

**ATTACHMENT "W-2"**

This is the attachment marked "**W-2**" referred to in the witness statement of Trish O'Donohue and Angela O'Brien dated 20 July 2015.

EVERY WOMAN NEEDS A  
SAFE HOME EVERY NIGHT



## Towards a Stronger Northern Integrated Response

WISHIN is a gender specific social change organisation based in the North West Melbourne metropolitan region that works with women who are homeless or at risk of homelessness. A majority of women supported have experienced family violence. WISHIN provide an integrated model of support for single women or women with children, with multiple and complex needs. They have an ever-increasing number of clients from Aboriginal and Torres Strait Islander communities and Culturally and Linguistically Diverse (CALD) backgrounds. They honour the stories, truth and experiences of women and children who access their services and this in turn guides and informs their reflective processes and practice.

Across the world, the most commonly identified barrier to accessing homelessness assistance is a lack of capacity (Black and Gronda 2011). When service demand exceeds capacity, access points are forced to restrict the type or level of assistance that is provided to households. This means that those attempting to access a service may wait indefinitely to receive appropriate assistance or may receive assistance that doesn't really meet their needs (Burt et al. 2010).

The complex support needs of women and children cannot be addressed sufficiently in a generalist homelessness service due to a lack of capacity and this can often translate into a woman not receiving the appropriate levels of assistance required, particularly if they are experiencing family violence. WISHIN proposes to address the increasing need for a service specifically targeting the most vulnerable cohort of women and children by providing assistance that addresses both their homelessness and family violence.

WISHIN provides a holistic trauma informed response including Initial Assessment, Safety Planning, Case Management and a long term supported Wellbeing Program to assist women to transition out of the program at their own pace on successful completion of Case Management. This model works towards limiting social isolation and disconnection while providing wrap around support at each critical point of the women's journey through the service system.

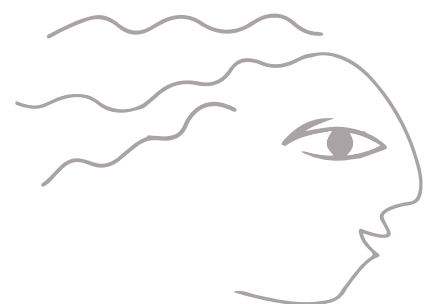


WISHIN retains specific expertise they have developed in working with women and children who are homeless or at risk of homelessness and have experienced complex trauma due to family violence, substance abuse issues, financial hardship and mental illness.

The recommissioning of the Psychiatric Disability Rehabilitation and Support Services and consequent withdrawal of funding greatly impacted on small, specialist, gender specific services. These services, including WISHIN, were expert in the provision of an integrated model of long term wrap around support to the most vulnerable women and children grappling with a range of complex needs including homelessness, mental health, alcohol and other drugs as well as family violence. The preference for individual case management and a move away from group work and programs means that the potential for social isolation of vulnerable cohorts will increase. Social isolation on top of existing issues has an enormous impact not only on the health and well being of this group, but on over all quality of life. Women and children in isolated states are at high risk of further abuse and exploitation. We believe this will lead to women returning to violent relationships and not receiving the appropriate assistance and support required.

Current policy and practice for generalist homelessness services has not recognised the need for a gendered lens and approach to women and children seeking support. The long journeys of complex gender based abuse and trauma suffered by the women and children seeking assistance cannot be adequately addressed by generalist service providers. Current generalist Intake, Assessment and Planning (IA&P) processes simply do not have the capacity to provide a gender informed nuanced response.

WISHIN is in a unique position as it sits across both the homelessness and family violence service systems and only employs female staff. WISHIN undertakes the Comprehensive Common Risk Assessment Framework (CRAF) with all clients, and provides ongoing risk assessment and safety planning. WISHIN is a member of both peak bodies; Council to Homeless Persons and DV Vic, and is a signatory to the DV Vic Code of Practice. WISHIN participates in Northern Opening Doors Framework and is a member of Northern Integrated Family Violence Service, Moreland and Darebin Family Violence Networks, in recognition of the impact violence has on the lives of a majority of WISHIN clients.



## Homelessness Service System Gaps

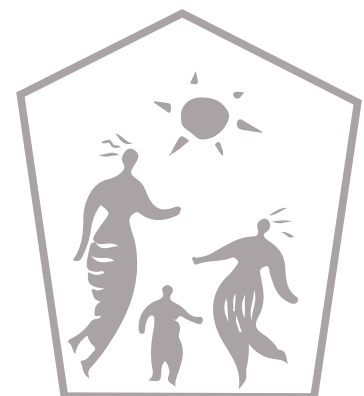
It should be noted that the Northern Metropolitan Access Points experience some of the highest level of demand for homelessness in the state, with their prioritization lists at unprecedented and unmanageable levels. Many are women and children escaping family violence. In a snapshot of WISHIN clients conducted last year we found that 80% of clients had identified recent family violence. Most referrals come from the Homelessness Access Points Vincentcare and Haven Home Safe where family violence has been identified as 53% of women presenting to these Access Points.

WISHIN explored these disparities and identified the following gaps in the Homelessness Access Points that may impact on the numbers of people disclosing family violence:

- The Homelessness Access Points are not in a position to undertake the family violence risk assessment needed due to the high volume of demand for their services
- The Homelessness Access Points do not have the capacity to offer private interview spaces
- Couples are usually interviewed together. This makes disclosure of family violence highly unlikely
- Minimal provision of a children's space while their mother/parents are being interviewed

Appointments at Homelessness Access Points are rigid and require people to attend in person, in the morning, and this impacts on the more vulnerable cohorts that may have experienced family violence. Women with children, women with disabilities, women with mental health issues, people in crisis.

- There needs to be strategy developed for women (and men) who are disabled or have children with a disability and/or who have mobility and travel issues and struggle to meet set early appointment times
- A similar strategy for women (and men) who take medication for their mental health and struggle with early appointment times
- Women (and men) who are primary caregivers for children needing to attend school and childcare
- Young people most often present when urgently requiring assistance and not necessarily planned in advance



Generalist homelessness services with little privacy are not safe spaces for women to disclose family violence. They may choose to use the terms “family breakdown” and “homelessness” with disclosure coming later when trust and rapport are well established. Staff may also be compromised in the support they can provide due to lack of capacity and environmental work place barriers. Consequently the IAPs received by WISHIN reflect this more generalist approach and additional work and support is required to drill down to the deeper issues at hand.

Women may choose to present to a Homelessness Access Point as they may not want the stigma of going through the Specialist Family Violence Service system or calling the police. The pathways for a woman experiencing family violence to access a Specialist Family Violence Service is by police attending an incident completing an L17, sending it through to Berry St for follow up or by self referral by phone to Safe Steps Family Violence Response Centre 24/7 state-wide crisis response or if they have an existing relationship to a particular Specialist Family Violence Service and are able to contact them. Another important aspect to note is that many women do not recognize that they are in a family violence situation and there are issues pertaining to “readiness.”

## Homelessness Service Responses

Many women have experienced family violence as part of their life experiences and may find they are homeless after they have taken steps to leave the violent partnership, or may not wish to disclose a history of family violence and instead seek assistance purely to access housing. They will approach a Homelessness Access Point that will undertake an assessment of housing, support and vulnerability need and assist with housing information and immediate accommodation if required. Unfortunately this immediate accommodation is often in private rooming houses and budget motels, which cannot be considered safe environments for vulnerable women or those with children. A brief risk assessment will be undertaken by the Access Point and safety planning discussed if family violence is imminent or disclosed. If the woman is referred on to a specialist homeless support provider a further CRAF risk assessment will be undertaken with more safety planning if required.

Data from one prominent Homeless Access Point in the North East of Melbourne listed 733 households on their Prioritisation List in May 2015 requiring Support from a Specialist Homelessness Support Provider and / or Transitional Housing. Of the 733 households, 460 identified women as the presenting unit head. Of the 460 women 83 identified high housing need, 316 identified medium housing need, 71 identified high support need and 192 identified high personal vulnerability. In any given month there may only be capacity for Specialist Homelessness Support providers to pick up 10 – 15 new Case Management referrals from the access points. Transitional Housing vacancies are also rare with an average of 5- 10 Transitional Housing properties available per month. Women escaping Family Violence seeking immediate accommodation who may not necessarily fit the criteria for refuge are extremely limited in safe appropriate options. (Data taken from Haven; Home, Safe (metro) Initial Assessment & Planning Team)

## Possible Solution - A stronger integrated response for women and children

WISHIN's model can provide the integrated service response between these two service systems in a way that addresses the deficiencies in the current siloed system. WISHIN could work more strongly across both service systems and ensure a specialist family violence response to single women and women with children where needed. This model could also sit in any satellite hub or co-located service model for the northern metropolitan region.

It is consistent with the suggested actions of the Northern Integrated Family Violence Services Regional Plan 2013-2017 -

"Whilst there are significant achievements and well established structures and partnerships in the Northern Metropolitan Region (NMR), ongoing improvement of service system responses and strong commitment to collaboration and service integration is required. The NMR has clear evidence of existing and emerging demand, issues and gaps in service responses to family violence.

NMR has three of the 10 Interface Councils, forming the edges of Melbourne, and two of these (Hume and Whittlesea) are identified as growth corridors. This rapid population growth is straining existing infrastructure and highlighting gaps in service delivery."

These numbers are expected to increase markedly over the next few years. The incongruence between the sizeable increase in demand and the lack of growth in funding leaves the sector under-resourced, overstretched and unable to meet the demand.

WISHIN's specialist assessment skills coupled with their comprehensive understanding of response options in both the local and broader community service and allied sectors mean that women would be able to more quickly and less invasively access specifically targeted and appropriate safety assessment and planning.

Homelessness access point services offer critical opportunities for prevention and diversion. Having additional resources to meet the local demand means that access points can more easily and usefully engage with people experiencing or at risk of homelessness. They can then offer diversionary or preventative responses before the situation worsens. Appropriate resourcing at access points also helps to ensure that quality services are offered consistently and equitably. WISHIN would enhance and support existing IA&P and ensure women who are presenting to generalist homelessness services are adequately assessed for levels of risk across a spectrum of support needs, and that safety planning is part of standard procedure.

It is well documented that people with significant mental health issues, problematic substance use or those experiencing chronic or long-term homelessness often experience social or service exclusion (Chamberlain and Johnson 2011; Gronda et al. 2011). According to the most recent data from The Council To Homeless Persons (CHP), Family Violence, Mental Health and Financial Stress were the top three reasons given by the general population as homelessness risk factors, with family violence double the other two put together. Family violence could be of a higher volume if generalist homelessness services were equipped to assess and support women and children with not only the presenting issue of homelessness but increased capacity to identify the risk factors that could in fact be more critical to safety and subsequently the prioritisation of level of risk.

Accessibility of services for women and children escaping family violence is related to the need for security and immediacy of appropriate response. WISHIN has extensive experience in establishing trust and rapport in order to ensure best and safest client outcomes. This includes diligent and sensitive completion of Comprehensive CRAF, Intervention Orders and Safety Planning with clients form an integral part of the success for all women who present for support. WISHIN can then act as a bridge to more specialist support from the Specialist Family Violence Services sector.

As previously outlined, generalist services VincentCare and Haven; Home, Safe are not currently able to separately interview men and women in a safe and private space where they cannot be overheard, and the space for children is very limited when they present as a family unit. This arrangement is problematic given the rising incidences of reported family violence in the Northern Metropolitan Region.

Current statistics for reported incidents of family violence for 2012 - 2013 from Victoria Police show an increase of 20.1% on the previous year. If we then acknowledge that many women experiencing family violence do not report to the police, then the following figures are likely to underestimate the extent of the problem.

The total number of reported police incidents in the NMR was 9,861 (60,829 in Victoria).

- This is a rate of 1077.4 per 100,000 population for the NMR, compared to a rate of 1071.1 per 100,000 for Victoria.
- On average, 191 incidents of family violence were recorded by police in the NMR every week.
- Females were the majority of victims (74%).
- Males were the majority of perpetrators (78%).
- 73% of female victims were aged between 15 and 44 years.
- Of victims that reported they were "fearful" or "very fearful", 83% (3,414) were female.
- Children were present at 2,976 reported incidents of family violence (30%).
- Charges were laid in 4,421 cases, giving a rate of 483.1 per 100,000 (450.3 in Victoria).
- A combined total of 3,028 Family Violence Intervention Orders (IVOs) and Family Violence Safety Notices (FVSNs) were issued, giving a rate of 330.8 per 100,000 (273.7 in Victoria).
- Of all assaults recorded in the NMR in 2012/13, 47% were committed in a family violence context. Family violence was also the context for 43% of recorded abductions/kidnaps, 25% of rapes, 32% of other sexual assaults, and 40% of harassment offences.
- Seven homicides were committed in a family violence context in the NMR in 2012/13 (24% of all homicides in the NMR).
- From the Evaluation of the Northern region Prevention of Violence Against Women Strategy Evaluation Framework November 2013





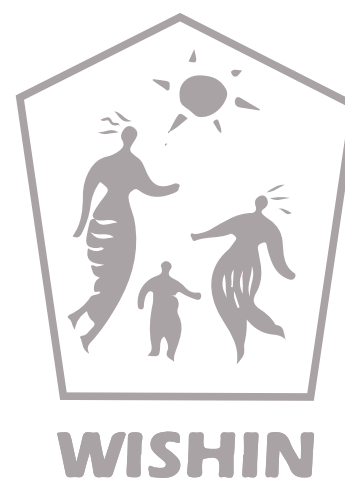
High numbers of women are potentially slipping through the homelessness service system without disclosing family violence. Private, gender separated interview spaces with childcare are currently not provided at either of the participating Access Points. Therefore appropriate initial assessment in a safe space to enable disclosure and begin the process of CRAF and Safety Planning is currently unable to occur.

Three key goals in the Northern Integrated Family Violence Services (NIFVS) Regional Plan 2013 -2017 are outlined as follows –

1. Improved early identification of women and children at greatest risk of violence
2. Well connected services that prioritise safety through consistent, appropriate, timely and effective responses to women and children.
3. Services respond effectively and appropriately to the diversity of women and children affected by family violence

The NIFVS suggested actions to address these goals are as follows –

- Improve response to high risk families.
- Improve integration of appropriate services for vulnerable children and families.
- Improve integration of specialist responses to women experiencing family violence.
- Improve referral pathways and initial service response.
- Focus on improving housing service system responses.
- Improve cross sector partnerships with service providers responding to women experiencing family violence.



## Gender Equity

In order to address the core factors contributing to family violence the issue of gender equity must be tied to funding of Specialist Family Violence Services (SFVS).

Many SFVS are run by women for women and are committed to a feminist philosophy and framework. This ensures consistency of service response to the women and children requiring their service.

Some faith based service providers however do not demonstrate a clear understanding of gender equity and the necessity of policy and practice developed through a gendered lens. Importantly, their governance and management structure does not reflect a strong representation of women. This can be problematic when developing strategic policy and practice suited to working with our most vulnerable women and children.

This is of serious concern given that the National Royal Commission Into Institutional Sexual Abuse bears witness to and evidences the horrors of the stories of those who have suffered due to the male dominated hierarchy of faith based institutions. There are constant reports of new horrors and new victims who have suffered not only at the hands of the perpetrators, but also through the complicit silence of those who turned a "blind eye". WISHIN works with women who are survivors of institutional abuse who will not approach a faith based service for support. Surely we have an obligation to demand increasing levels of gender equity in faith based services while also providing excellent alternatives so that women have an equitable, safe choice.

The voices and experiences of survivors of institutional abuse need to continue be heard in the Family Violence Royal Commission. WISHIN clients truly appreciate the opportunity of the legalistic response offered by the Family Violence Royal Commission and the confidentiality as the Commissioners listen to their stories. This appreciation is shared by the staff and the entire organization of WISHIN. Our most vulnerable women and children are entitled to choice of service for their ongoing support and healing. WISHIN is committed to advocating for, and with, them in every step along their recovery journey.



# WISHIN Program Logic

## Context

### Situation

A significant number of women with or without children experience serious and multiple risk factors that limit their ability to access and engage with appropriate and relevant services. This puts them at risk of long-term homelessness, violence, entrenched poverty, poor health outcomes, and social exclusion.

### Complication

Discrete services are often not effective in supporting women with multiple and complex needs. Subsequently such services cannot provide the level of intensive support required to assist women through the maze of services and interventions available to them. This leads to women falling through the 'safety net' of the service system.

### Need

There is a need for a service that:

- Provides gender specific, intensive relationship based support acknowledging both the personal and structural barriers women face in accessing relevant and appropriate support.
- Delivers Trauma Informed services that understands the impact of multiple traumas and is willing to walk alongside each woman in her individual journey.
- Considers the needs of the family unit, the needs of children and the broader community
- Builds cultural and social connectedness
- Builds capacity within other service systems
- Influences the broader community to better understand and meet the needs of women and children who experience marginalisation due to a range of risk factors.

### Target group

Highly vulnerable women and children in the Northern region. A high percentage of women supported by WISHIN have three or more of the following risk factors that result in deep social exclusion, they are: history of family violence, homeless or at risk of homelessness, have a diagnosed mental illness, substance abuse issues, un/under employment. WISHIN works with an increasing number of women from Aboriginal and Torres Strait Islander communities and Culturally and Linguistically Diverse (CALD) backgrounds.

## Program support model

### Support framework

A specialist gender specific homelessness service providing outreach and case management support to women and children dealing with multiple and complex risk factors and traumas, in particular family violence.

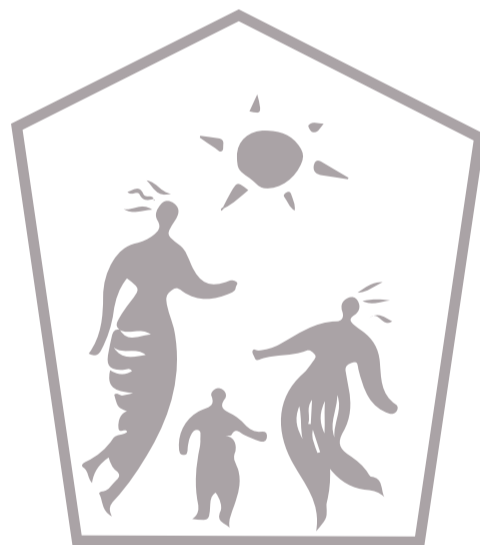
WISHIN provides both short term; task focused support and longer term case management support.

Due to the complex nature of personal and structural barriers many women face, their length of engagement with WISHIN and availability of support is based on individual needs and circumstances, with full consideration given to prescribed funding body requirements.

WISHIN works within a Trauma Informed framework; the building of trust and the development of safe and transparent relationships is central to this and the foundation of all our work.

WISHIN acknowledges that each woman's journey is unique and that case management support needs to be individualised and directed by the woman to reflect this.

Though not yet funded as a specialist family violence service by the government, WISHIN is a signatory to the Domestic Violence Victoria Code of Practice for Specialist Family Violence Services for Women and Children. Our philosophical and practice frameworks reflect the fundamental tenets of this Code. We strive to prioritise safety for women and children in all our work through respectful engagement, privacy, confidentiality and duty of care, risk assessments, safety planning, active referrals and collaborative practice.



### Referral and Orientation

- WISHIN receives all referrals from Melbourne's Northern Region Access Points of Haven, Home, Safe in the North East and VincentCare Victoria in the North West. WISHIN also takes referrals for young women through our Outpost at The Edge Youth Services in South Morang and from Melbourne Youth Support Service, Melbourne City Mission.
- WISHIN staff are responsible for making contact with women after receipt of an Initial Assessment and Plan (IAP) from the Access Point. The IAP will indicate if an Auslan or CALD interpreter is required.
- All contact with women will begin with the appropriate interpreting service, until other alternatives or preferences are requested.
- The WISHIN worker will confirm eligibility in the first instance.
- Confirmed eligibility will lead to a brief introduction of WISHIN and the support offered.
- WISHIN staff will make arrangements to meet women face to face at a place of convenience and safety for both.
- At the introductory meeting, the WISHIN worker will introduce the philosophical framework underpinning and guiding WISHIN's practice, including an acknowledgement of women's possible experiences of childhood trauma, family violence, sexual assault, addictions and poor mental health and how these intersect with homelessness.
- Each woman is presented with a WISHIN 'Welcome Pack'. The Welcome Pack provides a range of information about WISHIN's service and includes consent forms and agreements. Limits of confidentiality are explained by the worker. Should the woman wish to proceed, the relevant forms are completed and signed with her.
- WISHIN works from initial interview and assessment through continuing case management with the premise that all women presenting for support have a complex trauma history and corresponding wide range of support issues. This allows women to choose when, or if, to disclose highly sensitive information knowing that the support offered is not dependant on such disclosure. Further, providing this information does not require any confirmation or disclosure from women, but provides comfort and confidence of understanding and acceptance.
- WISHIN uses a narrative approach; identifying women's strengths and resilience through actively listening to her story, and using this as an opportunity to begin the process of restoring her often severely compromised self-esteem and confidence.
- Discussion includes exploring with a woman her existing personal supports, with input about the options and opportunities offered by WISHIN.
- WISHIN completes multiple risk assessments, including the comprehensive (Level 3) Common Risk Assessment and Risk Management Framework (CRAF) to identify levels of family violence risk and undertake safety planning.

### Support Plan Development

- Women are encouraged to identify those areas of their lives where they would like support, need additional support and/or advocacy.
  - All work is collaborative, with women being encouraged to identify their needs and priorities.
  - Tasks and actions are allocated according to women's wishes, confidence, capacity and necessity; with the degree of worker support and intervention guided by her in most instances.
  - Development of a separate plan for children will occur upon request or as identified by WISHIN or another agency.
  - If she or her children are at current or ongoing risk from a family member who uses violence, any contact with the perpetrator will require planning that prioritises the safety of the woman and child/ren.
- ### Meeting
- WISHIN support involves a process of relating and coming together in a variety of formal and informal ways, with importance placed on remaining connected and working in partnership with each woman and her children.
  - WISHIN works with available case management tools that promote and track outcomes.
  - Contact is regular, purposeful and at times assertive.
  - Opportunities are explored in relation to supporting women with ever increasing cost of living expenses.
  - A high priority is given to sourcing funding and resources to assist with safety planning.

### Provide Specialist Referral and Crisis Support

Where women identify a need or desire for specialist support and referral, WISHIN staff will explore available options and offer crisis intervention and assistance as required.

## Transitioning through WISHIN's Program

WISHIN's model of practice has clearly defined outcomes for the women engaged with the service, specifically but not exclusively to support women and children out of homelessness, into options that are safe from violence, provide a sense of stability and encourage participation in their local community.

Women engaged with WISHIN will be aware that the degree of worker support and availability will shift and change in line with support plan needs and achievements as their confidence increases.

While women's involvement with WISHIN may vary between short and long term supported housing, living in private rental or crisis housing options, the choice to stay or leave WISHIN remains with the woman. Some women find no challenge in moving on and into established communities, while others find this prospect daunting.

For those who would prefer an ongoing connection to the service, women are always encouraged to participate in WISHIN's fortnightly 'Wellbeing Program'. This is an opportunity to meet other WISHIN women, participate in a variety of activities to promote wellbeing, build confidence, increase self-esteem and to supplement their journeys of trauma recovery.

The Wellbeing Program provides a real and psychological safety net for those women who would otherwise struggle without the option of support, whether they need to access it or not. It also offers the opportunity for women to move from case management support, but expands the community of trust built by women. The Wellbeing Program may be accessed by women until such time as they feel ready to move on.

As part of transitioning through WISHIN's service model women are linked to community supports and resources as they need. Before they exit the service and where appropriate, family, community and support connections are in place.

The Well Being program is unique in that it is one of the few programs that starts prevention work with women in the post crisis stage. Most prevention efforts target children and young people across the educational system. There is very little attention directed to the women post crisis or long term.

For women ready to formally exit WISHIN, a letter is provided acknowledging how far they have progressed and the considerable challenges they have met and overcome. Women are provided with an exit questionnaire and are asked if they are happy to have a staff member follow up their progress from time to time. time to time.

## Outputs

### Target participant profile

- Number of people registered for active support – support periods
- Number of people who access Interim Response (IR2)
- Number of people engaged in transitional programs facilitated by WISHIN – wellbeing program

### Average support period #months

- Clients > six months
- Support Plan 100%
- Transition Plan %
- Referral and support statistics (Referral to and what %) Refer to SHIP data for further
- Referral to and what %
- Referral to Centrelink
- Referral to Legal Services
- Referral to Family Violence services
- Referral to Mental Health services
- Referral to AOD services
- Referral to Culturally Specific services
- Referral to Recreational or Volunteering options
- Referral to other

## Program Objectives

Provide quality holistic case management and support to women and children who are homeless or at risk of homelessness and who have experienced or have been exposed to multiple traumas.

Access to relevant and culturally appropriate services that are holistic and provide meaningful wrap around support as determined by the women themselves.

Note: All the points relate equally to women and their dependent children.

### Target Outcomes for Women and Children

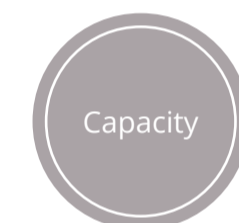
- **Safety** – Improved safety
- **Aspiration** – Affirm goals
- **Capacity** – Build capacity of women and children drawing on their experience, skills and capabilities
- **Connection** – Access opportunities to participate in, community, learning and belonging
- **Potential** – Reach full potential



- Improved physical safety / in their homes, places of school and work, and in their communities
- Improved emotional and personal safety / living lives free from fear, violence, abuse, coercion and control
- Improved strategies to manage safety planning in various contexts / independently and with others / feel confident to seek support if they become unsafe / able to implement their own safety measures that are appropriate across different circumstances



- Perceived capacity to influence / control future
- Positive life goals/ sense of possibility and purpose
- Goal setting & planning with positive engagement / can identify needs and opportunities for future life enhancement
- Empowered and hopeful view of future for self, family, friends, community



- Improved environmental circumstances / appropriate and safe housing
- Improved physical and mental health and wellbeing
- Improved personal skills
- Improved general life management skills
- Increased / appropriate help-seeking behaviour
- Ability to manage self/family
- Able to set and maintain useful routine for enhanced well being
- Self-direction/clear sense of purpose
- Improved capacity to manage risk factors independently
- Increased faith in of one's own resilience / experiences, skills, strengths and capabilities



- Achieve a sense of place and belonging in their local community
- Explore opportunities to undertake activities which are meaningful and enjoyable that increase confidence and healing
- Strengthened personal network / family, friends and wider community
- Strengthened professional / community support network



- Positive view of self / identity / potential
- Increased self awareness / understanding / ownership of personal issues
- Positive attitude toward / relationships with (significant) others
- Make independent decisions about life goals / develop and implement plans when ready
- Empowered to continue recovery journey (be it from homelessness, child abuse, family violence, mental and physical illness, AOD, loss and grief, trauma and/or sexual violence)
- Access appropriate support services / information independently
- Critical reflection / assessment
- Feel confident and empowered about the future

## Program Objectives and Target Outcomes

### Participant Profile

Eligibility criteria – Women with or without children who are homeless or at risk of homelessness referred by access points.

Age: 16-64 though older women will be assessed for support.

Health	Environment
<ul style="list-style-type: none"> <li>• Impact of trauma</li> <li>• Poor physical health</li> <li>• Mental illness</li> <li>• Drug/alcohol misuse</li> <li>• Intellectual &amp; or physical disability</li> </ul>	<ul style="list-style-type: none"> <li>• Homelessness</li> <li>• Unstable and/or unsafe housing</li> <li>• Family dysfunction/ breakdown</li> </ul>
Background	Socio-economic status
<ul style="list-style-type: none"> <li>• Family violence</li> <li>• Cultural dislocation</li> <li>• Involvement with multiple or no service providers</li> </ul>	<ul style="list-style-type: none"> <li>• Entrenched social and economic disadvantage</li> <li>• Social isolation</li> <li>• Un/under employment</li> </ul>

### Overall risk profile

Highly vulnerable client group with majority of women experiencing multiple risk factors and complexities.

