

**APPENDICES: TO THE REPORT
OF THE WORKING PARTY
ON THE COMMUNITY WELFARE SERVICE**

- **E.H.B. Document (June 1995).**
- **5 Discussion Papers.**
- **Survey Questionnaire to C.W.O.s.**



COMMUNITY WELFARE SERVICES

**EASTERN HEALTH
SHARED SERVICES**

INTRODUCTION

The Board some time ago, undertook to examine the Supplementary Welfare Services with reference to the workload/caseload of Community Welfare Officers. To facilitate this, it was agreed that statistics be input into the Cara System, in order to provide a basis for analysing the quantity aspect of the caseload.

Apart from pure statistical analysis, it is the view of the Board that other components with regard to the deliveries of Supplementary Welfare Services require examination.

The following areas referred to are not of an exhaustive nature but are an initial starting point. This paper is not an attempt to define what the workload of a C.W.O. is or should be, though this is an important exercise that must be undertaken and is a task for future reference. The main focus here is to try and identify the current service difficulties and then explore options that will help to alleviate such difficulties.

These options, even if successful to some extent are not considered to be the panacea for all the difficulties that are currently identifiable or for those in the future also.

It is recognised that the Supplementary Welfare Services are very much in a developmental process. The outcome of this process is likely to result in changes as to how the services are delivered and the role of Personnel in the services.

1/ Background

The measurement of the workload of Community Welfare Officers has been a difficult task over many years. A traditional guide of 100 cases per week has been alluded to, but has no objective or continuing validity, particularly with regard to the current workload.

The payment types in the early 80's differ significantly than to-day. Payments were largely basic (substitute payments) and ENP's. This payment type frequently related to new cases which turned over regularly, there was more bureaucracy involved and the recoupment process was onerous. ENP's were being developed and paid. These ENP's especially energy related involved negotiations with other agencies and very often direct payment of block cheques by hand to the ESB for example. The other factor relating to substitute payment was that many clients were introduced to the service and continued to use the service on an on-going basis thereafter.

In recent years the level of basic payments had reduced due to reduction in the number of substitute payments. This reduction took place as a result of two main factors a) steps taken by the DSW to put new claims into payment faster b) individual action by SIPTU in refusing to deal with substitute UA/UB claims.

The current workload problem relates largely to housing supplements i.e. rent and mortgage supplements. Traditionally rent subs were paid in flat land to mainly older single people. In recent years the volume and age profile of this group has changed. In addition, traditionally the housing needs of families and people with children was met by the Local Authorities. Nowadays this need is largely met through SWA. The need for such payments has emerged throughout the board causing workloads to increase.

These type of payments are on-going and re-curring. Our particular clerical procedures and grades applied to these payments may not be the best way to make such payments. The initial assessment and on-going review is appropriate to CWO's however, a different payment and

Recording procedure may ease the workload. This report will make a recommendation on this issue later.

2/ Statistics Analysis

Arising from the Cara Services for 1994, three tables have been extracted:

Table 1: Ranks CWO districts by the number of cases paid in the year - from the highest to the lowest.(see chart2)

Table 2: Takes the top 30 districts (by cases paid) and breaks down the payment type under the headings of Basic, Supplement and Exceptional Need - it also shows the main payment type in the districts.(see chart 5)

Table 3: Shows by SCWO Area - the number of districts in each SCWO area, the total number of cases in each SCWO area, and the average cases paid per CWO ranked from the highest to the lowest.(see chart 3)

The Cara Statistics by their very nature are limited in measuring CWO's workloads in that they can only measure in numbers the cases paid, i.e. the quantity of the caseload. The statistics can show the percentage of cases under the three main payment type. Other workload factors are not measurable through these statistics e.g. cases refused, cases referred elsewhere, cases who sought information and advice.

The statistics measure numbers of cases paid and do not differentiate between different types of cases. Different cases require varying levels of investigation and time spent with the client. Statistics by their nature do not allow for local factors - such as geography, demographic factors etc.

Another crucial issue is the number of new cases, the turnover and the frequency of payment. The Statistics outline the average number of times cases are paid in a year. However, the number of times a case is paid does not necessary measure the work involved in making different types of payments.

Given the above qualifications however, some clear indicators do emerge from the statistics. The numbers dealt with by some districts requires comment. In addition the high number of housing supplements is an area for thorough examination.

The high volumes dealt with by some districts impacts on the level of investigation and control measures possible. Customer Service is reduced somewhat and the ratio of clerical and administrative work increase, with a resultant decrease in the overall quality aspect of the service.

In looking at the top 30 districts, two major payment areas arise i.e. - housing supplements and to a lesser extent ENP's for clothing.(see chart 4) The statistics in this instance help with zoning in and targeting the major areas of caseload and seeking an intervention which will help to alleviate difficulties.

The recurring nature of housing supplements lend themselves to intervention by means of computers which will lead to a reduction in repetitive clerical tasks for CWO's. To try and address this element of

the workload, the proposal to introduce the Cara P.C. Cheque Production System is attached, Appendix 1 refers, outlining some of the relevant details.

This proposal, together with the approach outlined in point No. 3 contained in this report, require further examination, either as individual option or in tandem with each other.

3/ Structural Organisation

Taking into account the areas of work identified, it is appropriate that we examine how to organise the service delivery and workloads in relation to dealing with such claims.

The particular claim type has resulted in imbalances in workload throughout the 136 districts. SCWO area 2,3,9,15 are largely rent areas. To lesser extents parts of Areas 1,4,5,6,7 have high concentrations of rent supplements. The existing structure of many different outlets and clerical procedures may not be the optimum use of staff resources or provide the best level of customer service.

The housing supplementation area due to its nature has saturated the community welfare service detracting from other elements and from the original intention of the scheme. It has been suggested that this area of work be transferred elsewhere.

Proposal: Establish two large centres for dealing with all housing supplements i.e. Northside and Southside. CWO's would conduct initial applications, make the assessments, put the case into payment and review the cases. These front-line workers would have a clerical back-up and comprehensive computer system.

4/ Use of Substitutes:

Currently there are 17 SCWO areas. A SCWO area has a number of districts with CWO's permanently assigned (current range 6-9). In addition each SCWO has 2 A/L substitutes. In addition a back-up pool of CWO's operated centrally (6 posts).

Currently the 2 subs attached to each SCWO provide the A/L & S/L cover. In addition these 2 subs provide support to the area and are often used to support busy districts and to carry out extra reviews of cases. It

is the current practice that for the peak summer leave period that the 2 A/L subs are constantly covering for 2 district CWO's on leave. This practice causes problems when casual sick leave occurs, or where due to high work levels back-up is required. Where the SCWO's are unable to provide cover from their own resources the central pool is called upon. However, during peak periods adequate cover is not always available and occasionally clinics are closed. Options with regard to the use of substitutes require to be examined.

5/ Re-deployment

Within the context of examining, defining and processing workloads, it is important to maximise the current hours of attendance of the existing staff pool in relation to the mix and balance of such workloads. The variance between the top 30 districts and the bottom districts is significant.

The divergent or questionable quality of customer service between the top districts and the bottom districts is not sustainable in the current climate. The statistics clearly indicate that the overall workload needs to

be redivided to ensure a more balanced workload and consistent level of service throughout the board.

6/ Protect Vacuum Filling

The history of the SWA service seems to indicate that where particular types of work decrease or where service improvement occur or where additional resources are supplied that the vacuum created is usually filled quickly.

An example recently reported illustrated this point. Where due to long queues and poor customer service it was decided to reduce queuing by posting payments to clients. However, increased demand for other SWA services soon became evident and the norm. The attempts at streamlining the service and saving the CWO time resulted in the opposite effect intended. The service is traditionally Customer led and reactive rather than managed in a controlled way. In this context, the nature and source of the service requires to be further examined in a more structured manner.

7/ -Developments

The development of ISTS cannot resolve any current workload difficulties due to the timescale of the project. However, in advance of any such development, the examination of the above areas together with the successful implementation of the Cara Systems, will aid the implementation of ISTS, alleviating the current difficulties and in helping to define both workloads and the future role of the C.W.O. as the service evolves.

8) Proposal

That a working group be set up in order to examine the content of this report and any other aspects of the service which are considered pertinent. This group will consist of representatives from the management of the services, SIPTU, and IMPACT. The principle benefit of such a group is that it will afford both the staff and the management an opportunity to explore together in detail the overall delivery of services taking into account current difficulties and the proposed future developments of the services.

**Eastern Health Board
June 1995**

TABLE 1

Year to End of December, 1994.

Districts by highest number of cases per annum.

(B)	(A)	(B)	(A)	(A)	(A)
District:	Cases:	District:	Cases:	District:	Cases:
202	1,167	203	710	803	572
503	1,131	704	707	1608	568
1504	1,077	1103	701	1104	566
1502	1,054	402	698	303	565
301	1,052	603	694	1004	560
205	1,051	1706	690	1607	557
305	1,023	1304	689	102	544
1505	1,022	506	888	1001	535
302	986	1601	687	801	526
1701	972	604	678	507	522
206	954	1501	877	708	512
208	946	1603	677	1605	502
504	944	1606	676	1205	498
1021	935	502	675	804	487
904	927	1102	675	1105	485
1503	920	403	673	1305	483
1202	917	1507	670	1302	480
703	912	805	669	705	476
201	904	901	666	1208	475
902	897	907	665	1308	471
1703	888	1602	664	1005	470
304	883	105	663	1007	461
322	872	601	660	103	438
306	871	1107	655	1008	431
4033	824	1604	653	1002	430
321	823	606	650	404	425
609	818	101	642	1003	417
1306	813	1204	641	1307	372
1203	802	903	636	1206	361
1309	797	204	635	1006	359
1705	796	701	632	1207	300
104	793	1303	629	* 1009	170
207	792	401	623	* 1022	7
4032	792	802	623	* 1099	1
1508	776	505	621		
909	759	709	615		
706	756	1704	610		
1702	750	1106	606		
702	746	608	601		
607	744	906	597		
908	740	602	596		
1506	740	501	582		
605	738	1101	582		
707	736	4031	580		
106	729	905	578		
1201	725	806	575		
1301	718	807	573		

Top 30 Busiest Districts
No. of Cases per District 1994

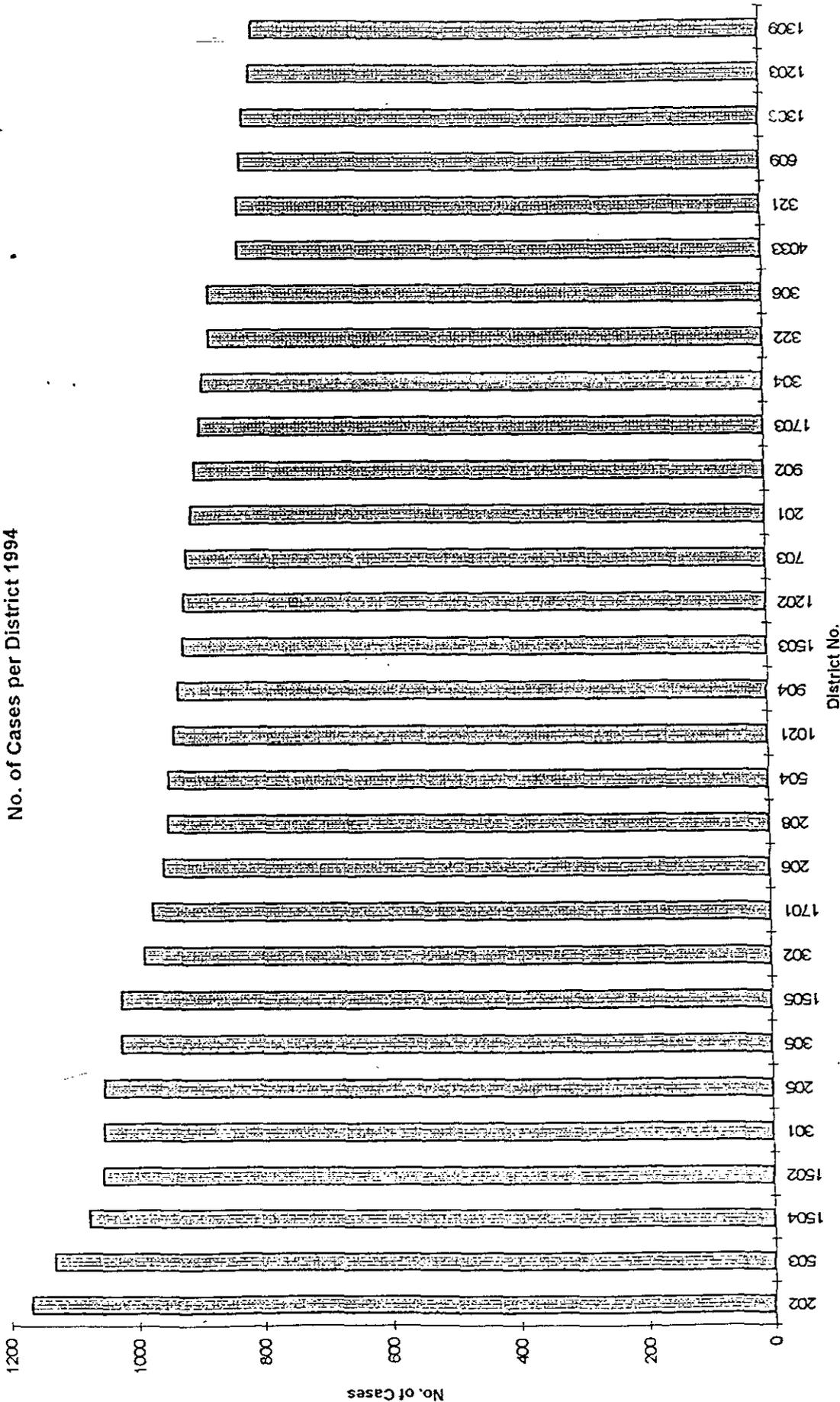


Table 2.

Year to End of December, 1994.									
Top 30 Busiest Districts (by Cases Paid):									
Breakdown of Payments by Payment Type.									
	(A)	(B)	(C)		(D)		(E)		
	No. of	No. of							Main Type of
District:	in year:	in year:	Basic:	%	Supp.'s:	%	E.N.P.s	%	Payment:
* 202	1167	5124	486	9%	4536	89%	82	2%	housing
503	1,131	6,492	1936	30%	2388	37%	2029	31%	clothing
1504	1,077	8,766	854	10%	6618	75%	1262	14%	housing
1502	1,054	7,678	1193	16%	5243	68%	1198	16%	housing
301	1,052	8,797	2749	31%	4289	49%	1667	19%	housing
205	1,051	8,073	2629	33%	4500	56%	857	11%	housing
305	1,023	7,329	879	12%	6047	83%	317	4%	housing
1505	1,022	8,142	1250	15%	6402	79%	452	6%	housing
302	986	9592	2020	21%	5789	60%	1648	17%	housing (+c)
1701	972	7831	2768	35%	3907	50%	929	12%	clothing
206	954	6710	1182	18%	4311	64%	1194	18%	housing (+c)
* 208	946	4882	206	4%	4607	94%	47	1%	housing
504	944	6044	1557	26%	3292	54%	1159	19%	clothing
01021	935	6683	1426	21%	4604	69%	630	9%	housing
904	927	6986	1063	15%	4487	64%	1408	20%	housing (+c)
1503	920	8067	858	11%	6025	75%	738	9%	housing
1202	917	6939	2278	33%	3964	57%	615	9%	housing
703	912	8048	1597	20%	5535	69%	892	11%	housing
201	904	7527	540	7%	6790	90%	161	2%	housing
902	897	7379	1588	22%	3248	44%	2489	34%	clothing
1703	888	6613	1799	27%	1505	23%	3152	48%	clothing
304	883	6938	808	12%	5913	85%	176	3%	housing
322	872	6360	963	15%	3937	62%	1278	20%	housing (+c)
306	871	6771	2206	33%	3527	52%	975	14%	housing (+c)
4033	824	6186	885	14%	4215	68%	1035	17%	housing (+c)
321	823	6427	547	9%	5338	83%	505	8%	housing
609	818	5909	2332	39%	1118	19%	2396	41%	clothing
1306	813	8265	2814	34%	3877	47%	689	8%	housing
1203	802	5414	2176	40%	2614	48%	508	9%	housing (+c)
1309	797	6989	2848	41%	1705	24%	1464	21%	clothing
TOTAL									

The Districts marked * have the correct No. of Cases to Dec.'94, but the figures for Payments (Totals, Basic, Supplements, & ENPs) are to end of August only. However, the percentages in each category are valid.

Top 30 Busiest Districts

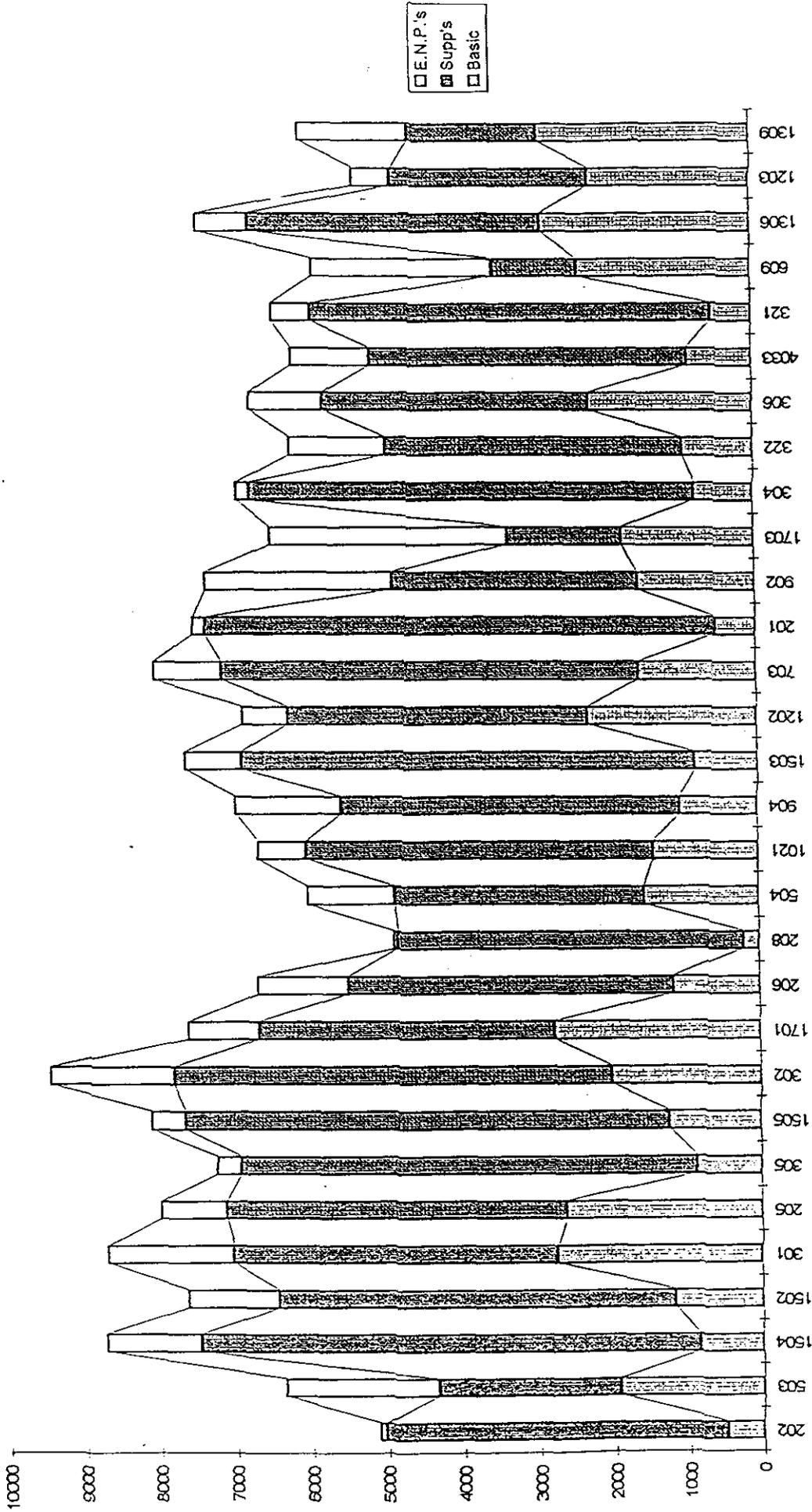
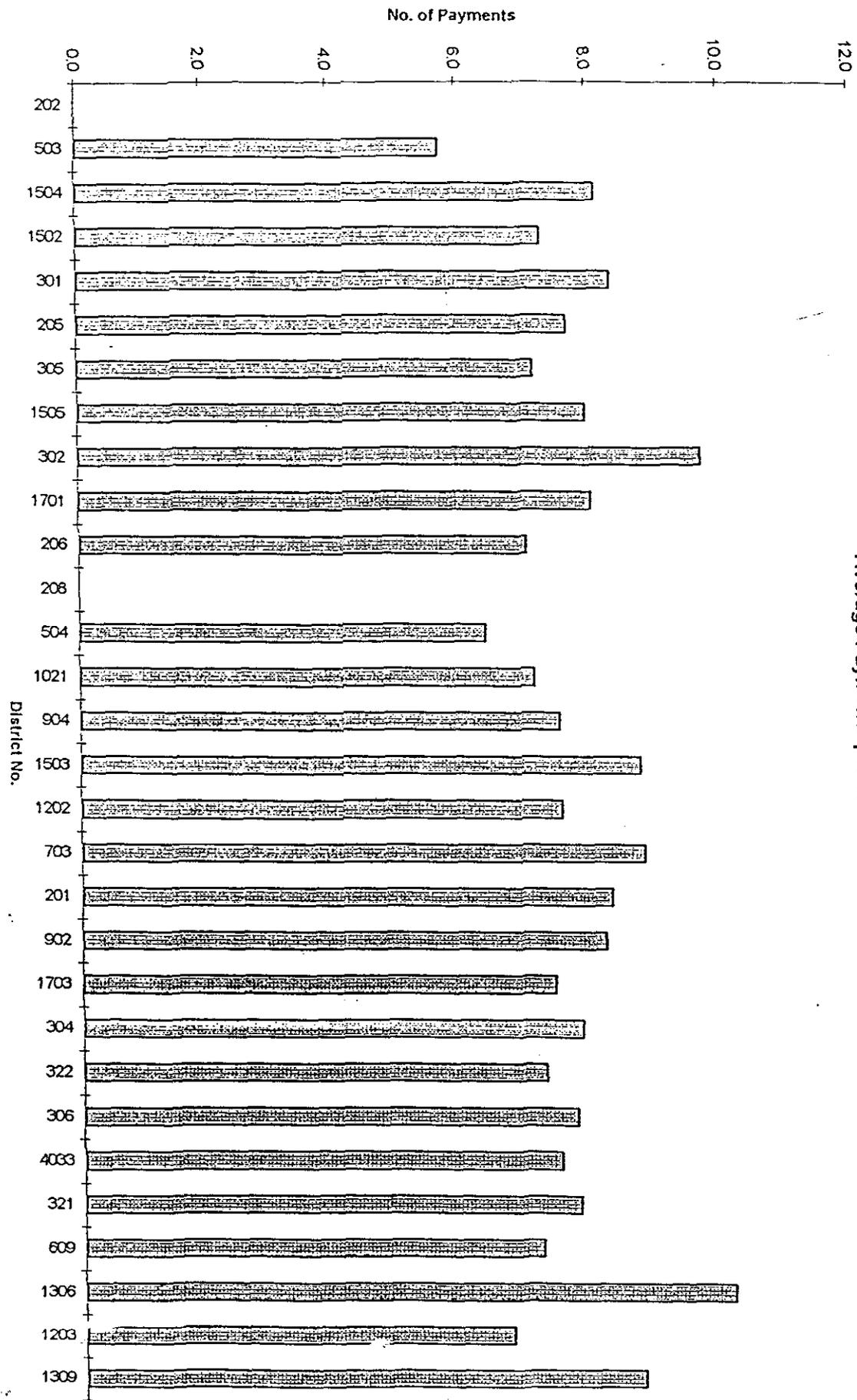


Table 3.

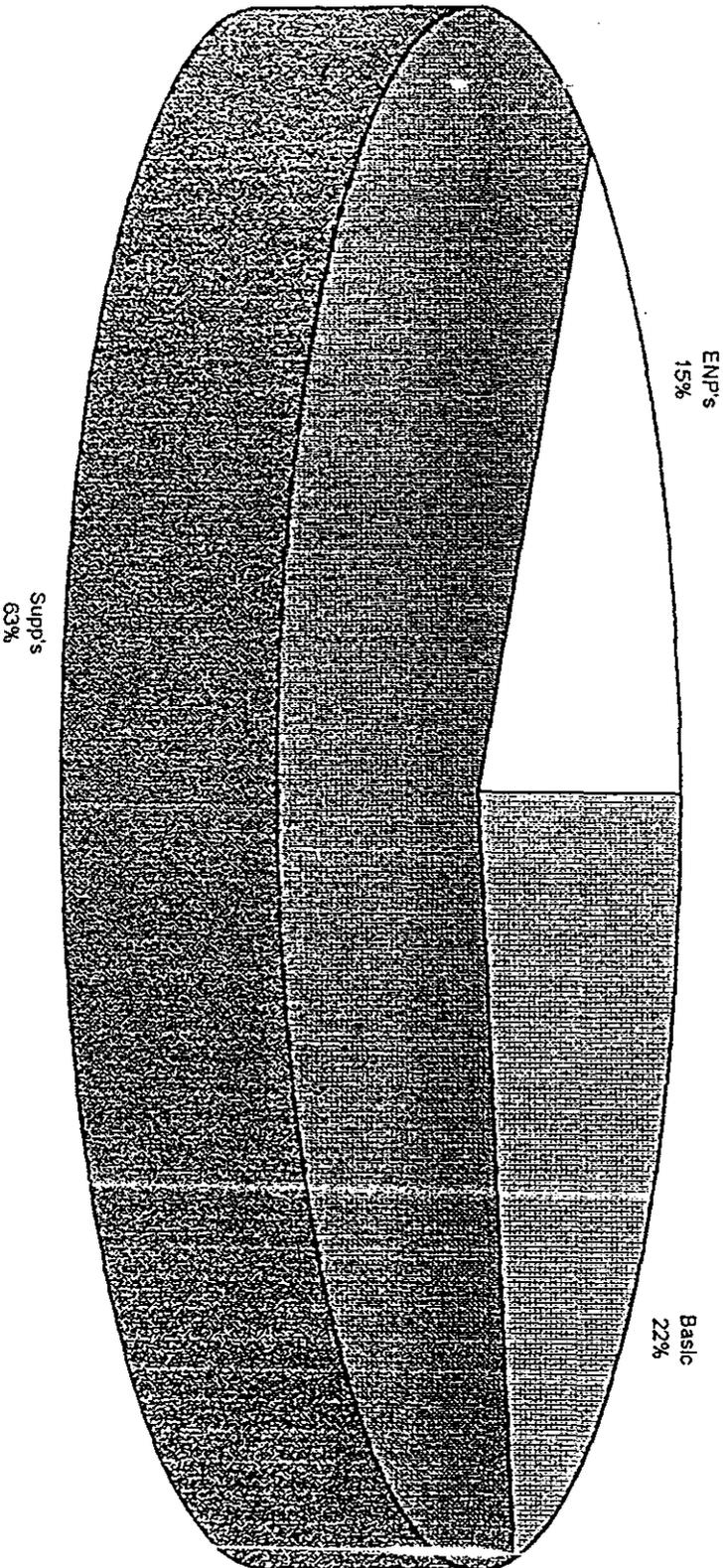
r to End of December, 1994.					
Dublin Only.					
Area	No. of Dis	Cases	Average	Area	Average
1	7	4752	679	2	895
2	8	7159	895	3	884
3	8	7075	884	15	867
4	7	4615	659	17	784
5	7	5163	738	5	738
6	9	6179	687	9	718
7	9	6092	677	6	687
8	7	4025	575	1	679
9	9	6465	718	7	677
10	8	3833	479	4	659
11	7	4270	610	16	623
15	8	6936	867	11	610
16	8	4984	623	8	575
17	6	4706	784	10	479
Dublin:	108	76254	706		

1

Top 30 Busiest Districts
Average Payments per case 1994



Top 30 Busiest Districts
Analysis of Payments Type for Totals of 30 Districts



b/6

Appendix 1.

CARA P.C. CHEQUE PRODUCTION SYSTEM.

OBJECTIVE:

The primary objective of the system is to reduce the clerical work-load in identified districts by using a P.C. to automatically generate cheques in respect of recurring payments, such as rent and mortgage payments.

BACKGROUND.

In 1994, at the request of the Department of Social Welfare, CARA developed the software to produce cheques on a P.C. system, using as a starting point the information on their data-base. The system, which is owned by DSW, has been installed in both the MHB and the NEHB. The first cheques will issue from the MHB over the next few weeks.

HOW THE SYSTEM WILL OPERATE.

CARA will produce a listing of all the payments in a particular category, e.g. rent. The CWO will indicate which of these payments he/she wants on the payment system, the amount of the payment, the frequency of payment and whether the cheque is to be posted. These payments are then set up on the P.C. and the cheques are printed. On a special form the CWO will indicate new additions to the system, deletions and amendments.

POSSIBLE BENEFITS OF SYSTEM.

For CWOs:

- No need to write cheques or complete backing sheets.
- Less figures to be totted.
- No need to enter every payment on card.
- Less need to see client at time of payment.
- More time to deal with clients who require a lot of time.
- No direct contact with P.C., which means they will not have to abandon one system for another when ISTS is introduced.

For SCWOs.

- Different, and possibly easier form of spot-checking.
- Better service to clients and CWOs.
- Less corrections from CARA Stats.
- More control over payment system.
- Less errors from Bank reconciliation.
- Less cheques fraudulently altered.

For Clerk Typists.

- Less figures to be checked.
- Less corrections from Stats. and Bank Reconciliations.

For Clients.

- Less queuing.
- More up-to-date service.

For Finance Section.

- Less errors.
- Less fraud.
- More acceptance of cheques by banks, traders etc.
- Quicker reconciliations.

There will also be benefits for portering and other staff in health centres.

POSSIBLE COSTS.

For CWOs.

- Additional case set-up sheet.
- Need for amend sheet for change in amount.
- Need to check payment list prior to issue of cheques.

For SCWOs.

- Additional work re management and control of the system.

For Clerk Typists.

- Inputting of data i.e. new cases, amends and deletions.

FINANCIAL COSTS.

- Postage Costs.
- Development costs by EHB (For bank reconciliation).
- Additional clerical back-up

ISSUES TO BE RESOLVED:

- Consultation with unions.
- Location of P.C.s.
- Location of Cheque Printers.
- Which districts to include.
- Who operates the system.
- Finance and Audit Requirements.

RECOMMENDATION.

That a decision be taken to implement the above system in the EHB. A project Team to be established to oversee its implementation, commencing in Hugh Kane's area.

The following should be noted:

- The P.C.s to run the system will be in situ in a matter of weeks.
- The system will be provided free of charge by DSW.
- The first cheques could issue within two months if no obstacles placed in way.
- At least one SCWO (Hugh Kane) is ready and willing to start.
- Much can be learned from the experience of the MHB and NEHB.

DISCUSSION PAPER ON SERVICES PROVIDED BY

COMMUNITY WELFARE OFFICERS

(working party - 18/8/95)

B. Baker

S. O'Connor

As stated in the previous paper dated 8/8/95 CWO's are required to :

1. Interview
2. Investigate
3. Make payment where appropriate
4. Maintain records

To what extent the above components are applied depends upon the type of service being provided and the outcome i.e. granted or refused.

The following broad categories of services are provided by C.W.O.s.

1. Income Maintenance
2. Supplements
3. Exceptional Needs Payments
4. Information Giving
5. Advocacy
6. Referral

Reference is made in general terms to the methods and practices applied to these services, with appropriate comment.

1) Income Maintenance

- Over 160,000 payments were made under this category in 1994. These comprised of people waiting for basic Social Welfare payments, as well as Health Board payments and Sick No Benefits cases.

Comment

Clearly, if Social Welfare deal more efficiently with claims, then the need for substitute payments will be reduced.

There are still unacceptable variations in the length of time Social Welfare take to deal with claims, particularly appeals. ISTS may resolve some of these difficulties but better liaison between Social Welfare Offices and C.W.O.s would be of benefit.

Sick No Benefit cases represent a significant workload for C.W.O.s. Some 3743 cases received 30,000 payments under this category in 1994. People who are medically unfit for work but do not qualify for Disability Benefit or Occupational

Injury Benefit are paid as Sick No Benefit cases. Unlike those submitting medical certification to the Department of Social Welfare, there is no medical referee available to the Board to determine the accuracy of evidence provided. People suffering from long term illness can be dealt with under D.P.M.G. but those submitting certificates for ostensibly short term illnesses or whose doctors are unwilling to certify them as suffering from long-term illness, i.e. likely to incapacitate them for six months or more, have no such recourse.

The availability of a medical referee to whom such cases could be referred would determine the number of people for whom Sick No Benefits is the appropriate payment. This has been difficult to achieve in the past and may continue to be so in the future.

The level of income maintenance payments is clearly influenced by the performance of the department of Social Welfare and by the Board in dealing with DPMA applications. Every effort should be made to ensure improvements from both agencies, particularly Social Welfare.

2) Supplements:

The question of supplements is being looked at by other groups and we have decided not to deal with them in this paper.

3) *Exceptional Needs Payments.*

- Almost 85,000 cases received 115,000 exceptional needs payments in 1994. These are generally a very labour intensive area for C.W.O.s. E.N.P.s are a discretionary, some would say a whimsical gesture of the service. Guidelines exist, but adherence to them appears to vary widely from area to area and sometimes from C.W.O. to C.W.O. The greatest problems arise not in the payment of E.N.P.'s but in the decision not to pay. Refusal of an E.N.P. can cause many problems for a C.W.O., hostility, resentment and possibly violence from customers. They also lead to appeals, requests for reports from S.C.W.O. or Appeals Officer and in general a refusal generates more work than a payment. The level of investigation of requests for E.N.P.'s varies widely and the notion of decline with each request on it's merits is deemed redundant. Concern is focused not on the needs of the individual customer but on the understandable desire not to generate demand, or create a scheme on the one hand, and on the desire for a quick and easy "if in doubt, lash it out" policy on the other.

Comment:

A key factor in this area is the level of discretion given to the C.W.O. by the Superintendent and also the level of support given to the C.W.O. when exercising judgment on E.N.P.'s.

Uniformity and consistency in the payment of E.N.P.'s would be greatly improved by a commitment from S.C.W.O.s to implement and adhere to agreed policies. S.C.W.O.s should ensure that similarities are clear and that C.W.O.s are aware of and adhere to them. High levels of E.N.P.'s are reflected in high caseloads but not necessarily in high workloads. Exceptional Needs Payments should be targeted on those in genuine need and should indeed be the exception rather than the rule. There is a widespread perception amongst customers and voluntary organisations that repeated demands for an E.N.P. will result in eventual payment. Written refusals in all cases would check this perception and provide greater accountability. It would also assist workload measurement.

4) Information Giving

- The C.W.O. is often the first port of call for people enquiring about Social Welfare or Health entitlements. Whilst this is an important function for C.W.O.s, wider advertising of each agencies' Customer Information Services

- would be of benefit to the public and C.W.O.s alike. Greater availability of information, literature and regular briefings and updatings on changes and developments in schemes would also help C.W.O.s provide a better service to the public. The proposed information package on ISTS will be of great assistance. Customers should not have to queue to get general information. Posters, leaflets and telephone information services should provide the necessary information.

Comment:

There may be value in liaising with the Boards Customer Services Department with regard to the overall systems applicable to information both currently and proposed.

5) Advocacy

- Many C.W.O.s find an increasing amount of their time taken up as advocates or intermediaries on behalf of their customers with public utilities or agencies. Many customers are intimidated by the prospect of dealing with officials of Local Authorities, Government Departments etc. It should be the practice to encourage customers to make the initial contact with the relevant agency themselves. Empowerment of customers should be the aim of our involvement. Our C.W.O.s should act as supports rather than substitutes.

Comment:

Customers should be encouraged to contact the relevant agency, get the name of the person they're dealing with and as far as possible conduct their own business.

C.W.O.s should act as back up, providing information as required and generally acting as facilitator rather than intermediary. This process may prove more time consuming for the C.W.O. than straight forward advocacy on behalf of the customer, but the benefits of customer empowerment will outweigh the disadvantages.

6) Liaison with other Professionals, Agencies and Voluntary Bodies.

C.W.O.s have regular contacts with the above. The level and nature of the contact varies from structured formal meetings to casual conversations in the corridor. A two way flow of information is of great benefit to all concerned but again this important feature of C.W.O.s work is not reflected in workload statistics.

When C.W.O.s discuss cases with one of the above, a note should be made on the case file. The note may be detailed or simply record that liaison took place, but evidence of such contact should be retained.

Summary / Conclusion

Work in connection with Income Maintenance, Supplements are E.N.P.'s is reading quantifiable. Demand for and time spent providing non-payment services, information, advocacy, liaison etc. is not.

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This aspect of the work must be allowed for and is appropriate to the papers being prepared on Workload Analysis and Developing the role of the CWO.

The level of income maintenance is clearly influenced by the performance of the Department of Social Welfare and by the EHB in dealing with DPMA applications. Every effort should be made to ensure improvements from both agencies.

The services provided through community welfare are done so largely through manual systems and methods. This paper cannot in isolation of other papers being prepared suggest which services should be automated with appropriate methods applied but clearly the areas of Income maintenance, Supplements, and perhaps where possible Information are likely to appropriate.

***Discussion paper on Methods and Systems used by
Community Welfare Officers in the performance of their duties
for Joint Working Party on Community Welfare Service.***

8th August, 1995.

This paper examines the principle duties performed by Community Welfare Officers, the various methods of performing those duties and looks at the advantages and disadvantages of those methods. It also looks at the systems used by Community Welfare Officers.

What C.W.O.'s do

1. Interview customers
2. Investigate, verify, assess
3. Make payment where appropriate
4. Keep records of above

Methods

1. Interviewing

- (a) Take preliminary details when customer first presents
- (b) Verify details of identity, income, rent/mortgage, family etc
- (c) Home Visit

Some Community Welfare Officers do a detailed interview at first meeting in Clinic

- (a) Clear picture of customers requirements
- (d) Time consuming, delays for other customers, perhaps intimidating to first time customer.

Some Community Welfare Officers take preliminary details and do the detailed interview on the home visit

- (a) Saves clinic time, less stressful for customer, establishes relationship
- (d) Time Consuming, can generate customer expectation.

Verification of Customers details can be done by:

- 1) Customers having forms completed by relevant agency, eg Department of Social Welfare, Building Society etc
- 2) Infosys if available
- 3) Phone calls to relevant agency

(a.1) written record of customers details for files

(d.1) cumbersome, time delay, some customers don't understand forms, need for return visit to clinic

(a.2) information to hand

(d.2) Infosys slow, no written record

(a.3) quick response to customer need

(d.3) extremely time consuming, frustrating for Community Welfare Officers, information may not be released

Having interviewed, verified details and done home visit to customer, the Community Welfare Officer then assesses eligibility for payment. If the payment requested is of a discretionary nature eg LPA and if the case varies from the home, if rent higher than average or going rate etc, the Community Welfare Officer should then present the case details to the Supt. Community Welfare Officer before payment.

(a) Community Welfare Officer is authorised to make payment.

S.C.W.O. is aware of case details

S.C.W.O. should apply policy consistently

Customer is made aware of Community Welfare Officers requirement to seek approval for payment.

(d) Delay in getting S.C.W.O. decision

Lack of authority for Community Welfare Officer

Source of tension between Community Welfare Officers and S.C.W.O's

Requirement styles. Community Welfare Officer initiative

Community Welfare Officer status diminished in customers eyes

Making Payments

Payments are made by cheque and whenever possible are posted to the customer. Rent/Mortgage payments are made monthly in most instances. Customers call to the clinic for weekly cheques where appropriate.

- (a) Poor , flexible response to customers need
Postal Systems cut down on clinic numbers and the need for repeat visits by customers
- (d) Cheque Book generates expectation of immediate payment
Security risk for Community Welfare Officers
Postal Systems can be complicated, customers may not be literate
Cheques may go astray
Lack of contact between Community Welfare Officer and customer
Physical writing of cheques, envelopes, verification etc is tedious, time consuming and ultimately a waste of Community Welfare Officers time which might be better utilised elsewhere

Keeping Records

The green application form/case card is the record of clients details, payments made, verifications received etc. Some Community Welfare Officers update case cards regularly by :

- (I) completing new application
- (ii) having client sign a Declaration Form.

Within the card there is space to update details such as address, amount of rent etc.

Written verification of clients details can be kept in the case card or in a separate folder with customers area number on it. Some Community Welfare Officers keep all verifications for a given week in a folder with the date marked on it. Some Community Welfare Officers use a combination of the above.

- (a) Customers details are available immediately if case is properly updated and maintained
- (d) Case Cards become frayed with wear and tear, cumbersome because they are full of documents. Cards can become lost if misplaced.

COMMON VALUES

S.W.A. requires an explicit set of common values rather than a comprehensive set of guidelines because of discretion.

The rationale for the existence of a community based discretionary payments service is to meet needs which are so exceptional in their nature and so particular in the circumstances in which they arise as to be beyond the scope of other services where entitlement to financial assistance is determined upon explicit pre-determined criteria and qualification conditions.

The delegation of the authority to decide on a discretionary basis bestows an awesome power to those who wield it over those who are subject to it. Such power will inevitably be resented if exercised other than sparingly.

Once needs arise so commonly as to be capable of being addressed by sets of guidelines, the requirement for consistency, uniformity and equity demand they become entitlements, delivered by schemes, governed by rules.

When discretion addresses needs which arise where no two individuals' particular circumstances are identical, then the issue is not that uniformity is achieved but rather that the discretion is exercised fairly, responsibly, respectfully and so profoundly as to justify its intrusion.

Indeed it is the quality of the intervention and the approach to problem solving which more correctly requires to be consistent and uniform. It is only through sharing an appropriate and agreed set of values that this requirement can be met.

The set of shared common values must take cognisance of the historical intention of the legislation and contemporary developments. It should address the role and objective of the service, standards to be met, the rules governing discretion, the service's limitations.

continued./

The Developing Role of the C.W.O.

Pat Lennon
Brendan Baker

Before addressing the main focus of this paper a brief comment on the management structures that might best serve the developing role of the C.W.O.

In my view the role and functions of the S.C.W.O. are under developed. Hopefully under the proposed Strategic Management Initiative the functions of the S.C.W.O. may expand and develop to include increased control over budgets, better targeting of resources and increased control functions. Increased functions in training and better training of C.W.O.'s at local level.

If the payment of rents and mortgages is centralised will this lead to a re-organisation of the present C.W.O. districts?

Could a future re-organisation create 15 or less locally controlled management units for S.W.A. with an S.C.W.O.+ Ancillary Staff?

The Boundaries of such management units may not coincide with present Community Care areas.

Underpinning any re-organisation of C.W.O. districts must be an agreed caseload for C.W.O.'s, reviewable when necessary with a mechanism provided for same. A mixture of services provided in each unit organised on a mixture of Patch and Specification with a strong team component.

Rents + mortgages + other supplements paid centrally but controlled and reviewed locally. A specialised Rent Officer or more for each Management unit dependent on demand. A fully integrated computer system.

A rotation of functions among C.W.O.'s if possible.

Areas of work into which the C.W.O. may develop a role:-

1. Development of E.N.P. Payments

- A creative use of Section 212 and Section 213 payments.
- Increased involvement in case work with local Health Care professionals.

2. Debt Management

Each Patch-District C.W.O. to have a close working relationship with M.A.B.S. Projects - at level of member of management board of local project - close working relationship with M.A.B.S. project worker - that person could be a C.W.O.

3. Information and Educational Role of C.W.O. - Develop

- Talks to local community groups on S.W.A. and other entitlements
- Visiting local schools - transition year classes - introduce them to Health Board and Social Welfare entitlement qualification requirements.
- Develop Information Role

4. Counselling

- Provide training in this area for C.W.O.'s.
- People become unemployed for first time - C.W.O. often the first person they see. Counselling in this area - family break up - again C.W.O. often 1st post of call - Counselling people on how to deal with this situation -
- stress the need for training in this case.

5. Control Function

A role for C.W.O. in this area -

- investigation of difficult cases in C.W.O. District.
More thorough investigation than local C.W.O. can provide.
- Present spot checking functions of S.C.W.O. - In future is there a role for C.W.O. here?
- Could this function not be performed by experienced C.W.O.?
- Leave S.C.W.O. free to expand management function.

6. The C.W.O. and Community Development

At present some C.W.O.'s are involved in Community Development projects and are members of local enterprise boards. This is an area at present underdeveloped but could provide an area for developing C.W.O. role.

7. Income Maintenance

Will continue to be a central part of role of C.W.O.

- Some C.W.O.'s in Rural areas have become involved assessing entitlement to grants for Nursing home care.
- Should the C.W.O. take a role in assessing entitlements to other Health Board Payments? e.g. in assessing the entitlements of Community Groups to grants from the Health Board.

A *Vision* of Centralised Rents.

Introduction.

This paper complements that produced by the Flexibility and Boundaries Sub-Group on *Specialisation and Centralisation*. Its purpose is to elaborate on the rationale and assumptions made in the model for centralised and computerised rent supplement administration.

The model itself is quite simple. Rent and mortgage supplements are removed in their entirety from local offices and are subsequently administered from a computerised and centralised unit. This is the *core* element of the model. How and where initial applications and on-going reviews are conducted is open to debate.

Rationale.

The first *critical success factor* is that rent supplementation be perceived by both staff and the clients as being administered, for all intents and purposes, by a different and separate agency. This is necessary in order to remove fully everything to do with rent supplements from the local district Community Welfare Officer. If the local C.W.O. retains any functions or responsibility for rent supplements, these clients will continue to fill the C.W.O.s waiting rooms. If the payment function only is removed, the local C.W.O. will still have a high number of rent supplement clients. If questions or problems with a clients rent supplement are to be addressed back to the local C.W.O., there is little point in removing a part of their administration because, firstly, a large part of the work remains, and secondly, the local C.W.O. will not be able to answer queries without involving another section of the health board.

Rent supplement clients do not want to have to call unnecessarily to health centres just to facilitate the out-dated procedures involved in administering rent supplements manually. Their only concern is to receive the supplement in the most convenient way to them - not the most convenient way for the health board or the C.W.O. In to-days public service climate of customer responsiveness, surely our first concern should be making the Service as (customer) user-friendly as possible. A centralised rent unit with outreach facilities to all areas will achieve this. The second *critical success factor* then, will be that clients perceive the new method of administering rent supplements as being more user-friendly.



**EASTERN
HEALTH
BOARD**

BORD
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AN OIRTHIR

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29th August, 1995

***WORKING PARTY ON WORKLOADS
IN
COMMUNITY WELFARE SERVICE***

Dear Colleague,

A joint working party was set up representing unions and management following the recent dispute. The purpose of the group is to examine and make recommendations on the delivery of the Community Welfare Service in the Eastern Health Board.

To assist with this process we have prepared two questionnaires. The first requires you to keep a diary each day for a full week, the other requires you to complete other questions.

The group would be grateful if you would complete the enclosed questionnaires and return to the group at Park House by **September 11th, 1995.**

Yours sincerely,

**Anne Halpin, A/Grade V Officer,
Secretary to Group.**

AH/AR649

QUESTIONNAIRE 1

General Information

District No: _____

District Location: _____

Length of time in current district: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ADVERTISED CLINIC TIMES					
ACTUAL CLINIC TIMES					
NUMBERS INTERVIEWED					
NUMBERS OF THOSE INTERVIEWED WHO WERE PAID					
NUMBER AND DURATION OF PHONE QUERIES (INCOMING AND OUTGOING)					
NUMBER AND TIME SPENT ON ADVOCACY E.G. ESB, DSW					
NUMBER AND DURATION OF VISITS					
TIME SPENT WITH S.C.W.O.					
TIME SPENT ON INVESTIGATION					
NUMBER OF REFUSALS					
TIME SPENT TRAVELLING, VISITS AND OTHER LOCATIONS					

QUESTIONNAIRE 2 *continued.*

What level of autonomy/discretion do you have in relation to cases?

Please tick:

Low

Medium

High

How does your S.C.W.O.'s view of the service impact on your workload? _____

What level of access to your S.C.W.O. do you have? _____

If you were given a free hand what changes would you make?

- In your District: _____

- In your Area? _____

- In your Work Role? _____

QUESTIONNAIRE 2 continued.

<p>lease describe your investigation process:</p>	
<p>Do you work alone? YES/NO If yes -How many C.W.O.'s work with you? Is this set up to your benefit?</p>	
<p>Are you engaged in other areas of work?</p>	
<p>What other options do you see for administering Rent/Mortgage supplements?</p>	

SPECIALISATION / CENTRALISATION.

For the purposes of this examination the sub-group took for consideration a model of one central unit for the Board's area with an outreach facility. This unit would fully process all rent/mortgage, and possibly diet, supplement applications. Applications could still be obtained and deposited at least at the present network of locations, or could be sent by post to the central office.

In examining the model its advantages and disadvantages were considered in relation to:

- A. C.W.O.'s.
- B. Customers.
- C. Administration.

(A) C.W.O.'s

(a) Advantages:

1. C.W.O.'s would be relieved of much time-consuming, clerical-type work.
2. Pressure on districts of highest workloads would be relieved.
3. As a result more time would be available to devote to the "welfare role".
4. Better use of staff resources.
5. Many C.W.O.'s would benefit from working as part of a team. No longer isolated.
6. For some C.W.O.'s assignment to a central unit could be attractive from a convenience point of view i.e. location etc.
7. The outreach activities could bring increased "travel" opportunities.
8. Some C.W.O.'s would welcome the opportunity to specialise.
9. Developments in the rent/mortgage supplement area could lead to additional career opportunities.
10. Smaller queues at health centres would relieve pressure and stress on C.W.O.'s particularly in the districts of highest workload.
11. C.W.O.'s would no longer have to cope with "inter-district" transfers among the mobile private rented population.
12. Consequent re-drawing of districts would facilitate workload equalisation.

(b) Disadvantages:

1. A number of C.W.O.'s would be "disturbed".
2. Some C.W.O.'s might not wish to work as part of a team.
3. Specialisation might lead to loss of expertise in other aspects of the job.
4. C.W.O.'s may perceive the move as a loss of function (40% overall and up to 90% in some districts).
5. C.W.O.'s may fear the re-drawing of districts which would follow.

(B) Customers

(a) Advantages:

1. A more streamlined and efficient service.
2. Greater uniformity and consistency in decision making.
3. Easier to apply - no need for lengthy queueing or for multiple visits to health centre.
4. Less bureaucracy when changing address
5. Overall more user-friendly.

(b) Disadvantages:

1. May present some difficulties to those without the ability to complete an application form.
2. Customer would no longer have a clearly identifiable local person with whom he/she can liaise in matters relating to the supplement.

(C) Administration

(a) Advantages:

1. Better use of staff resources
2. Freeing up of office space at local health centres.
3. Easing of pressure on waiting areas in local health centres.
4. Easier to cope if the workload in the rents/mortgages area continues to expand.
5. Improved control features arising from central index, team concept, possibility of separation of functions etc.
6. The centralised delivery system would be cost-effective.
7. A streamlined system, efficiently run, would contribute to a positive image of the Board.

(b) **Disadvantages:**

1. Appropriate staffing arrangements for the new unit, including supervisory and permanent clerical staff, will need to be made.
2. Appropriate central offices will need to be secured.
3. There may be an increase in travel costs to provide the outreach facility.
4. Cost of equipment, including computer hardware.

Matters to be Addressed

In addition to the advantages and disadvantages a number of further items were identified which will require to be addressed if the centralisation of rents/mortgages etc. is to proceed -

1. How will the centralised service link with the district service?.
2. The logistical arrangements for getting applications from local reception points to the central unit.
3. The resultant training needs of C.W.O.'s and other staff.
4. Transitional arrangements, pilot schemes etc.
5. How will the 'outreach' system work?.
6. How can the "fear of change" be overcome?.