



Ending the Stopgap:

Case work in Emergency Relief Services

by Minh T T Nguyen

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Foreword

With ten years working in the Emergency Relief (ER) sector and drawing on the vast experience and knowledge of those who have been working in the sector much longer than I, I can testify to the marked changes over recent years in client demand and complexity and also in the volunteer experience. As the ER landscape has changed, so must our service responses. This research tests the impact of an innovative response, generalist case work, implemented by community information and support centres (CISCs) across Melbourne early 2010.

In these agencies ER is no longer just a simple transaction. Our sector supports clients who are marginalised and often have significant and multi-layered issues. To avoid a stopgap response, our workers are providing holistic assessments and intensive support. While it is critical that individuals and families have their immediate needs met, be it through vouchers to purchase food for the evening meal, assistance with paying the gas bill to avoid disconnection, or help paying rent arrears to maintain housing, we understand that some people need a consistent and professional worker to walk alongside them for a while, to help make some sense of chaos, to alleviate the social and economic hardship, or in very simple terms, to help make it better.

The case workers in the agencies who participated in this research are doing just that: they are ending the stopgap response and walking alongside their clients who are often face severe economic and social disadvantage, being unable to obtain this kind of support anywhere else. This important research demonstrates the positive value that case workers make not only to clients, but to the volunteers they work with and the agency at large.

Ending the Stopgap promotes a service delivery model that has been endorsed by the Federal Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), evident in the recent announcement of further funding to our services for the next three years. Community Information Victoria (CIVic) and participating CISCs endorse this model and we hope to broaden its use across our membership and the wider ER sector. However, the true test is the endorsement of the individuals who the case workers have supported, and the feedback from them is resoundingly positive.

The Ian Potter Foundation has our sincere thanks for funding this research. We recognise the significant financial support of the Gillard Labor government to Emergency Relief services, particularly in light of recent increases to base funding levels and the refunding of these caseworker programs. Particular acknowledgement goes to the Honorable Jenny Macklin MP, Minister for Families, Housing, Community Services & Indigenous Affairs and Honorable Julie Collins MP Parliamentary Secretary for Community Services for their recognition of the important work ER services do to support vulnerable members of the community. We also recognise the support of FaHCSIA departmental staff in Melbourne, Gary Batzloff and his team.

Our thanks of course also go to the participants of this research: the clients, volunteers, case workers and managers who gave generously of their time, knowledge and experiences.

Researcher Minh T T Nguyen has simply done a great job: she has approached this project respectfully and with integrity and I congratulate her on this important body of work.



Kate Wheller
Executive Officer
Community Information Victoria

Acknowledgements

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Vulnerable Groups Clients

Ian Potter Foundation;

CIVic and CISS acknowledge the financial support of the Ian Potter Foundation through the Community Wellbeing Grant program.

Members of the CIVic Caseworkers Network

Volunteers & caseworkers of the 16 participating CISCs

Reference Group Members;

Ann Ades, Co-coordinator, South Port Information and Support Service, Port Phillip Community Group

Peta Fualau, Whittlesea Community Connections

Kathy Landvogt, Social Policy Research Unit, Good Shepherd Youth & Family Services

Dr. Mandy Leveratt, Quality and Service Manager, St Kilda Community Housing Ltd

Leanne Petrides, Manager, Cranbourne Information and Support Service

Kate Wheller, Executive Officer, Community Information Victoria

Executive Summary

"She would just pick specific points and go OK, now this – how are we going to deal with this? And it was 'how we': she didn't take responsibility. She still made me one of the people that would have to do something about it - which is empowering because if you fall into that self-pity trap you take the power away from yourself and you leave it to everyone else to take care of and then you don't do [know] anything that's going on, you don't have a real sense of control and you don't feel like you're moving anywhere. Whereas she would always say 'we – we are going to do this'. Then eventually it was OK, so you've done this, you've done that, and then I would look back and go: 'well she's just not saying it to make me feel nice, I did actually do it.'" Client 4

Over the past decade, a number of factors have impacted on the emergency relief sector: cost of living pressures, the global financial crisis (GFC), funding not keeping pace with demand and the increase in complex needs clients attending emergency relief (ER) services for support. This has resulted in an increasingly complex and changing operating environment which ER service providers are struggling to respond to.

Financial hardship is the over-riding reason for people seeking emergency relief assistance. However, there is also an attendant increase in the number of people with complex and multiple needs requesting ER assistance. Emergency relief providers, in an attempt to respond to community and client needs, have evolved into agencies providing a mixture of emergency relief services, ranging from provision of material aid and extending to longer-term, goals-oriented support to clients.

The 2011 May Federal Budget saw the continued funding of the 12 caseworker positions which is the subject of this project. Across Community Information Support Centres (CISCs), a further 2 casework positions were funded under the casework model. Although funded for a 3-year period, some of the funding had been decreased, with many agencies offering fewer casework hours. Nevertheless, this marked a turning point in the way ER is funded, moving from a purely transactional model of service delivery towards a mixed service model which aims to address the underlying issues that lead to financial distress.

CISCs have been providing ER to their respective communities over a long period of time and have identified that holistic, short-term intervention is the most effective response to clients with complex needs. In 2010, Community Information Victoria (in partnership with the Cranbourne Community Information & Support Service) received funding from the Ian Potter Foundation to research and document the impact innovative casework models have on 16 CISCs. The *Ending the Stopgap Research Project* seeks to examine the models in place across these 16 agencies and document and measure the impact they have on clients, volunteer staff and ER service delivery.

The project utilises a mix of methodologies that consisted of: in-depth interviews conducted with clients (7), caseworkers (12) and managers (18), four (4) focus groups held with volunteers (12) and volunteer caseworkers (2), qualitative and quantitative surveys from volunteers (64) and clients (16). Qualitative ER data from 2007 to 2011 was collated from agencies (general ER and vulnerable groups).

Findings

CISCs and the changing Emergency Relief landscape

Community centred, adaptable and 'opportunistic' in the way they respond to local issues and concerns, CISCs are at the coalface of the social and economic impacts on vulnerable members of their community. The issues of community and social well-being are at the forefront of agencies' approach to service delivery and often shape and dictate each agency's support programs. CISCs are continually facing new challenges and are adapting their services to meet client and community needs. Present economic, social and political environment changes are intersected by rapid developments in technology and the methods in which individuals and communities stay connected. These developments impact on the way agencies deliver their services, the strategies they use to engage communities, stakeholders, service providers and funding bodies, and the way they respond to the evolving public policy paradigms of place-based and citizen-centric service delivery.

CISCs as place-based agencies

CISCs have traditionally played an important role in community capacity building. Older agencies, as well as those located in areas with limited services have provided support to new and developing services in their community through co-location. Once these services are better established and funded, they relocate to their own premises. Services include legal service, housing service, migrant resource centres. Within the larger agencies in the study, these services have been retained and new services provided in response to community needs – such as the provision of legal service and settlement services. One agency provides a community transport service for those unable to access public transport and consequently unable to attend appointment and support groups. Typically, this transport service is sustained by volunteers. Community development and engagement is crucial to the CISCs' approach to service planning and delivery. Agencies recognise that they cannot do everything, and they are therefore actively engaged with other service providers, including the private sector, council and community organisations in the process of community capacity building

Agency managers participate in networks, inter-agency linkages and representations at key advocacy bodies, advisory committees, local and state-wide committees and networks. They engage in systemic and policy advocacy on issues that impact on their client demographics (namely vulnerable individuals and families) and negotiate at an inter-agency level on processes and referral protocols to facilitate efficient and effective inter-agency collaboration and service integration. In collaboration with their peak body CIVic, agencies engage in targeted and systemic advocacy on issues such as utilities, housing and ER funding.

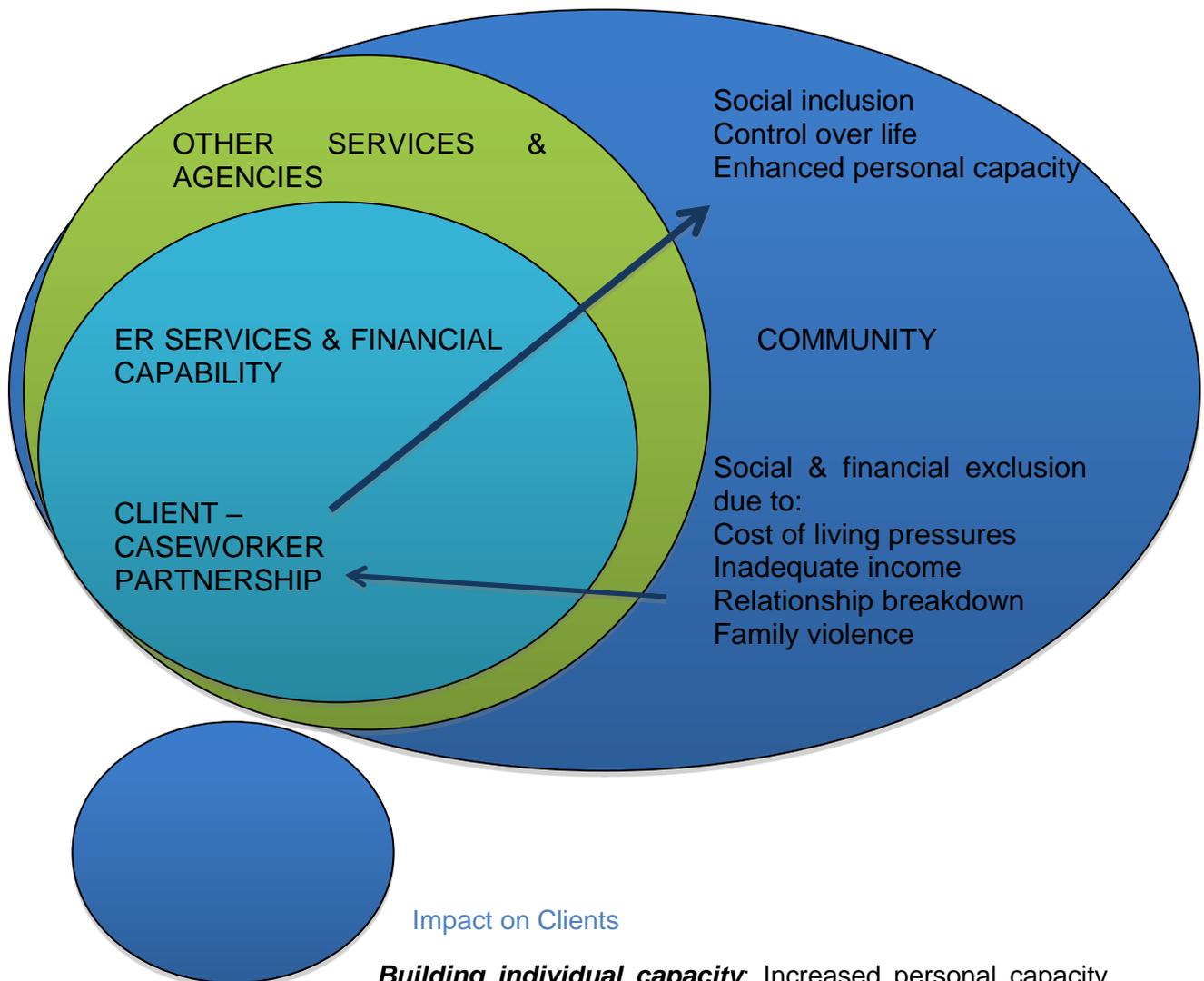
The identification of issues and the creation of working groups around urgent issues with community wide participation and a goal towards a socially beneficial outcome are all indicators of a place-based approach to service delivery. Agencies acknowledge that the delivery of ER services needs to go 'beyond the band-aid' and seek to address the underlying causes of poverty and disadvantage not only through client work, but by taking on an advocacy and coordination role that gives voice to the vulnerable and disadvantaged.

Casework in Emergency Relief

Caseworkers' approach to casework across the agencies was holistic, client-focused, strengths based and personal capacity building. Caseworkers identify the client-focused or client-centred approach to casework as the basis from which they engage and support clients. This client-centred approach is a collaborative one where clients work with caseworkers to identify needs, address problems and build individual capacity. Under the

caseworker models implemented across the 16 participating agencies, the client-centred approach ensures that issues are resolved according to client needs and circumstance. Caseworkers provide appropriate referrals, ongoing support and work with agencies to tailor outcomes to clients' long-term needs.

Casework process: CISCs



Building individual capacity: Increased personal capacity such as life- skills, advocacy skill through caseworker modelling and systems knowledge and navigation helps clients build resilience in the face of overwhelming financial and personal crisis. These skills develop over the period of support, where caseworkers adopt strategies to provide encouragement and build confidence. They aim to validate client experience through empathic interaction, demonstrating a belief in clients, being non-judgmental, providing a 'listening-ear' and other strengths-based strategies.

Providing ongoing support: Support was generally in the form of continuity, stability and reliability and being 'always there'. Clients identify the importance and value of *both* practical (or problem-based) support *and* emotional support. In this way systems linkages, referrals and the provision of ongoing emotional support were of equal importance, particularly for those with limited social and personal resources and systems knowledge and navigation capability.

Meeting client needs: Clients also comment on caseworkers' professional attitude and knowledge base which includes brokerage, advocacy and flexibility in the assistance they received and being treated with respect and dignity. Although providing practical and material assistance achieves some results in relieving the presenting stressors, it is often the support, individual capacity building and confidence that caseworkers place in their clients that starts the journey of recovery for many of them. It provides hope and a sense of a future beyond their current situation.

Impact on volunteers

Meet client needs: Volunteers recognise their limited capacity to meet complex clients' needs, and are clear on the role differentiation between themselves and caseworkers. Caseworkers, it was felt, were better able to provide follow-up, continuity of care and assistance 'beyond the band-aid'. This was because of their professional networks and linkages, as well as their knowledge base and training in dealing with difficult and complex needs clients.

Additional support and resource: Caseworkers are perceived as more knowledgeable than volunteers with better inter-agency linkages and networks and systems knowledge. They are available as a resource for volunteers in their day-to-day activities, as someone to 'bounce-off' problems and issues as well as providing an immediate response to clients where volunteers could identify very early on that they do not have capacity to assist. Thus caseworker support ranges from providing immediate response to difficult situations, to modelling advocacy strategies to informal chats over coffee.

Enhanced job satisfaction: The additional resource, with the accompanying help received relieves the stress of volunteers, not only in dealing with complex clients and situations, but also with the knowledge that the agency is better placed to provide a service that meets client needs. Caseworker support builds volunteers' confidence over the way they interact with clients.

Impact on service delivery

Increased resource: Caseworkers are an additional resource to the service and volunteers (see above). For smaller agencies the addition of a professional, paid staff member greatly increases the agency's workforce capacity and the facilitation of inter-agency linkages and service integration (approximately half of the participating agencies fall in this category).

Meeting client and service needs: The introduction of the caseworker model adds a layer of sophistication to the agency's response to ER service delivery. It fills service gaps and creates flexibility in a context of rigid service provision in the non-ER sector. The focus on the client and individual capacity building is seen by managers as an effective strategy in reducing the long-term reliance of clients experiencing financial hardship.

Increased agency and program linkages: Positive impacts on service delivery can be seen at agency, inter-agency and community levels. Caseworkers build and maintain