

Podcast: Demystifying Client-Centered Services

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Introduction

Gabrielle Siegel: Welcome to the Switchboard podcast. Switchboard is a one-stop resource hub for refugee service providers in the United States, funded by the Office of Refugee Resettlement. We provide resources, training, communities of practice, and more. My name is Gabrielle Siegel, and I'll be your host. Today we will be exploring the topic of client-centered services. What does that mean? And why is it important for clients and, most importantly, refugees and/or newcomers?

GS: We have with us Maya Wahrman, Switchboard's Training Officer for Client-Centered Services, to break down the concept and give some examples and ideas on how to center clients in our services. Maya is a licensed social worker in the state of New Jersey, and she has worked in many refugee and immigrant integration programs, including Refugee Support Services, Refugee School Impact Grant, Matching Grant, and Reception & Placement, all serving refugee and other newcomer individuals and families directly. She has worked in refugee health administration for the state of New Jersey and has provided telehealth non-crisis counseling in English and Spanish through her graduate work. Thank you so much for joining me today, Maya.

Maya Wahrman: Thank you so much for having me.

GS: So to dive right in,

How would you define "client-centered services"?

MW: Thanks so much. So really, client-centered services is what it sounds like, which is, we are here to serve refugee and newcomer clients. But what does it mean to center the client? That "client-centered services" term affirms that we are always putting our clients in the center of all these services. So it's a little bit circular because we might think, well, we're serving clients. So obviously, they're at the center, but there can be lots of reasons why programs exist. And I think client-centered services allows us to say the clients are our "why," and also we're going to include them in every part of the process that we can. So we're working with clients and for clients; they're at the center. We're not working with clients, incidentally, because "this is my job, and so I have to," but we want to support our clients and make sure that they feel supported, that their voices are heard, that we are working with them towards their goals, as well as whatever the program requires.

GS: I love that definition. Because when you say it like that, it sounds so obvious that you should be centering clients first and foremost. But I think it can often be really easy to lose sight of why it is you do what you do. So I love that way of phrasing it, where everything is about the client at every stage, and you're always keeping the client in mind and their needs first. That is just so wonderful and so important.

Why do you define serving refugees as "client-centered services" rather than "case management" or "social work"?

MW: Case management and social work are both really important terms and super relevant to the work that we do, to the work that I have done since I've become a social worker, and even before in the field. I think case

management defines the tools or the manner of the way that we do a lot of our work. So it's kind of a catchall term to encompass using sensitive care, maybe trauma-informed care for clients, but to care for their whole case. What does that mean? The logistics of the case, maybe it's applying for other services and making referrals. It's greeting clients if they are arriving on a flight or other transportation. It can be helping them find food resources. It can be advocating for the client within other systems of provision, other services. It can be monitoring how they're doing, monitoring their service plans, checking in every so often. So case management are the skills and the tools that we often use.

MW: But client-centered services addresses the kind of "why" of how we do it. And I hope that that resonates with some of our listeners who may not have a case manager title; they may be an employment services professional or even a supervisor. There's so many different kinds of roles within refugee service provision. And a lot of us actually do do case management, even if our title is not "case manager," whereas I have had case manager titles at more than one institution, but client-centered services thinks about how we are centering the client, the orientation of our work.

MW: Now the term "social work." I'm a licensed social worker, so I obviously believe in social work; that's kind of my field or my discipline. And not everyone in refugee resettlement is a social worker or will become a social worker. But it is a wider field of supporting people. What drew me to social work was the consideration of real people, so the client, in this case, from their individual experience, what they're going through clinically, emotionally, personally—in social work we call that the "micro level." We go through maybe their community level, their agency level, the agencies or organizations that are serving them. That's called the "mezzo level," which just means "medium" In Italian. And then up to the "macro level," which is really the institutions at large, the policies, the laws that are affecting people, society, social norms.

MW: And in social work, what I love about the discipline—because I've been able to be in both micro roles serving individuals and macro roles of thinking about policies or administration—the client always has to be remembered. So even if you're in that social policy place, you have to remember the experience of the client, the needs of the client, the self-determination. But if you're doing that micro work, that clinical work with individuals or families, you're asked to remember the social level. What is affecting them from that macro level, from the bigger picture? And that's what really drew me to social work, is that we're always asked to remember both, even if we're specializing in one field. For folks who have studied psychology, they'll recognize this as a person-in-environment kind of framework.

MW: So "case management" and "social work" are both useful terms. But client-centered services is the orientation of it; it's why we do it. No matter what we're doing, as a service provider—you know, mental health services, case management, supporting refugees with housing, things that don't feel so "social work-y"—we're still trying to remember the client and center them in our work so that everything in the end is helping meet their goals, including them, and serving their ultimate empowerment and self-sufficiency.

GS: So it sounds like social work and case management are both two extremely important tools that you use to provide client-centered services. But client-centered services is more of the North Star that guides everything you do, with case management and social work being two ways you get there. But also, if those aren't the tools to get there, or there are other things that need to be done, client-centered service is always what you're aiming towards.

MW: Yeah, I think that's exactly right. Because there are so many different modalities, as we might say clinically, or just ways and tools that we can use to support people. You know, here at Switchboard we work with all different kinds of partners. We do have some mental health professionals who consult for us, but we have lawyers doing immigration law, immigration legal assistance; we have folks from the Karen Organization of San Diego who help lead our work for supporting ethnic community-based organizations (ECBOs). So they might have a really different manner of reaching this work. But ultimately, we're doing it for these clients, for our refugee and newcomer clients. And so that is our orientation.

How would you say your own field experiences have been a part of clientcentered services, and what has your experience taught you about serving clients?

MW: I have learned the most from my clients, always. I think client-centered services, we start and we end with the client. We start because we want to support, say, refugee clients. And we end when we feel, and they feel, more empowerment, more self-efficacy in their own lives, their own self-sufficiency. So really, as service providers who are working in client-centered services, we're ultimately trying to put ourselves out of work. We all would love to live in a world in which refugee resettlement services or refugee service provision are no longer necessary. And maybe we have a long way to go. But with some individual clients or families, whether that's program requirements, or just they are self-sufficient, that actually can become a reality. I think doing this work in a client-centered way is what keeps us in the work. It's what gives at least me satisfaction and fulfillment. Because this can be very challenging work, knowing all of the hardships and frustrations. There's so many structural barriers to overcome, whether in your community or kind of the national level of immigration. But if we remember that at the heart of it are clients and we are there to serve them, that can also help us receive some of that fulfillment. Their successes become the successes of the work.

MW: So I have worked as a case manager in a school supporting Spanish-speaking families; I have worked in a resettlement agency as a general Reception and Placement case manage—that's the 90-day program that first brings refugees and Special Immigrant Visas (SIVs) to this country. I've also worked as a service provider in Refugee School Impact programs. So I have a lot of experience working directly with clients, and I've learned a lot along the way. A lot of times, I saw my role as meeting with clients and orienting them to what will happen next. I'm not their main person who can do everything for them; I'm their field guide. I get to help support them on things that are my responsibility—applying for public benefits, applying for school registration. I help them understand what steps they need to take and to move through a process. But in the end, they are kind of equally responsible for their own case in the ways that are appropriate.

MW: So I think what I've learned from client-centered services in the field is moving away from me as the social worker in the center. So if I tell someone on the train, I work in refugee resettlement, I, you know, get a lot of kind words: "Wow, that's so amazing!" And it is—I love the work that we all do in refugee resettlement. But the clients are the ones working really hard. They fought to get here to the U.S. or to wherever they're going. And they are the ones who are equally or more invested in their case and will continue it when we no longer work together for whatever reason. So what I've learned is most important is how to learn from clients. They are the experts in their own experiences. I can recognize symptoms of trauma, or I can know how the process often goes for other people. But ultimately, clients are the experts in their own lives. And so we have to listen to them and learn from them. And then recognize their role in their case that we can't do anything that they don't want to do. And also our own limitations that at the end, we're centering the client.

GS: What I'm hearing in a lot of what you're saying is that centering clients is really as important for refugee service providers as it is for clients.

So why would you say centering clients is important for everyone involved?

MW: Centering clients really is for everyone. I mean, ultimately, mostly the client, which is kind of why we talk about client-centered services, but having client-centered services reminds us what the end goal is, and therefore what our processes should be. So as service providers, we can be proud and fulfilled of the work that we do to ensure better, sustainable outcomes for the future. One example I think of is, this is not my personal experience, but so many refugees and newcomers who went through the resettlement system end up as service providers, whether they're case managers, or supervisors, or agency directors and higher-up administrators. And those people can reflect back hopefully the importance of centering the client to get through this work and remember what it was like to be the client, and maybe good and not so good practices that they experienced, and how that will affect their work to come.

MW: So a lot of us in refugee service provision, even if we're in the field doing case management, we have a lot of tasks that by first glance don't seem centered on the client. There's a lot of reporting and monitoring. There's

auditing budgets, writing case notes, sending emails and faxes, and organizing case files. There's a lot of documenting and logistics. And these can feel removed from the client experience. But all of these processes allow us to look back and make sure we have a good answer of why we are doing the work that we do, and why we are choosing certain policies to support refugee clients. So case notes give us a record of what the client wants and needs. We can use it as accountability to make sure our actions as individuals or our support from the agency as a whole are aligning with those client goals, with their needs, and with their ultimate path to self-sufficiency.

MW: Many of the processes and requirements underlying refugee resettlement and service provision were created originally with client-centered principles in mind. So monitoring and service planning—these are kind of social work best practices or humanitarian best practices. But when it goes into the field, when we do refugee service provision, those kinds of processes can feel really separate from the actual serving of the client. And I've been there, right? When we want to spend more time listening to the client's concerns and sitting with them, but we feel rushed. We feel anxious to get back to the office to finish our reporting because there are only so many hours in the day. There can be agency requirements to maintain certain boundaries with clients. And we may really want to go the extra mile for a client, but that would break that agency policy. Reporting is in place so there's accountability to the client and the program, so that if there's ever a discrepancy about what happened, the client has a record; the agency has a record.

MW: Boundaries are really there to protect the client's rights, their privacy, their right to self-determination. It's also there to protect ourselves and our own resources, whether financial or our own emotional resources. If we become burnt out and we leave the field, we lose, and ultimately the client loses, too. So what I'm trying to get at is, these processes start to feel sometimes counterintuitive, but I think it's helpful to reframe that they're serving everybody. Whether that's boundaries, that's case notes, there are reasons that are there to protect both client and service provider. And it really is—when the client wins, we all win in a kind of holistic way.

GS: I think that's such an important way of phrasing it because I think it would probably be really easy for people who work in certain parts of refugee service provision to assume they know what will be best in a specific case, you know, whether, like you said, somebody wants to go the extra mile, but that ends up crossing a boundary, it sounds like having these things in place really provides the structure to provide client-centered services in a situation where your instinct might say, this is putting the client front and center, but that's actually not going to be what's best for them, or it's not going to be what allows you to provide the best service for them.

MW: Yeah, I think we have to think a lot about sustainability and long-term planning when it comes to working with the client. So we encounter a lot of situations in refugee resettlement that, in the short term, the client wants, you know, the case manager to do that thing for them. They're tired; they've had a really long journey, literally and metaphorically to reach this point. And it can feel really good for the service provider to say, "Let me take this one thing off your plate." But at the end of the day, we want to not have this job for this client; we want them to be able to do these processes for themselves, to apply for a certain benefit for themselves, to interact with their children's school directly, so we don't have to be there as an intermediary. So sometimes it can help to talk with the client about validating why you understand that it's hard or that they want your support, and how you might be able to help teach them to do that thing so that they won't need your support in the future.

Can you share a story of when you centered a client and both the impact it made on your relationship with them and the quality of services?

MW: I mean, as a quick answer, if I've ever worked with a client where I haven't really centered them, it has not gone well. Fortunately, I have I think quite a few stories of where working with and for the client has really helped that client on their journey. The first that comes to mind is actually the first family that I served as their designated case manager. So I had worked with many refugee and immigrant families, but this was my first Reception and Placement, R&P, family that I was assigned to support through their 90-day process of first resettling in the U.S. So it was a family from Eritrea. They had been in transit for 10 years. They had fled Eritrea on foot through Sudan and the Sinai Desert and were asylum seekers in Israel. They had taken on that journey

with a baby and had had two more children in Israel. And they finally received the opportunity to resettle in the U.S., including with a legal pathway to citizenship, which was not available to them.

MW: So they arrived here. And this is my first family I'm working with. And I speak Hebrew. So I went to their house, and I started speaking Hebrew with them. And that felt very right. And I never thought that speaking Hebrew would be useful in serving refugees. And this was really the only time that that has happened. This family just taught me so much about what it means to work with a really strong and resilient refugee family. So they had been exposed to a lot of trauma, not all of which I am aware of, but when they arrived in the U.S., they had high expectations of how things would be better. And there are things that were better here, but one of the reasons they wanted to resettle here was for medical care for their son who had some neurological conditions that needed to be cared for. And it is very difficult to navigate the health system in this country, even though they had full access to the health system as refugees, as beneficiaries of Medicaid. And so working with the family to learn what their medical experiences had been and how to support them was very humbling, because I couldn't fix everything. And there were a lot of barriers: there were a lot of waitlists and different providers to look for.

MW: Because of many of these medical complications, not only for their son, they had some economic and financial barriers. We had to apply for rental assistance, which was a very stressful process. And what's so funny to me is I was still in graduate school to become a social worker. So I had done work with clients; I knew about refugee resettlement; but I was still pretty new. And because I knew a few things, or I came as this kind of authority figure and I spoke a shared language with them, they assumed that I knew everything. So shortly after I started working with them, the COVID-19 pandemic began. When the first vaccines became available, they—and they're not the only clients who did this—they asked, "Should I get the vaccine?" and I was like, "I don't know. I'm not a doctor. I'm going to get it. I think it's a good idea. I can't authorize this or give you evidence-based practices as to why." They would always ask me these questions of, "What would you do? Would you send your child to the summer program?" And I would say, "I'm not a parent. I don't actually know. What kinds of questions can I help you find the answers to that would help you make a decision about this?" And, you know, I was close with them, so Mom would get very frustrated and say, "Just make a decision." And I would say, "I can't. I'm not an expert in this, and I shouldn't. This is really your decision to make for your family. How can I help you think about this?"

MW: So as I've mentioned a couple of times, the Reception and Placement program is 90 days. And then many clients are eligible for Refugee Support Services or other services that go beyond that 90 days. And when I came to their house to close their Reception and Placement case and to transition them into other services that are less intensive, Mom started crying, and she said, "Don't leave me." And I said, "I'm not leaving you. And I understand why you're upset. And I understand that you have felt very supported by these intensive services. And we're still here to support you. But look at everything that you have learned already. Look at everything that you have already done and accomplished in these 90 days and prior, before I met you. You do not need me to continue this journey, and I will still be here in all the ways that are appropriate or defined in these programs. But I know that you can do it; I know that you've been learning."

MW: And there were several other moments after that of, "This is something that I've helped you with before, and now I need you to try to do it yourself. And I'll be here to answer your questions and to set some of those boundaries." It was hard on all sides. But I have also seen how much that family has flourished. And then they had to move away to a different state, and so they were no longer served by our agency. And they were able to do that and enroll the kids in a new school. And they're really excited about their new life. So it's really important to try to build in that, I mean, it's a collaboration from the beginning, but to think about how a family or a person is going to start serving themselves from day one and support that, again, as the field guide, as the cheerleader, as the advocate, rather than, "Here I am. I'm going to do everything for you, and then the program will be over."

GS: I love that story because I feel like there are so many moments in it that so perfectly illustrate what you've been talking about, about how I'm sure it must be so tempting when somebody asks you, "Should I get the COVID vaccine?" to think, "Oh, well, you know, I know this vaccine is going to protect you," or "I know that this summer program is going to be really beneficial to the kids." And I think that it sounds to me like keeping client-centered services front and center says, first of all, "Are these my decisions to make on behalf of my client? And what is going to help them make more empowered decisions in this world they've entered going

forward?" And I think that it can be really easy to think when you answer those questions, "Oh, this is going to be the most helpful thing for my client," but really, who's to say you're not just making yourself feel better for having answered those questions at the moment and saying, "I've done the thing that they want me to do, and that makes me feel really good about myself." I think it can be a lot harder to say, "I really can't answer that question for you, but here's how I can help you find your own answer to it," which will help them find those answers going forward, better adjust to the world they're living in, and also not have you speaking out of turn when we don't always necessarily know what's best for someone. We may know the decision we would make in a situation, but that isn't necessarily the right decision for them.

MW: I really appreciate that re-articulation because it's important to remember other reasons that we put clients in the center of things in that it's the right thing to do. And I say that in a sense of it's ethical; it's traumainformed; it recognizes that clients have had a lot of difficult experiences, our refugee clients, and have often been disempowered or had their voice taken or their agency hindered. And we want to not perpetuate that. We want to be a part of re-instilling agency and self-efficacy so that clients can move forward and build better lives than maybe the hand they were dealt previously.

MW: It also really acknowledges that all of our clients have strengths. So there are a lot of things that they need from our service provision or agencies—the knowledge of how to apply for benefits, support, finding safe housing, if they first arrived in this country—but clients have a lot of assets within them and within their cultures, within their communities. And we want to always elevate those things. It's really important to not keep repeating systems of power that have disenfranchised our clients by saying, "Well, I have had a good education. So maybe I do know more about the COVID vaccine. So I could just tell the client that and it would probably be best for them." But that's just repeating my educational gap from them, rather than helping them learn how to educate themselves.

What are some practical ways you can center your clients in your case management or service provision?

MW: It can be a little hard to give "Three Simple Tools to Centering Your Clients" because it really is an orientation and sometimes an attitude shift. But I think some general practices that are really important are good communication with clients. So being transparent with clients whenever it's possible. The client asks you, "Why are you taking so many notes on what I'm saying? Why is everything that we are doing together documented?" Explaining that this is to protect them; this is to keep you accountable to their case. It also will be monitored confidentially by the federal government or whatever the funding agency is to make sure that the program is doing what it's supposed to do and that clients are being served.

MW: Being transparent is also about being honest with clients—what do you have and not have control over? So I have control over how I treat a client, how they're maybe received at my agency. I don't have control over how they're treated at the local hospital or social services agency. But I do have control to help advocate for them or rectify a wrong if they've been wronged. So that transparency about what we're here to do, what we can't do, but why these processes are in place or why these limitations exist, I think, can be really helpful.

MW: Another attitude shift that becomes practical is being culturally humble or having cultural humility. So, not assuming that you know everything about a client. I had a shared language with the family that I was talking about, but that does not mean I know most of their experience. And this is true even if you have a shared cultural, national, ethnic background with clients you're working with. I go back to this, that every client is the expert on their own lives. Even children in their own ways may need some guidance or support in verbalizing that expertise about their own lives, but they are people. So having that cultural humility, not assuming you know everything about a client.

MW: Also, approaching a client as much as they are approaching you. So there's a lot of things that we expect from clients that are reasonable. They should come to the office often to receive services. They do have to learn about American culture in order to survive in this country. But there are things that we do that can help approach the client back. Home visits is one, but another is maybe learning little touches of a client's culture and language. Knowing how to say "hello" and "thank you" in their language to show you care. Not expecting all service providers to learn their clients' languages fluently to not need interpretation, but rather to show

them that you are also invested in this relationship, even if it's a professional relationship. I think that can be another really important way to center clients.

MW: Another important attitude shift is to always have self-awareness. So we are always learning as service providers. If you're listening to this podcast, whether you've just started as a refugee service provider, or you've been in the field for 20 years, we're all learning. And we can always ask ourselves, "How can I improve my services?" and also reflect on what we did well and celebrate a client's successes and our part in those successes. But I think it's really important to own up to mistakes, when appropriate, to the client themselves. "I've missed this detail on your case. This is what happened. I'm sorry. This is what I'm going to do to help solve it. This is how we can troubleshoot it together." So that piece of self-awareness. Thinking about how who we are shows up in our work, and therefore how that's going to affect our clients. I think as soon as we think we are done learning, or we know resettlement, that's when we have a problem. So I think a practical way to center clients is actually turning inward and committing to always learning and educating ourselves more, whether it's new resettlement service topics or new cultural experiences of a client group you maybe haven't worked with as much, because there's a conflict that has broken out and now you have a lot of people coming from that country. But the client will feel your commitment to listening and to learning.

GS: I think those are all fabulous recommendations. I know you said it's really hard to come up with "Three Easy Tips for Best Client-Centered Services," but I think those are all just such wonderful practical tips. And I like to think anybody listening to this will be able to write those down, keep those front and center, and use those as really practical guidance.

So to wrap up, where can listeners learn more about centering refugee clients in service provision?

MW: So, I'm going to give one easy answer, which is at Switchboard. My role here is as the Training Officer for Client-Centered Services. I run a monthly community of practice for anyone working in client-centered services. You can apply through our website. We have many public trainings and technical assistance opportunities, different self-paced eLearning courses or instructor-led courses on different topics within case management, within refugee service provision. And I promise that anything I am presenting or working on will have a client-centered services bent as well as many of my other training officers and colleagues here at Switchboard. So there's many ways to engage and to learn.

MW: But I would also challenge you to try to learn from your clients. And if you're on an agency/decisionmaking level, thinking about how you're incorporating client voices, or refugee voices, voices of those with lived experience, into improving your services, into creating new policies and culture shifts. And if you're a case manager thinking about how you're listening to your clients, how you're learning from them to improve your own service provision, we would love to help you out here at Switchboard.

GS: Maya, thank you so much for joining us today and for sharing your insights on client-centered services and refugee resettlement.

MW: Thank you so much for having me.

Conclusion

GS: If you're a resettlement service provider and are looking for ways to improve your current program or build new programs, please don't hesitate to reach out to the Switchboard team via our website. Please check out our resource library for all the latest resources on refugee resettlement. Thank you so much for tuning in!

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