

A small, rustic wooden house constructed from light-colored wooden blocks sits on a lush green lawn. The house has a gabled roof and a small square opening for a doorway. The text 'Now it's my time': of being an expert in one's own life is overlaid in white on the left side of the image.

'Now it's my time': of being an expert in one's own life

Among the responses in a recent Anglicare survey of 'youth voices'¹ was a blunt comment from a young woman called 'Jess'.

"Couches", she wrote, "are not a long term living arrangement".

Embedded in the story she shared of experiencing homeless were familiar themes of isolation, anxiety and lack of dignity — having "nowhere else to go" but being "allowed to stay a few more days out of pity".

Jess's story is clearly not unique. On any night of any week, an estimated 4000 women are homeless in Brisbane. The unmet demand from women and children fleeing a range of challenges including domestic violence, family breakdown, transitioning from prison or a mental health unit, drug misuse, loss of tenancy, couch surfing, and homelessness is overwhelming.

As part of our commitment to addressing this need, Anglicare Southern Queensland has substantially expanded our Homelessness Services Women and Families (HSWF) programs over the past couple of years. The 2015-2016 financial year marked the first full year of operation for our new \$6.4M Adult Women's Program, which offers temporary supported accommodation for single women; and our Young Women and Children program, which provides temporary supported accommodation for pregnant or parenting young mothers with children under 4 years of age. Residents maintain their independence while being supported by 24-hour staffing arrangements.

The new premises nearly double capacity across Brisbane's metropolitan area. The fitout of the 24 rooms became a community initiative, drawing teams from businesses, schools and the wider community to design and decorate welcoming sanctuaries for the residents that are a natural consequence of our belief in the inherent worth and uniqueness of each woman, and her right to quality accommodation and service provision.

The new building also includes spacious community areas and meeting rooms designed to support a holistic, wrap-round model of service. Based on Housing First principles, the premises ensure that the women's basic need for safety is met. In that safe environment, we are then able to address, in partnership with the women, the underlying factors that may have contributed to their experiences of homelessness and attend to more in-depth, therapeutic needs.

*The Road Home: A National Policy for Ending Homelessness (2008)*² highlighted some of the diverse causes of homelessness, and the cyclic pattern that sees adults and children who are experiencing homeless become further at risk of poor physical and mental health, disrupted education or high unemployment, exposure to violence, higher rates of imprisonment, and a loss of stability and connection in their lives. Hamilton et al (2011)³ write about such multiple, interacting causes and contextual factors as creating a "web of vulnerability", where risk factors interplay and accumulate over time to result in homelessness. Other studies indicate the negative impact of cumulative trauma and adversity on people who are homeless or at risk of homelessness (eg Wu et al. 2010).⁴

Based on this kind of evidence, HSWF has adopted a trauma informed/recovery oriented framework to guide our model of service.

Trauma-informed practice is, as the term implies, where workers are sensitive to the impacts that trauma has on a person's psychological, physical and emotional self; and adapt their practice to cater for such impacts. Trauma is often experienced as disempowering, a lack of safety and control over one's own life; and so individuals' responses to crisis and their adapted coping skills (which might include self-harming or suicidal behaviours, substance misuse, unhealthy relationships, and/or aggressive and unsafe behaviours) make sense in this context.

The core of trauma-informed practice is establishing a sense of safety, so that the women who use our services can address the other issues impacting on their wellbeing. Ensuring that the environment is physically safe, and that our interactions with the women and their children are welcoming, consistent and reliable, aims to build a sense of emotional safety and trust, and reduces the possibilities of re-traumatisation. We believe that healing happens in positive relationships and recognise the importance of community and

connection; but also strongly support the women's right to control, choice and autonomy over their own lives.

This belief is also consistent with a second element of our service model, recovery-oriented practice, which is underpinned by the conviction that people have the capacity to make their own choices about their recovery and wellbeing. Our workers support the women to build on their unique skills and strengths to explore opportunities, and make real and informed choices about what they would like to achieve: they are the experts in their own lives.

Voluntary feedback from some of the women who have transitioned from HSWF into long term housing suggests that the trauma-informed/recovery-oriented approach is helping individuals to reclaim their lives. In the 2016-2017 FY, 73 percent of residents successfully transitioned into the next stage of longer term accommodation; and their exit feedback was typified by words such as courage, reassurance, motivation, support and respect.

As one excited resident noted, despite her nerves at moving on: "Now it's my time. I need to move on so other people can be helped by Anglicare."

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¹ More information on the *Youth Voices* project can be found at: anglicaresq.org.au/youth-voices

² Commonwealth of Australia 2008, *The Road Home: A National Policy for Ending Homelessness*, Department of Families, Housing, Community Services and Indigenous Affairs, apo.org.au/node/2882

³ Hamilton Alison B, Poza Ines and Washington Donna L 2011, "'Homelessness and Trauma Go Hand-in-Hand'": Pathways to Homelessness among Women Veterans", *Women's Health Issues*, vol.21, no.4, Supplement, pp. S203–S209, www.whijournal.com/article/S1049-3867%2811%2900090-9/fulltext

⁴ Wu NS, Schairer LC, Dellor E. and Grella C. 2010, "Childhood trauma and health outcomes in adults with comorbid substance abuse and mental health disorders", *Addictive Behaviors*, vol.35, pp.68–71.