

Emergency Relief Sector Survey Report.



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Executive Summary

The Emergency Relief sector is a sector that has undergone significant transformation and challenges in the past five years. Matrix on Board Consulting and Training (Matrix) has been engaged by DSS to support the sector through training and development activities with the workforce that provides Emergency Relief. As part of this process, consultation and information gathering was undertaken to establish the needs of the sector and gain a greater understanding of the 319 organisations managing 1054 ER outlets that comprise it. The ER sector is varied: ER providers range in size from small to large and from volunteer run through to paid employee led as well as those with a mix of both volunteers and paid staff. The dearth of data available on the ER sector provided an opportunity to undertake base line research and gather information in relation to the diversity, skills and training needs of the ER workforce.

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In consultation with the ER sector, Matrix designed and implemented a questionnaire to increase understanding of the workforce. A link to the questionnaire was emailed to 319 organisations that are known to comprise the ER sector with a request to complete the survey. The survey was active for a month (9th September – 10th October 2017) and a total of 161 responses were received. This reflects a 51% response rate although some survey respondents reported on outlet level information and while others reported on organisation level of their ER workforce. Key themes from this survey are as follows:

The ER workforce comprises of both paid staff and volunteers with a heavy reliance on volunteers: there is an average of 2.3 volunteers for each paid staff member and 70% of the workforce comprises of volunteers.

1. Demographically, the workforce is predominantly female with approximately 80% female to 20% male. This is consistent for both volunteers and paid staff. In relation to age, the volunteer workforce increases in size as people age whereas the converse is true for the paid workforce. 20% of the paid workforce is over 55 years of age whereas 82% of volunteers are aged 40 and over.
2. The most heavily populated survey respondent states (Victoria 45, Queensland 44 and NSW 30) have the highest number of organisational responses with South Australia (14) Western Australia (13) Northern Territory (11) and Tasmania (3) having fewer. The majority of organisations were either city (34%) or regional based (34%) and 24% had rural locations with only 9% being based remotely.
3. ER organisations provide a breadth of ER services with the average number of offerings being 5.4. Vouchers for food, transport or chemists are issued by almost all organisations (98%) and, along with referrals (internal 86% and external 84%) are the most common form of ER. Almost three quarters of organisations also provide food parcels and a similar number (69%) provide part payment of bills. Just over half (56%) provide budgeting assistance to clients. Almost three in ten (29%) provide emergency accommodation.
4. A significant training opportunity exists to upskill both the paid workforce and volunteer workforce in relation to ER specific skills. Only 53% of the paid workforce has 'good qualifications' relating to their ER role and this drops to 26% for volunteers. 50% of volunteers have limited or no qualifications in relation to their ER roles whereas only 20% of paid staff are in the same position.
5. The majority of both the paid and volunteer ER workforce has some form of qualification even if it is not directly relevant to their current role. 65% of the paid workforce has a diploma qualification or higher in contrast to 21% of the volunteer workforce. A further 20% of the paid workforce has certificate qualifications whereas only 33% of volunteers do.
6. English is spoken as a primary language by the majority of volunteers (70%) and the paid workforce (73%). For those that speak English as a second language, the most common languages are Arabic and Hindi for both volunteers and the paid workforce.
7. Use of email is established for all paid staff and half of the volunteer workforce as part of their ER role. Almost three quarters (73%) of all organisations report the

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majority of their volunteers use email. At the other extreme, 8% of organisations report that none of their volunteers used email. Not surprisingly, the volunteer workforce reports significantly higher barriers to email usage. The three key ones are limited digital literacy, lack of confidence and limited access to devices. In addition, low motivation is a barrier for almost one in five volunteers (19%).

- 8.** The ER sector is consistent in training and development needs for its paid and volunteer workforce suggesting it that training can be delivered to the workforce as a whole (volunteers and paid staff) rather than to separate groups. The top six training priorities were identical for both groups. These are as follows: communication strategies for people with complex needs; managing challenging behaviours; conducting assessments with someone in crisis; supporting people living with family violence; budgeting & financial management and self-care strategies for workers.
- 9.** A clear choice emerged for the preferred style and form of training. 80% of respondents state that a one day workshop held on a weekday is their ideal and a further 54% cite online training as a preferred training form. These two types of training were the most favoured.

1. Introduction

During the past ten years, the emergency relief (ER) sector has undergone significant reforms and changes to sector funding including the establishment of a tendering process to deliver ER services. Some of these reforms have also been experience is many other health and community service related sectors in recent years.

Matrix on Board Consulting and Training (Matrix) has been engaged by DSS to support the sector through a range of training and development activities. As part of this process, consultation and information gathering was undertaken to establish the needs of the sector and have a greater understanding of the 319 organisations managing 1054 ER outlets that comprise it.

The ER sector is varied: ER providers range in size from small to large and from volunteer run through to paid employee led as well as those with a mix of both volunteers and paid staff. The dearth of data available on the ER sector provided an opportunity to undertake base line research and gather information in relation to the diversity, skills and training needs of the ER workforce.

“The ER sector is varied: ER providers range in size from small to large and from volunteer run through to paid employee led as well as those with a mix of both volunteers and paid staff.”

In consultation with the ER sector, Matrix designed and implemented a questionnaire to increase understanding of the sector. This report contains the analysis and reports on the findings of the questionnaire.

2. Method

To inform the development of questionnaire, Matrix collected, reviewed and collated existing information and data available from existing sources. A survey instrument was developed and feedback sought from stakeholders. The questionnaire was piloted and improvements made. A link to the final version was emailed to 319 organisations that are known to comprise the sector with a request to complete the survey. The survey link was active for a month (9th September – 10th October 2017) and a total of 161 responses received. This reflects a 51% response rate although some survey respondents reported on outlet level information and while others reported on organisation level of their ER workforce.

The analysis of the findings is included in this document.

There are many limitations to the findings presented in this study. These include, but are not limited to: diversity of sizes, structure, target cohorts and regionality make comparisons between providers or regions difficult; there were variations in respondents who reported on either organisational or outlet specific results; and that the survey tool was not assessed for accuracy and reporting purposes. However, it is thought that the information reported is the first attempt at gathering workforce specific information about the composition and needs of the sector. It is hoped that this survey informs future research to more adequately investigate the ER sector workforce and inform the strategies to meet the needs of the workforce more clearly. There are no studies which consider the development needs and effective strategies for engaging and meeting these needs in an effective and efficient way. Further research could involve case based qualitative investigations of organisational circumstances (regional vs metropolitan; small vs large) and consider the particular challenges in these contexts. Additionally, a clearer definition of ER may also be required to consider the interaction of ER as an, at times, funded DSS activity, or as part of an organisation’s own charitable activities. This will create a challenging albeit important distinction as to what service types are

being compared.

3. Key Themes

1. The ER workforce comprises of both paid staff and volunteers with a heavy reliance on volunteers: there is an average of 2.3 volunteers for each paid staff member and 70% of the workforce comprises of volunteers.
2. Demographically, the workforce is predominantly female with approximately 80% female to 20% male. This consistent for both volunteers and paid staff. In relation to age, the volunteer workforce increases in size as people age whereas the converse is true for the paid workforce. 20% of the paid workforce is over 55 years of age whereas 82% of volunteers are aged 40 and over.
3. The most heavily populated states (Victoria 45, Queensland 44 and NSW 30) have the highest number of organisational responses with South Australia (14) Western Australia (13) Northern Territory (11) and Tasmania (3) having fewer. The majority of organisations were either city (34%) or regional based (34%) and 24% had rural locations with only 9% being based remotely.
4. ER organisations provide a breath of emergency relief with the average number of offerings being 5.4. Vouchers for food, transport or chemists are issued by almost all organisations (98%) and, along with referrals (internal 86% and external 84%) are the most common form of ER. Almost three quarters of organisations also provide food parcels and a similar number (69%) provide part payment of bills. Just over half (56%) provide budgeting assistance to clients. Almost three in ten (29%) provide emergency accommodation.
5. A significant training opportunity exists to upskill both the paid workforce and volunteer workforce in relation to ER specific skills. Only 53% of the paid workforce has 'good qualifications' relating to their ER role and this drops to 26% for volunteers. 50% of volunteers have limited or no qualifications in relation to their ER roles whereas only 20% of paid staff are in the same position.
6. The majority of both the paid and volunteer ER workforce has some form of qualification even if it is not directly relevant to their current role. 65% of the paid workforce has a diploma qualification or higher in contrast to 21% of the volunteer workforce. A further 20% of the paid workforce has certificate qualifications whereas only 33% of volunteers do.
7. Enters (70%) and the paid workforce (73%). For those that speak English as a second language, the most common languages are Arabic and Hindi for both volunteers and the paid workforce.
8. Use of email is established for all paid staff and half of the volunteer workforce as part of their ER role. Almost three quarters (73%) of all organisations report the majority of their volunteers use email. At the other extreme, 8% of organisations report that none of their volunteers used email. Not surprisingly, the volunteer workforce reports significantly higher barriers to email usage. The three key ones are limited digital literacy, lack of confidence and limited access to devices. In addition, low motivation is a barrier for almost one in five volunteers (19%).
9. The ER sector is consistent in training and development needs for its paid and volunteer workforce suggesting it that training can be delivered to the workforce as a whole (volunteers and paid staff) rather than to separate groups. The top six training priorities were identical for both groups. These are as follows: communication strategies for people with complex needs; managing challenging behaviours;

“A significant training opportunity exists to upskill both the paid workforce and volunteer workforce in relation to ER specific skills. Only 53% of the paid workforce has ‘good qualifications’ relating to their ER role and this drops to 26% for volunteers. “

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conducting assessments with someone in crisis; supporting people living with family violence; budgeting & financial management and self-care strategies for workers.

- 10.** A clear choice emerged for the preferred style and form of training. 80% of respondent's state that a one day workshop held on a weekday is their ideal and a further 54% cite online training as a preferred training form. These two types of training were the most favoured.

4. Key Findings

4.1 Demographics of the ER Workforce

Volunteer and Paid Workforce

The ER workforce comprises of both paid staff and volunteers. ER organisations are heavily reliant on volunteers with 70% of the workforce comprising of volunteers. Organisations have, on average 9 volunteers and only 3.9 paid staff. There is an average of 2.3 volunteers for every paid staff member.

	Volunteer (n=146)	Paid Staff (n = 149)	Total
Number of ER workers	1322	580	1902
Percent of ER Workers	70	30	100
Average ER workers per organisation	9	3.9	

Gender

The ER workforce, as is the majority of human services workforce, is largely female. There is little difference between the volunteer and paid work force although the paid workforce has marginally more females (81% versus 77%).

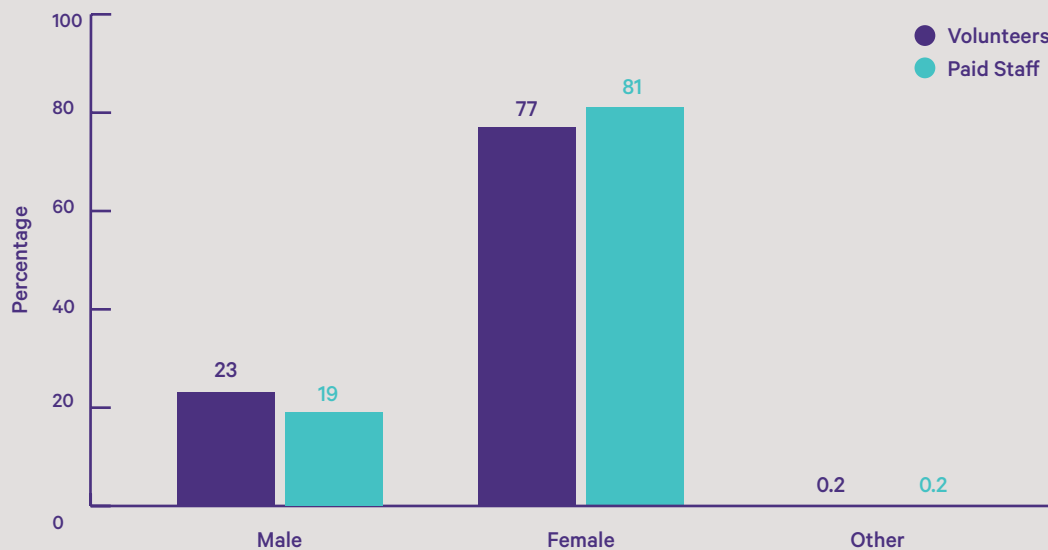


Figure 1: Gender – Volunteers (n=119) versus Paid Staff. (n=147)

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Age

In line with market trends, the paid ER workforce is predominantly under 55 years of age with only 20% of the workforce being over 55 years of age. This is stark contrast to volunteers who tend to be older with 82% aged 40 and over.

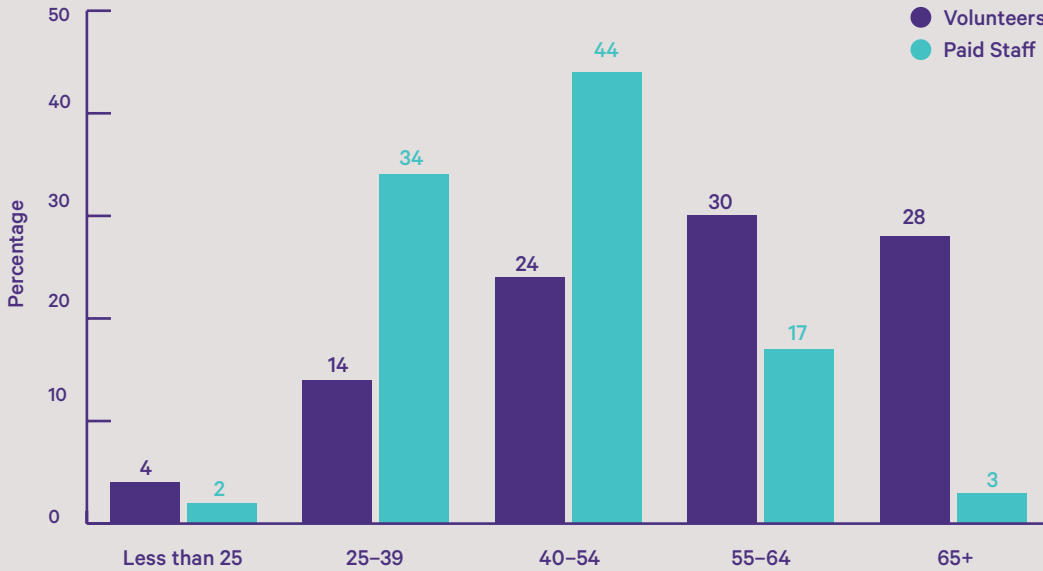


Figure 2: Age - Volunteers (n=116) versus Paid Staff (n=146)

4.2 Location of ER Organisations and Outlets

With the exception of the Australian Capital Territory, organisations from across Australia participated in this survey. The total number of outlets is 194 and represents an average of 1.2 outlets per organisation of respondent organisations.

Not surprisingly, the higher populated east coast states (NSW, Queensland and Victoria) has the highest overall number of organisations and outlets that responded to the survey.

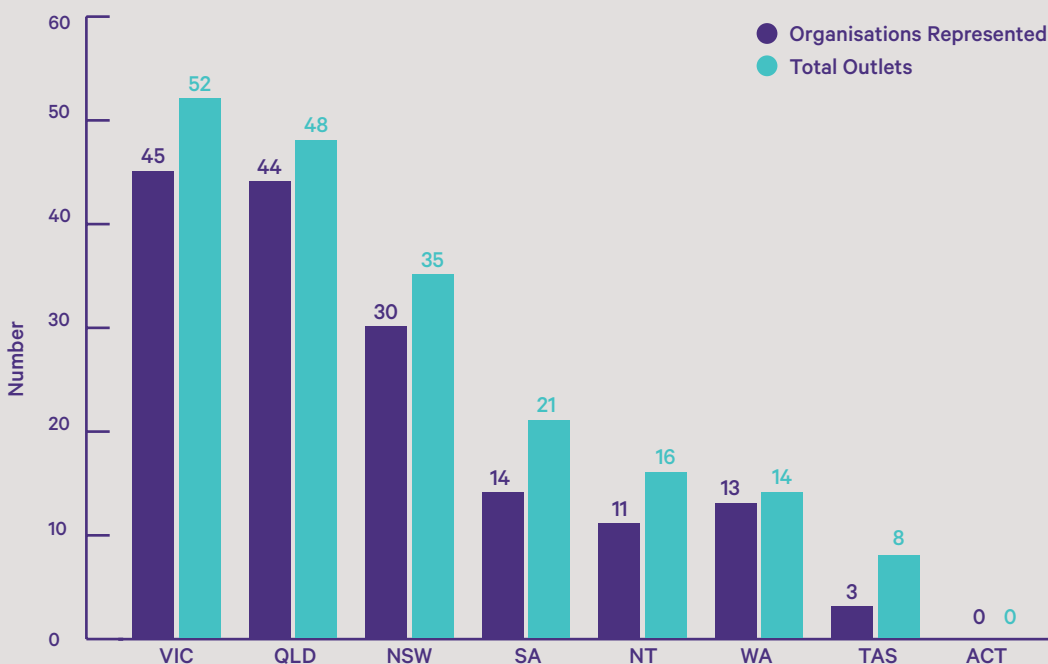


Figure 3: National distribution of ER organisations (n= 160).

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The location of responding ER organisations, whether rural, remote, regional or city was also captured. The majority were either regional or city based (68%) with a further 24% in rural locations and 9% in a remote area. Figure 4 below reflects the spread.

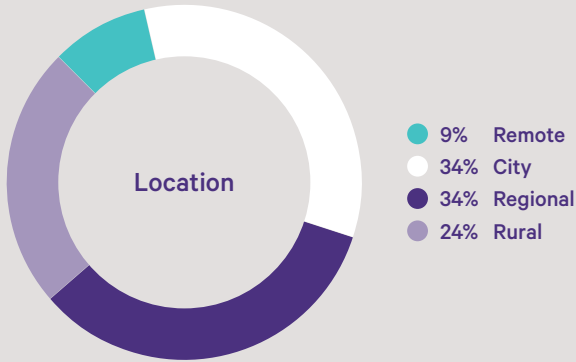


Figure 4: Location of ER outlets by type of area (n=160, multiple responses permitted)

The spread across types of location is also represented geographically in Figure 4 above. NSW, South Australia, Western Australia and Victoria respondents included around half of outlets based in the city, whereas Queensland, the Northern Territory and Victoria respondents were predominantly based in regional locations. Tasmania and the Northern Territory lead in relation to remote respondent locations. Figure 5 below illustrates the types of location of outlets across the States and Northern Territory.

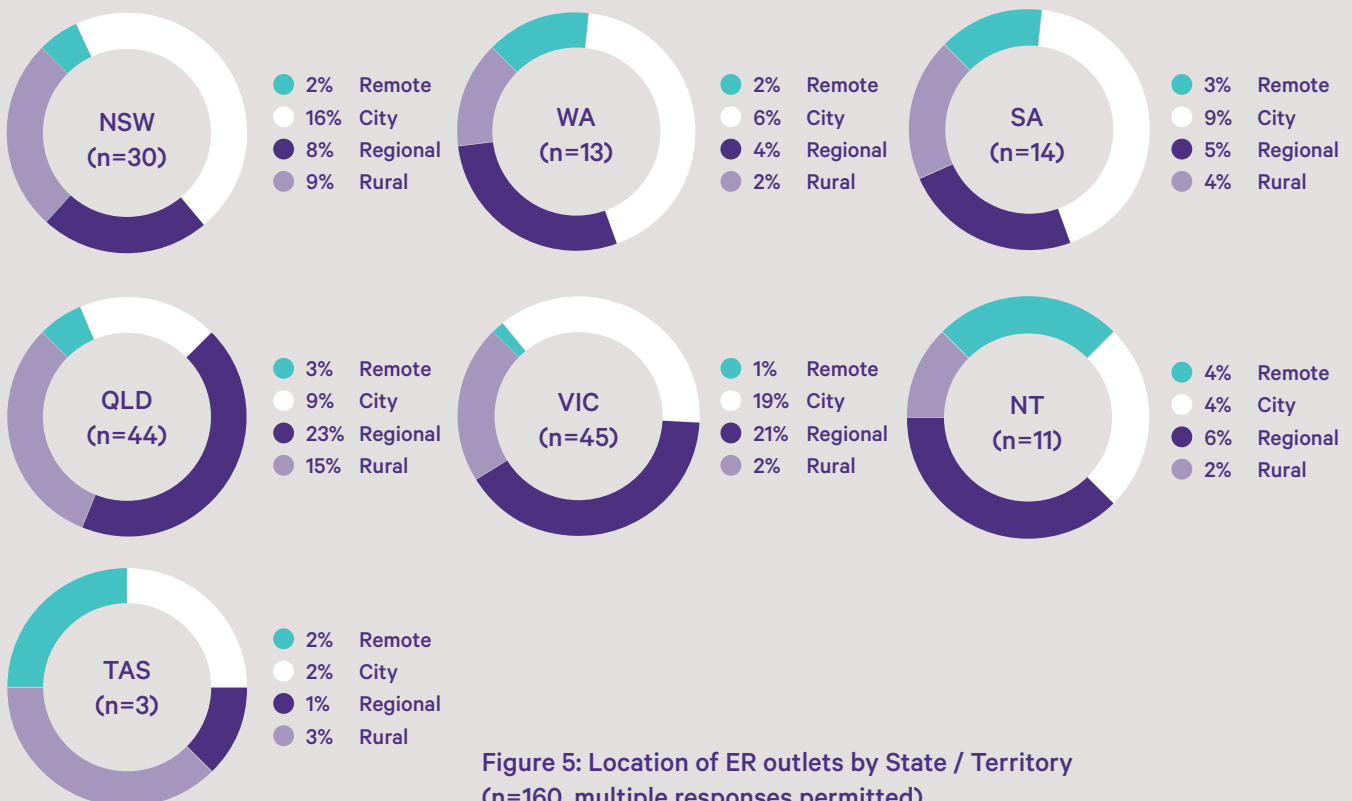


Figure 5: Location of ER outlets by State / Territory (n=160, multiple responses permitted)

4.3 Types of Emergency Relief Offered

Types of emergency relief offered by respondent organisations vary with the average number of offerings being 5.4 suggesting that organisations provide a breath of emergency relief. Vouchers for food, transport or chemists are issued by almost all organisations (98%) and, along with referrals (internal 86% and external 84%) are the most common form of ER. Almost three quarters of organisations also provide food parcels and a similar number (69%) provide part payment of bills. Just over half provide budgeting assistance to clients. Almost three in ten provided emergency accommodation. Figure 6 below illustrates the various forms of ER offered by respondents.

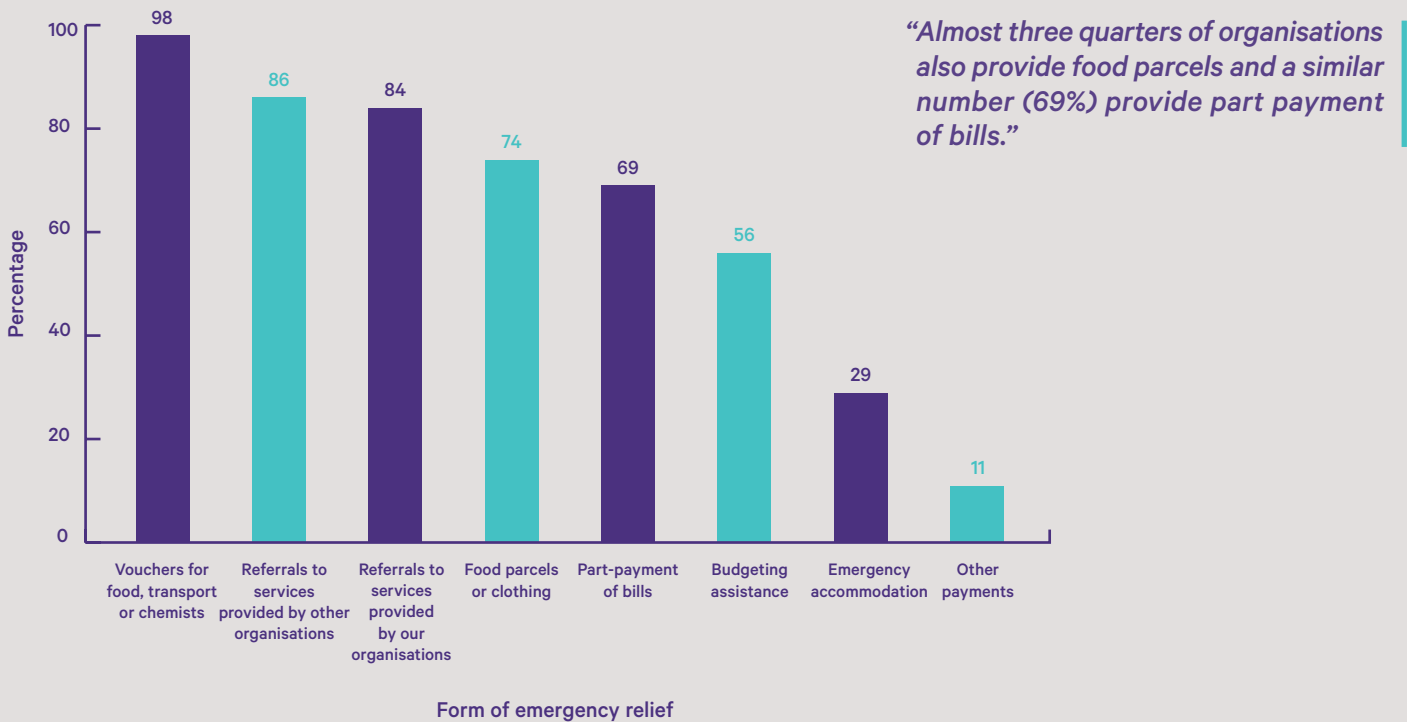


Figure 6: Types of emergency relief offered (n=160, multiple responses permitted).

In addition, respondents were asked if they provide other forms of ER not mentioned in the survey. These are illustrated in the word cloud below. Please note, the larger the word, the more often it was mentioned by survey participants.



Figure 7: Additional emergency relief services provided (n=46, multiple responses permitted).

4.4 Sector Skills & Qualifications

Qualifications in relation to ER role

A significant training opportunity exists to upskill both the paid workforce and volunteer workforce in relation to ER specific skills. Although just over half the paid workforce (53%) has ‘good qualifications’ relating to their ER role, only around a quarter of volunteers has ‘good qualifications’ in relation to their ER role. While a fifth of paid staff (20%) has ‘no or limited qualifications or experience’ in relation to their roles, half of volunteers has limited or lack qualifications (22%). However around a quarter of both volunteers (26%) and the paid workforce (27%) has qualifications or experience different to the ER role. However around a quarter of both volunteers (26%) and the paid workforce (27%) has qualifications or experience different to the ER role.

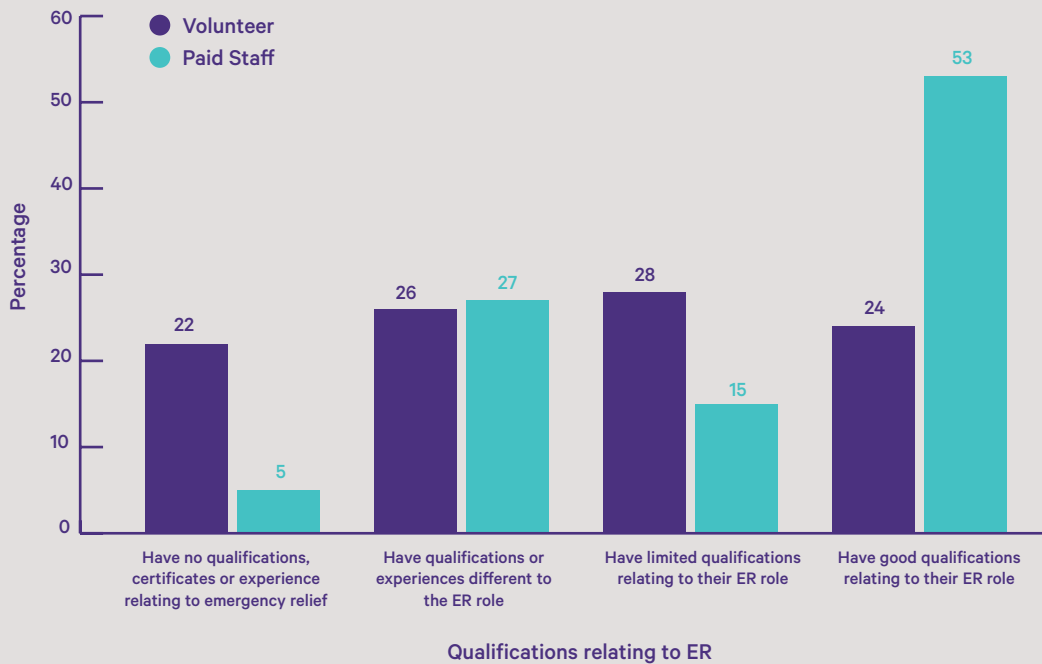


Figure 8: Qualifications in Relation to ER Role - Volunteers (n =96) versus Paid Staff (n=140)

Qualifications

The majority of both the paid and volunteer workforce has some form of qualification even if it is not directly relevant to their current role. 65% of the paid workforce has a diploma qualification or higher in contrast to 21% of the volunteer workforce. A further 20% of the paid workforce has certificate qualifications whereas only 33% of volunteers do.



Figure 9: Qualifications - Volunteers (n = 103) versus Paid Staff (n=142)

Languages Spoken

English is spoken as a primary language by the majority of volunteers (70%) and the paid workforce (73%).

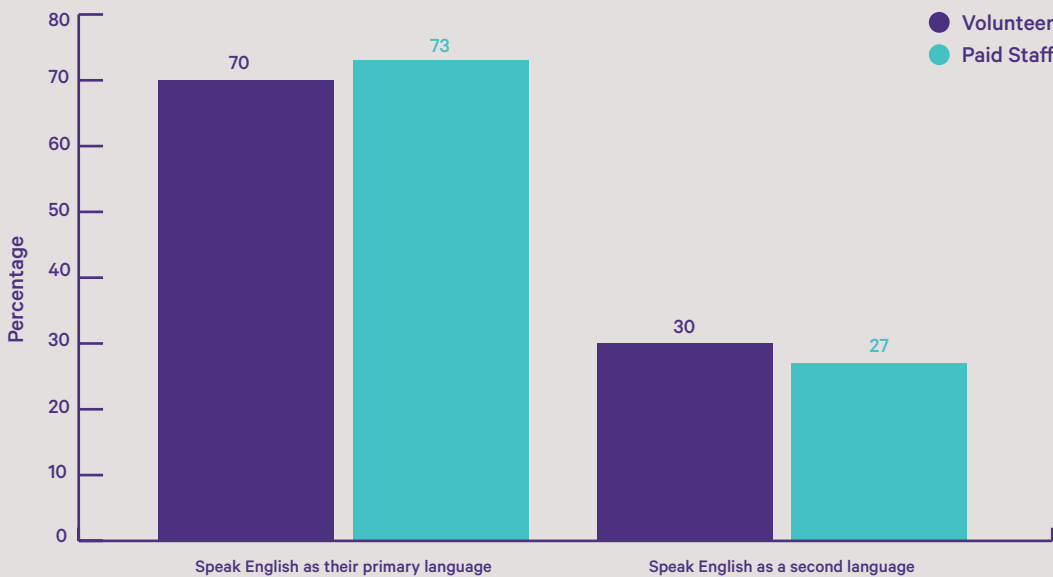


Figure 10: Language - Volunteers (n=102) versus Paid Staff (n= 141)

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For those that speak English as a second language, the most common languages spoken are Arabic and Hindi for both volunteers and the paid workforce. Other languages spoken are illustrated in the word clouds below¹ (Figures 11 and 12). Languages in the smallest lettering represent one mention.



Figure 11: Languages spoken by volunteer ER workforce (n=24)

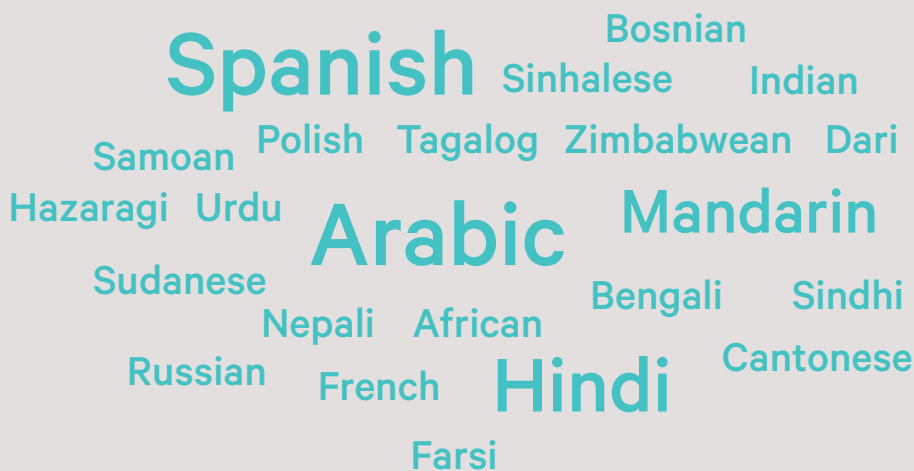


Figure 12: Languages spoken by paid ER workforce (n=29)

Volunteer and Paid Workforce

Not surprisingly all paid staff use email and half of the volunteer workforce as part of their role. The majority of the volunteer workforce do use email with almost three quarters (73%) of all organisations reporting the majority of their volunteers used email. At the other extreme, 8% of organisations reported that none of their volunteers used email.

¹The languages are reported as written by questionnaire respondents.

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Percent of an individual organisation's volunteers using email %	Percent of ER volunteer workforce using email %
100	50
90 – 99	8
80 – 89	7
70 – 79	6
60 – 69	2
50 – 59	3
40 – 49	3
30 –39	3
20 –29	1
10 – 19	0
1 – 9	1
0	8

Table 2: Use of email by volunteers (n=106)

Barriers to use of email

Barriers to use of email were explored in both the volunteer and paid workforce. Although 100% of paid staff use email, barriers are still perceived to exist. The primary ones include limited digital literacy and a lack of confidence in using computers and/or email. One respondent reported that a key barrier as a lack of staff: they only had one paid staff member for 7 hours a week.

“Although 100% of paid staff use email, barriers are still perceived to exist.”

The volunteer workforce reported significantly higher barriers. The three key ones were limited digital literacy, lack of confidence and limited access to devices. Low motivation was a barrier for almost one in five volunteers (19%). Other barriers to volunteers using email cited by respondents included: limited time; the age of technology and limited resources for purchasing new technology, epilepsy and limited ability of volunteers.

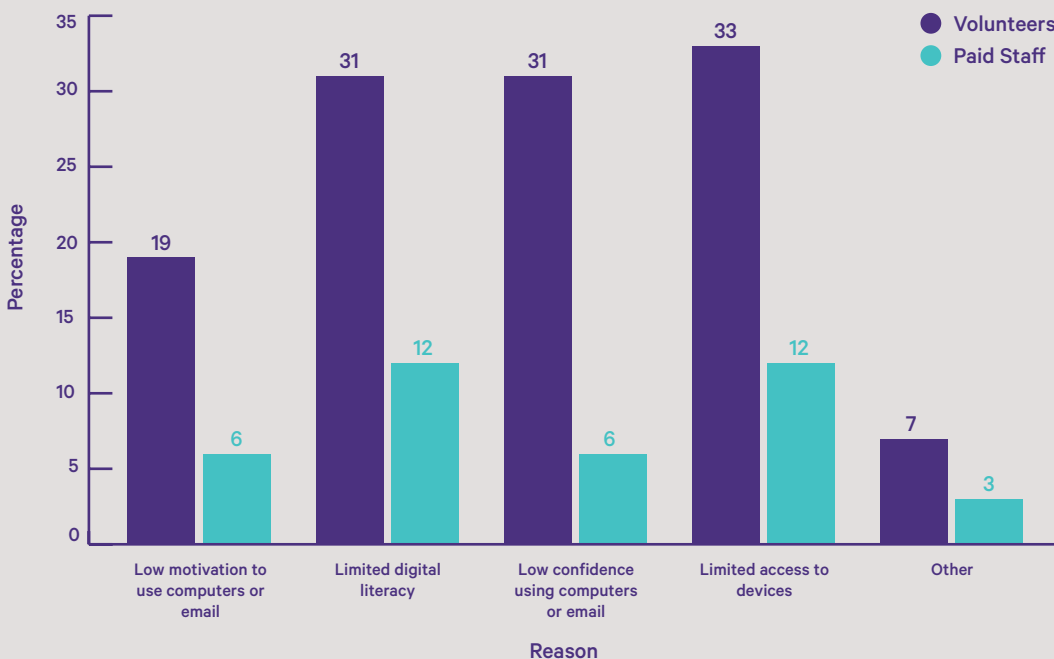


Figure 13: Barriers to email use - Volunteers (n= 67) versus Paid Staff (n=33)

4.5 Training Requirements

Respondents were asked to report on their Top 5 areas for training and development for both their paid and volunteer ER workforce. The key training and development are similar for both sections of the workforce. The top six topics were identical although had marginally different priorities suggesting that workshops can delivered to the workforce as a whole rather than to separate groups. For example, managing challenging behaviours was the key choice for the paid workforce (64%) and the second choice for the volunteer workforce (69%).

Training Topic	Volunteers (n= 94)	Paid Staff (n=127)
Communication strategies for people with complex needs	71	49
Managing challenging behaviours	69	64
Conducting assessments with someone in crisis	65	44
Supporting people living with family violence	56	58
Budgeting and financial management	48	42
Self-care strategies for workers	47	53
Cultural awareness	45	34
Building trust and engaging in conversations with clients	36	21
Referrals to other services	30	27
Case Management (assessment, planning, review, notes, coordination and exit)	27	38
Employment readiness	17	19
Supporting people with problem gambling issues	13	28
Not Applicable	7	6

Table 3: Requested Training & Development Topics (multiple responses permitted)

Respondents were also provided with an opportunity to request additional training topics. Those for the volunteer workforce include: holding difficult conversations; information about mental health; updating and training in DSS data consistency and accuracy; crisis work with a focus on brief intervention and assessing clients objectively in an emergency situation. Training requests for the paid workforce include: managing volunteers; continuous improvement; receiving updates on ER links and funding requirements and understanding sub-cultural and justice issues in relation to poverty.

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Preferred training time/ style

A clear choice emerged for the preferred style and form of training. 80% of respondent's state that a one day workshop held on a weekday is their ideal and a further 54% cite online training as a preferred training form. Other responses include that it would depend upon the location and that finding a suitable time is always challenging due to the part time nature of their workforce. One respondent mentioned that they would prefer a mixture of hardcopy information, web based training, and telephone support after training.

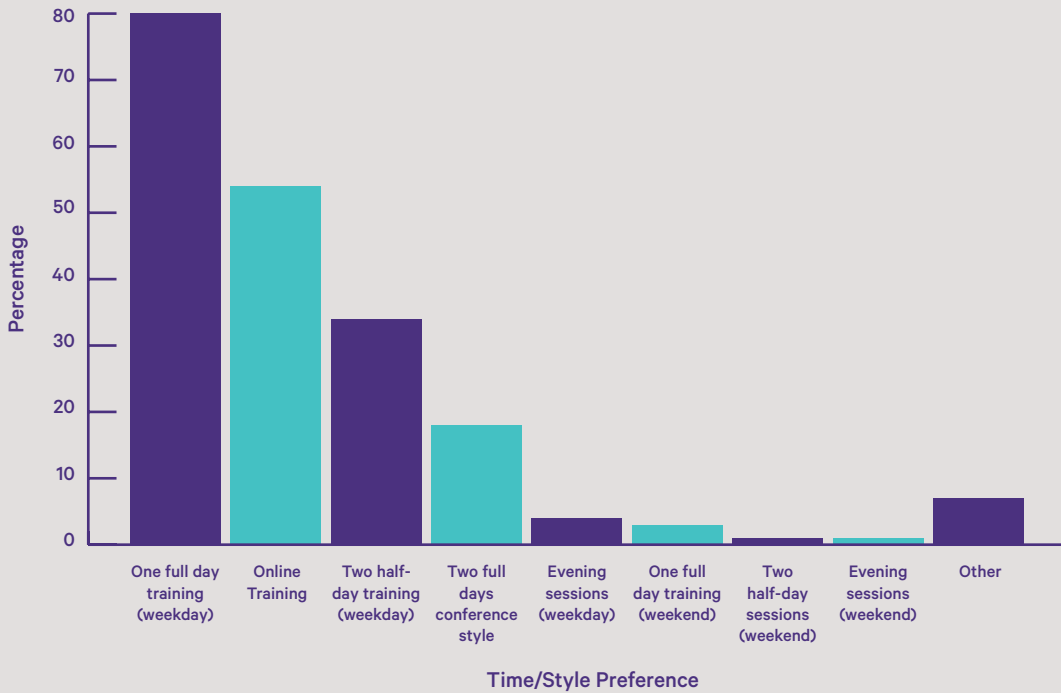


Figure 14: Time / Style Preferences for training (n= 157, multiple responses permitted)

