

COMMUNIQUE

Homelessness Week 2022

Housing, Health and Homelessness



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Purpose

The purpose of this communique is to provide an overview, outcomes and key recommendations from Homelessness Week 2022. Homelessness Week is an important annual event to shine a light on homelessness, to learn from the voices of people with lived experience of homelessness and collectively reflect on what we need to do to end homelessness.

In Western Australia, this year's theme was 'Homelessness, Housing and Health'. This chosen theme aims to discuss the opportunities for greater collaboration between health, housing and homeless services to reduce barriers and be more responsive to people experiencing homelessness, reducing the cycle of people in and out of the health system.

Homelessness Week 2022 was supported by the Department of Communities, Lotterywest, Uniting Church in the City and Beyond Bank.

COVID-19 and Homelessness: Lessons Learned for Future Health Planning

Lydia Stazen, Director of the Institute of Global Homelessness (Chicago, Illinois, USA) discussed findings from an international comparative study on ending street homelessness in 13 'vanguard cities' across the globe. The full report and executive summary can be found [here](#). Sharon Gough, Chief Executive Officer of Indigo Junction (Perth, WA); and Matt Larkin, Homeless Health Services Manager at St Vincent's Hospital (Sydney, NSW) reflected on the impact of COVID-19 on their work in the homelessness sector.

Key Findings

Results from the international study suggested that the re-conceptualisation of street homelessness as a public health emergency during the pandemic precipitated a more inclusive and less conditional public policy approach. In practical terms, the global pandemic response showed the advantages of placing people into low barrier, self-contained housing instead of communal shelters. Both in Australia and overseas, COVID-19 revealed the progress that could be made to radically reduce or even eliminate homelessness when there is sufficient political will and improved collaboration between the housing and healthcare sectors.

In Glasgow, Scotland, "Rapid Rehousing Welcome Centres" were introduced during COVID-19 as a replacement for communal shelters. These spaces provided temporary self-contained accommodation as well as a coordinated space where health, welfare and social services could work together to support members of the community experiencing or at risk of homelessness. In Glasgow, street homelessness was permanently ended during COVID-19.

Both in Western Australia and Canada, efforts to accommodate people experiencing homelessness during COVID-19 were not sensitive to the needs of First Nations communities. This includes a lack of culturally appropriate housing and failure to consider cultural requirements to travel. For First Nations communities in Western Australia, the vaccine rollout showed the value of close collaboration with elders and other respected community members.

In Australia and overseas, lack of access to mental health and substance use services means that people experiencing homelessness with chronic mental health issues are presenting to hospitals

where there is no capacity to provide appropriate environments for treatment. This has put a severe strain on health sector resources, with a significant impact on staff wellbeing.

In New South Wales, services involved in housing the homeless during the pandemic are undertaking a “lessons learnt” project to future proof against further pandemics.

Recommendations

1. That the State Government improve coordination between the healthcare system and homelessness services, in particular around discharge planning and integrated care.
2. That the State and Federal Governments increase investment in mental health and substance use services with expanded training and support for frontline staff.
3. That the State Government, in collaboration with the homelessness sector, review the benefit of a rapid re-housing program, similar to Glasgow’s *Rapid Rehousing Welcome Centres*, to deliver integrated health and housing services in WA.
4. That the Departments of Health and Communities undertake a joint “lessons learnt” in partnership with the community sector, to inform future pandemic preparedness for people experiencing homelessness.
5. That the State Government, in partnership with First Nations communities, ensure that all emergency responses and directives are culturally safe and appropriate.

WA Alliance to End Homelessness 2022: Dashboard & Report Launch

Professor Paul Flatau, Director of the Centre for Social Impact at UWA (Perth) introduced the WA Alliance to End Homelessness’ (WAAEH) latest annual report and new online data dashboard on *Ending Homelessness in WA*, released on 2 August 2022. The report tracks progress on the WAAEH’s nine targets to end homelessness

The Dashboard and a full copy of this year’s report can be found [here](#).

Following this presentation, Professor Flatau led a panel discussion to discuss the findings of the report with Leanne Strommen, General Manager of Community Services at Centacare; Debra Zanella, Chief Executive Officer at Ruah Community Services; Al Connolly, Lived Experience Advocate and Co-Chair of WAAEH Steering Group; and CEO of Shelter WA Michelle Mackenzie.

Key Findings

There has been a steady incline of people experiencing homelessness accessing Specialist Homelessness Services (SHS) in Western Australia, from 2,352 clients per month in 2017 to 3,131 clients per month in 2022. This represents a 39 per cent increase. Since last year, there has been an increase in the number of people presenting to services who are already experiencing homelessness. At the end of support periods, many people are returning to rough sleeping while the number of people entering permanent accommodation remains low. The By Name list from 2012-22 shows 2,851 people were housed, with just 25 per cent permanently housed.

While only 6.3 per cent of Western Australians live in remote or very remote regions, 36 per cent of people who access SHS live in remote or very remote areas. The data indicates that the highest rates of homelessness in Western Australia are in the Pilbara, Kimberley and Goldfields regions.

Aboriginal and Torres Strait Islanders form 29.1 per cent of the homeless population and an even higher proportion of those receiving support from homelessness services. Importantly, the proportion of Aboriginal clients accessing SHS dropped sharply in April/May 2020 but has now risen above pre-pandemic levels.

With regards to funding, while there has been a rise in funding for support services, investment in social housing has decreased in real terms.

The Advance to Zero project has now been operating for 10 years (2012-2022) and has collected data from over 3,000 people experiencing homelessness, primarily rough sleepers. With regards to health, evidence collected through the Advance to Zero Project revealed that 35 per cent of participants reported serious brain injury or head trauma. Thirty point two per cent of participants had experienced dehydration and 26.7 per cent heatstroke or exhaustion. 19.7 percent had heart disease. Almost 70 percent of participants reported a diagnosis of depression. The estimated health service cost was \$14,449 per participant.

Recommendations

- 1. That the State Government, in partnership with the community sector, develop clearer and more ambitious targets to end homelessness, including targets for social housing, based on demand analysis.**
- 2. That the Department of Communities provides an immediate uplift of 12.2% to homelessness service contracts to reflect the true cost of service delivery.**
- 3. That there is new investment by Federal and State Government in Aboriginal Community Controlled organisations to address the overrepresentation of First Nations peoples in the homeless population.**
- 4. That the State and Federal Government increase investment into to place-based, regional and remote homelessness initiatives.**
- 5. That the State Government allocates additional investment into educational resources and support systems to improve property and tenancy management skills of people at risk of homelessness**
- 6. That the State Government reform the *Residential Tenancies Act 1987 (WA)* to remove no ground evictions.**
- 7. That the Federal Government develop a national housing and homelessness strategy to improve collaboration and engagement between all spheres of government in their housing and homelessness response.**
- 8. That the Federal Government increase investment for housing and homelessness services through the National Housing and Homelessness Agreement.**

Housing and Health Symposium: Integration of health and housing to end homelessness

Dr Jim O'Connell, President of Boston Health Care for the Homeless Program and Assistant Professor of Medicine at Harvard Medical School, discussed his work establishing a medical respite program treating people sleeping rough in Boston. Following Dr O'Connell's presentation, Western Australian panellists joined in for a conversation exploring the gaps and opportunities between health, housing and homelessness. Panellists included Lived Experience Advocate, Jonathan Shapiera; Chief Executive

Officer of Ruah Community Services, Debra Zanella; Institute for Health Research, University of Notre Dame Professor Lisa Wood; Chief Allied Health Office, Senior Policy Officer, Suzi Taylor and Homeless Healthcare Medical Director Dr Andrew Davies.

Key Findings

Dr O'Connell revealed that over 11,000 people experiencing homelessness are cared for by the Boston Healthcare for the Homeless Program each year. In Boston, rough sleepers died at three times the rate of those going into shelters, who themselves die at four times the rate of the general population. Causes of death include preventable and treatable disorders such as some cancers, liver disease and heart disease. During COVID-19, 80 per cent of the street present homeless population in Boston agreed to be vaccinated, but only if administered by somebody they already knew and trusted. More generally, the Homeless Healthcare Program found that continuity, trust and an ongoing relationship between people experiencing homelessness and healthcare workers was essential to ensuring health needs were met. It took approximately one year for people sleeping rough to trust members of Dr O'Connell's team.

In Western Australia, one identified issue is that diabetes is prevalent amongst rough sleepers. Insulin is ineffective unless refrigerated, which poses significant problems for insulin-dependent diabetics in the homeless community who may not have access to refrigeration. The health repercussions from homelessness can continue for many years post-homelessness. Current post-homeless support contracts that last 12 months are insufficient.

In Western Australia, the pilot program Medical Respite Centre has been successful in facilitating transitions to permanent housing. An area of concern identified through this healthcare service was the provision of care to pregnant women experiencing primary homelessness. Nine pregnant women have been supported by Homeless Healthcare in the past 18 months. Women are often apprehensive of approaching formal healthcare services such as hospitals out of fear social services will intervene to remove their child. Another area of concern is the lack of coordination between state institutions in the healthcare, justice and housing sectors.

Recommendations

- 1. That the State Government extend contracts to support people post-homelessness beyond 12 months, based on the needs of each individual.**
- 2. That the State Government adopt a whole of government approach to ending homelessness, including improved coordination and resource sharing between the Department of Communities and the Department of Health.**
- 3. That health and homelessness government agencies and community services sector improve collaboration through a recurring forum to address intersecting issues.**
- 4. That the State Government provide increased and sustained funding to the Medical Respite Centre to address need.**
- 5. That the State and Federal Governments shift from funding pilot programs to investment into evidence-based services.**
- 6. That the State and Federal Governments, in collaboration with the healthcare, housing and child protection systems, invest in additional programs targeting pregnant women experiencing homelessness.**

7. That the State or Federal Government provide new investment to expand services at the intersection between homelessness and healthcare - including sustained investment into primary homeless healthcare.
8. That the Federal Government dismantle institutional and bureaucratic barriers preventing access to healthcare for people experiencing homelessness. This includes requirements for identity documents, a Medicare card, and the “four walls” requirement to access rebates under Medicare.
9. That there is increased investment by State and Federal government to enable the community sector to better integrate legal, healthcare and homelessness services including in hospitals and engagement hubs.
10. That the State and Federal Governments develop and implement a Homeless Health Action Plan in partnership with the community sector.
11. That the Federal Government Department of Health develop and National Homelessness and Health Equity Policy.
12. That the Federal Government support the development of an Australian Health, Housing and Homelessness Network.
13. That the Federal and State Governments increase availability of aged care specifically tailored to the needs of older people exiting chronic homelessness.

State Government and Sector Updates

Sector updates were provided by representatives from various organisations and programs in the housing and homelessness sector. The Minister for Housing, Lands and Homelessness Hon. John Carey provided an update from the State Government, followed by a Q&A with the Minister.

Key Findings

Debra Zanella, Co-Chair of the Supporting Communities Forum: Homelessness Strategy Implementation Group discussed that while general support for *All Paths Lead to a Home: Western Australia's 10-Year Strategy on Homelessness 2020–2030* (the Strategy) remains high, implementation has been challenging. Ms Zanella identified a number of successful projects implementing the strategy, including the Homelessness Emergency Action Response Team and the Safe Perth City Initiative. With regards to health, Ms Zanella identified that according to the Zero Project’s by-name list, 450 out of 1000 people experiencing homelessness have tri-morbidities.

Tina Pickett of Noongar Mia Mia acknowledged that while the Strategy recognises self-determination, self-management and empowerment of Aboriginal Community Controlled Organisations to take the lead, resources were insufficient to put these principles into action. Ms Pickett emphasised the value of cultural safety and trust and identified that 98 per cent of Noongar Mia Mia employees were Noongar. The Moorditj Mia support service has so far housed 19 people and provided many more with identity documents, Centrelink assistance and other services. The Moorla Moort tenancy support program is providing culturally secure psycho-social support to 28 tenants. Thanks to a philanthropic donation, Noongar Mia Mia are also planning to commence a rental subsidy program.

Colin Penter, Projects Lead at the Western Australian Association for Mental Health (WAAMH) revealed that a majority of people with mental health issues rent in the private market, yet there is currently no specialist private rental housing recovery support program available to renters with mental health conditions in Western Australia. These programs exist in other states, such as in Victoria with the ‘Doorway’ program run by Wellways.

Alex Hughes from the 100 Families Project and Just Homes Inc. revealed that in recognition of the fact that one third of the families consulted were Aboriginal or Torres Strait Islander families, Glenda Kickett will be lead an Aboriginal Voice project to ensure that the needs of First Nations communities are heard. The findings from the 100 Families WA project will soon be centralised in a new online hub. As project manager of the Just Home Inc Project, Mr Hughes also identified that between 27 and 30 per cent of homes in the Margaret River region are unoccupied and severely unaffordable.

Sandy McKiernan, Chief Executive Officer of the Youth Affairs Council of Western Australia (YACWA) indicated that the current statistics on youth homelessness severely underrepresent the reality. Ms McKiernan revealed that contextual factors such as the pandemic, rising inflation, declining rental affordability, climate change and stagnating wages are contributing to worsening threats to young people's ability to remain in healthy and secure living. YACWA plans to bring together young people, the youth sector and other experts to create a Housing First Youth Research Project.

David Gibson, Project Manager of the Living My Best Life Project revealed that only approximately 28,000 people across all of Australia currently have a National Disability Insurance Scheme (NDIS) plan for psychosocial disabilities. While 90 per cent of NDIS applications for physical disabilities are approved, this figure drops to 70 per cent for psychosocial disabilities. Living My Best Life offers free training workshops to assist NDIS service providers to complete successful NDIS applications for psychosocial disabilities.

Elise Haddleton and Trish Owen from the Hear of My Experience (HOME) Project revealed that they are now in Phase Two of their project, establishing a team of people with lived experience of homelessness and housing insecurity to engage with government and the community sector and inform housing and homelessness policy and advocacy.

As Minister for Housing, Homelessness and Lands, Hon. John Carey MLA discussed shortages in the construction sector and the impact this has had on delaying construction and maintenance of housing stock. Minister Carey indicated that the Department of Communities are exploring creative solutions to this issue, including spot purchases and the conversion of regional housing allocated to Government employees to community housing. The Minister Carey has also been in communication with Planning Minister, Hon. Rita Saffioti MLA to create a Housing Diversity Pipeline. In reference to the WA State Commissioning Strategy for community services, Minister Carey indicated he was committed to working with the sector. In response to a question from the audience, Minister Carey revealed that the construction of "tiny houses" had been contemplated by the Department but was not deemed to be cost effective.

Recommendations

- 1. That the State Government, in collaboration with the community sector, invest in a sector-run program that supports tenants in the private housing market with mental health issues, similar to the 'Doorways' program in Victoria.**
- 2. In recognition of the large intersection between homelessness and psychosocial disability, that the Federal Government improve pathways to NDIS access for people experiencing psychosocial disabilities.**
- 3. That the Department of Communities adopts a needs-based approach, as opposed to a wait-turn list, for the allocation of social housing.**
- 4. That the Department of Communities, in partnership with the community sector implement the Noongar Housing First Principles within homelessness services that work with Noongar people.**
- 5. That the State Government invest in a Housing First Youth Research Project.**

6. That the State and Federal Government increase investment into social housing, utilising the community housing sector as a key delivery partner.
7. That the State Government minimise the impacts of short-term rental accommodation on rental housing availability and affordability, starting with the implementation of a short-term accommodation registration scheme.

Climate, Homelessness, Housing and Health

Sector experts gave presentations on the impact of climate and climate change on housing, homelessness and health. Speakers included Professor Petra Tschakert, Researcher, Climate Change Adaptation and Resilience at Curtin University; Grace Dudley, Kimberley Community Legal Service; David Jones, Chief Sustainability Officer at the Department of Communities; Professor Paul Torzillo, Health Habitats; and Professor Lisa Wood, Institute for Health Research, University of Notre Dame.

The presentations were followed by a facilitated workshop to discuss how the sector is preparing for climate change and climate events, where current priorities lie and what barriers lie in the way to improvement.

Key Findings

People experiencing homelessness have increased structural vulnerability to climate change and climate events such as extreme weather events. The impact of this is higher levels of illness and further vulnerability. For example, on a 44-degree day in Sydney, there was an associated spike of people presenting to hospital emergency departments with heat stroke. At St Vincent's Hospital, three of these people were homeless. One of these people collapsed from cardiac arrest with a body temperature of 42 degrees and had to spend a week in the intensive care unit.

Due to climate change, extreme heat is expected to increase in Western Australia. Temperatures are expected to rise by three degrees or possibly even five degrees. With increased temperatures people experiencing homelessness have increased vulnerability to climate change and climate events.

This is particularly problematic for people experiencing homelessness in regions such as the Kimberley, where there is scarce or poor-quality public housing, overcrowding and inefficient maintenance. Grace Dudley from the Kimberley Community Legal Service presented findings of new research highlighting the lived experience of public housing tenants in extreme heat the Kimberley. The findings showed both the direct impact extreme heat can have on tenants' health and the broader impact extreme heat can have on local productivity, school attendance and ability to participate in community.

Exposure to extreme temperatures can also lead to energy poverty when people are forced to rely on expensive heating and cooling appliances. PAYG systems for utilities have resulted in people losing power to their homes and the current Housing Authority cooling policy tends to reinforce financial disadvantages experience by public housing tenants.

In some Aboriginal or Torres Strait Islander communities, overcrowding puts further stress on the 'health hardware' in the house and makes thermal control in housing more difficult.

Proposed adaptation pathways can include adequate housing stock, climate-proofed housing and proactive policies to mitigate impact. In other Australian states, protocol and response mechanisms are in place to respond to extreme weather events. In South Australia, a colour coded classification system is used to coordinate sector responses to extreme weather. When a Code Red or Code Blue

response is activated, homelessness services will visit known rough sleeper locations to provide support. In New South Wales, St Vincent's Hospital in Sydney has implemented extreme heat protocols incorporating standard guidelines for an assertive response to extreme heat events

In WA, the Department of Communities' Climate Action and Sustainability team is preparing a Climate Action and Sustainability Strategy to guide the entire agency. Some of the work being done by the Department to improve the energy efficiency of public housing includes installing solar PV systems, installing waterwise fixtures and creating waterwise landscaping projects and guidelines.

Generally, people believe that the current system is reactive and not preventative. The perception is that only ad hoc, sporadic solutions are provided to assist people experiencing homelessness during extreme weather events and a more preventative, consistent strategy is required.

Recommendations

- 1. That the State Government, in collaboration with the housing and homelessness sector, develop a coordinated action plan incorporating evidence-based adaptation pathways to mitigate the impact of climate change on housing and the cost of running a home.**
- 2. That the State Government, in partnership with the sector, develop a colour coded response protocol similar to South Australia to protect people experiencing homelessness during climate emergencies.**
- 3. That the State Government invest in cooling and heating refuges based on thermal inequality mapping to protect people experiencing homelessness during extreme temperatures.**
- 4. That the State Government, in partnership with Aboriginal Community Controlled Organisations, increase investment in homes to address overcrowding in remote communities.**
- 5. That the State Government, in partnership with local communities, shift from a head maintenance contract to a place-based approach for the maintenance of housing in remote communities.**
- 6. That the Department of Communities provide new investment to retrofit social housing properties to ensure they are thermally comfortable and energy efficient.**
- 7. That the State or Federal Government invest in solar energy infrastructure to ease energy poverty in areas with extreme weather.**
- 8. That the Department of Communities and the community sector ensure that any coordinated action to respond to climate events is planned and undertaken in consultation with people with lived experience of homelessness.**
- 9. That the Department of Communities amend the Climate Control Policy within the Rental Policy Manual to provide cost-effective and sustainable cooling solutions including access to air conditioning to social housing tenants in areas experiencing extreme heat.**
- 10. That the State Government invest in energy efficiency education for tenants in social housing to reduce energy poverty.**
- 11. That the State Government invest in subsidised energy costs for tenants in areas regularly experiencing extreme heat.**
- 12. That the State Government develop minimum energy efficiency standards for all rental properties.**

Local Government Homelessness Knowledge Hub

In partnership with WALGA, LG Professionals and City of Joondalup, Shelter WA hosted the launch of the Local Government Homelessness Knowledge Hub. Speakers included Mayor of Joondalup, Albert Jacob; Minister for Housing, Lands, Homelessness and Local Government, Minister John Carey; Chief Executive Officer of Shelter WA, Michelle Mackenzie; Chief Executive Officer of LG Professionals, Candy Choo; Karen Chappel, President of the Western Australian Local Government Association (WALGA); Tony Brown, Executive Manager of Governance and Strategy at WALGA; Vikki Barlow, Senior Policy Advisor at WALGA; and Brett Treby, Deputy Mayor of the City of Wanneroo.

Key Findings

The Local Government Homelessness Knowledge Hub is an online platform that brings together a range of resources to support Local Governments across WA to respond to homelessness. WALGA President Karen Chappel said the information would support Local Government Staff working across a range of areas.

Chief Executive Officer of LG Professionals Candy Choo highlighted the project as a good example of collaboration between Local Governments. Minister for Housing, Lands, Homelessness and Local Government Hon. John Carey MLA echoed this sentiment, suggesting that it was a responsibility of all tiers of government and our community to help the most vulnerable people.

At the event, both the cities of Joondalup and Wanneroo launched their joint 2022/23 – 2025/25 Regional Homelessness Plan. Wanneroo Deputy Mayor Brett Treby said the joint plan created a clearer path for the cities to help address homelessness in the region.

Recommendations

- 1. That the State Government provide resources to maintain and sustain the Local Government Knowledge Hub to support local governments respond to homelessness.**

Lived Experience Immersive Tour

Lived experience expert Josh Serafini led participants on a tour through the streets of Perth, sharing his insights on sleeping rough and see how local community members are handling issues on the front lines. The tours included conversations with Dr Andrew Davies from Homeless Healthcare, Ed Easter from Passages Youth Engagement Hub, Michael Chester from Uniting WA and Mark Glasson at Anglicare.

Key Findings

This year's three tours quickly sold out, indicating consistent interest in learning from those with lived experience of homelessness. Dr Andrew Davies at Homeless Healthcare indicated that in the last five years, his clinic has seen 70 to 80 patients pass away each year.

Recommendations

- 1. That the State Government and community sector engage in genuine and respectful consultation with people with lived experience of homelessness, including at the research, design and implementation stages of any programs or services.**

Lived Experience Artist in Residence

Artist in Residence Deborah Ralph-Kafarela encouraged Homelessness Week attendees to use one of their shoes to press into a clay tile. The project, entitled 'Walk a Day in My Shoes', opened discussion on the need to listen to people with lived experience of homelessness and act on the empathy that is evoked when listening. Ms Ralph-Kafarela arranged the collection of tiles into an installation, unveiled at the networking event marking the end of Homelessness Week.

Key Findings

The Project saw a broad variety of participants, from the Government, community and private sectors. Arts and community cultural development projects can be a powerful tool to enable people with living and lived experience of homelessness to share their experiences and provide solutions to end homelessness.

Recommendations

- 1. That the State Government invest in resources for social wellbeing and community engagement initiatives for people experiencing homelessness or with lived experience of homelessness.**

Conclusion

Homelessness Week 2022 highlighted the intrinsic link between housing, health and homelessness. People experiencing homelessness and those at risk of homelessness are among Western Australia's most socially and economically disadvantaged, and experience significantly higher rates of death, disability and chronic illness than the general population.

Although homelessness is both a driver and consequence of ill health, homelessness is not adequately considered within the ambit of the healthcare system in Western Australia and there is significant scope for improved collaboration between the health, housing and homelessness sectors. Collaboration between the health and homelessness sectors should include improved information sharing, alignment of priorities and action plans and flexible sharing of resources. Examples of good practices from interstate and overseas show the progress that can be made when homelessness and healthcare services operate in tandem with each other. Examples from overseas also show how a Housing First model is complementary to the integrated provision of healthcare and homelessness services.

Improved sector collaboration is needed not only laterally, between health and homelessness community services and between the WA Department of Communities and WA Department of Health; but also vertically, between community services, the State Government and the Federal Government. The federal mandate for funding of primary health necessitates significant collaboration with the Federal Government and improved integration of health and homelessness at the federal level.

The importance of adopting a people-centred approach to homelessness and health was a recurring theme of Homelessness Week. Service planning and delivery cannot be effective without robust partnerships with First Nations communities, people with lived experience of homelessness and regional and remote communities. Aboriginal Community Controlled Organisations and Aboriginal-led Community Housing Providers need increased resources to continue to provide culturally-safe services and to realise principles of self-determination.

The sector has developed reliable sources of evidence and a significant amount of data to show what is needed to address homelessness and the healthcare needs of people experiencing homelessness. What is needed going forward is increased, reliable and evidence-based investment in service provision and infrastructure.

Shelter WA will continue its strong advocacy working with the sector, with government, industry and the broader community to drive the housing and health solutions that will end homelessness in Western Australia.

Appendix Homelessness Week 2022: Program

Monday 1st	Tuesday 2nd	Wednesday 3rd	Thursday 4th	Friday 5th
<p>8.30am - 9am</p> <p>Official Opening</p> <p>9am – 11am</p> <p>COVID-19 and homelessness: Lessons learned for future health planning (KEYNOTE + panel)</p>	<p>9am – 11am</p> <p>LAUNCH WA ALLIANCE TO END HOMELESSNESS 2022 DASHBOARD AND REPORT LAUNCH</p>	<p>9am – 11am</p> <p>SYMPOSIUM: HOUSING, HEALTH & HOMELESSNESS (INTERNATIONAL KEYNOTE + panel)</p> <p>11 – 12pm</p> <p>Lunch provided</p> <p>12pm – 2.40pm</p> <p>STATE GOVERNMENT AND SECTOR UPDATES</p>	<p>1pm – 4pm</p> <p>HOUSING – A SOCIAL DETERMINANT OF HEALTH – CLIMATE, HOMELESSNESS, HOUSING AND HEALTH</p>	<p>1.30- 3pm</p> <p>Launch – Local Government Online Homeless Hub City of Joondalup</p>
Additional events throughout the week				
<p>11am – 1.30pm</p> <p>Lived Experience Walking Tour</p> <p>.....</p> <p>Lived Experience Art Workshops</p>	<p>11am – 1.30pm</p> <p>Lived Experience Walking Tour</p> <p>.....</p> <p>Lived Experience Art Workshops</p>	<p>2pm – 4.30pm</p> <p>Lived Experience Walking Tour</p> <p>.....</p> <p>Lived Experience Art Workshops</p>	<p>4.30pm – 6.30pm</p> <p>Unveiling Lived Experience Art Workshops</p> <p>CLOSING NETWORKING EVENT</p>	