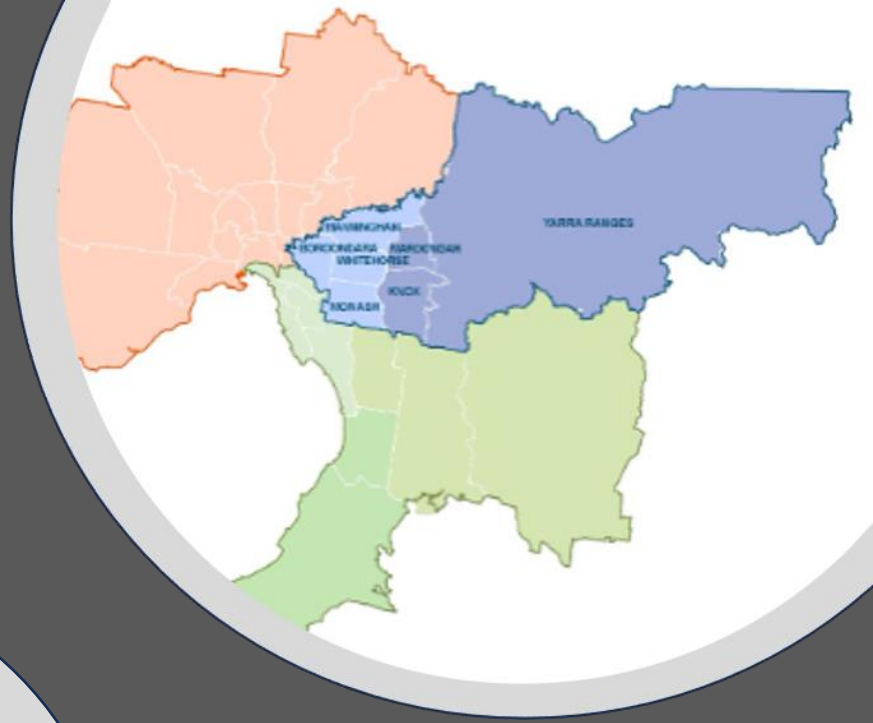
Understanding Complex Support Needs of Clients in the Eastern Metropolitan Region

September 2023



DISCLAIMER &CONFIDENTIALITY

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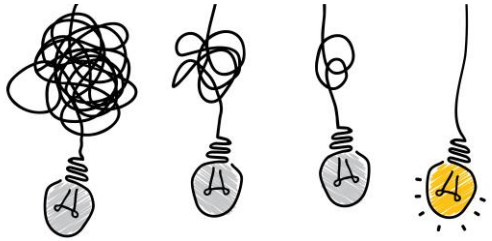
PRODUCED BY



Eastern Regional Coordinators

Measure to Evolve

Julie Kun Consulting

ACKNOWLEDGEMENT

We are grateful to all the participants who met with us and contributed to creating this report. This includes service providers and clients who attended workshops and interviews or participated in the Lived Experience Reference Group. Your commitment to sharing your experiences and knowledge was invaluable in informing this work.

Thank you to all the staff and service provider coordinators who provided invaluable advice and information on the Eastern Region services. A special thank you to the Project Manager, Alyssa Scott, who worked tirelessly to coordinate interviews and workshops, in addition to providing timely advice and practical assistance when needed.

Finally, this project is a result of the commitment of all the Eastern Regional Coordinators to improving the service delivery system for the people living in Melbourne's Eastern Metropolitan Region.

ACKNOWLEDGEMENT TO THE TRADITIONAL CUSTODIANS

The Eastern Regional Coordinators, acknowledge the Traditional Custodians of the land on which we work, the Wurundjeri people of the Kulin Nation and pay our respects to their Elders past and present. We recognise that the sovereignty of this land was never ceded and that it always was, and always will be, Aboriginal land. We express our commitment to listening, learning, and thinking critically about power and privilege, centring Aboriginal voices and honouring Aboriginal self-determination.

Table of Contents

Abbreviations

ACF – Australian Childhood Foundation
AOD – Alcohol and Other Drugs
BWAHS – Boorndawan William Aboriginal Healing Service
CCT – Central East Continuing Care Teams
CCM – Care Management Team
CISS – Child Information Sharing Scheme
CM – Case/Care Manager
CTO – Community Treatment Order
DDCCAC – Dual Diagnoses Consumer and Carer Advisory Council
EACH – Eastern Region Community Health
ECASA – Eastern Centre Against Sexual Assault
ED – Emergency Department
EHOPS – Eastern Outreach Psychiatric Services
ERC – Eastern Regional Coordinators
FaPMI – Families where a Parent has a Mental Illness
FV – Family Violence
FVISS – Family Violence Information Sharing Scheme
FVREE – Free from Family Violence Service, formerly EDVOS
FWH – Financial Wellbeing Hub
GP – General Practitioner
IFS – Integrated Family services
IVO – Intervention Order
L17 – Risk Assessment and Risk Management Report
MARAM – Family Violence Multi-Agency Risk Assessment and Management Framework
MBC – Men's Behavioural Change
MH – Mental Health
MACNI – Multiple and Complex Needs Initiative
MSTS – Mobile Support and Treatment Service
NDIS – National Disability Insurance Scheme
NILS – No Interest Loan Scheme
NWAC – Ngwala Willumbong Aboriginal Corporation
RAMP – Risk Assessment Management Panels
RFVP – Regional Family Violence Partnership
SHARC – Self Help Addiction Resource Centre
TO – Treatment Order
TOD – The Orange Door
VS – Victim Survivor
VLA – Victorian Legal Aid

Executive Summary

This project forms the second part of a piece of work that commenced with the development of three complex needs personas in December 2021. These personas represent a family unit accessing a wide range of service sectors.

The current project consisted of engagement with clients and service staff, to understand their experience of service delivery across a wide range of services. These services included family violence, family and child services, alcohol and other drug services, housing, homelessness, education, financial counselling and support, mental health, health, and the police and judiciary system.

Engagement utilised a combination of workshops and interviews to gather feedback. Workshop methods reflected the attending audience's needs. Participant feedback was encouraged and valued, and the engagement structure reflected this. The lived experience participants requested a more intimate roundtable discussion. This more informal method fostered a relaxed atmosphere and supported the development of trust, leading to a more confident engagement. Service providers were active in the discussion from the beginning. A robust panel discussion, followed by interactive audience involvement and group work, was conducted with this group.

A lived experience reference group was formed at the beginning of the project to guide direction and review project documentation and engagement structure.

This project found a number of key differences between the client and service provider experience of the systems involved. These were assumed to be related to the differing knowledge of the structural barriers that impacted service delivery such as constraints in funding or staffing, and pressures in delivering high-demand services. Service staff often mentioned client disengagement in terms of clients' 'readiness' to accept services. On the other hand, clients were more likely to attribute service dissatisfaction and disengagement to service delivery.

Clients and service providers both agreed that the lack of service supply to demand, high staff turnover, and complexity of service delivery pathways were problematic. They also agreed that more information sharing and collaboration between services was needed, as well as increased specialised courts and police services. Trust and respect was another area that clients saw as a barrier to engagement. However, this was not mentioned by service providers as a barrier.

The three broad themes that were identified as being a barrier to service delivery and engagement were:

1. Service availability and applicability.
2. Adequate staffing and resources.
3. Active collaboration and information sharing.

The feedback was not all negative. Clients noted various factors that made programs successful including co-location of various services, utilisation of lived experience, and consistent service engagement with clients waiting for referred service.

Client recommendations were unsurprisingly aimed at addressing the key themes of disengagement. These included an increased focus on early intervention/prevention and the separation of children's care from parental care. In other words, a focus on prevention rather than cure, and prioritisation of children's services separate from parental services.

Introduction

BACKGROUND

In December 2021, the Eastern Regional Coordinators finalised a suite of three complex needs personas – Joe, Maddison and Nevaeh. These Personas represent a family unit accessing a wide range of service sectors. They were developed in consultation with sector representatives, and persons with lived experience of family violence and mental health.

The development of the personas formed the first part of a two-part project. This piece of work represents the second part of the project, which utilises the suite of Personas to develop three journey maps, illustrating their movement through the Eastern Metropolitan Region's health and community support services.

AIM

The aim of this project is to define and understand the experience of clients accessing services and their intersection with a range of health and community services in the Eastern Metropolitan Region of Melbourne. Services include homelessness, mental health, family and children support services, family violence services, and alcohol and other drug (AOD) services.

OBJECTIVES

Objectives of this project include:

- Explore gaps and barriers in service provision.
- Increase understanding of the factors that improve a client's journey.
- Identify opportunities for strengthening a coordinated and collaborative response across health and community services to improve client experiences and outcomes.
- Improve the quality and safety of service provision in relation to people with complex support needs.

AUDIENCE & INTENDED USE

This report and associated journey maps have been developed for the Eastern Regional Coordinators and the partnerships and service alliances that they represent. It will be utilised to support them to understand the current system as is, and to foster enhanced service delivery and integration. The report and journey maps will be shared with other committees, professionals and people with lived experience of the Eastern Regional Coordinators service sectors.

Methodology

THE CLIENT PERSPECTIVE

This project utilised human-centred design to understand clients' experience of accessing a variety of service systems in the Eastern Metropolitan Region. This project also engaged with service providers to understand how they visualised service delivery.

PARTICIPANTS

Clients and service delivery staff were engaged to discuss their experience across service delivery areas such as family violence, family and child services, alcohol and other drug services, housing, homelessness, education, financial counselling and support, mental health, health, and the police and judiciary system.

Seventeen clients were consulted to provide insight into their service experience. Most clients had experience with multiple community services and were asked about their experience of the system as a whole.

Fifty-six service providers consisting of both frontline staff and management were also consulted to understand what these services should look like, including pain points and gains.

CONSULTATION

To gain an overall understanding of the service system, service providers were initially engaged at the Eastern Region Multi-Sector Community of Practice meeting. Structured workshops were then commenced with clients and service providers. Interviews followed from the workshop schedule.

Consultation with clients consisted of 1 workshop of 3 hours duration and 10 individual interviews of approximately 1 hour each. The workshop was made up of 6 participants with user experience across all community service sectors except homelessness. Individual interviews were made up of clients with experience across all community service areas.

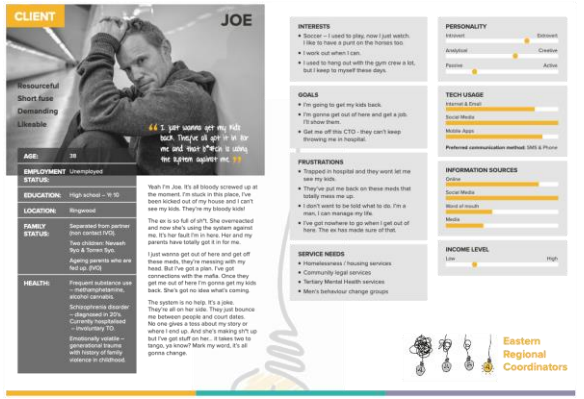
Engagement with service providers consisted of 2 service provider workshops with panel members primarily made up of service management staff. The first workshop consisted of 19 attendees and 5 panel members. The second workshop consisted of 17 attendees and 5 panel members.

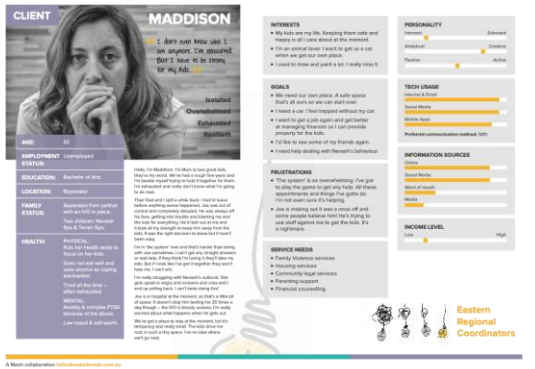
Workshops utilised methodology relevant to the audience. Roundtable discussions were conducted at lived experience attendee workshops. These provided a more informal and relaxed atmosphere which was required to build trust. Provider workshops consisted of a more interactive and robust panel discussion followed by an interactive group discussion and group work.

LIVED EXPERIENCE REFERENCE GROUP

A lived experience reference group was formed to guide the project, as well as review the project plans, project schedule, and engagement plan which included questionnaires. This reference group was made up of 5 clients with lived experience, 2 Eastern Regional Coordinators, and 1 Regional Family Violence Partnership Project Manager

Methodology





JOURNEY MAPPING

Feedback from consultations was mapped on three journey maps each representing a fictional family member persona. The journey maps visually represent each Persona's journey through multiple sectors, focusing on touch points with significant services such as acute health and policing. The journey maps also include the feelings and thoughts that the personas may experience along their journey.

Key moments for each Persona have been captured and reflect those perceived by the different groups consulted, for example, service staff and clients. These key moments correspond to the client experience section of each journey map and further illustrate what is happening from a client, carer/family, and service delivery perspective at each point.

PROJECT LIMITATIONS

The journey mapping and report reflect the information and insights project participants shared between March and June 2023.

Many variables can alter the course of each client's journey. It is not possible to map all probable alternatives. This report has highlighted the key moments and challenges, service gaps, enablers and opportunities that may impact each of the client's journeys.

Client Journey Maps

Joe

CLIENT

JOE

Resourceful
Short fuse
Demanding
Likeable

"I just wanna get my kids back. They've all got it in for me and that b*#tch is using the system against me."

AGE:	38
EMPLOYMENT STATUS:	Unemployed
EDUCATION:	High school – Yr 10
LOCATION:	Ringwood
FAMILY STATUS:	Separated from partner (non contact IVO). Two children: Nevaeh 9yo & Torren 5yo. Ageing parents who are fed up. (IVO)
HEALTH:	Frequent substance use – methamphetamine, alcohol cannabis. Schizophrenia disorder – diagnosed in 20's. Currently hospitalised – involuntary TO. Emotionally volatile – generational trauma with history of family violence in childhood.

Yeah I'm Joe. It's all bloody screwed up at the moment. I'm stuck in this place, I've been kicked out of my house and I can't see my kids. They're my bloody kids!

The ex is so full of sh*t. She overreacted and now she's using the system against me. It's her fault I'm in here. Her and my parents have totally got it in for me.

I just wanna get out of here and get off these meds, they're messing with my head. But I've got a plan. I've got connections with the mafia. Once they get me out of here I'm gonna get my kids back. She's got no idea what's coming.

The system is no help. It's a joke. They're all on her side. They just bounce me between people and court dates. No one gives a toss about my story or where I end up. And she's making sh*t up but I've got stuff on her... it takes two to tango, ya know? Mark my word, it's all gonna change.

INTERESTS

- Soccer – I used to play, now I just watch. I like to have a punt on the horses too.
- I work out when I can.
- I used to hang out with the gym crew a lot, but I keep to myself these days.

GOALS

- I'm going to get my kids back.
- I'm gonna get out of here and get a job. I'll show them.
- Get me off this CTO - they can't keep throwing me in hospital.

FRUSTRATIONS

- Trapped in hospital and they wont let me see my kids.
- They've put me back on these meds that totally mess me up.
- I don't want to be told what to do. I'm a man, I can manage my life.
- I've got nowhere to go when I get out of here. The ex has made sure of that.

SERVICE NEEDS

- Homelessness / housing services
- Community legal services
- Tertiary Mental Health services
- Men's behaviour change groups

PERSONALITY

Introvert — Extrovert

Analytical — Creative

Passive — Active

TECH USAGE

Internet & Email

Social Media

Mobile Apps

Preferred communication method: SMS & Phone

INFORMATION SOURCES

Online

Social Media

Word of mouth

Media

INCOME LEVEL

Low — High

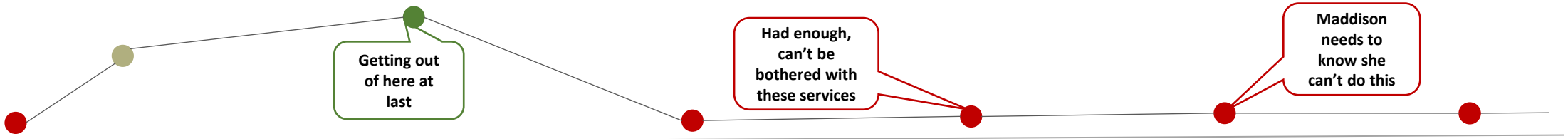
Eastern Regional Coordinators

Joe's Journey

The journey mapping reflects the information and insights project participants shared between March and June 2023. The journey maps represent the participants' view of the service journey for each persona. We acknowledge that intake and intervention practices may vary from what is depicted.

Stages	0 - 2 Months		2 - 4 Months		5 – 6 Months	
Steps	Spent a night in the hospital and I'm getting out. A risk assessment has been done. Can't go back home because of the intervention order. I've called that boarding house to book a bed for now. The hospital Case Manager referred me to The Orange Door and homelessness services. Dual Diagnosis Services booked to work with my GP and Nurse Practitioner.	Had an appointment with a worker from The Orange Door place. They want me to get off the drugs, but I can't right now. They've referred me to a Men's Family Violence Case Manager but I'll have to wait. Was told Psychiatrist and Mental Health Services will be at least 3 months. My GP will fix me up for my drug replacement meds.	Still waiting for the Men's Family Violence Case Management. Still waiting for the Drug Counsellor from Dual Diagnosis Services. Homelessness services have contacted me and since I have temporary housing they have offered support to find a longer-term accommodation solution.	Finally started with the Men's Family Violence Case Management. So far had two Case Managers in two weeks. It's useless so I've stopped going. Boarding house is too much, started sleeping on the streets.	I'm texting Maddison all the time now Sleeping rough and back on the drugs.	Went to Nevaeh's school to give her a present. The school principal called the police. The Orange Door called me and I'm supposed to go back to the Men's Family Violence Case Manager.
Thinking/ Feeling	Maddison overreacted and now I'm trapped in this place. With the IVO I can't go back home when they let me out. The meds they put me on again are messing me up. Why should they tell me what to do? I can manage my own life. The hospital Case Manager didn't seem to know what else was available. Nothing is working and everything is so unsettled.	There's no housing available for single blokes like me, just the boarding house. Every rental is so damn expensive, and social housing is years away for someone like me. The boarding houses are dangerous, someone is always losing it, and your stuff always gets pinched. They expect me to get off drugs but that's hopeless here. Everyone is using and I always have to be ready for a fight.	This system is so slow, there are so many appointments and forms to fill in, only to be told that I have to wait. I have to repeat my story every time I see a new service. Don't they talk to each other?	I've got a new Case Manager who doesn't know what he's doing. First Case Manager was good but this one has no idea. I give up. It's all too hard. I hate the boarding house but I can't stay with anyone because I'm too messed up. The streets are safer than this place so I'm getting out of here.	Don't need to do this stuff. Just need to see my kids. The system helps my ex keep the kids away from me but it's not fair. I'm so angry and I'm texting Maddison but she won't answer.	It was just a present and that school called the cops. It's all Maddison's fault.

Experience



Referral Pathways

Actions

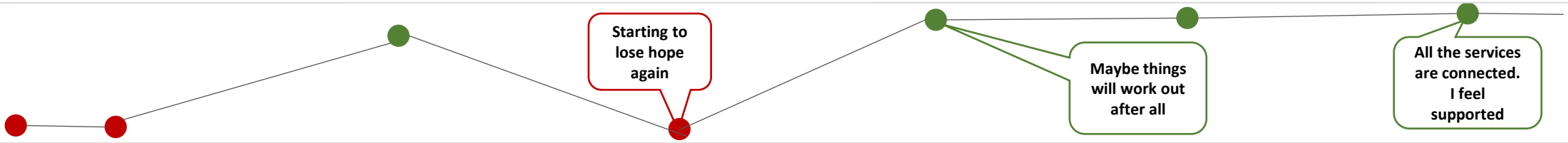
- Involuntary Treatment Order prior to hospital intake
- Mental Health Risk Assessment prior to discharge
- FVISS/CISS request made by TOD for Maddison & family
- Police issue L17

Joe's Journey

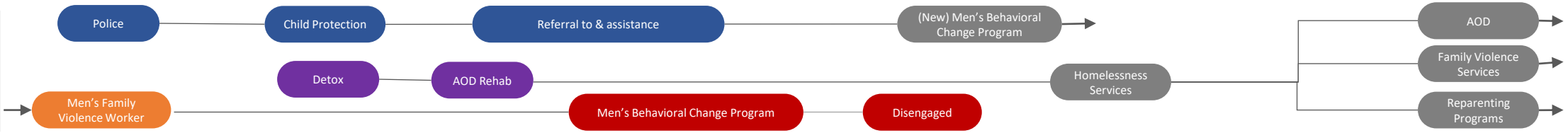
The journey mapping reflects the information and insights project participants shared between March and June 2023. The journey maps represent the participants' view of the service journey for each persona. We acknowledge that intake and intervention practices may vary from what is depicted.

Stages	5 - 6 Months	7 - 12 Months	13 – 16 Months			17 + Months
Steps	Caught up with Maddison and we got into a fight. Police were called again and charges were made. I'm out on bail but I'll have to go to court.	Just spent 48 hours in detox inpatient rehabilitation, and then I was picked up straight from detox to rehab. They told me to get in touch with homelessness services again. The Orange Door Person Using Violence Worker referred to MBCP and followed up with me.	Started the Men's Behavioural Change Program that the Person Using Violence Worker sent me to. Seeing a different person every week. My family is getting worried about me and Maddison is starting to look for other programs. Contacted homelessness services and they helped me find and move into a share house with a couple of other guys. Dual Diagnosis Counsellor helps me manage that.	Maddison found another program for me. I've disengaged from the old program and Child Protection has helped her with the new referral for me. Booked into the new Men's Behavioural Change Program that Maddison found for me.	The Men's Behavioural Change Program has the same two strong guys/role models that call me constantly.	Connected to the rest of the services I need. Mental Health worker, Drugs Counsellor, and Reparenting programs. I didn't have to wait long for AOD counsellor this time either.
Thinking/ Feeling	I'm furious at Maddison, she's blocking me from seeing the kids	The problem with a lot of these services is that they are short-term. Once you finish the service the Case Manager can't help you anymore and you are on your own.	I'm feeling frustrated and unsupported by this MBCP program that they referred me to, it feels like it's me against them. I want everything to happen straight away and these guys just say it isn't possible. Those people are 'fresh off the books'. Don't know what they are doing just following a manual.	Maddison has been very supportive. I'm starting to feel hopeful that things will work out.	Things are starting to look up. The two guys from the Men's Behavioural Change Program keep me on track and help me feel supported. The support worker is great too. He helps me deal with my anger.	The services also offer evening appointments for when I start working again.

Experience



Referral Pathways



Action

Key Moments for Joe

	Getting out of here at last	Had enough, can't be bothered with these services	Maddison needs to know she can't do this	Starting to lose hope again	Increased hope and belief in the system
Joe	• Hopeful. • Looking forward to a new start.	• Loses trust in service. • Isolated and angry. • Disengages from the system.	• Aggressive and angry. • The world is conspiring against him. • Wants to see kids.	• The resolution to get off drugs is weakening. • Feeling unsupported.	• The resolution to stay off drugs has strengthened. • Connecting to services.
Carer & Family	• Worried and scared about how Joe will be when he gets out.	• Maddison is worried and scared because of aggressive contact from Joe.	• Fear. • Pressured to communicate the situation to the school.	• Determined to assist Joe in getting off drugs.	• Hope that family can be reunited.
Service Delivery Staff	• Mental Health clinicians provide a link to community and dual diagnosis support for Joe. • A CTO only involves medication, it cannot force Joe to accept housing or AOD support under the MH Act. Without service engagement, Joe is at risk of deteriorating into a crisis again.	• Pressure and frustration that the client is not engaging with MBCP. • Staff pressures and high turnover. • Increased pressure on homelessness services to provide an alternative boarding house. • TOD refers to Men's Family Violence Case Manager.	• The school calls in police though they may not respond due to lack of capacity. • Police and court system time to address IVO breach. • Joe is back on drugs and disengaged from MBCP. • TOD and FVREE collaborate to provide additional support to Maddison & Nevaeh to address safety risks.	• Dept FFH resources to be given to support Joe's family to find an alternative service for Joe and assist with referrals. • Waitlist workers instigate regular contact with Joe while alternative MBCP services are being found.	• Time taken to collaborate and share information from old MBCP to new one. • Administrative time to follow up on the Parenting Program, as well as family violence, and alcohol and other drug services. • Increased focus of all services on maintaining contact with Joe to ensure that he continues to engage.

Maddison

CLIENT

MADDISON

AGE:	33
EMPLOYMENT STATUS:	Unemployed
EDUCATION:	Bachelor of Arts
LOCATION:	Bayswater
FAMILY STATUS:	Separated from partner with an IVO in place. Two children: Nevaeh 9yo & Torren 5yo.
HEALTH:	PHYSICAL: Puts her health aside to focus on her kids. Does not eat well and uses alcohol as coping mechanism. Tired all the time – often exhausted. MENTAL: Anxiety & complex PTSD because of the abuse. Low mood & self-worth.

Hello, I'm Maddison. I'm Mum to two great kids, they're my world. We've had a rough few years and I'm beside myself trying to hold it together for them. I'm exhausted and really don't know what I'm going to do next.

Their Dad and I split a while back. I had to leave before anything worse happened. Joe was out of control and completely deluded. He was always off his face, getting into trouble and blaming me and the kids for everything. He'd lash out at me and it took all my strength to keep him away from the kids. It was the right decision to leave but it hasn't been easy.

I'm in 'the system' now and that's harder than being with Joe sometimes. I can't get any straight answers or real help. If they think I'm losing it they'll take my kids. But if I look like I've got it together they won't help me. I can't win.

I'm really struggling with Nevaeh's outburst. She gets upset or angry and screams and cries and I end up yelling back. I can't keep doing this!

Joe is in hospital at the moment, so that's a little bit of space. It doesn't stop him texting me 20 times a day though – the IVO is bloody useless. I'm really worried about what happens when he gets out.

We've got a place to stay at the moment, but it's temporary and really small. The kids drive me nuts in such a tiny space. I've no idea where we'll go next.

INTERESTS

- My kids are my life. Keeping them safe and happy is all I care about at the moment.
- I'm an animal lover. I want to get us a cat when we get our own place.
- I used to draw and paint a lot. I really miss it.

GOALS

- We need our own place. A safe space that's all ours so we can start over.
- I need a car. I feel trapped without my car.
- I want to get a job again and get better at managing finances so I can provide properly for the kids.
- I'd like to see some of my friends again.
- I need help dealing with Nevaeh's behaviour.

FRUSTRATIONS

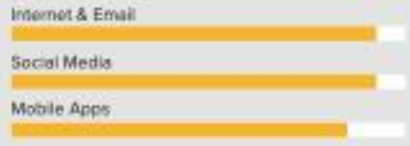
- 'The system' is so overwhelming. I've got to play the game to get any help. All these appointments and things I've gotta do. I'm not even sure it's helping.
- Joe is making out it was a once off and some people believe him! He's trying to use stuff against me to get the kids. It's a nightmare.

SERVICE NEEDS

- Family Violence services
- Housing services
- Community legal services
- Parenting support
- Financial counselling

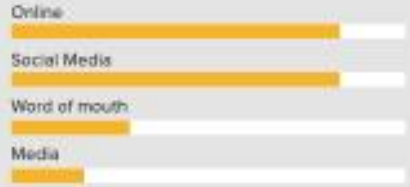
PERSONALITY

TECH USAGE



Preferred communication method: SMS

INFORMATION SOURCES



INCOME LEVEL

Eastern Regional Coordinators

Maddison's Journey

The journey mapping reflects the information and insights project participants shared between March and June 2023. The journey maps represent the participants' view of the service journey for each persona. We acknowledge that intake and intervention practices may vary from what is depicted.

Stages	0 - 2 Months		2 - 4 Months		5 – 6 Months	
Steps	We have been in temporary accommodation since Joe went to the hospital two months ago. Magistrates Court ordered an Intervention Order against Joe, but that hasn't stopped him from contacting me. He has sent 15 texts so far and they are getting more angry. Referred to The Orange Door through the Courts when Joe got violent. We have been put on waitlists for Family Violence Services and Family Services. Can't get through to the Housing office.	Met with Waitlist workers for Family Violence Services. Went to Community Legal Centre to ask about visitation. They told me it's best to wait for Joe to apply, then gave me a list of legal practitioners who can support me if we go to court. Spoke to the Integrated Family Services Parenting Services.	Met with my Family Violence Case Manager and told them about Joe's texts. They used FVISS/CISS to request information from the Magistrates' Court about Joe. Family Violence Case Manager keeps telling me to tell the school but I'm ashamed. I'm worried Child Protection will be called.	Reported the texts to the police but they can't do anything. Family Violence Case Manager has updated the Safety and Risk Plan. Still trying to get through to the Housing Office for an appointment. TOD tried and has managed to get through to make an appointment to apply for housing.	The school called me because they've noticed that Nevaeh's behaviour has changed. Family Violence Case Manager has told me that I need to advise the school of IVO or they will need to so that the school can create a safety and risk management plan. Finally have a mental health worker to help with psychosocial support.	Joe went to Nevaeh's school to give her a present. The school principal called the police but the police took ages to come. Had a meeting with the school principal and the Welfare Coordinator and they told me that there is a fund to assist with meals at school and on holidays as well as uniforms. Brokerage has been organised and could help us with housing and other costs.
Thinking/ Feeling	The temporary accommodation is not ideal, because it's so small that the kids are driving me nuts. Trying to ring the Housing office but they are not answering. Joe is scaring me with his texts. Need to speak to someone about them.	The Community Legal Centre wasn't much help. They told me to wait for Joe to begin any proceedings for child access. I am going to ask about Legal Aid and hopefully, I'll get some help with Nevaeh's behaviour soon.	It would help if services who offer mental health and addiction services understood the services they are offering. So many appointments, repeating my story over and over again, only to be told I am not eligible.	I'm really scared of what Joe will do next.	I'm upset but need to speak to the school about Joe and his texting so they can be prepared.	It's so hard, but a relief that the school knows about Joe. The police have been no help at all. It can be difficult to get to all these appointments, then the service refuses to work with me because I haven't turned up before.
Experience		**Getting some help at last**		**Police don't help at all. I don't feel safe**		
Referral Pathways	The Orange Door Integrative Family Services CM Family Violence CM Housing Office assistance				School Principal Police L17	
Actions	Intake & Assessment by TOD	Comprehensive Risk Assessment & Safety Plan completed by TOD Hub Practitioner. Shared with FVREE. CM works with Maddison to ID family safety measures	VISS/CISS request made by FV CM for Maddison & family		Police issue L17	

Maddison's Journey

The journey mapping reflects the information and insights project participants shared between March and June 2023. The journey maps represent the participants' view of the service journey for each persona. We acknowledge that intake and intervention practices may vary from what is depicted.

Stages	5 - 6 Months	7 - 12 Months	13 Months +			
Steps	Joe and I got into a fight and he attacked me. The neighbours called the police and when they arrived, the police interviewed me in front of Joe. Because he hurt me they have taken him away, but they've told me he will probably be out on bail soon.	Got an appointment with the Housing Office. Unless we move further out or to the country it will be a long wait for social housing. But if I move, without a car I won't be able to get to all our appointments. For the last 6 months Joe has really tried to get off the drugs, he spent time in detox and then rehab. Took ages to get into rehab but he is working hard.	Joe isn't happy with the Men's Behavioural Change Program he's in right now so I'm ringing around trying to find another one that will be better for him.	I've found a program for Joe, and Child Protection has helped with the referral. We have now been connected with other services like Financial and Mental Health Counselling as well as Parenting Services to help with the kids.	I'm attending counselling regularly and going to the peer group.	Lots of appointments for myself and the children. We may be able to get a house in a regional area.
Thinking/ Feeling	What will I do when Joe gets out? He knows where I live now, I'll have to move to a refuge.	I want to help Joe stay off drugs and make this work, but I know if I have contact with Joe then the services may not help me and Child Protection will say that I am not protecting my kids.	It looks like Joe wants to change, I'm starting to hope that is true. I'm worried about what will happen if Child Services thinks that I am not being responsible, and they take my children.	It's great to have a counsellor to talk to regularly. She told me about a women's lived experience program where I can meet with women in the same situation.	Joe's thriving in the MBC program. He is doing really well although he is still being tested regularly for drugs.	Every week I have appointments and sometimes it's overwhelming but we are moving forward and it looks like eventually, we may have a chance at being a family again.
Experience	**I'm scared that next time he will hurt the children**			**Neveah is responding to me now that I'm calmer**	**The women in the group make me feel less alone**	**Things are starting to settle down and life is better.**
Referral Pathways	L17 → Magistrates Court; L17 → Child Protection; Family Violence CM facilitates → Housing Office appointment; Integrative Family Services CM → Counselling – Financial & MH; Integrative Family Services CM → Parenting Program; Referral & assistance with MBCP changeover for Joe					
Actions						

Key Moments for Maddison

	Getting some help at last	Police don't help at all. I don't feel safe	I'm scared that next time he will hurt the children	Neveah is responding to me now that I'm calmer	The women in the group make me feel less alone
Maddison	• Learning what services can do (and what they can't). • Starting to connect with services.	• Scared, angry and disillusioned. • Feels unsafe.	• Fearful and worried for children's safety. • School knows about our home life.	• Feeling supported and more able to cope with family pressures.	• Isolation decreases as she meets others in same situation. • Increased self belief.
Carers & Family	• Relief that Maddison and the kids are away from Joe. • Fear of what Joe can do.	• Worried for Maddison and the kids' safety.	• Worried and called the police but they take ages to come.	• Hope that Maddison and the family may finally be ok.	• Relief that Maddison is finally believing in herself and becoming strong.
Service Delivery Staff	• Waitlist workers provide ongoing contact while Maddison waits for mental health, parenting, and financial services. • Maddison can be at risk of disengaging with services if overwhelmed with too many appointments, or a lack of direction. • Pressure on overburdened and inexperienced staff to provide warm referrals, or at least service recommendations.	• Violence has escalated, and Maddison as well as the kids are in increased danger. Safety plans need to be created for both school and home to protect the family. • The Family Violence Case Manager needs to provide additional safety support such as changing the locks and adding a security system. • School staff may be targeted by Joe's anger.	• School resources to be allocated to provide safety and practical support like meals and uniforms. • The Family Violence Case Manager can use FVISS/CISS to seek information and inform safety planning. • Police administration time spent to document breaches and outcomes.	• Department of Family Fairness and Housing resources to be given to support Maddison and Nevaeh to find an alternative service. • Need for Waitlist Workers to maintain contact with family. • Monthly care plan meetings with all services including school and Maddison, to plan collaborative support for Nevaeh.	• Family Violence Case Manager's time allocated for regular 'check ins' to monitor family health and wellbeing. • Parent reunification program to support family reunification. • Parenting program focus on ensuring that both parents are supported to care for children.

Nevaeh

CLIENT

AGE:	9
EDUCATION:	Primary School – G3. (G2 academically)
LOCATION:	Bayswater
FAMILY STATUS:	Separated parents. IVO in place with father. Lives with mother and 5yo brother, Torren.
HEALTH:	Lack of family routines leads to poor diet and irregular sleep. Regressive behaviours – bed wetting; school refusal. Anxiety & separation issues. Difficulty with emotional regulation.

My name is Nevaeh. I'm 9 years old and I want to be a dancer when I grow up. I love dancing. I can do all the best Tik-tok challenges.

I live with my Mum and little brother. We moved here when Dad went to hospital a while ago. It's ok but Mum says it's not our house and we can't stay here for long. I really want my own room and a kitten. Mum says we can do that when we move to our own place.

That sounds good. I just hope it's a really safe house. Mum gets scared easily. Dad used to come over late at night sometimes and Mum would get really upset. They'd be screaming and Torren and I would hide. I don't want it to be like that again. I just want us all to be happy.

I like to be with Mum to take care of her. I don't really like going to school. Some of the girls aren't very nice and the work is hard - except for art, I really like art class.

INTERESTS

- I love dancing. I love Tik-tok!
- I like drawing and making stuff. Mum & I used to do it together - but not much anymore.
- I spend as much time as I can on my iPad – just talking with my best friend & playing games.

GOALS

- I hope we can move into our own house soon. I think then I'll be able to get a kitten and Mum might be more relaxed.
- I want to have my friend over for a sleepover or have a sleepover at her house. Mum says "its all too hard at the moment."
- I wish I could do dance classes again. Mum says we can't afford it. It's not fair!

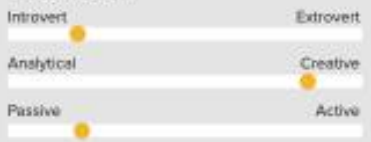
FRUSTRATIONS

- Dad's never kept his promises. He used to say he'd pick us up but wouldn't show. Now he messages Mum all the time, even though he's not supposed to. Mum gets so stressed.
- I hate seeing Mum upset. I hear her crying in her room at night and she's always tired. I wish I could make her feel better.

SERVICE NEEDS

- Tutoring – support at school
- Funding – dance & art classes; school camp
- Family services – counselling

PERSONALITY

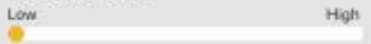


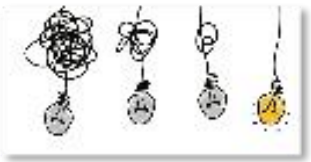
TECH USAGE

Preferred communication method: Social Media

INFORMATION SOURCES

INCOME LEVEL





Eastern Regional Coordinators

A Mesh collaboration hello@makeitmesh.com.au

Nevaeh's Journey

The journey mapping reflects the information and insights project participants shared between March and June 2023. The journey maps represent the participants' view of the service journey for each persona. We acknowledge that intake and intervention practices may vary from what is depicted.

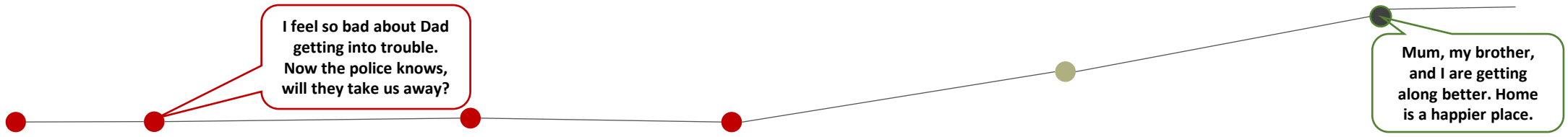
Stages	0 - 2 Months		2 - 4 Months		5 – 6 Months
Steps	We are in temporary accommodation since dad went to hospital two months ago. The Magistrate Court said that Dad shouldn't contact us, but he still does. We were referred to The Orange Door through the Courts when Dad got violent. We were added to all these waitlists for Family Violence Services and Family Services. Mum keeps calling the Housing office but can't get through.	Met with someone from this place called The Orange Door. They did a safety and risk assessment thing with FVREE. They told mum she needs to talk to the school. Mum spoke to the Integrated Family Services to be referred to Australian Children's Foundation. They'll help me get into therapy with a dog or to do some art	Mum didn't want to speak to the school, but FVREE has been encouraging her to do it.	Dad keeps texting Mum, she tries to hide it but I know. Family Violence Case Manager has updated the Safety and Risk Plan.	I got called into the school the principal's office, and the welfare coordinator was there too. They asked how I was. FVREE has told Mum that she needs to let the school know what is happening and give them the IVO. Otherwise, they will need to do it so that the school can create a safety and risk management plan.
Thinking/ Feeling	The temporary accommodation is not great, because it's so small and Mum is stressed, so we are always fighting. I'm so over all this. It's not fair, why does it have to be like this?	I'm scared of Dad and worried about what they will say at school. It's my fault that Mum and Dad are fighting so much.	I wish Dad would stop, Mum is really upset and I don't know what to do to make it all stop.	Sometimes I'm really worried about what Dad will do next. It just never stops!	I had to tell the school that Mum and Dad were fighting a bit. I hope I haven't got anyone in trouble. I tried not to say much but you never know what they think.
Experience		**Maybe someone will help us**		**Dad isn't supposed to speak to us!**	
Referral Pathways	The Orange Door	Integrative Family Services CM Family Violence CM	Australian Children's Foundation		
Actions	Intake & Assessment by TOD	Comprehensive Risk Assessment & Safety Plan completed by TOD Hub Practitioner. Shared with FVREE. CM works with Maddison to ID family safety measures	VISS/CISS request made by FV CM for Maddison & family		Police issue L17

Nevaeh's Journey

The journey mapping reflects the information and insights project participants shared between March and June 2023. The journey maps represent the participants' view of the service journey for each persona. We acknowledge that intake and intervention practices may vary from what is depicted.

Stages	5 – 6 Months		7 - 12 Months	13 Months +	
Steps	Dad came to school to give me a present. The Principal asked him to leave and when he wouldn't she called the police but the police took ages to come. Mum came into the school to meet with the school Principal and the Welfare Coordinator. She talked to them for a long time but when she came out she told me that they said that there is a fund to assist with meals at school, during holidays, and with uniforms.	Dad hit Mum and the neighbours called the police. Mum had to go to the hospital for a check-up to make sure she was okay.	Mum told me we may need to move to the country, but I don't want to leave my friends. Dad has been having some treatment. Mum says he is getting better and doesn't want to do drugs anymore.	Finally started therapy with a companion dog and I'm doing a program called Recovering From Trauma. I've started seeing a counsellor.	I've seen Dad a couple of times and he looks really relaxed, and not angry anymore.
Thinking/ Feeling	It's my fault that Dad is now in trouble. He only wanted to give me a present and now everyone is angry at him.	Mum and Dad keep fighting over Dad seeing us, and now these people from Child Protection have come to ask my brother and I a lot of questions about our parents. I don't want to get Mum and Dad into trouble.	I'm a bit scared of Dad, I hope he stops taking drugs. I'm so over all the fights. I don't want to move to the country, I just want them to stop fighting.	I love having therapy with my special dog, and I'd love to do art therapy soon too.	I wish we could be a family again.

Experience



Referral Pathways

Actions

Police issue L17

Key Moments for Nevaeh

	Maybe someone will help us	Dad isn't supposed to speak to us!	I feel so bad about Dad getting into trouble. Now the police knows, will they take us away?	Mum, my brother, and I are getting along better. Home is a happier place.
Nevaeh	• Fearful of father. • Scared of what will happen next.	• Loss of faith in justice and feeling powerless.	• Feeling guilty that her father is in trouble. • Scared that the police will take her and her brother away.	• Hope develops. • Fear is receding but still very real.
Carers & Family	• Maddison worried about the impact on children and protecting children.	• Maddison is worried and scared for the children's safety.	• Fear. • Scared that Child Services will think she is an unfit mother.	• Relationship between Maddison and the kids is so much better.
Service Delivery Staff	• Family Violence Case Manager to encourage the mother to communicate the situation with the school. • Family Violence Case Management planning aimed at linking Nevaeh to support services via the Australian Children's Foundation. • Family Violence Case Manager to provide links/information to intermediate services while waiting for ACF services.	• Violence has escalated, family is in increased danger from Joe. • The school needs to be advised and prepared. • School staff may be targeted by Joe's anger.	• Once the school realises the situation they organise resources to provide safety and practical support such as meals and uniforms. • School counselling and wellbeing staff triggered to support Nevaeh through counselling. • Family Violence Case Management administration of information CISS then service and safety planning. • Police administration time spent to document breaches and outcomes for court.	• Engagement with Australian Children's Foundation services for Nevaeh. • Staff time for regular inter-service meetings with the school, and assorted services involved in supporting the family, including the Australian Child Foundation and Family Violence Case Management.

Summary of Client and Provider Feedback

ACCESSING THE VARIOUS SYSTEMS

Several client respondents mentioned the overwhelming and confusing nature of the service system, as well as the lack of information made available. Feedback regularly noted the importance of receiving clear information and warm referrals, from experienced supportive services, who understood the service system. They recommended that the steps in service provision should be simplified and relevant.

Many mentioned attending numerous appointments only to find that they were ineligible for that particular service, or they were attending many seemingly pointless appointments to 'tick the box'. Other clients believed there was a two-tiered system; one where those who presented the highest long-term cost to the government purse received more comprehensive service provision. Many believed that the system unfairly favoured support for the partners who used violence through access to case management, financial support, out-of-hours appointments, or affordable services, such as legal aid. Clients also spoke about experiencing stigmatisation or profiling by service providers, in addition to prejudice from society.

Feedback was positive when services provided care coordination in addition to accurate and timely information that informed decision-making. Furthermore, they noted how this reduced the burden on them to continually follow up on referrals, repeat their story, decipher conflicting information, and/or take sole responsibility for managing their family's risk. When services were supportive, it allowed clients to concentrate on their own, and/or their family's, well-being.

SERVICE PROVIDER VIEW

Service providers also noted that the system often didn't work for clients. Service providers acknowledged the complexity of the service delivery system that, as professionals, they would find challenging to navigate. They also reported a service delivery system in constant change, with many new workers. One provider noted that a good day included having 'enough experienced staff to provide service'.

Service providers also spoke about the struggle to maintain professional learning whilst also serving a high caseload. Some mentioned that having an organisational structure and culture that supported collaboration and maintaining professional networking would be beneficial, both from a knowledge and a staff morale perspective. Service providers noted that not all services prioritised collaboration. Lack of collaboration, along with a high workload and a lack of external service knowledge, led to a decrease in warm referrals, information sharing, and clients' involvement in inter-agency care consultation. A key barrier to collaboration mentioned by one service provider was that some service funding is based on outputs rather than outcomes. This resulted in competition for clients between some services, rather than collaboration.

Service providers that were in direct care delivery roles, were more likely to express frustration about the lack of service availability. The services exist but due to long wait lists, specific eligibility criteria, and the time-limited nature of many intensive services, clients are too often not receiving the services they need.

Themes

SIMILARITY AND DIFFERENCES BETWEEN CLIENTS & PROVIDERS

Most clients and service providers shared a common view of the barriers to the service delivery system, namely that demand outstripped supply and staff turnover was high. In addition, service delivery pathways were complex and confusing. They also agreed on the importance of information sharing and collaboration, reducing stigma and profiling, and the need for police and family courts to increase adequately informed and trained staff.

However, service providers more often mentioned client barriers to engagement in terms of clients' readiness for services. Clients' stability in terms of financial, mental health, or housing was needed before services would be beneficial. Clients, on the other hand, were more likely to mention dissatisfaction with service provision in early disengagement. Paradoxically, long wait times exist for critical mental health and financial (brokerage) support services, and access to social housing is now many years away or out of reach for most. Service providers also noted that clients had a 'lack of understanding' or held an unrealistic expectation of what the services could provide. While some clients did mention this, they noted that services that created attainable short-term goals for them to aspire to allowed them to see the 'light at the end of the tunnel'.

Another area that was seen as a barrier to service engagement was the client's trust in the system and feeling respected. Providers often saw the lack of trust primarily related to clients' personal past compounded by service barriers. Clients confided their lack of trust was due to their experience of the service compounding their trauma.

Lack of respect towards clients was attributed by clients to the way they were treated by the system. Providers made little mention of this.

THEMES FROM DATA

Service availability and applicability – appropriate and affordable services when they are needed. Factors mentioned included long waiting times for essential services, short-term service provision to meet long-term needs, services that didn't understand what they were delivering, recommended services that were out of the financial reach of the client, or services that didn't include or understand clients' needs.

Staffing and resources – were mentioned as a key barrier to accessing, or continued engagement with services. This included inexperienced, overwhelmed service staff who lacked understanding or empathy; inconsistent service delivery, and high changeover of staff. Service staff who failed to follow up or keep in touch with clients, especially while they waited for essential services, or staff who didn't turn up to appointments, were also mentioned.

Collaboration and information sharing – many of the service clients interviewed mentioned that they felt further traumatized by a system that expected them to repeat their story over and over again with each service. They also mentioned the lack of warm referrals; lack of other service availability, and the reliance on clients to conduct their service research. It was interesting to note the mention by some clients of the need for a 'centralized overarching case management' and for a centralized database of service use for each client. MARAM was mentioned rarely but its positive impact was noted. There didn't seem to be any knowledge of the National Community Mental Health Care Database.

Client Experiences of Programs

Clients noted several aspects of services that they had used which they had found invaluable. These included services who followed up regularly and reliably and workers who went beyond their job description to ensure that the client was supported. Services that provided 'safety, support and compassion without judgement' were noted as a benchmark for other services. One client's feedback noted, 'All services should be like (name withheld).'

Programs that valued and respected lived experience were also regularly mentioned by clients. These included lived experience workers that clients felt they could relate to, as well as lived experience peer groups. 'Women's Pilot Program allowed me to make friends with women who understood my experience'. 'I am still friends with one of these women today'. On the flip side, services that didn't listen to the client were not well received. 'Workers thinking they know everything is arrogant'.

Diverse services all under one roof and services that seamlessly delivered clients from one service to another, for example, from AOD to rehabilitation services, were mentioned as beneficial to promoting continual service engagement.

By contrast, a lack of information placed the burden of navigating the system on the client, especially when a client didn't know what services were available. Little to no wait times when transitioning from Corrective Services was interesting. However, it correlates with clients' perceptions that those who create the most burden on the public purse, receive a higher level of service. Specific examples indicating that this might exist across the board were not available in the data.

The housing system isn't currently working, and reliance on private boarding houses creates a dangerous situation for clients especially LGBTQI+ and young women. Clients without children, including older and younger women, are a very low priority for housing. They subsequently face an increased incidence of homelessness and dangerous situations in unsafe boarding houses when escaping family violence.

The barriers to accessing the NDIS for people with mental health illness were represented in the data. On a positive note, there was mention that the NDIS is 'getting better at understanding disabilities that can't be seen'. Additionally, one service provider specifically supports clients who have had multiple NDIS refusals. They work to support subsequent NDIS applications while providing other support services.

Client Led Recommendations

Client feedback illustrated a clear idea of what service should look like based on the barriers experienced.

1. **Service availability and applicability:**
   - Family violence services should be available in schools to support children.
   - After-hours service provision should be available for protective parents so they are able to work and attend appointments.
   - Preventative educational programs in schools, and more of a focus on prevention, 'to stop it before it happens'.
   - Programs that help men understand and take responsibility for their actions.
   - Specific AOD recovery programs that cater exclusively for women and LGBTQI+. Programs mindful of their trauma history.
   - More long-term programs. 'Once the program is finished, the Case Manager can no longer assist you'.
   - Reduce the complexity of service access.
   - The Netherlands service model for AOD.
   - More services and case management for less critical clients.
2. **Staffing and resources:**
   - More trained professionals.
   - Education for workers.
   - More client advocacy.
   - More case management and warm referrals.
   - Reduce stigma.
   - Use of more understandable and accessible language for youth, migrants or people with disability.
   - Improve understanding of both coercive and financial control, including the impact on protective parent's access to help for children, or the pressure on them to not press charges.
   - Training to deal with complex needs clients, 'the cookie cutter doesn't work'.
3. **Collaboration and information sharing:**
   - Services that communicate when you need them to.
   - Opportunities for workers and lived experience clients to come together to share views and experiences, and to learn from each other.
   - Overarching Case Management to coordinate the various Case Managers looking after the client.
   - More consultation between peak bodies, people with lived experience, and government.
   - Continue to raise awareness of how and when FVISS and CISS are triggered when managing risk.

In addition, clients also wanted to see accountability, both for their ex-partners when they breached court orders, and for others who destroyed housing or abused services - reducing access for others.

They wanted to see children's care being prioritised regardless of parental circumstances or non-protective parental consent.

Service Provider Checklist

SERVICE AVAILABILITY & APPLICABILITY

- ❑ What processes do we have in place to ensure that staff listen and respond to client needs using client-centred practice?
- ❑ Do we provide service information in a manner that clearly provides a realistic understanding of how the service systems work?
- ❑ Do we facilitate service referrals and prioritise warm referrals when possible?
- ❑ How do we ensure that clients are recommended to services that are suitable for their needs?
- ❑ How do we maintain client contact between services?

STAFFING & RESOURCES

- ❑ How often do we conduct regular staff training and networking events with the aim of improving staff well-being, service delivery practice and knowledge of external services?
- ❑ How do we practice client advocacy?
- ❑ What training and processes do we have in place that focus on reducing client stigmatisation and profiling?
- ❑ What activities and supports do we have in place to increase staff satisfaction and improve cohesion?
- ❑ How are we supporting staff wellbeing and engagement?

COLLABORATION & INFORMATION SHARING

- ❑ Are service staff knowledgeable of other services available outside of their service, and are able to provide warm referrals or targeted information to clients?
- ❑ Do our staff understand information-sharing protocols and procedures for FVISS/CISS and MARAM?
- ❑ Are clients always included in service planning meetings we conduct with their other service providers?
- ❑ What data do we currently collect on service provision and client satisfaction and how will this inform our service provision?
- ❑ How can we improve the collection, use and sharing of this information?