



THE SALVATION ARMY
crisis services



2003-04

THE SALVATION ARMY CRISIS SERVICES

ACTIVITY REPORT

CRISIS ACCOMMODATION SERVICES

CRISIS ACCOMMODATION CENTRE

ANTHONY McEVOY MANAGER

In a climate of increased targeted responses, the Crisis Accommodation Centre continues to offer an accessible youth focussed service to meet the needs of our client group. Mental health, alcohol and drug addiction, family violence and lengthy public housing waiting lists are some of the support issues our clients present with. The refuge is able to accommodate 8 single residents and one family with up to 4 children. Staff develop individual case plans with clients within 24 hours of entering the program. Additionally there are 20 properties in the community that the Crisis Accommodation Centre has case management and support responsibilities for. The transitional properties assist in the continued provision of support to clients from crisis to more stable accommodation. The Crisis Accommodation Centre is continuing to grow and support the needs of young people and families.

It has been a very exciting year for the Crisis Accommodation Centre. The implementation of the Crisis Services Strategic plan brought about many changes. The relocation of the centre and the introduction of a stand up night position were some of the more significant changes to the program.

The Crisis Services Strategic plan announced the introduction into the network of a Primary Health facility. This in turn meant finding a new site to locate the Accommodation Centre. The Department of Human Services and Crisis Services formed a working group to look for an alternative site for the refuge. 27 Grey Street St Kilda was seen as the ideal short-term solution to our long-term plans of a larger purpose built facility. The Department of Human Services Southern region and Crisis Accommodation Centre formed a partnership which was an outstanding example of government and non-government working toward the one common goal.

The redevelopment of the site meant a period of closure for the refuge. Partnerships were developed with local rooming houses and private hotels as alternative accommodation options were sought. Caseworkers developed an intensive outreach model that ensured a high standard of support was maintained in the interim period. Our commitment to open and accessible service delivery was achieved throughout the redevelopment as all aspects of the relocation and renovations had been planned to ensure it was 'business as usual' with minimal client impact.

The Accommodation Centre is now operating a 24 hour 7 day per week stand up roster. This change has had a major impact on the responsiveness of the service after hours. With a growing number of clients being case managed in transitional properties an obvious improvement for client accessibility was to provide a 24-hour per day response. Supportive assistance for women escaping domestic violence or young people leaving home due to family conflict is now responded to by a dedicated after hours staff member. The Salvation Army has committed resources to this initiative, thus allowing flexible solutions for complex issues.

The longer-term program redevelopment for the Crisis Accommodation Centre has gathered momentum over the last 12 months. The Salvation Army's Divisional Board is supportive of the development of a purpose built facility in the City of Port Phillip. Lengthy land negotiations and the pursuit of plans and permits have begun, although there is still a long way to go.

It is envisaged that the proposed Centre will greatly increase the capacity of Crisis Accommodation Centre allowing for an expansion of both the single clients and family programs.

CRISIS ACCOMMODATION CENTRE FINANCIAL REPORT

INCOME

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

EXPENDITURE

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

CRISIS ACCOMMODATION CENTRE – CLIENT CONTACTS TO SERVICE

Families	27	11%
Single Females	108	43%
Single Males	115	46%
	250	

CRISIS ACCOMMODATION CENTRE – CLIENT CONTACTS BY AGE GROUP

Under 15	0	0%
15 – 19	86	34%
20 – 24	125	50%
25 – 29	30	12%
30 – 34	4	2%
35 – 39	3	1%
40 – 44	2	1%
45 & Over	0	0%
	250	

CRISIS ACCOMMODATION CENTRE – 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

CRISIS ACCOMMODATION CENTRE – MOST FREQUENT ASSISTANCES 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 SERVICES

CRISIS CONTACT CENTRE

SALLY COUTTS MANAGER

Throughout a period of change and redevelopment of the Crisis Accommodation Service and the newly formed primary health care facility, the Crisis Centre has remained a consistent and accessible entry point for individuals and families by either phone or in person. The service provides practical resources and referrals to people in an accessible manner between 9am and 11pm, seven days a week. One significant change has been the introduction of a duty system at the front of house during the hours of 9am and 5pm, which is staffed by workers from the social work team to provide a consistent and responsive first point of contact. The transition to this arrangement has seen a reduction in waiting times and increased continuity of service delivery.

The past year has seen a continuation of partnerships that exist between the Crisis Centre and other services such as the RDNS Homeless Persons program, Centrelink Community Support Unit and Argyle Housing HIR team. These partnerships have extended to include RMIT CASR and Homeground in the consideration of joint research opportunities. The Crisis Centre has contributed to research and policy developments within the Salvation Army and the sector more broadly, through its contribution to developments such as the Homeless Assistance Standards and the Charter of Rights. The Crisis Centre values the opportunity to be involved in research which encourages input from clients and from a direct practice perspective; leading to reflective and improved practice. The high volume data base at the Crisis Centre is a rich and valuable source for some detailed analysis of trends and issues.

Crisis Services is also planning on expanding the current student placement program in partnership with RMIT and other Universities by developing a student unit which will offer a more comprehensive and cross-programmatic focus. The Crisis Centre provides a very broad based learning environment, which gives students the opportunity to develop skills and knowledge across many areas of social welfare and policy. It will also allow for an increase in the number of student places it currently offers and for increased relationships with more tertiary institutions.

This year, all of Crisis Services staff and management, in conjunction with the Victorian Social Program Consultancy Unit, commenced a quality improvement process using the Australian Business Excellence Framework. Staff met in their individual teams with

the consultants from the policy unit who facilitated discussions according to the ABEF guidelines. The data from these forums has been collated and analysed by the VSPCU staff along with the self assessment team, which is made up of a representative group from all program areas. The information has been presented as generic themes, which allows us to identify and address issues for improvement in an integrated way. All of those who participated in the self-assessment process found it to be an inclusive and constructive process which has helped to provide a strategic focus for forward planning and implementation.

Another exciting development involves the Crisis Centre becoming part of a new state wide initiative for clients with multiple and complex needs. This involves the Crisis Centre providing an after hours state wide response to clients who are being case managed by Western Region Health Services. Workers from the case management team will liaise closely with Crisis Contact staff to ensure crisis plans are relevant and up to date for any after hours response. While this initiative is still in its developmental stage, the Crisis Centre staff looks forward to the ongoing challenge and collaborative partnership with both Western Region Health Services and Homeground.

The Crisis Centre staff also look forward to continuously improving the service response to all people that present at this service. The development of the primary health care facility in close proximity to the Crisis Centre, along with the other new and existing partnership developments will help to enhance this response.

CRISIS CONTACT SERVICES FINANCIAL REPORT

INCOME

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

EXPENDITURE

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

CRISIS CONTACT CENTRE – CLIENT CONTACTS TO SERVICE

Families	2467	13%
Couples	786	4%
Single Males	8561	46%
Single Females	6728	36%
Other	21	1%
	18,563	

CRISIS CONTACT CENTRE – CLIENT CONTACTS BY AGE GROUP

Under 15	28	0%
15 – 19	1006	5%
20 – 24	2557	14%
25 – 29	2923	16%
30 – 34	3275	18%
35 – 39	2597	14%
40 – 44	2117	11%
45 – 49	1196	6%
50 – 54	727	4%
55 – 59	558	3%
60 – 64	344	2%
65 & Over	1235	7%
	18,563	

CRISIS CONTACT CENTRE – 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

CRISIS CONTACT CENTRE – MATERIAL AID ASSISTANCE PROVIDED TO CLIENTS

Type of Assistance	Contacts Assisted	\$ Provided
Accommodation Vouchers	398	22,967
Chemist/Medication Vouchers	423	4,345
Clothing Vouchers	1084	35,911
Financial Assistance Vouchers	1434	186,432
Food Vouchers	3137	116,380
Food Parcels/Toiletries	426	2,299
Furniture Vouchers	455	38,465
Travel Assistance Vouchers	4153	14,950
Telstra Assistance Vouchers	94	7,710
	11,604	429,459

HEALTH SERVICES

HEALTH INFORMATION EXCHANGE

SUE WHITE MANAGER

The Health Information Exchange continues to provide clean injecting equipment, disposal containers, safe sex consumables, information and referrals. Over the past twelve months, this core function has been complemented by a number of other activities.

Ongoing monitoring of drug use trends has continued to be a part of HIE business. The trends remain fairly steady with heroin, cocaine and morphine (tablets) still being used. Chronic use of methamphetamines such as ice appears to lead to problems such as drug induced psychosis, weight loss and generalised ill health.

National Overdose awareness day was held on the last Friday of winter. There has been a recent increase in fatal overdoses: already this year, more people have died in Victoria from heroin related overdose than in the whole of 2003. A need remains to be vigilant in regard to this issue.

We have continued our commitment to research, with participation in the following areas:

- (i) "National survey of HIV and hepatitis amongst clients at Australian NSPs" finger prick study with National Centre in HIV epidemiology and clinical research.
- (ii) "Speaking for themselves- voices of young people involved in commercial sexual activity", a project conducted by Childwise that examined issues experienced by young people under fifteen years engaged in street sex work.
- (iii) "What's the risk- supporting street based drug injecting young females to address risk factors", a report undertaken by Christina Sadowski in conjunction with RMIT which examined how the health needs of young and vulnerable street-based female IDUs might be better addressed. The research found that a contributing factor to behavioural changes was access to health information provided by crisis agency staff, needle exchange staff and doctors as well as other street-based users and sex workers. Participants highlighted the need for empathetic, non-judgmental and informed service providers to fulfil an effective role in respect of providing health information and support.

Access Health is a new program within Crisis Services that aims to provide accessible, responsive primary health care that enhances the health and well being of:

- Marginalized/street- based injecting drug users
- Street sex workers
- People experiencing homelessness

The service endeavours to collaborate with a range of relevant health and support services in order to provide quality health care that facilitates eventual client linkages into mainstream services. Primary health care is offered from a social health framework, with a focus on multidisciplinary teamwork, research and client involvement.

The program offers services that are flexible, free of cost and non-appointment based. These include:

- General practitioners
- Community health nurses
- Generalist counsellor
- Mental health/ psychiatry
- Duty social workers
- Drug and alcohol counsellors
- Health promotion worker
- Sexual Assault counsellors
- Indigenous access project
- Duty social workers

The service provides accessible primary health care with a focus on participation and self-determination. Health care is offered as close as possible to where the target group congregates, and therefore often becomes the first point of contact with the health system, constituting the first element of a continuum of health care processes.

HEALTH INFORMATION EXCHANGE FINANCIAL REPORT

INCOME

The Salvation Army	84,473	34%
Government Grants	164,162	66%
	248,635	

EXPENDITURE

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

HEALTH INFORMATION EXCHANGE – CLIENT CONTACTS BY AGE GROUPS

Age Group	Contacts	
Under 15	3	0%
15 – 17	160	0%
18 – 20	2343	6%
21 – 25	6907	17%
26 – 30	12383	31%
31 – 35	7811	19%
36 – 45	8730	22%
Over 45	1818	5%
	40,155	

HEALTH INFORMATION EXCHANGE – NEEDLE DISTRIBUTION SUMMARY

Needles Handed In	285,142
Needles Handed Out	614,421
Return Rate	46.4%
Visits	40,155

HEALTH INFORMATION EXCHANGE – NEEDLE DISPOSAL METHOD

Returned to this Needle Exchange	46%
Building External Disposal Unit	1%
Other Public Disposal Container	20%
Other Needle Exchange	15%
Other	18%
- Burn	
- Chemist	
- Other Disposal Method	

HEALTH INFORMATION EXCHANGE – SUMMARY OF INFORMATION PROVIDED TO CLIENTS

Health	52%
HIV/AIDS	1%
Safer Sex	2%
Drug	13%
Other Needle Exchanges	2%
Hepatitis C	4%
Safer Using	16%
Welfare & Accommodation	6%
Other Information	4%

WOMEN'S SERVICES

INNER SOUTH DOMESTIC VIOLENCE SERVICE AND VERVE PROGRAM

CATHERINE PLUNKETT MANAGER

Women's Services was created in 2003 when a re-structure brought the Verve and Inner South Domestic Violence Service (ISDVS) programs into the same management stream. Verve now operates its services for homeless young women from the Moorabbin office which also houses staff from ISDVS and Caroline Crisis Service, a program operated by Caroline Lodge Women's Refuge. The three services are jointly known as the Women's Services Alliance and over the past year the Alliance has focused on creating a coherent framework for the delivery of services to women by a staff of women.

The increased capacity achieved by co-locating services at Moorabbin has secured local women an immediate local area response provided by a shared duty system that is operated jointly by the Alliance programs. Its establishment ensures a consistent approach within the Alliance and has informed the development of training, operational, policy and practice guidelines throughout Women's Services.

The St Kilda office of ISDVS will soon move from its current location at the St Kilda Crisis Centre to co-locate with Access Health providing opportunities for collaborative initiatives targeting the most marginalised of its client group. This year St Kilda ISDVS has continued its work providing an educative program on domestic violence with the residents of Winja Ulupna, a drug and alcohol program for indigenous women. ISDVS St Kilda, and the participants from Winja Ulupna, are currently developing printed resource material on family violence which is designed to inform the broader indigenous community.

St Kilda ISDVS also participates in the Melbourne Magistrates Court Intervention Order Court Support program with staff from the Moorabbin ISDVS office. This program offers women who seek Intervention Orders support, information and referral. Our participation this year has brought a greater understanding of court processes and a closer relationship with court staff resulting in improved outcomes for clients of our services.

The ISDVS Specialist Housing Worker pilot program has achieved excellent outcomes in its work assisting women to secure safe sustainable private rental accommodation. An external evaluation of this program is underway.

Verve and ISDVS, Moorabbin, have established sound working relationships with key service providers in the middle south area. ISDVS has developed a local resource directory and has established an interagency development program with Caulfield Police Station to identify ways in which they might work more closely. Both offices of ISDVS are active members of their local Domestic Violence Networks, Family and Domestic Violence Crisis Protection Framework Implementation Group and, with Verve, contribute to the SAAP Network. Verve has participated in the Bentleigh/Bayside Community Health Service Homeless Health Promotion Working Party to address the health, well-being and recreational needs of local youth and has hosted a consumer focus group which made recommendations to the working party. Community development is a core concern for Women's Services programs and Verve is leading our agenda in this area, having developed a framework for participation of service users to address health and well-being issues for young women, and young women with children.

Structural advocacy and policy reform remains a priority for Women's Services. This has been demonstrated through their participation in the development of SAAP standards and the Victorian Law Reform Commission's Reviews into Defences to Homicide and the Crimes (Family Violence) Act 1987. ISDVS is a member of the co-ordinating collective of DVvic (peak body for women's domestic violence services), co-convenor of its policy sub-group and participates in its practice sub-group. Women's Services has also represented DVvic on the Statewide Steering Committee to Reduce Family Violence and the reference groups established to pilot the implementation of the family violence division of the magistrates court.

Women's Services has been fortunate to secure the skills of committed staff whose work with clients has enabled us to articulate a service delivery framework designed specifically for women who are homeless or at risk of homelessness. In the coming year we plan to focus on increasing the participation of service users in all aspects of our operation, extending our partnerships with other service providers and developing processes for regular trend analysis, particularly in the context of increasing demand for our services.

INNER SOUTH DOMESTIC VIOLENCE SERVICE FINANCIAL REPORT

INCOME

The Salvation Army	85,300	14%
Government Grants	526,728	86%
	612,028	

EXPENDITURE

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

INNER SOUTH DOMESTIC VIOLENCE SERVICE – CLIENT CONTACTS TO SERVICE

	Moorabbin	St Kilda
Single Female & Children	195 65%	108 50%
Single Female	103 35%	106 50%
	298	214

INNER SOUTH DOMESTIC VIOLENCE SERVICE – CLIENT CONTACTS BY AGE GROUP

	Moorabbin	St Kilda
15 – 19	7 2%	3 1%
20 – 24	39 13%	17 8%
25 – 29	31 10%	48 23%
30 – 34	67 22%	56 26%
35 – 39	36 12%	31 15%
40 – 44	45 16%	19 9%
45 – 49	34 11%	16 8%
50 – 54	20 7%	5 2%
55 – 59	8 3%	3 1%
60 & Over	11 4%	16 7%
	298	214

INNER SOUTH DOMESTIC VIOLENCE SERVICE – 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

INNER SOUTH DOMESTIC VIOLENCE SERVICE – MOST FREQUENT ASSISTANCES 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

INCOME

Government Grants	437,551	99%
The Salvation Army	3,000	1%
	440,551	

EXPENDITURE

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

VERVE PROGRAM – CLIENT CONTACTS TO SERVICE

Single Female & Children	73	31%
Single Female	160	69%
	233	

VERVE PROGRAM – CLIENT CONTACTS BY AGE GROUP

15 – 19	91	39%
20 – 24	116	50%
25 – 29	15	6%
30 – 34	11	5%
	233	

VERVE PROGRAM – 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

VERVE PROGRAM – MOST FREQUENT ASSISTANCES 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

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HEALTH SERVICES

HEALTH INFORMATION EXCHANGE

WOMEN'S SERVICES

INNER SOUTH DOMESTIC VIOLENCE SERVICE AND VERVE PROGRAM