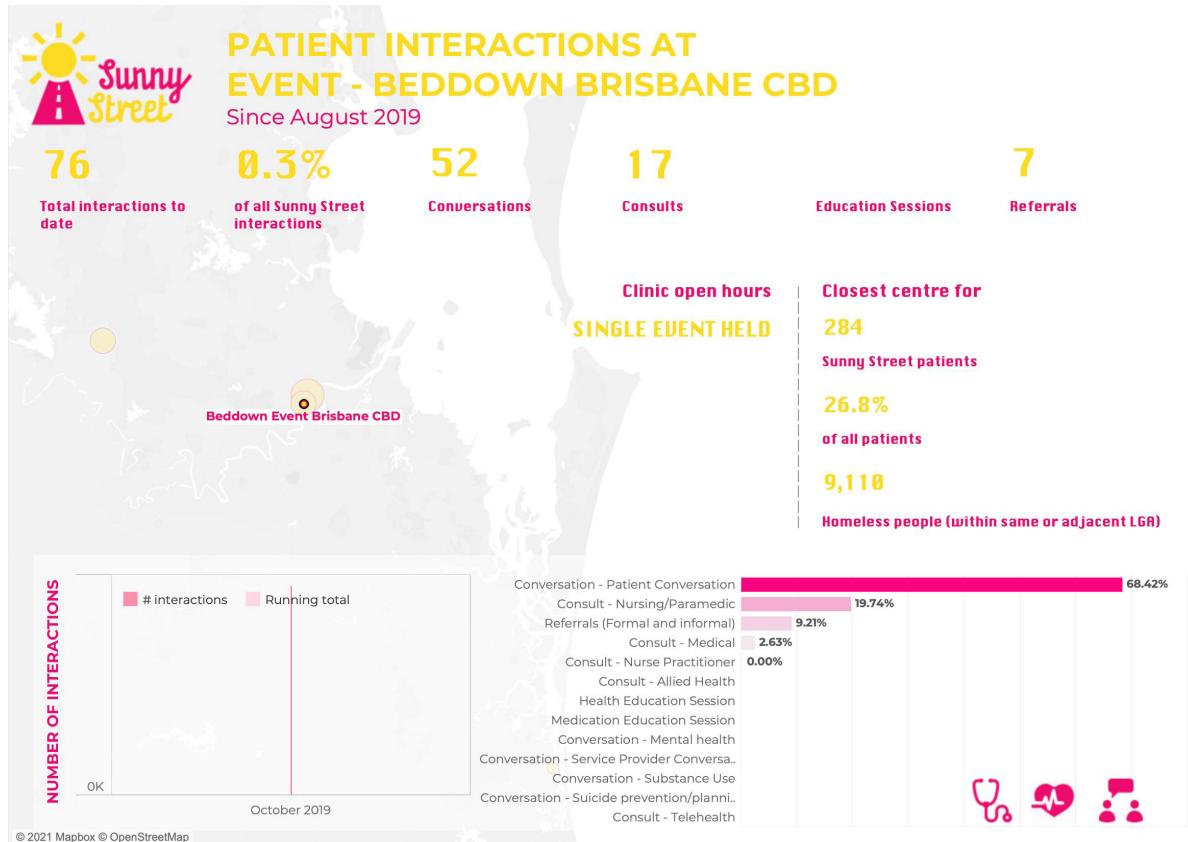


Figure B12: Event - Maroochy Neighbourhood

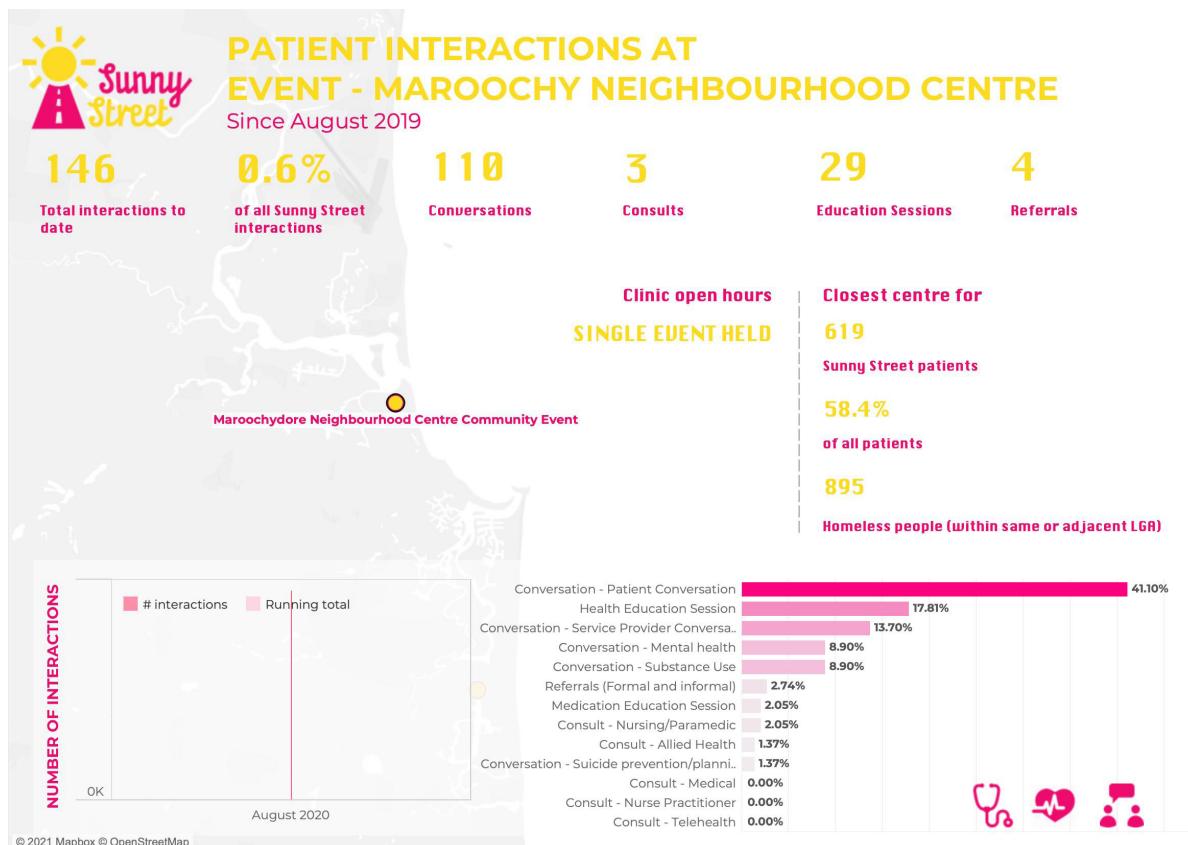


Figure B13: Set Free Care Pop-Up Trial

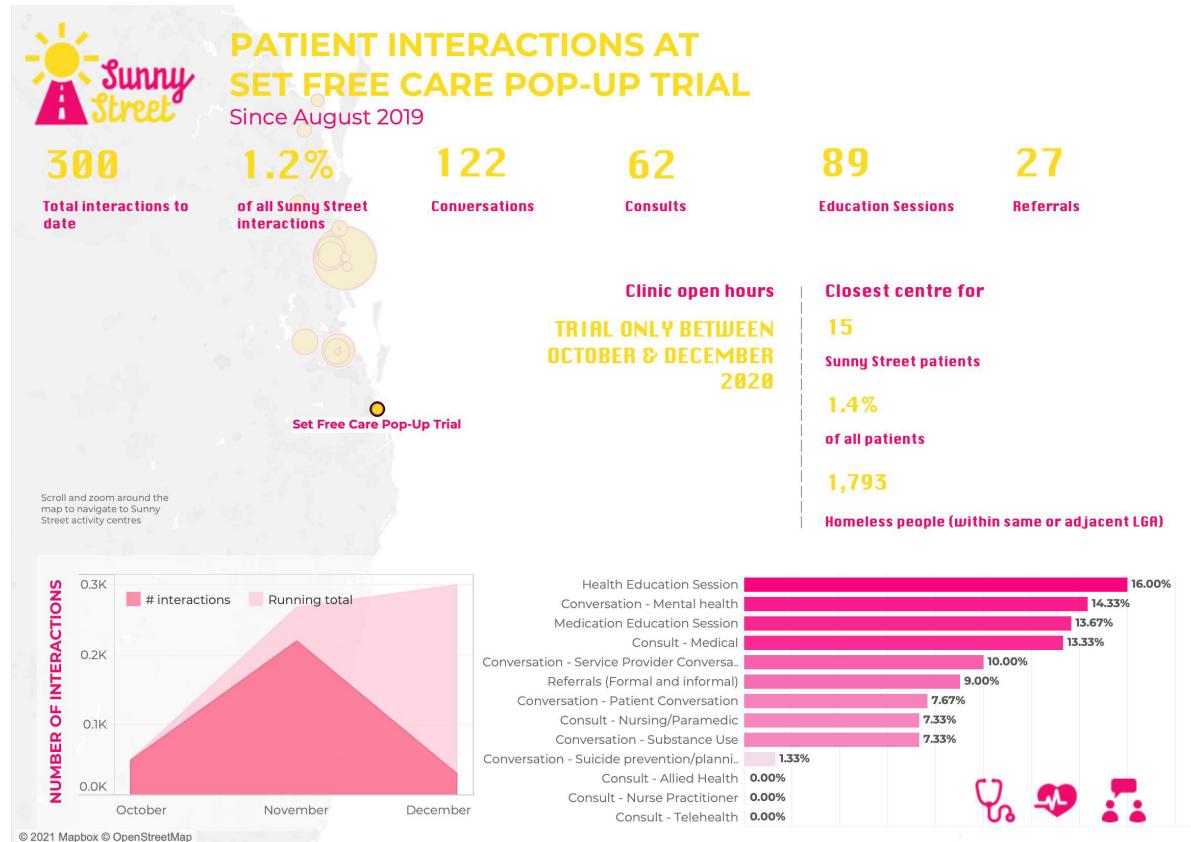
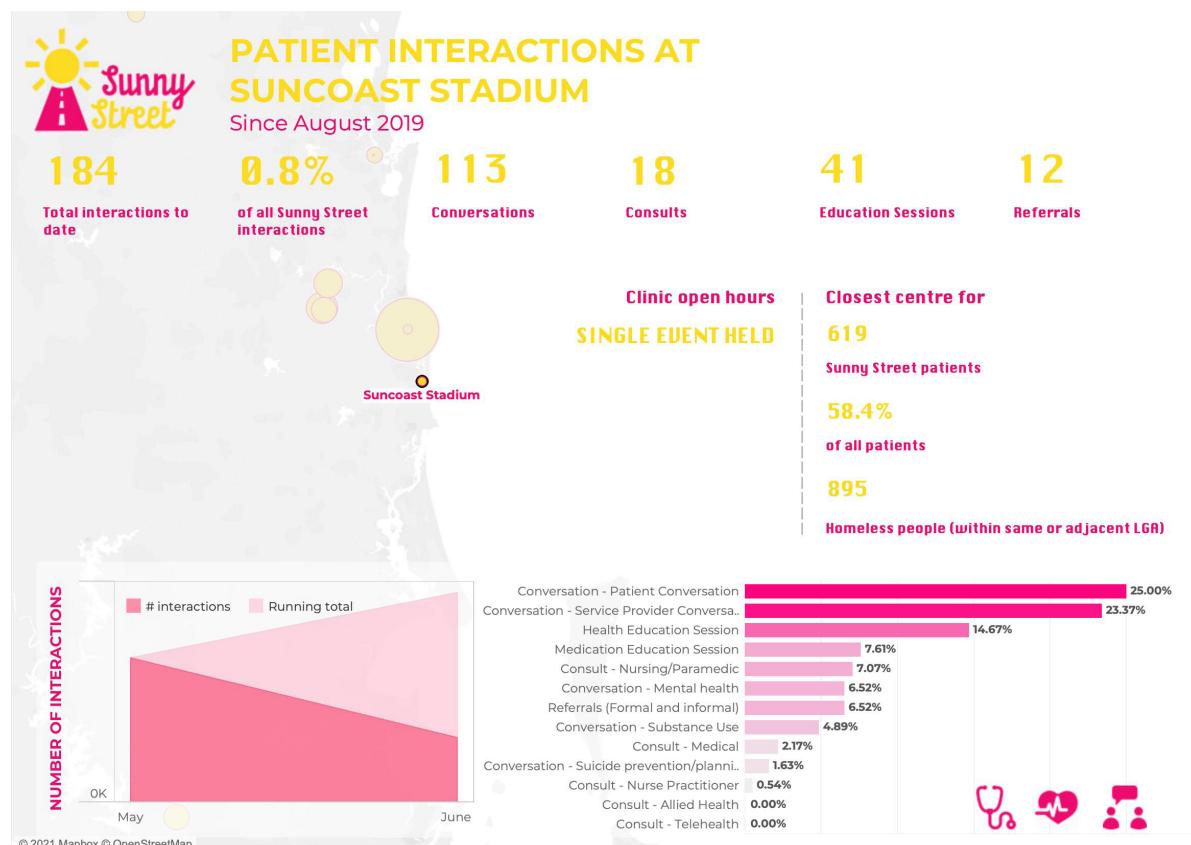


Figure B14: Suncoast Stadium

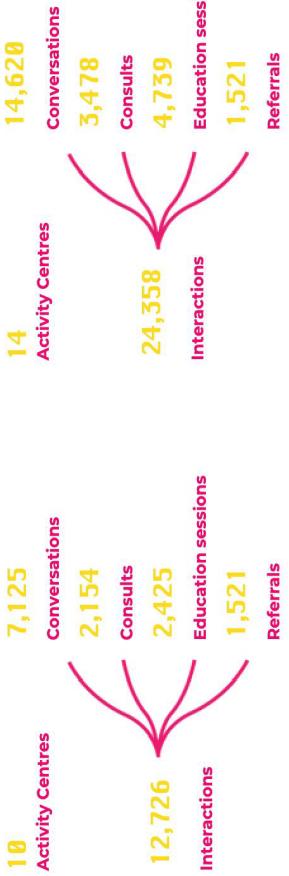
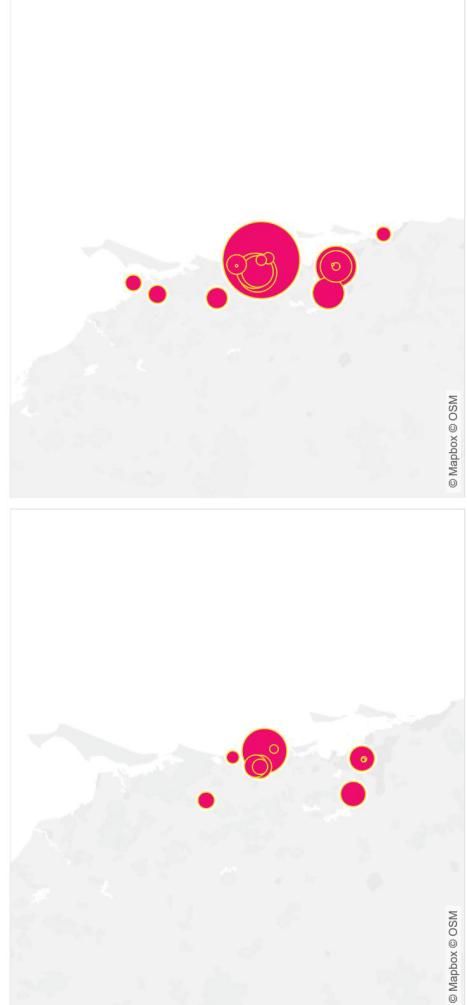


EVERY STATISTIC IS A STORY...



YEAR ONE August 2019 - July 2020

YEAR TWO
August 2020 - April 2021
(Partial year)



THE NEXT CHAPTER Data-led strategy Recommended actions

- 01** **Make service more accessible to underrepresented demographics and new patients**
 - Raise awareness of service with groups underserved by Sunny Street, i.e. ATSI and younger people under 18 years.
 - Extend hours of operation of Virtual (Telehealth) clinic
 - Expand current services by providing additional clinics from established activity centres.
 - Implement website upgrades and social media strategy to enhance communications with patients.
 - When patients are turned away, provide information for them to engage with Sunny Street at an alternative time..

Establish activity centres in new geographies

- Attend or create networking events with other homeless service providers to raise brand awareness and form new relationships outside of Queensland
- Establish new relationships in other states of Australia through existing partnerships.
- Lead initiative to deliver COVID-19 vaccinations and testing within the homeless population nation-wide.
- Establish interstate partnerships to deliver this specific program, with the aim to expand the service to include Sunny Street's conversation-led model.

PATIENTS

REGIONAL TRENDS



Resources and funding

- Create workforce and volunteer management strategies to ensure capacity to deliver events and limit impact on Sunny Street's normal operations.
- Create Corporate Social Responsibility Sponsorship package to attract new corporate sponsors.
- Create a partnership package, identifying benefits of being a Sunny Street partner (e.g. promotion of partner's brand via Sunny Street's channels).
- Create partnerships with other departments within QUT to engage students from other technical fields to solve ..

Improve internal data collection

- Collection of additional data
- Improvements in the collection of data
- Alignment of data collection with Government systems
- Linkage between Patient and Volaby data

03

THE NEXT CHAPTER

Data-led strategy Recommended actions

04

THE NEXT CHAPTER

Establish activity centres in new geographies

- Attend or create networking events with other homeless service providers to raise brand awareness and form new relationships outside of Queensland
- Establish new relationships in other states of Australia through existing partnerships.
- Lead initiative to deliver COVID-19 vaccinations and testing within the homeless population nation-wide.
- Establish interstate partnerships to deliver this specific program, with the aim to expand the service to include Sunny Street's conversation-led model.