

ACCESS HEALTH AND COMMUNITY - STABLE HOUSING PROJECT

PART 2 - THE LIVED EXPERIENCE

ANGELA VIDIC: How long have you been in your current housing now for?

HELEN: It'll be two years probably about a week before Christmas, and I found that it was good in a lot of ways, but, for me, I lost all my support when I moved because I went to a new area I didn't know. So my thing to you is: always ask questions, like, open-ended questions, things like, "How do you identify? How are you going today?" Because people are not going to open up to you straight away. It doesn't matter what age, because I don't know whether you're discriminatory or not by just that first contact. The other thing: don't give too much information on that first day, because, you know, I disassociate so I've missed half of the conversation and you wouldn't have known. So allow that time, and make sure that when that person is through with housing that they have some support in that process, because they're going to need it.

ANGELA VIDIC: Clinicians and workers that we've trained up are able to see somebody in real life that has experienced homelessness, and knowing that we're all not very far away from that. Basically, having that human element where they can ask questions and figure out that, based on that lived experience, they can then fill out the tool more accurately.

DAVID TOWL: It's also meant that we can have a real person there with their lived experience, and what we've done is we've taken two case studies from those individuals. We've asked them to give us the story of a time in their life when they were at risk of homelessness and someone could have intervened, and then a time down the line when they were homeless. We've looked at what the difference is in those situations and also what the time lag is in between them. For some of them, the time lag is quite long, but for others the time lag is really short. So it encourages people, when they first see an indication that someone might be at risk of homelessness, to address it. When we've provided those case studies and the training, we've given them just enough information. We know that social service providers and clinicians like to probe and ask questions, and, therefore, we can give them enough information so that that'll make the participants in the training curious and they'll ask questions of the Peer Education Support member. Then the Peer Education Support member can give them more information and that helps them better fill out the tool.

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