

System linkages for vulnerable people

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Improving Transitions from Institutional Settings into Stable Housing

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The Organisation of Care and Support

- Exploring the integration of social care services within vulnerable MH/AOD cohorts in Vic & NSW.
- ISSUE: how to *improve the integration* of specialist housing support in residential AOD & inpatient mental health care.
- Leaving residential treatment key period of housing risk.
- Major project with teams at RMIT and UNSW involving:
- 1. Analysis of linked administrative data held by VIC DHHS
- 2. Interviews, focus groups with MH+AOD services (N=35)
- 3. Interviews with MH+AOD service users (N=25)



Systemic Challenges in the Work of Social Care

The thing we all need to remember is that our homelessness service system, with only a few limited exceptions, is only funded for a defined period of support. Really, it's mainly only short-term support, intended to resolve a temporary crisis in someone's life. So this idea that we can overcome, in some cases, decades of disadvantage that starts in early childhood, goes all the way through school, and then any experience at work people might have had. The idea that you can somehow manage or make up for those sorts of things through a six-week intervention, or a period of crisis accommodation is just farcical.

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The Coordination of Care and Support

Emerging roles, enduring challenges

- Our task has been to examine the *coordination of care*. Significant conceptual challenges, as follows:
- What is the work of social care? How is care coordinated? What does the work of coordination entail?
 How can care/support be understood? What is care? A role, a relation, an outlook?
- What does the work of delivering social care achieve? How can this work be coordinated?
- In most settings, care is delivered in transactional 'separations' (care as work).
- But care is also an outcome of specific kinds of practices. Care produces something (relationships, help)
- Understanding how to coordinate/integrate care between formal services 'silos' (MH/AOD/housing)
 requires deeper understandings of the nature and practice of care-work.



The Work of Social Care and its Coordination

Building connections, establishing trust, service wayfinding

At the time I wasn't aware that I had such a superstar support worker and it's only my long-term involvement [in services] that I understand now that I was one of the lucky ones. For me a big part of it was all the paperwork, like [my worker] determined that it was time to put away the lengthy forms that we have to fill out and just start having conversations with us. After that she started making referrals to a whole range of organisations to help us. She put all these things in place. She had youth workers come and take my daughter to the supermarket and buy all the things she needed, or take her and get credit for her phone, take her out and about. Whether it was looking at schools and taking her to school interviews, whether it was finding guitar lessons for her and giving her a myki card so she could travel to lessons. All these things meant that she could independently continue on doing those activities without my involvement. She was always thinking two steps ahead.

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Coordinating Care to Support 'Liveable Lives'

Coordinating care more effectively requires a shared vision – a common goal

- Need to understand the work of social care to understand how services can be effectively coordinated.
- Understanding what effective care entails is essential to understanding how it can be coordinated.
- Effective care focuses on the 'whole person', tailoring care to specific needs regardless of 'roles', 'tasks'.
- This sounds like common sense, but service design, funding models often militate against the tailoring of support as care. Care rationing, common in many settings, often undermines effective coordination.
- Care coordination serves to support 'liveable life'; the varied resources, relationships and supports individuals need to recover, sustain and nurture the conditions of 'liveable life'. Meaning/purpose.



The Infrastructures of Liveable Life

Liveable lives require strong social infrastructures – care coordination helps build them

The last few months now with the dogs I'm getting out more. I'm settling in [to the area]. I'm talking more with the locals, like the lady across the road, there's a little boy across the road that comes out and he's always looking for the dogs like when we do our afternoon walk he'll come over and say hello. I've got the lady next door that comes in once a week with a plate of chocolate chip muffins. So we're starting to find our - like I said it's not just a house, it's a home and I'm finding that I feel, not only do I feel in my own personal journey but like I'm not a strain on the system like I was, I feel like, not that I'm giving back, but I feel like I'm not in trouble with the law and stuff like that. So I'm not a strain on taxpayers if that makes sense, like I'm living in my community more.

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The Infrastructures of Liveable Life

Care coordination serves to build/restore strong, local social infrastructures

- For vulnerable individuals experiencing housing insecurity, navigating complex care systems is increasingly challenging. Care coordination needed to help individuals face this challenge.
- At best, the work of care coordination is the work of restoring liveable life. Care is a practice, the real work of restoring infrastructures necessary for individuals to enjoy meaning, inclusion & purpose.
- The coordination of care might then be reimagined in terms of work of repairing social, material,
 affective infrastructures that underpin and enable the enjoyment of more liveable lives.
- Need a new organisational logic for integrating care-work.
- Fundamentally, we need to unlock the 'black-box' of practice!
- What does care coordination actually entail & how do we know it works?



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