

'TO DO THIS JOB YOU HAVE TO HAVE THE HEART FOR IT'

What would optimise current practice to support the best outcomes for country people living with multiple and complex needs?

Hearing Country Voices Research Partnership Report no. 10

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Acknowledgement of Country

Flinders University was established on the lands of the Kurna nation, with the first University campus, Bedford Park, located on the ancestral body of Ngannu near Warriparinga. Warriparinga is a significant site in the complex and multi-layered Dreaming of the Kurna ancestor, Tjilbruke. For the Kurna nation, Tjilbruke was a keeper of the fire and a peace maker/law maker. Tjilbruke is part of the living culture and traditions of the Kurna people. His spirit lives in the Land and Waters, in the Kurna people and in the glossy ibis (known as Tjilbruke for the Kurna). Through Tjilbruke, the Kurna people continue their creative relationship with their Country, its spirituality and its stories.

Flinders University acknowledges the Traditional Owners and Custodians, both past and present, of the various locations the University operates on, and recognises their continued relationship and responsibility to these Lands and waters.

(Flinders University Reconciliation Action Plan May 2020-May 2022)

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Picture on front cover

Cindy Westlake and Catherine Mackenzie: words in frame from a client strength-based activity and word cloud from study data, using wordart.com

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“it’s not something that I think is taught out of a textbook, and it’s not something that’s clinical. It is very much building on what [the client is] talking about, on the ability to hold space and listen”.

“You’ve got to build relationships with those other agencies as well – with those other workers. It’s really, really important to work collaboratively”

“Just by nature of our [country] location, there’s a lot of times where our scope is extended where we will be doing that work because something that we know needs to be done ... we don’t have the benefit of all these other support services around us”

“I believe that to do this job you have to have the heart for it, that you can’t get that from a book, from going to uni or whatever”

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Executive Summary

This investigation of good practice for working with people with multiple and complex needs in country settings is part of a larger suite of research. It is the tenth output of a partnership between Uniting Country SA (UCSA) and the research team at the Centre for Social Impact, Flinders University. That body of work exists under the umbrella title of *Hearing Country Voices*, and it is an ongoing commitment to evidence informed practice which aligns with UCSA's vision of *just communities where all people flourish*.

'Evidence', in the context of *Hearing Country Voices*, is allied to the principle of justice in UCSA's vision statement: the central value in this research is equity, and equity is about balancing the scales. It is about listening to and amplifying the voice of people and communities who are experts in their own lives, but who are often done to and seldom listened to. The contribution of our research is to ensure that people whose lives are affected by service and policy decisions, and workers who walk alongside them, have their voices and expertise articulated and elevated in the field of evidence claims behind those decisions.

Key findings

Prominent across the **four key themes** was the importance of relationships; between case-workers and clients; between colleagues; between workers and line managers; and, between people working in different programs and services with shared clients. The **centrality of relationships** is found: in the practice of providing person-centred care; in the provision of integrated care; and, in efforts to retain staff. Relationships far out-weighed level of education in importance, however staff training and support were identified as crucial elements for staff satisfaction, staff retention and ultimately, client outcomes. The following themes emerged that contribute to answering the project research questions:

1. Person-centred care: Relationships with clients

The most compelling theme across focus groups was that UCSA case-workers are working with clients who have multiple and complex needs in ways that are strongly supported by evidence. Findings indicate that their work aligns with relationship-building, person-centred approaches, utilising active listening skills, being respectful and non-judgemental, using appropriate language, demonstrating empathy, being genuine and honest, and when working with Aboriginal and Torres Strait Islander peoples, taking steps to provide cultural safety. Workers described multiple ways in which they endeavour to establish and maintain consistent and reliable relationships with clients.

2. Integrated care: Relationships between services

Workers agreed with the growing pool of evidence that working in 'silos' does not work, especially in the context of working with people who have multiple and complex needs. This is likely more important when working in the country than in metropolitan areas, because there are fewer and geographically more sparsely distributed services. Working towards delivering programs and services that provide holistic family support can be complex in practice but is crucial to achieving positive outcomes.

3. Organisational structures: Relationships between workers

The importance of continuity of care, which includes continuity of worker/s to promote positive client outcomes cannot be overestimated. The study found that UCSA is striving to cultivate a supportive

workplace culture to foster staff retention. This is good news given the evidence that building and maintaining constructive long-term relationships between case-workers and clients has been shown to be more strongly associated with positive client outcomes than providing trauma-informed therapeutic interventions.

4. Outcomes: Relationship-informed

Study findings indicate that contractual expectations to achieve hard outcomes are unhelpful when working with people with multiple and complex needs. Findings from this study support the plethora of evidence that soft outcome measures should be better recognised and that these should be negotiated with clients as part of practising person-centred care. The types of outcomes that focus group participants discussed included transformative outcomes such as improved relationships with the client's family and community and stabilising outcomes such as learning and practicing new strategies to manage daily life

Recommendations

The following recommendations are framed by study findings that highlight the importance and centrality of relationships when working with people with multiple and complex needs.

Relationships with clients

Building relationships with clients should be recognised as the most important first step of service provision and as central to maintaining client-worker, client-service and client-organisation engagement and positive client outcomes.

Recommendation: Review current policies, procedures and tools to incorporate and emphasise the importance of client-worker, client-service and client-organisation relationships. This review should include the consideration of:

- Provision of training to foster staff use of client engagement and relationship-building strategies,
- Developing protocols to ensure there is one central or linking worker for each client/family,
- Developing processes and tools for conducting assertive outreach (e.g. youth work, homelessness),
- Developing practical strategies for workers to adopt the UCSA Non-Negotiables (e.g. asking the tough questions and engaging in tough conversations).

Relationships between services

Integrated care is recognised as an important contributor to positive client outcomes in the context of multiple and complex needs. The provision of integrated care requires collaboration and respect between services and agencies based on communication, knowledge-sharing and transparency, developed through intra- and inter-agency relationships. Collaboration has been identified as difficult, particularly where agencies and/or services seek different or oppositional outcomes and adhere to different values. Nevertheless, especially in country contexts, efforts should be directed towards providing integrated care in the context of scarce resources.

Recommendation: Review strategies for intra- and inter-agency communication and collaboration. The review should consider developing:

- High-level communication pathways with external agencies for collective impact,
- Tools to map internal and external agencies and services and communication of these to staff,
- Opportunities for internal inter-service/program communication and collaboration.

Workplace relationships

Positive workplace relationships and organisational support are vital for staff retention, which in turn is one of the most crucial contributors to positive client outcomes.

Recommendation: Review staff wellbeing policies and procedures in consultation with the Staff Wellbeing Committee. This review should:

- Include worker wellbeing in the supervision template,
- Emphasise the importance and confidentiality of staff referral to Employment Assistance Program counsellors and other key internal support people,
- Include and adopt protocols to mitigate compassion fatigue and vicarious trauma,
- Develop processes and strategies to disseminate information that help-seeking is positive worker behaviour and that confidentiality will be maintained,
- Support positive, values-based organisational and team cultures,
- Link to new whole-of-organisation therapeutic model.

Recommendation: Review staff recruitment processes to ensure that new staff will be able to take responsibility for client relationships by:

- Including communication and relationship-building skills as essential criteria for staff involved in case work/management or support work with clients,
- Requiring demonstration of sharing UCSA values,
- Requiring demonstration of willingness to learn and engage in training,
- Requiring demonstration of listening skills and empathy (e.g. in interview scenarios).

Relationship-informed outcomes

For clients with multiple and complex needs, soft outcome measures that are developed with clients are often more appropriate than hard, externally identified quantifiable measures.

Recommendation: Review outcome measurement processes and advocate for change in contractual obligations for outcome measurement. In particular:

- Use existing or develop appropriate outcome measurement tools that may be client-informed and measure stabilising and transformative outcomes,
- Advocate to funding bodies the evidence-based need for the development and application of soft outcome measurement tools that are client-informed.

Introduction

Background

The last two decades have witnessed a shift in country community service provision from individual services and programs for disadvantaged families, to an ideal of increasingly integrated and personalised services to support individuals and families with complex and multiple needs (EIRD 2019, Ellem, Baidawi et al. 2019).

The concept of multiple and complex needs emerged at the turn of this century as those working in health and human services began to recognise that many people seeking services require multiple rather than single services, spanning the social and health service sectors (Rankin and Regan 2004). Multiple and complex needs can be defined as ‘any combination of at least one intense service need (such as for example, severe mental health problems) and at least two complicating factors (such as for example, a first language other than English or caring responsibilities).’ (Hirst 2009, p i).

For people experiencing multiple and complex needs, ‘their difficulties are typically chronic, numerous and inter-related and often inter-generational’ (Bromfield et al 2012 p. 23). The recognition that people’s multiple and complex issues are interconnected and heterogenous has coincided with a human services policy shift towards consumer directed funding (Rankin and Regan 2004, Rosengard and Laing 2007, Mason, Crowson et al. 2018, Neale, Parkman et al. 2018, Lindsay, Pearson et al. 2019). Further, there has been a state-prescribed drive toward requiring community service workers to be equipped to meet the demands of clients with multiple and complex needs (EIRD 2019). What this means, however, is still uncertain – is it education level, training or staff support? This is one of the key questions explored in this report.

Research objectives

The extent to which country services and community service workers are sufficiently equipped to work within interprofessional teams to provide co-ordinated and therapeutic support and services is largely unknown. It is also unknown what exactly being sufficiently equipped entails in country contexts. This project aimed to explore what is currently working well and what else could be done to support country people with multiple and complex needs across the UCSA service footprint. The project entailed a review of the literature regarding evidence-based best practice, focus groups with UCSA case-workers and a review of UCSA organisational documents.

This project aimed to answer the following questions:

1. What is currently working well?
2. What is no longer working?
3. What is the current evidence for good practice in working with people with multiple and complex needs?
4. How does current evidence for good practice align with UCSA policies and protocols and case-worker perspectives?

Literature Review

Current evidence – what works?

The current evidence of best practice in working with people living with multiple and complex needs is that, in short, services need to be person-centred, relationship-based, trauma-informed, integrated, and accessible. For young people especially, this includes establishing and maintaining consistent and reliable relationships with workers. While the person's needs may be complex, accessing services should be simple. Ensuring that accessibility is simple, however, relies heavily on case workers being able to understand and identify the range of available services or community support structures that may be helpful to a person, and when they should refer. The study findings suggest that it is these elements that are crucial to consider in the recruitment and retention of staff, to a greater degree than level of staff educational attainment.

Person-centred care

It is well-established that people are more likely to respond positively to person-centred rather than service/program-centred models (see Mackenzie and Goodwin-Smith 2018). Person-centred practice places the person in the centre and seeks to understand the whole person, generally including their social and environmental challenges and resources, such as their carer/s, family and community context (Deek, Hamilton et al. 2016, Fagan, de longh et al. 2017). In person-centred practice, workers support the person to change (e.g. their behaviours, their coping mechanisms) or to manage their circumstances (Fagan, de longh et al. 2017, Mackenzie and Goodwin-Smith 2018). There is a great deal of evidence that people living with multiple and complex needs value 'person-centred approaches that treat people with respect and sensitivity' (Rosengard and Laing 2007 p. iv).

In the UK and in Australia, the original conceptualisation of person-centred care (or 'personalisation') has been translated into the introduction of consumer-demand driven funding models (Iannos and Goodwin-Smith 2015, Neale, Parkman et al. 2018). While the idea of tailoring support to an individual person's needs seems ideal, in practice it is proving particularly challenging for people with multiple and complex needs (Iannos and Goodwin-Smith 2015, Neale, Parkman et al. 2018). There are many reasons for this, not least that the original assessment which feeds into the first year of service is commonly undertaken by phone, which misses critical information that may be gained through face-to-face interactions and the person's social and environmental context and daily living assistance needs (Mason, Crowson et al. 2018). For people living in the country, there may be significant gaps between the services or supports a person may identify as appropriate for them and what is actually available (Mason, Crowson et al. 2018).

Regardless of how person-centred care is operationalised, the evidence is clear that the central elements include building rapport, relationships and trust between clients and service providers. Across the literature, relationship-building in person-centred approaches requires active listening, being respectful and non-judgemental, using appropriate language, demonstrating empathy, being genuine and honest, and when working with Aboriginal and Torres Strait Islander peoples, taking steps to provide cultural safety (Rosengard and Laing 2007, Bromfield, Sutherland et al. 2012, Matthews and Burton 2013, Neale, Parkman et al. 2018, Curry 2019, EIRD 2019, Ellem, Baidawi et al. 2019). Further, young people especially may be resistant to engaging with workers and therefore strategies such as assertive outreach commonly adopted in the homelessness and mental health sectors have been shown to have some potential in gaining the trust of such hard to reach groups (e.g. see Phillips and Parsell 2012, Davies, Heslop et al. 2014). Assertive outreach is the term used for practice models that involve workers 'bringing services to people rather than waiting for individuals to come to services on their own' and the purpose is to foster engagement where this may not otherwise occur (Homelessness NSW 2017 p. 9).

Integrated care

Integrated care models represent approaches to person-centred care that explicitly involve goal-setting and planning processes that include the person (as central) and all appropriate (and/or available) services and resources, ideally working towards self-management. Integrated models tend to align with strength-based practice and empowerment approaches (see figure 1). Integrated care models have been adapted from the chronic disease management sector for use in developing care plans for people with multiple and complex needs (Rosengard and Laing 2007, Bromfield, Sutherland et al. 2012, Anderson, Hennessy et al. 2013, EIRD 2019). Integrated care is ideal, however it is often difficult to achieve in practice, particularly in country areas and where services are fragmented (Anderson, Hennessy et al. 2013, EIRD 2019). The importance of working hard to ensure collaboration so that integrated care is provided cannot be overemphasised because; 'Close collaboration between organisations and sector partners has the potential to bring together the fractured narratives that trauma leaves in its path' (Beauchamp et al. 2013p. 14).

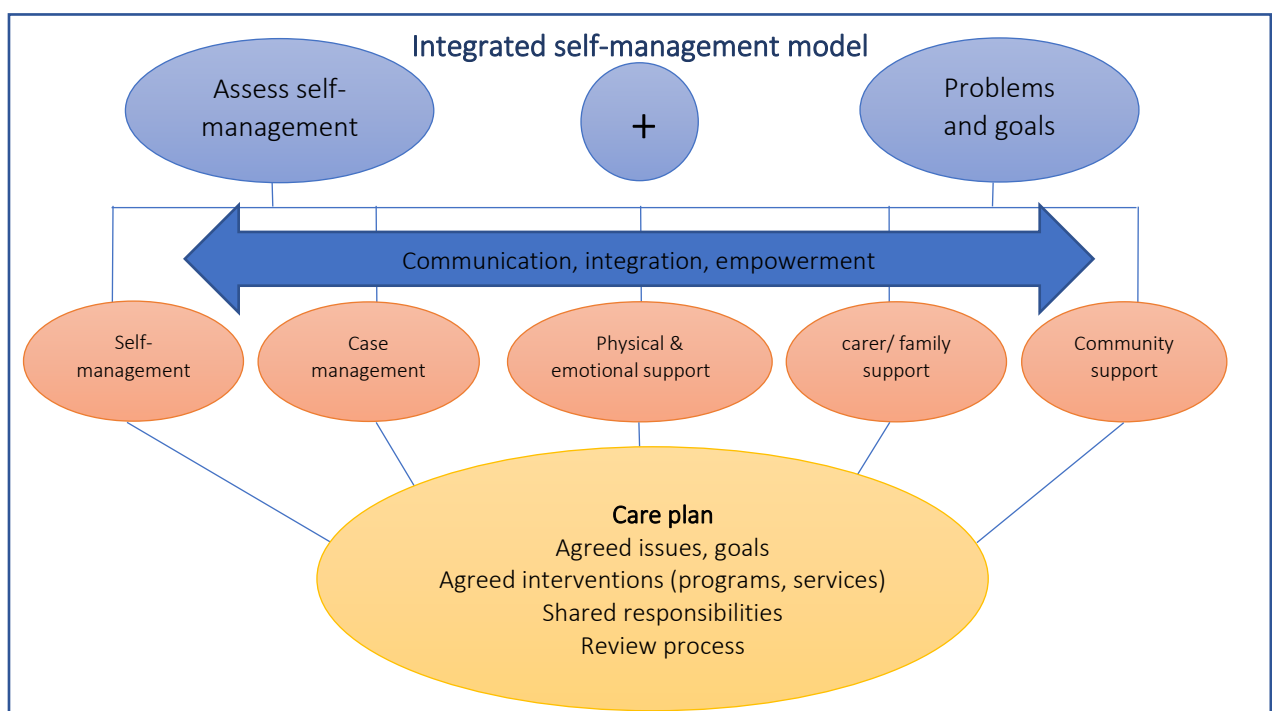


Figure 1. Integrated self-management model. Source: Mackenzie and Goodwin-Smith (2018 p. 13) Adapted from the Flinders Human Behaviour Health Research Unit and Scholl I, Zill JM, Härter M, Dirmaier J (2014) An Integrative Model of Patient-Centeredness – A Systematic Review and Concept Analysis.

Continuity of care and staff retention

The importance of establishing, building and maintaining relationships is discussed in the literature as the key to ensuring continuity of care which in turn is crucial for maintaining client engagement (Griffiths, Royse et al. 2017, Babbar, Adams et al. 2018, Curry 2019, EIRD 2019). There are two major factors influencing continuity of care. Firstly, the extent to which a service is structured to ensure that one key worker can consistently be the main contact for a client (i.e. person-centred and relationship-based care, see Curry 2019). Person-centred plus relationship-based care has been identified as being crucial for people with multiple and complex needs, however not necessarily supported by many consumer directed care models because often the tasks, activities or treatments and day of week plus time of day are the central focus rather than a central, or linking, key worker (Rosengard and Laing 2007).

Secondly, staff turnover rate is strongly associated with client outcomes. For young clients with multiple and complex needs, the importance of keeping continuity of care workers, especially where strong and successful therapeutic relationships have been established, cannot be underestimated (Curry 2019). Indeed, studies have associated a strong correlation between worker turnover and client non-attendance at subsequent sessions and also between higher turnover and poorer client outcomes (Babbar et al 2018). Yet, staff turnover in the community service provision sector is high across Australia and internationally. While care work can be rewarding, staff retention challenges include the effects of compassion fatigue, burnout and clients' trauma on workers (Louth, Mackay et al. 2019). Compassion fatigue relates to the sense of a reduced capacity to empathise with clients which should be temporary. Burnout is recognised as the development of a sense of detachment and/or reduced work satisfaction and commitment resulting from cumulative job-related stress and mental exhaustion, which can also lead to physical and behavioural changes. Both compassion fatigue and burnout are preventable and treatable. Vicarious trauma, by comparison, can produce lasting emotional and physical effects, can involve workers internalising client experiences of trauma and can also permanently change a person's self-perception and world-view (Kadambi and Ennis 2004, Devilly, Wright et al. 2009, Louth, Mackay et al. 2019).

Trauma-informed practice

In recent years, there has been increased emphasis on the importance of human service workers being trauma-informed (Wall, Higgins et al. 2016, EIRD 2019). The majority of human services clients are trauma survivors and so it is crucial that workers have a strong understanding of the effects of trauma on people's lives and to practice in ways that ensure a safe environment and monitor distress (Elliott, Bjelajac et al. 2005, Beauchamp, Goodyear et al. 2013). Trauma-informed practice differs from trauma-specific interventions (Wall, Higgins et al. 2016). The former refers to a whole-of-organisation understanding of trauma, whereas the latter refers to treatment (Wall, Higgins et al. 2016).

Returning to the issue of staff turnover, studies have indicated that staff turnover (i.e. case-workers) has a stronger influence on positive outcomes for trauma survivors than the provision of trauma-specific interventions, especially regarding client engagement, than the trauma-specific care provision itself (e.g. see Babbar et al 2018). Moreover, studies that have examined trauma-informed practice emphasise that it entails 'the skills that practitioners use every day: acknowledging and validating people's experiences, building safety and monitoring peoples' distress levels' (Beauchamp, Goodyear et al. 2013 p. 11).

There is some evidence from the lived experience literature that peer support, or workers who have experienced trauma in their own lives, can positively influence client outcomes (Rosengard and Laing 2007, Griffiths, Royse et al. 2017, Hurley, Cashin et al. 2018). However, for those with a history of trauma in their own lives, their work can also have re-traumatising effects (Hurley, Cashin et al. 2018, Schweizer, Marks et al. 2018). Organisations therefore need to ensure that workers are supported to recognise and positively manage their own responses to their client's experiences, such as being re-traumatised or experiencing vicarious trauma (Louth, Mackay et al. 2019). Figure 2 provides an example of how organisations may move toward whole-of-organisation trauma-informed practice.

Asking the tough questions

Asking people tough questions can be very challenging for practitioners but perhaps counterintuitively, less difficult for clients. A review of services for people with multiple and complex needs found that: 'A number of MCN projects established that sensitive questions troubled providers more than clients – in an appropriate context, clients typically felt that services enquiring across a broader range of issues were more supportive of their circumstances.' (Hirst, Delvaux et al. 2009 p.

58). In order to ensure that clients are enabled access to the broadest range of support available and appropriate to their needs, it is essential that workers pursue difficult topics. For workers, it is helpful to be reassured that despite their own discomfort, doing so will be more beneficial for their clients, providing that the questions are asked in a non-judgemental, respectful manner and in a safe place (Hirst, Delvaux et al. 2009, EIRD 2019).

Outcomes: Measuring success

High quality evaluation is a fundamental part of working in community services (EIRD 2019). However, there is a great deal of evidence that ‘soft’ outcomes are often more appropriate than ‘hard’ or quantifiable outcomes when working with people with multiple and complex needs, at least initially (Rosengard and Laing 2007). Hard outcomes include measurables such as improved education attendance and attainment, reduced eviction rates, employment, reduced Commonwealth income support and fewer children being removed from families. Soft outcomes, by contrast, may include transformative outcomes such as improved self-efficacy, improved relationships with family/community and higher aspirations that may follow on from stabilising outcomes such as building trust, maintaining relationships with services or learning and practicing new strategies to manage daily life (Batty 2014, Malin, Tunmore et al. 2014).

Measuring soft outcomes requires an understanding of the baseline at which a person and/or their family enters a service and recording ‘reductions in risk factors and stabilising impacts in addition to more measurable quantifiable outcomes’ that are achieved over time (Malin, Tunmore et al. 2014 p. 83). The importance of soft outcomes is that they are ‘often a prerequisite to achieving the long-term effects’ that social service programs are expected to measure as part of their funding obligations (Batty 2014 p. 359).

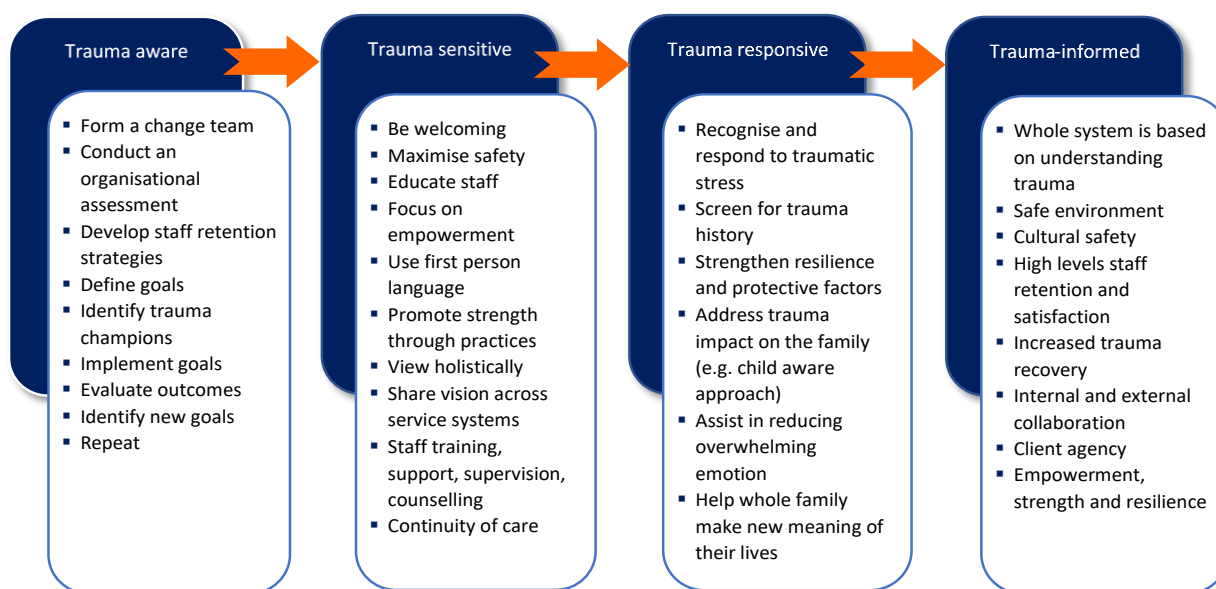


Figure 2. Trauma-informed model of care continuum. Adapted for UCSA from: Wall, L., Higgins, D., & Hunter, C. (2016). Trauma-informed care in child/family welfare services p. 5

Working in country regions – what’s the difference?

The most important difference working in country regions when compared with urban areas is that services need to cover vast geographical distances across dispersed populations with often insufficient resources (Dellemain, Hodgkin et al. 2017, Mackenzie, Balaev et al. 2017, Noble and Tracey 2018, Ellem, Baidawi et al. 2019). Covering vast distances has been identified by Australian rural and remote workers as involving extensive time ‘wasted’ in travel, unless they are able to use the time constructively, for example when travelling with colleagues using the vehicle time as a ‘proxy office’ (Dellemain, Hodgkin et al. 2017 p. 53). The concept of ‘wasted time’ is exacerbated when workers travel to visit a client who does not keep an appointment.

At the same time, workers recognise the importance of relationship-building and that this can only be achieved face-to-face and necessarily relies on workers’ rather than clients’ travel time (Dellemain, Hodgkin et al. 2017). Australian and international evidence indicates that case management funding should be based on place rather than population need (Dellemain, Hodgkin et al. 2017, Noble and Tracey 2018, Ellem, Baidawi et al. 2019). Yet, basing funding on population need has historically been the standard approach and is highly ‘metro-centric’ (Ellem, Baidawi et al. 2019).

There is a great deal of evidence that staff recruitment and retention is more difficult in country areas than urban centres. This is a range of reasons for this, however smaller populations and numbers of local skilled workers, isolation, and fewer avenues to access support and professional development opportunities are the most significant influences (Ellem, Baidawi et al. 2019). For new workers, particularly women, a sense of isolation and fear, for example when working in (or across) areas with limited or no access to telecommunication, has been identified as a barrier to remaining in the role (Dellemain, Hodgkin et al. 2017, Noble and Tracey 2018).

Summary and research questions

The current evidence of best practice in working with people living with multiple and complex needs is that services need to be:

- person-centred
- integrated
- relationship-based
- trauma-informed
- outcome-focussed

The extent to which country services and community service workers are sufficiently equipped to work within interprofessional teams to provide co-ordinated and therapeutic support and services is largely unknown. It is also unknown what exactly being sufficiently equipped entails in country contexts. This project aimed to answer the following research questions:

1. **What is currently working well?**
2. **What is no longer working?**
3. **What is the current evidence for good practice in working with people with multiple and complex needs?**
4. **How does current evidence for good practice align with UCSA policies and protocols and case-worker perspectives?**

Method

The *What would optimise current practice to support the best outcomes for country people living with multiple and complex needs?* project was guided by a project team comprising UCSA staff and TAASE researchers. The following methods were used to answer the research questions:

- Literature review to ascertain good practice.
- UCSA relevant document analysis.
- Focus groups with case managers to explore their perspectives on what is working well and what would support them to optimise their practice to support the best outcomes for country people.

Focus groups

Focus groups were used to explore participants' experiences because it is a method that can elicit rich data and increase knowledge among participants while creating new knowledge to assist in answering research questions. Participants were asked to describe their practice experiences of what works well and what would support them to optimise their practice to support the best outcomes for country people with multiple and complex needs.

Ethics and recruitment

The research team obtained ethics approval from the University SA Business School Ethics Committee. Potential participants were invited by email invitation to take part in focus groups during work hours in meeting rooms provided by UCSA.

Analysis

A coding framework was developed based on a priori questions plus emergent themes. Focus group audio files were transcribed by a professional transcriber and coded using the qualitative data analysis software program NVivo 12. Data were analysed using Framework, a process for analysing qualitative data in a way that provides insights for theory and policy development (Ritchie, Spencer et al. 2003). Framework entails a process of familiarisation with the data, identifying a thematic framework, indexing, charting, mapping and interpretation.

Findings and discussion

Twenty-four staff members working in programs that provide services for people with multiple and complex needs participated in three focus groups held in three locations across the UCSA footprint. Staff participants across all three focus groups demonstrated a great deal of knowledge about what constitutes best practice working with people with multiple and complex needs. Indeed, participants described practices that matched and extended, what could be found in the literature, by contributing concrete examples.

This section also reports on organisational documents and policies. In brief, all UCSA staff are required to undertake core competency training and there is a broad range of program-specific training. New staff members who will be engaged in client services are required to have obtained, or committed to obtaining, the minimum qualification of a Certificate IV in a course relevant to their position. The terminology from and adherence to UCSA's 'Non Negotiables: Principles of customer and client practice' were prominent in focus group discussions and the findings suggest that the staff had integrated these principles into their practice.

The themes that emerged most strongly and frequently from the findings are listed in the box below. Relationships were prominent across all aspects of working with people living with multiple and complex needs and so the findings are structured accordingly.

Key findings

- Relationships with clients: Person, family and community centred
 - Rapport and trust: the importance of listening
 - Strength-based practice
 - Having the hard conversation
 - Aboriginal cultural awareness
- Relationships between services: Integration and communication
 - Work together to benefit clients
 - Recognition of differing agency values
 - Importance of collaboration in the country
- Relationships between workers: Organisational structures
 - Supervision and teamwork
 - Professional development and educational attainment
 - Trauma informed practice
 - Having the heart for the work
 - Working in the country
- Relationship-informed outcomes: Measuring success beyond KPIs

Relationships with clients: Person, family and community-centred

Rapport and trust: the importance of listening

Participants were unanimous in highlighting the importance of building rapport and trust with clients before anything else. Indeed, the fundamental engagement strategy when working with clients with multiple and complex needs that participants identified was listening, with respect and without judgement, with the account below being typical of many:

*...having the ability to establish that rapport. And it's not something that I think is taught out of a textbook, and it's not something that's clinical. It is very much building on what they were talking about, **on the ability to hold space and listen**. And it's not driven by where we want this conversation to go, we're not listening to respond, we're listening to hold space for that person **which validates them and their story** (FG3).*

Participants gave many examples of the strategies they used to establish, maintain and strengthen their relationships with their clients. Mostly, these all revolved around listening – literally and through their observations and being able to read what was going on for their clients, as illustrated below:

*You could **see that she was really teary and something had gone on**, so I said, 'You got time, shall we just go for a coffee?' so that's what we did and that was our session, never mind about anything else that we were trying to look at [...]. I think **being able to adapt is one of the main things, you know?** Sometimes you'd go on a home visit and you'd think, 'all hell's broken loose here' and they'd look as miserable as miserable, so **banging on about something else that you thought was important, isn't important for them that day**. It's just the fact you came, **you listened** and you're making the next appointment **and they're still happy for you to come**. They won't feel judged or whatever, **you're just there as a listener**. And I think **being able to listen is really important without interrupting**, just letting it flow. (FG2).*

When it came to initially engaging a new client, participants identified that while a client may be new to them, it was highly likely that the client has been involved with many other services and case workers before. Being able to recognise that clients may be wary of workers was perceived as something that workers should be able to anticipate and understand, as outlined below:

*Engagement is so important and making sure that you've got that relationship. And it's not always going to happen in the first meeting. **Sometimes you have to just keep chipping away** a little bit, because sometimes the clients that we do get referred, have had so many people through their home, they must be way over it (FG2).*

Further, several participants spoke about working with young people, describing methods they used to engage young people that involved spending time with them that did not necessarily involve very much talking, with the 'car therapy' account below being typical:

*Sometimes it was as simple as **jumping in the car**, going down and beach, **sitting and saying nothing and that was one of the best sessions** because **they've come back** the next day and gone, 'Okay, I'm ready to do this now'. They just **need that space** (FG2).*

Crucially, participants identified the importance of recognising that it is a privilege to be allowed into clients' homes and that the client should have a voice from the beginning, because all of their work is about the client's world, as described by the participant below:

*And the other thing I've found over the years was when you did case conferencing, how many agencies never invited the client. I couldn't believe that. **This is about the client's whole world.** So yeah, I just think that because a lot of our program allow for us to go into people's homes (FG2).*

For the staff who participated in the focus groups, person-centred practice was central to all of their work, which they described as being a result of their work being strength-based. Several participants spoke about the importance of strength-based practice and appreciated that training in strength-based practice was a UCSA core competency, identified in the account below:

*I think **the best training that we do is the strength-based approach** because it teaches you to not judge and to always look for the positives in everything; and the mental health training, like the youth mental health and those sorts of trainings are all really beneficial for this role (FG2).*

While reporting on training is below, staff reflections on training occurred throughout the focus groups, as did the concepts of strength-based practice and person-centred care, which is discussed in the next section.

Strength-based practice

Most of the themes across the focus group data point to the central idea of providing person-, family- and community-centred care. Actively listening, building rapport, working with people's strengths, being respectful and non-judgemental are all central tenets of practicing person-centred care, which is also the most successful approach to engaging people (Mackenzie and Goodwin-Smith 2018). Most of the focus group participants gave in-depth examples of how they engaged clients, with the following account being typical:

*I ask her **what she does** when she's dealing with her anxiety, **what works for her.** Then maybe giving her some tips and ideas, so going around to [other organisation]. Or we had a deck of cards that have some emotions on it, just getting her to pick out **what she's feeling today** or what makes her feel that way (FG1).*

Participants constantly demonstrated ways in which they adapted their learnings and resources to meet the broad range of contexts that they came across daily in their work. They described ways in which they worked with individual clients so that they could derive a plan that can work with each client in the best way for that client, with the process described below being a typical example:

*I may **take the resource in and then have to adapt it** for that client's needs. So we might go in with this plan, 'This is how we're going to do it. This is great' and then*

Non Negotiables: Principles of customer and client practice

All client practice is strength based

- There is good in everybody
- Everyone has the capacity to change
- The client is the expert on their own lives
- Empower clients to sustain change

*the client looks at me says, '[clicks tongue] That's not going to work for me'. So then we go, 'Okay, so **where is it working for you and where does it stop**, and what do you think?' so you get them to try and lead, because at the end of the day, **this is their lives** (FG2).*

Having the hard conversation

One of the UCSA Non Negotiables Principles of Practice is 'have the hard conversation' (see Appendix A). This topic arose a few times over the focus groups in different contexts. One of the discussions included the ways in which workers must reconcile on the one hand supporting clients while on the other hand being mandatory reporters and being obligated to ensure the safety of children in particular, as noted below:

*You do need to be **very honest** with them about what your role is and why you have been asked to work with them, otherwise you can't – two months down the track they all of a sudden – they find out that **actually you're working on behalf of child protection** and you're sending reports to them. **You've got to lay that out straight.** Straight at the beginning: 'This is why I'm here. I'm not working in the same context as child protection but this is what they've asked me to work with you on - I am going to have to report to say what I'm doing' (FG3).*

Discussions about having hard conversations were generally centred on being honest and genuine with clients to reduce the potential for a perceived breach of trust and subsequent fracturing of the client-worker relationship.

Aboriginal cultural awareness

Some of the participants spoke about ways in which they work with Aboriginal clients to develop rapport and trust before commencing case-work, especially if appointments are to be held in people's homes. Participants described taking time to develop strong and trusting relationships over a period of time and demonstrated understating of the consequences of generations of discrimination and institutional violence (Walker, Shultz et al. 2014, Australian Human Rights Commission 2018, O'Donnell, Taplin et al. 2019), as discussed in the following conversation:

*There is absolutely a general distrust I think of services. *** Especially by Aboriginal people. It's huge. *** And that would be **historical and systematic**. *** I have an Aboriginal lady who was quite distressed that we were coming into the home. She was a voluntary client and she'd just decided no, that was too much for her... So, that can be quite confronting for her and **she felt like she had to tidy up and make her house pristine**. And we only visited once and she just said no, point blank, and that was that. *** **[now we] build that rapport before you even get invited into the home** (FG3).*

Participants also spoke about the importance of ensuring culturally appropriate communication with Aboriginal people (Walker, Shultz et al. 2014). One of the participants described how another worker

Non Negotiables: Principles of customer and client practice

Have the hard conversation

- Clients have a right to know all the information that affects them.
- Plan how to have a difficult conversation.
- Choose the words that will be the most respectful.
- Choose where, when and who is going to be around.
- Clients need honest information about the potential consequences of their decisions and behaviours.
- Empower the client with all the information.

knew that she spoke the same language, and was from the same community, as one of their clients and asked her to help. Consequently, the participant was able to engage with the woman, which meant that they were able to achieve many positive outcomes, which they outlined in their account below:

*Before I started [another] worker was working with a lady [and there were] other services involved and organisations with this client as well and they **didn't really get anywhere because she didn't understand a lot of the English that was spoken to her.** Since I've come on board, because **I understand her language**, she's come a long way. She's moved out of her home, got **into a new home**. **Her grandson that she cares for goes to school.** Just a lot of good things has happened with that family since me coming on board in this program, **understanding her language and being able to advocate for her (FG1).***

The positive outcomes described above would very likely not have been achieved if the staff member had not considered the possibility that language was the main barrier for the woman and had not sought the workers' assistance. Participants also spoke about contractual outcome timeframes being particularly problematic for working with Aboriginal clients because relationship-building takes time in the context of high levels of distrust.

Summary: Relationships with clients

Our findings demonstrate that the sample of staff who participated in this study work with clients who have multiple and complex needs in ways that are strongly supported by evidence. Findings indicate that their work aligns with relationship-building, person-centred approaches, utilising active listening skills and strength-based practice. Further, when working with Aboriginal and Torres Strait Islander peoples, participants described taking steps to provide cultural safety (Rosengard and Laing 2007, Bromfield, Sutherland et al. 2012, Matthews and Burton 2013, Neale, Parkman et al. 2018, Curry 2019, EIRD 2019, Ellem, Baidawi et al. 2019).

Recommendation: Review current policies, procedures and tools to incorporate and emphasise the importance of client-worker, client-service and client-organisation relationships. This review should include the consideration of:

- Provision of training to foster staff use of client engagement and relationship-building strategies,
- Developing protocols to ensure there is one central or linking worker for each client/family,
- Developing processes and tools for conducting assertive outreach (e.g. youth work, homelessness),
- Developing practical strategies for workers to adopt the UCSA Non-Negotiables (e.g. asking the tough questions and engaging in tough conversations).

Relationships between services: Integration and communication

Staff described in great depth the ways in which they developed relationships with workers across different services within their organisation and beyond when working with clients with multiple and complex needs. The findings suggest that staff understood that integration and communication between services is **central to person-centred practice** (Rosengard and Laing 2007, Anderson, Hennessy et al. 2013, Mackenzie and Goodwin-Smith 2018, Neale, Parkman et al. 2018). While participants were generally supportive of collaboration, their efforts could be complicated by

sometimes **oppositional or competing objectives** of different agencies and services, particularly where those services were focussed on hard outcomes rather than person-centred care. This section outlines how staff managed working with other agencies or services.

Work together to benefit clients

Generally, staff spoke about the importance of knowing what other services are doing in terms of **how each of the services affect clients** (Neale, Parkman et al. 2018, EIRD 2019). The participant below illustrated ways in which such collaborative work needs to be undertaken proactively, by seeking permission from clients and from other services to share information.

*You've got to build relationships with those other agencies as well – with those other workers. **It's really, really important to work collaboratively** and keep everybody – with permission obviously from the clients but you need to keep everybody up to speed with what's going on and what's going to affect each of those clients. Because if you work as silos it does not work at all [...] **I personally just really make sure I've got authorities** to be able to contact everybody involved with that client's life (FG3).*

Building on this, participants discussed the importance of collaboration when practising person-centred care, because it is imperative that all people working with a client know what each other are doing so they can 'more effective for the client' as articulated below:

*And that is that collaboration as well. So, who's working on what and **where are we all headed**. Because quite often, as you said, you might have somebody going off this way. It means we're able to be **more effective in our work, more effective in our support. And it's more effective for the client**. Because otherwise they've got people coming every day of the week (FG3).*

Further, staff discussed working with clients to ensure that they are linked into all other service that may assist them, illustrated by the following discussion (***) denotes change in speaker):

*And then they will also hopefully come in to do some **parent education programs** where they start building networks and **their children are also getting some socialisation** and whatnot through our creche *** And while we're working in **the reunification process** we would look at what supports there are around in their community. So, refer them into **playgroups, into childcare, into story time at the library** and all that sort of thing so both the parents and the children are getting that social connectedness and support (FG3).*

Building on this, one of the participants felt that having local knowledge is crucial to being able to support their clients, noting that:

***local knowledge, knowing your networks** and utilising your networking skills as well. Making sure the clients are engaged in every possible service that they can be, or making sure that they're getting assistance if they need to, through school and other outside programmes as well (FG2).*

Recognition of differing agency values

On the other hand, a few of the participants described avoiding being influenced by other worker or service perspectives before a new client appointment so they can build their own picture of the client, without pre-judgement, as outlined in the following:

*Sometimes I **avoid reading other people's case notes** and their summary of what they believe because I like to go in with **a fresh slate** and see what I see. So, I find that that just kind of **gets rid of the judgementalism** sometimes that other things have been said. Because often people go with their own baggage and then it gets carried onto another service and another one (FG3).*

The other problem staff identified that can occur when trying to collaborate is that different services have different, even oppositional, objectives, outlined below:

*...**we still have those polar opposites**. One's called the family court and one's called child protection. And because of the different jurisdictions, federal and state, they are **often not on the same wavelength** when it comes to the best interests of the child (FG3).*

Similarly, staff identified ways in which other agencies have different key performance indicators, which may not fit with their personal, client or organisational values. The illustration in the following exchange was in relation to working with a local Aboriginal community, when another agency held a one-off event, which was not viewed by participants as a helpful way to work with this community:

*But unless we actually sit down and have a yarn to them first and work out what they want and where they're at we can just keep taking our trinkets down and giving them and **ticking our box, saying 'yeah, we had 47 clients come through and it was great' ***** But it makes it hard when you can't get into the other party and do the same thing (FG3).*

Importance of collaboration in the country

Nevertheless, staff identified that for those working in the country, it is especially important to pool resources (Dellemain, Hodgkin et al. 2017) and to **'think outside the box'**. They described ways in which they sought to negotiate common ground with other services so that they can provide the best support they can to their clients in the context of scarce resources across large geographical areas. They also talked about needing to find solutions or undertake tasks that were outside their usual job description because there were no other services that could provide what the client needed, described in the following exchange:

*Just by **nature of our location**, there's a lot of times where our scope is extended where we will be doing that work because something that we know **needs to be done** *** simply because **in the rural areas we don't have the benefit of all these other support services** around us (FG3).*

Staff also talked about how working in the country means that you're likely to see clients when out and about in the same community. One of the participants felt that this could have a positive effect on client relationships because clients can see that case workers are also human and also experience difficulties, as described below:

*..they see you from a different perspective too, so they see you engaging with others and doing hands-on stuff. I remember having the comment when I was down the main street on a weekend and my 15 year old had lost her shit in the car and was slamming all the car doors and carrying on and I said, 'Well, you know, with that attitude you can stay in the car' and I walked out and here was a client and she said, **'Oh god, you are real'**. [laughter] So you know, **just seeing that we're not perfect within ourselves, we've got our own issues that we have to deal with, our own children's behaviour** (FG2).*

Summary: Relationships between services

The findings contribute to the growing pool of evidence that working in 'silos' does not work, especially in the context of working with people who have multiple and complex needs. Our findings provide some insights into why it is often difficult to achieve integrated care in practice, particularly in country areas and where services are fragmented (Anderson, Hennessy et al. 2013, EIRD 2019). Focus group discussions identified that while UCSA staff are keen to develop relationships across internal and external services, there are external factors that can work to undermine these activities, such as different or even oppositional organisational values and/or program or service objectives and KPIs. While the evidence suggests that one key worker should consistently be the main contact or linking person for a client (e.g. see Curry 2019; Rosengard and Laing 2007), study findings suggest this needs to be orchestrated in collaboration with other workers dealing with other family members.

Recommendation: Review strategies for intra- and inter-agency communication and collaboration. The review should consider developing:

- High-level communication pathways with external agencies for collective impact,
- Tools to map internal and external agencies and services and communication of these to staff,
- Opportunities for internal inter-service/program communication and collaboration.

Relationships between workers: Organisational Structures

Participants spoke in depth about the types of organisational support that they felt were helpful in working with people with multiple and complex needs. The types of support that participants spoke about ranged from the importance of a thorough orientation, quality supervision and team support, through to the strong expectation that staff meet their core competencies, and the range and depth of training offered, both in general and program-specific. The support they discussed reflects that which is in the literature which supports staff retention (Chisholm, Russell et al. 2011, Dellemain, Hodgkin et al. 2017, Griffiths, Royse et al. 2017).

Featuring throughout discussions were two strong themes that, firstly it's tough work that requires people to 'have the heart for it' and secondly the idea that working in the country requires people to be able to be flexible and to 'think outside the box'. Participant descriptions suggest that the organisational structure supports both of these attributes in their support of workers involved in caring for people with multiple and complex needs. Participant accounts are also supported by UCSA's comparatively high staff-retention rates and strong organisational interest in prioritising staff retention.

Supervision and teamwork

Much of the literature speaks about lack of quality supervision, lack of professional development and other types of support as contributing factors in staff turnover. Staff discussed at length the importance of supervision and also of drawing on their colleagues for support. Starting with supervision, one of the participants noted that:

*I think the good thing about what we've got here in regards to our supervisors, especially [supervisor] that's in our team, is **we're able to basically debrief whenever***

we need it and if there's support that's needed, it's there. And it's no, if, but or what (FG1).

Another participant explained that a good orientation is critical to working with clients with multiple and complex needs, so that workers are aware of what their role is before being exposed to clients, as described below:

*I think for any agency, **good orientation** is really, really important as well so that you actually understand your program, because **you don't know what you don't know** until something crops up and you think, 'God, was I supposed to have done that? I didn't know anything about that.' (FG2).*

Across all focus groups, as the following account illustrates, participants described the importance of being able to discuss their work with colleagues, particularly because their supervisors are often responsible for workers across large geographical distances and commonly not working at the same location.

*Yeah, and I mean, if [supervisor] not there in person, you feel like **they're always invested**, I've found, yeah. **You can always get an answer**. But then, your fellow team, your colleagues and that too, if you've had a real stressful visit or something's gone a bit pear-shaped, **there's always someone you can debrief with**. So your team, if you're not [there to support each other] you're in the wrong job really (FG2).*

There was a strong sense across the three focus groups that participants felt they were supported by their colleagues and that this made an enormous difference to the care they were able to provide their clients, as outlined below:

*I'm pretty sure it works in every program or happens in every program but one thing with us **in our team we carry the load for each**, so if one's down the other one carries the load, vice versa. We sort of go above and beyond for each other within our team because we know that **we're number one if we want to help our clients** (FG1).*

Educational attainment and professional development

Staff in these focus groups expressed appreciation regarding the strong and supportive supervision they can access including the support from supervisors and the organisation to apply for professional development opportunities, described in the account below:

*... if one program is delivering something and you think, 'This would be really good' or 'This is something that I'd really like to do', we have the opportunity to take that to our Team Leader, or our supervisor, whichever, and state, **'This is what I would like to do**. This is what's required. This is what you get out of this training and how it would benefit yourself and the client delivery.' **I think most of the time it's approved for us** (FG2).*

Non Negotiables: Principles of customer and client practice

Supervision drives successful Service Delivery

- Everyone has Core Competency training
- Additional skills development is identified and applied
- Workers receive the guidance they need to be effective
- Supervision monitors and contributes to wellbeing
- Workers are open,

Staff spoke about their education attainment and professional development interchangeably and provided examples of ways in which they applied their knowledge. Staff talked a great deal about the importance of UCSA staff trainings for their work and the impetus of keeping up to date being ‘a good thing’:

*I did my Cert IV in youth work [...] it was good having probably that knowledge as well. But then also I think what **the organisation does really well is the training that they offer us.** [...] And **not just our core competencies**, there's the other stuff that then is an **interest to you, that they encourage you really strongly to do**, it's just their training that they can offer.*** It's also **keeping on top of us to renew it and refresh it** so we're up to date with anything that's changed or is new and fresh. That's also a good thing (FG1).*

In each of the focus groups, staff described and listed the various trainings that they had attended and expressed ways in which they found their trainings helpful in their work.

I also work from the trainings that I've been to. I have a background in Bringing Up Great Kids, Circle of Security and others. There's many things that we - and we all have been trained over the years in our field [...] Mine's in the background with children or exposure to trauma, so there's lots of things that we use (FG2).

Trauma-informed practice

Several focus group participants described being appreciative of UCSA's Effects of Trauma training assisting them to understand the impact of trauma on children and families, illustrated below:

*I think **understanding the impact of trauma** has been really useful for me to help me with the families who have complex needs (FG2).*

Providing more context and examples, one of the participants described how being trauma-informed works in practice in the following description:

*Our creche workers are trauma-informed so a lot of the activities that the children do in there are **directly targeted at improving say impulse control and some of those behaviours** that can – does that make sense – that can escalate from their previous experiences (FG3).*

You've got to have the heart for it

Further, a number of staff identified ways in which their workplace training and experience learned from colleagues had influenced their knowledge in more practical and helpful ways than formal education, as one participant noted 'I've certainly learnt more from being in the sector than I have at university in a lot of respects?'. Another participant described below their ideas about the development of empathy being the most crucial element of working with people with multiple and complex needs:

*I believe that to do this job **you have to have the heart for it** that you can't get that from a book, from going to uni or whatever. And I don't have a degree but I can see that if you **have got the heart for this job and you do go onto uni** and get a degree and further studies, how **they can work side by side** and help each other[...] I know it's the right job for me to do and I'm in the right place where I'm meant to be at now (FG3).*

At the same time, staff recognised the effects of working with clients with multiple and complex needs on their own mental health, because on the one hand the work requires staff to be empathetic:

Summary: Relationships between workers

The study found that UCSA is striving to cultivate a supportive workplace culture to foster staff retention. Practices included: promoting quality supervision and teamwork; providing professional development opportunities; and in particular, ensuring staff are trauma-informed. Further, staff noted that an essential attribute for working with people with multiple and complex needs is empathy, suggesting that 'having the heart' for the work should be essential in person descriptions. Endeavouring to increase staff retention is supported by the evidence that building and maintaining constructive long-term relationships between case-workers and clients has been shown to be more strongly associated with positive client outcomes than providing trauma-informed therapeutic interventions (Batty 2014, Malin, Tunmore et al. 2014). Study findings suggest that UCSA should continue to strengthen organisational support between workers because of the strong correlation between worker turnover and client non-attendance at subsequent sessions and also between higher turnover and poorer client outcomes (Chisholm, Russell et al. 2011, Babbar, Adams et al. 2018, Curry 2019).

Recommendation: Review staff wellbeing policies and procedures in consultation with the Staff Wellbeing Committee. This review should:

- Include worker wellbeing in the supervision template,
- Emphasise the importance and confidentiality of staff referral to Employment Assistance Program counsellors and other key internal support people,
- Include and adopt protocols to mitigate compassion fatigue and vicarious trauma,
- Develop processes and strategies to disseminate information that help-seeking is positive worker behaviour and that confidentiality will be maintained,
- Support positive, values-based organisational and team cultures,
- Link to new whole-of-organisation therapeutic model.

Recommendation: Review staff recruitment processes to ensure that new staff will be able to take responsibility for client relationships by:

- Including communication and relationship-building skills as essential criteria for staff involved in case work/management or support work with clients,
- Requiring demonstration of sharing UCSA values,
- Requiring demonstration of willingness to learn and engage in training,
- Requiring demonstration of listening skills and empathy (e.g. in interview scenarios).

'I believe that empathy is an intrinsic part of our character and our makeup and it's not something that you can learn or to be taught but I think it's something that you have to learn to manage' (FG3).

Relationship-informed outcomes: Measuring success beyond KPIs

Staff provided many ways in which they measured the outcomes achieved by clients living with multiple and complex needs, beyond KPIs. Staff gave many examples of soft outcomes such as transitional outcomes that demonstrated that clients were making positive progress (Rosengard and Laing 2007, Batty 2014, Malin, Tunmore et al. 2014). However, staff also identified, and expressed some frustration about, the timeframes that were expected as part of a funding or program structure that were not aligned with clients' timeframes for change, illustrated below:

*Having that pressure of a timeframe. We know in ourselves that we need to be able to walk alongside our clients and **they can only move at a certain pace** but sometimes it does feel a little bit like we're fighting a losing battle because we know that **these issues aren't going to go away in the periods that are needed** (FG3).*

Staff described ways in which they worked to negotiate timeframes so that these could align more closely with their clients needs and progress, for example noting that:

*Across the programmes we do have time frames of how long we can work with clients and so forth, but I think we need to - **we can actually negotiate that with our Team Leader and managers** [...] 'I cannot get all those boxes ticked in the next two months and then close service delivery, it's not going to happen'. We have to be realistic here, mental health is a lifelong condition and people can live productively with a mental health illness and I guess, that's where we need to be more inclined to say to our Team Leaders or managers, '**We need more time for this to be a successful outcome.**' And what is measured for our success is different to the success of the client too, so we've got to be mindful of that (FG2).*

Participants also shared their thoughts about the usefulness of a range of ways of measuring outcomes that could take their clients' goals and progress into account, as described below:

*...an Outcome Stars Model. That's a case management tool that we all use and that identifies the 10 Domains of Living, which may also, from my experience, allow us to have **more connection to that person than maybe what was on the referral itself**. It gives us an idea of **where we can go and it's a scaling model from the clients perspective**, and we just help them reach those goals (FG2).*

The types of outcomes that participants spoke about included transformative and stabilising outcomes, such as those described below regarding daily living:

A small win could be if they've stacked the dishes on the sink, rather than around the house or put the wheelie bin out, just acknowledging those types of things (FG2).

Summary: Relationship-informed outcomes

Study findings indicate that contractual expectations to achieve hard outcomes are unhelpful when working with people with multiple and complex needs. Findings from this study support the plethora of evidence that soft outcome measures should be better recognised and that these should be negotiated with clients as part of practising person-centred care. The types of outcomes that focus group participants discussed included transformative outcomes such as improved relationships with the client's family and community and stabilising outcomes such as learning and practicing new strategies to manage daily life (Batty 2014, Malin, Tunmore et al. 2014).

Recommendation: Review outcome measurement processes and advocate for change in contractual obligations for outcome measurement. In particular:

- Use existing or develop appropriate outcome measurement tools that may be client-informed and measure stabilising and transformative outcomes,
- Advocate to funding bodies the evidence-based need for the development and application of soft outcome measurement tools that are client-informed.

Summary and recommendations

Summary

Returning to the research questions for this project, this study found broad agreement between UCSA current multiple and complex needs case-work practice according to participant perspectives and UCSA organisational documents, and best practice found in the literature reviewed above. The findings align with current evidence of best practice in working with people living with multiple and complex needs that, services need to be person-centred, relationship-based, trauma-informed, integrated, and accessible.

Prominent across focus groups was the importance of relationships; between case-workers and clients; between colleagues; between workers and line managers; and, between people working in different programs and services with shared clients. The short answer to the questions about what is working well and what is no longer working is that, relationships are central to positive outcomes when working with people with multiple and complex needs. The **centrality of relationships** is found: in the practice of providing person-centred care; in the provision of integrated care; and, in efforts to retain staff. This is discussed further below.

Person-centred care: Relationships with clients

Our findings demonstrate that the sample of staff who participated in this study work with clients who have multiple and complex needs in ways that are strongly supported by evidence. Findings indicate that their work aligns with relationship-building, person-centred approaches, utilising active listening skills, being respectful and non-judgemental, using appropriate language, demonstrating empathy, being genuine and honest, and when working with Aboriginal and Torres Strait Islander peoples, taking steps to provide cultural safety (Rosengard and Laing 2007, Bromfield, Sutherland et al. 2012, Matthews and Burton 2013, Neale, Parkman et al. 2018, Curry 2019, EIRD 2019, Ellem, Baidawi et al. 2019). Workers described multiple ways in which they endeavour to establish and maintain consistent and reliable relationships with clients.

Integrated care: Relationships between services

Our findings provide some insights into why it is often difficult to achieve integrated care in practice, particularly in country areas and where services are fragmented (Anderson, Hennessy et al. 2013, EIRD 2019). The findings contribute to the growing pool of evidence that working in 'silos' does not work, especially in the context of working with people who have multiple and complex needs. Evidence suggests this is likely more important when working in the country than in metropolitan areas, because there are fewer and geographically more sparsely distributed services. To reiterate, the importance of working hard to ensure collaboration so that integrated care is provided cannot be overemphasised because; 'Close collaboration between organisations and sector partners has the potential to bring together the fractured narratives that trauma leaves in its path' (Beauchamp et al. 2013p. 14).

Focus group discussions identified that while UCSA staff are keen to develop relationships across internal and external services, there are external factors that can work to undermine these activities, such as different or even oppositional organisational values and/or program or service objectives and KPIs. While the evidence suggests that one key worker should consistently be the main contact or linking person for a client (e.g. see Curry 2019; Rosengard and Laing 2007), study findings suggest this needs to be orchestrated in collaboration with other workers dealing with other family members. Even when service delivery is person-centred, for example, some services may be supporting an

abusive father while others are supporting their child/ren and yet others the child/ren's mother. While

organisations are working towards delivering programs and services that provide holistic family support, this can be complex in practice.

Organisational structures: Relationships between workers

Building relationships is crucial to case-work practice. Findings support the importance of continuity of care, which includes continuity of carer to promote positive client outcomes. The study found that UCSA is striving to cultivate a supportive workplace culture to foster staff retention. This is good news given the evidence that building and maintaining constructive long-term relationships between case-workers and clients has been shown to be more strongly associated with positive client outcomes than providing trauma-informed therapeutic interventions. Indeed, the achievement of building relationships with services has in itself been recognised as a stabilising outcome that can lead to transformative outcomes (Batty 2014, Malin, Tunmore et al. 2014).

Study findings suggest that UCSA should continue to strengthen organisational support between workers because of the strong correlation between worker turnover and client non-attendance at subsequent sessions and also between higher turnover and poorer client outcomes (Chisholm, Russell et al. 2011, Babbar, Adams et al. 2018, Curry 2019). There is strong evidence regarding the importance of providing employee wellbeing support systems to avoid and address compassion fatigue and vicarious trauma (Kadambi and Ennis 2004, Devilly, Wright et al. 2009, Louth, Mackay et al. 2019). Further, given the evidence that while workers with lived experience can be instrumental to client recovery, their work can also have re-traumatising effects (Hurley, Cashin et al. 2018, Schweizer, Marks et al. 2018). Supportive structures should therefore be embedded in supervision and employee wellbeing programs.

Outcomes: Relationship-informed

Contractual expectations to achieve 'hard' outcomes are unhelpful when working with people with multiple and complex needs. Findings from this study support the plethora of evidence that 'soft' outcome measures should be better recognised and that these should be negotiated with clients as part of adopting person-centred care. The types of outcomes that focus group participants discussed included transformative outcomes such as improved relationships with the client's family and community. Participants also described stabilising outcomes such as learning and practicing new strategies to manage daily life (Batty 2014, Malin, Tunmore et al. 2014).

Recommendations

The findings in the study highlighted the centrality and importance of relationships when working with people with multiple and complex needs. Recommendations are therefore framed to reflect this key theme, which interested across and between all findings.

Relationships with clients

Building relationships with clients should be recognised as the most important first step of service provision and as central to maintaining client-worker, client-service and client-organisation engagement and positive client outcomes.

Recommendation: Review current policies, procedures and tools to incorporate and emphasise the importance of client-worker, client-service and client-organisation relationships. This review should include the consideration of:

- Provision of training to foster staff use of client engagement and relationship-building strategies,
- Developing protocols to ensure there is one central or linking worker for each client/family,
- Developing processes and tools for conducting assertive outreach (e.g. youth work, homelessness),
- Developing practical strategies for workers to adopt the UCSA Non-Negotiables (e.g. asking the tough questions and engaging in tough conversations).

Relationships between services

Integrated care is recognised as an important contributor to positive client outcomes in the context of multiple and complex needs. The provision of integrated care requires collaboration and respect between services and agencies based on communication, knowledge-sharing and transparency, developed through intra- and inter-agency relationships. Collaboration has been identified as difficult, particularly where agencies and/or services seek different or oppositional outcomes and adhere to different values. Nevertheless, especially in country contexts, efforts should be directed towards providing integrated care in the context of scarce resources.

Recommendation: Review strategies for intra- and inter-agency communication and collaboration. The review should consider developing:

- High-level communication pathways with external agencies for collective impact,
- Tools to map internal and external agencies and services and communication of these to staff,
- Opportunities for internal inter-service/program communication and collaboration.

Workplace relationships

Positive workplace relationships and organisational support are vital for staff retention, which in turn is one of the most crucial contributors to positive client outcomes.

Recommendation: Review staff wellbeing policies and procedures in consultation with the Staff Wellbeing Committee. This review should:

- Include worker wellbeing in the supervision template,
- Emphasise the importance and confidentiality of staff referral to Employment Assistance Program counsellors and other key internal support people,
- Include and adopt protocols to mitigate compassion fatigue and vicarious trauma,

- Develop processes and strategies to disseminate information that help-seeking is positive worker behaviour and that confidentiality will be maintained,
- Support positive, values-based organisational and team cultures,
- Link to new whole-of-organisation therapeutic model.

Recommendation: Review staff recruitment processes to ensure that new staff will be able to take responsibility for client relationships by:

- Including communication and relationship-building skills as essential criteria for staff involved in case work/management or support work with clients,
- Requiring demonstration of sharing UCSA values,
- Requiring demonstration of willingness to learn and engage in training,
- Requiring demonstration of listening skills and empathy (e.g. in interview scenarios).

Relationship-informed outcomes

For clients with multiple and complex needs, soft outcome measures that are developed with clients are often more appropriate than hard, externally identified quantifiable measures.

Recommendation: Review outcome measurement processes and advocate for change in contractual obligations for outcome measurement. In particular:

- Use existing or develop appropriate outcome measurement tools that may be client-informed and measure stabilising and transformative outcomes,
- Advocate to funding bodies the evidence-based need for the development and application of soft outcome measurement tools that are client-informed.

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