

Supporting integrated service delivery – information for Government and funding partners

This document provides an overview of the key features of integrated service delivery for use when meeting with government representatives, and potentially other funding partners. It also identifies four key areas for action where changes to government funding and system management can better enable integrated practice. Content in this document can be copied directly for the purposes of advocacy and funding requests.

The learnings and recommendations in this summary document are based on case study and interview work undertaken to illustrate **best practice integrated service delivery**. This work has been a collaboration between Social Ventures Australia, the Commonwealth Bank of Australia as part of its [Next Chapter program](#), and social sector organisations working to improve outcomes for victim-survivors including McAuley Community Services for Women, WEstjustice, EDVOS, Muslim Women Australia’s Linking Hearts program, Domestic Violence Victoria, Homelessness NSW and InTouch Multicultural Centre Against Family Violence.



Integrated service delivery and its benefits

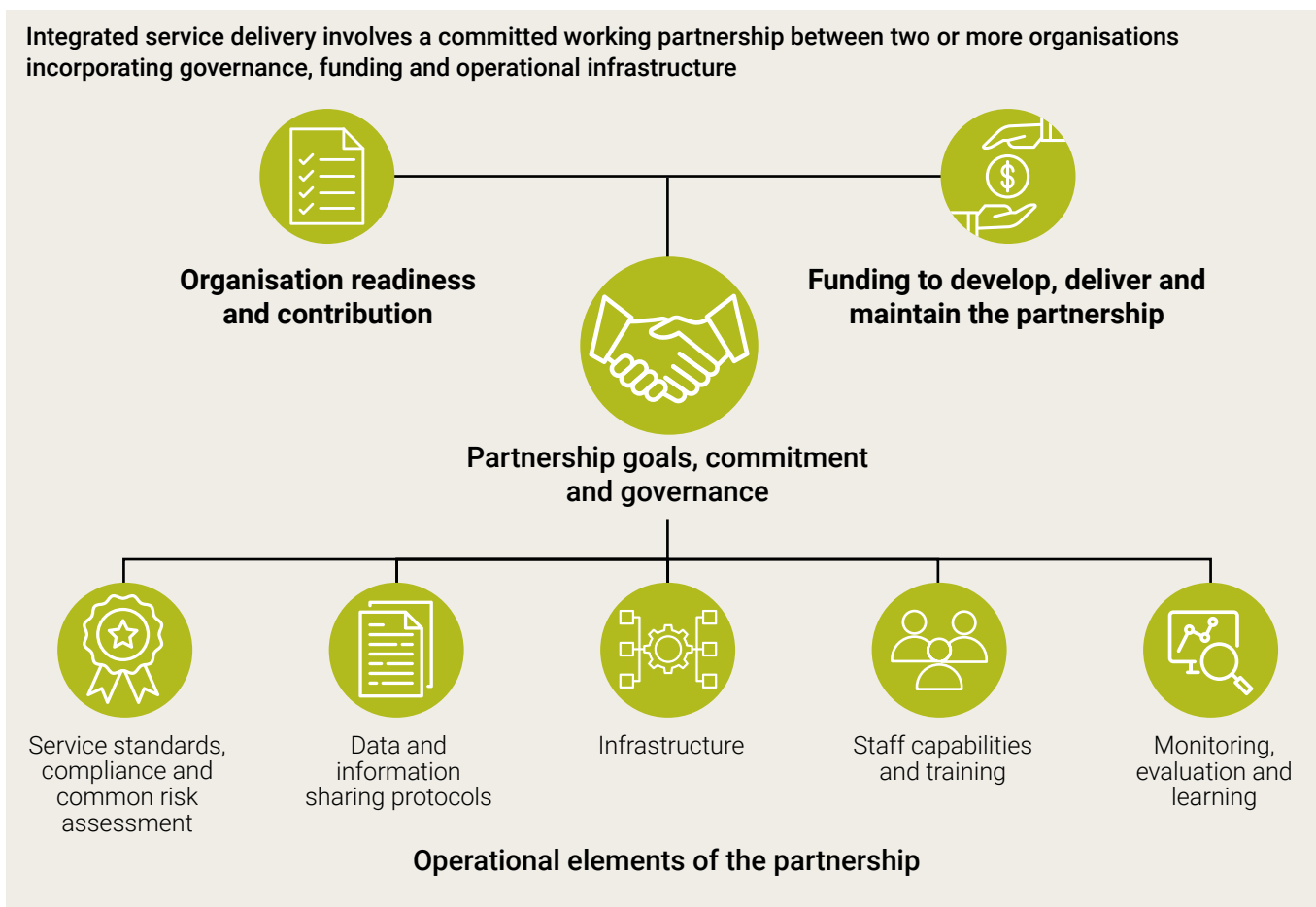
Victim-survivors of domestic and family violence (DFV) often have a range of interconnected needs including financial, legal, housing, employment, and health issues and many navigate a series of complex referral pathways on their own to access the support needed to progress on their recovery journey.

Best practice in integrated service delivery is when multiple organisations work together to help victim-survivors access holistic support and services in a more effective and comprehensive manner. Working in this way delivers significantly better outcomes for victim-survivors, efficiencies for service delivery organisations, and benefits and savings throughout the entire system.

Many organisations work, or aspire to work, in an integrated way, but it can be difficult to implement and sustain this approach in practice and there are system level barriers given the siloed and highly fragmented nature of services and funding sources.

Integrated service delivery is a highly co-ordinated approach that brings together multi-disciplinary services to provide effective and collaborative care. Multi-disciplinary services employ joint or shared case management, appropriate sharing of client information, and secondary consultations to support victim-survivors' varied needs, often in-situ.¹ It is an established way of working that the specialist family violence sector wants to see grow and develop.

While there are many forms of co-ordinated practice from referrals between service providers through to organisations delivering multi-disciplinary in-house services across the broader system,² this work focuses on integrated and highly co-ordinated service delivery by non-government partner organisations who collaborate closely to provide holistic support to victim-survivors as they recover from DFV. It focuses on the preservation and integration of specialisation in the system, for example, where a specialist family violence worker collaborates closely with a family law solicitor to support a victim-survivor. Examples of different types of service delivery are provided in the graphic below:



1. For more information on the elements on holistic support, please refer to Section 3.1 of the fully documented model, available from the link at the end of this document.

2. In Victoria, the [Code of Practice for Specialist Family Violence Services Responding to Victim Survivors](#) recommends that "services use collaboration and advocacy within co-ordinated multi-agency responses to benefit victim-survivors" and defines coordination with other services as "involving different functions such as facilitated referral pathways, secondary consultations, co-case management, and multi-agency programs or colocation responses."

There are clear outcomes and benefits of integrated service delivery for victim-survivors, service providers and the social services system:



For victim-survivors

- Minimised time, effort, safety risk and stress of engaging in separately located services and different staff
- Reduced number of times to re-tell their story (and thus experience potential trauma and re-traumatisation associated with doing so), due to co-ordinated case management and appropriate sharing of information
- Improved timeliness for identification of needs and response times due to holistic needs assessment, co-ordinated case planning and less risk of repeatedly being referred on and unnecessary duplication of effort
- Increased likelihood of engagement with and receipt of other services due to trust built with initial host organisation and transfer of that trust to other organisations
- Increased likelihood of long-term recovery and independence by addressing holistic needs such as sustainable housing and financial stability, thus reducing the likelihood of returning to an abusive partner

"Your mind is not in the right set to be able to think clearly to start with, so there needs to be, I felt, one place that you can go to get help that then can branch off to many others to keep it as basic as you can for the needs of the people going through this."

"[When engaging with individual services] too often you are repeating your story over and over again; it takes so much energy to re-tell story and really wears you out."

"I had a terrible outstanding debt with the bank that was...put there by my husband...I had been struggling with the bank time and time again ringing...I just kept on explaining it every day on phone calls, whereas when I got to [this holistic service] they then put me also in touch with [their legal partner]. They actually came to [the host organisation] so I did not even have to go anywhere. And on the next day...they had managed to wipe that whole debt clean...As soon as that had gone, just the amount of clearer thinking that I could do on things that were really important helped immensely."³



For service providers

- More efficient and effective use of resources and streamlining of services through improved information, feedback from referrals and standardisation
- Increase in successful referrals to services and decrease in referral drop-out rates due to better understanding of victim-survivor issues and available services
- Improved staff capability and increased mutual trust, respect and professional understanding of other services, which in turn promotes more effective integration of services and more refined and efficient referral processes
- Improved staff focus on core competencies / specialisation and satisfaction of being able to address the holistic needs of victim-survivors

"We are doing it because it produces good outcomes for the women. [The psychologist from our partner organisation] is treating complex trauma, she is holding our clients before they can get to clinical services, and she is supporting their advocacy to get Centrelink, child protection whatever they need. The outcomes for individual women are good and the psychologist also builds the capability of our team to handle the complex trauma seven days a week."

"[As a lawyer], I've had other clients in tenancy clinics where I've had to play the social worker role, because if I don't do it the client will never get the thing done. This way is significantly more efficient."

"Staff get satisfaction from working with like-minded partners and facilitating better outcomes for clients -- they feel better by seeing better outcomes for clients and feel good about working in good partnership."⁴

3. Informed by [testimony from Megan, a client of McAuley Community Services for Women, to the Inquiry into Homelessness in Victoria](#) and victim-survivors from Women's Health East who shared their lived experience with SVA. A full list of literature used to inform the key outcomes and benefits can be found in the fully documented model available from the link at the end of this document.

4. Unless otherwise indicated, all subsequent quotes used in this document are provided by executives and staff members of specialist family violence organisations who shared their expertise on integrated service delivery with SVA.



For systems

- Improvement in level of overall engagement in support services, with victim-survivors more likely to engage with all required services via encouragement and support from host organisation
- Improved expertise across the system in how to provide holistic support as more organisations work collaboratively to understand the broader, complementary services available for victim-survivors
- Improved long-term recovery rates and lower rates of 'churn' in and out of the service system
- Decrease in long-term overall system costs via savings due to better outcomes for victim-survivors (e.g., reduced reliance on welfare, reduced long-term unemployment)

"I find out a lot about other services that I wouldn't otherwise know about that I can refer other clients to...working [with our partner organisations] helps me to provide a better service to victim-survivors."

"Integrated service delivery helps us all think from a victim-survivor's point of view."

"We want to create a system where all staff are competent in supporting clients, where victim-survivors receive consistent, quality, informed support from whichever service they go to, when they need it and from whoever they deal with -- it doesn't depend on one individual or one organisation."

Evidence suggests that, in addition to delivering better outcomes for victim-survivors, working in an integrated way is more cost effective across the system in the long-term.

The cost of DFV in Australia is significant. In 2015-16, the overall cost of violence against women and their children in Australia was estimated at \$22 billion. Victim-survivors bear 52% (\$11.3 billion) and Australian governments bear 19% (\$4.1 billion) of these costs, with the remainder borne by community, children, employers, family and friends.⁵

Working in an integrated way can generate long-term savings across the system that offsets these costs. Deloitte Access Economics found that even for the most complex clients, the services provided by McAuley Community Services for Women generate positive social and economic returns. Deloitte's analysis of the Social Return on Investment (SROI)⁶ of McAuley's integrated approach, for example, found immediate benefits for victim-survivors on an individual level of up to \$38.85 per day in relation to health benefits attributed to stable accommodation for women experiencing homelessness. On an individual level over five years, this equates to \$36,135 in relation to health benefits, and among other benefits, a \$3,281 benefit in relation to reducing welfare payments for women who no longer access welfare.⁷



5. [The cost of violence against women and their children in Australia](#), KPMG (2016).

6. SROI (Social Return on Investment) is a form of stakeholder-driven evaluation blended with cost-benefit analysis tailored to social purposes. It tells the story of how change is being created and places a monetary value on that change and compares it with the costs of inputs required to achieve it.

7. [Social Return on Investment \(SROI\): A case study approach for McAuley Community Services for Women](#), Deloitte Access Economics (2019).

Challenges of working together to deliver integrated services

Integrated service delivery involves a committed working partnership between two or more organisations and requires significant investment in relationship-building, governance, ongoing management and co-ordination, organisational capabilities, and operational infrastructure across the organisations.

- Both organisations need to be ready to partner in the manner required and have the appropriate skills and enablers to facilitate the partnership.
- There needs to be adequate and sustained funding, resourcing and or other investment from both organisations to develop, deliver and maintain the partnership.
- Partner organisations need to agree their shared goals and objectives for the overall betterment of their clients, level of commitment and contribution, approach to governance and ongoing management, roles and responsibilities and how they are going to approach communication, implementation and evolution of the partnership.
- Operational elements of the partnership need to be implemented and co-ordinated including service standards, common risk assessment and compliance policies and procedures; data and common information sharing protocols, management and record keeping; infrastructure and supporting equipment; staff capabilities, supervision, and support (including training and capacity building across teams); and ongoing monitoring, evaluation and learning.

The key steps involved in implementing integrated service delivery are outlined in the graphic below.⁸

Integrated service delivery involves changes to all aspects of service delivery and concerted time, effort and resources to implement and sustain



It can be challenging for many organisations to secure the time, effort, resources, and capabilities to start and continue working in an integrated, co-ordinated, and collaborative way, including the:

- Time and effort to test whether partners are aligned and if a potential partnership is worth investing in.
- Time, effort and financial resources to plan, design, trial and then fully implement new integrated ways of working, including governance structures, policies and procedures, and infrastructure.
- Limited knowledge and understanding of integrated service delivery among the sector, government and funding partners, especially knowledge of the organisational costs (including co-ordination costs), how to secure funding to cover costs, and understanding of the potential long-term savings and benefits for both organisations and the overall social services system.
- Difficulty in securing long-term, sustainable funding sources to justify the investment in organisational time and resources to establish the partnership, often not covered in standard funding for service delivery.

⁸ For more information on the implementation of partnerships and partnership infrastructure required, please refer to Sections 3.2 and 3.3 of the fully documented model available from the link at the end of this document.

“If you are going to embark on integrated service delivery, you need proper planning and funding including a good understanding of the short-term costs involved as well as the potential long-term benefits.”

Specifically, there are issues related to securing long-term funding and resources that make it challenging for service delivery organisations to sustain integrated service delivery including:

- Difficulty in securing longer-term, sustainable, cross-government portfolio funding streams that will cover the co-ordination costs of working in an integrated way (e.g. cost of designing, establishing, managing and maintaining partnerships).
- Challenges due to government incentives, funding structures and government service delivery contracts, and gaps in measurement of impact and holistic outcomes. Integrated service models generate positive outcomes for victim-survivors that are often not the outcomes required in standard service delivery contracts.
- Insecurity of funding and a resulting inability to attract, recruit and retain long-term specialist staff who are capable of working in an integrated way and thus provide continuity of support for victim-survivors.
- Additional workload and effort from staff to work in this new and integrated way, which may require reduced caseload to allow for co-ordination time; additional effort for multi-disciplinary staff to overcome differences in approach, language, definitions, and legislative requirements; and additional work such as data collection and advocacy to prove the value of the model.

These challenges have been exacerbated by the COVID-19 pandemic which has increased demand for support, increased the volume and complexity of caseloads due to higher rates and severity of DFV incidents, made it more difficult for victim-survivors to access services, and put pressure on service delivery organisations to adapt due to COVID-19 working restrictions.

“The outcomes are better for clients [by working in this way], but in order to get there with integrated service delivery, you have to be prepared to do a restructure of how your staff work.”



How Government and funding partners can support integrated service delivery

It is not straightforward for organisations to work in an integrated way. Service delivery organisations need to do things differently but changes also need to happen at the system level to enable better integrated practice and thus improved outcomes for victim-survivors and efficiencies to be realised across the sector. Governments as funders and system managers have a critical role to play in enabling integrated practice including removing current barriers.

This research has identified the following **four key areas for action** where changes to government funding and system management can better enable integrated practice:

1. Increase funding to service delivery organisations to cover integration costs

State and federal government policies strongly endorse integrated practice,⁹ but often do not provide adequate resourcing for the establishment and ongoing co-ordination and operational effort involved to successfully work in this way. Most recurrent funding sources only cover costs of standard service delivery programs (as opposed to integrated responses). The establishment, ongoing management and co-ordination costs involved in successful integrated service delivery to date have often been covered through philanthropic sources for pilot or research projects or are absorbed by organisations in the short-term. Unless service delivery organisations receive sustainable long-term funding to work in this way, they are unable to maintain integrated service delivery including the ability to retain specialist staff on long-term contracts and will be forced to invest significant time and resources on financial survival rather than enhanced service delivery.

“This kind of partnership approach involves a lot of work and there is no discrete or well-structured funding to cover the additional time, effort and costs involved in the co-ordination effort. We cannot just put on another staff member to cover the additional demand on the service because it is not funded.”

2. Change funding structures to incentivise sustained, quality, integrated service delivery

Partner organisations need guaranteed multi-year and multi-partner funding commitments to sustain integrated service delivery partnerships effectively. Currently there are barriers for governments to fund in this way given the rigid nature of existing funding mechanisms for services, and the siloed structure of government portfolios.¹⁰ Competitive funding streams, such as commissioning models, can drive towards lowest cost provision and make it difficult for organisations to collaborate and prioritise service quality and outcomes for victim-survivors. Unless these barriers of the current funding arrangements are removed and funding structures are introduced to incentivise this type of practice, such as multi-year and multi-partner funding vehicles, integrated service delivery will continue to be a challenge for many service delivery organisations.

“The competition to secure funding makes collaboration between organisations more difficult. The current commissioning model does not recognise the organisations that are providing a quality service and facilitating better outcomes for victim-survivors, it rewards the organisations providing services for lower costs.”

9. See for example [Ending family violence - Victoria's 10-year plan for change](#)

10. For further information on these funding barriers, refer to the other project outputs referenced at the end of this summary document.

3. Invest in sector-wide capability building, frameworks and tools which support integrated practice

Some state governments have recently invested in system-level enablers, frameworks and tools to support integrated practice across the family violence sector.¹¹ Common risk assessment frameworks and panels, information sharing protocols and sector-wide forums, provide common infrastructure, processes and knowledge sharing that facilitates better integrated practice between organisations and are more effective than individual organisations across the sector having to develop these resources. Without funding adjustments, this effort in itself will not be sufficient to support more integrated practice, but is an important enabler as part of the package of support required.

“Everyone needs to know who they report to and what they need to do...Be transparent and clear around processes, for intake and referral and ongoing management so all providers know the process and service scope.”

4. Build evidence of the impact and value of integrated service delivery

Traditional evaluation commonly focuses on the success of a few program components rather than effectiveness of integration or holistic supports, making it difficult to evaluate the impact of integrated service delivery. It is also costly to collect and integrate data across organisations as part of an evaluation effort. While organisations can share how processes have improved and stories of better outcomes for victim-survivors as promising signs of the effectiveness of integrated service delivery, the sector cannot yet demonstrate the true impact of this approach.

To do so, there needs to be investment in building the evidence base. Common evaluation outcomes of integrated partnerships need to be developed, and investment needs to be made in evaluation work, so organisations can gather the body of evidence needed to show that the approach is effective in different organisations and settings.

In addition, a comprehensive cost-benefit analysis of the investment required and the savings to individuals, systems and governments delivered by effective integrated service delivery across organisations is critical to strengthen the case for integrated service delivery. Governments have a role to play in both supporting building the evidence and better demonstrating the cost-benefit.

In summary, integrated service delivery can provide better outcomes for victim-survivors and a means to realise longer-term economic returns. Service delivery organisations need to be enabled and supported by government in order for these benefits to be realised across the system.

“I cannot stress enough how important it is just to have that one place to go and to know you are safe, know everything is going to be dealt with.”¹²

To read more about the collaboration and the resources produced, including a fully documented model of integrated service delivery and case studies from McAuley Community Services for Women, EDVOS and Muslim Women Australia’s Linking Hearts program please visit [The Lookout](#) and [Domestic Violence NSW](#) websites.

11. See for example Victoria’s [Family Violence Multi-Agency Risk Assessment and Management Framework](#)

12. Quote from [testimony from Megan, a client of McAuley Community Services for Women, to the Inquiry into Homelessness in Victoria](#).

Thank you

We received support for this project from a number of organisations and individuals working to improve outcomes for victim-survivors recovering from DFV.

We would especially like to acknowledge:

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- Management and staff of Muslim Women Australia and Linking Hearts
- Management and staff of WEstjustice
- Management and staff of North Western Melbourne Public Health Network
- Management and staff of EDVOS
- The victim-survivor advocates from Women's Health East
- Our advisory committee members from Domestic Violence Victoria, InTouch Multicultural Centre Against Family Violence, McAuley Community Services for Women, Westjustice, Homelessness NSW and the Commonwealth Bank

Thank you for all the incredible work that you do and for generously sharing your deep expertise and experience.

This project was led by



Social Ventures Australia (SVA) is a not-for-profit organisation that works with partners to alleviate disadvantage – towards an Australia where all people and communities thrive. SVA influences systems to deliver better social outcomes for people by learning what works in communities, helping organisations be more effective, sharing our perspectives and advocating for change.

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