

Integrated service delivery – playing the long game

CommUnity Plus – Integrated Service Delivery Forum

Wednesday 15 August 2018, Sunshine Convention Centre

Introduction

Welcome everybody. I'd like to begin by acknowledging the traditional owners of the land on which we meet, the Wurrundjeri people of the Kulin Nations, and to pay my respect to their elders past and present. I'd also like to acknowledge that sovereignty was never ceded and to apologise for the ongoing impacts of colonisation on families today. And thankyou to CommUnity Plus for inviting me here to speak to you all at this inaugural forum.

Just a few years ago in 2016 I was delivering a speech to launch CommUnity Plus – back then I called it “the future of service provision”. Well today I'm wondering, is it still the future, or is it just the ever-evolving now? After a bit of to-and-fro with the organisers about the name of my speech today, we settled on “Integrated Service Delivery: Playing the Long Game”. The organiser, Simon Roberts, told me he liked

this title because “it implies that we can get somewhere in terms of government policy and funding by pursuing this approach”. Very optimistic Simon! But, in an election year, I suppose anything is possible. So I’ll get to that later.

For me, the idea of a need for integrated service delivery was borne from personal experience. Some of you may be familiar with the story of my big brother Matt, the intelligent teenager, head prefect, vice-captain of the football team, and golden boy of my large family.

In his last year of school, Matt became unwell. I can remember seeing him in the foetal position sometimes, unable to move. He behaved erratically, got into trouble with the law, with minor crimes like shoplifting. Dad thought he’d had a knock to the head during footy, but the rest of us knew it was more than that. Perhaps it was a sign of the times that my dad – a brilliant legal mind – understood legal problems, but couldn’t quite grapple with what had caused those problems – his son’s mental illness. Somewhat symbolic of the system-wide siloes that existed back then. Matt was eventually diagnosed in his early 20s with bipolar disorder, a

condition that set in train a new path for the rest of his adult life – a path between rooming houses and homelessness, between the courts and health services of Bayside Melbourne.

I may not have known what to call it back then, but I know now that what would have helped Matt, what may have made all the difference between his life as it was, and his life as it could have been, was a holistic response to his many and varied needs: his mental health, housing, the law, and others. Tragically Matt never got the holistic care that he needed.

Where his needs were supported they were supported separately – legal advice, mental health care, housing. The fact that Matt's issues were compartmentalised not only didn't assist him, but ended up costing the community far more than it should have.

Matt's experience – and mine as a member of his family – taught me that there must be a better way of helping the many people in his or a similar position.

So, how far have we come? Fast forward a few decades, to just a few years ago, and – at least in the Victorian legal sector - this type of holistic, wrap-around service delivery model was pretty cutting edge stuff. Only a few Community Legal Centres, Community Health Centres and otherwise were housing lawyers and social workers side-by-side to meet the needs of their clients. Since then until now this model of service has enjoyed many names:

- multidisciplinary practice
- health justice partnerships
- integrated service delivery.

Call it what you will, the principle is still the same: people from different professions working together with the needs of their clients at the centre of what they do. It doesn't matter what you call it: it works.

Nowadays, this model is becoming a pretty commonplace part of community legal practice, but there's still more work to be done. That's because Multidisciplinary Practice – and sorry, but that's what we call it at the CIJ – is about more than just co-location. Having lawyers and social workers

working at the same premises does not an MDP make. You may as well have a health clinic next to a court house, with clients going out one door and in the next.

What is much harder is integrating those services, and not only this, but allowing those professions to learn from each other.

One way of doing this is through training - at RMIT we offer students the chance to study a Masters of Social Work and a Juris Doctor concurrently, allowing them to gain a unique joint qualification in both fields. We also bring Social Work and Juris Doctor students together in our placements with our strategic partners the Mental Health Legal Centre, and in other student opportunities – a bit of cross-pollination if you will. These students provide advice and support through the Inside Access program to women in prison at the Dame Phyllis Frost Centre. On the horizon we are looking to expand this model with placement opportunities at MHLC for RMIT students in other disciplines – nursing for example, or interpreting and translation services. Also on the horizon is

funding for a Financial Counsellor for the MHLC, adding to the depth of services offered to the centre's clients.

While we are confident our students will be the MDP flag-bearers of the future (and possibly not know that there was ever another way of working!) we also want to know more about the MDP models of today.

I'm sure many of you here are familiar with the virtues of creating models of MDP where the different professions can learn from and engage with one another, which benefits not only the clients, but also the practices.

A research project we've been part of at the CIJ has been interviewing Melbourne-based lawyers and social workers – and those with the joint qualification – about their experiences. In a soon to be published article “Socialising the law: Combining social work and legal skills in a changing justice sector”, we outline the benefits and challenges of such an approach. And sorry lawyers, but it appears you have more to learn from your social work colleague's “soft skills” in client communication and broad system knowledge, than the social worker can gain from your black and white legal

advocacy skills. In all seriousness, for those interviewed, it was unanimous that the multidisciplinary model allowed a client-centric approach that delivered not only the best legal outcomes for clients, but also that those clients who traditionally had negative perceptions of the justice system felt supported and empowered throughout.

While disadvantage brings many people in contact with the justice system, it's often those same disadvantages that create barriers to people accessing justice. It can be intimidating to see a lawyer or make a court appointment if you don't have stable housing or are in a violent relationship.

Now: down to the nitty gritty: It's up to all of us here in this room to sell this approach. If we want Government to better fund these models, to drive policy change in this area, we have to show Government why it works, and not only this, but why it'll save them money. While it's great that MDP models have largely been driven by grassroots strategy, sector by sector, service by service, and tailored in each situation, it has largely been ad hoc to date. We're at a stage now where it will help us to work together, to share and

coordinate our knowledge, skills and experiences to strengthen all of our practices. And that's why I applaud CommUnity Plus for organising this forum today, to build the capacity of the sector.

I was saying back at the office, wouldn't it be great if when this forum celebrates its 10th anniversary in 2028, you'll be able to say: "wasn't it funny just ten years ago when MDPs were sitting on the periphery? They're now not only mainstream, but they're in every hospital, every school." I want it to be embedded in every part of our community's life, so that everyone will know that whatever their issues, no matter how complex, they can go to one place and get a holistic response to their needs.

I know my brother Matt would have liked that too.

Thankyou.