



SheROes

PEER SUPPORT PILOT PROGRAM

Three-Month Developmental Evaluation

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Table of Contents

Executive Summary	1
Program Overview	2
Background	2
Program Goals	3
Target Group	3
Evaluation Approach	4
Evaluation Methods	4
Data Collection and Analysis	5
Program Activities	5
Background on peer support workers	5
Participants	6
Engagement and Connection	6
Women's Experiences in the SROs	7
Building Relationships with Women in SROs	8
Shared Lived Experience	9
SheROes Building Relationships with each other	9
Key referrals	9
Program Impact	10
Impact on Peer Support Workers	10
Employment	10
Recovery/Healing	10
Time structure	11
Impact on Women Living in the SROs	12
Community Response	13
What have we learned so far?	13
High Demand and Interest in the Program	13
Meaningful Employment for Peer Support Workers	14
Effectiveness of Outreach and Peer Support Approach	15

Shero

noun, she-ro \ˈshir-(.)ō

SheRO was chosen both because of its meaning and because it contains the letters SRO (single room occupancy), which are old hotels or rooming houses, where the SheROes work.

Urban Dictionary: A woman or man who supports women's rights and respects women's issues

Miriam Webster Dictionary: A woman regarded as a hero

Wiktionary: A female hero. Etymology, blend of she + hero. Noun. Plural, sheroes

Executive Summary

SheROes is a peer-led outreach program that engages women living in privately-owned Single Room Occupancy hotels (SROs) in Vancouver's Downtown Eastside. The goals of the program are to provide practical and social support to women, and to assist women with connecting to community resources.

The program began in February 2016 and an evaluation of the program began shortly afterwards. This three-month evaluation report describes program activities, as well as early program outcomes. In total, peer support workers reached 86 women living in five SROs: the Astoria, Balmoral, Cobalt, Regent, and West.

Issues identified by women living in the SROs included high levels of isolation, physical health issues, including mobility problems, struggles with mental wellness, struggles with substance use,

lack of basic furniture such as beds, violence, including intimate partner violence, feeling unsafe, building management issues and food insecurity.

The peer support workers provided social connection, distributed sandwiches and other helpful items, and supported women in the navigation of social services. Shared lived experience by the peer support workers has been important to the early successes of the program. Many of the women living in the SROs were found to have little connection to other resources and supports and early evaluation findings suggest that the SheROes program is meeting a significant gap in services in the community.

It should be noted that SheROes/peers/peer support workers/workers are used interchangeably throughout this document.

Program Overview



SheROes is a peer-led outreach program that engages women living in privately-owned Single Room Occupancy hotels (SROs), providing practical and social support and connecting women with community resources. It began as a response to the many women living in these SROs who were isolated and whose needs were not being met. As an inclusive feminist and anti-oppressive organization located in the Downtown Eastside, Atira Women's Resource Society developed a pilot project to address the concerns of this underserved population of women. The recruitment of peer support workers began in February 2016. The pilot project will continue until June 2016, lasting five months in total.

Background

In November 2015, a woman came to Atira staff and told them that she and other women in privately-owned SROs were experiencing times when they were not feeling well and did not have anyone to support them in accessing health services, getting groceries, or connecting with other supports in the community. She also reported that many women were isolated in their rooms and had no friends or anyone to talk to.

Women Living in SROs in Vancouver's Downtown Eastside

As of 2011, there were 101 privately owned SROs in the DTES, with approx. 4,000 units¹. In these hotels, tenants usually have their own room including a sink, but with shared bathroom and toilet facilities. They are considered 'last resort' housing for the marginalized and for those attempting to live on 'the most limited incomes and resources in North America'².

Private SROs are generally neglected and run-down and residents experience high rates of violence and health concerns, including mental health and addiction issues. A recent study showed that tenants of SROs in Vancouver die at a rate of eight times the national average³.

The dilapidated and dangerous condition of these hotels prompted BC Housing to invest in a renewal initiative in 2012, aimed at raising the living conditions to a basic standard in 24 SROs in the DTES. This project is currently underway, however, it is taking time and many are forced to continue to live in "slum-like" environments. Women living in SROs are at a greater risk of addiction, and are more likely to have poor health². 79% of tenants in SROs are male, leaving women tenants a stark minority, and among the most vulnerable in the DTES. In 2009, a VANDU study found the top needs of such women were health, income, and emotional support³.

1. Statistics Canada (2011), [Census 2011](#). Ottawa: Statistics Canada

2. Shannon, K. et al. (2006), The impact of unregulated single occupancy hotels on the health status of illicit drug users in Vancouver. [International Journal of Drug Policy](#), 17, 107-114.

3. Honer, W. et al. (2013), The Hotel Study: Multimorbidity in a Community Sample Living in Marginal Housing. [American Journal of Psychiatry](#) [Internet], August 2013; 170,1413-1422



Program Goals

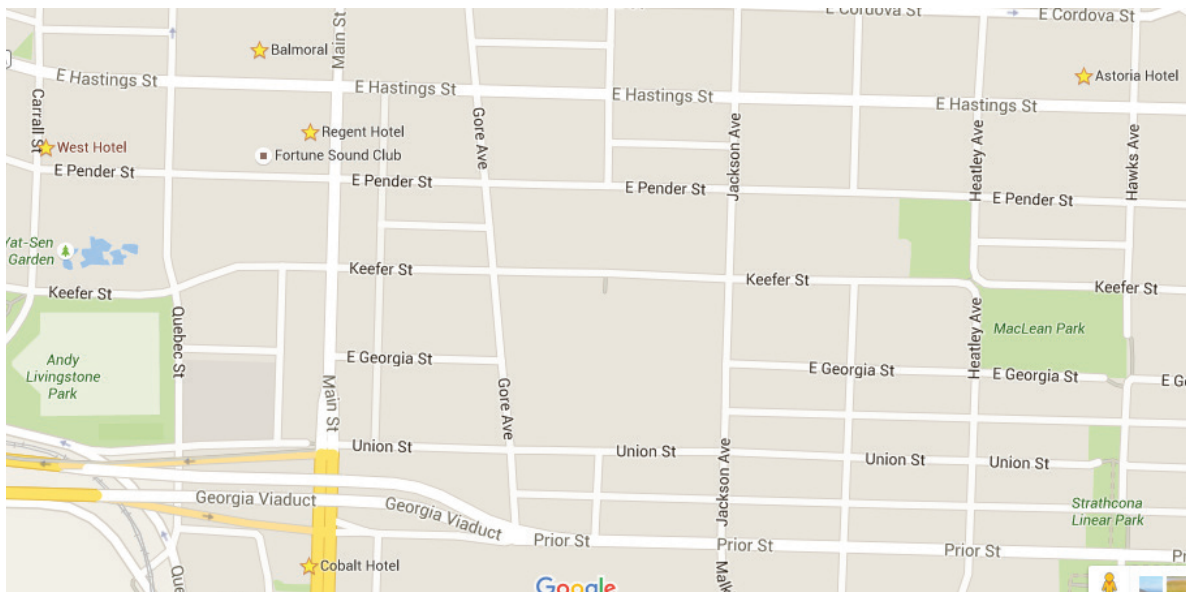
- Reduce isolation for peer support workers and women living in targeted SROs
- Link women to community resources
- Increase women's overall wellbeing
- Empower peer support workers and women living in targeted SROs
- Showcase the power of peer support

Target group

The pilot project targeted all women living in five SROs located in the Downtown Eastside of Vancouver. No eligibility criterion was required to participate. In this first stage of the pilot project, 86 women expressed interest in participating in the program. Needs of the women varied and support from the SheROes was required to tackle issues such as finding alternative housing, combating isolation and addressing building/maintenance problems. The peer support workers also provided support in the navigation of social services, agency referrals and provided accompaniment to medical appointments where requested and appropriate.

Five SRO hotels were chosen for outreach based on perceived need:

- Astoria
- Balmoral
- Cobalt
- Regent
- West



Evaluation Approach

Evaluation Methods

The SheROes program began in February 2016 and an evaluation of the program began shortly afterwards. The intent of beginning the evaluation at program inception was to provide an opportunity for the evaluation findings to inform the further development of the program. Ideally, program evaluation is ongoing and contributes to a program's cycle of planning, implementing, learning and adjusting. In this model, evaluation is not an 'addendum' to a program, but is a key part of programming that allows organizations to continually develop and respond to the changing needs of program participants. The three-month evaluation has focused on monitoring program activities and changes in service delivery, as well as early program outcomes.

Overall, the evaluation had four central questions:

1. How has the program evolved over the first three months?
2. What is the impact of the program on participants?
3. What is the impact of the program on the peer support workers?
4. How can the program be improved?

What is Developmental Evaluation?

Developmental evaluation is an emerging approach to program evaluation that emphasizes innovation and learning¹. The purpose of a developmental evaluation is to help develop the intervention or program. Developmental evaluation can complement or precede traditional formative and summative evaluation approaches². Developmental evaluation is particularly appropriate if an organization expects to develop and modify a program over the long term because of constantly shifting needs and or contexts. This applies to the evaluation of innovative programs in their earliest stages of development or programs that are developing in complex or changing environments. "Developmental evaluation facilitates assessments of where things are and reveals how things are unfolding; helps to discern which directions hold promise and which ought to be abandoned; and suggests what new experiments should be tried."³

Developmental evaluation approaches often involve close communication between evaluators and program staff and the use of data for continuous program improvement. Throughout the evaluation process, the evaluator may draw upon best practices and research and include an examination of the program within its social and political context³.

1. Patton, M. Q. (1994). Developmental Evaluation. *American Journal of Evaluation*, 15, 311-319.
2. Fagen, M. C., Redman, S. D., Stacks, J., Barrett, V., Thullen, B., Alternor, S., et al. (2011). Developmental Evaluation: Building Innovations in Complex Environments. *Health Promotion Practice*, 12(5), 645-660.
3. Gamble, J. A. A. (2008). *A Developmental Evaluation Primer*: J.W. McConnell Family Foundation.



Data Collection and Analysis

The evaluation included the collection of both qualitative and quantitative data between February and April 2016. Data collection included both program-level and individual-level processes and outcomes.

Sources of data included:

- Attendance at staff meetings and program advisory meetings (N=4)
- Semi-structured interviews with peer workers in April 2016 (N=6)
- Attendance at orientation and training sessions with peer support workers (N=5)
- Focus group with peer support workers around program successes
- Weekly check-ins with peer support workers regarding SRO tenants' outcomes (February - April 2016, 10 weeks)

Quantitative data were analysed through the use of descriptive statistics and qualitative data through the use of thematic coding.

Program Activities

Background on peer support workers

The SheROes were recruited in three different ways; some had previously worked with Atira, Atira's SRO Collaborative recommended others¹, and two peers joined following recommendations from other peer support workers. The SheROes work five hours over two days every week. A small honorarium is given as a financial incentive.

In terms of educational and ethnic backgrounds, some women reported that they had completed some high school while others had completed some post-

secondary training/qualifications; the majority of the women identified as "Caucasian" and others reported First Nations, Métis and or Inuit ancestry. The peers were partly chosen for their lived experience in the Downtown Eastside and their experience of living in SROs.

All of the SheROes currently live in either supported housing or Atira-run SROs and most of them have experienced homelessness at some point during their adult lives. They have all overcome (or are currently working to overcome) multiple barriers and traumas. Some of these include intimate partner violence, struggles with substance use, street-level sex work, poverty and removal of children into care.

1. SRO Collaborative is an Atira project that advocates for SRO tenants in the Downtown Eastside, see <https://dtescollaborative.org/> for more details.



Participants

The peers decided they would visit women in pairs following a roundtable discussion around personal safety and the value of emotional and social ‘back-up’. Starting with a list of 35 women across five hotels, this list grew steadily throughout the first three months, eventually reaching 86 women. These additional participants were identified with the help of Atira’s SRO Collaborative and through personal knowledge and connections of the SheROes.

Table 1.0. Number of Women Participating in SheROes program, by hotel, February - April 2016

Hotel	No. of participants	No. of visits	Average no. of visits per participant	Not home at time of visit	No. of women living with a partner
Astoria	8	64	8	27	2
Balmoral	27	54	2	44	1
Cobalt	10	45	5	36	1
Regent	20	179	9	100	2
West	21	297	14	130	4
Total	86	639	38	337	10

Engagement and Connection

Sandwiches, hygiene items, blankets, socks/ underwear and cigarettes were distributed to women SRO tenants. Through conversation and engagement, the peers identified issues causing distress for the women such as lack of safety and advocacy in their buildings, inadequate housing, hoarding and other housework needs, furniture shortages and unmet health needs, including mental, physical and emotional. These needs were recorded and discussed during ‘debrief’ sessions with the coordinator. These sessions created a space to increase knowledge of resources, help the SheROes with problem-solving and support them to draw on their own knowledge of the community. This time was also used to help identify priorities, identify needs that could be addressed immediately, identify when a referral needed to be made, and where they could help. Communication between the coordinator and the peers (and the peers and the tenants), was primarily done through text messages, notes or word-of-mouth, as many women do not have access to email or a phone.

As the outreach was conducted during the afternoons, from 1-4pm, weather proved to be an influencing factor, with many of the women ‘not

home’ on sunny days. ‘Welfare week’ (the week during which welfare payments are received) was also noted by the peers as significant. Women were less inclined to engage as they are often *using* more heavily in the days following the receipt of welfare and in the days prior to receiving payments, they are particularly vulnerable to food insecurity. Sandwiches were noted by the peers to be the only source of food some women had in those days. The distribution of cigarettes did pose an ethical issue in the program as it was seen to conflict with the promotion of health, however, the workers felt it was an important part of harm reduction because it meant that women were not forced to “go out and look for butts”, or put themselves in a position whereby they felt obliged to “repay the favour” of a shared cigarette in some way.

Getting around hotels that do not have working elevators (four out of five hotels) proved challenging for some of the peers who have challenges with mobility. Tenants who have difficulty using stairs frequently brought this up as problematic for them also. This issue has since been brought to the attention of Atira’s SRO Collaborative.

Women's Experiences in the SROs

Feedback from the peer support workers indicates that life for women in the SROs is extremely difficult, with all receiving little or no support from landlords.

The SROs were continually reported as unsafe. Peer workers have reported observations of male partners appearing or acting possessive and controlling. The aftermath of intimate partner violence has been witnessed during several visits across several hotels, with one woman calling the police during a peer visit. Although information on stopping intimate partner violence was given and support was offered, the women mentioned decided against availing of it at that time.

Women experienced sexual and emotional abuses in the form of verbal intimidation in two of the hotels. The perpetrators were male hotel staff, and in one case this intimidation resulted in physical sexual violence. Some of the women expressed their fear and or disgust at using the shared shower and bathroom facilities in the buildings, which are often dirty and are sometimes used as sites for drug injection.

A large number of the participating women stay in their rooms as much as possible because they are scared to come out. Those mentioned have disclosed this to peer support workers on numerous occasions, with the workers confirming they rarely see them outside on the streets or in the community.

Women tenants reported having their personal belongings stolen on a regular basis. Sometimes this happened because of broken locks or doors. Other times, it was due to women allowing people they didn't trust into their rooms for various reasons, including access to harm reduction supplies such as crack pipes, or forced occupation of their rooms by a 'friend' or drug dealer.



Building Relationships with Women in SROs

“ Not only do we offer resources, but we also offer companionship and communication, and contact. ”

SheRO

One of the key goals of the program is to provide practical and emotional support to women living in SROs. To assist in this, and to build rapport with the tenants, the peer workers used a range of skills. After introducing themselves and the program, the SheROes explain the premise of the program is based on voluntary participation, choice and empowerment. These underlying concepts were noted as integral to building trust and encouraging future participation, as were reliability, or 'follow-through'. It was noticed by the coordinator that the peers were instinctively non-judgmental and



“ When I'm meeting people, the first thing I'm trying to do is build trust. Like, with [woman], when I said I was going to help her to the doctor, it was actually doing it, and getting an end result for her that was satisfactory. Now, she has faith in me, she believes in me, and she trusts me. ”

SheRO

empathetic and these basic counseling skills were further built upon during training sessions. When helping women to improve their lives in a practical sense, perseverance, resourcefulness and knowledge of available social services allowed the workers to navigate on behalf of the women and link them to agencies that fit their needs.

The SheROes program is based on **voluntary participation, choice, and empowerment.**



Shared Lived Experience

The peer support workers felt that their shared lived experience allowed them privileged insight into the lives of the participants, and used it to connect with women. The peers reported that being a part of the community made them more approachable. One worker sometimes told her own story as a way to 'break the ice.'

“ I'm never ever judgmental with clients because I have slept in a park, I have injected drugs, I have sold my body for sex. How can I judge someone when I have been there myself? I know the devastation of addiction. ”

SheRO

SheROes Building Relationships with each other

All of the peers reported that they enjoyed working with one another, and often learnt from each other. One peer said that she liked how outreach was a “healthy and clean” shared activity. A mentorship role was taken by another worker who commented “as I’ve gotten older I’ve learnt to take people under my wing, and to show them, not tell them what to do”. However, it is not without its challenges, and some have difficulty in accepting each other’s different personalities, providing and receiving constructive criticism, time keeping and attendance. The SheROes became attached to their partners (the person with whom they were paired to do outreach) and this liking for familiarity was reflected in the SRO tenants they visited. When it was suggested outreach workers alternate partners, meaning that different SheROes would be visiting different tenants on alternate weeks, some of the SRO tenants became distressed.

Key referrals

The main issues identified by the peer supports were adequate housing, physical health including mobility challenges, struggles with mental wellness, struggles with substance use, hoarding and difficulty in managing living space, lack of basic furniture such as beds, violence, intimate partner violence, feeling unsafe, building management issues, and food insecurity. Referrals were made on behalf of the women to these agencies and societies:

- Homestart
- Atira Housing Outreach
- Quest
- Women’s Workplace Literacy and Essential Skills Program
- Homecare
- Atira’s SRO Collaborative
- Kettle Resource Society
- Better At Home
- BC Housing (applications were filled)
- PHS Primary Healthcare Services

Program Impact

“ It’s a beautiful thing, what’s happening to me in this process. ”

SheRO

Impact on Peer Support Workers

Employment

Some of the peer workers saw the program as a way to return to formal employment, or as a stepping-stone to begin employment for the first time. Others were interested in continuing to do this type of work in the long term. The women indicated that their confidence was boosted in the program, that it has made them feel “worthy of employment”, and has given them transferable “people-skills”. Flexibility and emotional support seem to be vital for the peers. They said it was important that they feel supported and accepted, were “met where they were at”, and were “allowed to take baby steps”.

“ I so appreciate that [support] because I feel like if you didn’t give it, I wouldn’t have been able to do it. I would have just left or been fired. If you didn’t believe in me I probably would have just spiraled. ”

SheRO



Recovery/Healing

Helping the women in the SROs was recognized to be healing by the support workers and contributed to their own journeys and personal growth. They expressed a strong desire to help others whom they felt had a similar experience to them:

“ I’ve been in a lot of the same places that they’ve been in. I was living just like them not long ago. I find it’s healing for both of us. Especially ladies in SROs who are pregnant, because that’s where I was before. ”

SheRO



Many of the workers had previous experience in volunteering, advocacy or peer support. They all found it to have a positive effect on their recovery and self-esteem. According to them, it was important that they “give back” the help they themselves have received in the past. Others were experiencing this type of work for the first time, but agreed that it held a similar sense of purpose:

“

This is the way it’s meant to be, and this is where I’m meant to be. I finally get it – the toolset I have is transferrable, and I’m using them here.

”

SheRO

Time structure

The SheROes commonly cited “getting out of the house” and “providing structure” as important functions of the program. The majority indicated that the activity improved their mood, and, in some cases, had a decreasing effect on the frequency and levels of their drug use.

“

It means I don’t have as much time on my hands to mess around with stuff [drugs]. Now I go two, three, four days at a time and I don’t touch nothing.

”

SheRO

Impact on Women Living in the SROs

During the focus group, peer support workers were asked to reflect on the changes they had observed and outcomes they had seen for the women they were working with. They were also asked to provide examples of program successes. Some of the outcomes they described included decreased isolation, improved nutrition/ access to food, increased awareness of community resources and practical support in navigating health and social service programs. As the program continues, these areas can be further explored in later stages of evaluation.

Below are three examples of changes and early program outcomes for women participating in the SheROes program. (Names have been changed and pictures are random).



Marie

A young woman disclosed to the peer support workers she had diagnosed schizophrenia and had run out of her medication. She was new to the area and was not registered to a doctor in the DTES. She felt she might have what she described as an 'episode' in the next few days and was very scared. Her peer worker arranged to pick her up the next day and accompany her to Native Health. Their visit to Native Health proved unfruitful, so her peer worker arranged to pick her up again the next day and find another clinic. She was eventually seen at PHS Community Services Society that day, where she was taken on as a new patient, given a prescription, and linked to a psychiatrist.



Sandra

Sandra had been living at one of the SROs for a number of years with practically no furniture in her room. She had no bed and was sleeping on a mattress. She had no TV, and spent her days alone in her room reading what books she had. She rarely connected with the outside world and her peer support workers quickly became worried about her, reporting that she seemed very despondent. They set about organising a bed and home visit from Homestart, an agency that assists people who are struggling to furnish their homes. Soon, Sandra had a bed and received a delivery from Homestart with everything from a bedside cabinet to a new couch. With her living conditions improved, she now looks forward to being visited by her SheROes twice a week and is in touch with Atira's housing outreach worker about the possibility of moving out of her SRO and into an Atira building.



Cathy

Cathy, an elderly woman, was discovered struggling with providing personal care for her husband. She was his sole care provider and was tasked with changing him when he soiled himself, as well as other care duties. Depending on the help of her neighbours, she wasn't accessing any formal supports, and was described by her peer workers as disengaged, "going through the motions", depressed and very tired. Her peers quickly flagged her as a priority and, with the help of the program coordinator, connected her to home visits provided by Vancouver Coastal Health.

Community Response

While Peer support workers are not working to address building concerns directly, these concerns are recorded and passed to Atira's SRO Collaborative (with permission from the women). The Collaborative then investigates and acts appropriately on behalf of the identified tenants.

At two of the hotels, concerns about the program were raised by staff. However, once Atira staff connected with managers to describe the overall goal of the program (i.e., providing practical and emotional support, not 'stirring up trouble') management has been supportive. Overall support for the program from other community members has also been positive.

What have we learned so far?

High Demand and Interest in the Program

During the first three months, the program reached 86 women across five hotels, with the average number of visits per participant ranging from 8-14 (depending on the hotel). Issues for the women living in the SROs included physical health issues including mobility challenges, struggles with mental wellness, struggles with substance use, hoarding and difficulty in managing living space, lack of basic furniture such as beds, intimate partner violence, feeling unsafe, building management issues and food insecurity. Many of the women described high levels of isolation, including little to no connection with outreach services, and the peer support workers reported that they rarely saw many of the participants on the streets or in the community.

Implications for Service Delivery:

- When asked, the majority of participants said they would welcome more frequent visits, and so an increase in the number of days worked by the peers would likely be well-received.
- With additional resources, the program could expand to include additional SROs in the community.
- Program development would be supported by increased and more varied food supply. Although the sandwiches were well received, requests for more, better quality and fresher foodstuffs were persistent. More toiletry items and an increased budget to allow for the purchase of small items such as mousetraps, bedding, socks and underwear and kitchenware would also be beneficial.

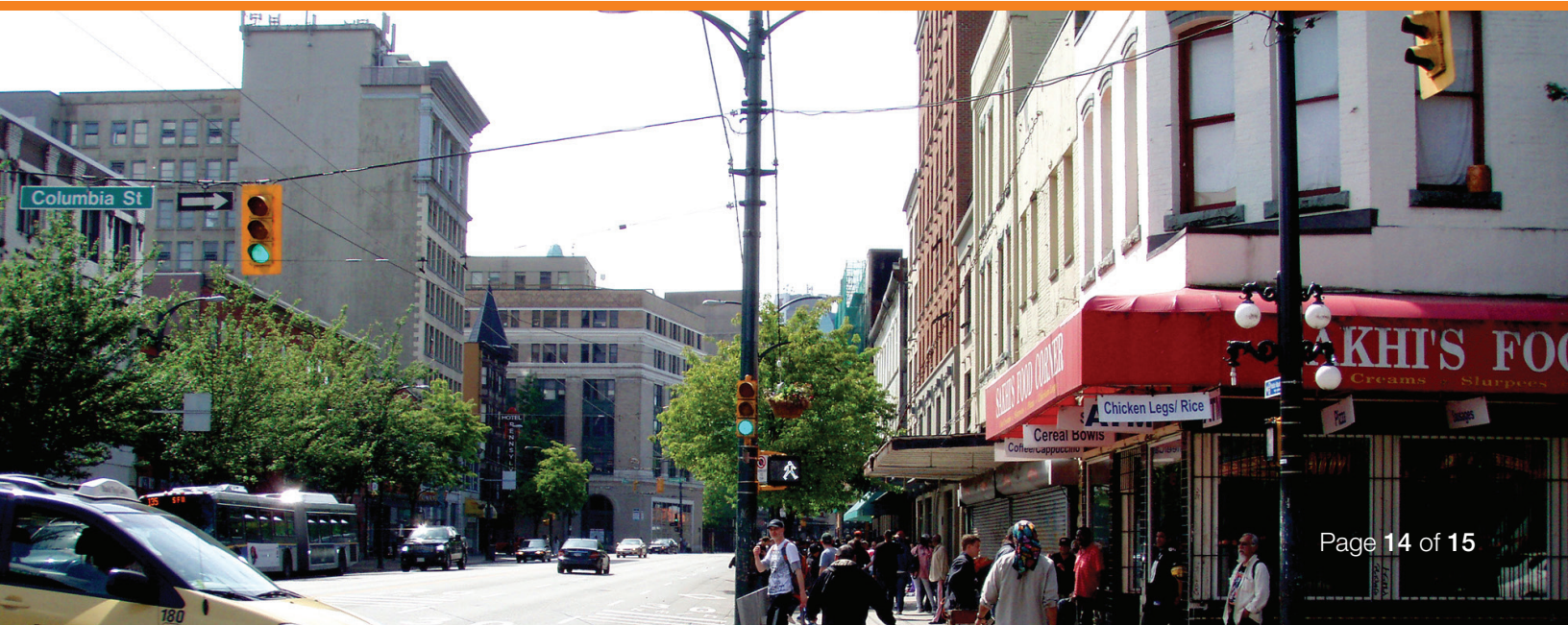


Meaningful Employment for Peer Support Workers

All of the peer support workers described the program as having a positive impact on their well-being. Many of them valued the opportunity to develop new skills and to gain work experience. Several of them described the role of the program in supporting their own healing and recovery and described improvements to their confidence and self-esteem. Overall, the peers described feeling supported in participating in the program at a level that was comfortable to them.

Implications for Service Delivery:

- Screening of candidate support workers should continue, focusing on lived experience, reliability and ability to time keep, levels of recovery attained, basic administration/navigation skills, and current housing status (i.e., already living in supported housing). Word-of-mouth referrals from other support workers has been a helpful approach to recruitment thus far.
- Mandatory completion of some training (beyond the one-day orientation) prior to commencement of work may be beneficial to the program. This would allow newcomers to the program to decide if the program is a 'good fit' for them. (The peer support worker who did not continue with the program left shortly after starting due to a combination of life circumstances and not feeling that the program met their needs at this particular time.)
- Ongoing training and skill-building is also recommended to ensure continual personal and professional development for the peer support workers and this should be identified as a key program goal (and outcome).



Effectiveness of Outreach and Peer Support Approach

Shared lived experience by the peer support workers has been important to the early successes of the program. The peers were able to use their personal experiences and knowledge of the community to connect with women living in the SROs and to inform program delivery (e.g., times of the day and the time of month where women are accessible). A program that provides 'inreach' to the women living in the SROs appears to be meeting a gap in services in the community - many of the women living in the SROs were found to have little connection to other resources and supports. Opportunities for expanding the program's effectiveness include developing connections with existing services.

Implications for Service Delivery:

- A permanent SheROes program coordinator would support the building of strong relationships with other organizations in the community. Outreach and health services, especially for women with mobility challenges, would be a priority.
- Beginning in April 2016, the peer support workers participated in an additional one-hour training session each week on topics such as relationship building, resource sharing and communication skills. While they reported benefits from this training, most required additional support and skill-building from the program coordinator in order to carry out program activities. As the program evolves, additional training in 'service navigation' may be beneficial. Alternately, a program coordinator could support the development of relationships with other professionals and services in the community while providing an individualized approach to skill development for the peer support workers.
- Many of the issues for program participants relates directly to the living conditions in the SROs. Many women have expressed interest in alternate housing and referrals to the Atira housing outreach worker have been a helpful strategy. Ongoing collaboration with Atira's SRO Collaborative has allowed the peer support workers to focus on meeting women's immediate needs while encouraging advocacy and information sharing for women interested in learning more about how to address tenancy concerns. Connections to other community organizations working to address these concerns would be beneficial.



Atira Women's Resource Society

Our Mission

Atira Women's Resource Society is dedicated to supporting women and children affected by violence by offering safe and supportive housing and by delivering education and advocacy aimed at ending all forms of gendered violence.

Our Vision

A world free of inequalities, where everyone's human rights are respected and where women and girls have the right to participate fully and effectively in all of the decisions that affect their lives.

Our Values

- **Inclusive Feminism:** Our work is informed by our understanding that women's experience of oppressive institutions (sexism, racism, colonialism, classism, heterosexism, ableism, transphobia, xenophobia and other identity markers) are interconnected and cannot be examined separately from one another.
- **Women-Centred:** Our work is informed by our understanding that in addition to providing safety and respect, all of our programs must invite and encourage women's collaboration and that women must have the opportunity to be active participants in all of our services.
- **Harm Reduction:** Our work is informed by our understanding that women's experiences of gender-based violence is central to their use of substances and that understanding the intersections between women's experience of violence, poverty, racism, gendered patterns of drug use/harms, and lack of support for mothering, are critical to developing programs that are seamless and which increase opportunities for women to keep themselves and their children safe.
- **Innovation:** Our work is informed by our understanding that the women who access our services and our staff are our greatest asset and so we encourage individuality, creativity, leadership, transparency and accountability.