

# Inner South Domestic Violence Service

Catherine Plunkett  
Manager

It has been an exciting year for ISDVS with organisational and sector-wide initiatives bringing about dramatic change for our service. The Department of Human Services and local service providers have developed a draft Southern Metropolitan Region Implementation Plan in response to the recommendations made in the Family and Domestic Violence Crisis Protection Framework. The first stage of implementation includes the expansion of ISDVS' service area to cover the cities of Bayside, Glen Eira and Kingston. Since July, staff at our St Kilda office have provided an outreach service to women who live in these areas as well as the cities of Port Phillip and Stonnington. In October, we open an office in Moorabbin, with four new staff based there alongside the VERVE staff team and Caroline Lodge Women's Refuge Regional Crisis Support Service. The co-location of three women's services, and the development of an innovative partnership with Caroline Lodge Women's Refuge Service, provides an opportunity to establish an integrated and flexible service delivery system for women in the middle south area.

An Inner/Middle South CPF Implementation Working group has been convened to further the implementation plan and ISDVS will continue to participate in this process during the coming year.

A specialist housing worker position was created this year after pilot project funding was received through the Victorian Homelessness Strategy. The position provides housing information, referral and advocacy services to women who are escaping domestic violence, and brokerage funds are available to women for whom housing in the private rental market is a sustainable option. Promotion of the service has been a priority this year with information provided to a wide range of other services including legal advocates, church-based groups, general practitioners and other health care providers. The housing service continues to assist many women and their children to re-locate to safe accommodation with a minimum of upheaval.

The Precision Foundation provided funding this year to develop a comprehensive domestic violence educational program for aboriginal women in partnership with Winja Ulupna, a Koori women's residential drug and alcohol Program. The program material is developed in collaboration with the residents of Winja Ulupna and a project reference group oversees the program. Feedback from the program participants has been overwhelmingly positive and a formal evaluation of the program will be completed early next year.

Jan Seeley, a psychologist, worked with ISDVS this year to produce a guide for counsellors titled; "Women and Domestic

Violence: Standards for Counselling Practice". There has been a significant demand from around the country for the document, and ISDVS is exploring opportunities to develop a training package that can be delivered to local counsellors.

ISDVS continues to be closely involved with it's peak body VWRADVS, and is represented on it's co-ordinating collective, legal sub-group and SAAP Support and Accommodation Rights Service / VWRADVS working party. ISDVS has represented VWRADVS on the Statewide Steering Committee to Reduce Family Violence, the Family Violence Division of the Magistrates Court Reference Group, Mandated Men's Behaviour Change Program Pilot Project Reference Group, and Safer Streets and Homes Pilot Family Violence Prevention Project. We have also contributed to many state and federal government submissions and consultations addressing domestic violence issues. Locally, we are represented on the Inner South Community Health Service / Uniting Care Co-ordinated Family Violence Project Reference Group and continue to participate in the Inner South Domestic Violence Network.

We look forward to strengthening these relationships in the coming year with an emphasis on building links between our new service in Moorabbin and the community in the middle south area. Structural advocacy around Government policy and legislative reviews, and system-wide responses, will also be a priority in our efforts to ensure that interventions promote the safety and well-being of women and their children.

Income		
The Salvation Army	85,300	14%
Government Grants	526,728	86%
	<b>612,028</b>	

Expenditure		
Administration	53,493	9%
Employment	362,089	59%
Operational	132,683	22%
Client Welfare	63,763	10%
	<b>612,028</b>	

Client Contacts to Service		
Single Female & Children	89	52%
Single Female	81	48%
	<b>170</b>	

Client Contacts by Age Group		
15 - 19	7	4%
20 - 24	14	8%
25 - 29	32	19%
30 - 34	44	26%
35 - 39	25	15%
40 - 44	19	11%
45 - 49	13	8%
50 - 54	5	3%
55 - 59	3	1%
60 & Over	8	5%
	<b>170</b>	

#### Most Frequent Presenting Issues Amongst Client Contacts

1. Abuse - Domestic Violence/Sexual Violence/Physical Violence
2. Counselling
3. Accommodation/Tenancy
4. Legal
5. Accompanying Children
6. Substance Abuse
7. Financial
8. Migration/Resettlement
9. Mental Health
10. Legal

#### Most Frequent Assurances Provided to Clients

1. Individual/Family Support
2. Information
3. Legal
4. Accommodation/Tenancy
5. Counselling
6. Health
7. Transport
8. Financial Assistance
9. Child Care
10. Relocation

Verve Program

FINANCIAL REPORT

## Verve Program

Rhonda Collins Acting Manager

After receiving the recommendations following the review conducted by Julie Thompson Goodall & Associates in early 2002, The State wide Young Women's Project have begun the process of positive change.

To begin this process of change it was agreed that the service would benefit from a new name. A consultative process involving service users and workers resulted in Verve being identified as the most reflective of the program.

The Verve team relocated to Chapel Street (within The Salvation Army Bridge Program) in early 2003. While this was a temporary move it has proved to be of great value to the service and clients. It has strengthened the connection between Verve and Crisis Services resulting in greater access to resources for service users and staff.

This will be further enhanced as the Verve Team make the next move to Moorabbin. Verve will then become part of Women's Services co-locating with Middle South Domestic Violence Service. Again this will provide provision of greater resources and will further enhance the programs ability to provide a range of positive outcomes in an environment specifically focused on women's issues. It will also present the scope for a greater Community Development component increasing the profile of women's issues within the broader community, as well as increasing participatory opportunities for the women involved in the service.

The Verve program continues to source accommodation options for the young women and children within the service. This has become increasingly more difficult as the demand of suitable housing far outweighs the

supply. The lack of affordable accommodation within the rental market has made this an almost completely unrealistic option for the women assisted by Verve. Therefore, greater pressure is placed on Transitional Housing Services and the public housing system. The Verve program in conjunction with Crisis Services will continue to advocate for effective change within the housing sector.

A priority for the Verve Program has been the needs of the children within the service. The Verve team welcomes the Protocol developed between Southern Metropolitan Region Child Protection Services & Southern Region SAAP Services as this aims to improve the outcomes for children within these services. Verve is committed to ongoing training and education for staff to ensure that children's needs are being addressed holistically.

The past year has at times proven to be extremely challenging as we have worked to bring life to the Strategic Plan developed by Julie Thompson Goodall & Associates. The Verve team will continue the commitment to develop a service for young women and children that is of the highest quality.



Crisis Services  
29 Grey Street St Kilda VIC 3182  
PO Box 2027 St Kilda VIC 3182  
Telephone (03) 9536 7777  
Facsimile (03) 9536 7778  
Free Call 1800 627 727

The service is open everyday of the year (including public holidays) during the following times - Monday to Sunday 9:00am through to 11:00pm. The service provides 24hr telephone access through our main telephone number (03) 9536 7777. For further information please feel free to write, call into or telephone the service.

The Salvation Army Crisis Services is funded by the Victorian Department of Human Services and the Commonwealth Department of Health & Family Services. We also acknowledge the support provided to the service by the following organisations: Centrelink, Mac Gregor Solicitors & the Royal District Nursing Service Homeless Persons Program and Argyle Street Housing Services.

Income		
Government Grants	437,551	99%
The Salvation Army	3,000	1%
	<b>440,551</b>	

Expenditure		
Administration	50,236	11%
Employment	281,451	64%
Operational	91,881	21%
Client Welfare	16,983	4%
	<b>440,551</b>	

Client Contacts to Service		
Single Female & Children	114	49%
Single Female	119	51%
	<b>233</b>	

Client Contacts by Age Group		
15 - 19	65	28%
20 - 24	125	54%
25 - 29	37	15%
30 - 34	6	3%
	<b>233</b>	

#### Most Frequent Presenting Issues Amongst Client Contacts

1. Accommodation/Tenancy
2. Abuse - Domestic Violence/Sexual Violence/Physical Violence
3. Health
4. Relationship
5. Substance Abuse
6. Accompanying Children
7. Legal
8. Financial
9. Living Skills
10. Transport

#### Most Frequent Assurances Provided to Clients

11. Individual/Family Support
12. Information
13. Legal
14. Accommodation/Tenancy
15. Counselling
16. Health
17. Transport
18. Financial Assistance
19. Child Care
20. Relocation



The Salvation Army Crisis Services

# 2002-03 Activity Report

# Crisis Accommodation Centre

Anthony Mc Evoy Manager

The Accommodation Service has had a number of significant programmatic changes in the past 12 months. The introduction of a family specific worker has provided families with case management that is tailored to the needs of all family members. The new family worker, recently, joined other professionals in developing a protocol between Southern Metropolitan Region Child Protection Services and the Southern Metropolitan Region Supported Accommodation Assistance Programs (SAAP). This document will help to improve responses between SAAP and Child Protection. Additionally, Crisis Accommodation Services have played an active role in the Department of Human Services Youth Action Plan, which was developed through intensive client and sector consultations across the state.

Following extensive client and staff consultations, it was agreed the program had to revise its Drug and Alcohol policy. This became apparent as a result of workers concerns around a duty of care and clients desire to minimise potential harm to themselves or others. The staff team and an external facilitator met and revised the previous policy to develop one, which was more relevant to current issues. This is a policy that at its core promotes workers and clients working collectively to minimise harm and allows workers to maintain an appropriate duty of care to program participants.

Recreational activities for clients have been expanded over the past 12 months; enhanced by a funding grant from the City of Port Phillip. Outings such as horse riding, canoeing, go carting and rock climbing have all been made possible through this generous donation. Additionally, Channel Seven have regularly invited residents to attend sporting events through out the year.

The programs out-reach component has increased its capacity over the past year. The increased numbers of THM stock has greatly improved outcomes for program participants.

Many of our short-term properties (maximum stay of 4 months) are proving to be the required stepping stone clients need after leaving the refuge/ accommodation. The outreach program provides a continuity of support for clients and enables them to develop necessary links with the community. Feed back from many participants suggests the continuity of support is of great importance.

There has been much discussion over the past 12 months regarding a proposed redevelopment of the centre's site. It appears more than likely that the site will be utilised within the health sector. The Accommodation Centre will need a new address to call home. The Salvation Army has allocated significant resources for the relocation. A number of potential sites have been identified, a working group has been formed that includes both DHS and Salvos, this group will monitor the relocation process. At the heart of this redevelopment and future relocation are the 350 clients that access the program each year. We are committed to ensuring that any such changes ensure an improved facility and enhanced model of support.

Income		
The Salvation Army	325,971	35%
Government Grants	568,077	62%
Residents Fees	25,000	3%
	<b>919,048</b>	

Expenditure		
Administration	80,263	9%
Employment	613,649	68%
Operational	149,780	16%
Client Welfare	75,356	7%
	<b>919,048</b>	

Client Contacts to Service		
Families	20	8%
Single Females	109	43%
Single Males	126	49%

Client Contacts by Age Group		
Under 15	1	0%
15 – 19	79	31%
20 – 24	128	50%
25 – 29	34	13%
30 – 34	6	3%
35 – 39	4	1%
40 – 44	1	0%
45 & Over	2	2%
	<b>255</b>	

#### Most Frequent Presenting Issues Amongst Client Contacts

1. Accommodation/Tenancy
2. Substance Abuse
3. Mental Health
4. Financial – Inadequate Income
5. Emotional/Well Being
6. Legal
7. Relationship/Family
8. Abuse – Domestic Violence/Sexual Violence/Physical Violence
9. Employment
10. Health

#### Most Frequent Assurances Provided to Clients

1. Domestic/Personal
2. Counselling
3. Recreation
4. Living Skills
5. Information/Advocacy/Liaison
6. Accommodation/Tenancy
7. Childcare/School
8. Health
9. Legal
10. Financial

# Crisis Contact Centre

Sally Coutts Manager

In an era of increasing regionalisation and targeted responses, the Crisis Centre continues to offer an accessible and generalist, non-appointment based service to meet the range of needs the client group presents with. Presenting needs vary from food or medication for a family who are homeless; safe and supportive assistance for a woman leaving a situation of domestic violence, to rental assistance for someone facing eviction because of rental arrears. All of these situations require an immediate and flexible response. The way in which the service has been established with access to practical resources, ensures that assistance can be provided by the rostered duty workers (between the hours of 9am and 11pm) and after that via a telephone response.

Current trends observable from the Crisis Centre and reflected in our data are the lack of suitable accommodation options for families and single people with complex needs. This includes individuals with serious mental health and other health issues who may be quite vulnerable in unsupported environments. Often the only response is to pay for temporary accommodation in a local hotel or boarding house and try to link in specialist outreach support services such as RDNS Homeless person's nurses or the Homeless Outreach Psychiatric Services. The ongoing difficulties of accessing affordable and sustainable housing within the inner city and City of Port Phillip are also very evident and directly linked to increased gentrification and rising property markets in these areas. The Crisis Centre has been able to assist many people with rent assistance and crisis assistance to secure accommodation, but this is usually short term and provided to services that are located further away from the area. Some of the new resources available at CC have included telephone cards for transient clients which allows them to access messages from a message box, Telstra assistance to assist with payment of bills, and heaters during Winter that were made available through a Salvation Army radio appeal.

The past year has seen a continued expansion of partnerships between the Crisis Centre and other services, at both the local and Statewide level. The Homeless Person's nursing program through the RDNS have increased their hours at the centre, which extends the outreach capacity on offer. Centrelink Community Support unit has also expanded its coverage to sessions on four days, which has increased access for many

clients with income support issues. We look forward to the development of a collaborative response with the newly funded outreach position/worker from Hanover Family services to families that are being housed in short term, unsupported accommodation, from the Inner Southern region. The Crisis Centre continues to contribute to research and policy developments within the Salvation Army and more broadly through its input and involvement in several groups such as the Statewide Youth Homeless Action Plan- crisis accommodation working group and the Inner metropolitan Homelessness Strategy.

The Crisis Centre offers a comprehensive training agenda tailored specifically for Crisis Services Staff, allowing them to develop and maintain relevant skills and new knowledge. In the past year a couple of new training initiatives have been made available to staff including: Cultural awareness training by Centre for Culture and Ethnicity, secondary consultation with the Inner South HOPS teams on topics such as Dual Diagnosis, Personality Disorders and Risk Assessment and also Child Risk Assessment by a private consultant. This will continue to develop and expand as new training needs are identified by staff and management.

The responsiveness of the Crisis Contact Centre which allows for a Statewide and an after hours capacity, over seven days of the week, is largely possible because of the flexible resource base which relies on a significant proportion of private donations and fundraising efforts, and also because of the effective working relationships that exist with many services, and the fantastic efforts of the committed staff team.

Income		
The Salvation Army	403,730	38%
Donations & Fundraising	196,000	18%
Government Grants	456,349	44%
	<b>1,056,079</b>	

Expenditure		
Administration	80,537	8%
Employment	555,987	53%
Operational	123,778	12%
Client Welfare	295,777	27%
	<b>1,056,079</b>	

Client Contacts to Service		
Families	2221	13%
Couples	675	4%
Single Males	7673	45%
Single Females	6277	38%
Other	29	0%
	<b>16,875</b>	

Client Contacts by Age Group		
Under 15	22	0%
15 – 19	1069	7%
20 – 24	2527	16%
25 – 29	2859	19%
30 – 34	2964	16%
35 – 39	2310	13%
40 – 44	1967	10%
45 – 49	1002	6%
50 – 54	610	4%
55 – 59	536	2%
60 – 64	348	1%
65 & Over	661	6%
	<b>16,875</b>	

#### Most Frequent Presenting Issues Amongst Client Contacts

1. Financial Inadequate Income
2. Accommodation/Tenancy
3. Health
4. Relationship/Family
5. Substance Abuse
6. Mental Health
7. Abuse – Domestic Violence/Sexual Violence/Physical Violence
8. Emotional/Well Being
9. Legal
10. Accompanying Children

#### Material Aid Assistance Provided to Clients

Type of Assistance	Contacts Assisted	\$ Provided
Accommodation Vouchers	250	20,098
Chemist/Medication Vouchers	378	3,706
Clothing Voucher	1030	34,937
Financial Assistance Vouchers	1194	158,230
Food Vouchers	3130	75,520
Food Parcels/Toiletries	533	2,442
Furniture Vouchers	373	32,249
Travel Assistance Vouchers	4078	15,085
Telstra Assistance Vouchers	63	6,728
	<b>11,029</b>	<b>348,995</b>

# Health Information Exchange

Sally Finn Manager

The HIE has continued to see changes in drug trends over the last 12 months. These drug trends are consistent with reports from other Drug and Alcohol Services throughout Victoria. Although it is still possible to obtain heroin, the relative shortage of it has meant our clientele have been experimenting with substitute drugs, including Benzodiazepines, Methamphetamines, Morphine and Cocaine. After carefully planned education program about the dangers of injecting Benzodiazepines, there has been a drop in use of these oil based drugs, although some pockets of Intravenous Drug Users still tend to inject these substances. There are, however, new drugs that have filled the gap. Most notable is the drug, lce. This crystallised form of Methamphetamine is extremely powerful and can lead to secondary complications such as drug-induced psychosis, significant weight loss and general but chronic lack of physical health and well-being. We continue to provide educational material and verbal information in regard to the danger of taking drugs and in regard to ideas around staying as safe as possible when clients are partaking in the use of drugs.

As in previous years the HIE has contributed to provide assistance to a range of national and state research projects, including its very own and significant publication called: Who's Using. Who's Using was jointly funded by the Department of Human Services and the Salvation Army. The research was conducted by RMIT. The HIE would like to take this opportunity to thank and congratulate Mr. James Rowe and Mr John Murphy on the fine presentation of the research, which was designed to find out more about the clientele of the HIE, asking specific questions about Intravenous Drug Users, their way of life, their medical needs and state of well-being or otherwise. The collection of this information, it is hoped, will inform the establishment of better services to the HIE clients and contribute to the setting up of a Primary Health Care Facility in the area.

Overdose Day, a day to acknowledge individual loss and family grief for those people who have suffered overdose, was run with continued enthusiasm again this year. Ten thousand silver badges were distributed throughout Australia, the response eliciting good coverage over the media outlets and a

continued sense of involvement from the clients. Overdose Day continues to offer a possibility for families to remember without shame a family member or loved one who died from an overdose. This project is a joint activity shared between the City of Port Phillip and the HIE and will continue to run on the last Friday of Winter.

In the coming year the HIE hopes to provide an even higher level of service delivery as we continue to build on the staff's strengths and knowledge. Education and research will continue to be a major focus, as well as continued networking and advocacy for our target group. With the rekindled discussions of Street Sex Workers' Tolerance Zones being established and the high number of our clients' involvement in this activity, we are conscious of the importance of Safe Houses being made available and the continued need for advocacy and service support for these clients. It should be said, however, in conclusion that our central purpose for existence: support and knowledge in the area of harm minimization, continues to be our main focus and day-to-day business.

Income		
The Salvation Army	84,473	34%
Government Grants	164,162	66%
	<b>248,635</b>	

Expenditure		
Administration	30,308	12%
Employment	161,275	65%
Operational	29,987	12%
Client Welfare	27,065	11%
	<b>248,635</b>	

Client Contacts by Age Groups		
Age Group	Contacts	
Under 15	14	0%
15 – 17	304	1%
18 – 20	2755	6%
21 – 25	9237	20%
26 – 30	12554	28%
31 – 35	8568	19%
36 – 45	9432	21%
Over 45	2113	5%
	<b>44,977</b>	

#### Needle Distribution Summary

Needles Handed In	295,899
Needles Handed Out	658,227
Return Rate	44.9%
Visits	44,977

#### Needle Disposal Method

Returned to this Needle Exchange	45%
Building External Disposal Unit	2%
Other Public Disposal Container	10%
Other Needle Exchange	18%
Other	25%
– Burn	
– Chemist	
– Other Disposal Method	

#### Summary of Information Provided to Clients

Health	47%
HIV/AIDS	2%
Safer Sex	3%
Drug	8%
Other Needle Exchanges	3%
Hepatitis C	8%
Safer Using	18%
Welfare & Accommodation	8%
Other Information	3%