

Supporting integrated service delivery – information for social sector organisations

This document outlines the benefits of integrated service delivery and provides insights from organisations that are working together to improve outcomes for victim-survivors of Domestic and Family Violence (DFV). It is intended for use by leaders and senior managers in service delivery organisations to support new implementations of integrated practice and should be read alongside the fully documented model available from [The Lookout](#) and [Domestic Violence NSW](#) websites.

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:

Model of service delivery	Referrals (Cold)	Referrals (Warm)	Co-location / Outreach	Integrated / Highly co-ordinated and collaborative	In-house
Overview	Victim-survivor is provided with contact details of secondary service to reach out to (cold referral).	Host organisation contacts secondary service to provide victim-survivor situation, and/or make appointment (warm referral).	Victim-survivor can access both host and partner organisation services at single host location. Host organisation may make appointment with partner organisation on victim-survivor's behalf and provide an overview of the victim-survivor's situation.	Victim-survivor accesses both host and partner organisation services (usually multi-disciplinary), usually at host location, with both organisations sharing data for joint understanding of victim-survivor's situation and needs. Victim-survivor is co-case managed by host and partner organisation with partnership agreement in place to govern co-ordination protocols.	Victim-survivor accesses all services at single host location, provided by the one host organisation. Practitioners within host organisation share data for joint understanding of victim-survivor's situation and needs. Victim-survivor is co-case managed by multiple practitioners without requiring a partnership agreement.
Characteristics of victim-survivors who could benefit	<ul style="list-style-type: none"> Fewer presenting needs Capacity to attend multiple locations / appointments 	<ul style="list-style-type: none"> Issues are less connected / complex Capacity to attend multiple locations / appointments 	<ul style="list-style-type: none"> Greater degree of trauma Multiple presenting needs Limited capacity to wait for and attend separate appointments 	<ul style="list-style-type: none"> Experience high degree of trauma, likely in crisis stage or immediate recovery Multiple, complex and interconnected presenting needs 	<ul style="list-style-type: none"> High degree of trauma and limited trust in service system Multiple, complex needs Specific intersectional needs (e.g. refugee or migrant victim-survivors requiring multi-cultural / migration lens)

Note: This model of co-ordinated service delivery is informed by ANROWS' research synthesis on [Working across sectors to meet the needs of clients experiencing domestic and family violence](#). It is a simplified representation -- there are many types of partnerships and co-ordination that exist.

Integrated or highly co-ordinated and collaborative support is particularly suited to victim-survivors with several complex presenting needs – requiring a holistic co-ordination to enable sustainable, whole-of-life outcomes.

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."

As shown below, there are clear outcomes and benefits of integrated service delivery for victim-survivors, service providers and the system, including governments and other funders.³ To help demonstrate the benefits of integrated service delivery in advocacy work and funding applications, please refer to *Supporting integrated service delivery - information for Government and funding partners* available from [The Lookout](#) and [Domestic Violence NSW](#) websites.

Key outcomes and benefits

 <p>For victim-survivors</p> <ul style="list-style-type: none"> • Less time, effort, safety risk and stress in accessing services • Increased likelihood of engagement in other services • Increased likelihood of long-term recovery and independence 	<p><i>"I had a terrible outstanding debt with [a 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."</i></p>
 <p>For service providers</p> <ul style="list-style-type: none"> • More efficient and effective use of resources • Decrease in referral drop-out rates • Improved staff capability in providing holistic support • Improved staff focus on core competences / specialisation and improved staff satisfaction 	<p><i>"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."</i></p>
 <p>For systems</p> <ul style="list-style-type: none"> • Improved long-term recovery rates and lower rates of 'churn' in and out of the services system • Improvement in expertise across the system of how to provide holistic support • 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) 	<p><i>"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."</i></p>

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

Working together in an integrated way

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 to address any differences in information sharing, reporting systems and organisational cultures.

- 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 graphic below illustrates best practice integrated service delivery.⁴



4. For more information on the partnership infrastructure required, please refer to Section 3.2 of the fully documented model available from the link at the end of this document.

Readiness considerations for the lead organisation	Readiness considerations for the partner organisation
<p>Is the 'lead' organisation:⁵</p> <ul style="list-style-type: none"> ✓ Ready to drive innovation, manage the development of the partnership, co-ordinate service delivery and oversee staff members including ensuring alignment on shared goals and objectives? ✓ Skilled in planning and communicating the vision and strategy for integrated service delivery; able to secure short-term funding and apply policy and advocacy skills to campaign for long-term funding; flexible enough to adapt governance and other processes for partners; able to create internal capacity to manage partnerships; and experienced in delivering effective supports to victim-survivors? ✓ Possessing the requisite enablers such as supportive governance and leadership; a focus on outcomes for victim-survivors; motivation to work beyond the current mandate; and a willingness and financial capacity to take risks? 	<p>Is the partner organisation:</p> <ul style="list-style-type: none"> ✓ Ready to participate in the development, support and oversight of the partnership and adapt service delivery practices for integrated delivery in order to achieve the shared goals and objectives? ✓ Skilled in supporting funding submissions or able to leverage and adapt existing funding streams; flexible on governance and other processes to work with partners; able to work in formal and informal ways as the partnership evolves; and able to retain and remote manage staff? ✓ Possessing the requisite enablers such as supportive governance and management; a focus on outcomes for victim-survivors; propensity to innovate or trial different approaches to partnering; and general flexibility, goodwill and a solutions-focus in relation to partnerships?

Costs involved in integrated service delivery for organisations involved
<p>The costs for design and establishment include:</p> <ul style="list-style-type: none"> ● Effort and resources required to design and trial the partnership (e.g. scoping, pilot design). ● Effort and resources required to formally establish the partnership (e.g. agreements and joint processes, staff training). ● New infrastructure needed to establish the partnership (e.g. new resources, materials, and IT equipment). <p>The ongoing operational costs include:</p> <ul style="list-style-type: none"> ● Costs of delivering services (e.g. staff salaries and ongoing costs such as recruitment, supervision, travel, professional development). ● General operating costs (e.g. additional finance, HR, payroll, IT, quality functions). ● Costs of managing and maintaining partnerships (e.g. co-ordinating or supervising additional staff, ongoing governance, collecting data, monitoring and evolving the service and/or partnership). <p>Saved and avoided costs for organisations might involve:</p> <ul style="list-style-type: none"> ● Short-term efficiencies such as more effective referrals and specialist workers spend more time devoted to their specialisation (rather than gathering initial background information or doing case management). ● Longer-term efficiencies including more effective and efficient partnerships as well as better outcomes for clients.

5. The 'lead' organisation is usually the initiator of the partnership. In most but not all cases the 'lead' organisation is the 'host' for other services and the 'partner' is the organisation bringing in their services to the 'host' organisation.

Implementing integrated service delivery is a staged process

It can be difficult for organisations to secure the time, effort, resources, and capabilities to start and continue working in an integrated, co-ordinated, and collaborative way. 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 collaboration identified **three key stages** that organisations have to work through to effectively implement integrated service delivery:

1. **Prepare for integrated service delivery** by assessing organisational readiness, identifying partnership goals, and securing funding and resources.
2. **Initiate and design partnerships** by formally agreeing partnership commitments, governance, and the implementation approach.
3. **Commit to ongoing service delivery, management, and continuous improvement** by establishing and managing operational elements of the partnership, monitoring feedback from staff and clients, and implementing a continuous monitoring, evaluation and learning (MEL) approach.

The key steps involved in each of these stages are outlined in the graphic below.⁶

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



Tip from the case study organisations: "You need to know where you have a gap and find an aligned organisation. Opt-in is another important pre-cursor -- each organisation has to want to work together."

Tip from the case study organisations: "You might have to spend some time to design and explore the partnerships and to build relationships before entering a formal partnership... test something, don't commit to something for life. You might take three to six months to design it properly and get the MOUs in place."

Tip from the case study organisations: "Be open to improving growth and learning as it's not a linear process to maximise outcomes."

6. For more information on the implementation of partnerships, please refer to Section 3.3 of the fully documented model available from the link at the end of this document.

Examples of organisations working in an integrated way

As part of this work, case studies were developed on three organisations successfully working in an integrated way.⁷ These organisations, all specialist family violence organisations, are McAuley Community Services for Women, EDVOS and Muslim Women Australia's Linking Hearts program.⁸

Organisation	State	Partnerships	Integration approach
McAuley Community Services for Women – McAuley House	Victoria	<ul style="list-style-type: none"> Partnerships with North West Primary Health Network (psychologist), BoltonClarke (nurse) and WEstjustice (lawyer) Services delivered onsite with housing 	<ul style="list-style-type: none"> Lawyer, nurse and psychologist onsite (part-time) Focus on building relationships and trust between the staff across the various organisations, by encouraging open and informal communication lines between case managers and specialist workers Use a 'test and learn' approach to building relationships with potential partner organisations before committing to formal partnership agreements
Muslim Women Australia (MWA) – Linking Hearts Multicultural Family Violence and Homelessness Service	New South Wales	<ul style="list-style-type: none"> Partnerships with Salvation Army (financial counselling), Legal Aid, Marrickville Community Legal Centre, several housing providers and mental health practitioners Services co-located at Linking Hearts Centre 	<ul style="list-style-type: none"> Lawyer and financial counsellor onsite (part-time) Linking Hearts clients get priority access to other MWA services e.g. youth groups, capability building Shared commitment with partners to create better experiences for clients including how organisations must align with Linking Hearts' approach that 'there is not wrong door' and being culturally responsive to provide support for all victim-survivors that present Partnerships are open to growth, learning and improvement, focusing on what works in practice, rather than what might work on paper
EDVOS	Victoria	<ul style="list-style-type: none"> Partnerships with Victorian Legal Aid and Eastern Community Legal Centre, financial counselling, alcohol and drug, sexual assault, housing, animal abuse and children's services Services co-located at EDVOS 	<ul style="list-style-type: none"> Lawyer, financial counselling services, drug and alcohol counselling and sexual assault services located onsite A varied approach to partnerships including integrated services onsite as well as outreach by locating case managers in accessible locations such as community organisations, health services and schools A strong focus on monitoring outcome indicators and will develop partnerships to provide targeted support when a gap in services is identified (e.g. onsite legal advice on family law to provide support in child arrangements)

7. For more information on the case studies, please refer to Section 4 of the fully documented model, available from the link at the end of this document.

8. Australian states and territories have differences in their legislation, policies, funding and commissioning models in relation to services that support victim-survivors. This work includes case studies from organisations from two states (New South Wales and Victoria), but does not describe state-specific requirements in relation to integrated service delivery.

Lessons from organisations working in an integrated way

The organisations participating in this collaboration shared the following **organisational enablers**, or critical success factors, that have supported their organisations in the successful implementation and operation of integrated service delivery:

<p>✓</p> <p>Leadership vision and commitment: visible commitment to integrated service delivery by board and executive of both organisations and communication of a clear vision and purpose for how integrated service delivery provides better outcomes for victim-survivors and the organisation(s).</p> <p><i>“Good leadership in both organisations is essential to sustain the partnership.”</i></p>	<p>✓</p> <p>Regular, open and honest communication at all levels of the partnership: regular and effective informal and formal communication systems between executive, management and staff in both organisations.</p> <p><i>“[The psychologist] sits in on case management meetings – she’ll be present and they’ll potentially follow-up. She also spends a lot of time on the level where the kitchen is to have incidental conversations with the women and staff.”</i></p>
<p>✓</p> <p>Organisational flexibility and adaptability: recognition that as the partnership develops, governance and management requirements will increase and willingness to adapt standard processes and practices to better meet victim-survivors’ needs.</p> <p><i>“COVID-19 made integrated service delivery more difficult as staff had to deliver services in completely different ways; we need to embed flexibility into our long-term partnerships and shared goals to be able to handle unexpected events or changes that might occur in the future.”</i></p>	<p>✓</p> <p>Targeted recruitment and support to retain staff who can work in an integrated way: identification and recruitment of skills necessary for integrated service delivery and supports to retain staff including structures, stability and wellbeing.</p> <p><i>“Innovation is attractive to some staff members, but it may not suit their personalities. We have had to get more nuanced in our interviews to identify staff members who are comfortable with innovation, risk taking, uncertainty.”</i></p>
<p>✓</p> <p>Ability to secure longer-term, sustainable funding sources: identification of funding requirements, approach and risks and ability to secure funding which might involve securing upfront funding from multiple sources to cover establishment costs and effort.</p> <p><i>“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.”</i></p>	<p>✓</p> <p>Explicit, structured processes and integrated systems: clarity about staff roles and responsibilities and well-documented and structured processes.</p> <p><i>“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.”</i></p>
<p>✓</p> <p>Preparedness to rethink roles and workload: there might need to be shifts in governance, management and practice to implement integrated service delivery, additional professional learning and development, and or a reduction in caseload for case managers.</p> <p><i>“The outcomes are better for clients, but in order to get there with integrated service delivery, you have to be prepared to do a complete restructure of how your staff work.”</i></p>	<p>✓</p> <p>Regular client feedback: collect and share regular feedback from clients between partner organisations to continuously improve the delivery of integrated services.</p> <p><i>“Obtain regular client feedback to ascertain whether you and your partners are meeting the needs of clients through integrated service delivery.”</i></p>



Shared values and 'shared clients' across all staff members: board, management and staff from partner organisations share the same values for supporting clients and share accountability and responsibility for those clients.

"An organisation can have systemic partnerships and agreements but if they are not implemented on the ground in terms of bettering outcomes, it makes no difference. People make a huge difference in how those policies and procedures are implemented; people are a crucial enabler."



A focus on outcomes: know what is to be achieved through the partnership and regularly speaking about the numbers and results.

"We are doing it because it produces good outcomes for the women. [The psychologist] 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 really good. She also builds the capability of our team to handle the complex trauma seven days a week."



Trust, respect and relationship building including cultural responsiveness: good team culture with positive, trusted relationships and cultural safety and responsibilities between staff members and clients.

"All partners need to have the same focus on cultural safety for both staff and clients."

In addition to organisational enablers, governments have a critical role to play in enabling organisations to move towards integrated service delivery, including removing barriers related to the amount, type, mechanisms and length of funding.

In summary, while integrated service delivery can be challenging to establish and maintain, the benefits to victim-survivors and the organisational efficiencies it can create makes it well worth the effort.

By working in an integrated way, "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."

To read more about the collaboration and resources produced, including a detailed description 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.



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- Management and staff of North Western Melbourne Public Health Network
- Management and staff of EDVOS
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- 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

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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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