



CASEWORK IN THE EMERGENCY RELIEF SECTOR: A SCOPING STUDY

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Anglicare Victoria

Anglicare Victoria provides support to 70,000 children, young people and families every year. Through a range of diverse programs and services, we work towards strengthening families and communities so they can protect and nurture the children within them.

We do this directly through services like foster care, emergency food and crisis accommodation, as well as indirectly through family and community support services such as financial counselling, parent education and group work.

Combined, our range of services alleviates immediate hardship while building skills and resilience to overcome future hurdles.

Community Information and Support Victoria (CISVic)

CISVic was established as an association of members in 1970 to support the growing number of community advice bureaus. Since then its role has evolved to that of peak body for the community information and support sector in Victoria. CISVic provides operational support, sector development, advocacy and representation to its member agencies.

CISVic has over 60 member agencies. These community information and support centres (CISCs) are managed by autonomous, community based management committees. They operate according to the policies and standards of CISVic. CISCs provide information, referral, advocacy, emergency relief, case work, No Interest Loans, Tax Help, budgeting support, personal counselling, financial counselling, legal and settlement services.

ER Victoria

ER Victoria is the peak body for the Victorian emergency relief sector. Our membership comprises over 100 member organisations offering material aid and support to vulnerable Victorians.

Our aim is to bring emergency relief agencies together, to support their work as providers, and to advocate on issues effecting disadvantaged people.

We work with government, industry, and community stakeholders who have a key relationship to the ER sector. As a peak body, we focus on supporting our networks and member service providers and promote the interests of vulnerable families and individuals.

Our ultimate goal is for emergency relief to be recognised and supported by the whole community as the first vital phase of welfare support, which successfully links vulnerable people into services that provide immediate response, counselling and referral.

RMIT University

RMIT is a global university of technology and design and Australia's largest tertiary institution. The university enjoys an international reputation for excellence in practical education and outcome-oriented research.

RMIT is a leader in technology, design, global business, communication, global communities, health solutions and urban sustainable futures. We are ranked in the top 100 universities in the world for engineering and technology in the 2011 QS World University Rankings.

The Salvation Army

The Salvation Army is one of the world's largest Christian social welfare organisations with more than 1,650,000 members working 126 countries. We have been in Australia for over 133 years. Currently we have more than 8,500 active officers and staff delivering in excess of 1,000 specifically designed social programs across Australia. The Salvation Army helps more than one 1 million Australians every year – that's one person every 30 seconds! The Salvation Army has four mission intentions: Transforming Lives, Caring for People, Making Disciples and Reforming Society. Recognising that God is always at work in the world we value: Human Dignity, Justice, Hope, Compassion, and Community.

Acknowledgements

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EXECUTIVE SUMMARY

Background

This scoping study is an emergency relief (ER) initiative led by Community Information and Support Victoria (CISVic) and ER Victoria to map innovative casework models for emergency relief clients with complex needs. Project partners included Anglicare Victoria, The Salvation Army, and RMIT University. As a relatively new – and developing – area of casework practice, the ER sector in Victoria is particularly keen to map the expansion of casework in the sector and understand the nature and types of casework models that currently exist in emergency relief services.

Project partners were keen to identify new and emerging practices in the ER sector designed to assist individuals and families experiencing immediate and personal distress due to a financial emergency or personal crisis. This report offers practitioners, policy makers and program designers with a sample of ER casework programs implemented in Victoria and parts of Tasmania, to inform policy and program development and to identify further research in this emerging area of practice.

Methodology

This scoping study included a review of the literature for known casework models in the emergency relief sector, online surveys, consultation with project partners who are the major providers of emergency relief in Victoria, and a consultation workshop with practitioners and service managers on the question of best practice. These findings were analysed using a framework derived from a synthesis of the evidence in the homelessness sector to respond to five key questions, namely:

1. What is emergency relief casework?
2. How does casework in the emergency relief sector achieve outcomes for clients with complex needs?
3. What agencies are providing casework, where are these located geographically and who is delivering casework?
4. What resources are required to deliver emergency relief casework?
5. What can we learn from current practices that inform guiding principles to casework that may be adapted more widely across the sector?

Findings in brief

Given the paucity of literature for this area of practice the findings presented in this report should be viewed in the context of an overview of casework as currently implemented in the Victorian, and to some extent, the Tasmanian ER sector. The following paragraphs of information present findings as they relate to the five key questions outlined in the methodology.

Casework in emergency relief: a new model of service delivery

ER services that are delivering a combination of transactional ER (the provision of food, material aid and once-off assistance), advocacy and referral, and client-centred support to complex needs clients represent a more comprehensive response to poverty alleviation than the transactional provision of material aid and referral. This new emerging ER service model expands service delivery 'beyond the band-aid', by offering a broad range of supports to all clients, one that seeks to address the underlying causes of poverty and disadvantage. In doing so, it positions service delivery to be aligned with the principles of social inclusion, one that focuses on relational issues: social participation and integration, power, and opportunity.

What is emergency relief casework?

Casework in emergency relief services is a partnership between the caseworker and the client, who work together to achieve goals aimed at improving clients' circumstances. The relationship is built on trust, openness and transparency in which caseworkers are professional workers with appropriate systems knowledge and networks to leverage (through advocacy and role modelling) positive outcomes for clients. Through a period of intensive emotional and practical support, caseworkers work with their clients to move from a situation of personal and financial crisis towards emotional and social wellbeing. A casework relationship is characterised by:

- Comprehensive client-centred support that is both practical and emotional
- Professional skill-sets and effective communication skills of the caseworker
- A non-judgemental, trusting, respectful and supportive relationship

How does casework achieve outcomes for complex needs clients?

Although the client-caseworker relationship remains critical and core to reaching goals, client outcomes are achieved when this relationship can build on the resources and skills of both the worker and the client. Effective client outcomes occur where client needs are met, which can be a combination of events including when mutually identified goals are reached, client situations are stabilised, or clients are linked to another service. Outcomes are also achieved where there is adequate support and service capacities of the ER agency, professional networks, and the extent of inter-agency and cross-program integration in the locality.

Where are the casework services?

Global data (Appendix A) from project partners indicate that The Salvation Army's case management Doorways model is currently delivered in 65 sites across Australia. Nationally, The Salvation Army delivers ER in 237 sites. Case management is delivered by Anglicare Victoria in metropolitan and outer Melbourne and regional Victoria (10 sites). Paid workers support volunteers to deliver ER across metropolitan Melbourne. CISVic member agencies deliver generalist casework across 23 sites in Victoria.

A total of 49 caseworkers and managers responded to surveys. Managers' and caseworkers' surveys were cross-referenced resulting in 39 casework programs offered in 49 sites across Victoria (36) and Tasmania (10), with three in unknown locations.

Identify resources required to deliver casework

Casework models reflect the diverse settings that they operate in. Casework does not only involve working intensively with the client over a short period of time; it also involves a whole-of-service engagement with the client's journey. It requires innovations around the service's capacity, the local ER network's needs, up-skilling volunteers, and introducing an internship workforce that not only builds present capacity but also the future workforce of the sector.

Volunteers are fundamental to ER service delivery. Casework in ER is delivered in a context of largely a volunteer workforce who provide support to clients, material aid, referrals, and sometimes advocacy. The casework and volunteer ER roles are highly integrated with cross-referrals and sometimes case coordination between volunteers and caseworkers.

Casework is predominantly funded by the Department of Families, Housing, Community Services, and Indigenous Affairs (FaHCSIA). The variety and creativity with which agencies are seeking to expand upon the funding from FaHCSIA and support from philanthropies to grow casework in ER, attests not only to agencies' commitment to the casework model but also to the precarious nature of funding, particularly where obtained from fundraising and bequests.

Current practices that can inform guiding principles to casework in emergency relief

Scoping survey responses indicate a consensus between caseworkers as to the length of time a client should be assisted to achieve goals, the skill-sets, attributes and approaches to the casework relationship that work for clients and caseworkers. In addition, there is the important

role of systems engagement and integration to achieving client outcomes. As community based agencies that respond to the needs of their communities, operating contexts and shifting policy landscapes, the ability to respond with flexibility, with innovation and be context-driven is crucial to effective outcomes for clients.

Policy Implications

- The ability of service providers to respond to client needs and community context through a flexible funding structure is crucial to effective outcomes for complex needs clients. However, many services continue to supplement casework funding from other sources. This level of funding insecurity places constraints (time, resources, access) on both service and caseworker capacities to achieve optimal outcomes for clients.
- Caseworker roles, whether in a professional, volunteer or paid capacity, require high levels of support, training and professional development. Adequate levels of funding will need to incorporate components for training and support needs of staff. Consideration needs to also be made to the development and support of communities of practice across the sector to promote best practice, service integration and network capabilities.
- Volunteer training and supervision is currently under-resourced. A new emerging model of ER service delivery requires an active involvement of volunteer workers to deliver a broad range of services to vulnerable and disadvantaged clients. Developing innovative regional network responses to training and supervision needs of volunteers is one way of addressing the issue. There is scope for the roles of government, philanthropic and other funding sources to be developed to tackle the human resources challenge faced by the ER sector at this time.
- The range of casework models across ER services reflects the diversity of contexts, client and service environments of the ER sector. Innovative funding and casework models mirror the sector's highly responsive and place-based approach to client and community needs. Maintaining this level of diversity is crucial to effective client outcomes, as it acknowledges the important role of contextual responses to client needs.

Program implications

- Casework requires an investment of time to build and maintain a relationship. This results in constraints on caseload for effective client outcomes. A combination of workload, limited hours and funding constraints have led caseworkers to prioritise time with clients over other aspects of casework, such as follow-up, attending network meetings and otherwise engaging with other professionals.
- Client engagement varies widely between three to twelve-month periods, with some client-caseworker relationships persisting over long periods of time. This is in acknowledgement that supporting complex needs clients to resolve presenting and underlying issues cannot be achieved within one intensive period.
- Effective client outcomes rely on caseworkers providing timely referrals. However, in some locations, scarcity of resources, particularly among specialist services, results in long wait-lists for services. This places a burden on caseworkers to take on roles they are not equipped to provide. Similarly, caseworkers working with people from culturally and linguistically diverse (CALD) and Aboriginal backgrounds found it frustrating that other services either fail to use, or have limited experience in their use of, interpreting services.
- Student placements, co-location with services which promote service linkages and cross-referrals, networking and service promotion through regional ER and professional networks, and access to translation services are some of the program activities that improve access to the casework service. Having a generalist casework model that is flexible and quick to respond to crisis or need is also seen as an advantage for ER services. The

open and easy access to the casework program, its service gap function, and the fact that ER is a referral pathway for complex needs clients, are part of what makes casework 'work' for complex needs clients.

Research Directions

As the sector works towards improving outcomes for clients, it would benefit from further evidence of how casework may improve outcomes for clients with complex needs accessing emergency relief. Similarly, an understanding of the contextual elements that enhances efficacy and efficiency in the delivery of casework could contribute to evidence-based practice in the ER sector. Although heavily reliant on a volunteer workforce, casework exemplifies a professionalisation of the ER sector through the role of paid professional workers, para-professional volunteers and students. In this context, exploration into the resources that are required, as case management best practice implies, to monitor and evaluate, build evidence and work from a best practice framework will be of benefit to ER practitioners and program designers.

RECOMMENDATIONS

The following recommendations are provided with regard to casework in emergency relief provision:

Policy

1. That funding bodies recognise that flexibility in funding arrangements promote responsive and innovative program design and service delivery for client centred outcomes. Innovation can only occur when flexibility in funding arrangements encourage the creative utilisation of available resources to enhance efficiencies and improve outcomes for clients with complex needs.
2. Funding arrangements that support innovative casework models should be long-term, and provide adequate levels for capacity building of volunteer-based agencies, professional development and training, monitoring and reporting;
3. Funding bodies actively support and resource the ER sector to engage and partner with philanthropies to support casework and innovations in service delivery;
4. That ER sector development includes resourcing emerging communities of practice in ER settings (caseworkers' networks, ER volunteer networks) to enhance and promote service integration, and the development of best practice frameworks that lead to improved client outcomes;

Research

5. That the emergency relief sector build on the momentum of the scoping collaboration and support the partnership between the sector and RMIT University to frame potential areas for research, including but not limited to:
 - Casework effectiveness in improving the situation of clients experiencing multiple and complex issues through a longitudinal study of casework intervention.
 - Mapping ER's changing operating environment, the role of volunteers and students in service delivery, and the growing presence of philanthropies in the community services sector.
 - Casework intervention models and the conditions which enable the casework-client relationship to deliver beneficial outcomes for clients.