

# Bridging the Gap

## *Project Evaluation:*

*Phase 1: Nov 2011-June 2013 Final Review*

*Phase 2: July 2013-June 2015 Benchmark Review*

- October 2013 -



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Bridging the Gap is made possible through the generous support of Give Where You Live.



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## ABBREVIATIONS USED IN THIS REPORT

BTG	Bridging the Gap
KEQ	Key Evaluation Question
RG	Reference Group
SUSS	Service User Satisfaction Survey

## 1 Executive Summary

Bridging the Gap (BTG) aims to increase the support provided to the most disadvantaged people living in the Geelong region. It is a partnership between lead agency and community service provider Bethany Community Support, training provider Karingal and employment specialist Gforce.

BTG Phase 1 was designed as a pilot demonstration project, running from November 2011 to June 2013. Phase 2 seeks to further this work through, *inter alia*, a focus on improving the ability of family and housing services' systems to support the transition to appropriate training and employment of clients with complex needs.

Up to June 2013, there were 60 referrals to the BTG project. Three cases were not opened: one client withdrew after finding work; the program was not appropriate for a second client; and the third client was not contactable.

This report focusses on the remaining 57 referrals that were either pursued or were on the waiting list at June 2013.

Thirty-one people were referred to training, study, volunteering or an employment provider, 8 of whom later withdrew due to personal circumstances. This is in addition to 12 clients who withdrew (or were not contactable) without achieving any BTG outcomes and 11 clients who remained on the waiting list for BTG support. A further three people were still actively engaged in the project at June 2013 and yet to achieve outcomes.

Two clients engaged with volunteer work and three clients secured employment during their BTG engagement:

- One client obtained an automotive apprenticeship
- One client obtained casual work in child care
- A client obtained ongoing part-time cleaning work after registering with a job service provider

It is unknown about the extent of benefit that was derived for the 20 clients who withdrew from BTG. All of these clients received information about opportunities that may be pursued in the future, and some had commenced training or study. Many engaged with other services to assist them with more immediate personal needs and issues.

Clients came from 24 different suburbs, townships or local areas, with ages ranging from 16 to 54. Approximately 33% of clients were aged 30-39 (the age range most represented), and 72% were female.

This report serves as a final review of BTG Phase 1, documenting project achievements from November 2011 to June 2013; furthermore, the report is the first output of the Bridging the Gap Evaluation Plan for Phase 2. BTG Phase 2 has an updated Evaluation Plan, including five Project Objectives and 12 Key Evaluation Questions (KEQs). To evaluate these KEQs, Indicators of Success have been developed for each.

This Evaluation has found that the BTG Project has fulfilled seven Indicators of Success, and partly fulfilled an eighth. It is too early in Phase 2 to measure the progress of the remaining four KEQs.

**Objective 1:** *Build on existing collaboration between project partners and increase links with vocational services. (KEQs 1 and 2)*

Reference Group (RG) members and the Project Worker have indicated that a range of partners are now involved in the project, which helps navigate the system and allows for greater sharing of information. The streamlined approach has also assisted in reducing duplication and allows for targeted approaches to clients. It was also noted that the Project Worker's attendance at a number of networks has helped to raise the project's profile.

Results from the Vic Health Partnerships Analysis Tool also indicate a continuing, highly collaborative approach through BTG. An area for improvement is to minimise barriers to partnerships; particularly, establishing structures to share information, address differences in organisational objectives and ensure alternative views can be expressed.

**Objective 2:** *Develop and maintain a supportive case management practice that links Bethany and vocational service providers. (KEQs 3, 4 and 5)*

Case managers indicated that they had been provided with information about the BTG project. The Project Worker commented that this information is regularly distributed through email updates and responses to information requests. The Project Worker also noted that clients were provided with information, stating that "information is sometimes even more important than the referral".

The case managers also emphasised that the support provided by the Project Worker encourages clients to remain engaged in vocational training and employment opportunities. The Project Worker further identified the importance of continued support to clients while they coped with change. However, both the Project Worker and case managers noted that this extended period of focus had impacted the duration that clients spent on the waiting list.

**Objective 3:** *Identify and where possible resolve issues impacting on vulnerable individuals' ability to participate in further education, vocational training and employment opportunities. (KEQs 6, 7 and 8)*

Feedback from case managers and the Project Worker, coupled with results from the Service User Satisfaction Survey (SUSS) and Workstar self-assessment, indicates that the project has generally motivated, encouraged and supported clients with complex needs to engage with vocational pathways.

It was reported that many clients did not realise the opportunities available to them and that, through dedicated support, the Project Worker was able to assist clients in finding suitable options.

The evaluation has also found that clients have increased confidence, self-esteem and improved skills as a result of their engagement with BTG. As evident in the case study examples, client confidence and self-esteem has been lifted through engaging in training, achieving good results and gaining new skills.

**Objective 4:** *Contribute to service system development through improved case management model approaches. (KEQs 9 and 10)*

This objective was not examined as part of this review.

**Objective 5:** *Build community capacity to support clients with complex needs to engage with education, vocational training and employment services. (KEQs 11 and 12)*

The evaluation examined if the project had resulted in increased social inclusion through greater economic participation. The RG, case managers and the Project Worker all indicated that, to some extent, there have been social inclusion outcomes. Case studies also indicate that the project is leading to improved social connections and links to appropriate service providers or local community facilities.

Two RG members felt that more work is still needed to increase social inclusion, particularly “greater participation” and building the number of people who move through BTG.

## 2 Introduction

BTG aims to increase the support provided to the most disadvantaged people living in the Geelong region. As its name suggests, the project aims to 'bridge the gap' by supporting the transition of participants to vocational training and employment pathways as a bridge out of disadvantage<sup>1</sup>.

The BTG project is a partnership between Bethany Community Support as lead agency and community service provider, Karingal as the training provider and Gforce as the employment specialist.

BTG Phase 1 was designed as a pilot demonstration project, running from November 2011 until June 2013. Phase 2 seeks to further this work through, *inter alia*, a focus on improving the ability of family and housing services' systems to support the transition to appropriate training and employment of clients with complex needs.

The project operates in the context of various State and Federal government directions, including:

- *The Social Inclusion Agenda*, a Federal Government initiative that strives for a socially inclusive society in which all Australians are able to participate fully in the nation's economic and community life, develop their own potential and be treated with dignity and respect<sup>2</sup>. The *Social Inclusion Agenda* is supported by a toolkit which directs the Australian Public Service to design and deliver social policy to better meet the needs of disadvantaged people<sup>3</sup>.
- *The Best Interests Framework*, which is the Victorian Government's framework for case management. The *Best Interests Framework* recognises that child and family experiences are strongly influenced by family income, housing and access to community networks and resources<sup>4</sup>.
- *Case for Change*, a more recent, overarching Victorian Government policy that outlines the need for an integrated, client-centred case management system across all services<sup>5</sup>. Whilst *Case for Change* was developed after the conception of BTG, it nonetheless articulates the current direction for all DHS-operated programs including Disability, Housing, Child Protection and Family Services.

This report has dual purposes. It will serve as a final review of BTG Phase 1, documenting project achievements from November 2011 to June 2013. Secondly, the report will be the first output of the Bridging the Gap Evaluation Plan for Phase 2<sup>6</sup>, providing benchmark information for future reviews (as outlined in the evaluation plan).

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<sup>1</sup> Bethany (2013) Application for funding through Give Where You Live's Innovation Grants program

<sup>2</sup> Australian Social Inclusion Board (2011), *Breaking Cycles of Disadvantage*, Australian Government

<sup>3</sup> Australian Government (2009), *The Australian Public Service Social Inclusion Policy Design and Delivery Toolkit*

<sup>4</sup> Government of Victoria (2007) *The Best Interests Framework for Vulnerable Children and Youth*

<sup>5</sup> Government of Victoria (2011), *Human Services: The Case for Change*

<sup>6</sup> Kismet Forward(2013) *Bridging The Gap Phase 2: 2013-2015 Project Evaluation Plan*

### 3 Evaluation Methodology

Evaluation tools utilised in the development of this report included

- The Vic Health Partnerships Analysis Tool
- A focus group involving case managers
- Interviews and discussions with the Project Worker
- Work Star<sup>7</sup> self-assessment
- Bethany's Service User Satisfaction Survey (SUSS)<sup>8</sup>
- Surveys completed by Reference Group members

The dual purposes of the report present some challenges given that KEQs are slightly different for the two phases of the project. In order to be well-positioned to evaluate Phase 2, the KEQs for that phase have been used for this report. Comparisons with previous evaluations have been made only where there is synergy with KEQs from the previous Evaluation Plan.

Client data used in the report was that gathered during BTG Phase 1 – i.e. the period November 2011 to June 2013. This has been supplemented with interviews, surveys and focus groups with the Project Worker, case managers and RG during September 2013.

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<sup>7</sup> Triangle Consulting Social Enterprise Ltd (2010) *Work Star – The Outcomes Star for Work and Learning*

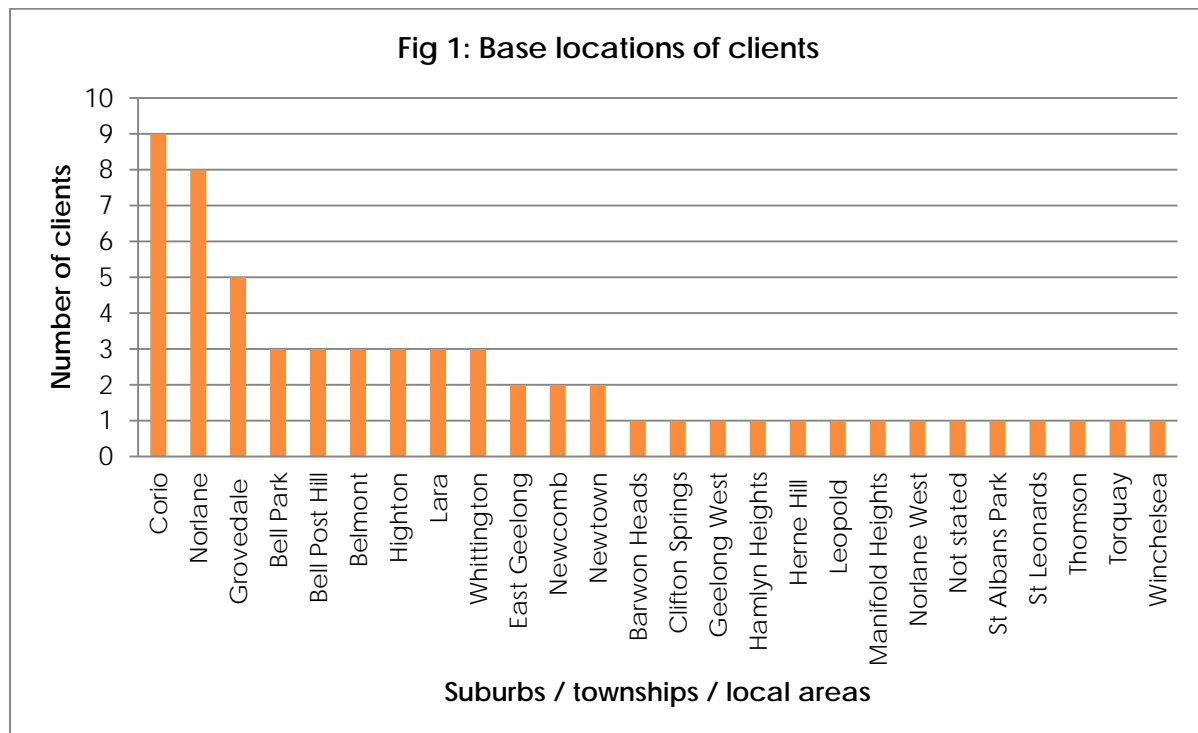
<sup>8</sup> SUSS assessments are completed at the end of client engagement with BTG – see Appendix B for a full summary of results



## 4 Client demographics

Up to June 2013, a total of 60 referrals were received for BTG. Of these, three referrals were withdrawn or not accepted due to the client securing work, not being contactable or being deemed unsuitable. This report focuses on the 57 referrals that were either pursued or were on the waiting list at June 2013.

Figure 1 shows that BTG clients came from 24 different suburbs, townships or local areas, with many clients from the northern Geelong suburbs of Corio, Norlane, Norlane West and Lara (20 clients or 33%). Some clients came from further afield including Barwon Heads, St Albans Park, Torquay and Winchelsea.



Of the 57 clients that are the focus of this report, 42% came from public housing and 53% from private. Tenancy was not recorded for three clients (5%).

Forty-one (72%) of these clients were female, compared with 16 (28%) males.

The age of clients ranged from 16 to 54. Approximately 23% were aged under 30, 33% were aged 30-39, 23% were in their forties and 7% were 50 or older. Age was not recorded for 14%.

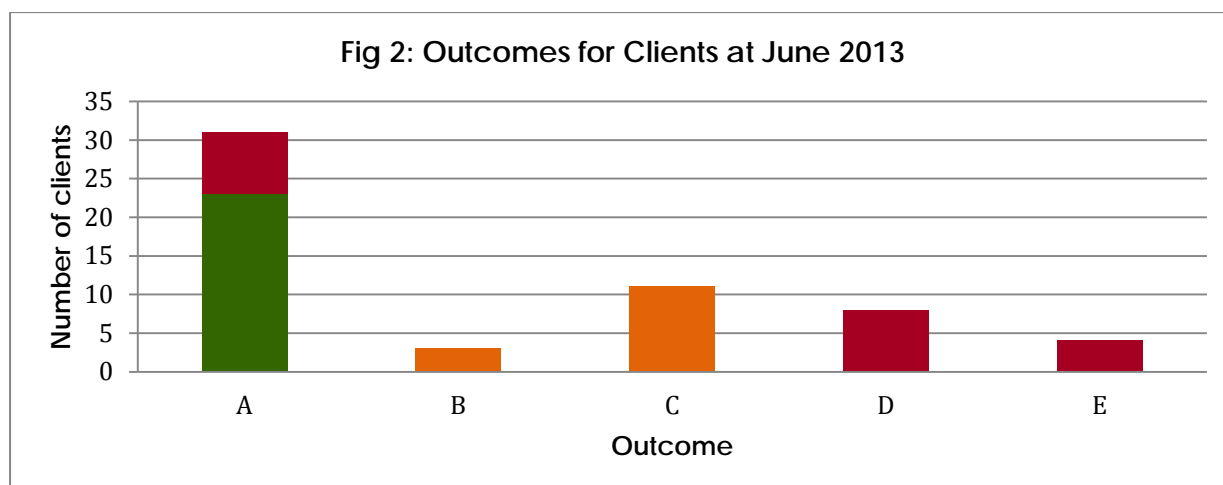
The majority of clients (72%) stated their reason for the referral was 'to get a job'. Of these, 16 participants (28%) stated additional motives including self-development and building new skills.

Six participants (10.5%) stated their primary purpose was to study or undertake a traineeship, four wanted a new career, two identified personal interest, two stated self-development and one wanted a better job.

## 5 Outcomes and Achievements

### Client outcomes

Outcomes for clients for BTG Phase 1 are summarised in Figure 2.



#### Key Outcomes at June 2013

<b>A</b>	31 clients (54% of the 57 referrals) were referred to training, study, volunteering or an employment provider. Of these, <b>8 people withdrew</b> due to personal circumstances and their case was closed. (see below for further detail)
<b>B</b>	3 (5%) clients were still actively engaged, and yet to achieve an outcome
<b>C</b>	11 (19%) clients were on the waiting list for BTG support
<b>D</b>	8 (14%) clients withdrew due to other services/personal issues taking priority. No BTG outcomes were achieved for these clients.
<b>E</b>	4 (7%) clients were not contactable or moved out of region. No BTG outcomes were achieved for these clients.

Of the 31 people who were referred to training, study, volunteering or an employment provider (category **A** above),

- 7 clients were given employment support (employment service connection, advocacy, job applications, resume etc). Providers included Gforce, Workskills, Diversitat, One World for Children, New Horizons, St Laurence DES, and Matchworks;
- 13 clients were supported with enrolment in education/training. Providers included Karingal, secondary schools/VCAL, Gordon TAFE, Northern Futures, Diversitat, Deakin University, Ashley Institute, One World for Children, community centres and online courses;
- In addition to the figures outlined in the previous two points, 9 clients were given employment support **and** support to enroll in training; and
- 2 clients engaged with volunteer work.

Three clients secured employment during their BTG engagement (up to June 2013):

- One client obtained an automotive apprenticeship
- One client obtained casual work in child care
- A client obtained ongoing part-time cleaning work after registering with a job service provider

## **Benefits for clients who withdrew from BTG**

It is unknown about the extent of benefit that was derived for the 20 clients in categories **D**, **E**, and those in category **A** who withdrew from training, study or vocational services. All of these clients received information about opportunities that may be pursued in the future, and some of those in category **A** had commenced training or study.

As part of their withdrawal from BTG, some of these clients were referred to (or were given information about) other services such as One Care COACH Mentoring Program, Karingal Confidence course and YWCA Women @ Work course.

## **Referrals to other services as part of BTG**

The referrals mentioned above are in addition to those that were provided to clients during their BTG engagement, including

- Referral to/ support with Centrelink (x 4 clients)
- Big Brother Big Sister youth mentoring program (x 2 clients)
- Concessional Child Care arranged
- Substance Safe (via Child First)
- Self-referral to Barwon Health.
- Self-referral to drug and alcohol counselling
- Youth Connections

## Objective 1: Collaboration maximised

### **Project Objective:**

*Build on existing collaboration between project partners and increase links with vocational services.*

### **Key Evaluation Questions:**

*KEQ 1 – Build on existing collaboration between project partners and increase links with vocational services.*

*KEQ 2 – To what extent did the partnering organisations demonstrate effective integration of services?*

**KEQ 1** refers to whether there is a greater diversity of partnerships and collaborations as a result of this project. RG members and the Project Worker were asked this question for the first time in September 2013; their feedback will be used for comparison in future reviews.

RG members indicated that the BTG project had helped to form stronger partnerships and provided an avenue to engage with training providers, employment services and other community service organisations. For many, this has allowed easier navigation of the system for Bethany clients. RG members also noted that the project has encouraged employment services to better understand the role and objectives of organisations such as Bethany.

The Project Worker indicated that a range of partnerships and collaborations is occurring. This includes the involvement of two new RG members (representatives from Matchworks and from the Department of Human Services Economic Participation Project). It was also noted that there are now stronger collaborations with a number of service providers, including sharing clients and working closely with them in a targeted way.

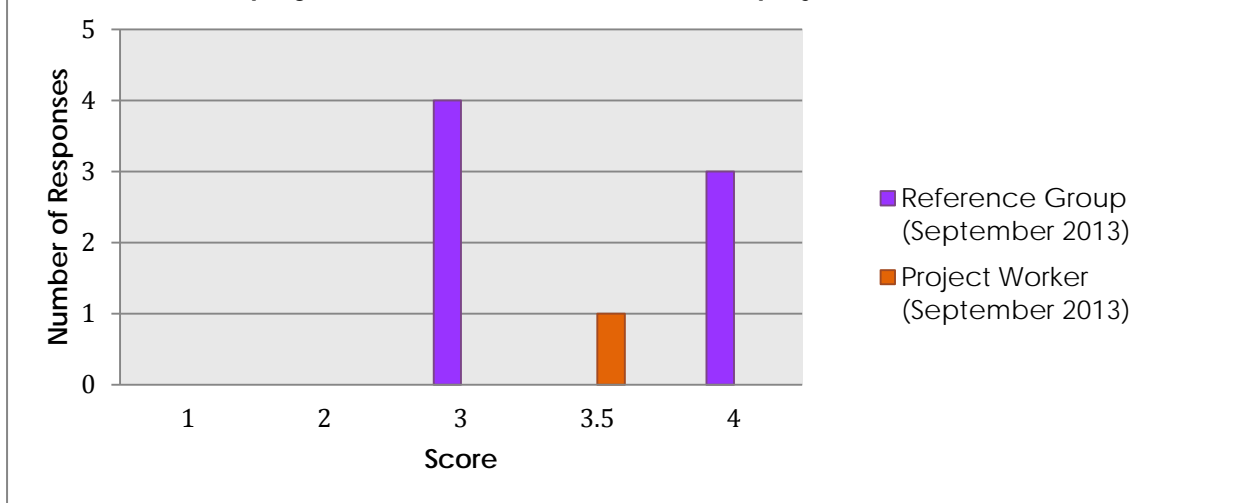
A RG member identified that

*“...participation in a number of relevant local networks has also raised the profile of the BTG project and generated interest from a number of new potential partners”.*

The Project Worker also commented that a number of networks had joined to share information and to better understand the needs of clients.

Figure 3 summarises results for this question. The majority of RG members and the Project Worker identified that, to a reasonable or great extent, there has been a diversity of partners as a result of the project. Despite this, one RG member indicated that a limited number of other organisations and services are involved in the BTG project.

**Fig 3: The extent to which there is diversity of partnerships and collaborations between Bethany, education/training providers and employment services as a result of this project**



Scores were described as follows: 1 = Not at all, 2 = Somewhat, 3 = To a reasonable extent, 4 = To a great extent

**KEQ 2** examines the extent to which the partnering organisations demonstrate effective integration of services. Responses were sought from the RG and the Project Worker during September 2013, building on feedback provided in earlier reviews.

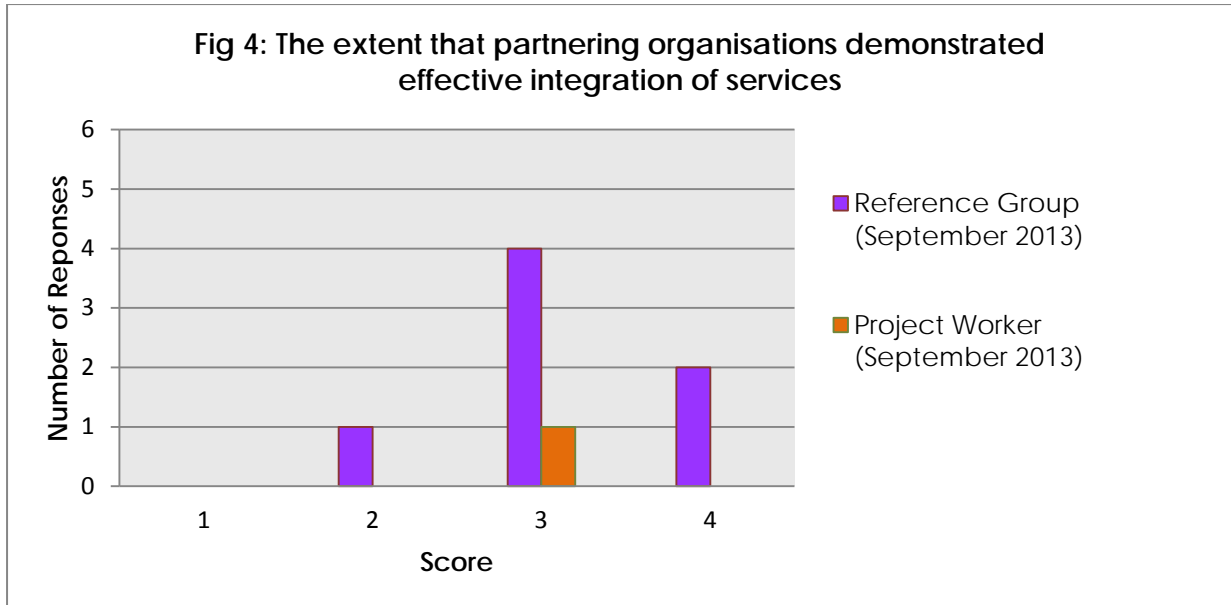
In response to KEQ 2, RG members indicated that information sharing, as well as offering ‘joined up services’, were key achievements of the BTG project. This included connecting clients to pathways rather than duplicating existing services, as well as making links with partnering agencies (including family services and housing staff) to share information.

One RG member commented that

“...the key contacts and networks acquired during the project have meant information is readily available, direct and correct.”

The Project Worker indicated that recent changes have helped to streamline referrals and create a more targeted approach. However, it was also noted that contact with some organisations has been limited. For example, engagement with Gforce has been minimal, as their focus is on traineeships or apprenticeships; there have been no clients with this need since the October 2012 review

Figure 4 shows ratings for KEQ 2, as provided by RG members and the Project Worker. The figure shows that while two RG members felt that integration was occurring “to a great extent”, four RG members and the Project Worker identified that this was occurring “to a reasonable extent”. One RG member identified the level of integration as “somewhat”.



Scores were described as follows: 1 = Not at all, 2 = Somewhat, 3 = To a reasonable extent, 4 = To a great extent

The Vic Health Partnerships Analysis Tool (PAT) was also used to answer KEQ 2; a summary of results for the October 2013 review is shown in **Table 1** along with those from June and October 2012 for the purposes of comparison.

Table 1 – PAT results for June and October 2012 and October 2013 reviews

PAT categories	June 2012 review		October 2012 review		October 2013 review	
	Range of scores	Average score	Range of scores	Average score	Range of scores	Average score
Determining the need for the partnership	20-25	22.4	19-25	22.2	<b>20-25</b>	<b>23.3</b>
Choosing partners	15-22	19	16-22	19.3	<b>19-23</b>	<b>20.7</b>
Making sure partnerships work	18-24	20.8	19-23	20.8	<b>19-25</b>	<b>21.3</b>
Planning collaborative action	20-25	22.2	20-23	21.2	<b>21-23</b>	<b>22.0</b>
Implementing collaborative action	15-22	19.4	15-24	19.7	<b>18-24</b>	<b>20.7</b>
Minimising the barriers to partnerships	18-24	20.4	16-24	19.7	<b>18-21</b>	<b>19.4</b>
Reflecting on and continuing the partnership	16-23	19.4	15-22	19.2	<b>17-24</b>	<b>20.4</b>
<b>Total score</b>	<b>131-165</b>	<b>143.6</b>	<b>128-162</b>	<b>142</b>	<b>17-25</b>	<b>147.9</b>

In the October 2013 review, categories with the highest scores were 'determining the need for partnership', followed by 'planning collaborative action', indicating that the partnership has been successful in both of these realms.

Compared with the June and October 2012 review PAT scores, the October 2013 review has seen an overall increase in score. This implies that by the end of BTG Phase 1, the strength, value and integration of the partnership was better than ever.

The one exception to this trend is the category 'minimising the barriers to partnerships', which saw a slight decrease from the June and October 2012 review. Particular areas under 'minimising the barriers to partnerships' which participants rated with a lower score included:

- Differences in organisational priorities, goals and tasks have been addressed;
- There are strategies to ensure alternative views are expressed within the partnership; and
- There are formal structures for sharing information and resolving demarcation disputes.

There is an opportunity to further minimise the barriers to partnerships, including: addressing different priorities and goals; encouraging expression of alternative views; and establishing formal structures to share information and resolve issues as they arise.

## Objective 2: A supportive case management practice

### **Project Objective:**

*Develop and maintain a supportive case management practice that links Bethany and vocational service providers.*

### **Key Evaluation Questions:**

*KEQ 3 – Were Bethany staff provided with information and/or training opportunities to improve their ability to facilitate clients with complex needs to engage in education, vocational training and employment?*

*KEQ 4 – Was information about training, job seeking and careers in the local area provided to clients with complex needs?*

*KEQ 5 – Was there facilitated support to assist clients to remain engaged in vocational training and employment opportunities?*

**KEQ 3** examines whether Bethany staff were provided with information and/or training opportunities to improve their ability to facilitate clients with complex needs. Case managers and the Project Worker answered this question during September 2013.

Case managers indicated that they had previously had information, or have since been given information, about the opportunities for their clients by the Project Worker. Case managers identified that it is very useful having a Project Worker dedicated to linking people with training and employment, as it saves time for other workers. It was also noted that the Project Worker has a broad range of knowledge and is open and approachable.

One case manager commented that

*“...the BTG worker is always available for secondary consultation if further information is required.”*

The Project Worker identified that case managers had been given information, including a publication titled ‘Everything you need to know about training, job-seeking and Centrelink’ (in draft form). Emails about Centrelink updates and training opportunities for clients were also sent regularly and the Project Worker responded to direct information requests.

It was noted that training for case managers would take place in the next phase of the BTG project.

KEQ 3 has some relationship with a KEQ measured in the April and October 2012 reviews, examining the ‘extent that case managers found the referral process easy to navigate’. In responding in these earlier reviews, case managers commented that the referral form was clear, communication was excellent and an information session was helpful. It was noted that considerable effort was put into making the process easy.

In answering **KEQ 4**, which looked at information provision to clients, the Project Worker stated that providing information to clients is a very important part of the BTG process:

*“Information is sometimes even more important than the referral – they might not be ready, but it’s there for future reference.”*

Case studies also highlight that building clients’ knowledge about opportunities was an important step in the process. For example, one case study identifies that the client did



not know about the available support, and was made aware of opportunities through the Job Service Provider only after assistance from the Project Worker.

One SUSS (client) respondent added that “the knowledge of the worker in regards to systems and processes” had been most useful. Another valued “getting more information to help me.”

September 2013 was the first time in which KEO 4 was evaluated.

**KEO 5** tests whether there has been facilitated support to assist clients in remaining engaged in vocational training and employment opportunities. Responses were sought during September 2013 from the Project Worker and case managers, and supplemented by case studies. This data built on feedback provided in earlier reviews.

Case managers stated that contact is maintained regularly and that the Project Worker followed up with job providers, as well as case managers, to check the status of clients' progress and their needs.

The Project Worker commented that this support was important in encouraging the client to stay engaged, rather than ceasing contact, once the referral had been made. This included assisting with homework strategies and helping clients to cope with their new workload. It was also noted that the ongoing support is an important part of the advocacy, encouraging clients to build their confidence and their ability to advocate for themselves.

The Project Worker also acknowledged that dedication to some clients meant a growing waiting list, and that this was a barrier to the BTG project's success.

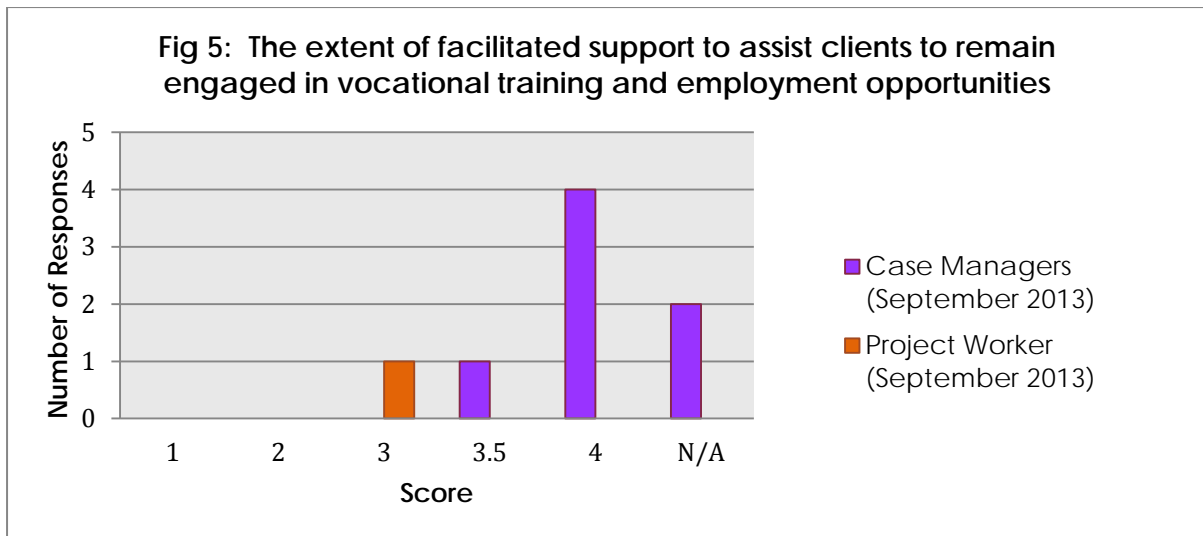
The waiting list was raised as an issue by a case manager who felt that this meant clients were not engaged promptly:

“...by the time a client gets to the top of this list, the need and/or will has gone.”

It was noted that volunteers, to be recruited in the next phase, will assist with easing the waiting list.

Case studies reinforce that facilitated support encouraged clients to remain engaged. For example, one client wanted to become an Early Childhood Educator; the Project Worker supported her in taking steps towards this goal by identifying her strengths and skills, assisting with finding an appropriate course, providing support with enrolment and advocating for financial assistance.

The overall extent to which support assisted ongoing client engagement, as recorded by case managers and the Project Worker, is identified in Figure 5 below.



Scores were described as follows: 1 = Not at all, 2 = Somewhat, 3 = To a reasonable extent, 4 = To a great extent

Earlier project reviews (April, June and October 2012) examined the extent to which case management practices were effective in supporting clients in maintaining participation, in the early phase of their engagement, with Karingal and/or Gforce.

In April and June 2012, respondents from both groups stated that it was too early in the process to make any informed comment. In October 2012, the responses were generally strong across all groups, with the Gforce and Karingal workers scoring four (i.e. case management practices generally support clients to maintain their participation).

In the previous evaluation, the Project Worker noted that joint home visits were a critical aspect of support, and that the Workstar tool helped clients to stay engaged by providing feedback about their progress.

### Objective 3: Reduced barriers to client participation

#### **Project Objective:**

*Identify and where possible resolve issues impacting on vulnerable individuals' ability to participate in further education, vocational training and employment opportunities.*

#### **Key Evaluation Questions:**

*KEQ 6 – Did the project motivate, encourage and support clients with complex needs to engage with vocational pathways?*

*KEQ 7 – Was a solution-focused framework adopted to assist clients to overcome barriers to economic participation?*

*KEQ 8 – Do clients have increased confidence, self-esteem and improved skills as a result of their engagement with Bridging the Gap?*

**KEQ 6** looks at whether the project motivated, encouraged and supported clients with complex needs to engage with vocational pathways. The Project Worker and case managers provided responses and the SUSS, along with Workstar self-assessment results, further clarified achievements during Phase 1 for this KEQ.

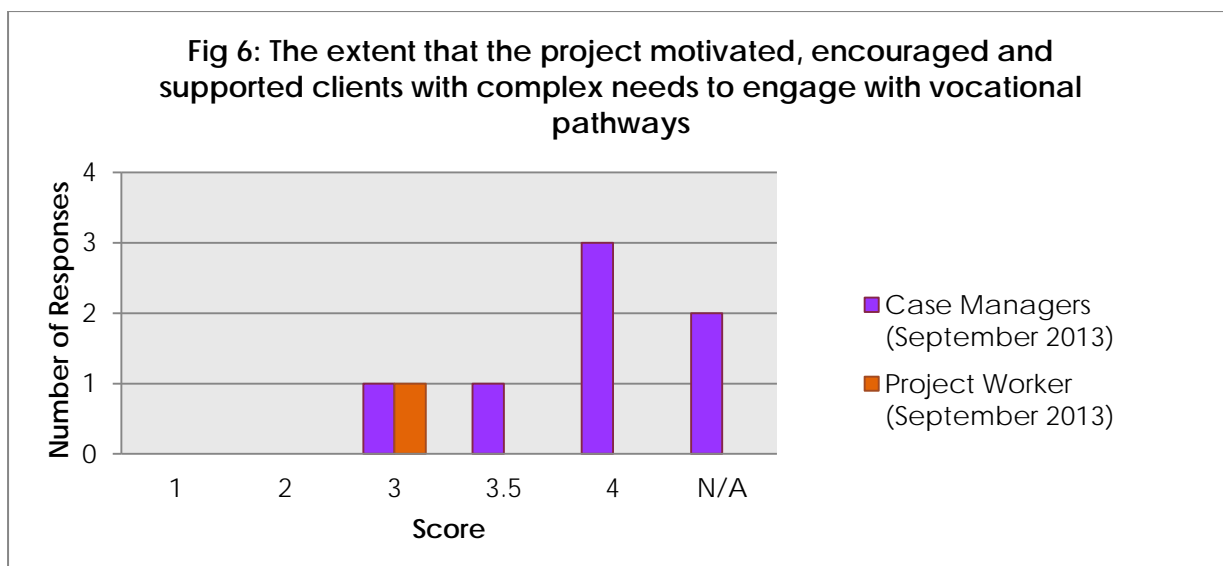
Feedback from case managers indicates that the BTG project has motivated, encouraged and supported clients with complex needs. Particular examples included finding courses that are suited to the client, as well as linking in with appropriate job service providers. It was also identified that the Project Worker has assisted in building clients' self-esteem and confidence to deal with issues at Centrelink and to start a vocational course.

One case manager stated that

*“Many clients have very low self esteem, and I had one with no self-esteem at all. The Project Worker physically took her into job service area, sorted out incorrect Centrelink payments, and was able to get her into a computer course. Last time I heard, she was going really well and she feels she can do something.”*

The Project Worker commented that clients often do not realise vocational opportunities because they have never been presented with them before. Linking clients with training and study has also helped to demystify systems and motivate people who may not have had such experiences.

Figure 6 below identifies the extent that the project motivated, encouraged and supported clients with complex needs to engage with vocational pathways, with positive results: all respondents considered that this was the case to a reasonable or great extent (with the exception of two case managers who felt that they were unable to answer the question).



Scores were described as follows: 1 = Not at all, 2 = Somewhat, 3 = To a reasonable extent, 4 = To a great extent

The April, June and October 2012 reviews identified that case management practices were *generally* effective in supporting clients' smooth transition to Karingal and/or Gforce.

Case studies in October 2012 and again in October 2013 confirmed that the BTG project was assisting clients to engage in vocational pathways. A case study from October 2013 highlighted that

"The Bridging the Gap worker attended one of (the client's) appointments with her provider, to advocate on her behalf, and to assist her to advocate for herself."

With support from the Project Worker, this particular client has enrolled in relevant courses and has gained skills and confidence to pursue her goal of finding work in the hospitality industry.

Responses from clients via the Bethany SUSS were generally positive when discussing their experiences in dealing with the Worker, with the majority of answers being "yes" or "definitely yes".

Questions that received "not really" responses from two participants included "My worker and I reviewed our work together" and "I achieved my training / employment goals". Overall, three clients reported that their life had improved from working with the BTG worker, with only one client reporting "not at all". (See **Appendix B** for a full summary of the SUSS results.)

Of the three completed Workstar assessments, two clients identified positive progress in nearly all of the seven evaluation areas. One respondent did not see an improvement, which was noted as due to health issues.

**KEQ 7**, which relates to the adoption of a solution-focused framework, was not examined as part of this review.

**KEQ 8** refers to whether clients have increased confidence, self-esteem and improved skills as a result of their engagement with BTG. This question was answered by case managers and the Project Worker during September 2013. Information was also drawn from case studies, SUSS results and the Workstar self-assessments.

For those case managers who were able to answer KEQ 8, most felt that clients have increased confidence, self-esteem and skills as a result of their engagement with BTG. For some, self-esteem and confidence had been built due to study achievements.

A case manager described a client who was linked by BTG into a Certificate IV in Business. The case manager noted that recently this client

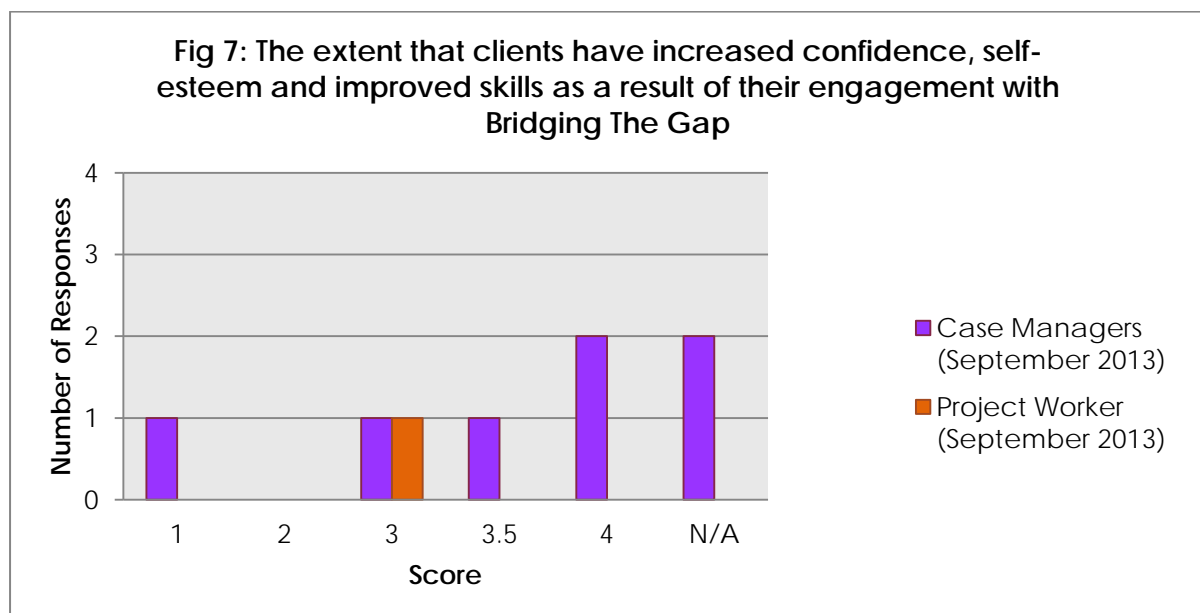
“...identified that she was feeling proud of herself because she gained high marks in an assignment and her self-esteem had significantly increased.”

It was felt that clients also gained skills by participating in training or study, with another case manager identifying that

“...my client was able to increase their confidence by doing a short 5 week course, which increased her skills in something she was unfamiliar with, which will help for future employment opportunities. This provided the client with greater confidence when applying for jobs.”

Case managers commented that the Project Worker uses a different approach depending on the client and their needs, which helps to address the particular circumstances of each client. The Project Worker also indicated that there are now more partners and collaborators involved, allowing for greater knowledge of vocational training opportunities, and potential referrals to be better suited to the client’s needs.

Results for KEQ 8 are shown in Figure 7 below.



Scores were described as follows: 1 = Not at all, 2 = Somewhat, 3 = To a reasonable extent, 4 = To a great extent

One case manager identified that the BTG has not yet resulted in building in confidence, self-esteem and skills. This was due to her two clients not engaging in the project; one did

not follow through and the other was on the waiting list and had found a job through other channels.

The Project Worker identified that client feedback indicated that they were generally feeling more confident and that their self-esteem had increased. The case studies confirm that confidence and self-esteem have been built, which has encouraged clients to take greater control and ownership over their lives. One case study example involved a client who, by engaging with BTG, gained more confidence in progressing life goals and obtaining vocational training.

In addition, one SUSS (case manager) respondent reported that her client *“stated that she appreciated the support of the worker and was now more confident to engage in the workplace.”*

Workstar assessments completed by three clients also identified an increase in stability, skills and motivation, except for one participant whose progress was limited due to health issues.

The Project Worker noted that *“clients sometimes realise that they have skills they had forgotten about.”*

In April, June and October 2012, clients, case managers and RG members identified a number of potential barriers to client participation. Many of these barriers were related to clients lacking self-esteem and confidence. In overcoming these barriers, strategies were generally developed on a case-by-case basis.

It was also raised that continued engagement between the Project Worker and the client enables the Project Worker to support the client in coping with changes, by assisting with additional referrals, support or advocacy as required. The Project Worker stated that

*“...initially, the plan was to refer clients and then close their case, but this is not great for ‘stickability’ of people: there needed to be more facilitated support. This is now happening. We’re waiting until someone is well connected and that they’re happy with how things are going before we close their case.”*

However, there are some clients who disengage, regardless of support:

*“Some clients will disengage – plenty of effort has been made, but how they respond is not within the project’s power. A limiting factor is time. Bringing volunteers on board with the potential for clients to stay connected on a friendship level will help with this.”*

SUSS respondents also identified that the BTG had been most useful in providing information and support to attend meetings, access services and understand processes, as well as practical assistance with résumés and job applications. One participant felt that “everything” had been useful.

In providing feedback on what could be improved, SUSS respondents stated that more awareness about BTG was needed, and suggested advertising. One respondent felt that there needed to be better communication between Family Services and BTG, “to keep us informed of changes”.

Other SUSS comments on the overall BTG program included that it was a *“wonderful program.”*

Another client stated that they *“appreciated the support of the worker and am now more confident to engage in the workplace.”*

## **Objective 4: Improved service system**

### **Project Objective:**

*Contribute to service system development through improved case management model approaches.*

### **Key Evaluation Questions**

*KEQ 9 – Was an evidence-informed practice model developed to improve case management with respect to this project?*

*KEQ 10 – Did links with external organisations facilitate information-sharing and teamwork at case management level for the benefit of clients?*

**KEQ 9** and **KEQ 10** were not examined as part of this review.

## Objective 5: Greater community capacity

### Project Objective:

Build community capacity to support clients with complex needs to engage with education, vocational training and employment services.

### Key Evaluation Questions

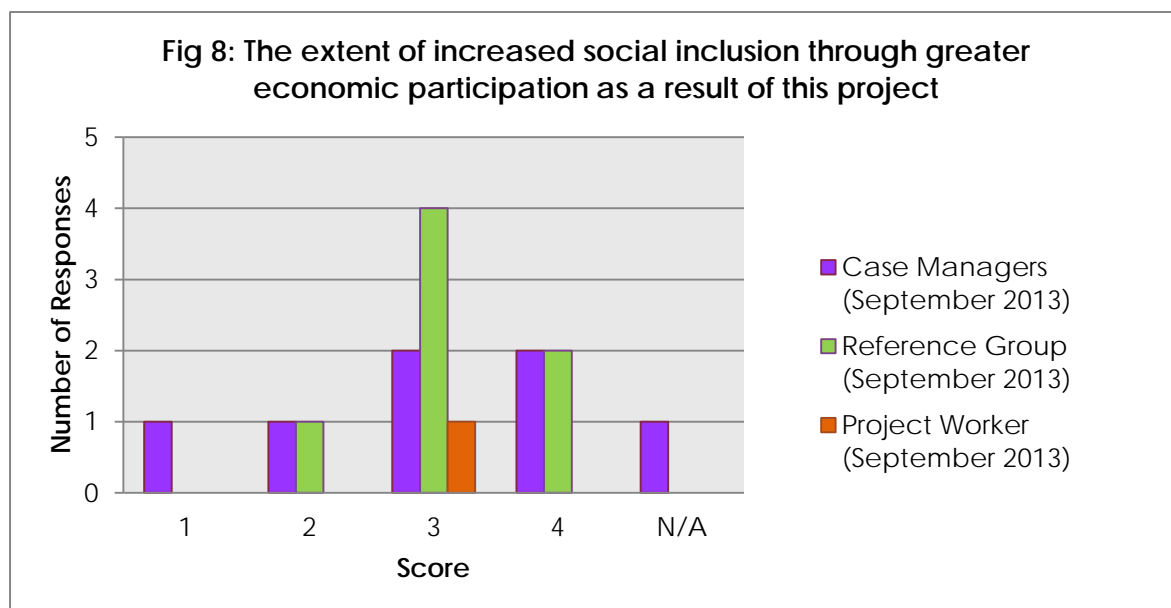
KEQ11 – Is there improved community capacity as a result of involving volunteers in the project?

KEQ 12 – Is there increased social inclusion through greater economic participation as a result of this project?

**KEQ 11** was not examined as part of this review.

**KEQ 12** examines if there has been increased social inclusion through greater economic participation as a result of this project. This was responded to by the Reference Group, case managers and the Project Worker for the first time during September 2013. Case studies were used for practical examples.

Figure 8 below shows the results for KEQ 12, with the majority of respondents believing that social inclusion was achieved “to a reasonable or great extent”. One case manager and one RG member identified that this was occurring “somewhat” and one RG member felt that this was occurring “not at all”.



Scores were described as follows: 1 = Not at all, 2 = Somewhat, 3 = To a reasonable extent, 4 = To a great extent

In relation to KEQ 12, the RG generally stated that, by linking clients to economic participation, social inclusion is being built. One RG member summarised this view as follows:

“By connecting clients to these economic participation opportunities BTG is effectively contributing to improving social inclusion”.



Two RG members felt that more work is needed to increase social inclusion, particularly “greater participation” and building the number of people who move through BTG. Similarly, two case managers felt that it is too early in the project to comment, or that they are yet to experience an outcome for their client.

A RG member identified that while the “simplified and supportive approach by providers” has helped clients, it has also helped service providers to reduce duplication and improve outcomes.

This RG member also stated that

“This partnership has engaged clients who might not have assistance to achieve these outcomes due to hardship, confusion of where to go and it simply being too hard. Support has encouraged clients to volunteer and take next steps to change their current circumstances by re-introducing them into the community via an avenue that is not so overwhelming and empowering them to realise changes that can lead to better quality of life”.

Some case managers could also see that the BTG project is leading to economic participation and has helped engage clients, leading to social inclusion.

For instance, a case manager stated that



“The client was fairly isolated within their own family, however BTG has provided further opportunities to link in with other employment networks, and hopefully this will result in a job becoming available to the client.”

The Project Worker identified that linkages and referrals to other programs have given clients opportunities to connect with people. One particular example involved a woman who was connected to a nearby community centre through the project. She is now supported by other people who attend the community centre and feels part of her community as a result. She has been offered the opportunity to volunteer by teaching computer classes and working in reception.




Likewise, the three case studies all highlight that the BTG project has helped to increase confidence, skills and participation in the community. The case study examples highlight that economic participation occurred through individuals engaging in training opportunities. This also led to improved social connections and links to appropriate service providers or local community facilities.

## 6 Conclusion

The following table summarises the findings of the Evaluation.




Collaboration maximised OB1 Build on existing collaboration between project partners and increase links with vocational services.		
Key Evaluation Question	Indicator of Success	Status <sup>9</sup>
KEQ 1 – Is there a greater diversity of partnerships and collaborations between Bethany, education/training providers and employment services as a result of this project?	The number and breadth of <u>BTG partners increased</u> over the course of the project (compared with those reported in the October 2012 review).	
KEQ 2 – To what extent did the partnering organisations demonstrate effective integration of services?	Representatives of BTG partnering organisations state that <u>services were integrated</u> throughout project implementation.	

<sup>9</sup> Key:

	Fulfils Success Indicator
	Partly fulfils Success Indicator
	Does not fulfil Success Indicator


## A supportive case management practice

OB2 Develop and maintain a supportive case management practice that links Bethany and vocational service providers.


Key Evaluation Question	Indicator of Success	Status <sup>10</sup>
KEQ 3 – Were Bethany staff provided with information and/or training opportunities to improve their ability to facilitate clients with complex needs to engage in education, vocational training and employment?	Bethany staff state that information <u>improved their ability</u> to facilitate clients with complex needs to engage in education, vocational training and employment.  Note: training will take place during the next phase of the project.	
KEQ 4 – Was information about training, job seeking and careers in the local area provided to clients with complex needs?	Clients and case managers indicate that <u>clients were provided with training, jobs and careers information.</u>	
KEQ 5 – Was there facilitated support to assist clients in remaining engaged in vocational training and employment opportunities?	Clients report that <u>BTG support assisted</u> them to remain engaged.	


## Reduced barriers to client participation

OB3 Identify and where possible resolve issues impacting on vulnerable individuals' ability to participate in further education, vocational training and employment opportunities.

Key Evaluation Question	Indicator of Success	Status
KEQ 6 – Did the project motivate, encourage and support clients with complex needs to engage with vocational pathways?	BTG clients report that <u>the project motivated, encouraged and supported them</u> to engage with vocational pathways.	
KEQ 7 – Was a solution-focused framework adopted to assist clients to overcome barriers to economic participation?	<u>Framework developed, documented and used</u> by Project Worker and case managers.	N/A

<sup>10</sup> Key:


	Fulfils Success Indicator
	Partly fulfils Success Indicator
	Does not fulfil Success Indicator

KEQ 8 – Do clients have increased confidence, self-esteem and improved skills as a result of their engagement with BTG?	BTG clients report that <u>the project helped them to build confidence, self-esteem and skills.</u>	
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**Improved service system**  
**OB4** Contribute to service system development through improved case management model approaches.

Key Evaluation Question	Indicator of Success	Status
KEQ 9 – Was an evidence-informed practice model developed to improve case management with respect to this project?	<u>Practice model developed, documented and referred to relevant organisations.</u>	N/A
KEQ 10 – Did links with external organisations facilitate information-sharing and teamwork at case management level for the benefit of clients?	Case managers report that <u>shared information, forums and networks led to improved case management practices.</u>	N/A

**Greater community capacity**  
**OB5** Build community capacity to support clients with complex needs to engage with education, vocational training and employment services.

Key Evaluation Question	Indicator of Success	Status
KEQ11 – Is there improved community capacity as a result of involving volunteers in the project?	15 volunteers engaged in the project per year. Volunteers report that they have increased awareness of the barriers to economic participation, and solutions to overcome these barriers. Project partners report collaboration enhances capacity.	N/A
KEQ 12 – Is there increased social inclusion through greater economic participation as a result of this project?	Clients have connected with a broad range of vocational and community programs through BTG engagement. Clients report a feeling of greater community connectedness.	

## 7 Appendix A: Case Studies

Three clients being assisted through BTG were interviewed to provide insights into the client experience of BTG case work.

### Case Study One

'Carol', the mother of three teenagers, found herself bankrupt and homeless after leaving a situation of family violence. She was living in a caravan with her youngest child while awaiting transitional housing. Carol requested support from BTG through her Bethany case manager. Carol had been assessing her life situation and decided to take positive steps to improve it.

Carol requested assistance with enrolling in some training to improve her employment prospects. She had been employed in various roles in the past, but decided that training would help her to secure a more stable, better-paid position. The BTG worker assisted Carol in exploring her strengths, skills and interests. Carol decided to enroll in a Certificate III in Children's Services. She reported that she had always wanted to be a teacher, but that "dealing with life had got in the way" of achieving her goals. The BTG worker researched the various courses available, and Carol selected one which would be held close to her son's school and would offer a small class and supportive learning environment. Due to Carol's financial situation, BTG was able to provide brokerage to cover the cost of the course fee (\$110).

Carol has a 100% attendance record in the class, and is completing all the work required. She completed a very successful student placement, and has obtained some casual work as a result. While she has now moved into secure accommodation, she is still dealing with many difficulties. Carol reports that the course is giving her a positive focus and a sense of achievement. By working towards a qualification, she feels that she is able to take some control of her life and its direction.

Carol has decided to continue with study and complete a Diploma. Carol was connected with a Job Service Provider through Centrelink. The BTG worker liaised with the Employment Advisor there to assist Carol in accessing funding towards her Diploma course. This will enable her to work as Team Leader or Childcare Supervisor, or to co-ordinate pre-school programs. The Job Service Provider will also assist Carol to secure ongoing part-time work in Childcare, to support Carol's study. Carol is well on her way to achieving her dream of becoming an Early Childhood Educator.

### Case Study Two

'Dianna' has two young children who have medical conditions and learning difficulties. Her partner is currently unable to work due to an ongoing health condition, and the family faces financial hardship. Dianna and her partner had been working with Family Services for support after a traumatic family event. They had made significant progress with their parenting, and the family's life had begun to stabilise. Dianna indicated that she would like to find some part-time work to contribute to the family income, so her Family Services case manager referred her to BTG.

Dianna completed a school-based traineeship in Business Administration when she was in Year 12, but felt that her skills were outdated and needed upgrading. She also reported that would like to work in retail or food service, but she felt she lacked the skills and

confidence required for job applications and interviews. She felt she had very little to offer a potential employer.

Dianna had registered with a Job Service Provider, but was not aware of the services she was eligible for through this program. Therefore, she did not know what support she was able to request. The BTG worker attended one of her appointments with her provider to advocate on her behalf, and to assist her to advocate for herself. Through this meeting, Dianna was able to access a computer course to refresh her skills, and was enrolled in a Job Seeker Training program to improve her skills and confidence with job seeking. During her BTG participation, Dianna also completed a Food Handling Certificate and enrolled in a Hospitality/ Retail 'taster' course.

Dianna reports that she now has relevant skills and experience to list on her résumé and that she feels much more confident to apply and interview for employment positions. She now has much more belief in herself and can identify her abilities and personal attributes which will be an asset to a workplace. She will keep working with her Job Service Provider to secure employment. She has set herself the goal of working in the hospitality industry with a company that has a structured management pathway so that, in time, she will have opportunity for promotion. While Dianna still faces challenges in her life, she has increased resilience to keep moving forward with economic participation.

### **Case Study Three**

'Gary' has a history of labouring work, and an interest in gardening. He has low education and literacy levels, and a health condition which causes him to experience chronic pain. Gary has a history of substance abuse, using substances to relieve his pain.

BTG supported Gary to engage with a vocational preparation course which included literacy, numeracy, self-confidence and life planning activities. He was also supported to connect with a Disability Employment Service which was able to pay the course fees and provide him with job-seeking support.

Gary attended the course on a regular basis, but missed several classes due to problems with his daughter's school engagement. However, he committed to attending additional classes to make up the work he had missed, as he reported that he found the classes to be very valuable for his self-development and he wanted to complete the course. Gary made a self-referral to request support with his daughter's school engagement. He continued to keep all his appointments with his Disability Employment Service.

During his BTG participation, Gary identified that his chronic pain, and subsequent substance abuse, were the main issues holding him back from working towards employment. He made a self-referral to a health service for assistance with pain management and rehabilitation.

The skills Gary has developed through his vocational preparation course have assisted him to take more control over his life, and to take steps towards achieving his life goals. He now has improved connection to his community through the services and programs he is attending, and has greater support for his vocational pathway.

## 8 Appendix B: SUSS results

The following provides an overview of responses to the key part of the Bethany SUSS which was completed by nine respondents.

Among other things, the survey recorded the difficulties engaging the client during BTG support; one person indicated that case managers had not been able to contact their client due to a block on incoming calls.

The following table summarises the remaining closed answer questions.

<b>At First Contact with the Bridging the Gap Worker they...</b>	<b>Definitely Yes</b>	<b>Yes</b>	<b>Not really</b>	<b>Not at all</b>	<b>Skipped question</b>
1. Explained about the program and how we would work together.	2	3			4
2. Talked to me about my rights.	2	3			4
<b>While the Bridging the Gap Worker and I worked together ...</b>					
3. We talked about what I wanted to achieve for myself and my family.	1	4			4
4. We talked about what was important for my child/ren.	2	2			5
5. They listened to what I had to say.	2	2		1	4
6. My worker was interested in many areas of my life, for example: training and job seeking, my child's schooling, extended family relationships and my involvement in the local community.	1	4			4
7. I was satisfied with how often my worker and I met.	2	2	1		4
8. My worker helped me make contact training/employment services and other services in the community when needed.	2	2		1	4
9. My worker and I reviewed our work together.	1	2	2		4
10. I achieved my training/employment goals.	1	2	2		4
<b>Overall,</b>					<b>Skipped question</b>
11. Things have improved in my life from working with the Bridging the Gap Worker.		3		1	5
12. I would suggest Bethany to a friend who needed help.	1	4			4

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**What was most useful while you were working with Bridging the Gap?**

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1. Getting more information to help me.
  2. Everything
  3. Support in attending appointments; the knowledge of the worker in regards to services and processes; 'someone on your side'.
  4. Support of the worker; information provided.
  5. Working helping one with resume and job application.
- 

**What was NOT helpful while you were working with Bridging the Gap?**

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1. I can't answer that. I wasn't in the program long enough.
  2. No - everything was great
  3. Client wasn't explained what was happening.
- 

**How could Bridging the Gap program be improved?**

1. Advertise more
2. Does not need to improve
3. Being more organised between Family Services & BTG and keeping client informed of changes.

**Do you have any other comments you would like to make about your work with Bridging the Gap?**

1. No
2. No - wonderful program
3. My client stated that she appreciated the support of the worker and was now more confident to engage in the workplace.

**Workers' comments about Bridging the Gap involvement**

1. Client withdrew from program due to having health & life issues to contend with.
2. Client received a wide range of support from BTG program. Client decided not to continue with her vocational pathway at this time due to personal issues.
3. Did not want to participate. Case closed due to client being unable to be contacted.
4. Clients program goals achieved.
5. Short term goals achieved; training & connection with Job Service Providers; steps taken toward long term goals; Health issues affecting achievement of long term goals.
6. Active engagement with BTG; support goals completed; client is now work ready and working with JSA to secure employment.
7. Good engagement. Steps to achieve goals taken. Some goals are long term and information has been provided for these.