

Inquiry into Homelessness in Victoria

Dr Theresa Lynch

Organisation Name:

Your position or role:

SURVEY QUESTIONS

Drag the statements below to reorder them. In order of priority, please rank the themes you believe are most important for this inquiry into homelessness to consider::

Family violence, Mental health, Indigenous people, Rough sleeping, Public housing, Services, Housing affordability, Employment

What best describes your interest in our Inquiry? (select all that apply) :

Working in the alcohol or other drug services sector , Academic & research , Concerned citizen , Working in the health sector

Are there any additional themes we should consider?

The impact of homelessness on pregnant women and their unborn child.

YOUR SUBMISSION

Submission:

Our submission is attached in the file below.

Do you have any additional comments or suggestions?:

Thank you very much for this important opportunity to contribute our knowledge on the impact of homelessness on pregnant women and their infants. We believe their issues remain invisible to mainstream society and would welcome special attention by this committee to their unique circumstances.

FILE ATTACHMENTS

File1: [5e7d4f76641d3-Homeless Enquiry. 2020](#)

File2:

File3:

Signature:

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Homelessness Enquiry 2020 Committee Manager | Legislative Council Parliament of Victoria |

The Women's Hospital is pleased to have this opportunity to contribute to the Homelessness Enquiry. This submission is also endorsed by the Pregnancy Homelessness Cross-sector Network Coordinating Committee. It is a newly formed group convened by the Women's hospital and represents over 15 health and housing services across Victoria who are working together for change to transform healthcare, social and housing support that will lead to safe and healthy lives for pregnant homeless women and their infants.

Australia's first and largest specialist hospital, the Women's was established in 1856 as a place where underprivileged women could give birth and receive proper medical attention. For more than 160 years the programs and services offered by the Women's have been guided by the voices and experiences of women facing systemic access barriers and variable care and treatment within the Victorian health system. We believe health equity for all women is more than a vision; it's a responsibility

The Women's is very concerned by the high level of homelessness of pregnant women impacted by drug and alcohol use and the lack and/or level of support provided to them and that of their unborn child. In Victoria we do not know how many homeless women are pregnant at any given time as services are not required to collect this data. However, research from overseas suggests the rate of pregnancy for homeless women is higher than for housed women (Murray, Theobald, Haylett & Watson, 2020).

Pregnant women experiencing homelessness are among some of the most disadvantaged members of our community. They are also one of the most at risk populations in terms of health and wellbeing for themselves and their unborn infant. Evidence shows that large numbers of women and children are homeless as a result of escaping violence and find themselves isolated from social or community supports. Safe and stable housing is paramount to improving their health outcomes and life chances.

Too often homeless pregnant women experience prejudice when undertaking treatment, which creates barriers to their access to just and compassionate care, and to securing stable and safe housing. The lack of stable housing and stress of homelessness profoundly undermines women's ability to access health care, particularly pregnancy care. This in turn creates immediate and long lasting harm to women and their child's health and wellbeing, their ability to bond with and care for their child and keep them safe. For many women, the inability to find suitable housing prior to birth will result in the removal of their baby from their care.

Our experience at the Women's is that pregnancy offers a unique opportunity to engage with women who are in a cycle of drug use, homelessness, trauma and mental illness. Pregnant women are motivated to care for themselves and to do the best for their baby. Stable housing is the essential



foundation to enable women to engage with specialist and comprehensive services, and to take the necessary steps towards education, employment and engagement with their community.

The Women's are working to raise the profile of these vulnerable women in an effort to produce social changes that deliver a new approach to lifting women and their babies out of a cycle of adversity and deprivation.

In 2017 Associate Professor Suellen Murray led a three stage research project to improve service and policy responses to pregnant women impacted by homelessness. The Women's was very pleased to be on the Expert Reference Group and supporting this important research. The study found being pregnant did not necessarily afford the women greater access to housing support or secure accommodation and highlighted serious gaps in the service system. Our own evidence at the Women's supports these findings. 80% of pregnant women attending our Women's Alcohol and Drug service (WADS) disclose that they lack access to stable and secure housing.

As was reported in Dr Suellen Murray's study, *Not Pregnant Enough? Pregnancy and Homelessness* (2020), women who are pregnant and without stable housing, experience the breadth of homelessness circumstances including sleeping rough and couch surfing and living in varied sites such as hotels, motels, shared houses, crisis accommodation, women and young women's refuges, prison and drug rehabilitation facilities. This report focuses directly on the experiences of women who had been or were at the time pregnant and homeless.

There is a paucity of research that provides critical insight into the experiences of highly vulnerable pregnant women and newborns experiencing homelessness and how this impacts on their immediate and long-term health and well-being. The research steered by Dr Suellen Murray has taken an important step to address this gap in knowledge and to improve the standards of care for vulnerable pregnant women and newborns. It makes several recommendations to improve service delivery, including:

- Improve data collection processes to better identify the number of pregnant homeless women and inform policy and service system development.
- Ensure pregnancy is considered as a critical factor for determining access to housing and support when pregnancy is first identified or disclosed.
- Increase supply of safe and affordable long-term housing and ensure that this is the principal option offered to pregnant homeless women unless it is unsuitable for her specific circumstances.
- Where long-term housing is not available, provide access to other supported housing options including specialist transitional accommodation and safe crisis accommodation
- Develop and implement specialised training for homelessness and housing service workers in relation to homelessness and pregnancy.
- Improve pregnant homeless women's access to wrap-around and continuity-of-care models in hospital and other health settings. (Murray, Theobald, Haylett & Watson, 2020)



Murray (et al, 2020) provides important evidence to improve service delivery and policy development to meet the needs of pregnant women experiencing homelessness and to engage relevant health, welfare, housing and drug and alcohol services to promote this strategy and further research. This work to improve service delivery to homeless pregnant women is being driven under the auspices of the Pregnancy and Homelessness Network Coordinating Group. It is an important vehicle for leveraging expertise and resources to improve access to services and support to homeless and pregnant women. This group will provide important advocacy and strategic support for advancing further research and policy and practice changes to improve health and social outcomes for pregnant homeless women and their infants.

Summary

Pregnant homeless women do not receive the level of support required given their circumstances and that of their unborn children. There are both human and economic costs of not intervening early to prevent pregnancy and homelessness. These women and their babies are among the most vulnerable members of our community. Safe and stable housing is paramount to improving their health outcomes and life chances.

There is a need for women specific services and a need to examine and respond to homelessness with a gendered lens. We need to increase pregnant homeless women's access to a continuity-of-care model for their antenatal care

It is critical that we have an improved data collection based on sector needs to inform policy and system development. We need further research to illuminate the nature and extent of homelessness amongst pregnant women to inform current policy and practice.

There is value in the provision of a range of service models to better support homeless pregnant women. This would include specialist pregnancy workers in generalist services; specific accommodation for pregnant women in generalist homelessness services; and specialist homelessness services for pregnant women. Service provision needs to be underpinned by trauma-informed care.

Cross-sector collaboration across child protection, drug and alcohol, homelessness and pregnancy services will enhance the sharing of information between specialist services and improved system responses to homeless pregnant women and their unborn infants. Specialised training is required for homelessness and housing service workers in relation to homelessness and pregnancy.

As a service system we have an obligation to provide all women presenting for care with dignity, respect and the best possible opportunity to change their circumstances and take control of their lives. At the Women's we believe health equity for all women is more than a vision; it is a responsibility

Reference

Murray, S., Theobald, J., Haylett, F., & Watson, J. (2020). *Not Pregnant Enough? Pregnancy and Homelessness*. Melbourne, RMIT.



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