

WHY DARWIN NEEDS A 'WOMEN'S BUSINESS CENTRE'

for women-only and their children during
experiences of homelessness

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Acknowledgements

Catherine Holmes Consulting (CHC) acknowledges the Larrakia; the Traditional Owners of the land on which this project was undertaken in the greater Darwin area. We pay our respects to Elders past, present and emerging.

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CHC is grateful to YWCA Australia for conceptualising, progressing and resourcing this project, with funding received from the Northern Territory Government.

Disclaimer

Catherine Holmes Consulting (CHC) has prepared this report for YWCA Australia (the Client). Due care and diligence have been taken in collecting, analysing and presenting the information in this report. The report has been prepared by CHC based on information provided by the Client and the stakeholders, the defined project scope and the agreed methodology. The report is provided in good faith.

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FOREWORD: A MESSAGE FROM YWCA AUSTRALIA GROUP CEO, MICHELLE PHILLIPS

As a leader in gender responsive housing and homelessness services, YWCA Australia (YWCA) commissioned this report to investigate the specific needs of women and children in the Northern Territory (NT) who were homeless to better understand their needs and their experiences.

This report is unequivocal; the voices and experiences of women is clear; women and children have specific needs that are not currently met due to the absence of a gendered response.

We heard that women* require women-only spaces for themselves and their children to be safe, especially where they have prior experiences of gender-based violence.

Whilst women-only domestic, family and sexual violence services exist in Darwin, at the time of writing this report, there were no women-only day centre support services for homeless women and their children. When asked, women expressed a clear and

critical need for a women-only centre that is responsive to their, and their children's, lived experience of homelessness; a service where women and their children can experience what it feels like to be safe.

I would like to thank and acknowledge Catherine Holmes and Emily Stephenson for completing this research as well as the NT Government for providing the funding which enabled this research to take place. Lastly, I would like to thank the women and services who participated in this research, generously sharing their time, experience and expertise.

YWCA will continue to advocate for gender responsive services that provide safe, inclusive spaces for women and their families.

Michelle Phillips

Group CEO

YWCA Australia

About YWCA Australia

In the NT, YWCA provides affordable housing, and tailored programs and services supporting women and gender diverse people. This includes lived-experience leadership training and advocacy, emergency accommodation, transitional housing and case management supports, and immediate crisis accommodation for young people at risk of homelessness.

YWCA's specialist domestic and family violence services in Darwin are bolstered with integrated homelessness support for Territorian women, gender diverse people and their families.

* The use of the term "women" and "women's only spaces" is understood through an intersectional, trans and culturally inclusive lens. This includes Sistersgirls, cis and trans women, and their children, as well as non-binary and gender diverse people. We acknowledge that while non-binary and gender diverse people may not identify as women, they may find safety in these spaces.

EXECUTIVE SUMMARY

The Northern Territory (NT) continues to have staggering rates of homelessness in comparison to all other Australian jurisdictions. Between 2022 and 2023, the Australian Institute of Health and Welfare (2025) reported that two thirds of clients that accessed Specialist Homelessness Services (SHS) in the NT were women and 87% were Indigenous. The main reasons for accessing services related to domestic and family violence (66%), inadequate or inappropriate dwelling (23%), and time out from family and/or other situations (17%).

The need for safe places in Darwin, that exclude men, for homeless women (and their children) to occupy, was highlighted through research almost two decades ago. However, there are no SHS funded women-only day centres. There is one mixed-gender service which has been a critical mainstay of the homeless service landscape for many decades, providing meals, access to dignity service and (re)connecting people to services. Yet there is clear evidence to show that women face distinct challenges compared to men in the context of homelessness, often rooted in gender-based violence, economic disadvantage, caring responsibilities and structural inequity.

With demand for homelessness services exceeding supply, and gaps in SHS that respond to the gendered experience of women's homelessness, this project explored whether a women-only centre was warranted, and if it was, what key design and delivery considerations should be included.

Guided by key questions, semi-structured conversational style interviews were undertaken in July and August 2025 with 82 participants, including 48 stakeholders engaged in the homelessness and Domestic, Family and Sexual Violence (DFSV) sectors in Darwin and 34 women that were, or have experienced, homelessness in Darwin.

Participants expressed a clear and critical need for a women-only centre that is responsive to their, and their children's, lived experience of homelessness. Women did not feel safe to access existing services that included men, particularly with their children, due to discomfort, fear and feeling unsafe. Participants highlighted that a model women-only day centre must be comprehensive to address women's needs; a finding supported by arguments articulated in the literature. They outlined service design and delivery features that they considered integral, with many of the features intertwined and inter-dependant. An ideal operational model, they argued, would be a service that: is open seven days a week for around 12 hours a day; allows women to access nutritious food for breakfast, lunch and dinner; and provides support for them attend to their needs and those of their children. Having an operational period of 12 hours would afford women time to create periods of normality in their family, in otherwise unpredictable lives, and access dignity services to better maintain health and wellbeing.

Designated spaces for in-reach services and activities were considered crucial to support women to not only survive, but to be nurtured in the delivery of an inclusive and gender responsive women-only day centre. This view was underpinned by the expectation that the principles and practice approach of a model service would be therapeutic, strengths-based and trauma-informed, client-led and empowering, and which enabled women's autonomy.

Participants identified a range of services and activities that a model women-only day centre would include, such as access to legal advice, Centrelink, housing support and primary health care, through in-reach services. They felt strongly about opportunities for learning being accessible and wanted therapeutic and enjoyable pursuits to be available, such as arts, craft, reading or watching TV. They also stressed the importance of making social connections to combat loneliness through cooking, yarning, sharing and excursions. Women wanted a place where they could just be, without judgement and without being moved on. The need for a safe place to nap was also regarded as a priority, particularly given that women are hypervigilant and get little sleep if they are staying in the long grass.

Robust staffing arrangements were considered imperative. Participants identified that an all-women multidisciplinary team, including both professionals and peer support workers with lived experience, was necessary, supported by stable and strong leadership.

In keeping with inclusivity, participants stressed the value of employing staff from a range of cultural and ethnic backgrounds, as well as women of varying ages. The characteristics of staff deemed critical in this type of service included kindness, having empathy, being non-judgemental, welcoming and intuitive, and having high levels of emotional intelligence and good inter-personal skills.

Architectural design was highlighted as key to responding to the needs of different family compositions and to enable a variety of activities to occur on-site in a safe, secure and inclusive way. Participants flagged potential problems with a women-only service and offered mitigation strategies; one of these relating to community resistance to its location. With stigma associated with homelessness and DFSV, to address barriers to access and gain broader community support for the service, participants proposed the service be known as a "*women's business centre*".

The notion of women-only homelessness services in Australia has gained much traction among the service sector and academia over recent years, and this project has generated findings that mirror those articulated in the broader evidence-base. Participants deemed a women-only day centre as essential to delivering a gender responsive service that is safe and inclusive, and which supports women and their children to become stronger and healthier and move towards recovery.

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BACKGROUND

The Northern Territory (NT) continues to have staggering rates of homelessness in comparison to all other Australian jurisdictions (at a rate of 564 people per 10,000 or 12 times the national average). At the Census 2021, a snap-shot in time, around 75% of homeless people lived in severely crowded dwellings, 13% in supported accommodation, 5% were staying temporarily with other households and 5% were living rough. Aboriginal Territorians were significantly over-represented in the homeless population at a rate of 1,865 people per 10,000, with women being just over half of the population (ABS, 2023a).

Like all data, the Census data has limitations. Firstly, Aboriginal and/or Torres Strait Islander people experiencing homelessness are undercounted by as much as 17%. Secondly, COVID measures in place at the time of the Census count have likely influenced the counts in various homeless 'operational groups', reducing the number of people living rough at the time. And thirdly, homeless populations are highly mobile and move in and out of different forms (operational groups) of homelessness (ABS, 2023b).

Between 2022 and 2023, the Australian Institute of Health and Welfare (2025) reported that two thirds of clients that accessed SHS in the NT were women and 87% were Indigenous. The main reasons for accessing services related to domestic and family violence (66%), inadequate or

inappropriate dwelling (23%) and time out from family and/or other situations (17%). They also noted that Australia-wide, 66% of requests for SHS supports that were not assisted were made by women and that there was a significant proportion of clients that accessed a SHS that did not have all their needs met, particularly those relating to housing and specialised services.

Over the past decade, there have been few published studies that examine homelessness in the NT or Darwin beyond those that focus on enumerating homelessness (e.g. the Census), service usage and reviews (e.g. AIHW Specialist Homelessness Services annual reports, tenancy support programs etc.) and policy reform (e.g. outcomes framework, quality standards etc.), with some studies examining the lived experience of homelessness. In one study undertaken with Aboriginal women in Darwin experiencing homelessness, the most significant finding to emerge about the women's lives was the prevalence of sexual assault and rape, and the extent to which these atrocities shaped their worlds. The authors argued that the primary focus for policy and interventions must respond to this abhorrent violence and create safe places for homeless women to legitimately inhabit to reduce the incidence of rape and alleviate associated social and mental, physical, sexual and public health consequences (Holmes and

McRae-Williams, 2012). The need for safe places in Darwin for homeless women (and their children) to occupy, that exclude men, has also been highlighted in other studies by the same authors that found women's experience of stigma and shame created barriers to accessing critical services (Holmes, 2007; Holmes and McRae-Williams, 2008).

The NT Government currently funds a range of SHS, including a drop-in centre/hub in Darwin for individuals and families who are homeless or at risk of homelessness. The service provides breakfast and lunch, along with access to dignity and support through in-reach and referral services to improve their circumstances and connect people to specialist or mainstream services. The service has remained a critically important mainstay of the service landscape in Darwin for homeless people for many decades. The centre operates weekday mornings and provides people with access to showers, hygiene and sanitary products, laundry facilities and meals, along with legal, health and social services referrals, both on and off site¹. At the time of writing this report, there were no NT Government funded SHS for women-only day centres (and their children) in Darwin. The NT Government, however, funds specialist DFSV services for women experiencing DFSV, where the risk or experience of DFSV are key eligibility criteria. However, women are excluded from these services if they are homeless and have not experienced DFSV.

There are significant rates of homelessness in the NT and Darwin, and a high demand for services, particularly by Indigenous women. There is also the cumulative legacy of population-based funding provided by the Federal Government to the NT for homelessness service delivery, rather than needs-based funding. These compounding factors have resulted in the demand for services, such as the existing Darwin-based day centre, far exceeding the capacity of the SHS sector to respond. Noting the distinct gap in SHS for women, Soraghan (2023) commented: *“While it seems obvious that women’s homelessness differs from men’s, a gender lens and perspective is not always reflected in the design and delivery of services”*. This report documents an exploration into the need for a gender responsive day centre/hub for women only (and their children) when they experience homelessness in Darwin, and in doing so, outlines key design and delivery features for a women-only service.

1. See <https://www.vinnies.org.au/nt/find-help/homelessness-services>

THE MERITS OF WOMEN-ONLY HOMELESSNESS SERVICES

Homelessness is a complex social issue, and as noted, it disproportionately affects Aboriginal Territorians, with women accounting for two thirds of people seeking support through SHS. There is evidence to show that women face distinct challenges compared to men in the context of homelessness, often rooted in gender-based violence, economic disadvantage, caring responsibilities and structural inequity.

In some Australian jurisdictions, women-only homelessness services have emerged to address their specific needs. These services are designed to provide a safer, more supportive environment for women, particularly those who have been victims of DFSV. In this chapter, drawing largely from the work of Bullen (2017, 2019), seven key themes from an analysis of the Australian literature examining the benefits of services that address the unique needs of women (and their children) during homelessness are discussed.

Enhanced safety and protection from violence

The safety of women in homelessness services is a primary concern, particularly as women experiencing homelessness are at a heightened risk of gender-based violence. Bullen (2017) found that women frequently avoided or disengaged from homelessness services because of previous traumatisation in mixed-gender environments.

Women-only homelessness services are designed to mitigate the risks of sexual assault, harassment and exploitation, and create an environment where

women can seek refuge without fear of male violence. They are regarded as a necessary response to the gendered nature of homelessness, where women's vulnerability is significantly amplified in mixed-gender environments. Women-only spaces provide an essential protection mechanism for women. They significantly reduce exposure to violence and harassment, increase access to trauma-informed support systems, and offer a safer environment for women to begin their recovery and seek long-term housing solutions (Bullen, 2019). According to Bullen (2017), the creation of women-only environments are a harm-reduction strategy and a way to build trust, especially for women who have experienced long-term homelessness and trauma.

Gender-responsive and trauma-informed support services

Women's pathways into homelessness are often characterised by interpersonal trauma, gender-based poverty and care work, and their experience of homelessness is distinct from men's. Their pathways are often influenced by gendered factors such as domestic violence, sexual abuse and discrimination. Yet mainstream responses tend to be designed around male-centric models of service provision. Women-only services, on the other hand, allow for tailored care that addresses the specific needs of women, including trauma-informed approaches which provide an integrated response that considers, for example, mental health support, housing needs, substance abuse, parenting assistance and childcare needs.

In a study by Bullen (2017) that examined the unique needs of women experiencing chronic homelessness, the author found that women-only services allowed for a gendered approach to support which focussed on empowering women and addressing issues. Further, women-only services also provided a gender-sensitive response to sexual health and reproductive health care, which are often inadequately addressed in mixed-gender shelters. Accordingly, women valued services that acknowledged their intersecting identities (e.g. as mothers, survivors and carers) and that provided consistent, respectful relationships with staff.

Increased engagement and retention in services

Women who have experienced homelessness often avoid mixed-gender services due to concerns over stigma, harassment or the lack of understanding of their gendered experiences. Bullen (2017) found that women-only environments foster higher engagement and retention, particularly for women with histories of service avoidance. The author identified that a lack of trust in institutions and fear of losing custody of children were key reasons women remained disconnected from support systems. Women-only drop-in centres or hubs that offer low-threshold access, non-judgemental support and wraparound services provide critical access points that can help overcome these barriers.

According to Stone et al. (2024), women-only homelessness services help build trust and provide a more engaging environment, where women feel safer and more comfortable, leading to greater participation in programs, like mental health care, job readiness programs and housing advocacy. They maintain that this increased engagement contributes to better long-term outcomes, such as securing stable housing and overcoming barriers to reintegration into society.

Improved mental and physical health outcomes

In Australia (and elsewhere), women experiencing homelessness often face mental health challenges, including depression, anxiety and post-traumatic stress disorder (PTSD), often linked to experiences of domestic violence or sexual assault (Bullen, 2017). Further, according to Wood and Villiers (2024), homelessness is associated with a life expectancy gap of around three decades compared to the overall population, yet the gap is almost four decades for women. They noted that women experiencing homelessness also face additional barriers to accessing sexual and reproductive healthcare.

Women-only services can provide a trauma-informed, gender-sensitive and multi-disciplinary approach that helps women address these health issues in a supportive environment that responds to their intersecting needs (Bullen, 2017). According to the Salvation Army (2022), women-only shelters, for example, are associated with improved mental health outcomes for women, as they allow for gender-specific mental health support that can address the unique trauma women experience.

Empowerment and autonomy

A recurring theme in the literature is the restoration of autonomy through women-only support models. Bullen (2017) found that women valued services that emphasised choice, dignity and control over their recovery journey. Recognising that many study participants had experienced coercion or control in relationships, women found it empowering to make their own decisions about housing, health and support services. Services that promote self-determination and agency, that afford women the opportunity to make decisions about their own recovery and futures in an environment that acknowledges and respects their gendered experiences, were important. This is consistent with the Salvation Army (2022), who report that women-only spaces foster independence by empowering women to take control of their recovery plans and housing needs.

Support for women with children

A significant proportion of women experiencing homelessness are mothers who face the added challenge of ensuring their children are cared for while they survive from day to day and seek stability. Women-only services are more likely to provide childcare and family-focussed services, which are essential for women trying to escape homelessness while maintaining responsibility for their children. These services provide a holistic response to women's needs as mothers by offering tailored support that ensure that the safety and well-being of children are prioritised, alongside the support given to their mothers.

For women that are pregnant and experiencing homelessness, specialised longer-term supports are required during perinatal and antenatal periods. One example of a service response to this cohort of women is the Cornelia Program established in Victoria. An evaluation of the Program by Watson et al. (2024) found it was delivering an essential service that was achieving outstanding longer-term results, particularly in the areas of housing sustainment, service engagement, mother-baby bonding and parenting skills. The authors contend that without the Program, women experiencing pregnancy and homelessness would not have access to equivalent support and would be at far greater risk of ongoing homelessness, and unable to care for their babies.

Culturally sensitive and inclusive

A report prepared by Ng et al. (2023) for YWCA Australia observed that Indigenous women face unique challenges when experiencing homelessness, including historical trauma and cultural displacement. Their findings highlight the need for targeted interventions to address the gendered and intersectional experiences of homelessness, particularly for women and First Nations peoples. Similarly, Bullen (2017) also emphasised the importance of intersectional practice in responding to women with diverse backgrounds. The author argues that Aboriginal and Torres Strait Islander, LGBTQ+, migrant and culturally and linguistically diverse (CALD) women often face compounded barriers to accessing mainstream services due to discrimination. Bullen (2017) contends that services must be culturally safe and responsive to the layered nature of their disadvantage and that women-only services are better positioned to address the needs of marginalised women.

Summary

The evidence supports the notion that women-only homelessness services in Australia provide critical benefits, including enhanced safety, gender-responsive support, improved mental health and wellbeing, higher engagement with services and the empowerment of women. These services have greater potential to address the intersectional needs of women, particularly those from marginalised backgrounds, and provide vital support for mothers with children. As homelessness in Australia continues to be a pressing issue, especially for women, the role of women-only services is critical in providing a holistic, trauma-informed approach to recovery and long-term stability.

PROJECT AIMS AND APPROACH

Aims

Noting the significant and ongoing importance of the existing mixed-gender day centre in the Darwin service landscape, the aim of this project was to explore whether there is a need for a dedicated day centre/hub for women only (and their children) experiencing homelessness in Darwin, complementing and/or adding to the suite of existing mainstream and SHS, by:

- consulting the SHS and DFSV sectors that currently provide homelessness services to this population in Darwin along with other stakeholders; and
- gathering the views of women, based on their lived experiences, of their (and their children's) needs during homelessness that could be met through a day centre/hub.

If consultations identified a need for a dedicated service, the project also aimed to explore key design features and considerations.

The outcomes of this project have the potential to inform the SHS and DFSV sectors and the NT Government of the needs of women and their children when they are experiencing homelessness. Further, there is potential for the findings to be embedded into future service (re) design and delivery specifications advanced through the relevant sectors.

Stakeholders

The following stakeholders were identified for participation in this project:

- SHS in Darwin
- DFSV specialist services in Darwin
- Peak representative bodies
- Women in Darwin that have experienced homelessness

Key inquiry questions (KIQs)

In response to the project aims, key inquiry questions (KIQs) guided data collection with project stakeholders. The following context prefaced the KIQs:

There are different types of services in the NT which aim to support people when they are at risk of, or are, experiencing homelessness, each providing different supports and activities. The types of services include things like tenancy support programs, outreach services, referral services, crisis and visitor accommodation and day centres or hubs. This project is about day centres and hubs, which aim to:

- provide a safe space and access to dignity and support services;
- reconnect individuals with services; and
- meet the basic needs of individuals and families.

KIQs for service sectors/leaders/other stakeholders

- What is the need for a day centre/hub in Darwin for women and their children during experiences of homelessness?
- In what ways are women and their children's specific needs met through existing homelessness and other mainstream services during the day?
- In what ways are women and their children's needs not being met through existing homelessness and/or other mainstream services during the day? (Are there gaps in service provision? Are there barriers to access? Are some groups' needs being met more so than others? Are the aims of day centres/hubs fit for purpose?)
- What are the benefits and/or merits of a 'women and their children only' day centre/hub?
- What might be the limitations/problems with a 'women and their children only' day centre/hub? (How could these be managed and lessened?)
- If there is merit in a 'women and their children only' day centre/hub, what would be the important service elements and features of design and delivery? (What should the service aim to do?)

KIQs for women with lived experience of homelessness

- What sorts of services have helped you (and your children) when you have been experiencing homelessness? (How did they help you?)
- What sort of help have you received from homelessness and other mainstream services in Darwin during the day? (Were there supports you expected but weren't available? Were there barriers to access? Were some groups' needs being met more so than others? How safe was the service? What did you like? What didn't you like?)
- What do you think about a day centre/hub in Darwin that is just for women and their children when they are experiencing homelessness? (What are the problems with this idea? What are the benefits?)
- If there was a 'women and their children only' day centre/hub, what kinds of support would you want to get there? (What would help you feel safe going there? In what ways could your needs be better met compared to going to a service that has men and women?)

Methodology

To address the project aims, scope and KIQs, the approach for this project was designed to:

- be ethically informed to promote cultural appropriateness, safety and welfare;
- be empathetic, respectful and non-judgemental;
- be practical and responsive to the inquiry context;
- be trauma-informed and strengths-based; and
- gather useful information that informs sound decision-making.

The project drew on ethnographic modes of inquiry to gather and analyse data. Ethnography is an iterative theory-building methodology that is highly suited to exploring topics with vulnerable and marginalised populations. Ethnographic methods allow for an in-depth and contextualised understanding of individuals' experiences and behaviours as they interact with services. By privileging the participants' worldviews and locating them as experts in their own lives, the approach and methods provide an insight into the influence of social and cultural norms on the effectiveness of services. Data collection methods are generally qualitative (although do not preclude quantitative methods) and are highly effective in investigating sensitive issues, as participants can engage in the process to the extent that they feel comfortable at any given time.

Key methods

Semi-structured conversational style interview was the key method of data collection for this project. Interviews were guided by the KIQs and undertaken at a time and place that suited stakeholders and which was safe. Interviews were undertaken during July and August 2025, and predominantly in person.

Recruitment of participants

YWCA Australia introduced the project and CHC to the SHS and DFSV sector stakeholders to invite their participation and secure their support in the recruitment of women to the project that have experienced homelessness, or are homeless, in Darwin. (See [Appendix 1](#) and [Appendix 2](#) for the plain language 'Project information' sheet and 'Introduction to CHC', respectively, that were shared with participants). CHC followed up with further details and arranged consultations.

CHC drew on warm introductions by sector practitioners to their clients to promote the safe and meaningful participation of women. To support this approach, CHC briefed sector practitioners on the project and how to make the introductions to women to ensure ethical protocols were maintained.

There were 48 sector stakeholders (across 11 organisations) and 34 women who participated in consultations. Consultations with sector stakeholders took approximately one hour, and with women, generally up to half an hour.

Recording interviews

Two members from the CHC team were involved in interviews. One led the interview to enable full engagement, while the other took notes and verified data. Notes were reviewed and supplemented, as required, immediately following the completion of each interview.

Data analysis

Qualitative data were analysed for themes and trends, with data verified at the time of collection. Emergent themes were explored and tested through subsequent interviews and data collection continued until saturation was reached, i.e. the point at which no new themes or value-added insights occur.

Ethical considerations

The priority ethical considerations for this project related to gathering the views and experiences of women that had experienced homelessness. While the topic of investigation was unlikely to cause any harm, women were likely to have endured traumatic events in their lives which may have contributed to, and worsened during, periods of homelessness. They may also have had multidimensional and multilayered complex problems to navigate from day to day that related to, for example, health, housing, family obligations, racism and stigma and financial stressors.

An ethics protocol ([Appendix 3](#)) was developed to be responsive to the project context and to align with the standards and principles set out in the AIATSIS '*Code of Ethics for Aboriginal and Torres Strait Islander Research*', the National Health and Medical Research Council '*Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: Guidelines for researchers and stakeholders 2018*' and YWCA Australia's '*Ethical Research and Evaluation Policy*'. The project design was also considered against YWCA Australia's Principles Assessment framework.

Informed consent was obtained from stakeholders prior to undertaking interviews. Women were offered a gift card at the conclusion of consultations as a gesture of gratitude for their time and contribution.

PROJECT FINDINGS

The need for women-only day centre/hub during homelessness in Darwin

“[I] definitely would not take kids into a place that had men”.

“A women’s hub is definitely needed. Clients feel safer in a women’s environment. I would say that women do not use the services of [a day centre in Darwin] to maximum capacity because a lot of them have trauma from DV. They do not want to be around other men, especially with their children”.

“Women, especially who have experienced sexual violence, have a fear of men generally”.

“I was one of those who fled DV and lived in a friend’s car. I didn’t know [the day centre in Darwin] existed. Places like that, where there are men, make it profoundly unsafe for vulnerable women. A women-only space in the NT is critical, not just in Darwin, but Palmerston too... Being isolated and trying to flee when there’s nothing there is one of the reasons people stay in DFSV situations. Currently [there are] no specialist homelessness services that target women. Big gap...”.

“It’s the best idea I’ve heard for a long time, a centre just for women and their kids”.

All participants of the consultation expressed that there was a need for a dedicated day centre for women (and their children) experiencing homelessness

in Darwin. Participants that knew about the existing homelessness day centre in Darwin indicated that, while the service remained important to many people, it was not responsive to the unique needs of women and their children, particularly when they had been victims of violence. Women who experienced homelessness and had attended the existing day centre in Darwin reported that they felt unsafe, fearful and vulnerable in the service due to men being present, including men that were both known and not known to them; a finding echoed by Bullen (2017). They also raised concerns about the potential impact of “jealousing” by merely being seen at the service around other men. Further, they expressed discomfort with showering and caring for their children in the shared space. For women who had not used the service, they were emphatic that they would not access it due to the same reasons. These sentiments were echoed by sector stakeholders, who maintained that women needed specialist homelessness support as a cohort with needs distinct to those of men.

At the time of consultations, there was no women-only day centre in Darwin. Women (and their children) experiencing homelessness were only able to access women-only spaces when DFSV was a factor in their homelessness. For those that had not experienced DFSV, having no safe place to sleep at night significantly increased their fear and risk of exposure to DFSV, particularly by perpetrators not known to them.

In addition to there being no women-only day centre, and recognising there were barriers to accessing the existing centre due to men being present, there were also barriers for women in DFSV services when they were accompanied by their teenage boys. This was regarded as a major gap in service provision in both the homelessness and DFSV sectors by all participants.

Many women experiencing homelessness who participated in this project were staying in transitional or short-term accommodation for homeless people. While these women didn't feel unsafe, with some reportedly receiving case management support, they had a number of issues, including;

- the accommodation being fixed for a period of stay and then having to leave (and generally enter the long grass or stay with family if available);
- the accommodation services included meals that often did not meet the preferences or expectations of the service-users (or providers);
- women wanted the opportunity to cook food for themselves and their family;
- the location of accommodation support services made it difficult to access other places in the community without a private vehicle; and
- boredom, as a result of having very little to do recreationally with limited resources and capacity to get out and about without having to navigate complex logistics.

One service, a child and family centre, was accessed by people experiencing homelessness, mainly due to living in overcrowded conditions. Participants placed high value on this centre for the services and supports it provided, the activities it facilitated for families and, most of all, for its welcoming and inclusive atmosphere. The centre was generally open on weekdays from 8am until 4pm and addressed the aims of a drop-in day centre, like the Darwin mixed-gender day centre, whereby clients were able to access dignity services, meals and connect with other services. Most notably, the centre provided an important space for people to legitimately occupy, where they felt welcome and safe, and where they wanted to spend part of their day and participate in meaningful activities and socially connect with other people. In describing the critical features of a women-only service, participants often captured important design and delivery elements that were evident in the child and family centre. The centre, however, was open to both men and women and their families, and while women praised the service, they recognised the additional need for, and value of, a women-only place.

The consultations found a distinct lack of services available and/or accessible during the day to women and their children when experiencing homelessness that were responsive to their unique needs. Despite the reluctance of, and barriers for, women to access the existing mixed-gender day centre in Darwin, participants regarded the service's aims and scope as elementary, primarily focussing on: the provision of meals; access to dignity

supports (for example, shower and laundry facilities) and (re)connection with services and supports. Participants considered these service elements important, yet too narrow for their needs. They maintained that a comprehensive women-only day centre that responds to their gendered and intersectional experiences of homelessness was essential.

Key design and delivery features for a women-only day centre

This section outlines details on the service design and delivery features that participants considered important for a comprehensive and inclusive women-only day centre, for when they experience homelessness. Many of the features are intertwined and inter-dependant and align with benefits of women-only responses identified by Bullen (2017, 2019), who found that these places provide an essential protection mechanism for women, where the gendered nature of homelessness can be addressed through trauma-informed support systems. These environments, Bullen (2017, 2019) argues, are inherently safer for women, enable them to build trust, and begin their recovery.

Overview of the service model

"[I] would like a women's hub to sit and do things. Would like a doctor at the hub, no men. Men sometimes hurt women in the long grass and women have nothing. I walk by myself. Sometimes I'm lonely. [It] would be nice to be with other women for company... I would do art or painting, watch television. It's hard in the long grass. Have to be careful not to stay in the wrong place".

"Too many Aboriginal women in long grass. There are also white women who are homeless. It would be alright having a place where Aboriginal and white women are together, women from every place and every nation".

Through consultations, participants imagined an ideal service model based on: what they considered as strengths in other services; what they identified as gaps in service provision or barriers to accessing other services; and what women needed and wanted. Participants focussed on hours of operation, types of services offered or linked-in, activities, spatial design and the kind of principles necessary to underpin a practice approach.

In terms of an appropriate service model to best cater to the lived experience needs of women and their children during homelessness, participants were unanimous in that a day centre ought to be open seven days a week, around 12 hours a day. This would allow the provision of a nutritious breakfast, lunch and dinner every day, noting that women and children living rough are often hungry (especially on weekends), become malnourished and struggle to attend when there are restricted hours. Whilst a day centre cannot account for the lack of accommodation at night, having extended operating hours recognises that women's support needs do not cease to exist at close of business nor on weekends, and provides them with a safe space to go to access supports and address pressing and other needs (i.e. meals, showers, laundry, lockers and space to rest etc.). Noting that women may also be living out of their

cars, juggling their work obligations and organising their children for school, it was seen as essential to have centre open early enough (e.g. from 7am) for children to have breakfast and be showered and dressed before school. Similarly, at the end of the day, having an environment to go where children can be supported to do homework, shower and have dinner, and participate in 'normal' family activities in the context of homelessness, was seen as valuable.

Participants felt there were a number of dignity services that should be provided to support women with their day-to-day needs. These included access to hot showers, private (coded) lockers, laundry facilities, clean clothes, menstrual and hygiene packs (with shampoo, conditioner, soap, deodorant, etc.). They also felt there should be capacity for women to store their purchased groceries, particularly cold food, since it is challenging to keep fresh food and therefore eat well and affordably when experiencing homelessness. Some women who had stayed on friends' or families' couches also noted that often when they would buy groceries for their family, other people would end up eating them. This highlighted the need for dedicated locker and cool storage spaces to enable women to have more control in their lives.

The need for comprehensive in-reach services, activities and designated spaces in a women-only day centre steadfastly emerged in consultations. Participants felt that these components were crucial to support women to not only survive, but to be nurtured and simultaneously create

opportunities for empowerment. This view was underpinned by the expectation that the principles and practice approach of such a service would be therapeutic and trauma-informed; an expectation that materialised in all consultations. As one participant put it:

"I think we often think about these acute services, like Cowdy, they're not therapeutic. They're there for people who are in a very acute stage of their lives, to go there and de-escalate, but there's nothing therapeutic about those places. It's imperative that we do have these services become more therapeutic and trauma-informed in their approach, otherwise... you can't just attack something from one angle. It has to be holistic."

Rules of engagement for an inclusive service

All participants felt strongly that there should be clear rules and standards of behaviour at the service to promote a safe, inclusive and welcoming environment, where women could (re)establish a sense of self and belonging. In terms of 'inclusivity', participants maintained the service must be queer-friendly and accessible by all women, both cis and trans, and women from diverse social and cultural backgrounds, ages and abilities. Further, whilst participants recognised that women experiencing homelessness may have some complex behavioural issues, they maintained that those women should be supported to access the service. They reasoned that often services were less able

to support people the more complex their issues became, and they did not want a new women-only service to create barriers for the very people that it is set up to support. Participants were clear that the service should not tolerate any violence or abusive behaviour and that the space needed to be safe for both staff and all other clients, including children.

Participants recognised that some women may use alcohol and/or drugs and that, provided their behaviour was acceptable, they should still be able to access the service. In instances where women exhibit behaviours that are at odds with, or unacceptable to, the service, rather than ask women to leave or ban them, some women suggested establishing a 'calm down' room in which a woman could de-escalate, talk to staff (and potentially connect with specialist support like the hospital, depending on their situation), and make a decision about whether they wanted to access the service imminently or come back at a later stage.

In addition to rules around conduct, several participants raised the importance of anonymity. They maintained that women and their children should be able to access the service anonymously, without the requirement to undertake assessment processes that are typical in DFSV services. They wanted the model to recognise women's right to privacy, rather than being invasive, and to have the option available to them to access further support on their terms. Participants were unanimous in that the service needed to use a strength-based approach that empowered women and enabled their

autonomy. This finding is echoed by Bullen (2019; p.1), who found that when services undermine "*independence and autonomy through excessive rules or micromanaging women*", women avoid them.

The need for a robust feedback and complaints mechanism that enables issues to be addressed in a client-centred manner and that empowers women, values their experiences and gives them a voice that is heard, was also highlighted.

Services and activities

In-reach

Participants (both women and sector stakeholders) wanted access to services and supports such as Centrelink, legal services, primary health care, housing services, counselling and DFSV supports and sexual and reproductive health care. They felt that a women-only day centre could facilitate in-reach provision of these services with regularity, rather than being limited to providing referrals to other services. This was considered important in order to avoid retraumatising and subjecting women to the fatigue and frustration associated with being referred from one service to another without getting the support they need, and in turn, disengaging from them; this being identified as a problematic aspect of how the service landscape currently operates. Having consistent and dedicated days for different services – i.e. legal services on Mondays, Centrelink on Tuesdays, housing support on Wednesdays, and so on – was considered favourably since lots of people appreciate structure and knowing that they will reliably be able to access what they need, when they expect to. The importance

of consistency in service provision was also highlighted by participants that had frequented a child and family centre in Darwin. They expressed disappointment and frustration on the few occasions the service was closed due to the facility being used for other purposes (e.g. sector training).

Excursions

Many women raised that they would like to be able to have opportunities for excursions off-site as a group with other women and their kids in a safe way. Profound loneliness and social exclusion are common experiences for women experiencing homelessness and excursions were seen as a way to address this, to build community in fun ways and to be able to entertain their children in ways that are usually difficult when you're homeless and carless. They suggested bush walking, the cinema, waterparks and day trips to national parks and swimming spots.

Some participants advocated for the linking of excursions with therapeutic and health promoting activities. In particular, Aboriginal women gained significant health and wellbeing benefits through being able to undertake activities on country, such as hunting. These activities created important opportunities to talk about issues and worries in a space where women felt calm and at ease, engaged in pursuits they knew well and liked doing.

“Activities could be collecting pandanus with elderly ladies for weaving. I did this with my grandmother, I miss it... Hunting on country makes people more calm.”

Education, training and meaningful learning opportunities

“[I'm] just surviving...would be good to learn parenting skills. [It's] hard with an 8-year-old and a 16-year-old, always fighting and I'm scrambling to meet their needs.”

“...learning and training and studying, I would like that, to look for other work opportunities...”

“You get people who are wanting to learn because now they have kids and probably didn't finish school... An opportunity to do learning would be good. Some people need that. I finished school very young. I've been looking for that support. Getting back to school...”

Participants were adamant that there should be education, training and meaningful learning opportunities at a women-only day centre. Women wanted access to adult educators in order to get a job, enrol in a training course, or learn for learning's sake. They also wanted broader supports to engage with learning, such as childcare or access to computers, internet and study spaces. Besides structured learning, there were ideas for incidental learning on topical and sometimes sensitive issues, such as sexual health, DFSV, menopause, life skills or parenting, in ways that aren't stigmatising and don't inadvertently create barriers to women accessing the service. One idea that was well-received was informal lunch time seminars, whereby a health education practitioner, for example, provided a casual information session on a topic and women could tune in or out as they pleased.

Many women indicated that they would like this service to be a space where they get the opportunity to teach one another, including staff, about their culture, including language, practices and foods. This desire was linked to women wanting the opportunity to reclaim their non-homeless and non-stigmatised identities and make social connections following profound experiences of social isolation and loneliness.

Meeting the needs of children

“Everything the woman has gone through, chances are the children have been witness, have experienced it too or have their own traumas. Deliberate support for potentially traumatised children [is needed]. Helping them to learn healthy ways to deal with problems, instead of turning to AOD. Teaching kids about their potential too...”

Participants made clear that in this type of service, the child must also be a client in their own right. Not only did women want childcare to be able to have time and space to do other activities or rest, but they also wanted their children to have access to learning opportunities through early childhood educators and access to child therapists, noting that many children will have experienced trauma prior to and during homelessness. For older children, participants suggested that support to access programs in the community would be beneficial.

Meeting the needs of older women

With older women becoming a growing cohort among the homeless population, many participants highlighted that emphasis needs to be placed on providing tailored supports and activities for them. An important support included financial counselling, since many women separating from lifelong marriages/partnerships may have never dealt with finances or know what they are entitled to and how to access it. Activities suggested for this cohort included sewing clubs, yarning circles, cards, arts and craft and a space to watch television with a cup of tea. One elderly participant mentioned that she yearned to be around other older women and grandmothers, highlighting a theme that cut through many of the findings in this project relating to social isolation and loneliness experienced by homeless women.

Cooking as a holistic activity

Communal cooking was raised as an enabling activity to be built into the service for different reasons. Some people saw it as an opportunity to learn practical skills, such as how to cook nutritious meals on a budget or how to maintain safe and hygienic practices, noting that many people might not have been able to learn these skills before:

“Lots of women also wouldn’t know how to cook because they wouldn’t have had access to it.”

Cooking was also considered an activity that lends itself well to group sharing and opening up; an activity that could be gently facilitated by staff to foster a therapeutic environment geared towards wellbeing and recovery. For women to cook for themselves, rather than be cooked for, was also considered a critical element to feeling empowered, since many women don't want to feel dependent on services and want to be able to provide meals for themselves and their children. This desire is consistent with the experience of women housed in transitional accommodation, who disliked the lack of control over the food they consumed, with no access to kitchen facilities. A further benefit participants identified in communal cooking was being able to share their cultural practices and be proud of their identities with other women, especially since the population in Darwin is culturally diverse.

Arts, crafts and micro-enterprises

“At DAIWS we used to do programs, women would be making bracelets and talking, sharing their situations.”

Participants, particularly women experiencing homelessness, saw enormous value in being able to learn and engage in creative pursuits. They recognised the therapeutic benefits derived from these activities, as well as the enjoyment they bring. They highlighted that having hobbies was very difficult during homelessness and that this type of service could enable women to start on projects that they

could progress through their visits to the day centre. In addition, women identified opportunities for this type of service to facilitate micro-business projects. They imagined having a space to create arts and crafts, jewellery and other products, as well as store these safely, and later sell them in market settings.

Self-care

Participants voiced their desire to be able to engage in self-care, for example, doing nails, hair and beauty, since people living rough or in supported accommodation don't often get the opportunity and can little afford these kinds of luxuries. One participant suggested that apprentices of these industries could visit the day centre to provide services, supporting community-building endeavours whilst assisting apprentices and helping clients. Opportunities to strengthen relationships within the community were both valued and promoted by stakeholders involved in service delivery, noting that collaboration leads to better and more sustained outcomes for all parts of the community.

Sleep, rest and belonging

“When family drink, they fight in family house or in long grass... It's a nice idea, have somewhere to go for a break.”

“You'd want a bed or a quiet room for daytime sleeps. Just to get that little bit of energy back after being crammed in your car or sleeping rough, especially with kids.”

Besides access to activities, women stressed that they wanted a place to rest, to relax, to watch television or to simply do nothing. Participants highlighted that women experiencing homelessness, especially with children and/or in the long grass, do not get much sleep. This can be because they are hypervigilant, watching over their children all night, or because they are being humbugged by other people, or being moved on by police or the council. They suggested that having a quiet space with beds, where women could choose to have naps during the day while safe, was necessary and responsive to their lived experience. As well as helping to address lack of sleep, women wanted to be able to rest to get a break from everyday pressures and hassles that become more acute during homelessness. They wanted a safe place to go to just be and to just be without judgement and without humbug; a place that their children would be safe, supervised and supported if they needed rest.

Many participants saw merit in having a centre that is welcoming and where participation can be passive, in the form of quiet occupation and observation. They reasoned that women would more likely return to a service if they could gauge the environment and their autonomy within that environment, noting that "some women will need time and space to open up." Consistent with this finding, one stakeholder reflected on their experience working at an interstate drop-in day service that actively fostered autonomy in clients and commented:

"[It had an] open door policy. People could come in during the day. They didn't necessarily have anything they needed for case management. But they could come have tea, watch TV, lay on the lounge, leave their kids with a childcare supporter, do their washing, cook a meal. Women were much more inclined to come back to the service if they could have the option to have autonomy and control in that environment."

Ethos and principles to underpin practice and service delivery

Consultations found clear messages relating to the ethos and principles that would need to underpin practice and service delivery at a day centre to be responsive to the particular needs of women. This included having respectful, non-judgemental, understanding and caring staff, who are culturally aware and trauma-informed and apply this approach at all times. Participants consistently acknowledged the fact that women experiencing homelessness, who are intended to be the beneficiaries of this type of service, will likely have experienced DFSV prior to or during homelessness. Women maintained that some services they had accessed in the past, such as counselling or parenting workshops, were not trauma-informed and did not account for the experience of DFSV or homelessness. This is captured in the words of one participant:

"I did counselling and we often did workshops. It was still very isolating. We're all kind of shadows of ourselves and we're sitting next to each other going through a workshop and we're not really interacting with each other... There's this incredible fear when you're a mother of how you're going to continue parenting your children. Awful experience and the aftermath of it... How you speak to your child and what you tell them... Myself and my ex were made to do parenting courses that weren't trauma-informed. It was excruciating. It was a regular parenting course; there was no ability for me to take what was being taught there and apply it to my setting of years and years of abuse. Trying to parent when you've extracted yourself from that situation... You're barely able to get out of your disassociation state, it's really difficult..."

As well as delivering courses or supports that are relevant, culturally safe and appropriately contextualised and trauma-informed, participants felt there had to be capacity for women to explore and share their experiences in their own way and own time.

"All women, when we get together, we open up. Might take some time but when we feel comfy, we say 'oh, this is happening to me'. The ones to watch are the quiet ones. They sit there listening. They need to be able to sit somewhere safe to speak about their experience because then others can see it is DV."

It was often noted that identifying experiences of DFSV can have problematic or violent repercussions for women, even in cases where there are no perpetrators around. Women explained that family members of partners using violence might be sent to spy on them in a women-only space. It is therefore critical that a women's day centre, that is trauma-informed and dedicated to supporting women to be safe, has context-specific safety protocols, which explicitly address cultural nuances. These should include clear rules around behaviour, confidentiality, situation-specific channels for women to raise issues and considerate responses to address issues to keep women safe if they disclose DFSV. One participant was adamant that the referral of women, when they share experiences of DFSV, to the police on its own was unsatisfactory. They maintained there should be trustworthy staff working to build rapport to provide support to victim-survivors.

"There has to be rules [so women know that] if you share here, it is safe. You as a service need to help them when they share. You can't just say go to police. Often women might also go tell people. [There are] repercussions for sharing... You have to make that lady believe you are there to help her. Building trust is number one."

No wrong door

Aligned with combatting the fatigue and frustration felt by women experiencing homelessness when they engage with services to address their needs, the notion of a 'no wrong door' policy emerged.

For participants, this meant that when women request help with something that doesn't typically sit within the service's remit, instead of being sent off to navigate a confusing and bureaucratic service landscape alone, this policy approach would see staff supporting clients to reconnect and access the services.

Stakeholders acknowledged that the general public, i.e. people who are secure, safe and housed, find interactions with institutions and services often burdensome. They noted that these interactions are exacerbated for homeless people when they are in survival mode. A 'no wrong door' approach was considered practical, of high value and responsive to their needs and circumstances.

A child and family centre in Darwin, accessed by participants in this project, employs a 'no wrong door' policy. For this policy to be effective and make services accessible, investment in building strong relationships across the service landscape in the greater Darwin area is critical. This is not only a principle of a client-centred approach, but works to better integrate and coordinate the efforts and outcomes of organisations and can reduce the administrative burden experienced by clients. At the child and family centre, staff from various organisations visit or base themselves onsite to attend to members of

the community who access the centre. The integration of services has led to community members sometimes being unaware that in-reach staff are actually from other organisations, and they appreciate that they can get what they need in one place.

Staffing

In order to achieve the service design and delivery features outlined as important for a women's day centre, robust staffing arrangements were regarded as imperative. Participants consistently highlighted characteristics of staff they deemed critical in this type of service. They included kindness, having empathy, being non-judgemental, welcoming and intuitive and having high levels of emotional intelligence and good interpersonal skills. These characteristics were regarded as important for staff to work safely and respectfully in a culturally diverse setting with women that have experienced traumas and may be feeling vulnerable. The ability to work in empowering and client-led ways and build on women's strengths, and to de-escalate situations and work with people exhibiting challenging behaviours, were also highlighted as important skills for staff. These attributes were linked to the ability of staff to build trust with women; trust being central to an effective service:

"There are definitely trust issues, but you need to build relationships even if people come in and out, so they know they can come back. Biggest thing is listening to the client. At [another service in Darwin] the women felt they weren't being listened to and that was a big barrier to service provision".

[Staff need to be] non-judgmental, [have] empathy, knowledge to do the job, knowledge of the service landscape”.

Participants stressed that there must be good leadership, a multidisciplinary team that includes both qualified and experienced professionals with expertise and peer support workers with lived experience, and an all-women staffing complement. Having stable and strong leadership was considered important and participants suggested the multidisciplinary team include practitioners, such as a counsellor/psychologist, an early childhood educator, an Aboriginal Health Practitioner, an adult educator, social workers and Alcohol and Other Drug (AOD) support workers. In keeping with inclusivity, participants stressed the value of employing staff that were from a range of cultural and ethnic backgrounds, including First Nations and CALD, as well as women of varying ages.

Participants consistently noted the value of engaging people with lived experience on the staff team, in particular for the benefits derived through clients feeling understood by service providers who express genuine empathy and without judgement. Additionally, some women suggested that the opportunity to volunteer at this type of service would increase their sense of belonging by contributing in an active way. They maintained that volunteering had the potential to create a pathway to employment at the service, or elsewhere. Further, by engaging people with lived experience, the opportunity to progress their firm involvement in service design and delivery was highlighted.

All participants felt strongly that the presence of men on staff could be triggering, frightening and uncomfortable, particularly for women who had experienced DFSV. One participant commented, *“Mostly women these days don’t like being around men because you get flashbacks of your ex-partners”*. They considered that the inclusion of men on staff would negate the creation of a safe space for women to access, reducing the potential clientele who would otherwise access the service. Some participants, including those that identified as being queer, stressed that an ‘all women’ staffing team explicitly meant all people who identify as women, including trans women and sistergirls, since they felt this space needed to be inclusive.

Several participants highlighted the challenges in recruiting the right staff and stressed the importance of training and professional development of the workforce to ensure staff are able to effectively and safely do their job. This issue is captured in the following comment:

“The problem in the homelessness space in the NT is that most services are short-staffed, and staff are not trained in trauma-informed or strengths-based practice, despite their good-intent. There will need to be a deliberate focus on staff capacity building”.

Architectural design

The architectural design of the day centre was seen by participants as central to constructing a safe, inclusive and responsive space for women and their children experiencing homelessness, considering that this cohort is diverse and will have different and complex needs. As such, spaces at the site must be created to meet the needs of different family compositions and to enable a variety of activities. Family compositions may include young women with babies and/or children or women with older children. Participants felt that many single women, both young and old, may be deterred from accessing this kind of service if there were kids running around and screaming. However, they also thought this could be resolved by created dedicated spaces, such as a play section, a baby feeding space, an outdoor playground, quiet areas and designated adults-only spaces. Similarly, and as a feature of trauma-informed practice, they thought there should be a designated space for families with older children (i.e. teenage boys) separate from the rest of the clients, with communication protocols in place to ensure other clients at the centre are aware whenever teenage boys are on site. Participants noted that a day centre must also be accessible to people with disabilities and elderly people.

Participants observed that having various dedicated spaces enables the celebration of diversity and different activities to take place. A play area was recognised as a space for early childhood educators to supervise and teach children while they

socialised and had fun. An outdoor garden space, playground and fire pit area were highlighted as features that would enable women to grow plants, sit outside in the shade, have yarns and cook around a fire together, whilst keeping an eye on children playing. A kitchen would provide a space for preparing school lunches and learning how to cook and sharing meals together. Women wanted 'library' spaces with books to sit and read, and with tables and computers to be able to study or do administrative tasks. To make the space inclusive in terms of culture and religion, participants saw it important to have a spiritual/reflective room. They also felt that the language used in signage and other interior design elements should be co-designed to include different languages, queer-inclusive language and symbols and to make it a client-oriented environment. Participants highlighted that quality spaces that were nurturing and hospitable conveyed a message that the service valued them as human beings, reinforcing their legitimacy in occupying the space. As one woman commented:

“...Women are in an acute stage of their lives, they’re [the spaces] very threadbare and there’s nothing there to sort of nourish the soul. My suggestion [is] to have a garden, or flowers, or anything really. Maslow’s hierarchy of needs. We need more than just a bedframe and a mattress... Ability for co-design elements and colour and texture and ways of communicating that isn’t just through verbal.”

Using architecture for compliance

Whilst participants were adamant that a clear code of behaviour should be followed in order to protect the ongoing wellbeing and safety of clients and staff at a women's day centre, they also recognised that many people experiencing homelessness have multilayered and multidimensional complex needs, and that there will be times when there is tension or conflict and when rules about behaviour will be broken. Participants argued that the architectural design of the centre could play a pivotal role in supporting desirable behaviours and should include in its design a 'calm down' room.

Safety and security

Safety as a feature in architectural design was highlighted, noting that many women experiencing homelessness have also experienced DFSV prior to and during their homelessness. Whilst the majority of participants maintained that security was necessary, such as that which would typically be associated with a DFSV shelter, a minority of participants flagged the potential for security to create a barrier to access. Despite this, they generally agreed that having a welcoming and inclusive ethos within the service would overcome sentiments of client hesitancy, particularly as women became familiar with the service and had built relationships with the staff and other women. In addition, they reasoned that women who had attended the service, and then shared their positive experiences within the broader community, would cultivate a good reputation of the service.

Since a drop-in day centre needs to be in a known location, participants named ways to make it safe, including having a secure buzz-in entry, having CCTV or capacity to monitor the vicinity of the premises at client exit times to ensure there are no perpetrators or people of concern nearby, and having a minibus exit option in case women prefer to be dropped somewhere else they consider safe. They noted that lessons could be learnt from the DFSV sector relating to improving safety.

Participants felt that it was valuable for the service to have a productive relationship with police and other security services to ensure there is a rapid response if necessary, and to monitor the local area. However, they wanted policing to have a low-key presence, such as using plain-clothed officers and unmarked vehicles.

Pet-friendly

"[The women's centre should have a] pet lock-up area outside where it's safe for animals to stay during the day with water and something to eat".

Recognising that people during homelessness may have a pet, which provides them with both comfort and a sense of increased safety, some participants suggested a women's service should include an area where their pets can be secured while they access the service.

Secure carpark

[It should] have a decent carpark at the hub and outside access to a toilet and shower, with a security guard. Lots of women sleep in their cars. This would let them sleep safely... Lots of women don't go accessing places to sleep because they can't bring their little dog".

[It's a] very good idea for a secure night carpark. The [organisation] get many calls from women, children, teens that live in their car. If you're a mum whose kids often sleep in the car, it would be less scary for them to have a carpark where other kids might be, less scary".

In an early consultation, a participant was emphatic that a women-only day centre should include a secure carpark, actively monitored by a guard, that could provide a safe place for women with children that were sleeping in their car to park and sleep at night and maintain access to the day centre services. They reasoned that the gap in crisis accommodation was significant and placed women and children at risk of harm, and co-locating a carpark camping facility at a women's day centre was both practical and an important harm reduction solution in the current context. The inclusion of this service element would effectively make the centre a 24/7 service, albeit in a limited way. Through subsequent consultations, this idea was tested. While many participants thought it was a good idea, others raised concerns about the co-location and thought it would lead to problems that could compromise the operations of the day centre. Some noted that there were existing carparks in Darwin that could be readily used for this purpose and that

this alternative should be explored. They also noted that a carpark camping facility should be in close proximity to a women's day centre.

Location, transport and accessibility

Accessibility was highlighted as one of the key elements for a drop-in day centre to be successful in meeting the needs of the target group. Participants felt that the location needed to be a place that women could easily reach by public transport. They also noted, however, that many women don't like to take public transport because they feel unsafe and/or it is too difficult with little kids. Further, some participants suggested that there are risks in locating a service like this close to bus depots, due to 'unwanted' people following women and knowing their whereabouts. To manage these barriers and risks, participants regarded it important to have a dedicated minibus that could do pick-ups and drop-offs a few times a day from specific spots on a regular basis, in a way that was consistent so that any day they knew where to be to get transport to the service. Others suggested that to make the service fully accessible, women should be able to call a number and be picked up.

"For families without transport who have word of it but no way to get there, could they call up for a lift? Sometimes women want access to things, but it's all too hard to get there".

Noting the potentially resource-intensive implications of providing transport services, participants suggested that through enhanced sector collaborations, transport to key services, including a women-only

day centre, could be improved. For example, women who were staying in transitional housing in Berrimah found it difficult to access the broader community and what it had to offer without a private vehicle, leaving them feeling stuck, bored and despairing.

Participants felt that, ideally, there should be multiple drop-in centres located across the greater Darwin region so that women could access a space closest to where they tend to stay or close to their work or children's school. They reasoned that being able to attend a drop-in centre frequently and easily would allow women to access better support, and to build and invest in a strong community space.

In the name

Through consultations, it became clear that women experiencing different kinds of homelessness were unlikely to want to access a service that was explicitly known to specialise in homelessness, including DFSV support, due to stigma and the problems (i.e. via gossip) that could come back to them in violent ways if they were found to be accessing such a service.

Whilst participants agreed the service should have capacity to offer, or refer, women to specialist DFSV supports and have staff trained in RAMF, a drop-in centre should outwardly promote and prioritise being a holistic and community space for women to occupy during the day, without risk of repercussions, noting that they will have to leave for the night. As such, the name of the service is imperative to both improve accessibility and to ensure it is safe for the cohort it targets.

Participants proposed the name "*women's business centre*", rejecting any references that implied DFSV or homelessness. This type of naming was well received among participants.

Reframing the language of the centre also reflects what participants indicated that they wanted out of such a service – to be empowered, to be safe, to feel valued and appreciated, to share their culture and feel proud of their identity, to make social connections with women in similar situations, to be able to get training or education and support and to improve their life quality. In contexts where 'jealousing' by violent partners can inhibit women from being independent and undertaking studies or work, "*women's business*" also becomes a powerful and practical term, since men respect that women's business means *women's business* – i.e. no other men to feel threatened by. One participant, however, noted that this may have access implications for women with teenage sons, reflecting on an experience where she was refused access to a DFSV service on account of having a teenage son with her and he hadn't wanted to attend anyway since it was a "*women's*" service.

It was widely agreed that, strategically, a name like "*women's business centre*" would serve to generate broader community support when it comes to establishing in a neighbourhood. Given that homelessness and homeless people are a highly stigmatised and detested group by people who are housed, this strategy may combat the negative discourse that could emerge which makes it challenging to establish services in 'nice neighbourhoods'.

Managing potential problems associated with a women-only day centre

The inclusion of women with teenage boys

“Older teenage boys should absolutely have access to a women’s and children’s day hub. It’s a really big problem. I hear so many stories of women not being able to access shelters because of their teenage sons.”

As noted, participants stressed that the establishment of a women-only day centre was an opportunity to address the critical gap in service delivery, making accessible support services to women with teenage sons. Some participants, however, flagged the potential problems arising from the inclusion of women with their teenage sons, noting that teenagers can be rowdy and a “*man-boy*” presence might be triggering for women who have experienced DFSV, causing discomfort or even feelings of being unsafe. Some participants also recognised that teenage boys can be the perpetrators of violence towards other young women and/or be dealing with trauma themselves. No participant wanted women with teenage boys to be excluded, with the majority believing there were ways to safely and respectfully manage the inclusion of these family compositions, including:

- establishing clear rules around behaviour;
- reinforcing/modelling through interactions the desired safe, welcoming, inclusive and trauma-informed culture;
- developing and implementing clear communication protocols to all clients to inform them when there are older sons in attendance;

- creating dedicated spaces for women only and for women with teenagers; and
- providing targeted and appropriate support to teenage boys (and other children).

Fear of child protection creating a barrier to access

“[There is] potential for women to not want to engage if child protection might get involved. Realistically child protection doesn’t do much in that area”.

“Mandatory reporting results in women getting up and taking their kids back to the streets. Back to unsafe spaces. What even happens for them when a report is made? Territory Families does nothing. But engagement by women decreases”.

Some participants thought that women with children may be reluctant to engage with the service for fear of child protection becoming involved and the associated risk of having their children removed from their care. One strategy to reduce the risk was to ensure women had the right to access the service and maintain anonymity, noting this may hinder the nature of services women may be able to access. Other participants suggested that where there may be child protection concerns, the service take a pro-active approach and contact child protection:

*“[There is] a disconnect and a lot of angst across services for how they do or don’t mandatory report. Reporting what women **are** doing to take care of their children living rough as a mandatory*

*report, and asking for the support of Territory Families... It requires honesty with all parties too, for when there is DV going on where kids are at risk".
(Bold added for emphasis).*

Exploiting the service

Concern was raised that women might get "too comfortable" (stay there too long) and "take advantage" of the service (take too much stuff). Most participants did not see this as a concern and thought a marker of the service's success would be women getting comfortable. They reasoned that by creating a nurturing space, the likelihood of people exploiting the service's resources would be limited. Some also noted there is power in language, so rather than a 'take two only' message for certain supplies, 'take what you need, so others can too' is a better option that fosters a good community ethos.

Closing time dilemmas for staff

As a day service that will close in the evening for the duration of the night, some participants in the sector highlighted anticipated challenges with closing time. This had two dimensions: (i) women (and their children) may be reluctant to leave because they have nowhere safe to go; and (ii) staff may struggle with the emotional toll of asking women to leave, knowing they will be at risk during the night without a safe place. This emotional toll is likely to be exacerbated if, and when, women's safety is compromised, and they are assaulted. While it was expected that a model service would establish strong networks

to facilitate referrals to accommodation providers, it was recognised that the supply of accessible accommodation to meet the demand is simply unavailable. This situation highlights the importance an organisation engaged in service delivery having strong policies, processes and supports in place for staff safety, health and wellbeing.

Not in my backyard!

As discussed in this report, accessibility of a women-only service is critical. Yet we know that establishing 'homeless' services is fraught. These services are intensely unpalatable to some parts of the community, due to the 'problem' of attracting people that are homeless to areas that they may inhabit. The demonisation of people that are homeless is not a new phenomenon and should be anticipated. Participants argued the merits of locating such a service in the city, on a bus route, near Casuarina and in industrial or residential areas. While there was no consensus on a location, participants maintained that community consultation was important before establishing the service. As discussed above, moving away from stigmatising labels, such as 'homeless' or 'DFSV' service, to a women's business centre was seen as strategically important in gaining traction for broader support (or at the very least, reducing opposition).

CONCLUSION

This project aimed to explore whether there was a need for a women-only day centre/hub for when they, and their children, were experiencing homelessness in Darwin. Due to the significant service barriers and gaps for this population, and their unique experiences of homelessness that are distinct from those of men, participants (including 48 sector stakeholders and 34 women) were unanimous in their views that this type of service was essential. Many participants stressed that women did not feel safe to access existing services that included men, particularly with their children, due to discomfort, fear and feeling unsafe. They also highlighted that it was critical for a women-only day centre to be comprehensive and responsive to women's unique needs. These findings support the arguments made in the literature for the provision of women-only services to better address the needs of this cohort.

Participants outlined service design and delivery features that they considered integral to a comprehensive and inclusive model women-only day centre, with many of the features intertwined and inter-dependant. An ideal operational model, they argued, would be a service that: is open seven days a week for around 12 hours a day; allow women to access nutritious food for breakfast, lunch and dinner; and provide support for them attend to their needs and those of their children. Having an operational period of 12 hours would afford women time to

create periods of normality in their family, in otherwise unpredictable lives, and access dignity services to better maintain health and wellbeing.

Designated spaces for in-reach services and activities and were considered crucial to support women to not only survive, but to be nurtured in the delivery of a gender responsive women-only day centre. This view was underpinned by the expectation that the principles and practice approach of a model service would be therapeutic, strengths-based and trauma-informed, client-led and empowering, and which enabled women's autonomy.

Participants identified a range of services and activities that a model women-only day centre would include, such as access to legal advice, Centrelink, housing support and primary health care, through in-reach services. They felt strongly about opportunities for learning being accessible and wanted therapeutic and enjoyable pursuits to be available, such as arts, craft, reading or watching TV. They also stressed the importance of making social connections to combat loneliness through cooking, yarning, sharing and excursions. Women wanted a place where they could just be, without judgement and without being moved on. The need for a safe place to nap was also regarded a priority, particularly given that women are hypervigilant and get little sleep if they are staying in the long grass or over-crowded houses.

Robust staffing arrangements were considered imperative. Participants identified that an all-women multidisciplinary team, including both professionals and peer support workers with lived experience, was necessary, supported by stable and strong leadership. In keeping with inclusivity, participants stressed the value of employing staff from a range of cultural and ethnic backgrounds, as well as women of varying ages. The characteristics of staff deemed critical in this type of service included kindness, having empathy, being non-judgemental, welcoming and intuitive, and having high levels of emotional intelligence and good inter-personal skills. These characteristics were identified as important for staff to work safely and respectfully in a culturally diverse setting with women that have experienced traumas and may be feeling vulnerable.

Architectural design was highlighted as key to responding to the needs of different family compositions and to enable a variety of activities to occur on-site in a safe, secure and inclusive way. This extended to incorporating quiet and calm spaces, areas for pets and play areas.

Participants flagged potential problems with a women-only service and offered mitigation strategies. These related primarily to the inclusion of women and their teenage sons, fear of child protection creating a barrier to access, issues related to closing time, and community resistance to the location of homelessness services. With stigma associated with homelessness and DFSV, to address barriers to access and gain broader community support for the service, participants proposed the service be known as a “**women’s business centre**”.

The notion of women-only homelessness services in Australia has gained much traction among the service sector and academia over recent years, and this project has generated findings that mirror those articulated in the broader evidence-base. Participants deemed a women-only day centre as essential to delivering a gender responsive service that is safe and inclusive for all women, and which supports women and their children to become stronger and healthier and move towards recovery.

REFERENCES

Australian Bureau of Statistics. 2023a. Estimating Homelessness Census, <http://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/latest-release#state-and-territories>

Australian Bureau of Statistics. 2023b. *Aboriginal and Torres Strait Islander peoples experiencing homelessness*, <http://www.abs.gov.au/articles/aboriginal-and-torres-strait-islander-peoples-experiencing-homelessness#:~:text=Aboriginal%20and%20Torres%20Strait%20Islander%20Australians%20have%20been%20under%20enumerated,those%20experiencing%20homelessness%20in%202021>:

Australian Institute of Health and Welfare. 2025. *State and territory summary data and fact sheets*, <http://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/state-and-territory-summary-data-and-fact-sheets>

Bullen, J. 2017. *Meeting the needs of women experiencing chronic homelessness* (SPRC Report 01/17). Sydney: Social Policy Research Centre, UNSW Sydney. <http://doi.org/10.4225/53/58d06e0ceb7f3>

Bullen, J. 2019. *Didn't feel heard, didn't think I had a voice, didn't feel safe: Gender responsive strategies for assisting women experiencing long-term and recurrent homelessness*. Crows Nest, NSW: The Mercy Foundation.

Holmes, C. 2007. *Between the Long Grass and the Housed: A Qualitative Inquiry into the Lived Experience of Homelessness in Darwin*, PhD Thesis, University of Western Sydney, Australia.

Holmes, C. & McRae-Williams, E. 2008. *Being Undesirable: Law Health and Life in Darwin's Long Grass*, National Drug Law Enforcement Research Fund, Tasmania.

Holmes, C. & McRae-Williams, E. 2012. 'Captains' and 'Selly-welly': Indigenous Women and the Role of Transactional Sex in Homelessness, Bachelor Institute of Indigenous Tertiary Education, Bachelor, NT, Australia.

Ng, M., Buxton, A., Martin, C. & Pawson, H. 2023. *Gender, housing insecurity and homelessness in Australia: Data Insights*, City Futures Research Centre, UNSW Sydney, https://www.ywca.org.au/wp-content/uploads/2024/09/Gender-Housing-Insecurity-and-Homelessness-in-Australia-Data-Insights_final.pdf

Soraghan, K. 2023. Knowing what works: A model for supporting women who have been homeless, *Parity*, Vol 36, Issue 6.

Stone, W., Sharam, A., Goodall, Z., Reynolds, M., Sinclair, S., Faulkner, D., James, A., Zhang, T. 2024. *Gendered housing matters: toward gender-responsive data and policy making*, AHURI Final Report No. 415, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/415>, doi: 10.18408/ahuri5129901.

The Salvation Army Australia. 2022. *Annual Report on Women's Homelessness Services*. The Salvation Army.

Watson, J., Theobald, J., Haylett, F., Hooker, L. & Murray, S. 2024. *You're in the Right Spot. Responding to Pregnancy and Homelessness: Evaluation of the Cornelia Program*. Melbourne, Social Equity Research Centre, RMIT University.

Wood, L.J. & Villiers, R.C. 2024. *Leave no-one behind: reducing health disparities for women experiencing homelessness in Australia*, Med Journal of Australia.

APPENDIX 1: PLAIN LANGUAGE 'PROJECT INFORMATION' SHEET

Why is this project being done?

YWCA Australia provide programs and services to women and their children that have experienced homelessness. In the NT, day centres or hubs are one type of service that help people. They have been wondering if there is a need to have this type of service just for women (and their children). They want to talk to people that work in homeless services and to women that have experienced homelessness to find out what they think.

Who will do the review?

Catherine Holmes Consulting (CHC) has been asked to do the review. CHC's team will be led by Dr. Catherine Holmes. Catherine has done lots of work with people from all of the Northern Territory, learning about different services and programs and the needs of community members.

Who is paying for this project?

The NT Government has funded YWCA Australia to do this project.

What does participation involve?

Catherine will tell you about the project and invite you to be involved. You can ask questions. You don't have to participate – it is voluntary. However, your information is really important because it helps us understand how services can be better for women and children when they experience homelessness. If you decide to participate, you will be invited to an interview that will be like having a guided conversation. For people working in services, the conversations will take about an hour. For women that have experienced homelessness, we will talk with you for as long as you are interested and available.

What will we talk about?

Catherine will ask you to share your views and experiences of services available to women and children during the day. You will also be asked about whether you think a women's only day centre or hub is needed. If you think it is, Catherine will ask you a bit about what the service should look like and how it should help women and children. You can decide which questions you want to talk about.

Where will we talk?

CHC can talk to you at a time and place that is safe and which suits everyone. They can also talk with you on the phone or through video-conferencing, if you prefer.

What will happen to the information?

Anything you tell CHC's team will be anonymous. CHC's team will not tell other people what you said. Your information will be mixed in with all the other information people share. CHC will never use your name in a report but they might use your words to explain something. CHC will be very careful to protect the identity of people that talk with them.

CHC will only use information that is important to the project and will always treat the information carefully and with sensitivity.

Are there any risks?

The conversations/interviews are unlikely to cause any harm. However, CHC recognises women might be reminded of events that make them feel sad, angry, scared or stressed. You don't need to answer any questions or discuss things you don't want to. CHC will check if you are OK, suggest taking a break or ask if you want to talk about something different or stop talking. CHC will also offer to help get support if you need it.

What should I do if I have questions or concerns?

If you would like to know more about the project and/or have any worries about how it is being done, please tell:

Catherine Holmes

<phone provided> | <email provided> or

Rachael Uebergang, YWCA Australia

<phone provided> | <email provided>

APPENDIX 2: INTRODUCTION TO CHC

Introducing Catherine Holmes Consulting

For over two decades, Catherine Holmes Consulting (CHC) has engaged in work that supports Northern Territorians to lead safe, quality and healthy lives, in which people can reach their potential and grow their families in vibrant communities. CHC has been undertaking research and program and service (re)design, development and evaluations in a variety of intersecting areas, with a particular focus on homelessness, health and DFSV. Our team has a nuanced understanding of the socio-cultural, economic and geo-political contexts that shape the everyday lives of community members and which define policy and service provision. We strive to empower and build the capacity of practitioners and leadership to identify existing program and service strengths, challenges and opportunities, and capitalise on these for better and sustainable outcomes. We are committed to giving a voice to people with lived experience, ensuring policy, programs and services are responsive to their needs and achieve their intended outcomes. And we are dedicated to, and passionate about, social justice and ameliorating the intersecting and complex conditions that give rise to social inequality.

CHC has accumulated extensive grounded experience, knowledge and expertise in designing and leading projects which have involved stakeholders from diverse cultural backgrounds, and which have often experienced multiple and intergenerational traumas, with multilayered and multidimensional complex needs. CHC's projects are always ethically informed and explicitly consider and prioritise the safety and welfare of all stakeholders.

Dr. Catherine Holmes, Ph.D.

Catherine is the Director of CHC and has more than 30 years professional practice and research experience working with communities, governments, non-government agencies and private enterprise in Australia, South-East Asia and the Western Pacific rim. She brings to her practice a unique complement of competencies and experiences, coupled with graduate and post-graduate research qualifications in health and building surveying, environmental health, public health, health promotion and social anthropology.

Catherine will lead this project.

APPENDIX 3: ETHICS PROTOCOL

Catherine Holmes Consulting recognises there are important ethical considerations when undertaking a review. These considerations have shaped the '*Needs assessment and service design for a day centre/hub for homeless women, and their children, in Darwin*' project design, including the approach and methods. While the topic of inquiry is unlikely to cause any distress or harm, our approach seeks to mitigate and prevent potential harm to stakeholders involved in the review, particularly women that have experienced homelessness.

Our team will use a trauma-informed, strengths-based and culturally safe approach to explore the need for a women's hub. With respect, sensitivity and empathy, we will seek to understand stakeholders' views and experiences. We will draw from sector staff advice and direction in recruiting women and will work with them to facilitate warm introductions to the project and CHC with women that have experienced homelessness.

We will:

- Inform stakeholders about the project and invite their participation;
- Provide/offer the plain language 'Project Information' sheet that summarises the project and stakeholder/CHC rights and responsibilities;
- Provide a verbal overview of the 'Project Information' sheet content;
- Invite stakeholders to ask questions and provide answers;
- Inform stakeholders that participation is voluntary;
- Discuss confidentiality and anonymity;
- Obtain informed consent;
- Remind stakeholders they do not need answer particular question/s;
- Advise stakeholders they can pause or terminate the interview at any time;
- Remind stakeholders of the value of their participation;
- Monitor for signs of stakeholder distress and act appropriately, including linking the person to suitable support;
- Advise YWCA Australia contract manager of any issues or concerns that emerge; and
- Adhere to all health and safety directives when visiting project site.



