

SHOALHAVEN WOMEN'S RESOURCE GROUP Ltd

Rosa Refuge July- October 2014

Rosa Co-ordinated Care October 2014-June 2015



ANNUAL REPORT 2014—2015

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MISSION STATEMENT

Shoalhaven Women's Resource Group Limited (SWRG)
is a non-profit organisation.

Our mission is to provide medium-term transitional accommodation, support and advocacy to women who are disadvantaged, distressed and homeless as a direct result of domestic violence and/or other life crises and to address issues of violence, abuse and homelessness in the Shoalhaven community.

Our aim, in collaboration with other service providers, is to assist clients from all socioeconomic and cultural backgrounds in their life choices, while respecting their individuality, dignity, privacy and confidentiality.



AIMS & OBJECTIVES

AIMS

- To provide supported accommodation for women who are homeless, as a result of imprisonment and/or who are exiting drug and alcohol rehabilitation facilities.
- To support women who are at risk of being incarcerated, or at risk of losing their sobriety after leaving drug and alcohol rehabilitation.
- To support women who have complex needs to maintain tenancies.
- To provide relief for women and their children from poverty, distress, suffering, misfortune and helplessness through the provision of support and advocacy.
- To network and liaise with other organisations in the community to ensure the best possible outcomes for clients through a case management approach.
- To raise community awareness about the impact of poverty, sexual abuse, childhood trauma, mental health, and drug and alcohol issues on women and their children, and the broader community, and to place these issues in a broader social context.

OBJECTIVES

- To create a non-institutional accommodation service where dignity, confidentiality, individuality and privacy are respected.
- To provide outreach support for women who are not accommodated by Rosa Co-ordinated Care.
- To provide early intervention support for women in correctional facilities as a prerelease support service, to address potential recidivism.
- To provide support, referral, information and advocacy using a case management approach.
- To employ staff from a variety of cultural backgrounds in order to reflect the cultural diversity within the broader community.
- To advocate and lobby at a local, state and federal level regarding issues of homelessness, violence, mental health, complex trauma and their connections to homelessness.
- To seek opportunities to educate, inform and raise the level of community awareness about issues which affect women's ability to maintain tenancies, maintain sobriety, and prevent recidivism.
- To advocate for the rights of women who are incarcerated, on remand, or substance addicted.

Shoalhaven Women's Resource Group Ltd.

During 2014-2015 Shoalhaven Women's Resource Group Ltd (SWRG) administered two separate programs: Rosa Refuge (until 31st October 2014) and Rosa Co-ordinated Care (from 1st November 2015)

Members of this Company include women from a range of socio economic and cultural backgrounds, who bring to the organisation a variety of skills, life experiences, and professional expertise.

Company Directors are elected at the Annual General Meeting. The Board of Directors is comprised of up to nine Directors drawn from the broader community.

The Board of Directors support staff and the service manager in achieving the best outcomes for clients and the service, meeting the legal requirements of the organisation and ensuring good governance.

Board of Directors 2014 - 2015

Secretary	Sharon Millett	Team Leader, Rosa Refuge – resigned as secretary March 2015
Director	Faye Worner	Waminda
Director	June Phillips	Community Representative - resigned March 2015
Director	Sharlene Naismith	Legal Aid Nowra
Director	Sophie Ray	Community Representative
Director	Kerry Wright	Shoalcoast Legal Centre
Director	Krissy Falzon	Waminda

The Board of Directors volunteer their time to support and guide the organisation in achieving its aims and objectives.

The staff at Rosa Refuge and Rosa Co-ordinated Care would like to extend their thanks and gratitude to all the Directors for their guidance and support in assisting staff to meet the challenges of working in a crisis service.

All Directors are volunteers, giving of their time to support the work of the Shoalhaven Women's Resource Group.



SWRG Board of Directors report 2014 - 2015

We started the year with the knowledge that we had been unsuccessful in our bid under the Going Home Staying Home (GHS) funding reforms to continue managing Rosa Refuge but with eager anticipation about some new funding that had been announced by the NSW Department of Family and Community Services (FaCS) called the Service Support Fund (SSF) under which we had applied to commence a new service Rosa Co-ordinated Care (RoCC) offering transitional intensive case management support, including accommodation, to women exiting prison or alcohol and other drug rehabilitation who are homeless or at risk of homelessness.

At the Annual General Meeting in October existing Board members, Faye Worner, June Phillips and Kerry Wright were joined by three new Board members, Sharlene Naismith, Sophie Ray and Kristine Falzon. Sadly June decided to leave the Board early in 2015. We thank her for her contributions to the SWRG Board.

The first four months of the year were taken up with tasks required to handover the Refuge to the new Service Provider and the Board would like to thank all the staff who assisted in that process for their dedication to ensuring a seamless transition for the women connected to our service at that time whilst at the same time packing up SWRG resources to move out. Other tasks included farewelling staff who accepted redundancy packages as part of the transition, organising a farewell for Rosa and securing new office premises for the remaining staff to move to from November. Thanks very much to Michelle, Sharon, Cheryl, Kim and Kim for their work and patience during this time as there were a few hiccups along the way.

We were successful in our bid under the SSF and signed a new contract for the RoCC service which commenced on 1 November 2014. As part of the establishment of RoCC we needed to recruit a new Manager who had the skills and knowledge to be able to oversee the development of a new transitional case management service with existing staff, Sharon, Kim and Kim. Our first Manager, Carol Thomas, commenced in November but chose to move on to another employment opportunity in January. We thank Carol for her work in assisting the Board to define our service delivery model, commence developing partnerships and promotions to referral agencies. We would also like to extend our sincere thanks to Faye Worner and Krissy Falzon who (in their roles as Waminda staff not Board members) agreed after Carol left to support Sharon Millett as Acting Manager and the other staff to get RoCC off the ground and operating as planned whilst we recruited another Manager. This contracted arrangement continued for the rest of the financial year with the new Manager, Tricia Forbes, commencing in August 2015. We would also like to thank Cheryl Durand as the SWRG Bookkeeper for her assistance in the transition period from Rosa to RoCC. Cheryl left the organisation early in 2015 and we contracted Booth Partners whilst a process to recruit a new bookkeeper was commenced. This will be finalised in the next reporting period by the new RoCC Manager.

As part of the establishment of RoCC the Board has worked cohesively and proactively with each member taking on tasks requiring attention at a Board level. Specifically these tasks have included securing a second rental property to use as an accommodation service for women accessing our service. This has required submitting a Development Application to Shoalhaven City Council. We thank Sharlene Naismith for her work on this project. Also ensuring our office premises lease was negotiated and finalised, plus all our insurances were up to date for the new service. We thank Sophie Ray for her work on these projects. Kerry Wright has assisted the Board with financial management including budgeting and we thank her for this work. We are very pleased that FaCS has advised that our funding will now continue to 30 June 2017. We would also like to acknowledge the work of Nessie Barrett who has assisted the Board in this period as a consultant to review our Policies and Procedures to ensure they meet FaCS Specialist Homelessness Services (SHS) Practice Guidelines.

Kristine Falzon, Sharlene Naismith, Sophie Ray, Faye Worner, Kerry Wright



Rosa Refuge

Rosa Refuge was funded during 2014/2015 under the SHS (Specialist Homelessness Services Program) through the Department of Family and Community Services (formerly Department of Human Services). The organisation gratefully acknowledges the funding and support provided by the Department of Family and Community Services during the transition phase of the Going Home Staying Home (GSH) Reforms.

Rosa provided services which:

- a) Were flexible and client focused.
- b) Were linked to other relevant support services in ways which allow clients to receive an integrated service delivery model based on a continuum of support approach to service delivery.
- c) Had a critical focus on and awareness of the specific needs of Indigenous people and CALD communities within the Shoalhaven.

Saying Goodbye to Rosa Refuge

It is with great sadness that the organisation farewelled ROSA REFUGE. The Shoalhaven Women's Resource Group Ltd experienced a turbulent year exiting the Refuge, a service which the organisation had operated for 30 years, and developing a new service, Rosa Co-ordinated Care.

It would take many more pages than this report allows to meaningfully acknowledge the contribution of the many women who have either worked for SWRG Ltd or who have volunteered their time as Board members of the organisation, over many years. (Many of these women were cited in the previous year's annual report.)

SWRG Ltd has been the forerunner for many reforms to women's services in the Shoalhaven, and has continued to raise awareness of women's issues within the broader Shoalhaven community for over 30 years, including the establishment of Shoalhaven Women's Health Centre, and Nowra Medium Term Women's Housing.

SWRG Ltd has always been a progressive organisation, challenging historical inequities and social injustice from the ground up by providing above award wages and conditions for staff, ensuring job sharing and part time positions for women with children, and acknowledging through its employment policies the need for affirmative action and recruitment policies.

SWRG Ltd operates from a feminist perspective which acknowledges that social, cultural, economic and gender inequities are underpinning and contributing factors to domestic violence, sexual abuse, and many crimes against women and children.

After unsuccessfully tendering to continue to operate Rosa Refuge, Rosa was officially handed over to SAHSSI (Supported Accommodation & Homelessness Services Shoalhaven Illawarra) on October 31st 2014.

Overall 2013-2014 was a year of great change for the refuge team and clients. In spite of the uncertainty the team remained focused on the needs of the clients. These changes, albeit sad and stressful were well managed by staff and Board, with minimal disruption to service delivery.

As evidenced in formal and informal feedback from clients - the professionalism, compassion and enthusiasm they encountered each day from all of our team provided support through this challenging transition phase.

Whilst the client profile changes somewhat from year to year, it has been evident that more and more homeless women and children with complex issues including mental health and substance abuse were requesting our service.

Women and children continue to need support to escape whatever circumstances they are leaving and they need assistance in the form of a range of support mechanisms to rebuild their lives whether that be in transitional accommodation, social housing or through private rental.

Until October 2014, staff continued to work with five families living on the refuge premises, including single women without children; and two families living in external medium term housing, and numerous outreach and post crisis support clients who come and go from the service depending on their level of need. This provided for a varied, busy and ever-changing environment and required great skill and passion from all staff.

Farewell to ROSA REFUGE

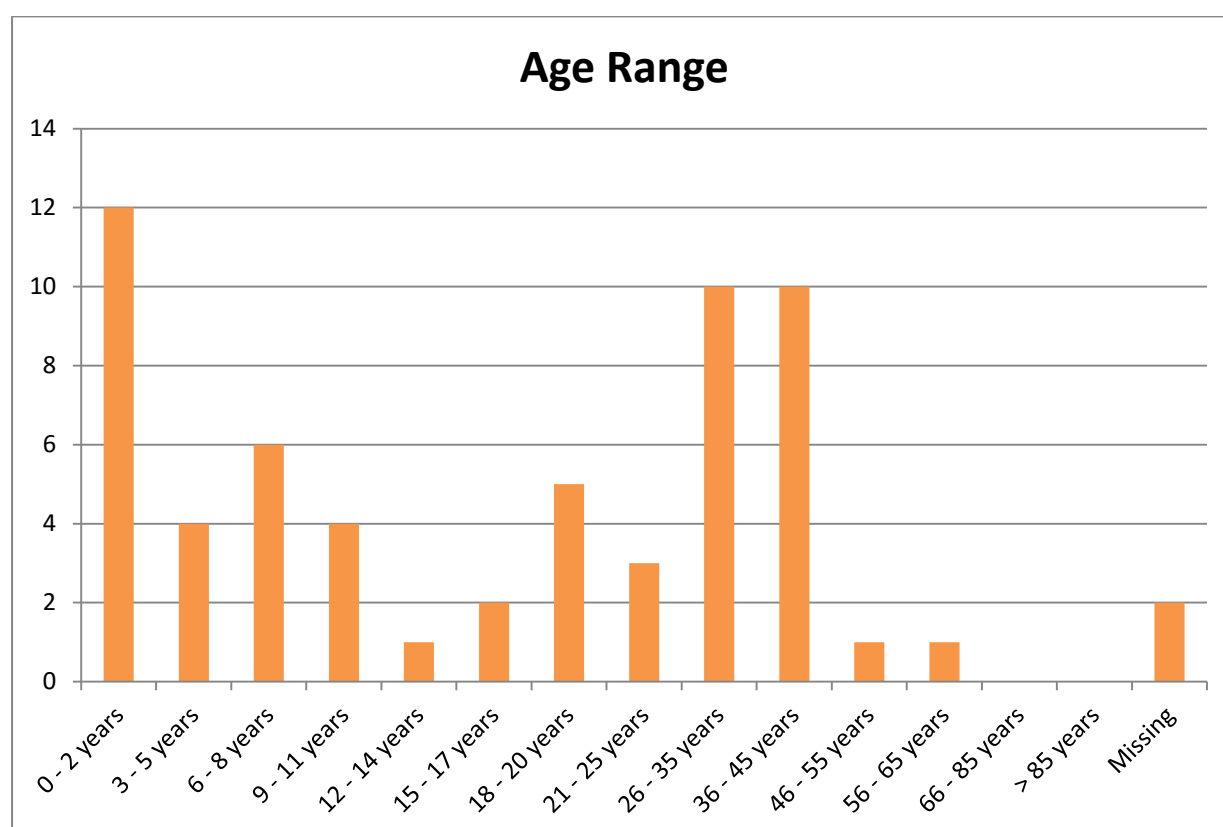
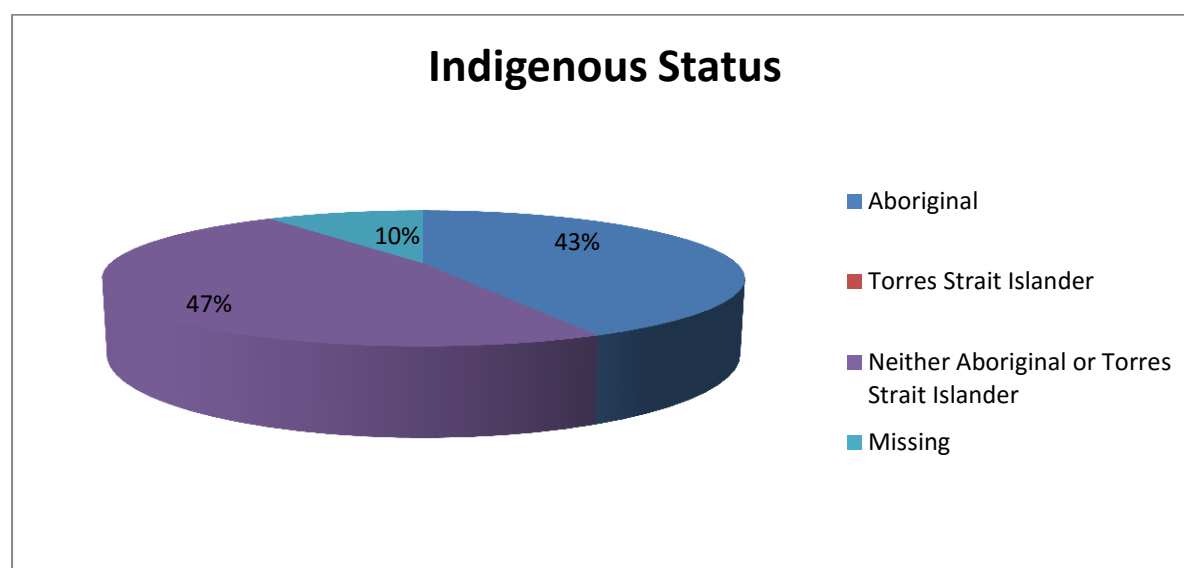
In order to provide the community, staff, and other service providers with the opportunity to farewell Rosa, a luncheon was held at the Nowra Showground Meeting room. Over 100 people attended.

Aunty Gail Wallace welcomed the audience to country. Faye Worner provided an historical overview and context of the organisation in the Shoalhaven, including its many achievements throughout its 30+ years of operation.

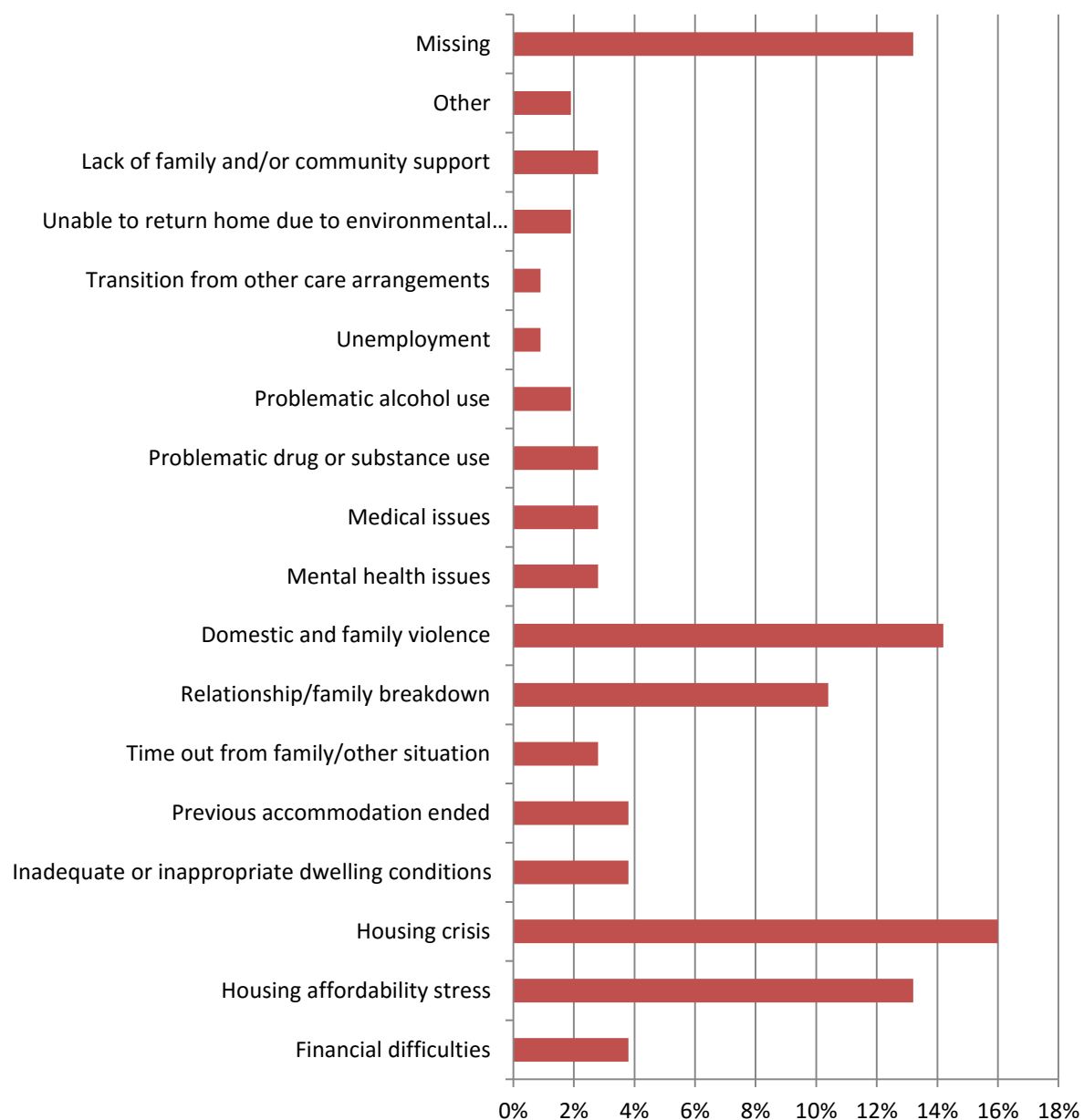
Local performers entertained those who attended, and Nikki Sloane CEO of the Illawarra Forum provided an overview of the GHSH reforms and their impact on the homeless sector.

The Board and staff of SWRG Ltd would like to thank everyone who took time out of their busy schedules to attend the farewell, and to thank the many people who left us with warm wishes and support.

Client Data - Rosa Refuge



Reasons for Seeking Assistance



Rosa Co-ordinated Care

Moving Forward- a new service delivery model for SWRG Ltd

Establishing a new service and creating a new model of service delivery has provided many challenges for Board and Staff. Finding appropriate premises both for office space and the accommodation arm of the new service has been one of the many challenges faced by the organisation and it was some time before either was found and settled. Office space was finally secured in November 2014, and the accommodation arm of RoCC was not secured until May 2015 - and is still under development to meet Shoalhaven Council DA requirements. The service set up took much longer than we had anticipated.

Defining the parameters of the new service, updating policies and procedures, promoting the service, managing and creating criteria for referral and intake, as well as the practicalities of office set up took many months of time and created many practical challenges for staff and Board.

Our new service – Rosa Co-ordinated Care (RoCC) began intake of clients on January 27th 2015.

Introduction to Rosa Co-ordinated Care

Staff would like to thank both previous and current Board members for their support of Shoalhaven Women's Resource Group Ltd in making the decision to move into a new service area after our tender to continue to operate ROSA REFUGE was unsuccessful.

As you would be aware, it has been a challenging time moving from the Refuge environment to setting up this new service. Staff and Board members have found themselves in uncharted territory at times having to work out the best way forward as different situations presented a new set of challenges to us all, sometimes almost daily.

We would like to acknowledge everyone's commitment to making this service viable for the women who are our clients. We still have a long way to go, but it's becoming easier now to see the way forward.

RoCC Staff

Kim McGuire - 4 days per week - Tuesday- Friday

Kim Kerzinger - 4 days per week - Tuesday - Friday

Sharon Millett - 4 days per week - Monday- Thursday

Manager – 4 days per week - Monday- Thursday

Special Mentions:

SWRG Ltd Board of Directors

The Board of Directors maintained a commitment to establishing the new service and to the continuation of Shoalhaven Women's Resource Group Ltd. The Board continued to support staff through the process of transitioning from the refuge to the setting up the new service. At times the Board stepped into roles which are normally beyond the scope of expectations of a voluntary Board of Management. The Board gave their time and expertise to ensure the service could be delivered to the client group.

Carol Thomas

Carol was employed as a Manager of RoCC during the initial 8 weeks leading up to the service opening. Carol was instrumental in RoCC program development. The Organisation would like to acknowledge the important contribution to the service of Carol Thomas.

Faye Worner, Waminda

Waminda staff, in particular Faye Worner and Krissy Falzon oversaw the Management of the Service after Carol Thomas left. Without Faye's passionate commitment to the organisation, the client group and the service it would have been difficult to move forward.

The Beginnings of Rosa Co-ordinated Care

Service delivery and support for women leaving drug and alcohol rehabilitation and / or jail has been an identified gap area in the Shoalhaven for many years.

Through the GSH Reform process an opportunity became available to submit for funds to establish a support service for this client group.

What is RoCC (Rosa Co-ordinated Care)?

RoCC is a support program for women who are leaving prison or alcohol or drug rehabilitation programs and who are at risk of homelessness. RoCC provides a housing first approach, helping women to access and establish permanent and safe housing. RoCC is a non-profit organisation and the greater Shoalhaven area's only provider that addresses the needs of women exiting prison and rehabilitation programs.

The program also provides intensive and integrated support which, combined with housing assistance, allows for a client focused management service to enhance social reintegration and minimise reoffending.

Background to the Service

There is significant evidence to suggest that people who are leaving institutions such as prisons, are at a high risk of homelessness. When people exiting prison or rehabilitation programs are homeless or at risk of homelessness, the rates of reoffending, recidivism

and relapse increase significantly. Research details the overwhelming complexity of issues facing reintegration or reconnection with community.

Women who are leaving institutions often have multiple needs which require a range of services to assist immediately or soon after leaving.

RoCC delivers case management through a biopsychosocial approach within an overarching holistic and collaborative framework. This model facilitates the reintegration of a highly disadvantaged sector of the community experiencing homelessness or at risk of homelessness. With its aim at reintegration and reengagement RoCC, through the provision of accommodation, will help women to rebuild their lives whilst recognising the specific needs and sensitivities of the individual women. RoCC aims to address the social disadvantage, accommodation and physical and mental health needs by promoting access to services through stable accommodation.

In order to maintain accommodation it is vital that the coexisting complexity of issues that negatively impacts on each woman's life be addressed. These issues may include: financial difficulties, lack of education, poor mental or physical health, social disconnection, addiction, family violence, legal issues, parenting or family reunification and disability.

RoCC provision of case management may cover some of these issues; however, most will need appropriate referral to specialist services. In recognition of this, RoCC encompasses a collaborative approach with existing services within the Shoalhaven community.

Criteria for entering the Service

RoCC is available to women:

- Over the age of 18 years;
- At risk of going to jail or who are leaving jail;
- Already paroled to the Shoalhaven;
- Leaving alcohol and other drug rehabilitation programs;
- At risk of being homeless, or who are homeless once they leave the above institutions;
- Who agree to be involved in a housing first case management approach.

What RoCC provides

RoCC works with the client and other services to undertake multidisciplinary case planning where multiple services work together to address the client's particular needs through:

- Providing pre prison and rehabilitation exit support in order to assist institutions planning the exit of their client back into the Shoalhaven area.
- Coordinating integrated assistance from multiple services, e.g. mental health and drug and alcohol, medical, legal, financial, health.
- Assisting clients to integrate into the community and encourage positive healthy lifestyle.
- Assisting with living skills where needed.

- Assisting clients to enter education, training and or employment programs.
- Working with women and their families, who may be going through a period of readjustment.
- Providing support to women who feel overwhelmed by their multiple needs.
- Offering limited temporary accommodation for those women who are homeless.

The service will provide a holistic and intensive case management model and will work to improve social attachment and engagement.

How referrals are made

Women can become part of the program in a number of ways. Women can self-refer or they may be referred from:

- Agencies such as Corrections Health, Community Corrections or the Aboriginal Medical Service;
- Institutions before their release date;
- Family, friends;
- Link to Home;
- Other local Service Providers in the Shoalhaven and beyond.

Setting up the Service

Setting up the Service presented an ongoing range of challenges:

- Finding and establishing premises on the private rental market for both office space and for the accommodation arm of the service. Many hours of searching for properties, meeting with Real Estate Agents, setting up utilities and ensuring properties could meet WHS requirements. (At the time of writing this report the accommodation arm of the service has only just received conditional Council Development Approval).
- Developing the RoCC Program, including documentation, policies, procedures and processes required to open the service for intake.
- Staff training for the service.
- Providing information to the broader community about RoCC services and programs.
- Establishing entry to jails and correctional facilities.

RoCC Intake of clients- January 27th to June 30th 2015

Referrals have been received from:

- | | |
|------------------------------|---|
| • Shoalhaven Homeless Hub | • Community Corrections |
| • Waminda | • Emu Plains Correctional Centre |
| • Silverwater Women's Prison | • SAHSSI |
| • Self-Referral | • Wollongong Community Corrections |
| • Link to Home | • Bolwarra Transitional Correctional Facility |

Issues and barriers facing clients in the Shoalhaven

Housing

1. Limited temporary accommodation.
2. Lack of affordable private rentals, with competition for available properties being high.
3. Compliance with Housing NSW requirements for properties, including regular completion of rental diaries, presents a range of challenges for many clients who have complex mental health needs.
4. TICA debts.
5. Inability to plan or to budget within limited finances and debt repayment plans.
6. Previous debt history with Housing NSW. In many cases where client has outstanding debts, including damage to property, or a history of non-payment of rent/rent arrears, clients are required to rent privately for 6 months before consideration will be given to an active Housing NSW application.
7. **By far the most challenging issue is the lack of affordable rental properties.** Until stable accommodation can be secured it's almost impossible to work on other issues the clients may have. Staff spend many hours attempting to secure accommodation for clients, including advocating, completing paperwork for and on behalf of clients and searching for properties. It is difficult for clients to complete, organise and maintain relevant paperwork when they may be living out of a car, or are in a tent, or may have to leave a hotel room daily. This situation also leads to poor diet and financial issues; as without cooking facilities clients will live on takeaway and convenience foods.

Mental and Physical Health issues

1. When homeless, it becomes increasingly difficult to keep track of medications and health appointments, adding to the challenges for clients who have mental and physical health issues. Clients with acquired brain injury or who have short term memory loss, require support to remember and attend their medical appointments.
2. Many clients return to their drug and alcohol abuse habits as a means of coping with the daily challenges they face.

Working with other Services

1. Drug and alcohol services are particularly stretched given the current ICE epidemic. There is currently a 6 week minimum wait to enter the Salvation Army Bridge Program, or to see an individual drug and alcohol counsellor there.
2. Drug and alcohol services through Illawarra Health have a rigorous intake system. Staff can make a referral by phone with an intake officer. If this intake is accepted the client is contacted by the drug and alcohol service and enters into a phone assessment with the service. This call is unscheduled which can be complicated and challenging for clients, especially for those who have lost their phones or have no phone credit.

3. Co-case Management will underpin many client outcomes. Given the limited resources in our community, this can at times be challenging to set up. RoCC is currently involved in case management with: Waminda, SAHSSI, Partners in Recovery, Richmond PRA, The Junction Mental Health, Housing NSW, Shoalhaven Homeless HUB, Community Corrections, Salvation Army Bridge Program.

Overview of client data

35 clients have been referred to RoCC between January 27th and June 30th 2015.

1. 33 of these client referrals have been accepted after Intake.
2. 23 clients are identified as high effort with complex need. Two clients identified as medium - low need (see attached case studies as examples of clients with high effort and complex need).
3. All high effort and complex need clients require a high level of resources - including staff hours and brokerage support. Current active clients have all been engaged with the service for 6 to 17 weeks.
4. Number of clients active at 30 June 2015 = 15. Six of these clients are currently homeless. Nine of these clients are currently at risk of homelessness. Seven of these current clients have identified as Aboriginal.
5. Eight of the 15 current clients are connected with the Corrections system. Two clients have specific drug and alcohol issues. Four clients have drug and alcohol issues and are also connected to the Corrections system. All 15 current clients have mental health issues, including two clients who have acquired brain injury.
6. Two clients have children currently in their care.

Client Outcomes- see Appendix 1

The definition of what constitutes a positive outcome may be quite broad for this client group and will include the following:

- Maintaining case management meetings and other scheduled appointments;
- Maintaining prescribed medication schedules for diagnosed physical and mental health conditions;
- Maintaining sobriety;
- Not reoffending;
- Securing housing.

Most of the aforementioned outcomes have been maintained by current clients.



Staff

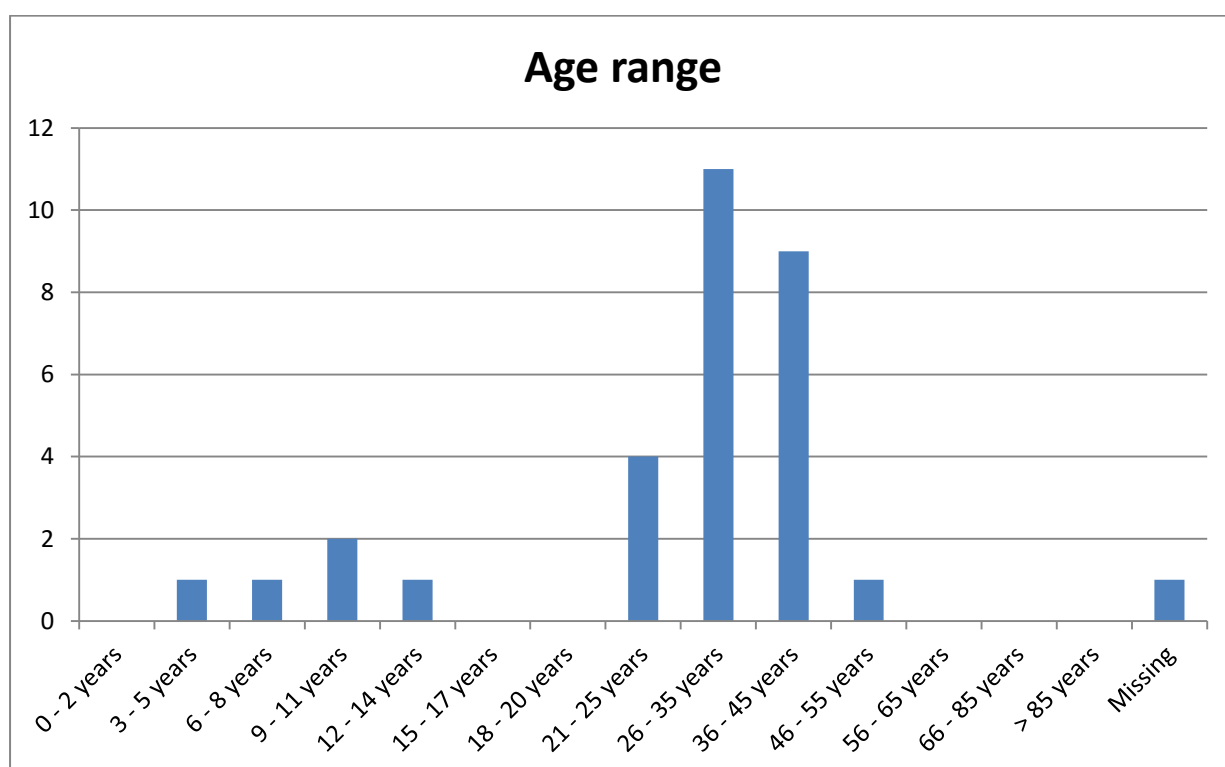
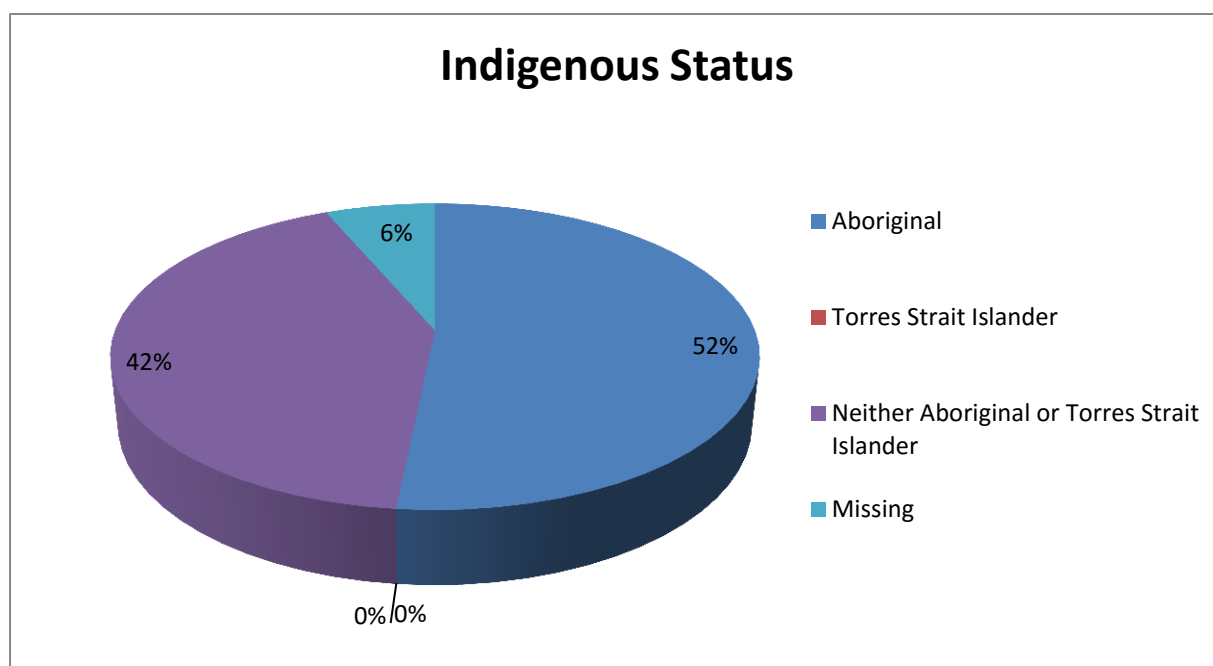
1. Work from a client centred approach which is informed by “Trauma Informed Practice” model.
2. Weekly team meetings include – developing and reviewing service delivery processes; individual client case reviews and management; allocating case worker for new referrals; scheduling client appointments and access to vehicles; peer support; Work Health and Safety; schedule Jail visits; monitor staff case load.
3. Regular external professional supervision.

Barriers and challenges for staff

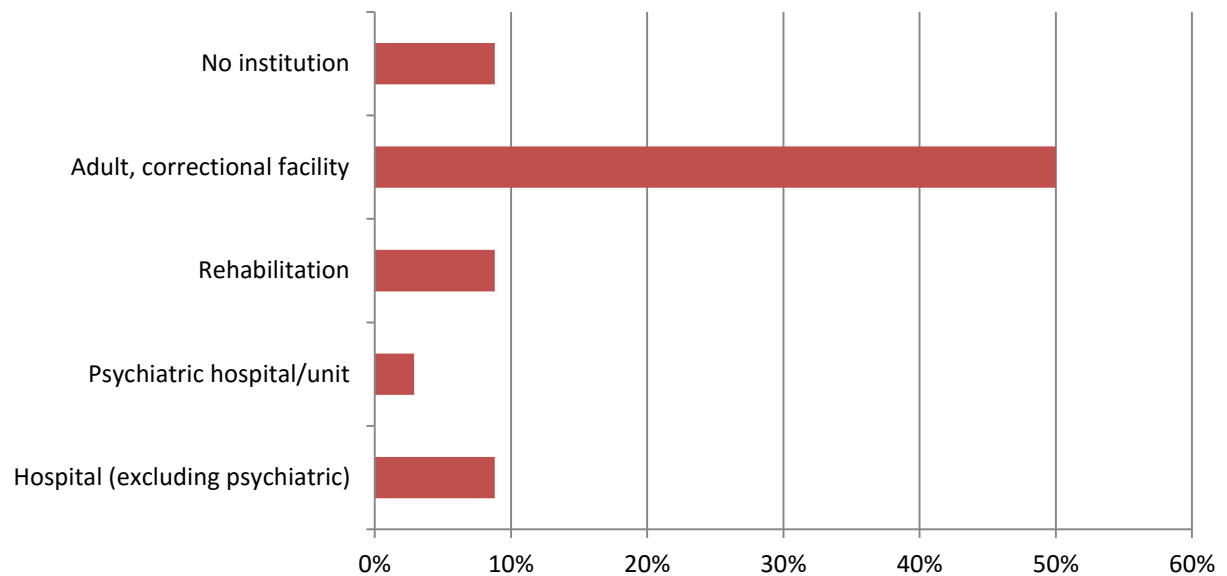
1. Creating work practices which are balanced - face to face time with clients including advocacy and obtaining birth certificates, Centrelink payments vs administrative responsibilities including case notes, report writing etc. We are always catching up on our paperwork.
2. Working at the clients’ pace - the importance of establishing and continuing to build trusting relationships with people who have not had trusting relationships, requires skill, patience and a client focussed perspective.
3. Establishing realistic boundaries.
4. Advocating systemically - advocating for clients who have low literacy and complex mental health issues, without disempowering the client; particularly with Centrelink, Housing NSW and other government services and agencies.
5. Supporting clients to attend and to maintain regular appointments both with staff and other services.
6. Understanding the Correctional system and how to navigate it.
7. Obtaining Permanent visitors pass to enter prisons – staff have been working with temporary passes and are still experiencing difficulty obtaining permanent visitor passes. This means that staff need to take 3 forms of ID to each jail visit.
8. Managing and maintaining connection with clients who are still in and out of addiction.
9. Working with clients who have complex trauma and complex mental health issues.
10. Resources: managing our time so we don’t burn out.



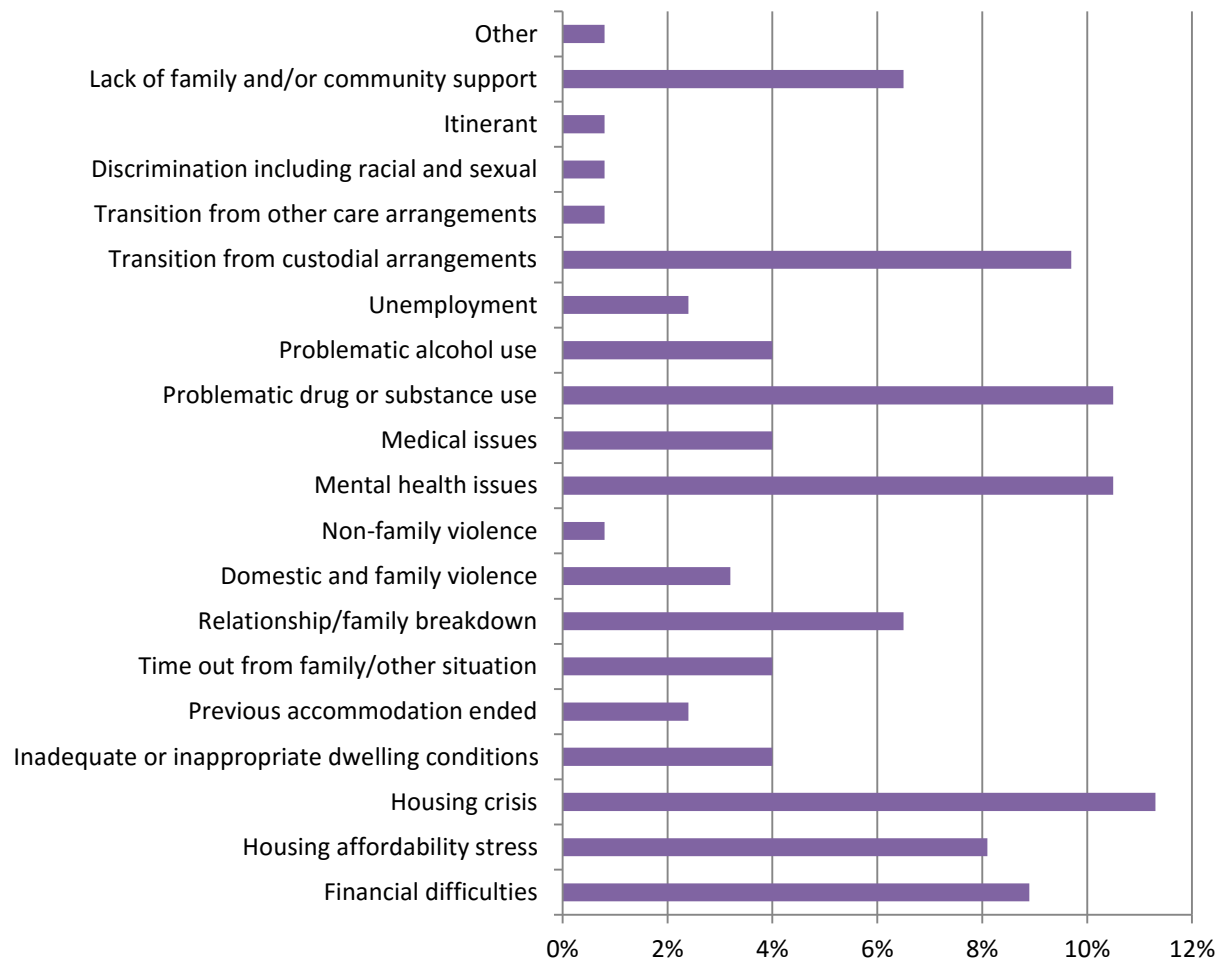
Client Data - Rosa Co-ordinated Care



Facilities / institutions in the last 12 months



Reasons for Seeking Assistance



Staff Professional Development and Training 2014 - 2015

✓ Illawarra Forum- Professional Boundaries	3 staff
✓ KTS exchange of information	3 staff
✓ Shoalcoast Legal Centre - Aboriginal clients and family Law	2 staff
✓ Implementing GHSH Practice for Managers	1 staff
✓ Illawarra Shoalhaven PIR – Recovery Workshop	2 staff
✓ Working with People Leaving Custody	1 staff
✓ Hepatitis ABCs one day workshop	2 staff
✓ Workplace Health & Safety Training	3 staff
✓ Community Restorative Justice Centre	3 staff
○ Working with Families of Prisoners	
○ From Prison to the Community	

Network Meetings

✓ DIG- District implementation Group- GHSH Providers	bi monthly
✓ CHAD- Interagency meeting- Case Management of Parole clients	monthly
✓ CLSD- Legal issues locally and state wide impacting on client group	bi monthly
✓ KTS – Keep them safe	monthly



Client 1- Mary, Non-Indigenous**Background**

Mary suffered physical mental and sexual abuse as a young child. She was frequently beaten by her alcoholic mother, and sexually abused by her mother's boyfriends from age 8 years. Mary spent time on and off with her grandparents during her formative years. Her grandparents were kind and tried to keep the children safe. There are three other children in the family who all experienced similar treatment from their mother; however Mary is the child who was victimised most.

Each of Mary's adult relationships was violent and destructive. Mary experiences acquired brain injury as a direct result of continuous beatings by one particular partner. Mary struggles with mental ill-health over the years and is hospitalised many times for self-harm, alcohol abuse and several suicide attempts. Mary has four children; two, aged 15 and 18 have been permanently removed. She hasn't seen these children for many years. The oldest child, now 22, is in frequent contact with Mary. He has a career and a stable life.

On Intake at RoCC

Mary has recently left a rehabilitation facility and returned to Shoalhaven to start fresh. She has a 5 year old daughter, and wishes to start building a relationship with her. Mary has a reasonable relationship with this child's father. Mary stays with her older sister for some time, in overcrowded accommodation. Mary made contact with RoCC for assistance, after reading about the new service in a brochure. Mary has several mental health diagnoses, including bipolar, obsessive compulsive disorder, post-traumatic stress disorder, and self-harm.

13 weeks into Case Management

Mary's mental health is unstable, she is often confused and her short term memory is unreliable. RoCC assists Mary with housing applications both for Housing NSW and private rentals. Mary feels demoralised by the process of applying for properties with no success, but perseveres with ongoing support from RoCC staff. After a while, Mary is successful in gaining a private rental property. Mary's mental health remains unstable, although she is taking prescribed medications as per medication schedule. Mary will have a mental health assessment in the near future as her medication has not been reviewed for many years.

Mary has had 2 episodes of alcohol abuse since moving into her private rental, but has managed to maintain tenancy with ongoing support from RoCC. Mary is now also connected to Mental Health Rehabilitation Services, Alcohol Relapse Prevention and Lifestyle Program. Mary does not always attend all her appointments as she still has many bad days and is sometimes too traumatised to leave her house. RoCC has assisted

Mary with brokerage funds to both set up and to maintain her accommodation. RoCC continues regular weekly contact with Mary. Mary also frequently asks for support to attend appointments or just to talk over issues. Mary will need long term support to remain stable and to maintain accommodation. RoCC also provides transport for Mary to attend appointments and groups. RoCC assisted Mary to arrange Centrepay for her rent and utility accounts to ensure tenancy is maintained.

Other Services who are also supporting Mary

The Junction- Mental Health Rehabilitation - Supporting Mental Health issues

The Salvation Army Bridge Program – Addressing alcohol abuse

Length of Support to date: 17 weeks



Client 2 – Anne, Indigenous

Background

Anne grew up in a close family, but was sexually abused by her father from an early age. Anne's father was eventually convicted of many counts of sexual abuse of children around the area where Anne grew up. Anne was married young and had three children. Anne was very physically active, played sport and was fit and healthy. Anne has qualifications and worked hard for many years so that she could buy a home. Anne had a major car accident when aged 27 which left her with acquired brain injury. Anne almost died as a result of injuries sustained in this accident. Once out of hospital, Anne moved into a cabin at her mother's house so her mother could assist with the children. Anne's husband began drinking and the relationship fell apart. Anne's husband then sustained brain injury after getting into a fight and ended up in hospital on life support. Anne's mother took over the main caring role for her children. Anne began another relationship, this time with a drug user.

Anne began taking ICE with this partner, and quickly became addicted. Anne was destroyed financially and became aggressive towards family and friends. Anne went to jail for a variety of offences including: assault, stalking and intimidating, larceny and causing bodily harm.

Anne was released from jail and referred to RoCC in February 2015, by Justice Health service.

On Intake at RoCC

At first appointment, Anne appeared cagey and non-committal. She was unable to sit in a chair for any length of time; couldn't make eye contact with staff; became verbally aggressive when asked questions; was easily distracted and couldn't focus on

information provided. Anne had nowhere to live. She is living in an unregistered car, for which she now also has two driving offences pending, plus a court hearing for breaching her AVO. Anne is also an insulin dependent diabetic, and does not take her medication.

Anne finds it difficult to keep her scheduled appointments with staff and becomes aggressive when asked to participate in her case management. It becomes clear that she is still regularly using ICE.

14 weeks into Case Management

RoCC staff decide to work closely with other services to co-manage Anne for a period of time. If Anne is still disengaged after four weeks, RoCC will not be able to continue working with her. The services involved set some boundaries for Anne around acceptable behaviour and sharing responsibility for her case management.

With the advocacy, support and assistance of staff from Waminda and RoCC, Anne finally finds stable accommodation in a local motel. Anne realises that she wants her life back, and starts taking steps to make that happen. She stops using drugs stating that “she can’t believe what a difference it has made for her having somewhere to live”.

Anne has been maintaining all her scheduled appointments. She is paying her accommodation costs each week and has registered her vehicle. Anne is eating well, exercising daily and taking her prescribed insulin. Waminda and RoCC continue to work together to support Anne. Anne has had all serious AVO breaches dropped as a result of a recent court hearing. Anne wants to be reunited with her family, and relapse strategies have been discussed. Anne is willing to participate in drug and alcohol programs locally. Anne is now smiling, makes eye contact, and is fully participating in her case management. Anne wants to have her own property again.

Anne will need ongoing support to sustain her sobriety and to reconcile with her family and her children. She suffers from short term memory loss as a result of acquired brain injury. She is enthusiastic about becoming fit and physically active again.

Anne has her final Court Sentencing Hearing in August (re AVO breaches). According to her Solicitor this is unlikely to result in sentencing.

Other Services who are also supporting Anne:

Waminda - Support and transport
Legal Aid Nowra

Length of Support to date: 16 weeks