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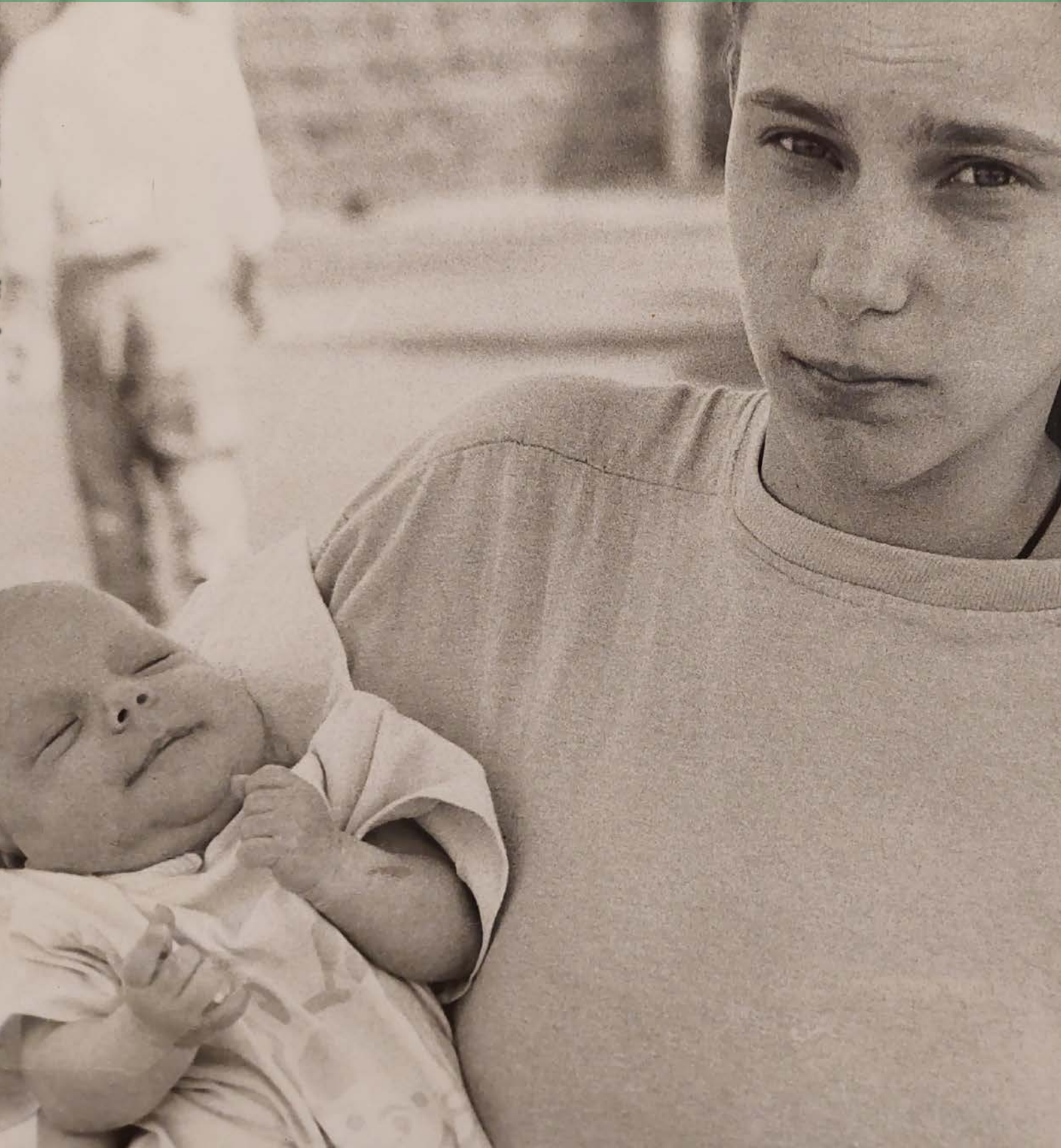
JULY 2022 VOLUME 35 – ISSUE 5

ISSN 1032-6170



Council
to Homeless
Persons

Pregnancy and Homelessness



Confessions, Conflict and Credibility: A Perth Emergency Key Worker's Experience Supporting Pregnant Women Sleeping Rough

Cate Pattison, Ruah Community Services

It's just gone six in the evening and the night is drawing in fast. Winter snaps abruptly in Perth and dusk is on the doorstep early as the city streets quickly empty of people on this wet June evening.

Key Worker Emma arrives at the Safe Night Space for women experiencing homelessness in East Perth, a service delivered by Ruah Community Services on behalf of the City of Perth, established in 2021 in response to concern for the safety of women sleeping rough in Perth. Available between 7pm and 7am, the community centre from which it operates is basic but offers a shower, sofa or bean bag and, if the donations have come through, a hot meal to heat in the microwave.

Approaching the building, Emma notices women waiting together in a car and doesn't need to check the CCTV monitors to know that a group will already be taking shelter from the rain in the alcove at the front of the building. She lets in Ruah colleagues arriving for the first of two shifts and has a chat to the security workers from Rooforce, an Aboriginal-owned agency who provide valued trauma-informed security for visitors and staff.

Emma is a young mother herself. She hopes that a pregnant woman who had come to the centre twice a few weeks ago will show up again tonight. Danielle was first brought to the Safe Night Space by police as an emergency placement shortly after 2am one morning, after the Noongar Patrol found her at the city train station. Staff soon ascertained she was 32 weeks pregnant, a diagnosed diabetic and under maternity care at King Edward Memorial Hospital.

Danielle also shared her personal challenges around alcohol, cannabis and methamphetamine use. Concerned for her immediate health, staff contacted Crisis Care (Department of Communities). It was discovered Danielle already had a case manager and a birthing plan — as well as a potential warrant for the child's apprehension upon birth, to be actioned if she didn't comply with conditions set by the Department. On her second visit to Safe Night Space the following night, Danielle confessed she was still drinking heavily and felt severely depressed and anxious. She has not returned to the Safe Night Space again since.

Danielle's case is a familiar scenario encountered by Emma and her Team Lead, Josh. As professionals, they are trained to address these situations and follow clear guidelines around privacy and confidentiality in line with a client-centered approach. Gaining permission to advocate on the client's behalf is essential. Once this has been granted, help to connect to the right services can begin. It's this principle, however, that can prevent access to the best advice and care, for both mother and baby. The prospect of connecting to medical and social services will often be the barrier for a woman to continue to engage with the Safe Night Space. Anecdotally, workers know that some pregnant women sleeping rough will avoid any services at all for this reason, shutting down opportunities for harm minimisation, emotional support or access to brokerage. There was also now a real risk that Danielle would be too fearful to present to hospital when she went into labour and that could result in her giving birth without any midwife assistance and, potentially, alone on the street.

Situations like this bring sharply into focus the difficulties that the people who work in this sector must constantly address: whose interests and wishes should take priority: those of their client desperately in need of support to cope with the devastating trauma they would inevitably soon face, or those of her unborn child? While excellent prenatal care is made freely available for women like Danielle, Emma and Josh observe that this tends to drop away once their babies are taken into care. They witness the intense distress, trauma and irrevocable damage from this experience for women who were already experiencing homelessness and a raft of other pre-existing challenges.

As the clock strikes 7pm, women are welcomed into the centre. They register at the front desk but aren't required to show ID — as a low-threshold service, all women seeking safety and shelter are welcome, as long as they follow guidelines around respect and behaviour. Gary from Rooforce helps some with suitcases and visitors quickly find their favourite spot for the night. Some come with a pile of luggage and their own bedding, others with little more than a handbag. Mobile phones get plugged in, towels handed out, new clothes given to Tam who has arrived soaked to the skin and a water bowl is found for Diedre's dog. There is no sign of Danielle.

There are 17 women in the Safe Night Space this particular evening and Emma knows that one of the recent regulars, Jill, will be keeping the team busy tonight. When Jill first came to the centre last month it took a while to understand her situation. In and out of homelessness for

many years, Jill had given birth three months earlier and her baby son was now living with his father. Jill openly shares her ongoing challenges around drugs and alcohol, as well as her mental health difficulties, the medical diagnoses of a brain tumor and contact details for her appointed Guardian. Her complex needs, combined with the recent trauma of having her child removed from her, have resulted in Jill now experiencing psychosis and cognitive impairment, and displaying unsafe behaviour on the street (attempting to conceive another child as she grieves the heartbreaking removal of her son). Her untreated addictions have resulted in a new habit of ingesting hand sanitiser. Emma and Josh have worked with Jill to try and navigate a support pathway, sharing in the frustration she faces in the service network system, within which she simply does not fit.

Although now actively seeking help for AOD recovery, necessary for any hope of being reunited with her children, providers of relevant services are unwilling to accept Jill due to her serious medical condition. Conversely, she has struggled to remain in the hospital system or sustain medical treatment due to her ongoing addictions, subsequent behaviour and self-discharging. As Emma and Josh seek referrals for Jill, they too become disheartened at the lack of options available, while observing her vulnerability escalating. Liaising with Jill's Guardian, they suspect an Involuntary Treatment Order will be the only option to progress any effective treatment for her. However, without an official diagnoses of mental illness this will be complex, or even impossible to achieve.

It's now 10pm and Emma lowers the lights in the Safe Night Space. She knows that Jill, who is particularly distressed tonight, probably won't sleep and will keep everyone awake. 'Good luck!' she says to the team who arrives for the second shift. As they hand over, an Aboriginal woman and her 19-year-old daughter present at the door, referred by a nearby women's refuge that's been at capacity for months. Making them comfortable, she notices that the

daughter is pregnant. Seeing the closeness between these two, she gets a strong feeling that this baby will be okay. As she packs her things up to head home, Emma reflects on both her concern about what might have happened to Danielle, and that she still hasn't worked out how to process the internal conflict she encounters

in so many aspects of her work. Parking those thoughts, she instead focuses on the sense of pride she feels, knowing that at least Ruah's service is there, a final safety net, to catch any woman in Perth facing a cold, unsafe night on the streets.

This account is based on real experiences however all names have been changed.

