

CASE MANAGED EMERGENCY RELIEF APPROACH

Summary Report

Background

From May–November 2020 St Patrick's Community Support Centre (St Pat's) undertook a pilot of a Case Managed Emergency Relief Program.

In this pilot, clients presenting with an immediate need or crisis were provided with short-term case management in addition to, or instead of, the standard emergency relief/material assistance usually provided.

The program also involved the development of a Crisis Support Assessment Tool that could easily enable both the client and case worker to identify additional whole of person needs to address and to track success in addressing them.

The Centre for Social Impact at The University of Western Australia (CSI UWA) evaluated this pilot in terms of its process and outcomes, with a view to inform future iterations of the program.

Clients, their presenting issues, and interventions

30 CLIENTS RECEIVED SUPPORT THROUGH THE CASE MANAGED EMERGENCY RELIEF PROGRAM

PRESENTING ISSUES IDENTIFIED UP TO 3 PER CLIENT, 88 PRESENTING CRISES IN TOTAL	134 INTERVENTIONS WERE IMPLEMENTED FOR 88 PRESENTING CRISES
 40% OF PRESENTING CRISES RELATED TO NEEDS FOR ADDITIONAL ER/MATERIAL AID	 33% OF PROPOSED INTERVENTIONS INVOLVED REFERRALS TO OTHER COMMUNITY SUPPORTS
 17% RELATED TO HOUSING	 23% WERE ADDRESSED THROUGH THE PROVISION OF ADDITIONAL ER/MATERIAL AID
 15% TO MENTAL HEALTH	 13% INVOLVED ADVOCACY/ASSISTANCE WITH SYSTEMS NAVIGATION
 11% TO A NEED FOR ADVOCACY/ASSISTANCE	 11% OF INTERVENTIONS WERE FOR HOUSING SUPPORT OR REFERRAL
 10% PHYSICAL HEALTH	 10% WERE MENTAL HEALTH SUPPORT REFERRALS
 7% TO SOCIAL NEEDS	 10% OF PROPOSED INTERVENTIONS WERE FOR PHYSICAL HEALTH CARE REFERRAL

“... that night I slept with very **HIGH HOPES FOR MY FUTURE.**”



CLIENT INTERVIEW WITH STAFF

Joseph

Joseph is a 39-year-old gentleman, who had previously accessed emergency relief at St. Pat's for assistance with food and medications for his chronic health issues, receiving only vouchers on each occasion.

After becoming homeless as a result of family domestic violence, he again sought assistance and this time was provided the option of short-term case management support through the Case Managed Emergency Relief Approach. When St Pat's staff sat down with Joseph to discuss his situation and how they could help problem-solve it, his initial response was surprise in learning about the various supports available, that until this time he had not been aware of.

A supported referral was made for Joseph to access emergency and short-term accommodation, and the associated costs were also covered (through brokerage funding attached to the program). He was also linked into Black Swan Health Street Doctor for immediate assistance with a concerning health issue.

On subsequent visits, he was encouraged to think about his financial situation. He was supported with referrals to legal and financial counselling services and was provided with further food vouchers and assistance to pay for medications until he became more financially stable. With accommodation, albeit short term, and the advocacy support and financial assistance offered by the Case Managed Emergency Relief Program, he was able to improve his physical and mental health and general wellbeing.

Joseph is now living back at home with his family and has gained employment.

“...It came into my mind that maybe these guys could do more than give food parcels and vouchers and paying bills... [joining this program] was my last ditch... so I rang them... That night I slept with very high hopes for my future.”

Case management support was provided for Joseph:

on **5+** occasions

for **3** hours and **35** minutes

(including both face-to-face time spent and time for additional advocacy work).



Client outcomes

Client outcomes were measured as the difference between scores at intake and the end of support on the Crisis Support Assessment Tool (developed by St Pat's and CSI UWA), and the Personal Wellbeing Index (PWI). The Crisis Support Assessment tool measures the level of risk, from 1 (lowest) to 5 (highest) to the client's safety and wellbeing posed by their presenting crises. Clients' safety and wellbeing risk scores could therefore range from a minimum of 3 to a maximum of 15. The PWI comprises 8 domains: housing, standard of living, achievement, safety, feeling part of one's community, health, future security and personal relationships.

At intake, the average overall safety and wellbeing risk scores among Case Managed Emergency Relief clients (n=30) was 12.3 out of 15. Upon exit from the program, this average decreased to 6.1 out of 15. This represents an average change in overall safety and wellbeing risk scores of 6.2 out of 15, or 41%.

Case workers documented the reasons for changes to safety and wellbeing risk using the Crisis Support Assessment Tool. Successful referral, provision of ER, provision of housing, and advocacy/assistance comprised the majority (69%) of the reasons noted by case workers.

Average PWI scores among the Case Managed Emergency Relief clients increased by almost 20% (from 19.8 out of 40 at Time 1 to 27.7 out of 40 at Time 2). Satisfaction increased across all 8 domains. The highest change in average satisfaction on the PWI can be seen in the housing domain, from 2.3 out of 5 at Time 1 to 3.9 out of 5 at Time 2, a 32% improvement. This is followed by the standard of living domain, with 24% increase in average scores (from 2.2 out of 5 at Time 1 to 3.5 out of 5 at Time 2).

The Case Managed Emergency Relief Approach represents a cost effective means to deliver marked improvements to people's level of risk to safety and wellbeing and personal wellbeing.

EVALUATION FINDINGS SUMMARY

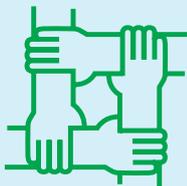
The short term Case Managed Emergency Relief Approach

RATIONALE	PRESENTING NEEDS AT INTAKE	TIME SPENT	INTERVENTIONS	CLIENT OUTCOMES	IMPLICATIONS
<ul style="list-style-type: none"> • Clients seeking ER are experiencing immediate need (for food or money) but in many cases, additional complex circumstances or needs exist that have led people to a crisis point. 	<ul style="list-style-type: none"> • The 30 participating clients did identify multiple additional needs across the following domains: <ul style="list-style-type: none">  40% ADDITIONAL ER/MATERIAL AID  17% HOUSING  15% MENTAL HEALTH  11% ADVOCACY/ASSISTANCE WITH SYSTEMS NAVIGATIONS  10% PHYSICAL HEALTH  7% SOCIAL 	<ul style="list-style-type: none"> • Staff spent an average of 3.5 hours of time per client to provide support. Mostly this was face-to-face support, with some additional desktop work too. • Time spent was individualised and flexible, and ranged from 45 minutes to 8 hours. 	<ul style="list-style-type: none"> • The 30 clients were supported in diverse ways according to need, across the following domains: <ul style="list-style-type: none">  33% COMMUNITY SUPPORT REFERRALS  23% ER/MATERIAL AID  13% ADVOCACY/ASSISTANCE  10% MENTAL HEALTH  10% PHYSICAL HEALTH 	<ul style="list-style-type: none"> • For an estimated average cost of \$404 per client, the result was an average: <ul style="list-style-type: none">  41% DECREASE IN SAFETY AND WELLBEING RISK SCORES  20% INCREASE IN CLIENTS' PERSONAL WELLBEING INDEX SCORES 	<ul style="list-style-type: none"> • Expanding on the traditional ER model to include short amounts of time with clients to understand and resolve some additional issues, is an effective way to improve the lives of clients, in a relatively cost effective way. 

Recommendations for the future of the Case Managed Emergency Relief Approach

Evaluation findings indicate that the need for this approach is clear from both staff and clients' perspectives, as well as from what the evidence indicates. As St Pat's staff have noted, when the same people experiencing disadvantage show up every three months to access traditional emergency relief support, it is an indication that people are cycling through this system without ever resolving the root causes that have led them to be in crisis.

"Demand is so high and staffing resources very stretched. But still we need to design programs to spend more time with clients."



Contemporary community service sector frameworks suggest that demand for emergency relief is increasing, and the complexity of need in clients is also increasing. Within this context, this trial that looks at a relatively low-cost, easy to implement approach to emergency relief is timely.

It is the view of the Evaluation Team that St Pat's is well placed to demonstrate the success of, and need for, this approach. The conditions that have given this trial legitimacy include St Pat's comprehensive understandings of the traditional emergency relief model and its limitations, as well as knowledge of, and connection with, their client-base and their needs.

This skill and experience was a critical success factor. Staff, through their extensive on-the-ground experience were aware that there were clients who could benefit from a little more time than that offered by a standard emergency relief session, and the pilot has demonstrated that such clients do exist and can benefit significantly from such an approach.

The success of this trial needs to be situated within the existing options for people in crisis, which are, broadly speaking:

- 1 The traditional emergency relief approach which supports clients without complex needs where the reality is such that their income support is simply insufficient to cover more than basic living costs regardless of how well they manage their finances. This approach does little to assist those who need more support to work through multiple issues that increase their reliance on ER.
- 2 Intensive case management offered through other services and programs, which in an operational sense requires more specialisation, funding and greater buy-in from the client, and is generally only available to high-need clients.

The evaluation provides strong evidence that outcomes can be significantly improved for clients with more complex issues when **traditional emergency relief delivery practices are coupled with short-term case management support**, and that this support can easily be incorporated into the emergency relief program design with the right resources.



The aim of the trial was not to increase the number of clients assisted, but to increase the depth of help provided to a selected group of clients.