Listening to Families
Understanding the journey of families through the ACT service system
Listening to Families

Understanding the journey of families through the ACT service system

A co-design project involving the ACT Government, community services, and families currently accessing the ACT service system, supported by ThinkPlace

ThinkPlace is a strategic design consultancy focused on helping organisations work out their direction, designing services that deliver on that direction and bringing about the organisational change to deliver those services.
Thanks and Acknowledgments

The success of this project was due in a large part to the collaboration and input of many individuals and organisations. The commitment of ACT Government and Community sector leadership and their staff to attend weekly reflection sessions to provide their knowledge, ideas, feedback and opinions proved invaluable to the project overall and particularly to the creation of the final report.

The work of Woden Community Services, Northside Community Services and Inanna in facilitating connections to families and vouching for the trustworthiness of the research team was instrumental in the success of the research.

Above all, the willingness of families to give their time and, to openly share their stories and ideas was the central part of the success of the project.

ACT Government
David Matthews  Geoffrey Rutledge
Natasha Hudson  Sarah King
Nicole Moore  Angela Lee
Mick Chisnall

Woden Community Services
Chris Redmond  Vicky Leung
Ben Johnson  Donna Harrison
Janine Bissett

Anglicare
Dunja Radosavijevic

Northside community services
Simon Rosenberg  Alicia Bros
Wendy Prowse  Chaylee Brikcius
Kate Cvetanovski  Marivic Banico

Inanna
Winsome Willow

Canberra men’s centre
Gerald Franks

YWCA
Rebecca Vassarotti  Gerardo Navarro Suarez
Fiona McGregor  Sarah Forrester

ThinkPlace
John Body  Nina Terrey
Nina Terrey  Sarah Forrester
Jesper Christansen

Table of contents

04 Opening comments
06 Executive Summary
08 Project overview
09 Project intent
10 Research
14 Family stories
41 What we discovered
57 Fieldshops and ideas
60 Family Connect
66 Lead case worker
72 Family information profile
78 Future state service journey maps
83 Further ideas
Opening comments

To “walk a mile in my shoes” means you should try to understand someone before judging them.

Through “Listening to Families”, we aimed to walk with a small number of vulnerable families to better understand their unique journeys through the ACT service system. Our objective was to identify what could be done better to enable all families in our community to live their lives successfully and with dignity.

“Listening to Families” was a unique co-design project involving the ACT Government, community services, and families currently accessing the ACT service system, supported by ThinkPlace.

Co-design describes the process where the development of policies and services is a collaborative effort between policy makers and service users. We would hope that co-design does not become the new buzz word that is used to justify using traditional consultation as evidence of collaboration. Rather it should mean taking the courageous and difficult step of admitting to families that, without engaging them in depth and with respect, we cannot make the service system work well.

This project involved narrative-based interviews with families; ‘field shops’ where families, support workers and policy makers jointly identified solutions; and weekly reflection sessions and a series of workshops where insights were mined to inform the design of service improvements.

The project was envisaged and structured as a learning process - learnings on the lived experiences of families; learnings on the perspectives and contributions of both service providers and policy makers; and learnings on how to engage differently with service users and with each other to make improvements.

The end result was a rich collaborative approach which has identified clear principles and specific ideas to improve outcomes for vulnerable families from the ACT service system.

We would like to thank the project partners: Woden Community Service, Northside Community Services, the YWCA of Canberra, the Canberra Men’s Centre; Inanna Inc; and the ACT Government represented by the Community Services and Chief Minister and Cabinet Directorates.

We would also wish to recognise the valuable expertise, insights and passion provided by the team at ThinkPlace.

Most importantly, we want to acknowledge the real experiences of families and their courage and generosity in sharing their lives with us in order to make a difference for others.

David Matthews
Chris Redmond
Simon Rosenberg
John Body

“Listening to Families” Steering Committee
Executive Summary

This report provides an exploration and evaluation of the experience of vulnerable families accessing services in the ACT. It describes the experience of six families as they navigate the service system to access assistance. The report then identifies service system problems and potential solutions. The project was undertaken with the aim of improving responses for individuals and families that cannot, or choose not to, access the support they require to meet their full range of needs.

The research team, in collaboration with government and community sector organisations, conducted research including explorative, in-depth interviews with nine families identified as experiencing vulnerability. The team further investigated the findings and developed ideas for service solutions through weekly reflection sessions and in-field workshops (fieldshops) that included families, representatives from government and representatives from the community sector.

The results of the research and analysis are:

1. **A number of insights highlighting the problems families face when accessing services.** These are divided into four main categories:

   - **Experiencing the system** – these insights describe issues that families experience such as a lack of service continuity, not being understood by the system, long involvement that leads to mistrust in the system and the need for assistance to understand their rights and obligations;

   - **Service system capacity** – these insights describe issues such as inflexible eligibility criteria that do not take the whole family into account, unrealistic demands placed on families by the system and little ownership or accountability for cases;

   - **The family view of their own situation** – these insights describe some of the reasons why families can't or chose not to access help from the system including maintaining dignity and self-reliance, low levels of social support and connectedness and too much responsibility for own situation in times of crisis; and

   - **Broader system aspects** – these insights describe issues that need to be require policy, funding or legislative change, such as collaborative practice, authority to make decisions, housing and the role and capacity of ‘first to know’ agencies to refer.

2. **Shifts in mentality and perception of the overall service system**

3. **Three interconnected service propositions**

   The propositions were developed in collaboration with families, government and community sector representatives and address multiple service system issues identified through the research. The service propositions are:

   - **Family Connect** – community hubs that provide accessible entry points to services and facilitates collaboration and coordinates the entire case of the family

   - **Lead case worker** – a central facilitator that drives and coordinates support given to a family

   - **Family information profiles** – an online profile owned by families and shared across organisations

   The report then outlines recommendations for moving towards implementation of the three service propositions including possible people, process, technology, policy or legislative changes as well as the benefits and success measures for each proposition.
There is a broad agreement that the public service system is failing to address the problems and needs experienced by at least some vulnerable families. Therefore, there is a need for a better understanding of the experiences of vulnerable families in the complex service system that they are interacting with.

**Context**

The ACT Government recognises that a group of individuals and families in the ACT experience poor outcomes against a range of indicators. These in turn can trigger or maintain cycles of disadvantage. The Listening to Families project focuses on improving responses for individuals and families who cannot, or choose not to, access the support they require to meet their full range of needs and to mitigate against any adverse outcomes that may result, including:

- Poor outcomes for one or more individuals, including children, compared with other community members at a local and/or population level
- Reduced personal well-being and social connectedness
- Reduced economic participation, leading to a loss of economic activity
- Risk taking and anti-social behaviours, which impact negatively on themselves or other citizens
- Prolonged involvement with services without achieving progress resulting, in inefficient and ineffective use of public resources

The desire to work as ‘one government’ (Hawke Report) – better collaboration between governmental organisations, community-based work and citizens to create a cohesive service system for citizens

Drivers for change

We are dealing with a service system that grew in a largely reactive manner without considering the user experience. This results in increased service complexity and duplication. As a consequence, families with multiple (breadth) and/or intensive (depth) support needs are experiencing barriers to accessing the support they need and want. These are the resulting drivers for change:

- Political awareness and recognition that a group of individuals/families are experiencing complexity in receiving the support they need and want, resulting in poor service outcomes and ineffectiveness of public resources
- The desire to work as one government – better collaboration between governmental organisations, community-based work and citizens to create a cohesive service system

Reversing the turf war – taking shared responsibility for improving outcomes for citizens and the effectiveness of government service delivery

**Project overview**

**Drivers for change**

We are dealing with a service system that grew in a largely reactive manner without considering the user experience. This results in increased service complexity and duplication. As a consequence, families with multiple (breadth) and/or intensive (depth) support needs are experiencing barriers to accessing the support they need and want. These are the resulting drivers for change:

- Political awareness and recognition that a group of individuals/families are experiencing complexity in receiving the support they need and want, resulting in poor service outcomes and ineffectiveness of public resources
- The desire to work as one government (Hawke Report) – better collaboration between governmental organisations, community-based work and citizens to create a cohesive service system for citizens

Reversing the turf war – taking shared responsibility for improving outcomes for citizens and the effectiveness of government service delivery

**Project intent**

Co-designing an integrated service system for ‘Vulnerable Families’

To develop new capabilities to design and co-produce services with current service users as part of a systemic approach to improving outcomes for vulnerable families in the ACT.

**Drivers**

Recognition that a group of individuals/families are experiencing complexity in receiving the support they need and want, resulting in poor service outcomes and ineffectiveness of public resources.

**How do we get there?**

We will form two individual streams of work:

**1. Theory – skill building & reflection**

- Train field work team and provide skills, tools and materials they need to understand co-design processes
- Support team with an experienced designer to develop capability
- Cultivate thought leadership and discussion on the use of co-design

**2. Practice – applying the learning**

- Prepare for citizen engagement by developing the co-design research protocol
- Identify and innovate possible solutions, opportunities and ideas in ‘thinking’ sessions

**3. Culture / Environment**

- Introduce a collaborative design approach to engaging citizens in the co-design process
- Engaging citizens in collaboration around services by better identifying their experiences and desires

**What is the situation at the moment?**

Service system:

- Services too large and informal in service delivery without considering the user experience which results in increased service complexity and duplication
- System is experienced as compartmentalised – by provider, funding source and program logic – forming vertical silos of service delivery
- Focusing on fixing symptoms rather than addressing the causes of which means service delivery is ineffective use of resources and migration to higher cost and or intrusive services needed
- Examples of existing local initiatives/knowledge that have sought to link services in information with citizens

Vulnerable families:

- Families that cannot, or choose not to, access the multiple (breadth) and/or intensive (depth) support they require, including housing, legal and disability (mountain) to support services
- Difficult to define: what constitutes a vulnerable family?
- Despite involvement with services, some families and individuals better identifying their experiences and desires
- Introducing a co-design approach – great interest in developing co-design research protocol

**Current reality**

- Service system has largely evolved in a reactive manner without considering the user experience which results in increased service complexity and duplication
- System is experienced as compartmentalised – by provider, funding source and program logic – forming vertical silos of service delivery
- Focusing on fixing symptoms rather than addressing the causes of which means service delivery is ineffective use of resources and migration to higher cost and or intrusive services
- Examples of existing local initiatives/knowledge that have sought to link services in information with citizens

- Service is experienced as compartmentalised – by provider, funding source and program logic – forming vertical silos of service delivery
- Focusing on fixing symptoms rather than addressing the causes of which means service delivery is ineffective use of resources and migration to higher cost and or intrusive services
- Examples of existing local initiatives/knowledge that have sought to link services in information with citizens

- Service is experienced as compartmentalised – by provider, funding source and program logic – forming vertical silos of service delivery
- Focusing on fixing symptoms rather than addressing the causes of which means service delivery is ineffective use of resources and migration to higher cost and or intrusive services
- Examples of existing local initiatives/knowledge that have sought to link services in information with citizens

**Desired reality**

- Service is well targeted, evidence in service delivery without considering the user experience which results in increased service complexity and duplication
- System is experienced as compartmentalised – by provider, funding source and program logic – forming vertical silos of service delivery
- Focusing on fixing symptoms rather than addressing the causes of which means service delivery is ineffective use of resources and migration to higher cost and or intrusive services
- Examples of existing local initiatives/knowledge that have sought to link services in information with citizens

- Service is well targeted, evidence in service delivery without considering the user experience which results in increased service complexity and duplication
- System is experienced as compartmentalised – by provider, funding source and program logic – forming vertical silos of service delivery
- Focusing on fixing symptoms rather than addressing the causes of which means service delivery is ineffective use of resources and migration to higher cost and or intrusive services
- Examples of existing local initiatives/knowledge that have sought to link services in information with citizens

- Service is well targeted, evidence in service delivery without considering the user experience which results in increased service complexity and duplication
- System is experienced as compartmentalised – by provider, funding source and program logic – forming vertical silos of service delivery
- Focusing on fixing symptoms rather than addressing the causes of which means service delivery is ineffective use of resources and migration to higher cost and or intrusive services
- Examples of existing local initiatives/knowledge that have sought to link services in information with citizens

**How can we initiate capabilities for an ongoing engagement and learning to give citizens a voice in designing and co-producing services?**

By applying a collaborative design approach to engaging citizens in the co-design process

**Focusing question**

How can we initiate capabilities for an ongoing engagement and learning to give citizens a voice in designing and co-producing services?
Designing the research to meet the intent

Goals of the research engagement

To deliver on our intent, we needed to understand how vulnerable families currently experience and engage with the service system. We also needed to explore future collaborative approaches for developing and co-producing services that create better outcomes for vulnerable families in the ACT.

The aim of the research was to give illustrative descriptions of the journey of families in the service system, with a specific focus on their experiences in significant situations and at critical points of interaction. This illuminates the problems and challenges that prevent desired outcomes. It reflects a ‘holistic’ view on their service journey and the functioning of the service system as well as in-depth perspectives on its implications for the citizens.

The research sought to give a better understanding of:

- The needs, as well as the assets and desires of vulnerable families
- The experiences of vulnerable families seen from their perspective, as well as their journeys through the service system
- The interconnections in the service system and the potential effectiveness of a more collaborative approach
- How the current service delivery does or does not fit into the citizens’ life and their needs

Desired outcomes for research

Outcome 1: The research aimed to give (new) insights into how to engage and retain people in meaningful, person-centred service environments.

Outcome 2: The research aimed to inform the basis of outcomes-focused decision making by showing the potential of working as ‘one system’, regardless of provider and funding source.

Outcome 3: The research aimed to reframe current problems and challenges that prevent desired outcomes.

These are people who work with the families in practice, and their in-depth understanding of the situations and experiences of vulnerable families was a valuable resource in itself that was utilized.

‘Vulnerable families’ are usually identified through certain family level barriers. These barriers include:

- low or limited incomes / debt;
- sole or young parenthood;
- culturally or linguistically diverse;
- disability;
- unstable housing or homelessness;
- domestic violence;
- drug or alcohol abuse;
- physical or mental health issues;
- lack of social support;
- lack of private transport;
- low literacy;
- unemployment;
- large family size;
- lack of social stability;
- inability to live desired lifestyle;
- day-to-day stress

The service need matrix is a helpful tool to classify citizens and families by the intensity and number of services they require. Given the intention of the project, we are particularly interested in families and citizens that are located primarily in the ‘Intensive’ service need area (top right) and secondly in the ‘Assisted’ (top left) and ‘Managed’ service need area (bottom right).

“The research aim was to give illustrative descriptions of the journey of families in the service system with a specific focus on their experiences in significant situations and critical points of interaction. This illuminates the problems and challenges that prevent desired outcomes”
Research Methodology
Gathering and distilling the data

Nine families were interviewed as part of the research process and each openly spoke about their lives, their experiences in significant situations and how the service system helped or did not help them.

Listen and record
Research interviews are exploratory, which means that, while there are some pre-prepared questions, the interview is more like a relaxed conversation. To a certain degree the interviewer will allow the family to lead the direction of the conversation, which means that they are able to talk about what is most important to them. The exploratory nature of this project means that the skills of interviewing rely on genuine engagement with the family and finding ways to help pinpoint areas of pain, areas of opportunity and general areas of importance from their perspective. The interviews were audio recorded and extensive written notes were taken.

Make sense
The raw research notes and recordings are used to create a rough draft map of the family’s story. As this is done, the fundamental elements that need to be represented on the map become apparent. In this project, elements such as key life events/service triggers, service interactions and what the family believed or understood about the interactions were the common elements that appeared as the first few journeys were mapped. As more and more of the journeys are mapped, these are refined.

Represent
As each family’s service triggers, referrals, service interactions and service barriers are identified, patterns begin to emerge. As patterns emerge, so do insights into what is and isn’t working within the system. These are also built on, critiqued and refined as the research continues.

It is not possible to entirely represent the depth and breadth of a family’s story on a service journey map alone. For this reason, we create personas to complement the maps and tell the story in more depth.

Multiple prototyping is required to reach a solution that represents the service experience of a family. Decisions must be made about what must be shown on the map and what can be communicated through the persona. This is a process that is done with great consideration and a commitment to remaining faithful to the story of the family.
Family stories

In keeping with the research aim, to illustrate the journey of families in the service system, each interview was audio recorded and researchers took extensive notes. Six of the family stories have been translated into personas and service journey maps.

Personas

Through our research we sought to understand the experience of vulnerable families as they sought and received services from government and community organisations. It is crucial that their stories are told from their perspective. For this reason, each persona seeks to describe:

- What is important to the family?
- What is their view/understanding of what has happened?
- Who has been part of their journey?
- What worked or didn’t work for them in their interactions with the service system?
- How did interactions make them feel?

Every effort has been made to tell the story of each family honestly, without bias toward either the family or the service system.

Service journey maps

The purpose of the service journey maps is to represent the interaction of families with the service system including what triggered their interaction, when and why they were referred to another organisation, what services were provided to them, and whether the service interaction continues, stopped due to a barrier or came to a natural conclusion. The maps are not designed to represent the whole story of the family. For a more detailed description of each family and their situation, please refer to the personas.

The table below explains what elements in the maps represent:

<table>
<thead>
<tr>
<th>Key life events/service triggers</th>
<th>are events in the lives of families that instigate a service interaction with an organisation/service provider. Interactions may be family initiated or may be the result of intervention by authorities such as police or Care and Protection Services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care &amp; Protection Services</td>
<td>The service provider is an organisation, such as Inanna or Woden Community Services, that helps the family with the issues they are facing. This interaction may initiate the provision of a service by that organisation or result in a referral to another service.</td>
</tr>
<tr>
<td>Referrals</td>
<td>can stem from the initial contact with a family or occur at a later time as additional issues become apparent.</td>
</tr>
<tr>
<td>Services</td>
<td>are provided to assist with particular issues faced by the family. The issues for which families sought or were provided services fall into six broad categories: housing, relationships, wellbeing of children, mental health, physical health, and financial issues. These are each represented by a different colour on the map. In many cases the issues are multidimensional and would not be appropriately represented by one category. In this case they are represented by the multiple issues category.</td>
</tr>
<tr>
<td>Service barriers</td>
<td>represent anything that caused the service to cease before either the family or the service provider believed the issue to be resolved. The service interaction may have been ceased by the family or the service provider.</td>
</tr>
<tr>
<td>Service barriers are followed by a quote from a family member that tells their understanding of why the service ceased and/or how that made them feel. Where there is no relevant quote a brief explanation is provided.</td>
<td></td>
</tr>
<tr>
<td>All of the families interviewed have some sort of continuing service interaction with one or more organisation.</td>
<td></td>
</tr>
<tr>
<td>In some cases, services collaborated to help families. Collaboration ranges from coordinating the calendar of the family and arranging transport to creating an agreed case plan and working together to achieve this plan.</td>
<td></td>
</tr>
</tbody>
</table>
Donna’s family

Donna has three young boys, Matthias 6; Elijah, 5; and Kayne 2.

Looking after the boys takes up most of Donna’s energy and they are clearly the most important part of her life.

The two older children have autism. Elijah’s is most severe; he doesn’t speak and is only just learning to use the toilet. Donna believes that Matthias will be able to have a reasonably normal life, but she feels that Elijah will not. “I get run down because I’ve got to run around a lot after my boys. I don’t get much of a break from my middle child. Nobody has a house safety proofed enough for him” (he has escaped the house and wandered on the street naked.)

Matthias sees a counsellor at his school when there is one there. Donna is worried about his speech; he goes to ACT Therapy, Belconnen. Matthias also has eating issues. Donna tells us he has never eaten a solid meal although he will eat sandwiches these days, which is a major improvement. They will be seeing a dietitian soon to work out a meal plan.

Her mother (who was one of the first women housed by Inanna) refers Donna to the organisation. Inanna has played a major role in helping Donna get where she is now. “I’m pretty content at the moment. I’m doing really well.” They have provided her with a house, the first house she’s had of her own. She has three case workers from different organisations who help her to organise her timetable. Her case worker from Catholic Care puts her appointments (mostly medical, hearing, speech therapy, blood tests for her sons) into a calendar and emails it to the other two case workers. They coordinate driving Donna and the boys to the appointments; if one can’t do it, another one will.

Donna has been happy with the help she has received from Inanna, Barnardos and Catholic Care. Until recently, she was receiving help from CPS but they have closed her case because she no longer needs them. “I was a little bit sad when CPS closed my case. I felt good that they thought I was doing really good, but I’m worried for the safety of my son.” Donna’s experience with CPS was positive. “A lot of people think CPS just takes your kids away. But they had no intention of doing that with me. They wanted to help me in every way I needed.” However, she describes the service at the medical centre as useless “Not one of the people at the centre offered to pay to help me get to Sydney for treatment when Elijah was burnt.” When she requested help for her six year old son, they sent a drug and alcohol counsellor.

Someone from an organisation in Manuka comes to help Donna clean the walls in her house. This is very necessary because Elijah wipes his hands on everything. This organisation also offers some respite time but Donna says she’s “a bit touchy” about her kids, especially Elijah. She says, “I know people get police checks but I’d feel nervous because he [Elijah] can’t speak so he wouldn’t be able to tell me if they’d hurt him”

Donna is hoping to get her driver’s licence soon and if she does, Inanna will buy her a car. Having transport would make a significant positive change in her life because trying to catch buses with three young boys is very difficult for her. “When you want to take the kids out - it gets you down when you can’t.” Donna would be able to get to her appointments more easily, although she feels she would still need a support worker to go along with her to explain things she doesn’t understand.

Donna’s relationship with the father of her children began about 10 years ago and had been on-and-off until about a year ago. Donna’s ex-partner was violent towards her, which brought about the involvement of CPS because of concerns that the violence was occurring in front of the children. They had lived together but fought a lot because they didn’t have a house of their own. After the break up, Donna decided she didn’t want the father to see her boys any more and that is how it’s been since. “Now I’ve got a home. I don’t want people coming around disrupting my boys”

“When it comes to my kids I’m god. I’ve got them in a happy place. I want to keep it like that.”

Donna suffered post-natal depression after the birth of Kayne. She says she didn’t want to hold him but now she tells us “We’re building our own relationship.” She still experiences depression sometimes. She has some sleeping pills to help her because the main symptom of her depression is sleeplessness. “I lie awake at night thinking about what’s going to happen this week or next week. There’s times when I have to go out for an appointment and I just don’t want to go out of the house... When the floors are really dirty that depresses me too.” She also tells us that having to repeat herself to Elijah, constantly telling him to stop doing things, gets her down.

Donna explains, “This is my poor week. I only have $150 after my bills are paid.” Despite her limited funds, Donna makes sure that she gets the essentials for her boys’ lunches. She borrows some money from her family and states “I wouldn’t know who to ask for help or for a loan if I didn’t have them.” She currently has a few family members staying with her and says that her brothers pay board and help around the house. All of the adults in Donna’s family are on a disability pension. Donna receives the carer payment for her sons and $50 for her youngest son. Her father refuses to pay child support – “Because he’s tight. He only gets the dole and doesn’t want to pay for another kid. He’s already got six out there that he’s produced.”
“Before the diagnosis, we didn’t really notice. We just thought that he fell back because of the accident. Having the diagnosis really helped.”

“My case worker will break it down for me. I might not understand, but my worker will”

“I never had my own home until now”
Eliza is single mother of two girls – Grace, aged 6, and Bec, 8 years. She is a New Zealand citizen and grew up in Christchurch. When she was 17 years old, she met her ex-partner online. She talked to him for around six months, before she decided to move to Canberra to be with him.

As she phrases it, her ex-partner (the father of the girls) kicked her out of the house early in March 2012, after nine years of being together. “I don’t like to talk about him because it does get upsetting.”

After her partner kicked her out of the house, Inanna provided Eliza with crisis housing where she can live until she gets her own place. Inanna have become an important part of her life, helping her with lots of support and counselling. Her case worker, Joan, helps her with several legal questions and processes.

Eliza shares the custody of her children with her ex-partner and has them one week on and one week off.

She is currently unemployed, but is studying a pathways programme at the Australian Catholic University. She dreams of becoming a hairdresser. The course she hopes to take starts in July, but she wonders if she’ll be able to attend the course, because of her daughters.

Eliza’s income is minimal because she is only entitled to the Family Tax Benefit, which is not even $300 a fortnight. She applied for Centrelink payments five weeks ago but is still waiting for the money. Apparently, Centrelink has not yet received a response from her ex-partner and they will not provide payments until he has responded. She is not eligible for any other government payments because she is not an Australian citizen. “It’s my daughter’s birthday next week and I still don’t have any money.” In the past Eliza worked during the night because her ex-partner “was in trouble with the law” and wasn’t allowed to come home and so was unable to provide an income. During that time, Care and Protection Services was involved due to violence.

Eliza has a strong desire to make it on her own. She thinks her ex-partner’s family considers her a failure and she is trying to prove the opposite.

Most of Eliza’s family lives in New Zealand and she hasn’t got any friends here in the ACT. She isn’t connected very well on a social level and is rather lonely. She has only her ex-partner and her children. She feels worst during the weeks when her daughters are with their father. “I try to stay away from people, I don’t make friends very easy.”
Eliza’s family

End 2009

Care & Protection Services

No referrals or third party involvement

“Even though I was the carer, I didn’t have a say in the children’s lives”

Mid 2011

Care & Protection Services

No referrals or third party involvement

October 2011

General Practitioner

Psychologist

October 2011

Police

Mental Health Facility

No referrals or third party involvement

October 2011

Mary Mead

Referral

Barnardos

March 2012

Inanna

March 2012

Centrelink

ACT Housing

No referrals or third party involvement

Early 2012

No referrals or third party involvement

“I feel like my whole world is crumbling beneath my feet. It’s just full at the moment and it just doesn’t seem to stop. I just want it to stop”

Funding lost for case worker

“CPS didn’t come and talked to me. They talked to my case worker”

“Even though I was the carer, I didn’t have a say in the children’s lives”

“I feel like my whole world is crumbling beneath my feet. It’s just full at the moment and it just doesn’t seem to stop. I just want it to stop”

No referrals or third party involvement

Rejection by Eliza, but no reinitiation

No referrals or third party involvement

October 2011

My partner is in jail

Help dealing with back pain daughter refuge housing with Inanna

February 2012

I have a taxi accident. I’m fine, but my back hurts and I can’t forget the situation

They talked to me and talked to me. They talked to my case worker”

They ring breaks up with me and I lose my payment

The whole situation, I can’t handle it anymore.

The police find me with a knife in the bathroom how I’m going”

Mental Health

ACT Housing

22 ACT GOVERNMENT – LISTENING TO FAMILIES

ACT GOVERNMENT – LISTENING TO FAMILIES 23
Evan and Justine’s family

Evan and Justine have not always struggled as they do now. Just a few years ago, Evan earned about $300,000 a year and the family had been building their own house.

Evan was made redundant but did not receive a payout. The family soon fell into financial crisis that has forced them to sell their house and two cars. They now struggle to pay rent in the private rental they occupy. They applied for public housing at the time of their greatest crisis, but housing lost their forms. Because they are now up to date with their bills, they can no longer get onto the priority list. They desperately need to find more affordable housing but can’t give up their current house for fear of not finding another place.

Shortly after the family entered financial crisis, Evan and Justine’s younger daughter, April began to misbehave. Her behaviour continued to deteriorate and she is now “completely out of control”. Evan and Justine have tried everything within their ability to regain control of their daughter, but she is insubordinate to all authority. She refuses to go to school, is manipulative, violent and refuses to engage with anyone who disagrees with her. Her parents have tried a number of different school options including the Cottage and the Big Picture program at Wanniassa School. However, she rarely gets out of bed before 12 pm and cut $1,200 worth of school uniforms in to tiny squares.

The safety of their daughter is of great concern to Evan and Justine. She disappears at night and has more than once been the victim of alleged sexual assault. However, the danger to which April exposes herself is only one issue. She is physically abusive towards the family, forcing Justine to hide all of the kitchen knives for fear that April will use them. Her behaviour has put great strain on Evan and Justine’s relationship. Their young son (who has Down syndrome) is frightened of his sister and their eldest daughter has recently moved out, partly due to the stress her sister’s behaviour causes. Justine suffers bipolar disorder and the emotional strain of April’s behaviour intensifies the effects of her illness.

Evan and Justine took April to three psychiatrists but she refused to engage with any of them. Justine says, “I attended appointments meant for April because I didn’t want them to think we weren’t interested.” When April’s doctor gave her medication to help with her mental condition she used it to overdose.

Evan and Justine have fought to get help from a number of organisations. “The only way we were going to get help was by ringing and ringing until they got sick of us.” They found however, that there was little or no communication or collaboration between the service providers. Social workers gave April contradictory messages, but no-one communicated with Evan and Justine. After two years, they feel they’ve achieved “absolutely nothing”. A breakthrough happened when a worker from Care and Protection Services stumbled upon their file. Stunned by the inconsistency of service and that nothing had been done to help the whole family, this worker, Alex, took the responsibility of coordinating all of the services this family was receiving. He brought together all of the involved parties to discuss a way forward. He also began to move the assistance from being entirely focused on April to addressing the needs of all the family. Evan and Justine feel that they finally have support as a couple, as individuals and for Phillip. The situation of this family is far from fixed; however, the change brought about by the involvement of Alex has had an extremely positive affect on the family’s situation.

“The only way we were going to get help was by ringing and ringing until [CPS] got sick of us”
I am made redundant but the company is broke, so I don’t get my pay-out. I find more work but am made redundant again. We have to sell our house and begin renting.

Our daughter begins to behave badly. Soon she is completely out of control. She refuses to go to school and we are forced to find alternative options.

We can’t stop our daughter from going out at night. She is involved in an alleged sexual assault.

April attempts to overdose on antidepressants.

GEERS General Employee Entitlements & Redundancy Scheme

Provided lump sum payment

Centrelink payments are cut off because of lump sum payment

“It was 23 weeks before the lump sum payment came through. We couldn’t make rent”

“I couldn’t understand why CPS wouldn’t help us. When they gave our case to Turnaround they closed the books”

April disengaged when her case worker left

“We refused to keep going because they ‘wouldn’t compromise’ on the uniform”

“She’s already missed more days than she’s gone”

“I couldn’t understand why CPS wouldn’t help us. When they gave our case to Turnaround they closed the books”

“April came home and said ‘Sam (Turnaround) said I don’t have to talk to Julie’ (CAHMS)”

Alex brought everyone together to work on a plan. For the first time in two years we feel as though we’re being listened to and not being blamed”

Alex, a new CPS worker, stumbles across our file. He was stunned that everything has been focused on April and nothing has been done for the family as a whole.

Referral

Lost paperwork

Still awaiting housing

Referral

Found paperwork, but family no longer eligible to be on priority housing list

Approximately 2 years*

*Between first involvement of CPS and intervention of CPS worker to initiate collaboration plan.
Jane’s family

Jane is a dedicated mother with great hopes for her future. She hopes to finish Year 12, pursue studies in childcare or fitness and she aspires to go to university. She hopes to get a suitable two-bedroom house where she can live peacefully with her daughter. She needs a home with a yard so that she can keep her dog.

Jane’s partner physically and verbally abused her for three years. When she was able to leave this relationship, she had no choice but to move in with her mother who, due to mental illness, is also abusive. Jane had applied for public housing and was offered medium term supported accommodation and later was offered accommodation in a refuge; both of which she rejected. Her reasons for rejecting the offers were her past involvement with drugs, (which were prevalent in the housing offered to her), the traumatic memories of her abusive relationship that occurred in similar housing and the fact that an apartment would not allow her to keep her dog. Jane’s dog is deeply important to her wellbeing and quality of life, and if she had to part with it, it would be deeply distressing to her. Because she rejected the offers, the Department of Housing put her to the back of the waiting list.

Everyday Jane’s mother tells her that the world is going to end. She disapproves of Jane seeking outside help because she believes that demons are the cause of all kinds of mental illness. She claims that Jane has the devil in her and constantly undermines her parenting ability; claiming that Indica is frightened of Jane. She criticises the way Jane feeds her daughter and makes numerous other accusations on a daily basis. This constant criticism gets so bad at times, that Jane considers giving Indica up for adoption.

Jane sought help for her mental illness in the past but did not receive the help she felt she needed. The mental health service told Jane that there was “nothing wrong” and that they had closed her case. She says this experience left her feeling “not understood, not listened to and not accepted”. After this experience, she stopped seeking further help for her illness. “I just gave up, because there’s no point asking for help if everybody just turns you down”

Jane also sought help from Care and Protection Services (CPS) but says that they closed and reopened her case several times. She had to re-tell her story to each new case worker and, despite her continued problems with domestic violence, they told her “There is nothing more we can do.” Jane’s CPS worker promised help that she never received. Overall, she feels very let down by Care and Protection. “The worker told me he’d find me services to help me with housing and that he’d write me a support letter, but he never did. The next thing I heard was that they’d closed my case. I still have the same issues that I had when I was a priority case.”

Jane currently receives outreach support through Northside Women’s Supported Accommodation Program – Northside Community Service. Her worker has assisted her to write a detailed letter to the Department of Housing about her situation.

Jane says having her own house would make the world of difference. Living with her mother much longer is not possible. She says “It’s not safe or healthy or productive.” She feels there is no point getting other help until she is able to change her living situation and describes herself as “like a doll being thrown back and forth.”
Jane’s Family

Legend

Issues for which service assistance is being sought:
- Key life event/service trigger
- Service continuation
- Service barrier
- Referral
- Collaboration
- Housing
- Relationships
- Wellbeing of child
- Mental Health
- Physical Health
- Financial
- Multiple

Early 2008 - end of 2010

I am in an abusive relationship for three years. “I never heard from anyone again. Not the doctor or the psychologist he referred me to.”

Police

Canberra Hospital

ACT Mental Health

I leave my abusive partner and have to move in with my mother. I apply for public housing. “I sit in the office until someone would help me. They threatened to call security. I just gave up... because there’s no point asking for help if everybody turns you down”

Housing & Community Services

Offered medium-term supported accommodation

ACT Mental Health

I discover I am pregnant. “I don’t wish to be placed in a flat because fears and flashbacks of my past. I also have a dog that I can’t keep in a flat. He loves me unconditionally which I don’t feel from anyone else”

Care & Protection Services

Women’s Health

Counselling

Late 2011

“Care and Protection were contacted, but still nothing. They just said my case was closed”

Care & Protection Services

Northside Community Services

First point

Approximately 9 months*

*Between first involvement of CPS and contact with Northside Community Services
Fiona’s Family

Fiona and her husband separated almost five years ago when Fiona discovered that he had a new partner. Fiona was forced to find a new house for herself and her children.

She inspected 109 properties before finally finding a house to rent. Fiona struggled to cope with the hurt and sadness caused by what her husband had done. Overcome by depression, she attempted suicide. Fiona realised her mistake before the medication she took could do damage, and went to the hospital. As a result, however, Fiona’s ex-husband removed the children from her care and sent them to his mother in North Queensland. Fiona was forced to take legal action to get her children back.

Due to the high cost of her rent, Fiona worked three jobs to survive financially. However, about 12 months ago she suffered a workplace injury to her right hand, which has left her unable to work. She now receives Work Cover, some Centrelink benefits and some child support. This is barely enough money for Fiona to pay rent as well as provide for her children. She says her children are missing out on so much. She endeavours to provide everything for them that they need – food, clothing, and schooling – but feels that she has to so often tell them “no”. Fiona can also barely afford to heat their house because she has a $900 electricity debt. She is trying to slowly pay it off but finds that it doesn’t go down. As a result Fiona has had pneumonia nine times in the past few years.

Fiona’s ex-husband left her with approximately $25,000 worth of debt that she has been paying off. He is at a high level in the Public Service and earns a very high wage. Fiona, in contrast receives little over $17,000 a year out of which she pays $800 a fortnight in rent (soon to increase to $840 a fortnight). Despite this, she is unable to get onto the priority housing list because her income is $1.50 over the threshold.

The situation has negatively affected the mental health of Fiona and her children. Fiona’s 15-year-old daughter Hannah takes antidepressants for anxiety. Despite Fiona’s best efforts to remain strong for her children, Hannah feels responsible for her mother. Fiona’s 11-year-old son, Mitchell expresses the hurt and grief he feels through violence towards his family. He has pushed Fiona in hospital by pushing her over, made holes in the walls of the house and damaged her car. The family, including the children’s father at times, has attended counselling through Marymead and Headspace; however, Mitchell becomes so upset he will not allow Fiona to leave the room during sessions.

Care and Protection Services became involved because of Mitchell’s behaviour. They referred the family to Woden Community Services, which has provided support for the last couple of years. Fiona also has a case worker from St Vincent de Paul who provides emotional support and food.

“I worked hard, I bought my own home before I even met James. Now I’ve lost everything. I’ve had to start all over again.”

Fiona – 44
Hannah – 15
Mitchell – 11
Fiona’s Family

Service Journey Map

Key life event/service trigger: My marriage breaks down
Service continuation: Mid 2008 - 2011
Service barrier: My son becomes often violent
Referral: Catholic Care
Collaboration: Police, CAMHS & Headspace
Housing: Mid 2008
Relation-ship: Care & Protection Services
Wellbeing of child: Not continuously, helping only when police are involved
Mental Health: My case wasn’t the highest priority
Physical Health: My case wasn’t the highest priority
Financial: My case wasn’t the highest priority
Multiple: My case wasn’t the highest priority

2008
Department of Housing

Mid 2008
No deeper investigation on the family

End 2008
Marymead

Hospital

No referrals or third party involvement

“We were really sick. They went inside themselves”

“IT was a stupid mistake. I’ll never do this again”

“MY case worker was gone for five weeks and no further action.”

“We have only one heater going and this house is freezing. I’ve had pneumonia nine times”

“I’ve been with housing for nearly five years. All we want now is to get on the priority list for housing, but I’m one dollar fifty over the limit! They don’t look at the whole picture, they don’t take into account what your expenses are”
Ryan’s family

Ryan is a 30 year old father of two girls: Violet who is 8 years old and Diana who is 5. Ryan spent his childhood moving in and out of foster care.

His father and two other men sexually abused him as a child and Ryan has tried not to repeat the mistakes of his family. He says, “I don’t want to be tarred with the same brush as my father.” He has done parenting courses at Marymead and he never changed his daughters’ nappies for fear someone would accuse him of sexually assaulting them.

Ryan has had nine strokes and has epilepsy caused by blows to his head by his father as a child. He takes medication that makes his speech slow. His doctor has told him that he can smoke cannabis to help with his condition.

In January 2012, Ryan’s partner left with their daughters. She has a heroin addiction and is now on the methadone program. She had moved to her brother’s house, but after a time she signed a voluntary agreement with Care and Protection Services (CPS) because her brother claimed she needed a support worker. CPS put the girls into the custody of their uncle (their mother’s brother). However, he didn’t fulfill his care obligations and CPS later moved the girls into foster care for two years.

Ryan was told in his parenting courses at Marymead that fathers should have equal rights. However, through the whole process, Ryan feels that CPS has completely disregarded his wishes and opinions about his daughters. Ryan says, “I’ve been given no say in the decisions made about my daughters and I’ve been told nothing... I’m being discriminated against by these people, I’m not having any sort of say and I’m getting treated like a criminal but I’ve never been in trouble with the law.”

Ryan was involved in his eldest daughter’s schooling, helping students with their reading and other activities. “I wanted people to know I can do stuff and that I’m willing. I’m not just a bummy dad who sits around doing nothing.” He has also invested a lot of effort and money in tidying up the government house he occupies, even re-decorating a bedroom for the girls. However, he’s at risk of losing his house if he can’t get custody of his daughters. If he loses the house before CPS finalises the custody decision, he will be unlikely to get them back.

Although Ryan has tried to remain above reproach and to prove that he is not like his father, CPS has accused him of assaulting his daughters. “CPS claims I have [inappropriately] touched them, but the girls say I haven’t.” While she doesn’t question Ryan’s innocence, his social worker reports that when asked to draw their home life recently, the girls drew sexualised images and pictures of bongs [for smoking marijuana]. Ryan also says its because of his epilepsy that CPS will not allow him to have the girls. “They say the girls are scared because of my fits.” However, he has provided letter from his doctor stating that he hasn’t had a serious (status epilepticus) fit or been in hospital for 19 months and hasn’t had any form of fit for four months.

Ryan has received counselling from Relationships Australia to deal with his history of sexual assault. CPS referred Ryan to Relationships Australia three years ago. He has recently decided to take legal action against his father. He says, “I’m sick of the messed up shit going on in my head. I need closure.” He also receives support from Epilepsy ACT and Woden Community Services. Although Ryan describes positive experiences with CPS in the past, he finds his current worker very difficult to work with. He says that she cuts their meetings and conversations short and doesn’t listen to him. Ryan would like to get a new case worker but says he can’t because this worker specialises in paedophilia cases.

Above all, Ryan would like to get custody of his daughters. He says, “I’d have them back in a heartbeat.” At the very least, he would like answers about the decisions made by CPS. “I’m their father, where’s my say?”

“I’ve been given no say in the decisions made about my daughters and I’ve been told nothing”
During childhood

My father and two other men sexually abused me when I was a child. My father also physically abuses me.

Because I don’t have custody of my daughters I risk losing my current housing. If I lose my house I will have little to no chance of getting custody.

“I’ve been given no say in the decisions made about my daughters and I’ve been told nothing.”

“CPS claims that I’ve [inappropriately] touched them, but the girls say I haven’t.”

During childhood

“I’ve had good case workers in the past but my current case worker is very difficult to work with. She cuts our meetings short and doesn’t listen to me. I’d like to have a new case worker, but I can’t because she specialises in paedophilia cases.”
What we discovered

Insights

A central point in making sense of co-design research is to look at each person or family from a qualitative perspective. This not only emphasises the value in focusing on the concrete experiences and actions of people, but also appreciates each person or family as a unique and valuable story to learn from in itself. The stories gathered during this project are told through service journey maps and persona descriptions. However, through our collaborative research and reflection process, some insights have emerged which cut across the unique experiences and journeys of the families.
## Overview of service triggers

<table>
<thead>
<tr>
<th>Service triggers</th>
<th>Life event that triggered a service interaction</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td>Inappropriate housing options</td>
<td>■ ■ ■ ■ ■</td>
</tr>
<tr>
<td></td>
<td>Loss of housing due to financial crisis</td>
<td>■</td>
</tr>
<tr>
<td></td>
<td>Potential loss of housing due to removal of children</td>
<td>■</td>
</tr>
<tr>
<td></td>
<td>Loss of housing due to marriage/relationship breakdown</td>
<td>■ ■</td>
</tr>
<tr>
<td><strong>Finances</strong></td>
<td>Financial crisis</td>
<td>■ ■ ■</td>
</tr>
<tr>
<td></td>
<td>Major debt left by ex-partner</td>
<td>■</td>
</tr>
<tr>
<td></td>
<td>Loss of employment</td>
<td>■</td>
</tr>
<tr>
<td><strong>Physical health</strong></td>
<td>Children’s health</td>
<td>■ ■</td>
</tr>
<tr>
<td></td>
<td>Car accident</td>
<td>■</td>
</tr>
<tr>
<td></td>
<td>Pregnancy</td>
<td>■</td>
</tr>
<tr>
<td></td>
<td>Drug use/addiction</td>
<td>■</td>
</tr>
<tr>
<td><strong>Mental health</strong></td>
<td>Mental health issues (such as depression)</td>
<td>■ ■ ■ ■ ■ ■</td>
</tr>
<tr>
<td></td>
<td>Self harm suicide/suicide attempt</td>
<td>■ ■ ■ ■</td>
</tr>
<tr>
<td></td>
<td>Violent behaviour due to mental health issues</td>
<td>■ ■ ■</td>
</tr>
<tr>
<td><strong>Relationships</strong></td>
<td>Family breakdown (– divorce, separation)</td>
<td>■ ■ ■</td>
</tr>
<tr>
<td></td>
<td>Abuse / domestic violence</td>
<td>■ ■ ■</td>
</tr>
<tr>
<td></td>
<td>Part of family forced to leave home because of violence</td>
<td>■ ■</td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td>Children acting violently towards other family members</td>
<td>■ ■</td>
</tr>
<tr>
<td></td>
<td>Children putting themselves at risk (including assault or physical harm)</td>
<td>■ ■ ■</td>
</tr>
<tr>
<td></td>
<td>Custody</td>
<td>■</td>
</tr>
<tr>
<td></td>
<td>Children exposed to drug use</td>
<td>■</td>
</tr>
<tr>
<td></td>
<td>Children put at risk by other family members</td>
<td>■ ■ ■</td>
</tr>
<tr>
<td></td>
<td>Children neglected</td>
<td>■</td>
</tr>
</tbody>
</table>

### ACT GOVERNMENT – LISTENING TO FAMILIES

1. Eliza
2. Donna
3. Evan and Justine
4. Jane
5. Fiona
6. Ryan

## MISTRUST IN THE SYSTEM’S INTENTION

### ADDRESSING THE WHOLE PROBLEM

### RANDOMNESS

### DIGNITY
Experiencing services

Vulnerable families do not feel understood by the system
While in a fragile state and reliant on support from the system, families often feel that their situation is not understood and not taken seriously which, causes them to disengage or become angry. Consequently, the family may be considered to be ‘service resistant’ or have hostile attitudes to services.

Lack of service continuity causes humiliating situations and feelings of hopelessness for families
Families experience that their case has been closed by a service provider without their knowledge and without resolution of the issues for which it was first opened. As a result, they must re-tell their story multiple times to new case workers and are not provided with the assistance they were told they would receive. As a result, interactions are directed at opening their case again rather than addressing the actual problems. Families think that public services should be better at engaging and retaining people in their services over longer periods of time without forcing families to re-tell their story again and again.

Long involvement with services causes mistrust in service system
Repeated bad experiences, prolonged involvement with services and the absence of any positive progress results in a general mistrust of the system’s intention or its ability to help them. It also results in inefficient and ineffective use of resources.

Building trust with vulnerable families takes time
Mistrust in the system caused by fragmented and inconsistent service interactions is not easy to reverse. Families need a consistent and meaningful interaction with services in order to rebuild trust.

Families do not know what to expect from services
Families have very little knowledge about what to expect when they interact with services particularly about the process they are entering. Families wish for better management of what the system expects from them and what they can expect from their interaction with the service system.

Families with no ‘exit points’
Many families often experience being stuck in a situation with no positive progress or possibility to change. This is often an issue with non-Australian citizens unable to access services or families being unable to meet demands from public agencies before gaining access to housing.

Positive progress with the service system depends on an unscripted approach
Productive engagement with public services are dependent on the involvement of community sector services and their unscripted approach. In general, referral to the community sector results in a greater variety of help and more holistic care.

Community services act as ‘translators’
Families rely on community services to help them ‘translate’ and make sense of the language and actions of public services. They see this as a crucial feature of the help that they receive.
Service system capacity

Inability to fit in to the system’s categories
Families again and again experience being unfit in the ‘eyes’ of the system. They are often thrown back and forth between different agencies, each of which only handle the family through individual-oriented case management. Families become unmotivated to work with services because the problem they see as most critical is not being addressed.

No authoritative ownership over collaborative process
Citizens experience not only a lack of coordination between organisations involved in their situation, but also a lack of consistent and continuous ownership from any organisation to see their situation through.

A gap between what is demanded and what is possible
Families often feel that what is demanded by agencies such as Housing or Care and Protection Services is out of touch with their practical reality. Statutory responses from one agency are not connected to another (multiple or conflicting requirements to fulfil) or to support services (so that little or no support is given to fulfil requirements). Families want public services to work with them in achieving their goals – especially in times of crisis, when fulfilling their immediate, essential needs is their first priority. When these needs are met, they are then capable of thinking longer term.

Positive process with service system depends on random factors
Some families interact with services over long periods of time without experiencing any improvement in their situation. Many families only hear about services from friends or family. Often, their situation can be quite severe without being noticed or asked about their situation, despite interacting with public services, including health providers and schools.

Cases are evaluated on individual criteria rather than on the whole family or the whole problem
Individual-oriented, single-problem-focused services mean that only one family member or one problem is addressed. This means that other family members are not helped or other contributing issues are not dealt with. Families frequently experience having their cases closed before they feel that their problems are solved. Poor outcomes for the family as a whole increase the poor outcomes for individual members of the family.

The family view of their own situation

Not living their preferred lifestyle or way of life
Vulnerable families live a life that is far from their desired lifestyle. This makes it very difficult for both themselves and the service system to identify their assets and positive contributions to society.

Service resistance is a matter of maintaining dignity and self-reliance
Families who are perceived to ‘resist’ involvement with public services are mostly driven by an individual, social or cultural need to make it on their own, or wish to keep the severity of their situation unexposed. In order to be self-reliant, families require services to share ownership of their problems in an interactive way in order to improve their situation.

Too much responsibility for own situation in times of crisis
Families experience having too much responsibility for coordinating the assistance they receive in times of crisis – they wish to be guided in figuring out what services would help them and be helped to accessing such services.

Low level of social support and connectedness
Many vulnerable families experience a low level of social connectedness and support, internal family conflicts, very few friends and little or no contact with the local community. Their natural attitude is to refrain from engaging in social contact and keep to themselves. As a result, they do not experience a sense of belonging in the neighbourhood or community.

“This home is freezing. I have a $900 electricity bill from last year. I pay every week what I’ve got but it’s not going down”
“This is just too dear for me to live here. We can’t eat properly; we have to ask for things. I’m tired of eating baked beans and tin spaghetti on toast. We’re lucky if we have meat twice a week”

Broader system aspects

Collaborative practice is not common practice
Collaboration is a workforce capacity issue that is currently not well resourced or rewarded.

Multiple layers of coordination within the system, but few people with authority to make decisions
Families experience a lack of flexibility in eligibility requirements, they are told that they cannot be helped or they never hear back from government services. This is a result of frontline workers having no authority to make decisions based on the situation of the family and cases are not assessed on an individual basis.

System is reactive and crisis-driven
The system did not only grow in a reactive manner, but is very much working in a reactive way, making public work through a crisis-driven logic. The ‘unofficial rationing system’ means that families are not eligible for assistance until they have reached crisis point. The system is addressing symptoms of problems rather than contributing to positive change for the family.

No shared responsibility for outcomes
Services are only addressing a part of the problem or whole family situation and nobody is taking shared responsibility for creating better outcomes over a longer period of time, which leads to prolonged involvement.

Needs over assets
‘Needs-focus’ obstructs outcomes-focused projects based on principles of prevention or active citizenship. The current service system is failing to see the strengths of a family and building on them.

When to be a ‘helper’ and when to be a ‘sanctioner’
Families often experience being sanctioned when they desire to be helped because statutory requirements, rather than needs drive the response. This is often dependent on the personality of particular public sector frontline workers. Many families feel that they are not recognised as a person, but as problem to be solved or a process to be completed.

Housing is a problem for vulnerable families
Homelessness, inability to pay the rent in current housing, ineligibility for social housing and long waiting periods for social housing are problems faced by vulnerable families. The high cost of rent in ACT poses a significant problem for families who are ineligible for social housing, despite desperate need. Many identify more suitable housing as their most dire need.

First to know agencies have limited capacity to refer
Schools are a very good example of first to know organisations that often have a strong familiarity with families and a large amount of contact. While such organisations are mandatory reporters, they have little capacity to actively refer.
Design challenges

In a good co-design process it is critical that we ask the right questions. How do we challenge and re-frame our thinking about what we are designing?

Appreciating the whole family
Can we create a service approach to appreciate the whole family situation, which could draw on the multiplicity of resources available? What are the organisational, financial and practical implications of this?

A human-centred script
How can we create a ‘human-centred’ script for the services? (The budget has written the current ‘script’). How do we authorize and make room for a more unscripted approach to vulnerable families?

Soft-spots in the system
What are the soft-spots in the system that can trigger a productive chain-reaction towards a more systemic approach and how can we facilitate that process?

Outcomes for families
Outcomes-based approaches are frequent, but how can we make sure that it is not just rhetoric and is actually creating better outcomes for families?

Making information relevant and useful
How do we make sure that we go from making information available to making information accessible and useful?

Investment and pro-active governance
How can we make room for processes of investment in personal development and personal contact? (Processes such as rehabilitation; proactive government, prevention, unspecified support.)

Collaboration
How do we build collaborative efforts around families rather than rely on them to figure out how the existing efforts are structured and organised and facilitate the inter-connectedness?

Knowing what to expect
How do we make sure that families are better informed about what to expect from public organisations and have a clear overview of how their case is handled by government?

Early interventions
How do we get to families before their situations reach a state of crisis? (Engaging families at risk of crisis rather families in crisis.)

New kind of accountability
Can we create a new kind of accountability? Can we make the community accountable for the people who live in it?

Making use of existing networks
How can we better engage the networks around and within the family?

The strengths and assets of families
How can we better recognise and build on the strengths, desires and passions of families?

Useful categorisation?
How do we make space and place for families that are not fitting into the categories of the system?
What we are working towards?

Reframing our guiding principles

As we work towards our goal of a human services system that provides responsive and personalised services, we have been guided by a number of principles. The co-design research in this project has brought about a re-framing of the suggested guiding principles:

From ‘person centred’ to ‘family centred’
Whole family situation, multiple interconnected problems, and their continuity in service

Human centred outcomes focus
Services are still mainly focused on outputs defined by budgets or preestablished, system-oriented criteria

Connected service system
A system that draws more broadly on all resources and assets of society, communities and individuals, regardless of provider and funding source. (Government, community or other.)

Unscripted and unspecified service offer
Successful service interventions are ‘tailored’ for families through an unscripted approach to develop a productive relationship with families and support them in their crisis and journey

Flexible and active
Multiple service channels that actively attempts to discover and address problems before crisis through investments in family situation

Localised and community-based
Based around local service networks and drawing on ‘natural’, social or community support.
The overall shifts

The guiding principles are reflected in some overall shifts in mentality in and perception of the service system identified.

Person shifts:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliance</td>
<td>Resilience</td>
</tr>
<tr>
<td>Entitlement</td>
<td>Contribution</td>
</tr>
<tr>
<td>Action</td>
<td>Interaction</td>
</tr>
<tr>
<td>Exclusion</td>
<td>Inclusion</td>
</tr>
<tr>
<td>Isolation of people and problems</td>
<td>Connectedness of people and problems</td>
</tr>
<tr>
<td>Referral</td>
<td>Connection</td>
</tr>
</tbody>
</table>

Shifts around the community:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government crisis response</td>
<td>Community support (early intervention)</td>
</tr>
<tr>
<td>Reliance on services from government</td>
<td>Responsibility of community to respond</td>
</tr>
<tr>
<td></td>
<td>Building community capacity to support and respond</td>
</tr>
</tbody>
</table>

Shifts around the service system / community service sector:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem to be solved</td>
<td>Problem to be understood</td>
</tr>
<tr>
<td>Problem focussed</td>
<td>Solution centred</td>
</tr>
<tr>
<td>‘In the box’</td>
<td>‘Multiple boxes’ (flexible categories and possibilities)</td>
</tr>
<tr>
<td>Economic measures</td>
<td>Community health (develop a measure of wellbeing)</td>
</tr>
<tr>
<td>Judging</td>
<td>Accepting (value what people bring)</td>
</tr>
<tr>
<td>‘Episodes’</td>
<td>‘Stories’</td>
</tr>
<tr>
<td>Program mentality</td>
<td>Coordinator of services (facilitator)</td>
</tr>
<tr>
<td>“We can’t help you here”</td>
<td>Any door is the right door</td>
</tr>
</tbody>
</table>

Shifts around the government:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited capacity to act collaboratively within the system</td>
<td>A clear authorising environment for the role of government to collaborate effectively</td>
</tr>
<tr>
<td>Disparate and multiple touch points that focus on single issues</td>
<td>A coordination role in the service system recognised for collaborative practice (coordinating services for citizens)</td>
</tr>
</tbody>
</table>
Fieldshops – developing ideas

Following the initial research phase, some of the families, as well as frontline staff, community workers and ACT Government workers, were re-engaged to ideate based on the findings from the research and their own experience. The groups reflected on problems and issues within the system, then brainstormed potential solutions to these problems. Through these processes, common themes emerged and seven key drivers for change were identified. They are listed below.

Drivers in light of family experience

• Families experience intense frustration with poor case management and lack of coordination between services
• Families experience no improvement in their situation – their case often worsens
• Families experience multiple rejections when contacting services (“sorry, we don’t deal with that”) because they fall outside of the system’s categories
• Random factors decide the start of a good process for families
• Lack of feedback to families on their own situation
• Resource competition between services means that community services must use a lot of resources to compete for funding.
• There is more incentive for public services to refer on and close cases, than to take responsibility for a change in the family situation and collaborate to address problems.
One breakthrough idea

Families and frontline staff came up with one big idea to address the need for systemic ways to improve the experiences and outcomes for vulnerable families. This idea is made up of three core service propositions.

1. ‘Family Connect’ community hubs that coordinate and own the entire case of the family.
2. Lead case worker that focuses on the whole family situation
3. Family information profiles that are owned by the families themselves and shared across organisations.

Although each service proposition is a separate entity, each one complements and strengthens the others. The uniqueness of the combined service proposition lies in their inter-connectedness.

How the service propositions work together

The Family Connect information profile enables the lead case worker to more effectively share information and documents with other members of the multidisciplinary team. The family information profile allows the family to keep their lead case worker and their multidisciplinary team up to date with their situation, including positive progress.

More effective exchange of information will allow all parties to make better informed decisions, resulting in better outcomes for families.
‘Family Connect’

Community hubs that coordinate and own the entire case of the family

This concept calls for a visible and accessible entry point for families. Through Family Connect they will be able to secure productive assessment of their situation and be connected to the most appropriate service for their needs. Where necessary, a lead case worker* will facilitate the collaboration around improving the family situation and working towards positive change.

The following characteristics could be part of this concept:

• Statutory authority with the ability to ensure that there is capacity in the community to respond (deliver financial security to deliver adequate services)
• Referring or approaching citizens depending on their situation. A place to which specialised agencies (like CPS) can refer when families that are falling outside of their jurisdiction (asking the question: if you are not dealing with these aspects, then who does or should?)
• Provide a shared ‘shop front’ integrating relevant services to make sure that families will not feel rejected in trying to access support as well as reducing/removing responsibility for navigating multiple service channels
• Ability to measure their outcomes in wellbeing and improvement in situation
• Not replacing existing community services, but a central point of coordination
• Physical (or digital) places in the community where families are able to link up with one person that is able and has authority to coordinate their case (making services more visible and accessible)
• Use ‘Canberra Connect’ as inspiration

* Proposition 2 – Lead case worker
** Proposition 3 – Family information profile
What problems are addressed and how?

Families don't know where to go or what to expect
Families are better informed about how the system can help them because the Family Connect database of services, organisations, contact people and service frameworks would allow Family Connect workers to inform families better of how the system works and what they can expect. Family Connect workers are better equipped to answer family questions in a way that they can understand.

Positive process in the service system depends on random factors.
The Family Connect would normalise what is currently random by matching families with suitable services and where necessary, a lead case worker to coordinate and tailor the services they are receiving.

The desire to maintain dignity or remain self reliant can stop families from seeking help
Family Connect will be a more accessible and mainstream way of accessing services, which will remove stigma. Families of all socioeconomic statuses and cultures may visit Family Connect for a number of different reasons, thereby removing the assumption that families who go there are in desperate need.

Families have great difficulty or find it impossible to navigate the system
Families will not be bounced from service to service and are not required to navigate through multiple service providers and at multiple locations. They will instead have a single access point that directs them to the most appropriate services or provides a lead case worker where appropriate to take full responsibility of coordinating services. Family Connect and lead case worker will allow for quicker connection to be made to community services, which usually results in more varied and holistic care.

Low level of support and social connectedness
Family Connect will provide a place for social interaction as well as service support. Families may access 'family helpers' and attend social events supported by Family Connect, increasing and strengthening their support networks.

Multiple layers of coordination within the system but few people with authority to make decisions
Family Connect will not tell families they cannot be helped or turn them away. There will be a number of different levels of assistance accessible through Family Connect that cater for a range of needs ranging from 'light touch' to in depth service assistance. For families with multiple/complex needs, Family Connect is also able connect them to a lead case worker who can coordinate help on a broader scale.

The system is reactive and crisis driven
Family Connect makes the system visible and accessible by offering ‘services’ including social events and practical help to families in all circumstances and socioeconomic situations. This means that contact does not necessarily equal crisis, but it does mean that families may have already made contact before crisis occurs. Therefore, families may already have a trusted contact ‘within the system’, making it easier and more natural to access help.

The current system focuses on the needs of the family but rarely recognises their strengths
Family Connect would provide opportunity for families to give back, based on their strengths and assets. Whether it's helping another family plant a vegetable garden, showing someone how to send an email, helping someone cook dinner or simply participating in a social event, families can have the opportunity to use their assets to improve their own situation or contribute to the lives of others.
<table>
<thead>
<tr>
<th><strong>Who benefits and how?</strong></th>
<th><strong>Products/interaction service points</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Families and individuals who are looking for services and help can find and access services in an easy and efficient way at or through Family Connect</td>
<td>Family Connect - a place/hub to connect families to any services they might need</td>
</tr>
<tr>
<td></td>
<td>Already existing services are built into the Family Connect service portfolio</td>
</tr>
<tr>
<td></td>
<td>A collaboration infrastructure as part of Family Connect supports the collaboration of service providers within hubs like Child &amp; Family Centres, etc.</td>
</tr>
<tr>
<td></td>
<td>Different possibilities for citizens to easily access services through several interaction channels like face-to-face, phone, online, etc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What is success for each of these touch points?</strong></th>
<th><strong>People</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Connect provides a holistic and tailored approach to families’ needs</td>
<td>Case worker or additional resources need to be well trained and networked to run Family Connect centres</td>
</tr>
<tr>
<td>Citizens are picked up by the services system before getting into crisis and receive better information early, avoiding the crisis moments to get services; increasing earlier service uptake</td>
<td>Integrated versus networked model</td>
</tr>
<tr>
<td>Improved visibility of the service system because families know where to go and which services exist</td>
<td>Several organisations from government or community sector are located in the same centre</td>
</tr>
<tr>
<td>Allows for ‘shallow’ entries; cases are not just ‘dropped’</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Process</strong></th>
<th><strong>Technology and Enablers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quick and easy assessment process for identifying families’ needs when entering the community hub</td>
<td>Online website representing Family connect centres that enables families to access certain services from home. This website might/will be part of the IT platform providing Family information profiles</td>
</tr>
<tr>
<td>Process of developing a service plan tailored to the family’s needs, which might include the identification of a lead case worker</td>
<td>Collaboration platform deployed across Family Connect centres provides different tools to assist effective and efficient cooperation and coordination of tasks and services between community hubs. This collaboration platform might/will be part of the collaboration platform assisting the lead case worker</td>
</tr>
<tr>
<td>Establish the same processes/approaches/scripts in every Family Connect centre in ACT</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Policy or legislative change</strong></th>
<th><strong>Enablers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This needs further investigation</td>
<td></td>
</tr>
</tbody>
</table>
Lead case worker

To focus on the whole family situation

This concept calls for one central case facilitator that drives and coordinates the collaborative effort to put the right kind of support in place for the family (not only the individuals within families). This means that it is one person that “makes it happen, rather than we just fall into the system”, as a family member phrased it. This means that this person has the authority to make decisions in collaboration with the involved partners and not be dependent on slow bureaucratic processes.

The ‘lead case worker’ concept has to make sure that:

- The family has the opportunity to tell their whole story once and express what their priorities are. The case worker is able to help them identify their goals and facilitate their access to the services that can help them achieve those goals
- Government is actively accountable for the case and makes use of its authority to ensure that different organisations and agencies live up to their support responsibilities and agreements in relation to the family
- The case worker has the knowledge and skills to draw on the multiplicity of statutory resources available as well as facilitating productive relationships with community organisations
- Resources are invested in the family situation and not in a service system solely reacting to immediate crises
- Continuous interaction with families is facilitated to ensure that there is a consistent follow up and that case hand overs are done in a sufficient and respectful way
- Non-specified support to work out exactly how the families can be helped is part of the service delivery

The lead case worker is outcomes focused:

- Understand the family’s needs
- Work with the family to define their outcomes
- Understand the family’s ability to self manage
- Provide appropriate support with the intent of longer term self reliance and management

The lead case worker has:

- Authority to lead
  - This is pivotal to the success of this service proposition and may be a combination of:
    - Statutory
    - Funding
    - Policy and governance framework
- Package of tools to support and enable
  - A combination of:
    - Processes
    - Case management tools
    - Booking system
    - Information stores
    - Consent models

The lead case worker is able to:

- Establish and coordinate multi-disciplinary team
  - Coordinate multiple support and service providers to enable outcomes for the family
  - Build relational model that supports and builds capacity in the family experiencing vulnerability to eventually self manage (see Service Continuum)

The lead case worker is responsible for:

- Monitoring progress and addressing feedback to ensure effectiveness
  - Lead case worker
  - Family
  - Multi-disciplinary team

Service Continuum

- *Self-managed
- Assisted
- Managed
- Intensive

LEAD CASE WORKER

ACT GOVERNMENT – LISTENING TO FAMILIES
"I’ve been with housing for nearly five years. All we want now is to get on the priority list for housing, but I’m $1.50 over the limit! They don’t look at the whole picture, they don’t take into account what your expenses are."

What problems are addressed?

Families don’t feel understood by and as a result do not trust the service system
The lead case worker model promotes a relationship built on trust rather than simply transactions. The lead case worker spends time getting to know the family and understand their whole situation. This provides the family with a representative who understands the issues they face, their needs, who is involved in their story and their goals, desires and plans for the future.

Families experience a lack of service continuity and consistency
Because of their understanding and authority over the case, the lead case worker is able to ensure that the family’s case remains open until their issues are addressed and they are able to re-enter the mainstream service system.

Families don’t know what to expect from services and require help to understand the system’s language and processes
Because the lead case worker works with the family to understand their issues and decide their goals and plan of action, he or she is able to help the family know what they should expect from services and what the system expects of them.

Positive progress with the service system depends on an unscripted approach
The lead case worker would normalise what is currently random by matching families with suitable services tailored to their needs. The lead case worker assesses the progress of the family. Where the family situation is not progressing or improving, the lead case worker will work with the family to re-evaluate the plan and facilitate access to more appropriate services.

Families are unable to fit into the system’s categories
The lead case worker is able to assist the family more effectively by tailoring service interactions. Because the lead case worker has an understanding of the whole situation, he or she can ensure that services are addressing all issues.

There is no authoritative ownership or coordination of cases
The lead case worker has a level of authority, that allows them to make decisions for the benefit of the family and provide coordination between services. This will reduce bureaucratic barriers and increase the speed in which families receive assistance and will ensure consistent and continuous services.

Demands placed on families by the system are outside of their practical reality
The lead case worker works closely with the family to recognise their strengths and assets and to use these to help them to work towards their goals, without the pressure of fulfilling unrealistic statutory requirements. When their situation becomes more stable, they will then be able to work towards participating more productively in society.

The desire to maintain dignity or remain self reliant can stop families from seeking help
The relational nature of the lead case worker model means that families receive coordinated help without judgement and in a way that maintains their dignity. The lead case worker works closely with the family to increase their self-reliance.

Families have too much responsibility for coordinating assistance in times of crisis
While the family is still responsible for owning their goals and plans to work towards their preferred life, the lead case worker provides information about which services could best support them and coordinates their access to these services.

Families have a low level of social support and connectedness
The relationship with the lead case worker may become healthy and of mutual value. The lead case worker may also facilitate the restoration of broken relationships and help to build new ones with other families to strengthen their natural support system.

The system is reactive and crisis driven
Lead case worker may not become involved with families until they reach a certain level of vulnerability. However, the case plan initiated between the lead case worker and the family ensures that families are not only helped when they are in crisis and then ‘abandoned’ when their situation is no longer critical. The lead case worker will be able to intervene before crisis and will remain with the family until their situation becomes more stable.
### Who benefits and how?

- Families/individuals with multiple needs have a lead case worker who understands their needs and provides tailored support, including assistance navigating and understanding the service system.
- Families have a person with whom they can build a relationship. Interactions with the service system can be more relational, rather than transactional.
- Government funds are more efficiently and effectively used because there is less service duplication or prolonged involvement without progress. Families receive the help they need earlier, which reduces migration to higher cost services.
- The service system works in a more organised and coordinated way that reduces over and under servicing. This means services (and as a result, funding) can be directed to the families that need them most.
- Freed up resources allows services to provide help to families at risk of vulnerability before they reach crisis.
- Frontline staff experience less hostility from frustrated clients because there is a mediator who has a good understanding of the family situation and the service system.

### Products/interaction service points

- Collaborative model – guidelines for what collaboration actually ‘looks like’
- Identification of families’ service levels
- Information kit
- Extend existing practice assessment framework to fit service proposition
- Case management tool – to perform role of a lead case worker
- Framework for an in depth assessment of the needs of the family

### What is success for each of these touch points?

- The lead case worker has a good understanding of the whole situation of the family and how they can best be helped.
- Families get help from the appropriate services that is customised to their needs.
- The family experience of the service system has improved.
- Improved family outcome and positive progress in the lives of families.
- Cost savings because resources are pointed to the right place.

### People

- Lead case workers are case managers from the government or community sector (chosen by the family) that have authority to make decisions about what services the family needs and how they should be delivered. They will have the skill set and knowledge to collaborate with different organisations and coordinate tailored services for the family.
- Multi-disciplinary team consists of case workers with different expertise supporting the lead case worker by providing specific help and services to the family in need.
- ACT Government gives authority to the lead case worker.
- The accountability for the outcome of a family is shared amongst the parties involved.

### Process

- Lead case worker is chosen by a family in need.
- Giving authority to the lead case worker through a quick and easy process that enables him manage funding, initiate a multidisciplinary team develop and carry out a case plan to ensure an outcome-focused service delivery for the family.
- Involved parties are held accountable for the implementation of the case plan and the outcome of the family.

### Technology and Enablers

- Collaboration platform deployed across the ACT service system and provides different tools to assist effective and efficient cooperation and coordination of tasks between the lead case worker land the multidisciplinary team.
- Online platform containing information on families and tracks the service interactions between them and the lead case worker. This website will be part of the IT platform providing ‘Family information profiles’ (see service proposition 3).

### Policy or legislative change

- The change required to give authority to the lead case worker will most likely be a combination of:
  - Statutory authority;
  - Funding arrangements; and
  - Policy and governance framework.
Family information profiles
Owned by the families and shared across organisations

This concept calls for a new way of providing and sharing information about families. They have to be able to provide sufficient information in order for organisations to know about the journey and context of families as well as to be accessible for all organisations involved in order to plan and coordinate their support and activities.

The family information profiles should make sure that:

• Information about families is accessible and relevant to all organisations involved (currently families rely on documents going between organisations – often families have problems accessing their own information or find it to be out of touch with their own experience).
• Families can control the content of their information profile, who can access it, how the information is shared. They are able to make sure that it tells the whole context, story, situation or problem.
• The family information profiles become shared IT spaces for government and community workers and are facilitated in collaboration with the families.
• Families only have to tell their whole story once. After this, they can update it when relevant.
• The information could be part of a system with a private login where families can store and update information, as well as interact with organisations to get the support they need or want.
• It provides sufficient information about the history and context of the family and reveals the complexity of the situation
• It in turn creates flexibility within eligibility requirements by valuing individual cases on their own merits (contextual knowledge rather than fixed standards).
• Could build on the Common Assessment Framework (further developed in relation to ‘Child-Youth-Family Program’) – needs to be much more widely used (dynamic document – can be updated and changed according to situation of family)
What problems are addressed?

Families don’t feel understood by the system and do not have their whole problem addressed
The family information profile allows the family to tell their whole story in their words and to share it with who they want. This allows their lead case worker and other workers to make informed decisions that address the whole family situation.

Families experience a lack of service continuity and consistency
The family information profile allows for clear communication between services and families, which will decrease the likelihood of service providers closing cases prematurely or without the family’s knowledge.

Mistrust of the system, the desire to maintain dignity or remain self reliant can stop families from seeking help
The family information profile provides a nontubering forum where families can communicate the ups and downs of their situation with their lead case worker and other workers, and build relationships. It will also provide an additional point of contact that may be less intimidating than walking into an office or making a phone call.

Families don’t know what to expect from services and require help to understand the system’s language and processes
The family information profile provides a dynamic forum where a family’s case plan, including their expectations and the expectations of the service, can be easily accessed by all involved parties and can be easily updated as progress is made or as the plan changes.

Families are not living their preferred lifestyle or way of life
The family information profile provides a nontubering forum where families can communicate their goals and how they would like to live their lives. The family can easily update their profile to reflect changes in their goals. It will also allow them to share positive progress.

Families have a low level of social support and connectedness
The family information profile could act as a social media platform, allowing family members to connect and build relationships with others.

The system is reactive and crisis driven
The family information profile would allow families to communicate when things are difficult, prompting their lead case worker to make contact and provide assistance before a crisis hits. As the family situation improves and their reliance on their lead case worker reduces, the family information profile will provide a less intensive way of keeping in touch with their lead case worker.
### Who benefits and how?
- Families can use this new channel to securely share their story, update on important events in their life in a secure way, ask for help in the community, and keep track of the received services and interactions.
- Service providers are able to access personal information about families that helps them to make well-informed decisions and provide the right services.
- Service system has access to recorded service interactions between the family with the service system that leads to an increased accountability for the families’ outcome.

### Products/interaction service points
- Online platform providing a user-friendly interface to manage families’ information profiles and collaboration tools to assist the interaction between users of the platform.

### What is success for each of these touch points?
- Lively, online platform that is used frequently as an information sharing tool by families / individuals.
- Greater amount of current, personal and qualitative information about families available for case workers.
- Better understanding and recording of interactions between families and service system.
- Families have more control over their records and what the systems knows about their situation.
- More early interventions.

### People
- Government provides the IT platform and is responsible for IT support and management of the site.
- Service providers observe families’ information profiles and react on important events and respond accordingly.

### Process
- Guidelines on how to manage information profiles including accessing, adding, maintaining, sharing information etc.
- Guidelines on how to work with information profiles as part of the case management.
- Reacting to notifications and early-warning signals coming from the IT platform (to intervene before the family reaches crisis point).

### Technology and Enablers
- IT platform for the following requirements:
  - Creating the narrative of families in several ways, e.g. using audio, video, interview write-up etc.
  - Profiles are completely owned by the family / individual.
  - Tracks the services provided to a family / individual.
  - Flexible security / privacy settings that allow restricted access on detailed level.
  - Concrete requirements for online platform need to be explored in future by ACT Government IT Department.

### Policy or legislative change
- Addressing the degree of privacy of the information shared by families / individuals (e.g. Defining the persons who are allowed to access or modify the profiles, defining persons who protect the families’ privacy etc.).
I am in an abusive relationship for three years. The abuse leaves me with emotional trauma and mental health issues. I am found by the police walking on the street crying uncontrollably.

I leave my abusive partner and have to move in with my mother. I apply for public housing.

I discover I am pregnant and suffer from prenatal depression.

My mother locked me out of the house and my daughter was inside. I could hear her crying inside but couldn’t get to her, so I called the police.

My counsellor recognises that I would benefit from more coordinated services.

Family Connect reassesses my circumstances and finds me a suitable Lead Case Worker.

"I don’t wish to be placed in a flat because fears and flashbacks of my past. I also have a dog that I can’t keep in a flat. He loves me unconditionally which I don’t feel from anyone else.”

My Lead Case Worker recognises the value of me having my own house and helps me to write a letter to Housing in light of my mother’s mental health.

I post this news on my Family Information Profile and upload my public housing application and response.

Family Connect helps me to find a suitable counsellor. They create an initial Family Information Profile where I can record my interaction with services and upload documents.

Counselling sessions to deal with trauma and mental health issues.

Early 2008 - end of 2010

End of 2010

Late 2011
**Future State Map**

**Service Journey – Fiona’s Family**

**Legend**

- **Key life event/service trigger**
- **Service continuation**
- **Service barrier**
- **Referral**
- **Collaboration**
- **Housing**
- **Relationships**
- **Wellbeing of child**
- **Mental Health**
- **Physical Health**
- **Financial**
- **Multiple**

**Key Issues for which service assistance is being sought:**

- **Future State Map**

---

**My marriage breaks down and my children and I are forced to find a new place while living with friends**

**2008**

- **Department of Housing**
  - Provide me with a house

- **Family Connect**
  - I post all incidents with my son on my Family Information Profile

- **Counsellor**
  - Counselling to deal with the trauma of our family breakdown

**End 2008**

- **Hospital**
  - Treating consequences from suicide attempt

**2009**

- **FIP**
  - I create a Family Information Profile for myself, because I think that might help me to find a place

- **Department of Housing**
  - Provide me with a house

- **Family Connect**
  - The Family Connect worker assesses my current situation, explains my options and suggests counselling for my children and myself

- **Counsellor**
  - Counselling to deal with the trauma of our family breakdown

**End 2009**

- **Hospital**
  - Treating consequences from suicide attempt

**2010**

- **FIP**
  - I post all incidents with my son on my Family Information Profile

- **Family Connect**
  - My Lead Case Worker reevaluates my current circumstances considering all factors. He offers me a Lead Case Worker to help me with all my issues and I accept

- **Counsellor**
  - Counselling to deal with my breakdown trauma and my suicide attempt

**End 2010**

- **Hospital**
  - Treating consequences from suicide attempt

**2011**

- **FIP**
  - I post all incidents with my son on my Family Information Profile

- **Family Connect**
  - My Lead Case Worker reevaluates my current circumstances considering all factors. He offers me a Lead Case Worker to help me with all my issues and I accept

- **Counsellor**
  - Counselling to deal with my breakdown trauma and my suicide attempt

**End 2011**

- **Hospital**
  - Treating consequences from suicide attempt

**2012**

- **FIP**
  - I post all incidents with my son on my Family Information Profile

- **Family Connect**
  - My Lead Case Worker reevaluates my current circumstances considering all factors. He offers me a Lead Case Worker to help me with all my issues and I accept

- **Counsellor**
  - Counselling to deal with my breakdown trauma and my suicide attempt

**End 2012**

- **Hospital**
  - Treating consequences from suicide attempt

---

**Notes:**

- “My case wasn’t the highest priority and so was put on the waiting list. I looked through 109 rental properties before I got a place.”
- “It was a stupid mistake. I’ll never do this again.”
- “It was a stupid mistake. I’ll never do this again.”
### Further ideas generated in Fieldshops

**Collaborative practice should be rewarded**

| Another framework / approach for accessing funding for programs | • New way to respond to tenders that doesn’t require a full blown business case |
| • Should ensure appropriate competition between community service organisations |
| • Not based on who writes the best tender but rather on qualitative criteria |
| • Include community service organisations into the decision making process for funding |
| • Consider continuity and sustainability plan of programs when refunding |

| Collaboration between housing and jobs providers | • “If people had a job they wouldn’t need a house funded by you” |
| • Way to get people out of the vicious cycle |

| Reward collaborative practice in service system | • Collaborative practice means: |
| • Professional knowledge sharing |
| • Transparency of data in an organisation |
| • Providing more funding for successful and productive collaboration |
| • Emphasize networking between organisations - networking events |

| Building on existing successful services / initiatives instead of starting from scratch | • Assess older initiatives and programs and re-initiate them if they were successful |
| • Acknowledgement of what services are doing now and doing well |
Building rapport with clients who have been let down by the service system can be difficult

**Stronger focus on working with a family's strengths**
- Parents as a resource, instead of parents jumping through hoops
- Give them tools and opportunities to help themselves

- Shift in attitudes of workers / government services from client / customer to families
- Visible case worker that gets out of the office on a regular basis
- Free up resources for meeting/seeing/feeling/sensing the families - give workers a “beat” to walk
- Co-locate service system workers in the community to increase accessibility
- Improve skills of frontline workers
- Communication training, courses/practice, outcome-centred service delivery
- Successful case workers could teach others

Reframe work and skills of frontline staff (from government and community service organizations)

Eligibility for various services

**Increase the number of assessments done by panel such as Multi Disciplinary Panel throughout system to improve the eligibility assessment of families**
- Community involvement in panels
- Frontline worker representing the family at all panels instead of case files

**Community hub (or 'Community Connect') could be a general entry point in the community to the service system**
- Like Canberra Connect
- Providing information to citizens about the service possibilities
- Providing several channels in this community hub
- ‘We should all be working in that building’
- Shopping mall for services

**Eliminate boxing people into certain categories**
- Eliminating “sorry, we can’t help you”
- Should be a referral at least

**General Practitioner posing general questions**
- Potential for being an early intervention point
- Going beyond the medical treatment and referring to other services
This project was conducted in partnership with ThinkPlace

ThinkPlace is a strategic design consultancy focused on helping organisations work out their direction, designing services that deliver on that direction and bringing about the organisational change to deliver those services.