

Income Management or Case Management?

**Prepared for:
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1. RATIONALE

The current Emergency Relief (ER) service delivery model is predicated on the supply of a basic safety net – providing food and support in the payment of bills – for those in financial crisis. It is a simple transactional model which ANGLICARE Sydney has long considered inadequate in addressing the complex, compounding and interrelated needs of its clients. It ignores such issue as mental health, disability, drug and alcohol addiction, relationship breakdown and domestic violence. Hardship is narrowed by definition to one of simple financial deprivation.

Across the community sector there are two ER service delivery models operating:

- **Basic transactional ER** – where the coordinators and ER workers simply provide basic food hampers and do not ‘value add’ to the service. In this model ER is seen as a simple safety net to support families and households in immediate crisis. It takes the form of food, chemist and transport vouchers, assistance with rent/accommodation, part payment of utility accounts and material assistance such as food parcels. This is the model currently being funded by Government. It is a useful safety-net service but does not provide for meeting long term or complex needs.
- **ER PLUS individual client advocacy and referral**—currently occurring within ANGLICARE Sydney where the provision of food and bill paying is supplemented by some individual client advocacy to other agencies and government departments such as Centrelink and referral processes. The ‘value add’ services provided in this model are not supported by current government funding models which is why there is a significant net cost to ANGLICARE for the service provision.

The basic ER model is inadequate because it is transactional rather than relational. The focus is on the transaction, the provision of vouchers for food rather than on the person seeking assistance. The client has to prove financial hardship – other problems are secondary or unaddressed even though these may be the basis of ongoing disadvantage and deprivation. Once the financial needs are assessed or addressed then the transaction is completed and the client exits the system – possibly to return on a regular basis and with no follow up or support.

Current Government funding is limited to this model. It adopts a ‘one size fits all’ approach. This is particularly difficult for those with issues with mental health, financial literacy, drug and alcohol use and disability since they often do not have the capacity to effectively navigate the community service support network. The key limitation in this model is that many clients do not present with one issue – their needs are complex, compounding and interrelated. Dealing with immediate need does not provide them with a long term sustainable solution. The situation is further amplified with indigenous and NES community clients whose needs often require different approaches and strategy.

ANGLICARE ER services provide additional support, above and beyond provision of food and utility payment assistance. This is based on the fundamental principle that the ‘hand out’ or transactional ER model does not have the capacity to empower or contribute to long term sustainability. These additional supports are unfunded by Government and therefore subsidised by ANGLICARE. The top three support areas included:

1. *Information*: providing clients with information that can assist them with accessing other services, skills training, counselling and contracts with utility providers. This applied to 79% of clients but was particularly true for people experiencing insecure housing such as squats and boarding houses. .
2. *Advocacy* – on behalf of the client to other agencies, service providers and government departments. Around 30% of all clients were provided with this service and this was a particular need for Non English speaking clients particularly in Liverpool where 96% of clients required some form of advocacy.
3. *Budgeting assistance* – in the development of household budgets and bill paying that is more sustainable. This was true for 9% of clients – or almost one in ten.

2. INNOVATIVE MODELS

What is required by services and funding is a transition to a more sustainable living ER model – with the central aim of building capacity for both communities and individuals. The simple safety net transaction model which has operated for so long is no longer the optimal approach, and while the basic ER Plus model provides for referrals and advocacy, it too is not sufficient for the broader outcomes based on sustainability.

ANGLICARE Sydney is exploring the development of a **transformational** model of ER service delivery to replace the transactional approach – where the **whole need** of the person is taken into account. Clients with complex needs could be assisted to navigate through the service system, and be provided with appropriate case coordination, follow up, skills training, counselling and social support via appropriate wrap around services. Community connection and social inclusion would be critical to the development of individual client capacity.

This means an ongoing relationship could be sustained between the service and the client to ensure that the client's needs are adequately addressed and they do not fall through the gaps in the service network system. In such a model the focus would shift from simple crisis management to case management where appropriate, case coordination and early intervention. However, this process also needs to ensure full **integration** with the current service network so that case management occurs when required with full ongoing referrals to appropriate services.

3. WHY CASE MANAGEMENT and NOT INCOME MANAGEMENT

Mandatory income management does not address the core issues of multiple and systemic deprivation related to low levels of income, unemployment, chronic health issues, disability, poor educational opportunities and inadequate skills for the labour market. It is an attempt to manage the problem rather than address it. The current Federal Government proposal to extend mandatory income management to other communities does not require Centrelink or other agencies to work closely with individuals nor will it require them to work in partnership with relevant community groups and organisations. It essentially reverses the onus of proof to require individuals living in identified areas and receiving designated benefits to demonstrate their capacity to manage financially, in order to be allowed independent control of the often inadequate benefits that are paid to them.

Case management on the other hand recognises that each individual requires a unique and personalised approach to their often complex issues and a 'blanket approach' is not the best

form of intervention to achieve positive and sustained outcomes. The individuals that we assist through the ER or the Sustainable Living program, often have a multitude of complex issues and their ability to live from fortnight to fortnight can vary depending on the impact of these issues in their lives.

We see that through case management, we will have the chance to address each of these issues and create strategies and work plans in accordance with the client's unique needs and personal goals. Case management will also equip individuals with the necessary skills and resources to improve their quality of life, wellbeing, living situation and assist towards a transition into sustainable living.

4. THE ANGLICARE SYDNEY PILOT CASE MANAGEMENT PROJECT

4.1 Pilot establishment

In December 2009 ANGLICARE Sydney employed an ER Case Manager as part of a pilot project to operate out of the Wollongong office. In January 2010 the ANGLICARE Social Policy Research Unit scoped the evaluation of this project. It is intended to run for a 12 month period with a series of entry and exit surveys plus in depth interviewing of the case manager and related staff to ascertain the effectiveness of the program in terms of client outcomes.

4.2 Aims of the Pilot Program

The primary research question is to determine if ER Case Management is effective in facilitating positive and sustained outcomes for people experiencing complex issues?

However there is also a range of secondary aims including determining if case management has led to:

1. A reduced frequency of crisis for service users? ;
2. A reduction in cost for the provision of support services for case managed service users?
3. An improvement in the level of self-esteem of service users?
4. An improvement in self-efficacy of the service users through increased participation and belief in self?
5. An improved understanding of the barriers of access to and participation to the broader community service network as identified by the Case Manager and service users?
6. An understanding of the constraints of Case Management from the perspectives of both the Case Manager and service users?

4.3 Case Management Implementation

With the assistance of the ER Coordinators operating in the service, people who are identified as having complex issues, and who are willing to participate in the pilot project are referred to the Case Manager for a detailed assessment. As part of the assessment and intake process, the service user is requested to complete an evaluation form which is designed to indicate the nature of the presenting issues as well as the impact these issues are having in terms of resilience, self esteem, sustainability and efficacy.

Throughout the case management cycle service users will be regularly asked to provide details on these areas to determine if underlying needs are being addressed and outcomes are being met.

Case load is being carefully monitored and clinical support is in place for the case manager to ensure sustainability.

4.4 Outcomes to date

The pilot has only been in operation for two weeks and so it is too early to indicate if the aims are being met and outcomes are being achieved. It is anticipated that by early 2011 an evaluation report will be provided to ANGLICARE management as well as to FaHCSIA to indicate the outcomes of the project.

4.5 Caveat

The cost of this project is being borne entirely by ANGLICARE as part of an innovative and best practice strategy to ensure optimal outcomes for service users and provide input into new policy directions for government.

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