
Activity Report

2013-2014

The Salvation Army Crisis Services



Divisional Social Program Secretary (DSPS) Melbourne Central Division

Jenny Begent (Major)

In troubled times, we seek refuge – an escape from the world that’s crashing down around us, a sanctuary from our sufferings, a haven of strength and healing. And for thousands of men, women, and children throughout Melbourne, that refuge is The Salvation Army Crisis Services in St Kilda.

Across Melbourne, The Salvation Army Crisis Services has been a place of safety and comfort for the homeless, for families, for the dispossessed and the excluded. It has been a place of encouragement for young people and place of renewal, where lives have been changed. While demand has stretched Crisis Services and led to serious concerns of how to adequately meet the need, Crisis Services has remained faithful to their mission and continued to provide services.

The year brought a great diversity of circumstances – a season of growth and optimism in some areas, a season of great challenge for others; victory on certain fronts, continuing struggle on others. Through it all, with the loyal support of staff and volunteers, Crisis Services adapted, responded and continued to make a difference to the lives of people, which in turn continues to make a difference in society.

This Annual Report bears witness to the continued vibrancy and dynamism of the Crisis Services team and puts on record just some of the life-changing work they have done over the year. Much of it will be familiar to people who know Crisis Services well. But even if you think you know them, you may be surprised by the diversity of the work done on the frontline of society’s most serious and pressing issues. Crisis Services are to be found where people are hurting most using practical ways to support and care.

The Salvation Army Crisis Services is one of the most highly professional and effective programs operating in Victoria today, yet their success is judged not by budgets or performance indicators, but by the difference they make to the lives of our fellow human beings. On behalf of The Salvation Army, I commend this report to you and hope that it will give you renewed faith in what people can achieve when inspired by their love for suffering humanity.

GM Activity Report 2013-14

Jen Plant

The Salvation Army Crisis Services Network (CSN) has over the last year engaged with, and driven, significant developments in practice innovation through partnerships. This includes: Access Health working with Inner South Community Health in the drug and alcohol recovery area - working with users' groups to look at the uptake of naloxone within the intravenous drug using community, and working alongside the Aboriginal community to develop local area health outreach projects.

Also, the Family Violence Services team, working with Victoria Police, in designing The integrated Response Team Initiative - Taskforce Alexis. Another example is the statewide Crisis Contact Centre collaborating with other front door homelessness services to define best practice in responding to after-hours emergency accommodation requests. And finally, the work in collaborative case management by the Youth & Family Services team with the Lighthouse Foundation in underpinning the Journey Towards Independence model, using trauma informed practice. These projects highlight a client centered development approach to practice innovation across the range of services provided within CSN with other community service organisations.

These projects also reflect CSN's strategic intent of a more collaborative and innovative service design. This approach is driven by client participation, partnerships across evaluation and research, partnerships in practice implementation with all levels of government in policy development and our philanthropic partners to meet the challenges and opportunities that sector reform provides networks, such as our, in rethinking why and how better to provide service to the community.

This past year we have also resourced the CSN governance structure with the appointment of Mark Gove into the newly created Practice Improvement, Standards & Quality position, together with the appointments of Andrew Burns - Manager of Operations and Finance and Chung Fong as Assistant Manager of Operations and Finance. Mark, Andy and Chung have driven the agenda towards a comprehensive governance regime that has benefited clients, staff and the organisation. During times of broader structural change and policy reform processes it becomes critical that mission, values and practice principles offer a solid platform on which to base practice development. I would like to take this opportunity to thank the CSN staff, management teams and our practice partners for the work that is done on a daily basis advocating for just outcomes and creating opportunity for community members who access our services. I look forward to working with you to realize the next iteration of program and practice initiatives that 2015 will bring.

Crisis Support Services

Richard Elmer

The Crisis Contact Centre operates as a crisis entry point for the state and is open 24/7. During the 2013/14 year, data shows a shift in demand from individuals and families contacting during business hours to higher numbers contacting after hours. This trend was also identified in the 2012/13 financial year and most likely due to increased awareness of housing service locations by people across the state of Victoria.

As a result, the CCC has increased staff resourcing after 5pm and on weekends. During business hours, staff of the CCC are increasingly advocating to housing services across the state on behalf of clients. An increase in demand to housing services often results in limited or no assistance. Further advocacy from CCC staff can result in a collaborative response with housing services to secure accommodation and/or support.

Incoming phone calls on the Crisis Services 1800 freecall number and the Department of Human Services freecall number, both during the day and after hours, has increased by 25% (n=32,923). 3386 people have been assisted into after-hours emergency accommodation across the state, an increase by 7% from the previous financial year. This number is 42% of total contacts to CCC. The cost of providing after hours emergency accommodation from the previous year has increased by 12% from the previous financial year. After hours data shows that young women between the ages of 16 and 25, who were assisted into emergency accommodation, increased by 19% (n=234) from the previous financial year. There has also been an increase in numbers of young men between the ages of 16 and 25 requiring assistance with after-hours emergency accommodation. While emergency accommodation assistance to young people is increasing each year, numbers of single men (n=1021) and single women (n=537) above the age of 25 still remain the highest.

To further assist and offer longer term support to people in housing crisis, Crisis Support Services has established the Interim Support Linkage Program (ISLP).

- The ISLP program, staffed by only one worker, has two roles working intensively with people experiencing complex issues relating to homelessness, mental health and drug and alcohol misuse
- Providing an interim response to people presenting at the CCC and Homeground Housing in St Kilda. The interim response is a shorter support period (usually 6-8 weeks, but flexible) designed to “rapidly re-house” those presenting who are homeless or at risk of homelessness and who can be linked to office of housing, community rooming house or private rental properties.

The ISLP role offers support to people with challenging and complex issues and who are often banned or excluded from other support services and housing options. As a result, support periods tended to increase as long term housing and alternative support services were difficult to find.

As a well-known statewide crisis entry point, and in response to large numbers of people from the local area in need of housing

and support, a proposal has been put forward to DHS to resource an additional interim response worker to work alongside the intensive case management role. One role will provide intensive long term support to people experiencing long term homelessness, mental health and drug and alcohol issues and the other providing a shorter term, but flexible, interim response support. Providing an appropriate support period and access to affordable housing is necessary in preventing the continuous cycle many people experience through homelessness and unstable, unsafe rooming house accommodation often leading to longer term health issues.

A big thanks to our co-located partners - Centrelink and MacGregor solicitors, and also to Homeground Housing St Kilda for the work and close relationship they have with Crisis Services.

And thanks to the Crisis Services staff team for the commitment and energy they give to people presenting in crisis and the creative assistance provided.

Crisis Contact Centre

Client Contacts by Gender		
Female	3,481	43%
Male	4554	57%

Client Contact by Age Group		
0-9	4	0%
10-14	7	0%
15-17	162	2%
18-19	306	4%
20-24	904	11%
25-30	1,314	16%
31-40	2,361	29%
41-50	1,788	22%
51-55	511	6%
56-60	283	3%
61-70	276	3%
71-80	90	1%
81+	29	0%
Total	8035	

Average Age: 37 years
 Number of clients with dependants: 1,961 (24%)
 Average number of contacts/interviews per client: 1.9

Crisis Contact Centre Most Frequent Assistances Provided to Clients

- Advice and information
- Advocacy and liaison
- Financial (material aid)
- Emergency accommodation
- Emotional support/counselling
- Financial information

Interim Support Program

Client Contacts by Gender		
Female	10	28%
Male	25	72%

Client Contact by Age Group		
0-9	0	0%
10-14	0	0%
15-17	0	0%
18-19	0	0%
20-24	3	8%
25-30	5	14%
31-40	9	25%
41-50	9	25%
51-55	4	11%
56-60	2	6%
61-70	3	8%
71-80	0	0%
81+	0	0%
Total	35	

Average Age: 40 years
 Number of clients with dependants: 6 (17%)
 Average number of contacts/interviews per client: 8.8

Crisis Contact Centre Most Frequent Assistances Provided to Clients

- Advocacy and liaison
- Advice and information
- Financial (material aid)
- Emotional support/counselling
- Financial (material aid)
- Assistance to keep tenancy/prevent eviction
- Transport
- Emergency accommodation
- Assertive outreach

Health Services

Paul Bourke

Health Services has seen another year of innovation and change, with the commencement of new initiatives, the re-commissioning of programs and the re-branding of our oldest service.

Access Health has worked to consolidate and improve our practice with Aboriginal and Torres Strait Islander people. Onemda, the VicHealth Koori Health Unit at the University of Melbourne, completed a report into the characteristics and needs of Aboriginal clients at Access Health. Titled “Talking up Strong – Voices of Our Mob”, the report was launched at a well-attended community gathering in May. The report, which can be downloaded from the website below, made 14 recommendations to ensure that Access Health’s “services will continue to have a high degree of acceptability by its Aboriginal clients” and many have already been implemented.

The first initiative to be implemented commenced before the report was launched. Since April, a GP, nurse and Aboriginal access worker (among others) have regularly been visiting community members in St Kilda parks to promote health, administer flu vaccines, and build a relationship with local Aboriginal people who have not been regularly accessing health care unless hospitalisation was necessary. This has been made possible through funding from the Department of Health’s Koolin Balit strategy and the early stages of this project have exceeded our expectations with 26 outreach consultations, 24 vaccines given and 6 new people engaging with Access Health at our fixed-site.

The report also recommended reducing waiting times for GPs by increasing GP hours. In August we will be very happy to welcome back Dr Joseph Sherman for two sessions a week. Joseph worked at Access Health in the first year of our operation, and his return will mean that a GP will be at Access Health every weekday. Separate from the Talking up Strong report, another significant innovation at Access Health was making the overdose reversal drug naloxone available to people likely to witness an overdose. In partnership with Harm Reduction Victoria, Access Health was, to our knowledge, the first service in Victoria to make

the life-saving drug available to community members including people who inject drugs. People wanting access to naloxone can participate in an education session (in a group, or one on one), and have naloxone prescribed and provided in less than an hour and a half. Since Access Health made naloxone available in August, 143 people have been trained and provided with naloxone, and there have been more than 10 reports of overdoses being reversed.

The City of Port Philip has continued to support Access Health through funding for the Sexual Health Incentives Programs (SHIP) and Arts and Yarning. SHIP has achieved some great results with 75 people participating in the program. Visits to the sexual health nurse were up 64% on last financial year, this was an impressive result considering that the incentives were available for just over half the year. Seven positive results for five different conditions were ascertained, leading to treatment for people who were otherwise unlikely to be tested.

Arts and yarning produced “Wunjurra” a mural in the courtyard at Access Health. Wunjurra means ‘what’s that?’ in the Wakawaka language of lead artist Uncle Les Stanley. Staff and residents of Galiamble Men’s Recovery Centre also contributed to the Mural.

As part of the AOD sector reform, the Bridge alcohol and other drug (AOD) services will be re-commissioned on September 1st, along with the rest of the adult non-residential AOD sector. Health Services, Inner South Community Health (ISCH) and Youth Support + Advocacy Service (YSAS) established a consortium that has been successful in gaining a contract for a majority of the new AOD work in the Bayside region. ISCH will be the lead agency and employer, which will effectively mean the closure of the current Bridge services. We look forward to working with ISCH in the future, with some staff from the consortium to be based at Access Health. I would also like to take this opportunity to thank the staff of the Bridge Programme. Since becoming part of Crisis Services two years ago, and building on from previous work, the Bridge has provided quality service to clients, and has outperformed sector norms in various areas. I wish all staff our best wishes for their future in general and in their new roles.

In a change of less significance to the “on-the-ground” practice of Health Services, The Health Information Exchange (HIE) has

changed its name to the Needle and Syringe Program (NSP). NSP is the standard name for a service that provides sterile injecting equipment and safe sex products. The name Health Information Exchange is a hangover from times when the existence of such services did not have widespread support, and had significant opposition. The change to NSP makes the identification of the services we provide easier for clients and other organisations.

The last twelve months have seen some great achievements from Health Services, and I would like to thank all of the Health Services staff, and partnership staff, for their outstanding work in making these achievements possible.

Talking up Strong can be downloaded from:
<http://www.salvationarmy.org.au/en/Find-Us/Victoria/CrisisServices/Resource-Information/Articles-Journals--Publications/>

Access Health Client Contact Data

Total number of individual clients:	1,503
New clients:	486
Total client contacts:	11,118
Aboriginal & Torres Strait Islander Client Contacts:	1,949 (18%)

Service Area	Number of Contacts
General Practitioner	4,005
Community Health Nurse	3,632
Duty Workers	1,014
Aboriginal Access Worker	547
Health Promotion Groups	499
Psychologist	251
General Practice Nurse	229
Outreach Case Manager	178
Hepatology Nurse	132
Psychiatrist	115
Naloxone/Safer Using Workshops	111
Sexual Health Nurse	92
AOD counsellors	78
Dental Program (off-site)	63
Infection Disease Specialist	57
Physiotherapist	45
Podiatrist	42
Dietician	28

Needle Syringe Program Data

Number of contacts	45,737
Needles and Syringes Provided	1,077,718
Needles and Syringes Returned	487,775

Family Violence Services

Alice Coakes

Family violence continues to be the major contributor to illness, disability and death in Victorian women aged 15-44 (VicHealth, 2003). Despite these devastating statistics there is great hope and possibility in the fact Victoria, state wide, has the most integrated and responsive record of addressing family violence against women. The Family Violence Services continues to develop its holistic approach to tackling violence against women and children. It is the collaborative approach, which has been key to The Family Violence Outreach Program's achievements of 2013/2014.

Inner middle crisis advocate response service

Research has now conclusively shown that the negative and long-term effects of family/domestic violence can be minimized if effective early intervention is provided. Crisis intervention practice has grown out of this research and provides principles on how to effectively respond to women who have survived family/domestic violence and who are in crisis. These principles acknowledge the importance of taking action, which will provide the greatest probability of recovery and healing in the long term.

In November 2013 the IMCARS partnership including the Women's Domestic Violence Crisis Service and South Eastern Centre against Sexual Assault revamped the IMCARS model which included the acquisition of a permanent booking at a local motel for women fleeing family violence and the introduction of a co-case management framework. The purpose of this change to a co case management framework has been developed to ensure that the women using the IMCARS service are receiving the best possible support ; receiving a co-ordinated response via the three partner agencies whilst they are in crisis accommodation either awaiting a refuge vacancy or to return home. Another objective is to ensure that women and children are resourced beyond their contact with IMCARS so that they can have ongoing community support after the crisis has passed.

This new model has been working so well that the Women's Domestic Violence Crisis Services is in the process of developing similar models in other regions of Victoria. The IMCARS partnership is also in the process of evaluating the outcomes associated with this type of response and hope to use this information for future service enhancements.

Family violence private rental access program

This year the Family Violence Private Rental Access Program was re-designed to improve our responses to women and children seeking private rental accommodation. The Family Violence Private Rental Access Program (FV-PRAP) is intended to prevent women and women with children experiencing family violence from entering or remaining in the homelessness system.

The single greatest reason women present to homeless support agencies is domestic or family violence. The aim of the FV PRAP is to assist women and women with children who are escaping, or have experienced family violence to access and maintain private rental as a long term housing option. The aims and objectives of the program have the primary focus of establishing and maintaining a safe environment for women and their children.

A new component of the PRAP program involves education and capacity building for both women and practitioners in the Inner Middle South of Melbourne. The PRAP program aims to build

capacity in the sector and provides women with the knowledge they need to access and sustain private rental accommodation through the following initiatives.

- Private Rental Information Sessions
- Secondary Consultations
- Private Rental Workshops
- Network meetings
- Real Estate linkages

We look forward to seeing these changes take shape over the next 12 months and will be watching closely to see if these new initiatives are providing better outcomes for the women and children who access this program.

Family Violence Services – Outreach Program: CASE STUDY Sarah* was referred to the family violence service following an assault by her defacto partner, Carl* of 10 years in March 2010. Sarah has three daughters, who were all under 3 years of age.

Sarah moved to Melbourne with Carl, after fleeing an abusive marriage in Sydney. Originally from Turkey she spoke no English. Sarah's history of family violence spanned her whole adult lifetime, from her first husband via an arranged marriage at 16 years of age up to the point of the current abusive partner, Carl being removed from the family home by police after an assault. Sarah reported suffering the whole remit of abuse including physical assault, controlling behaviours, emotional and psychological as well as financial abuse.

Sarah knew no one in Melbourne and was isolated and vulnerable. Her only independent connection with the world outside her family home was with a family worker who ran the play group her children attended. Over time, Sarah had learned to speak a few sentences in English, enough to enable basic communication, and had begun to form a relationship with the family worker. This culminated in the worker hearing about Sarah's abusive home life following the assault and removal by police. This is how the Family Violence Service came to meet and have the privilege of working with Sarah.

Over a period of more than three and a half years, Sarah's FVS case manager came to know Sarah, her history, her children and the impacts the situation had on the entire family. Sarah and her children were supported to deal with their trauma. The elder two children attended our children's group, and were supported in addressing FV related development delays and other issues during our support period.

For Sarah, following the assault and removal by police of Carl, the long and arduous legal battle began. Whilst the Magistrates court awarded the Intervention order, this was not to be the end. Sarah was supported by our program, Vic Pol and the Office

of Public Prosecutions in a protracted legal battle which finally ended at County Court. Carl, irate at the award of the intervention order, incensed at the ongoing charges whenever he breached the order (many times), appealed each and every charge, leading to a final failed appeal in County Court. Sarah was supported by our program at every court hearing, in terms of advocacy with police and lawyers and emotionally through this very difficult time in her life.

We are now happy to report that both Sarah and her children have not only survived their traumatic experience but are thriving in their new independent and abuse free life. Whilst a recent return to court to extend the intervention order was successful, Carl continues the legal battle and has now taken the police informant to county court. Meanwhile Sarah has built a solid and safe life and future for herself and her children. Sarah, after learning English and obtaining support to attend educational courses, is currently looking for work via an employment service. Sarah's daughters are thriving.

Community Development

Over the last 12 months the FVS has strengthened our focus on community development and education. We've taken our message to the public at educational forums and other community development events some of which include speaking at SHARC, St Kilda Drop In Clinic, The Inner Middle FV Practice Exchange; guest lectures at both Swinburne and RMIT Universities, and the Inner Middle General Practitioners. The Program has also again played an integral part in the 5th Annual Walk against Family Violence. This year's event was a massive success with an even greater number of community organisations, dignitaries and members of the public taking part in the event.

New Initiatives

Sadly, domestic violence continues to make headlines. Criminal offences arising from family violence incidents have increased by a staggering 261.7% over the past ten years. However, there is an upside: across Australia, awareness is growing and police responses are improving.

In working as a partnership to achieve the policies set by government, and to address the local family violence incidents, the Inner Middle Family Violence Governance, Vic Police and our family violence service have collaborated to build capacity within our region and extend existing services to an integrated and co-ordinated response – Taskforce Alexis

The Integrated Response Team – Taskforce Alexis aims to reduce recidivist family violence for women and children and to achieve responsibility and accountability amongst recidivist offenders. The pilot program also seeks to reduce secondary

victimisation and decrease the incidence of domestic violence through the enhancement and monitoring of interagency cooperation and collaboration. This aim will be achieved by targeting recidivist families, co-ordinating a cross sectoral, multi-agency integrated response to recidivist victims and perpetrators and by embedding a family violence worker auspiced by our program into the Moorabbin Police – Taskforce Alexis unit.

In this manner, the pilot aims to identify and respond to family violence as soon as possible after an incident to work towards minimising recidivism. Furthermore the pilot aims to encourage on going service engagement for the recidivist perpetrators and the women and children who are being re victimised. We look forward to getting the pilot off the ground in the new financial year.

Partnerships

Ending violence against women and their children takes a whole of community approach and as such the Family Violence Services works closely with our partners including, social services, the courts and the police to increase community awareness and to empower women who have been affected by family violence. I would like to take this time to thank all of our partners without whom we would not be able to provide such integrated and innovative service delivery.

To the Family Violence Services Team

Once again I would like to acknowledge it is the team that has been instrumental in continuing the development of this program. The commitment and enthusiasm of this team is the foundation for the ongoing progress maintained by the Family Violence Services.

Salvation Army Crisis Services Network - Family Violence Services

Number of women and children supported

Women	3435
Children	668

Women support by program

Program	Women
Family Violence Outreach Program	298
Inner Middle Crisis Advocacy Response Service	3,632
L17 Police Referral Project	3018
Private Rental Access Program	56

Percentage of women supported by LGA

Kingston	32%
Glen Eira	21%
Bayside	19%
Port Phillip	15%
Stonnington	13%

Combined Program Analysis

Average Age of women supported: 30-39 years
 Aboriginal and Torres Strait Islander women supported: 25
 L17 reports are the major referral gateway into the Family Violence Services and account for 87% of referrals to our program.

Youth and Family Services

Rob Ellis

Youth & Family Services programs worked with 480 young people in the 12 month 2013/14 financial year. The Upton Rd site fosters a continuum of support for young people from crisis to community to independence. YFS is comprised of three distinct program areas: Youth & Family Outreach Program (YFOP), Crisis Accommodation Program (CAP), and Youth Private Rental Access Program (YPRAP). YFS' integrated service model ensures that young people can transition through various program components with a task and outcomes orientated plan that meets individual needs and aims to assist young people move beyond the homelessness service system.

Issues of family breakdown, violence in the home, housing affordability and a higher incidence of young people presenting with coexisting mental health and problematic substance use has been the major focus of support for Youth and Family Services programs over the past 12 months.

YFS programs work in partnership with young people to address the issues contributing to their unique experience of homelessness. All program areas support young people on a Journey towards Independence with a key focus on:

- Early Intervention & Linkage – assisting young people to maintain links with existing positive life supports.
- Intensive life and living skills – assisting young people to develop the necessary skills to live independently.
- Health & Wellbeing – assisting young people to actively address health issues impacting on their lives with a focus on problematic substance use and mental health issues.
- Education Pathways & Engagement – supporting young people to re-engage in an education and training pathway.
- Meaningful Use of Time – presenting a broad range of activities with a focus on social inclusion, resilience and developing mastery.

- Long Term Sustainable Housing – ensuring that young people have the necessary skills to maintain safe, secure & sustainable housing

Crisis Accommodation Program - CAP

CAP provided crisis accommodation for 204 young people in 2013/14. Long-term case management support was provided for 148 young people with an average stay of seven weeks. A further 56 young people were provided with short term emergency and respite accommodation for periods of between 1-10 days. CAP maintains a dedicated emergency and crisis bed to be utilised after hours and on weekends for particularly vulnerable young people experiencing immediate crisis and homelessness. Young people are requiring the crisis bed most often as a consequence of family violence or family breakdown in the home.

The average age of all clients was 19 years with an increase in young people 16-18 years of age seeking crisis accommodation. Young people from CALD communities accounted for approximately 29% of our total client group; many of these were young African women. Indigenous young people accounted for approximately 12% of clients for the year.

An alarming trend over the past 12 months has been the high numbers of young people accommodated at the refuge without any form of income, accounting for approximately 19% of all clients; the refuge is consequently required to support these young people in all aspects of daily life - food, clothing, education, leisure and travel expenses and often for many weeks or months before financial assistance can be secured.

Intensive Case Management - ICM

YFS has a service focus towards working with young people with coexisting mental health and problematic substance use issues. Many of these young people experience homelessness as a consequence of complex support needs. These young people have often experienced exclusion from other support services due to challenging behaviours and are frequent users of homelessness and other service systems. YFOP has developed an Intensive Case Management (ICM) response as part of our broader outreach team. CAP maintains a priority allocation of beds for young people with high and complex support needs, utilising the refuge space as a safe platform to work longer term with young people to address the causal factors of their unique experience of homelessness. Approximately 55% (80 young people) of CAP case managed clients required mental health treatment and support whilst residing at the refuge.

Health & Wellbeing

Our partnership with Odyssey Youth and Family Services provides weekly AOD support for YFS clients, taking a lead role in the Health & Wellbeing component of the Journey towards Independence program model. All residents meet with a dual diagnosis worker in the first week of stay to discuss AOD, mental health and associated health issues. Other key aspects of the health and wellbeing activities include Dental Health and Hygiene a partnership with Inner South Community Health and a gym and fitness program as part of our young men's group activities in partnership with PCYC. YFS also received a grant this year to implement weekly yoga and meditation sessions for young people and staff at the refuge.

Growing Together – Edible Gardens Program

The transformation of the Upton Rd site through the Growing Together - Edible Garden Project has been amazing. Growing Together activities are designed to offer young people experiences to build resilience and learn skills. All activities are designed to promote meaningful use of time for young people who have limited exposure to positive support, family and friendship networks. Working with young people in the development of the edible garden promotes a genuine partnership between young people and staff at YFS. The program hosts a working

bee and BBQ every 6 weeks throughout the year. Significant achievements over the past 12 months have been the planting of 2 orchard areas, the development of an indigenous food garden, new garden beds for our African women's cooking group and a luxurious chicken run. Growing Together is open to all YFS clients, past and present, with over 150 young people participating in the weekly program over the last 12 months. The opportunity to utilise home grown produce in our meals programs and the development of skills in horticulture with a focus on sustainability, presents additional rewards for the efforts. Growing Together received a grant from City of Port Phillip and has been supported by corporate volunteer groups from ANZ & KWM to assist in the development of this program.

Parenting & Families Support

YFS provided housing support to approximately 110 young parents with a combined 140 accompanying children throughout the year. As a response to these numbers YFS have reconfigured outreach and refuge case management services to incorporate a dedicated parenting and families case manager and after hours families support staff. Our partnership with COPP enhanced maternal & child health nurse provides invaluable assistance to providing support to new mums and a number of young solo fathers in the refuge. The development of this role has been pivotal to assisting many young people to gain the confidence in their natural parenting skills in a safe, supportive and educative environment.

Learning for Life – Education Pathways Program

Learning for Life has a focus on providing education support to young people with a limited history of education participation or achievement. Case work staff are committed to assisting young people who have existing education links to maintain participation in their current education setting. The program utilises innovative methods to engage hard to reach learners or students marginalized by homelessness. An in house education program is conducted in the refuge environment, specifically targeted towards young people with a limited history of educational participation or achievement. Learning for Life is a partnership with St Kilda Youth Service (SKYS) with qualified teaching staff providing education pathway plans and tailored learning opportunities utilising ICT online education resources.

A key goal of Learning for Life is assisting young people to transition into mainstream education opportunities; the program provides ongoing mentoring support to encourage young people's continued participation in education pathways in line with learning and development plan.

The commitment to education outcomes has resulted in 89 young people (61%) of all case managed clients engaged in education, training or employment whilst residing at the refuge:

- 33 young people residing at CAP and 3 YFOP outreach clients participated in the Learning for Life program for periods between 1 and 5 weeks.
- A further 40 young people residing at the refuge maintained existing education links through the support of CAP case management staff.
- Another 16 young people engaged in employment.

Youth Private Rental Assistance Program – YPRAP

YPRAP successfully transitions young people out of the homelessness service system into independent living. The success of the program can be viewed by results achieved in 2013/14 with YPRAP providing 59 brokerage packages for young people setting up their own tenancies or entering into share property arrangements. YPRAP has been able to assist more than 128 young people this year in a range of support activities in preparation for housing and rent readiness. YPRAP forms part of the Inner Middle South Creating Connections (IMSCC) consortium and has close working relationships with all youth service providers in the IMS with packages evenly distributed between 10 youth services. YPRAP is a key component of the continuum of care in the Journey towards Independence model. YPRAP has a focus on Sustainable Housing Outcomes providing increased access for vulnerable young people into the private rental market.

Youth and Family Outreach Program – YFOP

YFOP provided case management support to 150 young people during 2013/14. YFOP continues to provide a specialist response to young women and young women with accompanying children, with over 43% of clients supported having dependent children. Young males accounted for 37% (55 clients) of total YFOP clients. YFOP provides transition support for young people leaving the refuge ensuring that they are able to continue to work on self-determined case plan goals and has assisted in averting common causes of housing breakdown.

YFOP provides a unique response for young women from CALD backgrounds, accounting for approximately 34% of the total client group. Young women with children from Sudan & Ethiopia account for 18% of all CALD clients. As a response to the isolation that many of the young women experience due to breakdown of relationships within their own families and broader community YFOP has initiated a number of activities to try to deal with this social isolation, an example being our African Women's Cooking and Community Activities Group.

YFOP Interim Response & Linkage provides a valuable early intervention support with a capacity to respond to young people presenting in housing crisis at entry point services, YFOP IR workers are committed to providing a physical support within 48 hours of referral. YFOP continues to have valuable partnerships with Transitional Housing Managers, supporting young people in a range of crisis and longer term transitional properties in the community.

Life and Living Skills Program

The life skills program in the refuge environment works on tangible aspects of a young person's development towards independence. Many young people entering the refuge demonstrate significant deficits in a range of life and living skills, often due to disrupted transitions, family breakdown, exclusion from education, living in care and a range of health and substance use issues. Over the past 12 months, 118 young people actively participated in approximately 900 intensive life and living skills program activities in the refuge. Activities include: healthy meals, purchasing and preparation, budgeting, hygiene and self-care, maintaining living space, communication and conflict resolution. The life skills worker can assist young people

Youth Refuge Forum

YFS, as part of the Youth Refuge Coordinators Network, was a key contributor and organiser of the inaugural Youth Refuge Forum in March of 2014. There were over 130 staff represented from 18 Victorian Youth Refuges. Valuable learnings were shared and a commitment expressed to work with young people within a trauma informed framework with education and mental health support in the refuges critical to successful outcomes.

Research & Development

Sally Coutts

Quality:

Much of the past twelve months has been preparing for review against the one DHS standards and the QIC standards which were undertaken in August 2014. This has included reviewing documentation and current practices and developing policies and systems such as document formatting controls and a local level risk management register and policy and reporting framework.

Mark Gove has been employed to resource and facilitate the quality improvement agenda, and prepare for accreditation. He has worked hard to develop a range of knowledge management systems which include a document register, document control procedures and a compliance register. Other centralised reporting systems have also been developed for managers and staff to store shared information and improve consistent practices.

The writing of the Self-Assessment journal in preparation for accreditation was an opportunity to reflect on current practices and systems, gather evidence and highlight areas of strength such as transition of students to the workforce, and developing a learning culture which values evidence and action based research, and strong community partnerships.

External stakeholder surveys and Staff surveys were undertaken for the purpose of gathering feedback on areas we do well and things that could be done better. Findings from the external stakeholders survey highlighted the lengthy duration of many of CSN's service partners. 44% of respondents said the relationship was 10 years or longer, 100% stated that CSN was an effective partner to collaborate with and 100% of those who responded believed all partnership expectations had been met- such as good communication and information sharing. The staff survey also highlighted many positives. Of the 67 staff who responded, 90 % responded that they liked the work, 88 % find the job interesting and challenging; 83% feel they are able to make a valued contribution to CSN success.

The QWG and other quality related working groups such as the Rainbow group have been hard working and committed to the ongoing processes of reviewing and improving systems and processes and will continue this work following accreditation and the development of the next three year quality work plan.

Research:

A continuation of the Outcome Star research project by RMIT exploring the value of the Outcome Star for all stakeholders- service users, workers and the organisation has continued throughout the past 12 months. Initial interviews have occurred across programs and more of a focus on data analysis will occur with the move to online star data reporting.

A research project with Onemda (University of Melbourne) has led to an effective partnership around research and students which has been formalised in 2014 with a collaboration agreement. Crisis Services has committed to having students from the Masters of Public Health course who will be able to undertake a range of research activities identified through program planning in Access Health, as well as other potential contract research projects in partnership with Onemda.

Students:

In addition to our usual number of Social work students in 2013, Crisis Services has also provided placements for two second year medical students from Monash University one day a week for 14 weeks. The focus of these community based placements was to develop an understanding of the social determinants of health and how this might relate to the issues people are presenting with in a social welfare context. As with all of our placements, the richness of these experiences and the positive feedback from the students is due to the efforts of all staff and management and their willingness to be so accommodating and helpful to students in the learning process. We have been fortunate to be able to employ several of the students from the past year.

Strategic directions for the coming year include the following:

- The development and implementation of a network Consumer Participation Framework including the development of a Reconciliation Action Plan, Disability Action Plan and Rainbow Tick Accreditation.
- A new training Calendar with core and optional topics. Managers have undertaken WHS training and knowledge management training and this will be rolled out to all staff. Other training needs were identified through the staff survey and a few areas have been prioritised for later in 2014- including mental health first aid, dealing with challenging behaviours and trauma informed practice, AOD training, Management HR training.

Chaplaincy

Rob Champion (Lt)

“I saw a dark and stormy ocean. Over it the black clouds hung heavily; through them every now and then vivid lightening flashed and loud thunder rolled, while the winds moaned, and the waves rose and foamed, towered and broke, only to rise and foam, tower and break again. In that ocean I thought I saw myriads of poor human beings plunging and floating, shouting and shrieking, cursing and struggling and drowning; and as they cursed and screamed they rose and shrieked again, and then some sank to rise no more.” from William Booths Vision.

Nearly four Australians die every day from overdose. Overdoses out-numbered road fatalities in Australia in 2012. According to the Australian Bureau of Statistics overdose deaths totalled 1,427 in 2012, while road deaths, which have been steadily declining, ended the year at 1,338. (Data provided to Penington Institute by Australian Bureau of Statistics, 2014). There are more deaths, illness, and disabilities due to substance use than any other preventable health condition. Today, one in four deaths can be attributed to alcohol, tobacco, or illicit drug use. Statistically referrals to the chaplaincy program are from the high end risk client group with dual diagnosis and multiple drug related issues. The Chaplaincy Program this year has been an available and safe space for people to discuss their drug use and its associated issues- such as social and community isolation. The program has provided an ongoing support network for high risk clients with multiple diagnosis. The core values of the chaplaincy program are dedicated to high-quality, outcome-driven practices. It is these values that drive the quality of care and commitment to clients and form the basis of the vision.

Guided by mission, the program offers an exceptional care experience that changes lives and brings healing with measurable outcomes and value. Today in St Kilda, the environment calls for treatment programs to be capable of providing treatment for patients with co-occurring substance use and mental health disorders. Therapists need skills to treat patients whose dual conditions trigger and sabotage each other. On-site medication

management by psychiatrists is in high demand. The chaplaincy program has found its established group therapy through various formats to be the most effective complimentary form of treatment for persons with dual issues and in combating their social isolation. At the beginning of each group session whether it be gardening, discussion or relaxed music group, clients participate in setting the agenda for the activity. This format allows the therapy to be delivered at “teachable moments” as the clients deal with how recovery interfaces with their real world issues, The Chaplaincy programs focus is to come along side and journey with them offering non-judgemental support and friendship.

“I have lived my whole life with the desire to help others in their journey, but I have always realized that I had little else to offer than my own, the journey I am making myself. . . I have always wanted to be a good shepherd for others, but I have always known, too, that good shepherds lay down their own lives—their pains and joys, their doubts and hopes, their fears and their love—for their friends.”

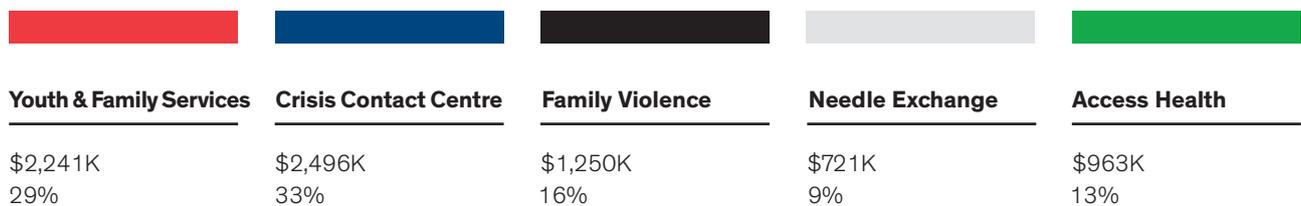
Henri Nouwen

Finances

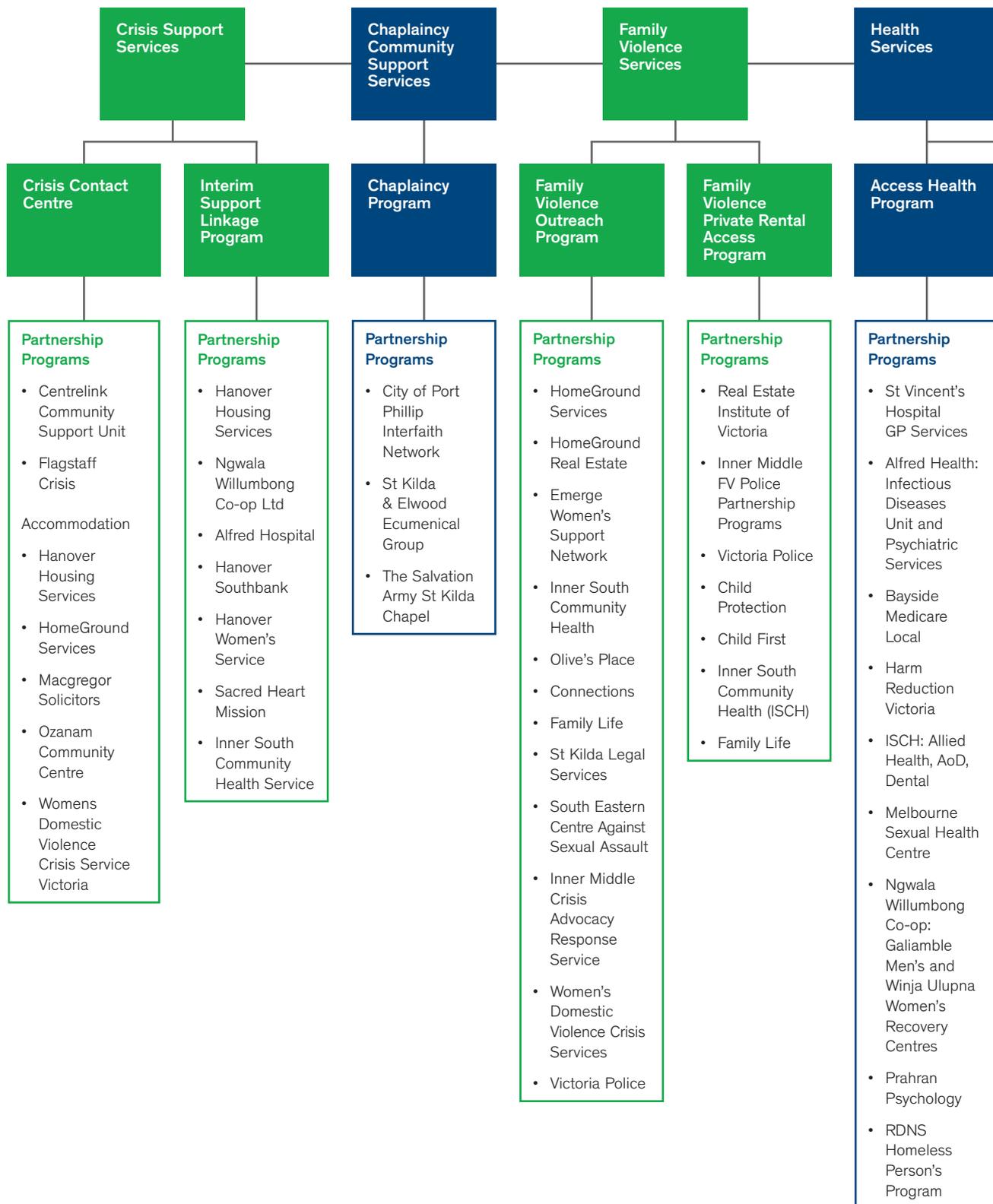
Andrew Burns

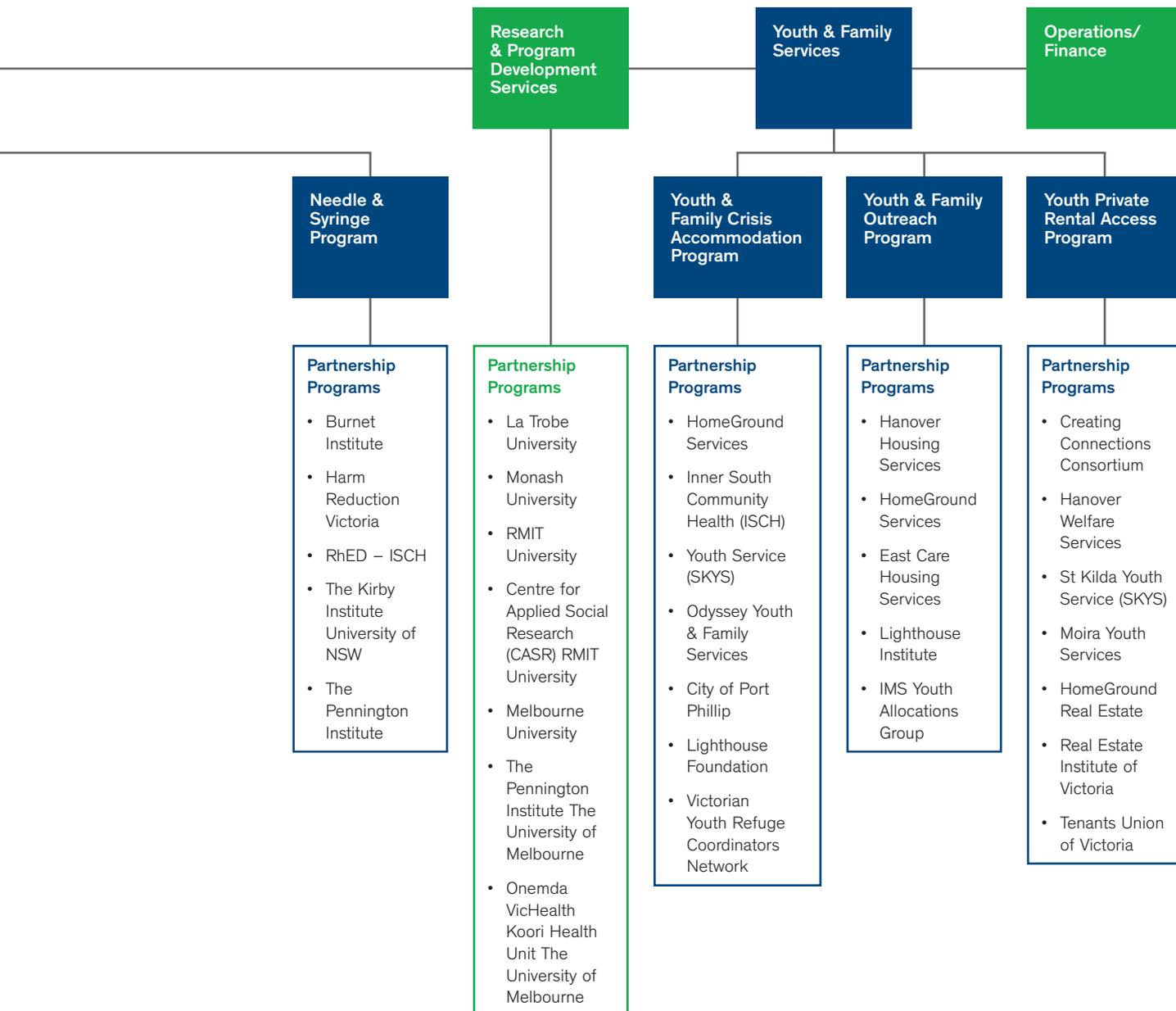


Income split by social program stream



Organisational Chart







THE SALVATION ARMY

crisis services

CRISIS SUPPORT SERVICES

Crisis Contact Centre & Interim Support Program

29 Grey Street
St Kilda VIC 3182
PO Box 2027
St Kilda VIC 3182
T (03) 9536 7777
F (03) 9536 7778
Free Call 1800 627 727

CHAPLAINCY & COMMUNITY SUPPORT SERVICES

Chaplaincy Program

29 Grey Street
St Kilda VIC 3182
PO Box 2027
St Kilda VIC 3182
T (03) 9536 7777
F (03) 9536 7778
Free Call 1800 627 727

FAMILY VIOLENCE SERVICES

Family Violence Outreach Program

29 Grey Street
St Kilda VIC 3182
PO Box 2027
St Kilda VIC 3182
T (03) 9536 7777
F (03) 9536 7778
Free Call 1800 627 727

HEALTH SERVICES

Access Health Program

31 Grey Street
St Kilda VIC 3182
PO Box 2027
St Kilda VIC 3182
T (03) 9536 7780
F (03) 9536 7781
Free Call 1800 627 727

Health Information Exchange Program

29 Grey Street
St Kilda VIC 3182
PO Box 2027
St Kilda VIC 3182
T (03) 9536 7703
F (03) 9536 7778
Free Call 1800 627 727

YOUTH & FAMILY SERVICES

Youth & Family Crisis Accommodation Program, Youth & Family Outreach Program & Youth Private Rental Access Program

4B Upton Road
St Kilda VIC 3182
PO Box 2027
St Kilda VIC 3182
T (03) 9536 7730
F (03) 9536 7731
Free Call 1800 627 727

salvationarmy.org.au/crisisservices

