



HUME MORELAND  
SERVICES  
CONNECT

# Hume Moreland Services

## Connect

### Joining the dots

## Closure Report

## October 2016

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*Kildonan UnitingCare would like to thank and acknowledge Department of Health and Human Services as the funder and supporter of the Services Connect projects. We would also like to thank and acknowledge the commitment of our partners, Executive Leadership Group, operational managers, intake workers and Services Connect Key Workers for their significant contributions in creating a truly innovative and effective service in Hume Moreland Services Connect.*

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## 1. Background Summary

Hume Moreland Services Connect was one of eight sector-led partnerships across Victoria funded by Department of Health and Human Services and designed to test an alternative model of service delivery over two years from November 2014 to 31 October 2016. Led by Kildonan UnitingCare, Hume Moreland Services Connect brought together 25 partner agencies to deliver an integrated system of services including: child and family support, mental health, alcohol and drug treatment, family violence, homelessness, disability, education, employment, CALD and Aboriginal specific services.

An Executive Leadership Group (ELG) was established as the key governance structure providing leadership and strategic direction for the partnership (see Attachment 1). It was made up of senior representatives from fourteen core key partner agencies, most of whom contributed staffing/resourcing to Hume Moreland Services Connect, as well as representatives of the Department of Health and Human Services.

Hume Moreland Services Connect Executive Leadership Group member agencies	
<b>Anglicare Victoria</b>	Merri Community Health Service
<b>Department of Health and Human Services</b>	NEAMI National
<b>Dianella Community Health Service</b>	Odyssey House
<b>HomeGround</b>	Spectrum Migration Resource Centre
<b>Hume Whittlesea Primary Care Partnership</b>	Sunbury Community Health Centre
<b>Kildonan UnitingCare</b>	Victorian Aboriginal Child Care Agency
<b>Lentara UnitingCare</b>	VincentCare
<b>Melbourne City Mission</b>	Youth Projects

All Services Connect projects were designed to broadly address disadvantage in vulnerable individuals and families with a focus on helping people achieve positive change by building their strengths and capacity to self-manage. Each project incorporated key service model elements and practice approaches that aimed to streamline and simplify people's access to a holistic range of human services, with local variations providing a variety of testing contexts and scenarios.

Hume Moreland Services Connect chose to deliver client services through a multidisciplinary team of key workers who were co-located in a newly established office space based at Kildonan UnitingCare, 61 Riggall Street Broadmeadows. The difference in HMSC Partnership was that it included a diverse range of services provided by organisations that don't regularly partner together.

Key workers were a mixture of realigned staff from key member agencies and contract staff specifically employed by partner agencies to participate in the pilot project. A total of 13 Key Workers were identified to participate in the project and were supported by a Services Connect leadership team, including a partnership facilitator, team leader and a practice leader, all employed by Kildonan UnitingCare as lead agency.

Hume Moreland Services Connect service operations commenced from Monday 2 February 2015 and ceased formal operation on 9 September 2016, with three Key Workers continuing to work a small number of active cases to closure prior to the formal Services Connect closure date of 31 October 2016.

Hume Moreland Services Connect received referrals from the following designated, catchment-based access points:

Access point for...	Access Point
<b>Aboriginal child and family services</b>	Victorian Aboriginal Child Care Agency
<b>Child and family services</b>	Child FIRST
<b>Community health services</b>	Sunbury Community Health Merri Community Health Dianella Community Health
<b>Culturally and linguistically diverse (CALD) services</b>	Spectrum Migrant Resource Centre Adult Multicultural Education Services (AMES)
<b>Disability services</b>	Melbourne City Mission
<b>Drug and alcohol services</b>	ReGen UnitingCare Odyssey House
<b>Homelessness services</b>	VincentCare
<b>Mental health services</b>	NEAMI National
<b>Out-of-home care services</b>	Anglicare Victoria Berry Street Kildonan UnitingCare Victorian Aboriginal Child Care Agency

Additionally, any person was able to self-refer to Hume Moreland Services Connect by contacting the service directly.

## 2. Data Summary

### 2.1. Case Data

Source: Hume Moreland Services Connect SCIP DHHS database *	
Number of referrals accepted	392
Number of re-referrals	30
<b>Referral sources breakdown:</b>	
* Self-referrals	51
* Child Protection 'at risk' cohort	21
* Child First	76
* Neighbourhood Houses	50
* Other access points	17
<i>Partner organisations:</i>	
* Community Health - Merri/Dianella/Sunbury	79
* Disability - MCM	19
* Housing- Vincentcare/LAUNCH	19
* Mental Health - Neami	2
* Alcohol & Drug - Odyssey/Regen	8
* Family Violence - Berry Street	12
* Aboriginal - VACCA	5
* CALD - Spectrum	6
* Family Services - Lentara UC/Anglicare/Kildonan UC	13
Total managed cases (up to 66 hours of support) *	63
Total Guided cases (5 – 30 hours of support) *	96
Total Self Support cases (up to 5 hours support) *	181

\* The configuration of the SCIP database prevents an accurate count of total case numbers over time. Total case numbers in last three rows have been drawn from an internal HMSC referral tracking sheet.

The establishment period was short, which posed some significant challenges to the leadership team, who faced many challenges in managing a large and complex partnership and operationalising a multi-disciplinary team in new premises. The Hume Moreland Services Connect Executive Leadership Group were determined that the service would stay true to the original Services Connect vision. This focus on exploring and testing a new service approach, including integrated access, is reflected in the service throughput and target achievement.

HMSC establishment and implementation requirements and challenges had a significant impact on target achievement and case throughput during the project start-up phase. Any staff vacancies had an immediate impact on target achievement. Targets increased cumulatively with each month of the test, so improvements in performance later in the project were absorbed by poorer performance in earlier stages. While data system errors, variable counting rules, staff recruitment and training, management of a large partnership, establishment of new operating premises and creation of integrated access referral pathways all had an impact on the projects overall performance against target, performance against targets increased dramatically over time.

***Learnings to facilitate improved case throughput:***

- Identify universal platforms as service access points early as a way of accessing those clients who don't engage through traditional community service access points (see Attachment 2).
- Take a collaborative approach to defining and understanding the target cohort using a lens that incorporates client capacity to self-manage.
- Take a client owned and driven, open-ended, flexible approach to engagement and service delivery.
- Seek efficiencies through an integrated access system that is invisible to clients and works in the client's benefit.
- Establish clear counting rules which allow for episodic service responses that accommodate changes in client circumstances.

## 2.2. Human resources

Staffing & EFT	At commencement	At closure
<i>Kildonan UnitingCare - Partnership Facilitator</i>	1.0	0.8
<i>Kildonan UnitingCare – Team Leader</i>	1.0	0.9
<i>Kildonan UnitingCare – Practice Leader</i>	1.0	1.0
Kildonan UnitingCare - realigned	1.0	1.0
Neami National – realigned contract	1.0	0
Regen Uniting Care – realigned contract	1.0	1.0
Merri Community Health – realigned contract	1.0	0
Lentara Uniting Care - realigned	1.0	1.0
Dianella Community Health - realigned	1.0	1.0
Vincent Care – realigned contract	1.0	1.0
Melbourne City Mission - realigned	0.5	0
Spectrum Migrant Resource Centre - realigned	0.4	0
Sunbury Community Health – realigned contract	1.0	1.0
Launch Housing – realigned contract	0.9	1.0
Anglicare Victoria – realigned contract	0.8	0.8
Victorian Aboriginal Child Care Agency - realigned	0.5	0
Youth Projects (withdrew due to funding cuts)	1.0	0
Hume Whittlesea Primary Care Partnership	0.2	0

The project experienced significant staff turnover over the life of the project, particularly within realigned Key Worker roles. A range of factors influenced this, including limitations of recruiting to fixed term contract positions, individual’s suitability to the Key Worker role, changes in personal circumstances and, in the later stages, workforce insecurity due to imminent closure. Unfortunately the project never achieved full FTE resourcing for any length of time during the life of the project. It did, however, achieve a more stable workforce in the later stages.

It’s worth noting that some realigned workers felt challenged by the Services Connect framework and service approach and chose to opt out after a few months in the program. It became clear as the program

became better established that the Key Worker role required a particular set of professional and personal qualities, experience and attributes to ensure its success.

Key workers engaged with individuals and/or families using active outreach and supported clients to identify their own needs, personal goals and aspirations, with an emphasis on building their strengths and capabilities. In collaboration with clients, key workers developed a client service plan and supported the coordination and delivery of service responses that enabled clients to achieve positive and lasting change. Together the worker and client approached the client service plan as a team, with flexibility and in the spirit of building the client's capacity to do for themselves.

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### 3. Managed case reflection

Please note, client names and some details have been changed to protect client privacy.

#### 3.1. Managed Case Studies

##### *Case Study 1 - Meet Elise*

Elise was referred to Services Connect for parenting support in relation to her six year old daughter who was exhibiting challenging behaviours. This was causing significant stress for Elise, who at the time was studying, volunteering and the sole carer of three children under 10. Elise frequently experienced periods of depression and anxiety and was having difficulty managing her emotions.

Elise had separated from her children's father and received minimal support from him. Their relationship has been characterised by family violence and remained conflictual after separation. The children's contact with their father was intermittent and always on his terms. Elise was concerned about the children's contact with their father because 'he wasn't a very nice person'.

Elise did not have high expectations when she was referred to Services Connect. She claimed that of all the services that she had ever reached out to, no-one had been able to help her. The Key Worker began working with Elise by building a trusting relationship with her and her children, based on addressing the issues that Elise identified as her priorities.

The Key Worker began working to connect Elise's children into professional and community supports. The eldest child was linked to the school welfare coordinator for support, the youngest child was enrolled in kindergarten and the middle child referred to a psychologist to address her challenging behaviours. The worker also helped build Elise's own confidence and resilience as a parent, which in turn had a significant positive affect on her children.

During this process, Elise disclosed that she had lived with serious family violence throughout her ten year relationship with her ex- partner. For the first time since she separated she trusted enough to be able to talk about the extreme emotional, physical, financial and sexual abuse she had been subjected to in the relationship.

In response the Key Worker encouraged Elise to review her goals and begin addressing the impacts of the past trauma. Together they formed a 'team' and worked together to overcome barriers and achieve Elise's goals at a pace she was comfortable with. The collaborative, strengths based approach of Services Connect ensured that Elise's relationship with the key worker became the engine room of change.

Upon closure, Elise claimed her experience of Services Connect was the most positive she has ever had within the community services system. In a letter to her key worker reflecting on her own progress, she acknowledged the support she received had helped her feel heard, valued and respected. She explained that the pain and hurt she had lived with had become smaller and more manageable, leaving her feeling more confident about her and her children's future.

Without the open approach taken by the Key Worker, it is possible Elise might have continued cycling through the service system, trying to address the issues with her children while living with trauma and never disclosing her history. Without addressing her core emotional issues, Elise would have kept struggling with parenting and her children may never have experienced the benefit of the more confident and emotionally resilient mother they needed.

This case was accepted and opened as a Guided Case, however with the disclosure of family violence it transitioned into a Managed Case.

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Extracts from Elise's letter to the Key Worker:

*'I'm feeling something wonderful that I have had more of in the last little while than probably ever before. It's a feeling of pride, success and hope.'*

*'You taught me new ways to cope and one of these ways was to believe in myself. I think that's one of the best things. I feel able to do this now and confident that I can do it well...You helped me to feel good about the quirky things we do as a family to get through. I didn't feel like our way was wrong when I spoke to you.'*

*'We were a team and that mattered a lot....There were plenty of times where you said 'we've got this' and we really did. You also always encouraged me by reminding me that I had it. And I always did. I also trusted you. There aren't many people I trust enough to talk to the big things and I had never been able to talk about it like I did to you...Our team rocked.'*

*'You helped me make sense of the past. Sharing with you was like being able to put this messy, intensely guarded, confusing ball of crazy that I had kept deep inside, into a safe space somewhere between us and unravel and rework it together. It's still there but it isn't knotted and suffocating anymore and that's freedom.'*

*'I can sit with things and live in the here and now more than I thought I would ever be able to do. I enjoy my time with the kids so much but now I also enjoy the time I have on my own too...I have goals that are so much bigger now than they used to be and I feel I can achieve them.'*

*'I know that I am safer now and feel like the kids are safer because of the work we have done and the things that are in place. I feel like I am much better equipped to slowly and carefully work on the fight and so much of that has come through being given the opportunity to address and openly work through things that I hadn't been able to do before now.'*

*'Thank you so much for the part you played in this journey...I've totally got this now.'*

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### **Case Study 2 – Meet Janet**

Janet and her 3 children were referred to Services Connect after receiving support from Berry Street in regards to family violence. Janet and her partner had been together for 26 years and had always experienced financial hardship. Her husband had always been verbally and physically abusive, but in the last year his behaviour had become more unpredictable and irrational as he had started using ICE.

Following a serious domestic violence incident, he was issued with a full exclusion IVO. He continued to breach this, threatening Janet and her children in their home and vandalising her car. Janet reported that the children were scared of him, however she felt that it was easier not to leave him as she was afraid of what he might do if she reported any more IVO breaches.

Eventually Janet fled with her 3 children to her elderly parent's house. This situation was still not ideal for Janet as her parent's strict rules made it a tense environment. To avoid upsetting her parents, Janet would often drive to a carpark and get the children to fall asleep in the car before taking them home very late and putting them to bed. During this time her husband had been given a short prison sentence for breaching the IVO.

Janet came to HM Services Connect requesting help to find a new residence, safety planning for when her husband was released from prison and financial support.

The key worker went with Janet to VincentCare to support her accessing emergency housing and find long term accommodation. Janet and her children received funding to stay in a motel for a week while they sought and secured a private rental property.

The key worker continued to liaise closely with the Berry Street family violence worker, who remained involved with Janet to help her understand her options regarding safety planning for the future. Together they negotiated for Janet to access Private Rental Assistance Program (PRAP) funding for the bond and first month rent. Janet felt extremely relieved that she and her children could move into a home where her ex-partner would not be able to find and abuse them.

As Janet had fled her family home, she had to leave behind most of their household furniture including beds. These were no longer accessible as the house was in her husband's name. The key worker successfully applied for a Family Violence Flexible Support Package (FV FSP) through Kildonan to purchase new furniture, whitegoods, school uniforms and a computer needed for school.

Janet was also linked in with and supported to attend appointments with a financial counsellor to help her manage her car loan repayments while on Centrelink benefits. The Key Worker provided support letters to Financial Counsellor to seek a reduction in monthly repayments and was also successful in applying to have some of the loan paid by the FV FSP.

The primary benefit of Services Connect intervention for Janet was in the outreach support, advocacy and service system navigation. The Key Worker was able to attend appointments with Janet, an activity which is out of scope of many community service programs. The Key Worker also was able to effectively link the work of a range of services provided to Janet and simplify the service journey for Janet at an extremely stressful point in her life.

### 3.2. Practice Learnings

- Client directed engagement – addressing priorities as identified by the client, however large or small, allows the worker to achieve some goals early in the intervention to quickly establish a trusting relationship with the client.
- Creating a team approach – Key Workers engage with a client on the client's terms, without imposing their own professional view of priorities or risk onto the client. By approaching the client plan as a team the Key Worker walks alongside the client and is able to challenge a client at critical points, helping them think about their situation in new ways.

- Joining the dots – the broad scope of the program allowed Key Workers to act as a service system navigator by collaborating with individual case workers or care teams from other programs, facilitating links between service responses and filling in service gaps where clients are most likely to lose connection to supports.
- Adaptability – Key Workers worked holistically with clients by working across a range of sectors and service approaches. This required a flexible, broad based approach to assessment and planning, adjusting client plans according to changing or previously unrecognised client need, and drawing on expertise from within the HM Services Connect team and broader partnership.
- One case/multiple clients – the service model gave workers an ability to work with a whole family unit or multiple associated individuals within one case. This allowed both symptomatic and core issues affecting the client and their loved ones to be dealt with over the life of a case.
- Capacity building with targeted brokerage – pragmatic interventions specifically targeted at maintaining a client’s stability can make a significant difference to a client’s capacity to self-manage in the future. Services Connect brokerage was used in creative ways to invest in people’s goals and prevent them from slipping further into disadvantage. Funds were directed into establishing new homes, school resources, providing access to technology which enabled online study, safety measures or social communication, driving lessons to improve employment opportunities, to name a few.

## 4. Guided case reflection

### 4.1. Guided Case Studies

#### *Case Study 1 – meet Helen and Jodie*

Jodie and her infant were referred to Services Connect following a car accident in which Jodie's infant was seriously harmed and Jodie was left traumatised. A realigned family services Key worker engaged with Jodie and her family and soon discovered Jodie's sister, Helen, who had serious mental health issues, had been living with her after losing custody of her two daughters and forfeiting her rental apartment. Jodie disclosed that Helen had been unable to get out of bed for over five months.

HM Services Connect decided to assign a second Key Worker with mental health sector experience to work with Helen while the first worker continued to work with Jodie. The two Key Workers set up information sharing processes and a care team approach to support an integrated, holistic, whole of family service response.

The second Key Worker sought immediate clinical support for Helen, who as a result, spent five weeks as an inpatient at the PARC facility. During her recovery and care stay, the worker and Helen developed a client support plan, helping her define her goals: '... to get independence back and commence mental health recovery journey ... so [she could] do all the things [she] used to do.'

Drawing on her mental health expertise, the Key Worker assisted Helen to make sense of the idea of recovery for lifelong autonomy, using strength cards and introducing mental health recovery strategies such as acknowledging unwanted thoughts, positive self-talk, mindfulness techniques, decisional balances and choice making.

Throughout the intervention, both Key Workers collaborated, regularly and appropriately sharing information with each other to support their individual work with Jodie and Helen. As a result of this collaborative practice, both learned a great deal about each other's sector and practices and were able to be proactive in preventing further crises when warning signs were present.

Knowing that Helen's recovery journey would require a longer term commitment than a Services Connect client support episode would allow, the second Key Worker made a referral to their home agency Mental Health Community Support Service, and supported Helen's transition and active engagement with the service.

#### *Case Study 2 – Meet Nicholas*

Nicholas is a 56 year old single male, who had been living in a caravan park for over seven years. He suffers from schizophrenia and receives a Disability Support Pension. He has been unemployed for over 30 years and spent 'a lot of time' in prison during his adolescence. Nicholas has a history of drug and alcohol use but has been abstinent for over ten years.

Nicholas was referred to Services Connect by VincentCare, for support to seek accommodation after receiving an eviction notice from the caravan park manager as a result of a series of disagreements with

other tenants. Nicholas explained that co-tenants would taunt and harass him and that eventually he had 'lost the plot'.

Nicholas was highly socially isolated and disclosed that it had been over 30 years since he had a restaurant meal or owned a TV. He likes peace and quiet, cooking, and playing chess and other strategy games online on his phone and tablet. He rarely left his home and avoided contact with people, believing they were scared of him due to his past.

The Key Worker began a collaborative process with Nicholas of identifying and prioritising needs, establishing goals and building trust, encouraging Nicholas to take ownership of his client plan. As a way of engaging Nicholas and building trust, the key worker invited Nicholas to lunch, where they enjoyed a few games of chess. This was Nicholas' first social outing with another person in 'almost 30 years'.

Over a five week period Nicholas achieved many of his goals. The Key Worker supported him in securing a new rental property, a furnished one bedroom unit with a private court yard and utility bills included, and negotiated with the caravan park manager to have his bond released so he could pay a month's rent in advance. He also helped Nicholas pack and move and connected Nicholas with support services to help him furnish his pantry and to secure a fridge and washing machine for his new home.

By linking Nicholas in to a financial counsellor, Nicholas began to learn how to budget and successfully saved \$100 from his DSP as emergency funds. One of his long term goals was to save enough money to 'go on a holiday within Australia'.

Nicholas was very grateful for the support he received from his Key Worker, stating he 'didn't know what I would have done' without Services Connect. He is also really surprised by how quickly everything came together, helped by having a clear plan and short term goals defined at the outset.

Nicholas has expressed that for the first time in a long time he feels 'comfortable' and 'really happy'. Nicholas informed his key worker that he is in a much better state and was ready to focus on improving his social life by 'joining a chess club'.

#### 4.2. Practice Learnings

- Building workforce capacity – the co-located model provides both formal and informal opportunities for Key Workers to exchange specialist knowledge and share, challenge and broaden practice expertise. This increased Key Worker knowledge and capacity significantly and allowed them to tailor service responses to specific client issues and contexts.
- Filling in the gaps – Key Workers not constrained by program processes, eligibility or other boundaries, were able to work with clients in the medium term to address client needs that fall out of the scope of clinical and crisis services. Tailored and discreet interventions, particularly when supported by brokerage, can divert clients away from potential crisis.
- Holistic approach to multiple related clients - Capacity to identify another family member needing support and work collaboratively with two clients from within the same family unit allowed Key Workers to work holistically with complex and multiple issues as they arose within a

family unit. Using this approach Key Workers achieved outcomes not usually possible from within their home agency programs.

- Building client capacity - Using specialist sector expertise (such as housing, mental health, disability) in the context of a broad based program like Services Connect, Key Workers were able to help build a client's capacity to self-manage over the long term. The episodic nature of the service allowed clients to return to their Key Worker for a new, targeted intervention if they encounter any further problems.
- Treating presenting issue as a symptom while identifying source problem – it was often the case that as a Key Worker commenced working with a client on their identified goal, more serious issues underlying the presenting issue would become apparent. Many people presented with the most pressing and urgent issue in their lives, which would often turn out to be a symptom of a more serious or chronic matter requiring attention. Financial disadvantage, housing requests, school refusal, parenting issues were often the symptom of family violence, unemployment, mental illness or a chronic health issue. Services Connect model allowed Key Workers to plan and act on the presenting issue, while working alongside the client to identify and facilitate support for the underlying issue.

## 5. Self-Support case reflection

### 5.1. Self-Support Case Studies

#### *Case Study 1 – Meet Jane*

Jane was working in New York when she met her Australian-Pakistani husband online. They met up and married in Pakistan, and had a son before moving to Australia. Nineteen months after moving to Australia, Jane saw Services Connect information in a local neighbourhood house and called seeking support with relationship counselling.

Jane was very concerned about privacy and asked the Key Worker to meet her in a local library, one of the few places her husband allowed her to go. In speaking about the troubles in her marriage, Jane told the KW her husband controlled everything in her life, what she wore, who she could talk to, where she could go. Bank accounts were in his name so she had no access to money. Jane said, 'He treats me like a servant'.

Jane's husband and son are Australian citizens, and Jane's temporary visa is tied to her marriage. She felt trapped because if she left her husband she would be ineligible to work or receive support, but worse, she risked deportation and losing her three year old son.

The Key Worker helped Jane understand what she was experiencing was family violence and it was unacceptable. Jane wanted to leave her marriage, but without family or friends she had nowhere to go and no way to support herself.

Together Jane and the Key Worker contacted a multicultural family violence service who provided Jane with advice and referred her to a migration agent who explained her legal rights. Jane learned that in a few months she would be eligible to apply for a special family violence visa, enabling her to leave her husband and remain in Australia with her son.

The Key Worker supported Jane to make some important decisions. She chose to stay with her husband until she would be able to apply for the visa. Together Jane and the Key Worker made a safety plan, programming relevant support service numbers into Jane's phone under pseudonyms and developing strategies so she could cope over the next few months.

The intervention with Jane was extremely short, only one meeting in a public library, but in that time Jane got the support she was ready and able to accept. Services Connect provided Jane with a non-stigmatized way of accessing help, where she felt her identity would be protected and she would not be put at risk of repercussions from her husband by taking this one small step toward freedom.

#### *Case Study 2 – Meet Cara*

A neighbourhood house connected a Key Worker with Cara, a 56 yo Turkish woman who was living in a car and presenting at the Neighbourhood house to shower every day. At the first meeting the Key Worker inquired about Cara's homelessness and discovered Cara had been living in public housing but had handed her keys back weeks ago. Cara had experienced severe, physical domestic violence while living

there, having had her teeth knocked out by her ex-partner, and was so traumatised by the memories she was unable to stay in the house. Cara's trauma in relation to the violence had rendered her homeless, and she had fallen through the cracks in the housing system.

Cara had sold all her possessions for cash to live on, but it hadn't gone far. Cara didn't have a working phone, had no money for petrol and felt deeply shamed by her situation. She didn't know where to go or have the means to access assistance. Cara was riddled with shame and refused to engage with the multicultural family violence service for fear her community would ostracise her.

The Key Worker took Cara to VincentCare and helped her get registered on the urgent wait list for housing. She also assisted Cara with filling in a new public housing application. The Key Worker and Cara then travelled to Lentara to access material aid where she was provided with a new phone with credit so she could better access services and respond to an offer of housing when it arrived. The Key Worker also negotiated with Cara to access a mainstream family violence service to access counselling and other supports to help her get her life back on track.

## 5.2. Practice Learnings

- Engaging with clients on presenting issue as a way of establishing trust – By taking the presenting issue at face value the Key Worker was able to engage immediately with a client on the client's terms. Key Workers developed plans with the client around the presenting issues while being aware of underlying causes and risks.
- Multi-layered interventions - It was common for client's experiencing family violence to present with an issue symptomatic of the presence of domestic violence, such as a child's school refusal, assistance with employment or financial difficulties. Clients often didn't recognize they were experiencing family violence or refused to access a family violence service for fear of being labelled and shamed.
- Service navigation and facilitation – many people find the complexity of the community service system overwhelming or confusing, particularly if their first language isn't English or they are on the verge of crisis. As part of a multi-disciplinary team, Key Workers were able to support clients in navigating the system by identifying services appropriate to the client's needs, then advocating and facilitating people's access to them. Where client needed further support that fell out of the scope of a traditional service, a Services Connect Key Worker was often able to fill the gap.
- Value of universal or 'soft' access points – many women experiencing domestic violence have an aversion to seeking support via traditional service points for fear of recrimination or punishment from their perpetrator. Universal access points, such as Neighbourhood Houses or Maternal and Child Health services, provide a non-stigmatised, 'safe' entry into the service system where help can be sought discreetly without fear of disclosure. This option provides a critical and safe access point for women who are in the early stages of seeking assistance in domestic violence situations.

## 6. Learnings and outcomes

Hume Moreland Services Connect can identify a number of service elements and practice approaches that have been providing demonstrable benefit to clients and improvement in outcomes. HMSC believes these service and practice elements are fundamental to the success of HMSC pilot and would be of benefit in the development of future sector reforms.

### 6.1. Service model

#### *Eligibility & program scope*

Unrestricted eligibility allows Key Workers to engage with clients of any age, gender, cultural background or need, as individuals or as family groups. Key Workers engaged with parents, children, extended family and sometimes other associated individuals such as neighbours and friends, to address the issues identified by the client. The lack of barriers to eligibility served to elevate client optimism as people were not excluded from service due to circumstances they are unable to control or change (such as age or gender).

- Inclusive and broad eligibility provided opportunities to support both individuals and families within the community.
- Easy, transparent process for individuals and families who have previously received a service to request another period of support. Commonly they simply re-contact their prior Key Worker to initiate a new service response.
- Ability to intervene early meant some client(s) requested support for a simple, straightforward need and were not turned away, ie “not my role.” Often client feedback has reflected surprise with this, expecting to hear they would be ineligible for a service response.
- Individuals and families who do not meet the threshold for a tertiary service such as mental health, are provided support before their issue escalates into crisis making them eligible for a service.
- Service provision to client(s) who may not require long term case management.
- Service model is not bound by program eligibility and service limitations including capacity to outreach. A business as usual approach does not allow for this.

#### *Multi-disciplinary Client Support Team*

The Hume Moreland Partnership built the practice and leadership capacity of the client support team through reflective practice, case discussions and peer led education. This is strongly supported by the role of the practice leader and the collation of Key Workers from a range of inter-related sectors. As a result, the Partnership observed:

- Stronger client engagement as well as holistic, culturally sensitive, outcomes focused and client directed practice
- Regular sharing of practice wisdom, knowledge and expertise among Key Workers
- Earlier responses to and engagement of clients who would otherwise not receive a service due to eligibility restrictions and capacity issues

- Adoption of a social model of health and wellbeing that is responsive to the needs of the local community
- Transference of Services Connect elements of practice among partner agencies
- The development of trusting, therapeutic relationships with clients through a more flexible approach and encouraging client autonomy and self determination

Because of the breadth of professional backgrounds of HMSC Key Workers, individual workers experienced significant expansion of their skill base as a result of their time in HMSC. The team formed a cohesive group, each relying on the specialist expertise of their colleagues to inform their practice and support their clients. As a group they developed a new ways to view, assess, engage with clients, focusing on a holistic view of a client's circumstances. The collegiate approach promoted increased confidence, improved sector knowledge and innovative practice in Key Workers.

Further to this, the broad scope of Services Connect allows Key Workers to undertake work and tasks other programs may determine as out of scope and would then refer the client on to find support elsewhere.

#### ***Early intervention - Client cohort***

Hume Moreland Services Connect experienced good rates of goal achievement, which we believe is tied to the type of client being accepted for service, that is, clients not in crisis but at a point where there is some motivation for change. We consistently found clients who are experiencing difficulty but are not in immediate crisis respond well to capacity building service approaches, where they are enabled to 'do for themselves' rather than having someone 'do for them'. Sometimes this required an educative process with clients because they are unused to service providers using a client-directed lens as opposed to a program or sector professional lens.

Probably 80% of Services connect clients have had some current or previous experience of family violence, but more often than not family violence was not their identified priority.

#### ***Self-Support as early intervention***

Many clients referred to HMSC for a Self-Support response are those who fall through the gaps in the service system because they fail to meet restrictive eligibility criteria of other programs or their needs do not meet the priority threshold to qualify for a service or the service they require simply doesn't exist.

HMSC provided a critical early intervention response to these people, diverting them away from potential crisis and often alleviating pressure on the existing service system. Because of service demand, early intervention services aren't generally available and clients must wait until they fall into crisis before they receive a service. For example, individuals and families on wait lists for case management are referred for a brief period of support to meet a particular need(s) to promote safety and stability. The intervention, often a pragmatic one, can go some way to alleviating some of the immediate stressors in their lives, thus averting escalation of need.

### ***Integrated Access – One Worker One Plan – episodic support***

Key Workers often act as service system navigators, smoothing the pathway for clients as they interact with different parts of the service system. From the clients perspective their journey may appear seamless as the Key Workers facilitates client engagement with other service providers, advocates on the client's behalf and addresses whatever issue is presenting for the client without the client having to disengage and reengage.

HMSC noted interventions were often episodic, with clients returning to their Key Worker to directly reengage for a Self-Support intervention when they recognise they might need further assistance. This allowed clients to bypass the complex systemic barriers, such as waiting lists and eligibility criteria, by reengaging directly with their Key Worker. (See self-support as early intervention below).

### ***Integrated access – non-traditional access points***

The integrated access model in Hume Moreland was initially designed to build upon existing intake points within the partnership. This meant that prior to referral, intake work was undertaken at the initial point of contact with the partner agency using their internal program intake processes.

Challenges to this model included:

- some partner agencies found it more difficult than others to appropriately identify suitable referrals, particularly those providing specialist or clinical services
- reaching a consensus regarding Services Connect client cohort in terms of the appropriateness of the early intervention approach with highly vulnerable clients with complex, multiple needs
- difficulty generating short intervention Self-Support referrals from the nominated traditional access points, who usually provide longer-term services to clients

To stimulate Self Support referrals to HMSC, alternative service access points were actively identified and by partner organisations providing services from universal platforms were engaged in referral pathways. These included Neighbourhood Houses, Kangan Indigenous Education Unit, Employment Placement providers, Kildonan UC internal programs such as CareRing and Peppertree Place, SHASP, and Community Health Counselling programs and groups.

These services are often unable to provide clients with service navigation and facilitated support HMSC provided. By ensuring Key Workers had a regular outreach presence at Neighbourhood Houses across the Hume Moreland communities, more people who required support received it without them having to enter the system via a traditional secondary platform access point.

### ***Broad assessment framework – open lens***

Every sector within the broad church of community services has a system of frameworks and lenses through which a client is viewed. These paradigms have been well established through research and practice and set important standards of practice which dictate how professionals in a specific sector undertake their work with clients. While there is no argument as to the critical value of these lenses, when combined with the limitations of funding eligibility and boundaries, they can have the effect of

- a) Limiting client access to services they need
- b) Limiting a practitioner's capacity to address multiple, inter-connected client issues and sometimes their view of a client.

There is tendency for many services to view a client from a particular sector perspective or framework and label one specific issue as a priority for a client. While most services recognise client complexity, many are constrained by funding or legal requirements and are unable to address the complexity arising from the interdependence of a person's life circumstances. Services Connect found when the boundaries imposed by sector funding models and risk frameworks were broadened out, workers discovered alternative pathways to engagement and interventions that might otherwise not been available to them. These alternative pathways inspired confidence and capacity in clients to deal with the issues that mattered most, at their own pace, in their own way. By taking a client-directed, strengths based approach, Key Workers were able to support clients to address barriers, often in the form of structural disadvantage, which can have significant impact on the client's capacity to address underlying risk issues they may otherwise be reluctant to address.

In working with clients in a client directed way and gaining expertise and knowledge from both their clients and their fellow colleagues, Key Workers in Services Connect learned to expand their professional lenses, whether they be related to child safety, insecure housing, mental health or other risk frameworks, and view their clients more holistically. For workers this required maintaining a delicate balance between client identified need and priority while maintaining an awareness risk. There were multiple benefits to taking this more open, holistic view, including improved engagement, a strong sense of ownership and achievement in the client, and the opportunity granted by the client to address more serious underlying issues (such as family violence, addiction, and mental health) which were often driving a presenting issue.

## 6.2. Practice Learnings

### *Engagement via team approach*

The key difference in the approach taken by Services Connect Key Workers is the voluntary partnership built on trusting the client, which evolves between worker and client during service provision. Key Workers undertake a minimal assessment process, instead facilitating the client to self-assess as much as possible and then allowing them to identify what issues are the priority for them at the time of engagement.

Because Services Connect Key Workers bring no formal professional agenda to the service exchange, other than an intention to support and enable clients to address a priority the client has identified, clients feel less scrutinised and are more inclined to engage on their own terms. Historically clients are used to 'being done to' or having certain expectations placed on them from within the service system.

In Hume/Moreland Services Connect Key Workers were encouraged to trust the client's own assessment of their situation, while maintaining a close eye on the risks surrounding the client and their families. This open relationship allowed the client to address more pragmatic issues, like barriers to housing or employment that often stood in the way of their capacity to address more serious long standing

problems. In this sense the Services Connect approach is truly client driven and client focused, with Key Workers walking alongside clients in their journey toward achieving a goal and fostering confidence and independence along the way.

#### ***Early intervention - Self Support***

In many cases the short intervention provided by HMSC Self Support response, particularly in combination with access to brokerage, could prevent a client from slipping into crisis in the future. Often a short period of work on a discreet and specific goal or pragmatic task would promote an extended period of stability for a client, as well as building client capacity to address other issues independently in the future.

## **7. Feedback from Key Workers**

Realigned Key Worker contributions made HMSC the vital and thriving program it became. Their reflections, innovation and willingness to explore beyond their usual boundaries created a unique service experience for both client and worker. When asked to articulate the differences between Services Connect practice and that of traditional programs, the team provided the following insights.

#### ***Client Support***

- Setting up clear expectations of the working relationship from the point of engagement. The client experience is shaped from the outset when the guiding and practice principles are explained, particularly in respect of working as partners or a team. This approach motivates clients to participate.
- Genuine, ongoing rapport building (well beyond the initial assessment phase) as essential to enable the client to comfortably share their story.
- Engaging without an agenda, using a “how can we support you?” approach, allowed client(s) to feel better heard.
- Using a partnership approach with clients serves to empower people, engenders a sense of shared ownership and shared learnings between the client and the Key Worker.
- The language used with a client is critical to effective, ongoing engagement and embedding respect in the relationship. Framing support as ‘there’s some things I can help you with’ rather than ‘here’s what I can do for you’, fosters a high level of respect for the client. It implies equality in the working relationship, which goes some way to dissolving the inevitable power imbalance between client and worker.
- The language used in a Family Services setting more readily utilises the lens of assessment when engaging with a client, rather than a lens of curiosity about the client’s perception of priorities.
- Holistic approach as both a guiding and practice principle allows Key Workers to identify gaps and suggest alternative pathways forward. This is a significant shift away from traditional ways of working that focus on needs and risks specific to the program or sector, with limited ability to support clients to address other areas of need impacting on their lives.
- Authentic, client-directed goal setting, facilitated by the Key Worker adopting a curious stance and made evident by the client(s) owning their plan.
- Short term interventions translated into more focused or targeted work and avoided case drift.

- Sometimes a small, pragmatic change can make an enormous difference for clients. By removing challenging obstacles, clients are more able to address deeper, endemic issues that are the root cause of many other problems they encounter.

#### *Service Response*

- Capacity to advocate and facilitate service access, especially when the service usually requires a referral from a professional. This capacity is especially useful for those clients who need support for a discrete need but may not be eligible to access other programs.
- Capacity to intervene to address needs related to isolation and marginalisation means opportunities for individuals and families to feel more culturally and socially connected to their communities are achieved.
- Preparing individuals and families for future service provision helped maintain motivation.
- Services Connect response allows parents to feel less scrutinized than they might during a Family Service response. There is less pressure on the parents because of the team partnership approach and where the focus is on their priorities, not the Key Workers perceived priorities.

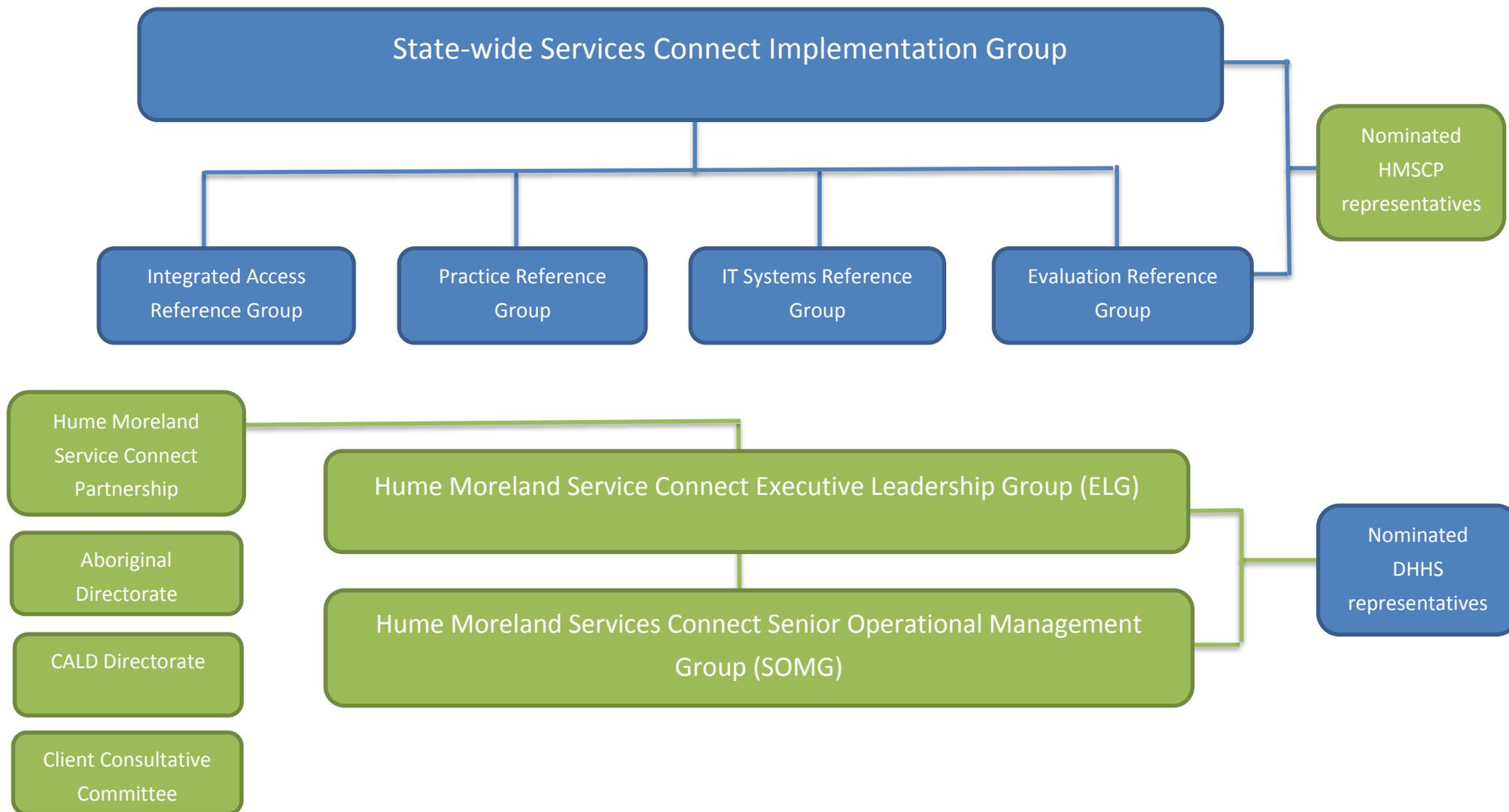
#### *Other Reflections*

- Permission to have challenging discussions based on questioning prevailing practice assumptions amongst the group of Key Workers, particularly in the early days, promoted the development of processes and procedures to support different ways of working.
- Efficiencies were gained in using paper-free recording collection and keeping via the client information data base (SCIP).
- Individuals and families who disengaged with the program generally came from discrete cohorts, including the 'at risk' of Child Protection involvement and those suffering mental health issues where engagement is influenced by client's mood.

For more information or to request an electronic copy of this report please contact Kildonan UnitingCare Child Youth and Families program:

Email: [info@kildonan.org.au](mailto:info@kildonan.org.au) | Phone: 03 8401 0100 | Web: [www.kildonan.org.au](http://www.kildonan.org.au)

Attachment 1: Hume Moreland Services Connect Partnership Local Governance Structure



## Attachment 2: Hume Moreland Services Connect Neighbourhood House flyer

### Hume Moreland Services Connect- Short term support service Do you need help with something? Don't know what to do next?

#### What does Services Connect do?

- We provide support for a short period of time to help you with a specific problem
- A key worker from Services Connect will help you:
  - find information and services you need
  - understand and respond to information you have received
  - connect you with people and places that can offer you further help
- We can work with you over a few meetings, or you might only need a single session.

#### Is Services Connect right for me?

Services Connect is right for you if:

- You live in Hume or Moreland, or you are associated with a Neighborhood House in Hume or Moreland
- You can tell us what you need help with and are willing to work towards making things better for yourself
- You don't have a case manager to help you or...
- You already have a case manager who is helping you with problems you are experiencing, as we can work with them to help you achieve a specific goal.

#### Okay, I think this is the kind of support I need, so how might it help me?

A short period of assistance can help in many ways. For example, we might:

- Help connect you with local community services, groups and events and introduce you to these groups so that you feel confident and safe in attending
- Support you to attend a school meeting on behalf of your child
- Help you get things under control if you have recently lost a job or partner
- Help you to fill out forms for housing, employment or financial services
- Help you get access to legal advice and/or prepare for a court appearance
- Help you find out what support is available from disability, housing, health or education services or places like Medicare, Centrelink or Child Support
- Talk to people on your behalf, such as utility companies, financial institutions, educational services or real estate agents if you are experiencing financial stress or discrimination.
- Lots more!!

#### How can I get this kind of help?

Call Services Connect on **9302 6151** for more information