

UNDERSTANDING AND SUPPORTING WOMEN (USW) PROGRAM REVIEW

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Self Help Addiction Resource Centre



RESIDENTIAL
PEER PROGRAMS



Acknowledgment of Country

SHARC acknowledges the Wurundjeri people of the Woi Wurrung, Boon Wurrung and Kulin Nations as the traditional custodians of the country on which much of our work is done. We pay respect to Elders past and present, and value the rich history, unbroken culture and ongoing connection of Aboriginal and Torres Strait Islander people to country. We acknowledge that sovereignty was never ceded and that this always was and always will be Aboriginal land.

Recognition of lived & living experience

SHARC recognises members of the lived and living experience workforce who break through the barriers of stigma and marginalisation to be themselves, tell their stories and advocate for positive change.

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2 Executive summary

For more than thirty years¹, the Understanding and Supporting Women (USW) program has offered something rare: a women-only residential recovery program grounded in lived experience, peer support and community. Long before lived experience practice was recognised in policy or funded within the alcohol and other drug (AOD) sector, USW was supporting women through shared experience, mutual support and recovery alongside other women.

This review explored how USW is experienced today, how the approach has evolved over time, and what may help strengthen and sustain it into the future.

One of the clearest findings was the extent to which women described USW as life changing. Women spoke about the house as a place of stability, connection, accountability and recovery support. Former residents often linked their time in the house to lasting changes in their recovery, relationships, confidence and ability to rebuild their lives. Across the review, peer relationships, shared responsibility and the culture of the house emerged as central to this impact. De-identified case material also suggests that USW has often supported women with significant AOD histories, experiences of family and domestic violence, housing instability, trauma-related experiences and mental health challenges, who were seeking to rebuild life beyond substance use.

The review found that women's experiences of the program have varied across time. Historical participants described an approach held through lived experience leadership, strong relationships, continuity and shared ways of working. Current residents described clearer documentation, guidelines and expectations, while also identifying the challenges that can arise within communal, peer-led recovery environments. Across all cohorts, however, participants consistently described USW as a distinctive form of support grounded in community, mutual support and shared accountability. At the same time, participants and staff did not always describe the approach in the same way, suggesting that some aspects of the model may be less clearly articulated today than they were historically.

Taken together, the findings suggest that USW is not simply a residential service. It is a recovery community in which peer relationships, community accountability and lived experience leadership are central to how change occurs. Community is not simply a feature of the program; it is one of its primary mechanisms of support and change.

The review also found that USW occupies a unique place within the service landscape. While many of its strengths align with broader evidence on women-only environments, peer support and ongoing recovery care, no directly comparable women-only, peer-led residential AOD programs were identified in Australia.

The review concludes that the opportunity now is to more clearly articulate, support and sustain the USW approach so that its distinctive lived experience-led, peer-led and community-based foundations can continue to benefit women into the future.

¹ The Understanding & Support Society was formed in 1985 by a group of people in recovery to provide a drug-free, home-like environment for those who need it.

3 Introduction and background

For more than thirty years, the Understanding and Supporting Women (USW) program has been a place where women affected by alcohol and other drug (AOD) use have come to recover, reconnect and be supported by others with shared experience. Long before lived and living experience practice was recognised in policy or funded within the AOD system, USW was already doing this work through women supporting women, building connection and practising recovery together.

USW is delivered by Self Help Addiction Resource Centre (SHARC), an organisation founded on the belief that people with lived and living experience of alcohol and other drug use are experts in their own lives. SHARC's programs are shaped by connection, mutual support and recovery-oriented practice, and USW is one of the organisation's longest-standing examples of this approach.

USW is a women-only residential AOD program with capacity to support up to five women over the age of 25 at any one time. It is designed for women who are no longer in acute crisis or withdrawal but who would benefit from a stable, peer-based residential environment as they continue their recovery. The house operates within a social housing model, with the property leased through Launch Housing. Women live together in a shared residential environment supported by lived experience workers, peer relationships, mutual support and shared responsibility.

Over the past year, the house has had a dedicated 0.3 FTE support worker, equivalent to around 1.5 days per week. The program has also had a coordinator providing around two hours of support per week, with management oversight provided as part of SHARC's broader Residential Support Services. Prior to this, the program was supported through a combination of limited paid roles and substantial volunteer contribution. As a result, women often experienced a greater level of day-to-day presence and continuity than would be expected from the program's current staffing profile.

This context matters because much of what has helped sustain USW over time was never formally funded. For many years, the house was held through lived experience leadership, strong relationships, continuity and a deep commitment to supporting women in recovery. Many of the practices, connections and forms of support that helped make the approach work were not always visible in budgets, role descriptions or formal documentation.

Across the AOD sector, expectations around governance, documentation, accountability and service delivery have increased. While many contemporary service approaches focus primarily on supporting individuals. USW has emerged from a different tradition in which recovery is also supported through participation in the life of the house, peer relationships, mutual support and shared responsibility.

As the program has evolved, structure, documentation and accountability have played an important role in supporting continuity, clarifying expectations and protecting the integrity of the approach. At the same time, participants reflected on the importance of ensuring that these systems remain aligned with the peer relationships, mutual support, shared responsibility and lived experience practice that sit at the centre of USW.

The review also highlighted the increasingly complex circumstances many women face. Housing instability, poverty, family and domestic violence, discrimination, social isolation and mental health challenges continue to shape many women's lives. Many women arriving at USW have already engaged with multiple services and supports before entering the program.

Understanding this context is important for interpreting the findings that follow.

In 2025, SHARC undertook two separate pieces of review work relating to USW. The first was the July 2025 Residential Peer Programs Review, which focused mainly on the resident pathway, including tools, procedures and documentation to support intake, participation and exit. This review builds on that work but has a different purpose and scope. It brings together interviews, historical material, program documents, a limited thematic review of de-identified case material and a rapid review of comparable services to better understand how USW has been experienced over time, what appears central to its approach, and what may help strengthen and sustain it into the future.

This review was undertaken with people who hold lived and living experience of AOD use, recovery, residential programs and peer work. Their perspectives shaped the questions we asked, the way we interpreted the evidence, and the story this report tells. The review honours the voices of women who have lived in the house, the staff who have held the space, and the founders who built the model from the ground up.

4 Program context: the landscape women face

Women consistently come to residential AOD support later than men². By the time they arrive, many have spent years carrying trauma, caregiving responsibilities, stigma and instability³, often while trying to hold things together for themselves and others⁴. Our women are resilient, resourceful and capable yet they face structural barriers, the service system has not always been designed with women's lives and realities in mind⁵. This is part of what makes women-only, lived experience-led programs like USW both rare and deeply important⁶.

The rapid review undertaken for this report confirmed what many people in the sector already knew: the review did not identify any directly comparable women-only, peer-led residential AOD programs in Australia. USW therefore occupies a highly distinctive place in the service landscape, filling a gap that the broader system has not yet addressed.

This uniqueness is both a strength and a vulnerability. It shows that USW fills a gap not met by the broader service system, and that its women-only, peer-led residential approach offers something rare. At the same time, the absence of obvious comparator programs means there are fewer ready-made models, benchmarks or funding pathways to draw on. This makes it even more important to clearly describe what USW is, what conditions it needs to work well, and how it can be supported without losing the qualities that make it distinctive.

To better understand the environment in which USW operates, the review looked at Australian and international research on women-focused residential AOD programs and peer-led models. Although programs vary, several common themes emerged:

- Women-only residential environments — Women-only programs help many women feel more connected, supported and able to engage in recovery, particularly women who have experienced trauma and violence. Longer stays are linked to stronger outcomes, although shared living environments also require support to manage relationships and group dynamics. Some programs allow mothers to have children

² Australian Institute of Health and Welfare (AIHW). (2023). *Alcohol and other drug treatment services in Australia 2021–22*. AIHW. <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services>; Teesson, M., Hall, W., Lynskey, M., & Degenhardt, L. (2000). Alcohol- and drug-use disorders in Australia: Implications of the National Survey of Mental Health and Wellbeing. *Australian & New Zealand Journal of Psychiatry*, 34(2), 206–213; Greenfield, S. F., et al. (2007). Substance abuse treatment entry, retention, and outcome in women: A review of the literature. *Drug and Alcohol Dependence*, 86(1), 1–21; Grella, C. E., & Joshi, V. (1999). Gender differences in drug treatment careers among clients in the National Drug Abuse Treatment Outcome Study. *American Journal of Drug and Alcohol Abuse*, 25(3), 385–406.

³ Hien, D., Litt, L. C., Cohen, L. R., Miele, G. M., & Campbell, A. (2009). *Trauma services for women in substance abuse treatment: An integrated approach*. American Psychological Association; Powis, B., Gossop, M., Bury, C., Payne, K., & Griffiths, P. (2000). Drug-using mothers: Social, psychological and substance use problems of women opiate users with children. *Drug and Alcohol Review*, 19(2), 171–180; AIHW (2023), as above.

⁴ Powis et al. (2000), as above.

⁵ Copeland, J. (1997). A qualitative study of barriers to formal treatment among women who self-managed change in addictive behaviours. *Journal of Substance Abuse Treatment*, 14(2), 183–190; Brady, T. M., & Ashley, O. S. (Eds.). (2005). *Women in Substance Abuse Treatment: Results from the Alcohol and Drug Services Study*. SAMHSA.

⁶ Grella, C. E. (2008). From generic to gender-responsive treatment: Changes in social policies, treatment services, and outcomes of women in substance abuse treatment. *Journal of Psychoactive Drugs*, 40(sup5), 327–343; AIHW (2023), as above.

onsite, helping reduce barriers to entering treatment. Recent Australian evidence also points to the value of women-only residential AOD settings. A large 2026 NSW study found that women-only residential rehabilitation services were associated with higher treatment completion rates and modest quality-of-life improvements compared with mixed-gender services. While USW is not a directly comparable clinical rehabilitation program, these findings strengthen the case for women-only residential environments as an important part of the broader AOD service landscape⁷.

- Staying connected to support — Staying engaged with support is one of the strongest predictors of positive outcomes. Trauma-informed approaches, integrated mental health and AOD support, peer support and structured aftercare all help women stay connected and continue recovery after leaving residential treatment.
- Recovery, connection and relapse risk — A woman's social environment plays a significant role in both recovery and relapse risk. Supportive relationships and ongoing peer connection can be protective, while substance use within intimate or family relationships can increase vulnerability. Ongoing support after residential treatment is important for sustaining recovery and maintaining connection over time.
- Overlapping challenges — Women entering residential treatment often experience multiple challenges at once, including trauma, domestic and family violence, mental health challenges including eating disorders, physical health issues, parenting responsibilities, unstable housing and financial stress. Programs that respond to these experiences in an integrated and trauma-informed way tend to have stronger outcomes.
- Barriers to access — Women face many barriers to entering and remaining in treatment, including fear of losing custody of children, stigma, financial pressure, unstable housing and limited service availability. Long waitlists, strict eligibility criteria and lack of culturally responsive or trauma-informed services can make access even harder.
- Peer support — Peer support is consistently valued for helping women feel understood, connected and motivated. Clear role boundaries, training and support are important to ensure peer roles remain sustainable over time.

Together, these themes underscore how unusual USW is within the current service landscape, where women-only, trauma-informed and peer-led residential support remains rare.

⁷ Lee, M. L., Haynes, C., Robinson, L. D., Oytam, Y., Stirling, R., Campbell, M., Kelly, P. J., & Larance, B. (2026). *Residential rehabilitation treatment outcomes among women in women-only and mixed-gender services: A retrospective study*. **Drug and Alcohol Dependence**, **283**, 113157. <https://doi.org/10.1016/j.drugalcdep.2026.113157>

5 Purpose and scope of this review

The purpose of this review was to understand how the Understanding and Supporting Women (USW) program is experienced today, while also bringing together the program's history, current practice and participant perspectives to better understand how the approach has evolved over time and what possibilities may exist for its future.

The review explored the perspectives of women who have lived in the house, staff who support the daily life of the program, founders who built the model, and the organisational and financial context shaping the program today. It also considered how USW sits within the broader landscape of women-only, trauma-informed and peer-led residential support in Australia.

The review drew on:

- Semi-structured interviews with current and former residents, staff, founders, and SHARC finance and management staff
- Program documentation, including current tools, guidelines, historical materials and the July 2025 Residential Peer Programs Review
- A limited thematic review of de-identified case material, used in a generalised way to understand resident profile, support needs and recovery pathways
- A rapid information scan of comparable women-focused residential AOD and peer-led programs (summarised in Section 3 above)
- A sense-making workshop with staff to test, contextualise and interpret emerging findings

This was a qualitative review. It did not include quantitative outcomes analysis or long-term tracking of resident outcomes. Operational occupancy and waitlist data were reviewed only at a broad level to understand patterns of demand and access. Access to de-identified resident material was authorised for internal program review purposes and it was not used for individual case analysis, attribution or quantitative outcome tracking.

Together, these sources provide a broad picture of the USW program, the experiences of those connected to it, and the environment in which it operates.

6 Methodology: how we approached this review

This review was designed as a reflective and sense-making process grounded in people's experiences, relationships and reflections. It drew on five interconnected sources of information:

- Document review, including current tools, guidelines, historical materials and the July 2025 Residential Peer Programs Review
- Limited thematic review of de-identified case material, used in a generalised way to understand resident profile, support needs and recovery pathways
- Rapid information scan, exploring comparable women-focused residential AOD and peer-led programs
- Semi-structured interviews with current and former residents, staff, founders and SHARC finance and management staff

- A sense-making workshop with staff and the review team to test, contextualise and interpret emerging findings

Staff with lived and living experience shaped the evaluation questions, data collection tools, data collection, synthesis and interpretation of the data. The process also created space to build lived and living experience skills and confidence through doing the work together.

6.1 Research questions

The review was guided by five questions focused on the program's history, current experience and future needs:

- What is the intended approach of the USW program?
- How is the program currently experienced by residents, staff and founders?
- To what extent does current practice align with the intended approach?
- What factors support or hinder consistency, stability and sustainability within the program?
- What opportunities are there to strengthen clarity, practice and longer-term support for the program?

These questions shaped the design of the review and the way findings were interpreted, prioritising narrative, context and meaning rather than metrics alone.

6.2 Study design

This review treated people's experiences, stories and reflections as central sources of knowledge about how the program works in practice. It recognised that programs like USW can only be understood in context, and that measures on their own cannot capture the full complexity of a program like this.

Within this approach, the review focused on women's experiences, the changes women described, the USW approach and its original intent, the program's place in women's broader recovery journeys, and what is needed to hold and support it into the future.

This approach allowed the review to reflect the complexity, relational depth and lived realities of the program.

Participants

Interviews were conducted with current residents (three women aged 26–33), former residents (four women aged 32–44), USW staff, program founders, and SHARC management representatives. Together, these voices offered a layered understanding of the program's history, strengths, tensions and everyday realities.

6.3 Data sources

Document review

The document review included the following sources:

- Current USW tools, forms, guidelines and pathway documents
- The July 2025 Residential Peer Programs Review
- Aggregate occupancy and waitlist data
- A limited thematic review of de-identified case material

Access to extracted residents-level material was authorised for internal program review purposes on the basis of a reasonable expectation that it could be used to inform the review. The material was reviewed in a limited, generalised and de-identified way to identify broad themes relating to resident profile, support needs and recovery pathways. It was not used for individual case analysis, attribution, or quantitative outcome tracking.

Rapid information scan

The rapid scan examined publicly available descriptions and evaluations of women-focused residential AOD and peer-based programs to identify:

- Common program structures
- Peer-based and trauma-informed approaches
- Retention challenges
- Features associated with improved engagement and outcomes

Interviews

Semi-structured interviews explored:

- Current residents: entry, onboarding, daily life, relapse processes, support, recovery impact
- Former residents: recovery outcomes, exit experience, aftercare, long-term impact
- Staff: program purpose, model clarity, governance, operational effectiveness
- Founders: original model design, philosophy, evolution
- Finance/management: funding structure, sustainability, cost pressures

Interviews were audio-recorded with consent and transcribed for analysis.

6.4 Data analysis

The analysis was reflective, grounded in lived experience, and developed over several rounds of reading and discussion across four reviewers. Transcripts were reviewed and coded to identify:

- Shared experiences
- Recurring patterns
- Points of difference including individual perspectives
- Level of alignment with the intended approach
- Level of alignment with the intended model

A second pass through the material helped sharpen the analysis, particularly in distinguishing historical, former resident and current resident perspectives. Themes were developed within and across participant groups and considered alongside program documents and contextual information. Throughout the process, lived experience shaped not only what was discussed, but how the material was understood and what was seen as most important.

Following preliminary analysis, a facilitated sense-making workshop was held with staff and the review team. The workshop provided an opportunity to reflect on emerging findings, test interpretations, identify areas where additional context was needed, and explore implications for practice and future development. Insights from the workshop informed the interpretation of findings and the discussion sections of this report.

7 Key findings

The findings below bring together what women, staff, founders and SHARC representatives shared about their experiences of USW. Some experiences and themes were shared across all groups, while others reflected the different realities of earlier and more recent cohorts, changing organisational contexts, and the evolving nature of the program over time.

Across all groups, USW was described as deeply meaningful and often life-changing. At the same time, participants also reflected on differences in how the approach is currently understood, communicated and held in practice.

7.1 Themes shared across participant groups

7.1.1 De-identified case material added important context about the women USW has supported

The limited thematic review of de-identified case material added an important layer of context to the interview and document findings. Used in a generalised way, this material suggests that USW has often supported women with significant AOD histories, repeated contact with treatment or recovery supports, housing instability, mental health and trauma-related support needs, and strong interest in rebuilding life beyond substance use.

This material also suggests that many women were not entering USW at the very beginning of recovery. Rather, they often appeared to be at a point where recovery was already underway, and where a stable, peer-based residential environment could help consolidate change, rebuild daily life and support movement toward greater independence. These themes should be understood as broad patterns only, not as individual case findings or evidence of quantified outcomes.

7.1.2 The program was frequently described as life-changing

One of the strongest and most consistent findings across participant groups was the extent to which USW was described as life-changing. Women repeatedly spoke about the house as a place where they could recover alongside others who understood addiction, recovery and the realities of women's lives. Participants described finding stability, connection, accountability and relief from chaos within a shared community environment.

Many women connected their recovery directly to their time in the house. One past residents said the program had "played a huge role in my personal recovery" and reflected that "having other women around me who were in the same boat really helped." Another said "it helped me get sober," "it gave me a rest. It gave me a break from the chaos," and "it was the catalyst for me to change." Others described the house as "a supportive space to recover basically," "somewhere stable," and "a place I could learn how to trust women."

For some participants, the impact of the house was described in deeply relational terms. One woman reflected that "those women really loved me back to life." A founder, reflecting on the original model, captured the collective nature of this impact simply: "the community would support the community." Taken together, these accounts suggest that women experienced USW not simply as accommodation, but as a place where connection, recovery and meaningful change became possible.

7.1.3 Peer culture and cohort dynamics were central to how the program worked

A second strong pattern across interviews was that participants often attributed the positive impact of the program to peer relationships, cohort culture, mutual support and community accountability.

One former resident said, “it was the community of the house and the culture that we created in the house that actually was super healing.” Another described how “we all cohorted each other,” while another reflected that “we kind of gave ourselves sets of meetings and guidelines.” Another noted simply that “it depended on who was there.”

Together, these accounts point to a key strength of USW in the peer-led culture that forms between residents, with women often attributing the program’s impact to relationships, mutual support and community accountability.

7.1.4 Experiences of structure and expectations varied across cohorts

Alongside the strong relational benefits of the program, many participants also described differences in how structure, expectations and boundaries were experienced across the house over time.

Former residents more often described periods where expectations, support and accountability felt less clear or consistently held, while current residents described a program with clearer onboarding, expectations and processes. Even so, current residents identified relapse and difficult situations in the house as significant challenges within communal, peer-led recovery.

One former resident said, “I experienced that a lot with the program in terms of not understanding” and that “things changed all the time.” Another said, “there was no exit plan” and described “long periods of time where I felt like I was running the house,” while another reflected that “when I first went in there, it was pretty free reign.”

At the same time, one historical participant recalled that “there was a clear way the house operated... you didn’t question how it worked, it was clear.”

Overall, these accounts suggest that clarity and structure were not experienced consistently across cohorts or time periods, even though women often continued to describe the house itself as deeply valuable. They also show that participants understood structure most positively when it was connected to peer relationships, shared responsibility and the everyday culture of the house.

7.2 Historical and foundational perspectives

7.2.1 Original intent was community-based, peer-led recovery for adult women

Founders and early participants consistently described the original USW approach as relational, community-driven, lived experience-led and intentionally different from clinical rehabilitation programs. Founders and program documents described USW as a women-only, recovery-focused residential approach grounded in lived experience, mutual support and shared responsibility. Rather than a heavily clinical program, it was intended as a shared community environment in which women supported one another through everyday living, house routines, recovery planning and connection to broader supports. Across the material, the core features were consistent: lived experience practice, peer connection, community accountability, a non-clinical relational approach, and clear boundaries intended to hold recovery and shared living together.

A founder said, “the community would support the community” and “those women were us,” while another early participant said simply, “we ran the house.”

Together, these accounts show that the original approach was built around mutual support, with women holding the space together through shared lived experience, relationship and accountability. Participants described the house as filling a gap for adult women who needed a recovery environment shaped by shared experience, collective responsibility and community rather than a heavily clinical model of care.

Current staff perspectives add an important layer to this historical picture. While staff strongly valued USW and continued to describe peer culture, resident voice and mutual support as central to the program, they also described the approach itself as somewhat hard to define or place within existing program types. This suggests that some of what was once held through continuity, shared understanding and long-term practice has not yet been fully carried into a clear, contemporary organisational understanding of the approach.

7.2.2 Founder commitment appeared central to the early identity of the program

A major historical theme was the extent to which the early program relied on significant unpaid emotional and practical labour from founders.

One founder said, “we both knew we’d have to do work for nothing” and reflected that “the founders of something are fully in the heart of it.”

These accounts suggest that the early program was held through a combination of founder presence, lived experience leadership, continuity, relationships and substantial volunteer contribution. Participants described a level of day-to-day involvement that extended beyond formal staffing and funding arrangements. Important aspects of the approach were often carried through practice, relationships and shared understanding rather than formal documentation or organisational systems.

7.2.3 Historical participants described changes in how the approach was held over time

Historical participants described changes over time relating to continuity, staffing, funding and shared understanding of the approach.

One historical participant said, “it kind of faded away quite a bit” and that “the new people that run it have to regain a sense of what are the drivers.”

These accounts were not simply expressions of nostalgia for an earlier period. Rather, they point to the challenges of sustaining a lived experience-led, community-held approach over time within a changing service system. Participants described a sense that some aspects of the original culture and shared ways of working had become less consistently understood or articulated across the program over time. Several participants reflected on the difficulty of maintaining a clear sense of the program’s distinctive peer-led approach as the broader AOD and human services landscape evolved.

These reflections should not be understood as criticism of later staff or approaches. Rather, they describe the difficulty of carrying a distinctive peer-led approach across changing organisational and service system contexts.

7.3 Former resident perspectives

7.3.1 Former residents often reported strong long-term recovery impact

Several former residents connected their current stability, recovery, work and relationships directly to their time in the house.

One former resident said, “my career to date has a lot to do with my time in the house.” Another said, “I really needed that time,” while another described it as “the change that I needed.”

Earlier reflections from the same cohort deepen this further: one said, “it was the catalyst for me to change,” while another said the women “loved me back to life.”

Together, these accounts indicate that the impact of USW extended well beyond women's time in the house. For many, the program represented a significant turning point in their recovery and lives more broadly.

7.3.2 The house functioned as a transitional recovery community rather than simply accommodation

One former resident spoke about "learning to live with women" and learning to "have interactions that are uncomfortable and then repair them." Another said the house was "a place I could learn how to trust women."

What emerges here is a picture of the house as more than accommodation. Women described the experience as learning new ways of relating to themselves and to others within a shared recovery community.

7.3.3 Experiences of transition and exit planning varied across former residents

Former residents described transition out of the program as a point of uncertainty, particularly given the strength of the relationships formed within the house. One former resident said, "there was no exit plan," while another similarly said "there was no formal exit planning." At the same time, some women still described successful transitions, and informal peer and community support often helped fill gaps where formal processes were less developed. Together, these accounts suggest that transition and aftercare were not consistently held in ways that matched the relational intensity of the program, even though women continued to describe their overall experience very positively. This issue was also identified in the 2025 review, and documentation to support transition and exit planning has since been developed. Former residents' accounts in this review therefore reflect experiences that were not always shaped by the clearer processes now in place.

7.4 Current resident perspectives

7.4.1 Current residents described more visible structure and clearer processes than earlier cohorts

Compared with earlier former residents, current residents described more onboarding, paperwork, clearer abstinence expectations, stronger links with SHARC, and more visible staff involvement.

One current resident said, "there was paperwork signed" and "she read me the guidelines," while another said, "there were printed rules."

These accounts contrast with earlier descriptions such as one former resident's experience of "pretty free reign," suggesting that the contemporary program operates with more visible structure and more clearly defined processes than some earlier versions of the house. Current residents described these processes alongside the ongoing importance of resident voice, peer connection and shared responsibility.

7.4.2 Current residents identified relapse and difficult situations as significant challenges in communal living

Current residents identified relapse and difficult situations within the house as among the most challenging aspects of communal living. Residents reflected on the emotional impact of seeing another resident relapse and the complexities of balancing support, accountability and personal recovery within a shared peer environment.

One current resident said, "I'd feel unsure of what to do." Another said, "it's sad to see one relapse" and reflected that "it's meant to be a supportive place."

Taken together, these accounts indicate that relapse and other significant challenges within the house can affect the broader community as well as the individual involved. Residents described relapse as emotionally difficult, disruptive to the shared environment, and connected to the ongoing work of balancing compassion, accountability and personal recovery within communal living.

7.4.3 Peer relationships remained central for current residents

Despite some concerns relating to structure and consistency, peer relationships remained central to how current residents experienced the house.

One current resident described “a really strong culture in the house,” while another said that “meeting everyone beforehand made me feel more comfortable.”

This reflects a pattern seen across the review: relationships with other women were central to how residents experienced the program.

7.5 Current staff perspectives

7.5.1 Current staff described USW as valuable, but not yet clearly defined as an approach

Current staff consistently described USW as a valuable women-specific recovery accommodation program. At the same time, their accounts suggest that the approach is not yet clearly or consistently understood across the organisation. Staff variously described it as peer-led, recovery-oriented supported accommodation, more supported than a three-quarter-way model, looser than Oxford Houses Program, not a therapeutic community, an exit house, or a hybrid sitting somewhere between existing SHARC program types. This does not suggest disagreement about the program’s value. Rather, it suggests variation in how the approach is named and understood across the organisation.

One staff member said, “I think it’s a peer-led model,” while another described it as “a recovery-oriented framework in a supported accommodation program” and reflected that “what it is a bit nebulous.” A third said “I would say it’s a peer-led model, but I say that very loosely.”

7.5.2 Staff saw peer-led culture as central, but requiring active scaffolding

Staff consistently identified peer connection, resident voice, house meetings and resident-to-resident support as central to the program. They also described peer-led practice as something that involves active staff scaffolding, rather than leaving residents to manage on their own. Staff spoke about supporting women to use their voice, practise boundaries, resolve conflict, take responsibility for the house, and build confidence in decision-making. This adds detail to the broader finding that peer culture is one of the core active ingredients of USW.

As one staff member put it, “We want the women to kind of lean into each other and find that strength within themselves to use their voice and learn boundaries.” Another said that house meetings should help resolve “a lot of the core issues” and that one-to-one work should be about helping women “address the issue in the house.”

7.5.3 Staff described a shift from staff-led problem solving toward resident-led responsibility

The staff interviews described an emphasis on greater resident ownership of house culture, meetings, conflict resolution and recovery accountability. Staff were not describing a heavily staff-controlled approach. Instead, they described a form of staff scaffolding intended to support residents to practise autonomy, with staff stepping in around major boundary issues,

risk and crisis. This reflects a distinction in the staff accounts between more staff intervention and more intentional support for resident-led responsibility.

One staff member described wanting “the residents weighing in on all of that,” including how to respond when behaviour in the house becomes difficult, with staff still holding risk. Another reflected that the model had at times been more like “I’m the worker, I’m coming in, I’m telling you what you should and shouldn’t be doing,” and said she would rather embed “actually, let me give you the skills.”

7.5.4 Staff perspectives point to clearer shared understanding, consistency and protected resourcing as key issues

Across the staff interviews, several areas emerged where staff described a need for greater clarity and consistency in day-to-day practice. These included how documentation is understood and used, how intake and eligibility are held, the visibility of after-hours planning, transition pathways, and the resourcing available to support the program. Staff also emphasised the importance of compassionate, empowering practice style in shaping trust and culture within the house. Taken together, these accounts suggest that staff saw the current challenge not as whether USW has value, but how the approach is described, supported and held in practice.

Staff comments reflected both practical strain and the importance of practice style. One worker said, “It’s not possible to do everything in one day” and “I really need two days designated to USW to cover everything.” Another said, “it’s not funded,” while also suggesting that a modest dedicated allocation could be enough if properly budgeted. Staff also emphasised the importance of how support is offered, with one worker saying, “having that care and real care and compassion with the women is like the number one thing that I think is required to make the program work.”

7.6 Key considerations for the approach

7.6.1 Women described USW as deeply impactful while also describing inconsistency in how the program operated

One of the clearest patterns across the review was that women often described USW in profoundly positive terms while also describing uncertainty or inconsistency in how some aspects of the program worked in practice. Staff perspectives sharpened this further by suggesting that the issue is not only inconsistency in experience, but also a lack of clear and shared understanding of the approach itself.

This shows that much of the strength of the approach has been held through relationships, community and shared experience, even at times when expectations, processes or structures were less clearly defined. It also shows that participants and staff described the approach itself as something that was not always clearly named, shared or held consistently over time.

7.6.2 Participants described USW as distinctive, but not always consistently defined

The de-identified case material suggests that many women entering USW had already had extensive contact with AOD treatment, mental health, housing and other support services. Interview participants also described women arriving at the house at different points in their recovery journeys, often seeking a stable environment, connection with others who shared similar experiences, and support to continue rebuilding their lives.

Across participant groups, USW was described as offering something different from many of the services women had previously encountered. Participants consistently described an approach grounded in lived experience practice, peer relationships, mutual support and

shared responsibility. At the same time, staff interviews suggested that the approach itself was not always described consistently across the organisation and was sometimes difficult to place within existing program categories.

Taken together, these accounts suggest that participants saw USW as a distinctive approach, while also identifying variation in how the approach is currently understood and described.

7.6.3 Women's experiences were shaped by the culture and dynamics of the house at different points in time

Multiple participants described how women's experiences of the program were influenced by who else was living in the house, the culture that developed within each cohort, and how the community functioned at that time.

This points to women experiencing the house as deeply supportive and transformative, while also showing that experiences were not always consistent across different cohorts and periods of the program. Staff perspectives add an important nuance here: the culture of the house is not simply incidental, nor does it sustain itself automatically. Peer culture appeared in the staff accounts as one of the program's core active ingredients, and as something shaped by scaffolding, boundaries and skilled support.

7.6.4 Participants described changes in how the approach has been held over time

Current and historical participants described differences in how USW has been held across different periods. Current residents described more paperwork, guidelines and expectations than some former residents recalled. Historical participants and founders described earlier versions of the house as being held strongly through relationships, continuity, founder presence and shared ways of working. Some participants experienced later changes as a shift away from the earlier culture of the house, while others saw clearer processes as part of supporting the program in its current context.

These accounts suggest that USW has relied on relational practice, shared expectations and collective ways of working, even when these were not always formally documented or consistently expressed. They also show that peer connection, shared responsibility and community accountability were central to how participants understood the house and how the approach was held in day-to-day life.

8 Discussion

This review brought together the voices of current and former residents, founders, staff and SHARC representatives, alongside program documents, a limited thematic review of de-identified case material, and a rapid review of similar services. Considered together, these perspectives point to a clear conclusion: USW remains rare and deeply valued, with its strongest impacts emerging through relationships, peer connection and community. Its future depends on how well those strengths are understood, supported and carried forward within organisational systems that strengthen, rather than dilute, its peer-led and community-based foundations.

8.1 A relational and life-changing approach to support

One of the strongest findings in this review was the extent to which women described USW as life-changing. Across cohorts, the house was described as a place of stability, connection and recovery support. Former residents, in particular, often linked their time in the house to longer-term changes in their recovery, relationships and confidence. The de-identified case material adds an important layer to this picture, suggesting that USW has often supported

women with significant AOD histories, family and domestic violence, housing instability, mental health and trauma-related support needs, and strong interest in rebuilding life beyond substance use. This is consistent with the broader evidence base on women's recovery, which highlights the importance of connection, stability, belonging and recovery capital.

What also stands out from the findings is that women frequently attributed the impact of USW to the culture of the house itself: the women they lived with, the peer relationships they formed, and the sense of mutual accountability and community that developed over time. These accounts suggest that community is not simply a context for the program, but one of its primary mechanisms of support and change. The house functions not simply as accommodation, but as a lived experience-led recovery environment in which women practise new ways of living with themselves and with others through peer connection, shared responsibility and community accountability.

The findings of this review are also broadly consistent with the rapid information scan. Across the broader literature, women-only residential environments appear to support stronger connection, engagement and recovery, particularly when they are combined with peer support, attention to co-occurring needs, and pathways for ongoing care after leaving the program. These themes were reflected strongly in participant accounts of USW, where women described the house as a place of connection, community, recovery support and greater stability, and where peer relationships were often central to how change was experienced.

Recent NSW evidence strengthens this point. A large 2026 retrospective study comparing women-only and mixed-gender residential rehabilitation services found that women-only services were associated with higher treatment completion rates and modest improvements in quality of life, although psychological distress and dependence outcomes were similar across service types. For USW, these findings are relevant but not directly comparable. USW is not a clinical rehabilitation program, yet the study provides further evidence that women-only residential environments may offer additional benefits for some women. The findings of this review suggest that, in USW, those benefits may be shaped not only by being women-only, but also by the peer relationships, shared responsibility and community culture that women described as central to change.

At the same time, the rapid information scan also highlights the limits of the current evidence base for understanding a program like USW. Research specific to women-only, peer-led residential approaches of this kind remains limited, with much of the available literature focused on broader residential treatment settings or more clinically oriented programs.

In this sense, USW appears to sit at the edge of the current evidence base. It aligns with many of the broader themes in the literature but is also distinctive in the extent to which community, mutuality and lived experience are central to how the approach works.

8.2 An approach shaped by history, continuity and stewardship

The findings also show that USW cannot be understood only as a current service approach. Historical participants described the original program as community-based, peer-led and intentionally different from clinical rehabilitation. Much of its early strength appears to have been held through continuity, shared practice, lived experience leadership and long-standing relationships. The task now is not to replace these foundations with documentation, but to ensure that contemporary documentation and systems help carry them forward.

Historical participants described an approach that was held through everyday involvement in the life of the house, strong relationships, shared understanding of the approach and substantial volunteer contribution. Important aspects of the approach were often carried through practice, community knowledge and continuity rather than through documentation alone.

Participants also described founders as playing an important role in modelling the values, expectations and ways of working that shaped life within the house. Their contribution extended beyond operational support. It included holding the culture, philosophy and community practices that underpinned the approach.

Several historical participants described later changes as feeling different from earlier periods of the program. These accounts point to the challenges of sustaining and transmitting a distinctive lived experience-led approach over time, particularly as organisational arrangements, staffing, funding and broader service environments change. The significance of this is not that the original approach should be recreated exactly as it was, or that formal systems are incompatible with peer-led work. Rather, it suggests that the core elements of the approach need to be clearly understood, supported and carried forward if they are to remain visible and sustainable over time.

8.3 Different cohorts experienced the approach differently

One of the key analytic shifts in this review was recognising that the program has not been experienced in the same way across all cohorts. Former residents often described the house as deeply impactful, while also describing periods of uncertainty around expectations, staffing, accountability and exit planning. Current residents, by contrast, described clearer onboarding, paperwork and stated expectations. This suggests that some aspects of the approach have become more explicitly articulated over time.

Current residents described clearer onboarding, paperwork and stated expectations than some earlier cohorts. At the same time, they described relapse and difficult situations in the house as significant challenges. These experiences affect not only the individual resident but also the broader house community, highlighting the ongoing work involved in balancing support, accountability and recovery within a shared living environment.

The findings also suggest that women's experiences were shaped significantly by the culture and composition of the house at different points in time. In an approach where peer relationships are central, cohort dynamics are not peripheral to outcomes. They are part of how the approach works.

Staff perspectives deepen this point by suggesting that peer culture does not simply sustain itself automatically. It appears to require active support, clear boundaries and skilled practice if women are to be able to practise autonomy, accountability and shared responsibility within the house.

This helps explain why women could describe the program as profoundly supportive while also describing inconsistency in how it felt or functioned across different periods. What appears to have shifted across cohorts is less the women themselves than the conditions around the program, including organisational and practice changes, and histories of engagement across a more specialised and fragmented service system.

8.4 The opportunity now is to better hold the USW approach in practice

A key contribution of this review has been to bring greater clarity to the core elements of the USW approach and the conditions required to hold it well over time. What emerges is an approach grounded in lived experience practice, peer connection, shared responsibility, community accountability and relational recovery support. The de-identified case material also suggests that USW has often supported women at a point where recovery is already underway and where a stable, peer-based residential environment can help consolidate change, rebuild daily life and support movement toward greater independence.

The review also suggests that many women are arriving with complex and interconnected support needs, and long histories of engagement across an increasingly specialised service system. This strengthens the importance of clearly articulating the broader USW approach.

Participants described an approach that has often been held through relationships, continuity and shared ways of working. As the program continues to operate across changing organisational and service system contexts, making these elements more explicit may help support the approach to be carried forward while preserving the values and practices that participants identified as central to its success.

The opportunity now is to ensure this clearer understanding is reflected in practice, staff roles and the support surrounding the house. This needs to happen while retaining the lived experience-led, peer-led and community-based qualities that give USW its distinctive value.

Important work was undertaken in 2025 to strengthen documentation and day-to-day processes across the program, including transition and exit planning. This review adds a different piece. It brings greater clarity to the broader USW approach and what makes it distinctive.

It does not suggest the need for more procedural material for its own sake, or for a new approach to be designed. Rather, it points to the need for systems, roles and everyday practice to be clearly aligned with the peer-led, relational and community-based approach.

USW fills a gap that no other publicly funded service in Victoria currently fills. Women across cohorts consistently described the program as a rare and deeply valued form of women-only, lived experience-led recovery support. The review therefore points to the importance of strengthening the conditions that help this approach work well in practice: clearer role definition, stronger support for resident-led responsibility, and staffing and organisational support that help protect its lived experience foundations over time.

Alongside these implications for practice and consolidation, the review also has some important limitations that should be kept in mind when interpreting the findings.

In particular, the review was limited by the absence of long-term historical outcome data, including comprehensive records relating to resident numbers, length of stay, return presentations and longitudinal outcomes over the life of the program. This reflects both the age of the program and the reality that USW developed as a community-based, lived experience-led model operating for many years without the kinds of resourcing, evaluation infrastructure or data systems commonly expected within contemporary funded services.

As a result, the review relied primarily on qualitative accounts, historical documentation and participant reflections. While this limits the ability to make claims about long-term quantitative outcomes, the consistency and depth of participants' reflections across cohorts over time provide important insight into the perceived impact and significance of the program.

8.5 Practice lessons for the broader sector

USW offers important lessons for the broader AOD and lived experience sectors. First, it shows that lived experience-led residential support is not a new innovation. The program has existed for more than thirty years and demonstrates that women-only, peer-led residential recovery approaches were operating long before lived experience practice was formally recognised in policy or funding frameworks.

Second, the review highlights that in an approach like USW, impact appears to come through the way peer culture, shared accountability, community living, staff scaffolding and the relational quality of the environment work together. Women repeatedly described change as emerging through connection with other women, mutual support and the experience of living within a recovery-oriented community. This suggests that peer relationships are not peripheral to the model; they are part of its core mechanism of change.

Third, USW illustrates both the strength and fragility of community-held approaches. Important aspects of the program were sustained over time through continuity, shared practice, lived experience practice and collective memory.

At the same time, the review also shows that when these elements are not clearly documented or consistently passed on, the approach can become vulnerable to inconsistency, dilution or uneven interpretation. For the broader sector, this points to the importance of building clear supports around lived experience-led approaches without diluting the relational foundations that make them effective.

Finally, the review highlights the need for ways of understanding impact that are better aligned with lived experience-led practice. Many of the things' women described most strongly such as belonging, trust, confidence, accountability, connection and relational healing are not easily captured through conventional service metrics. The sector therefore has much to learn not only from the existence of USW as a long-standing model, but also from the challenge it presents to dominant ideas about what counts as evidence, impact and good practice.

These broader lessons also reinforce the direction of the recommendations that follow, which are focused on strengthening the clarity, consistency and sustainability of the USW approach while protecting the relational, peer-led and community-based qualities that women valued most strongly.

9 Recommendations

The recommendations below are focused on strengthening USW without changing what makes it distinctive. They are not about creating a new program or adding unnecessary process. Rather, they aim to help SHARC more clearly describe, support and resource the relational, peer-led and community-based approach that women, staff and founders identified as central to USW.

Recommendation 1: Clearly describe the USW approach

SHARC should develop a clear, shared description of the USW approach that can be used across staff induction, resident-facing materials, operational documents and future planning.

This should describe:

- the purpose of USW
- who the program is designed for
- the peer-led and community-based principles that guide the program
- how therapeutic community principles are understood within USW
- the role of residents in shaping house culture, peer connection and shared accountability
- the role of staff in scaffolding resident-led responsibility, rather than taking over decision-making
- the program's approach to relapse, conflict, boundaries and difficult situations in the house
- the kinds of support, structure and resourcing needed to hold the approach well.

This recommendation responds to a central finding of the review: USW is highly valued, but its approach has not always been clearly or consistently named. The sense-making workshop reinforced that some inconsistency may reflect the way the program has adapted

over time to funding, operational and service-system pressures, rather than a deliberate redesign. A clearer description of the approach would help protect the relational and peer-led foundations of USW while giving staff, residents and organisational leaders a shared reference point for practice.

Recommendation 2: Actively support peer-led practice

SHARC should strengthen the organisational supports that help peer-led practice work well in day-to-day life. This includes making sure staff have the time, supervision, training and reflective spaces needed to support resident-led responsibility, house culture and community accountability.

This should include attention to:

- staff induction and orientation to the USW approach
- supervision and reflective practice focused on peer-led residential work
- training or guidance on working with group dynamics, conflict, relapse and shared living
- support for staff to hold boundaries in ways that stay relational and recovery-oriented
- regular opportunities for residents to shape house culture, raise issues and practise shared responsibility
- clear guidance about when staff should step in and when their role is to support residents to work things through together.

This recommendation reflects one of the strongest insights from the workshop: peer-led culture does not sustain itself automatically. It needs active support, intentional practice and organisational backing. The goal is not to make the program more staff-controlled, but to make sure staff can actively support the peer-led and community-based qualities that make USW effective.

Recommendation 3: Build knowledge-sharing into the program

SHARC should develop simple, practical ways to capture and pass on the knowledge that has historically been carried through founders, long-term staff, residents and organisational memory. This could include:

- documenting the history and founding principles of USW in plain language
- developing a short practice guide that explains “how USW works” in everyday terms
- including founder and lived experience perspectives in induction and orientation where possible
- creating reflective prompts for staff and residents about house culture, mutual support and shared accountability
- maintaining a small set of core documents that explain the approach without overloading the program with paperwork.

The review found that many of the things that held USW together were never formally funded or fully documented. Founder contribution, relationships, informal knowledge and community memory were central to the program’s survival but were not always visible in formal systems. Building knowledge-sharing into the program would reduce reliance on particular individuals and help sustain the approach over time.

Recommendation 4: Regularly check that USW is staying true to its approach

SHARC should introduce a light-touch review of the USW approach every one to two years. The purpose would not be compliance for its own sake, but to check whether the program is staying true to its intended peer-led, relational and community-based approach.

A light-touch review could consider:

- whether staff, residents and leaders share a clear understanding of the USW approach
- whether resident experience reflects the program's peer-led and community-based principles
- whether staff practice is supporting resident-led responsibility and shared accountability
- whether documentation supports the approach without overtaking it
- whether the house culture continues to reflect connection, mutual support and recovery accountability
- whether resourcing is sufficient to hold the approach as intended.

This recommendation reflects the workshop discussion about staying true to the approach and sustaining it over time. Because USW is distinctive and has few obvious comparator programs, regular reflection is important. It would help SHARC notice early if the program is drifting away from its foundations or being unintentionally pulled toward more individualised, clinical or process-heavy approaches.

Recommendation 5: Review the resources needed to support the intended approach

SHARC should review the level and type of resourcing needed to hold the USW approach well. This should not be framed only as a request for more funding, but as a practical assessment of what staffing, supervision, coordination and organisational support are needed for a peer-led residential program to operate consistently and sustainably.

This review should consider:

- the minimum dedicated staffing needed for USW
- the time required for house meetings, resident support, intake, transition and exit planning
- the time required for staff supervision, reflective practice and documentation
- the organisational support needed to maintain peer-led practice, not only manage risk or compliance
- how to avoid relying on unpaid, informal or invisible labour to hold core parts of the program together.

This recommendation responds directly to the finding that important elements of the USW approach have historically been carried through volunteer contribution, lived experience leadership, continuity and limited formal resourcing. Many of the relational and community-based elements that made the program work were not fully funded. A sustainable future for USW depends on making those requirements visible and ensuring that the program is resourced to deliver the approach it is intended to provide.

10 Conclusion

This review found that the Understanding and Supporting Women (USW) program remains a rare and deeply valued form of women-only, lived experience-led residential recovery support. Across participant groups, women described the program as life-changing, with its strongest impacts emerging through peer connection, shared responsibility, mutual support and the culture of the house itself.

The review also found that USW is more than a place to live. It is a recovery community in which women support one another to rebuild their lives, strengthen recovery and move towards greater independence. Community is not simply a feature of the program; it is one of its primary mechanisms of support and change.

A key contribution of this review has been to bring greater clarity to what makes USW distinctive. The review found strong agreement about the value of the program, but less consistency in how it was described and understood. Bringing greater clarity to the model is therefore an important part of protecting and sustaining what participants valued most. Participants consistently described USW as being grounded in lived experience practice, peer relationships, community accountability and shared responsibility. The findings suggest that these elements are central to how USW works and to the outcomes women described.

USW fills a gap that few other services currently fill. The opportunity now is to ensure that this distinctive approach is clearly articulated, actively supported and sustainably resourced so that future generations of women can continue to benefit from it.

11 Appendices

Appendix 1: Interview Questions

The following interview guides were used to support semi-structured interviews across each participant group. Questions were tailored to ensure relevance to each group while maintaining alignment with the overall focus of the review.

These guides were used flexibly during interviews to allow for open discussion and the exploration of emerging themes.

Participant group: Current clients

Method: Face-to-face verbal interview

US Women's House Questionnaire

This questionnaire is part of a program review of the US Women's House. It is designed to gather the perspectives and experiences of women currently engaged in the program.

Responses will be used to help understand program effectiveness and to support service improvement. Data collected from this participant group will contribute to the findings presented in the program review's final report.

Access, Entry & Transition questions:

1. How did you first hear about or get referred to the US Women's House?
Optional prompts: self-referral, agency, friends/family, barriers or difficulties accessing.
2. When you first came here, did you understand what the program offered and what to expect?
3. What has the process been like when entering the house? Optional prompts: support with transition, clarity, planning, next steps.

Day to Day experience of the house:

4. What is it like living or spending time at the house day to day?
Optional prompts: routines, support from staff or peers, activities, structure.
5. How supported do you feel when issues or challenges come up while you are here?
6. Overall, how satisfied are you with your experience at the house so far? Why?
7. Would you recommend this program to other women? Why/why not?
8. If you could change or improve three things about the house, what would they be?

Personal experience/ Journey questions:

9. What role has the US Women's House played in your recovery or personal growth so far? Optional prompts: Has being here helped in any particular way? What difference, if any, has the house made for you?
10. What are one or two things you can do now that you couldn't do before coming here?
Optional prompts: This could be something practical, emotional, or personal.
Even small changes count.
11. How is your day-to-day life different now compared to before you arrived? Optional prompts: Think about your routine, stress levels, or how you feel during the day.

12. How has being at the US Women's House affected how safe or stable your life feels day to day? Optional prompts: Are there any routines or healthy habits you've picked up as a result of being in the house?
13. Is the US Women's House supporting you with any longer-term goals you have for yourself? If yes, how is it helping? Optional prompts: This could be about housing, health, work, relationships. Are there things you're hoping to work toward in the future? In what ways, if any, has the house helped you move closer to those goals?

Thank you for sharing your experience. Your voice is valued and contributes to the ongoing development of the program.

Participant group: Past clients

Method: Face-to-face verbal interview

US Women's House Questionnaire

This questionnaire forms part of a program evaluation of the US Women's House. It is designed to gather the perspectives and reflections of women who have previously participated in or completed the program.

Responses will be used to help understand program effectiveness over time, identify areas for improvement, and inform future service delivery. Data collected from this participant group will contribute to the findings presented in the program review's final report.

Personal experience/ Journey questions:

1. Looking back, what role did the US Women's House play in your recovery or personal growth?
1. How did your time at the US Women's House affect how safe or stable your life felt when you left?
2. Did the house support you with any longer-term goals you had for yourself? If yes, how? What long-term goals you had for yourself? If yes, how? Optional interviewer prompts:
This could be about housing, health, work, relationships, or wellbeing. Are there goals you feel the house helped you move toward?

Experience of the House (While attending):

3. Thinking back, what was it like living or spending time at the house day to day?
Optional prompts: routines, staff support, peer connections, structure.
4. When issues or challenges came up while you were there, how supported did you feel?
5. Overall, how satisfied are you with your experience at the house so far? Why
6. Would you recommend this program to other women? Why/why not?
7. If you could change or improve three things about the house, what would they be?

Access, Exit & Aftercare:

8. How did you first hear about or get referred to the US Women's House?
Optional prompts: self-referral, agency, friends/family, any barriers to accessing referral, agency, friends/family, any barriers to access.

9. When you first entered the program, did you understand what it offered and what to expect?
10. What was the process like when you exited or transitioned out of the house?
Optional prompts: planning, support, clarity of next steps.
11. Did you receive any aftercare or follow up support after leaving the house? If yes, what did that look like?
12. If you did not receive aftercare, or if you could design it yourself, what kind of follow-up support would have been helpful for you?

Thank you for sharing your experience. Your voice is valued and contributes to the ongoing development of the program.

Participant group: SHARC Staff

Method: Verbal or written interview

US Women's House Questionnaire

This questionnaire is part of a program review of the US Women's House. It is designed to gather the perspectives of SHARC staff regarding program design, delivery, governance and operational effectiveness.

Responses will be used to understand how the program functions in practice, identify strengths and gaps, and contribute to the findings presented in the program review's final report.

Program Purpose & Model of Care questions:

1. What is the intended purpose of the US Women's House program and what outcomes is it designed to achieve?
2. How would you describe the program's model of care? Optional prompts: Peer-led, therapeutic community, blended model, Oxford model, harm minimisation, recovery oriented framework.
3. Is the model of care clearly documented and understood by staff? How is it reflected in day-to-day practice?

Client Pathways & Eligibility questions:

4. What are the eligibility criteria for women entering the program? Optional prompts: Risk appetite, referrals from prison or justice settings, homelessness or risk of homelessness, substance use, mental health considerations.
5. How do clients typically find out about and access the service? Optional prompts: Self-referral, agency referral, waiting lists, known barriers to access.
6. What role do partner agencies (e.g. Launch Housing, other services) play in the client pathway, and at what stages?

Service Delivery & Operations questions:

7. What does a typical client journey look like while they are in the service? Optional prompts: Daily routines, peer involvement, structured activities, case work, support planning.
8. How are issues, incidents or conflicts generally managed within the house?

9. What procedures, policies or house rules currently guide program operations?
Optional prompts: Visitor policy, safety protocols, documentation practices, consistency of application.

Exit, Discharge & Aftercare questions:

10. What are the criteria or typical pathways for a client exiting or being discharged from the program? Optional prompts: Planned transition, rule breaches, aggression, substance use, completion of goals.
11. What support is provided to clients as they prepare to leave the house?
12. Is there any form of aftercare or follow-up offered? If not, what would be ideal?

Governance, Funding & Resourcing questions:

13. Are current resources and staffing levels sufficient to deliver the intended model of care?
14. What are the main operational challenges facing the program? Optional prompts:
Not enough staff

Client Experience & Satisfaction questions:

13. Based on your observations, how would you describe the overall client experience?
14. Are there common areas of positive feedback from residents?
15. Are there recurring concerns or improvement opportunities raised by residents?

Future Direction & Improvement questions:

16. What would the program look like at its best or ideal state?
17. What key improvements or changes would strengthen the program moving forward?

Thank you for sharing your experience. Your voice is valued and contributes to the ongoing development of the program.

Participant group: Program Origins & Legacy Interviews, Heather and Pamela

Method: Verbal interview

US Women's House Questionnaire

This questionnaire forms part of the program review of the US Women's House. It is designed to gather historical insight and foundational perspectives from individuals who were closely involved in the establishment, early development, or long-term operation of the program.

Responses will help document the program's origins, evolution, strengths, challenges and future direction, and will contribute to the findings presented in the program review's final report.

Program Origins & Funding questions:

1. Can you describe the original intent and background of the US Women's House when it was first established? Optional prompts: Identified need at the time, target population, gaps in the service system, early vision.

2. How was the program initially funded and resourced? Optional prompts:
Government funding, grants, donations, partnerships, in-kind support, community contributions.
3. What strategies or partnerships helped sustain the house financially or operationally over time?

Program Evolution & Impact questions:

4. How has the program changed or evolved since its early days? Optional prompts:
Client demographics, staffing, model of care, partnerships, demand levels, policies or structure.
5. During your time at SHARC, to what extent do you feel the program has remained aligned with its original intent or vision? Optional prompt: If there have been changes, how would you describe them?
6. What were some of the key challenges or barriers faced in maintaining or delivering the program?

Client Outcomes & Memorable Moments questions:

7. Looking back, are there any client experiences that have stayed with you and reflect the value of the program?
8. In your view, what has been the broader significance or value of having a program like the US Women's House available to women?

Governance, Practice & Model questions:

9. How would you describe the guiding philosophy or model of care that influenced the program, particularly in its earlier stages?
10. Were there formal procedures, policies or frameworks in place at the time, or did these develop gradually?

Future Direction & Reflection questions:

11. Looking ahead, what do you believe the future of a program like the US Women's House should look like?
12. If you were designing the program again today, what would you keep the same and what would you change?
13. Is there anything about the program's history or impact that you feel is important to capture or acknowledge in this review?

Thank you for sharing your experience. Your voice is valued and contributes to the ongoing development of the program.

Participant group: Finance / Management

Method: Internal data collection / interview

US Women's House Questionnaire

This questionnaire forms part of the program review of the US Women's House. It is designed to gather financial and operational data to assess value for money, cost efficiency, and sustainability of the program. Information collected will contribute to the financial and economic analysis included in the program review's final report.

1. What is the total annual program budget? Funding sources (e.g., government grants, donations, other income streams)
1. What is the program's primary income streams?
2. Approximate percentage breakdown if available
3. What are the major areas of expenditure?

E.g.: Staffing, Property / rent / utilities, Program delivery costs, Administration / overheads, Other significant costs

4. What is the average cost per resident per night?
5. What is the cost per resident based on occupancy levels? Full occupancy, Average occupancy and Low occupancy / near empty
6. What is the average length of stay per resident?
7. Are there any in-kind contributions or non-financial supports that reduce operational costs? Volunteers, donated goods, partnerships, pro-bono services
8. Are there any significant cost pressures or risks to financial sustainability?
9. Have there been any recent changes to funding, expenditure, or operational costs that may affect future budgeting?

Understanding and Supporting Women (USW) - Rapid Information Scan

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1. Purpose

This rapid information scan was undertaken to inform the review and future development of the Understanding and Supporting Women (USW) program.

A rapid information scan is a review of information such as service models, published articles and grey literature, and is designed to identify key themes, gaps and examples of good practice. It is not a full review of all literature on the topic, but a process to support informed decision making.

The scan focused specifically on women-focused residential peer and/or alcohol and other drug (AOD) support services. The aim was to gather insights into how comparable services are structured and delivered, and to identify considerations that may strengthen the USW program.

2. Scope

The information scan included resources that satisfied the following scope:

- Residential setting
- Women-focused or strong gender-relevant insights
- Some evaluation, model or implementation details
- Published in the year 2000 or later (with resources published after 2013 prioritised)
- Information from Victoria and other Australian states was prioritised, then NZ/UK/EU/Canada/US and any other English-language information

There was a focus on:

- Service models and core components
- Outcomes
- Evaluation Approaches
- Implementation learnings

3. Key Questions

The key questions guiding this information scan were:

- What residential models exist for women's peer/AOD support?
- What outcomes are measured, and how?

- What evidence exists for impact?
- What evaluation methods are used?
- What supports sustainability and value for money?

4. Method

Searches were conducted across a mix of academic and grey literature sources, such as:

- Google Scholar
- PubMed
- Informit
- ProQuest
- Grey literature via Google (search terms with filetype:PDF)
- Government websites

The following search terms were used:

(women OR female OR women's)

AND (residential OR peer support OR peer-led OR peer-run)

AND (AOD OR alcohol OR drug OR substance use OR mental health)*

AND (evaluation OR outcomes OR model OR implementation)

Documents were screened using the scope defined above. Included sources were extracted into a spreadsheet and synthesised into themes.

5. Snapshot: Services Matrix

Below is a snapshot of some of the residential services in Australia that were found as part of this rapid information scan, with varying models as described below.

Service name	Organisation	Location	Service type	Peer-led elements	Length of stay	Evaluation	Source
Jarrah House	Women's Alcohol & Drug Advisory Centre (Jarrah House)	NSW	Residential peer	Partial	10 weeks, detox prior as clinically indicated, aftercare available	Yes – completed in 1993: https://archive-ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/T.R.017.pdf	Program: https://www.jarrahhouse.com.au/treatment-programs/ ; Main: https://www.jarrahhouse.com.au ; NSW Health listing: https://www.health.nsw.gov.au/aod/Pages/wmrs-contact.aspx ; NDARC eval: https://archive-ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/T.R.017.pdf
Phoebe House	Phoebe House Inc	NSW	Clinical	Unclear	6-8 months	None found	https://phoebehouse.org.au/our-

							program-phoebe-house/
Elouera	Lives Lived Well	NSW	Residential peer	Unclear	6 weeks, flexible up to 3 months	None found	https://www.liveslivedwell.org.au/our-services/live-in-recover/elouera/
Detour House	Detour House Inc. (Sydney)	NSW	Residential peer	Partial	3 month residential, 12 months aftercare	None found	https://detourhouse.org.au/dhi-home/
Shalom House — Women's Program & Families Program	Shalom House (Perth-based; multi-property)	WA	Residential peer	Yes	12 months to 3 years	None found	https://www.shalomhouse.com.au/
Kamira — Alcohol and Other Drug Treatment Services (Residential)	Kamira Alcohol and Other Drug Treatment Services Inc. (Registered charity; accredited health facility)	NSW	Residential peer	Partial	5-7 months, transition/ continuing care via aftercare program	None found	https://www.kamira.com.au
Saranna Women & Children's Program	Cyrenian House Alcohol & Other Drug Treatment Service	WA	Clinical	Partial	Unclear	None found	https://cyrenianhouse.com/wp-content/uploads/2025/04/Saranna-Brochure-2025-28.03.2025.pdf

6. Key Findings

Findings from the rapid information scan cluster across five interrelated themes: women-only residential programs, treatment retention, relapse prevention, co-occurring needs, barriers to accessing treatment, and peer support. Together, these themes highlight that effective women-only residential AOD services depend less on a single program model and more on how services are designed, resourced, and embedded within broader systems of care.

Women-only residential programs

There is limited research specifically on women-only therapeutic community residential programs. Much of the available evidence comes from broader residential treatment models, particularly those using clinical approaches or supporting pregnant and parenting women. Some programs allow children to stay with their mothers, which can improve engagement and retention. A large 2026 NSW retrospective study of residential rehabilitation episodes found that, although improvements were seen across both women-only and mixed-gender services, higher treatment completion rates and modest quality-of-life improvements suggested additional benefit from women-only services.

Overall, longer stays in residential treatment are linked to better outcomes. Women-only environments may increase feelings of safety, connection and support, which can strengthen recovery. However, like any shared living environment, they also require careful support to manage interpersonal dynamics.

Treatment retention

Staying in treatment and completing a program is strongly linked to better outcomes, including reduced substance use, lower relapse rates and improved wellbeing. However, retaining people in treatment is a challenge across the sector.

Approaches that support retention include trauma-informed practice, peer support within programs, active links to aftercare, and flexible, harm reduction-based models that meet women where they are. Programs that address mental health, trauma and substance use together, rather than separately, tend to have better engagement and continuity of care.

Relapse prevention

Relapse risk is closely connected to a woman's social environment. Supportive relationships can strengthen recovery, while partners or social networks where substance use is present can significantly increase relapse risk.

Research highlights the importance of ongoing care and peer support beyond residential treatment. Recovery is not a single event but an ongoing process, and continued connection and support are key protective factors.

Co-occurring needs

Women entering residential treatment often experience multiple, overlapping challenges, including trauma, mental health concerns, substance use, caregiving responsibilities and physical health issues. These needs are interconnected and require coordinated responses.

Trauma-informed and integrated treatment approaches — where mental health, substance use and broader wellbeing are addressed together — are associated with stronger outcomes. Fragmented or uncoordinated systems can leave gaps in care and increase the risk of disengagement.

Barriers to accessing treatment

Women face additional barriers when seeking and staying in treatment. Parenting responsibilities, fear of custody loss, stigma, financial stress, unstable housing and limited service availability can all affect engagement.

Rigid eligibility criteria, long waitlists and lack of culturally safe or trauma-informed services can further limit access. For some women, substance use within intimate relationships or family systems also creates additional challenges to sustained recovery.

Peer support

Peer support is consistently identified as a valuable part of recovery-oriented care. Support from others with lived experience can increase engagement, strengthen motivation and improve treatment satisfaction.

Peer support within residential programs — whether through trained peer workers or mutual support among residents — can enhance connection and reduce isolation. Clear role definitions and training are important to ensure peer roles are well-supported and effective.

7. Limitations

This information scan was intentionally rapid to kickstart the project to review USW's service and potentially inform development thinking at SHARC. As such, there may be useful resources that are not included in this scan – for example, if the scope were widened to include resources published before the year 2000, or that focus on therapeutic communities specifically or peer support in general.

It is also worth noting that the information scan was carried out by a team of two, comprising one individual with no prior experience in this area and one with minimal exposure to similar work, which may have impacted the resource gathering process in terms of correctly classifying which resources should be included and the speed at which resources were reviewed.

Appendix 3: Review of US Women's program documentation suite

Overview

A review was undertaken of the current U.S. Women's Program documentation suite, including intake, assessment, recovery planning, program participation, safety planning, urine drug screening, option support, and exit planning documentation. Overall, the suite demonstrates a strong commitment to recovery-oriented practice, peer support, accountability, and maintaining a safe residential environment. The documents also reflect a trauma-informed intent and provide broad coverage across intake, participation, and discharge processes.

However, there are several areas where the documentation would benefit from review and consolidation. The most significant issues identified relate to inconsistency across documents, duplication of content, lack of version control, unclear program expectations, inconsistent language and terminology, and variability in tone and procedural detail. These issues create risks for both residents and staff, including confusion about expectations, inconsistent practice implementation, and potential challenges in demonstrating procedural fairness and compliance.

Key Findings

1. Inconsistency Across Program Rules and Expectations

One of the most significant issues identified is that core program rules and expectations are described differently across multiple documents.

Examples include:

- Curfew expectations differ between documents. The "Resident Handbook" states residents are expected to be home by 11:00 PM during the first three months, while the "Pre-Admission Agreement" states residents are expected to be home by 9:00 PM during this same period.
- Consequences for relapse or substance use differ across documents. Some documents state that returning intoxicated results in immediate discharge, while others describe an "Option Plan" process or a temporary exit period before review.
- Different documents describe varying expectations regarding leave, work, study, and participation requirements.
- Some documents refer to "U.S. Women's Program," others refer to "US WRP," "US Women's," or "Women's Recovery Program."
- Terminology regarding support workers, case workers, key workers, and staff is inconsistent.

These inconsistencies create ambiguity regarding which document represents the authoritative program position. In a residential recovery setting where boundaries, expectations, and consistency are critical, conflicting information may undermine trust, increase disputes, and create operational inconsistency between staff.

2. Duplication and Repetition of Information

There is substantial duplication of content across the documentation suite.

For example:

- House rules appear in both the “Resident Handbook” and “Pre-Admission Agreement,” with slight wording differences.
- Program expectations regarding abstinence, attendance, and peer behaviour are repeated across multiple documents.
- Relapse response processes are repeated inconsistently across the handbook, agreements, and support plans.
- Similar demographic and psychosocial questions appear in both the Initial Screen and Comprehensive Assessment documents.

While some repetition is appropriate to reinforce key expectations, the current level of duplication increases the likelihood that future updates will only occur in some documents and not others. This appears to have already occurred given the inconsistencies identified.

A more sustainable approach would be to establish a single “source of truth” document for core program rules and then reference that document throughout the suite.

3. Version Control and Document Governance Issues

The documentation suite appears to have evolved over time without a consistent document governance framework.

Indicators of this include:

- Some documents contain review dates while others do not.
- Formatting, fonts, headings, spacing, and branding differ significantly between documents.
- Some documents appear recently updated (e.g., 2025 review dates), while others contain older formatting and language.
- Some documents contain typographical errors, inconsistent punctuation, and grammatical issues.
- There are duplicated “Release of Information Authority” sections within the Comprehensive Assessment.
- Several documents include inconsistent references to organisations and service names.

This creates a perception that documents have been added incrementally rather than designed as part of a cohesive system. From a governance and accreditation perspective, a standardised document management process would strengthen consistency and accountability.

4. Clarity and Readability

Some documents are highly detailed and comprehensive; however, readability and accessibility vary considerably.

Examples include:

- The Comprehensive Assessment is lengthy and may feel overwhelming for some participants entering treatment.
- Some documents use clinical or procedural language without explanation.
- Several documents contain long blocks of text with limited visual structure.

- Some expectations are written in punitive or compliance-focused language rather than recovery-oriented language.
- Certain sections appear to assume prior knowledge of processes such as UDS requirements or “Option Plans.”

Given the target cohort may include people experiencing distress, trauma, cognitive overload, mental health concerns, or literacy challenges, simplifying and streamlining some documents could improve engagement and informed consent.

5. Trauma-Informed and Recovery-Oriented Practice Considerations

The documentation demonstrates many strengths from a recovery-oriented perspective, including peer support, shared accountability, self-reflection, and collaborative planning.

However, there are areas where the language and framing could be strengthened to better align with contemporary trauma-informed practice.

Examples include:

- Some sections use highly directive or punitive wording.
- Several documents focus heavily on rule breaches and discharge consequences without equal emphasis on support pathways.
- Self-harm management language could be reviewed to ensure it does not unintentionally frame people as “failing” the program if they are struggling.
- Some expectations may benefit from clearer explanation regarding the rationale for safety measures and boundaries.

Balancing accountability with therapeutic language is important in residential recovery settings and may improve participant engagement and psychological safety.

6. Administrative and Operational Risks

The current inconsistencies also create operational risks.

These include:

- Risk of staff interpreting rules differently.
- Risk of residents challenging decisions due to conflicting documentation.
- Risk of inconsistent responses to relapse or behavioural incidents.
- Risk that residents may not fully understand their rights, responsibilities, or available supports.
- Increased administrative burden maintaining multiple overlapping documents.

The documentation would benefit from clearer alignment between operational policy, participant-facing materials, and staff processes.

Recommendations

Short-Term Recommendations

1. Undertake an immediate cross-document consistency review to align:
 - curfew expectations
 - relapse and discharge processes
 - leave requirements
 - participation expectations

- terminology and role titles
- 2. Establish one authoritative document for:
 - program rules
 - relapse responses
 - participation expectations
 - resident responsibilities
- 3. Remove duplicated or conflicting content from secondary documents.
- 4. Standardise formatting, branding, language, and document structure.
- 5. Introduce a document control framework including:
 - version numbers
 - review dates
 - document owners
 - approval processes

Medium-Term Recommendations

1. Review all documents through a trauma-informed and plain-language lens.
2. Consider separating:
 - participant-facing information
 - operational procedures
 - staff guidance documents
3. Simplify intake and assessment processes where possible to reduce duplication and participant burden.
4. Develop a style guide for consistent terminology and language.
5. Review all forms for accessibility and readability.

Conclusion

The U.S. Women's Program documentation suite reflects a strong commitment to peer recovery, safety, and participant accountability. The breadth of documentation demonstrates substantial operational knowledge and experience supporting women in recovery.

However, the current suite has developed incrementally over time and now contains significant inconsistencies, duplication, and governance gaps that reduce clarity and create operational risk. The strongest theme emerging from the review is the absence of a unified and consistently maintained documentation framework.

A structured review and consolidation process would significantly strengthen the quality, consistency, usability, and defensibility of the documentation suite while also improving the participant experience and supporting more consistent staff practice.