

Department of Social Services
Canberra ACT



Discussion paper: Financial Wellbeing and Capability Activity

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Organisational Background

AnglicareSA has been working for the community of South Australia for over 156 years. Our 1,800 staff and 700 volunteers support approximately 58,000 people each year across disability, foster care, aged care, youth, parenting, financial literacy, new-arrivals, Aboriginal, emergency assistance, homelessness and mental health services.

We are here for every South Australian in need, and our work is guided by the five values of Integrity, Compassion, Stewardship, Equity and Servant Leadership. Providing approximately 130 Community Services, AnglicareSA has a deep insight into the depth and breadth of need facing individuals and communities, and the emerging trends across the Government and not-for-profit sectors.

AnglicareSA Financial Wellbeing and Capability (FWC) Services – supporting over 10,000 households annually

AnglicareSA has provided Emergency Relief for more than 20 years, and currently engage approximately 7,000 households annually. AnglicareSA's suite of financial services strengthen the financial capability and resilience of approximately 3,000 families annually; our services include Commonwealth Financial Counselling and Financial Capability, Financial Counselling for Problem Gambling, Financial Counselling Capability and Resilience Hubs, State funded Financial Counselling, No Interest Loans Scheme, Money Minded, Money Business and Saver Plus. AnglicareSA is also one of the first eleven Financial Inclusion Action Plan (FIAP) trailblazers nationally.

Delivered across 8 outlets in South Australia, AnglicareSA's existing FWC services reflect many of the service principles aspired for in the Discussion Paper, including:

- **Strengthened referral pathways:** AnglicareSA's financial counselling services outreach to more than 21 schools, community groups and centres on a weekly or fortnightly basis; welfare clinics in-reach to emergency relief sites weekly, and strategic community partnerships enable preferred priority access to specialist domestic violence, housing and support services.
- **Service Delivery Hubs:** AnglicareSA's FWC services are located in visible and trusted community hubs, providing visible access and connection to other services such as mental health, financial counseling and homelessness services. In Playford, South Australia's 5th most socio-economically disadvantage region by SEIFA index (2011), AnglicareSA's community hub offers a free nutritious lunch Monday to Friday, affordable groceries through a partnership with FoodbankSA, and an extended community through the volunteer-run community garden and café. Connected to our FCCR Hub initiative, it reduces barriers to and increases supports for those who often won't engage in formal service offerings.
- **Enhancing stability and resilience through ER:** AnglicareSA's ER services currently require recipients to see a budget support worker or financial counsellor after two visits.
- **Prevention and Early Intervention:** AnglicareSA staff provide financial literacy training through Money Minded workshops directly to the community to build awareness and confidence to respond across broader service delivery. We also work closely with Centrelink, an 'early identifier' of people in financial stress to build capability in Centrelink staff to respond to financial stress triggers and encourage engagement prior to crisis.

General Comments

AnglicareSA welcomes the opportunity to contribute to the FWC discussion paper. It comes at a pivotal time when poverty is reaching unprecedented levels in Australia, with an estimated 2.9 million people or 13.3% of the population living below the internationally accepted poverty line. This includes 731,300 children under the age of 15. (2016, ACOSS and Social Policy Research Centre; Poverty in Australia 2016). The link between poverty and child maltreatment is well evidenced, as is the economic and social impact and exclusion that results from poverty.

A clear omission in the Discussion Paper is the lack of recognition of the extensive community and social capital required to deliver Emergency Relief, for example:

Case study: Inner city Emergency Relief Service

AnglicareSA's inner city ER service contributes approximately \$3.20 (\$528,400 annually) for every \$1 spent by DSS annually (\$164,000), representing a 222% return on investment for every \$1 invested by DSS. This excludes the enormous financial value of volunteer labour, as illustrated in Table A.

AnglicareSA fundraises to employ 2.5 FTE, pay for office space and infrastructure and contribute \$164,000 towards food/materials etc (\$ for \$ matching with DSS). We also coordinate the recruitment, police checking, training and management of 143 volunteers who provide essential service delivery support. Approximately 450 households access ER through this site every month.

Key issues in the current ER model include:

- **Sustainability:** Operating in an increasingly commercial and competitive environment, the ability for the not-for-profit sector to sustain such significant contributions to ER is questionable. DSS does not adequately fund the sector to provide a quality ER service, and this should be reviewed as a priority before introducing additional service requirements.
- **Scale:** many of the redesign elements proposed, require a level of scale which is often unachievable for smaller providers. AnglicareSA's ability to combine several financial counselling contracts and strategically and operationally align it with our ER and community development efforts, mean we can stretch resources further to achieve the needed scale for more effective and integrated service delivery.
- **Commitment to deficit fund services:** As a 'Mission' based organization, AnglicareSA's commitment to supporting the most vulnerable ensures high-level buy-in and subsequent prioritization within our corporate support to fundraise for ER and resource volunteer coordination which is risk and resource intensive.

For these reasons, achieving an effective, integrated FWC service will be difficult for smaller organisations without service diversity and scale. This is compounded by the current expectation for providers to deficit fund programs, and the need for strong community infrastructure and relationships.

Table A. Emergency Relief Magdalene Centre		
Service component	DSS \$	AnglicareSA \$
Foods, groceries, goods.	\$164,000	\$164,000
Staffing		\$200,000 to employ 2.5 FTE
Volunteers		\$114,400 for training, police checks and recruitment for 143 volunteers(baseline training includes Manual Handling, Child Safe Environments, Emergency Relief Training, Concessions training)
Site infrastructure (rent, access, operational need etc)		\$50,000 per year
Sub-total	\$164,000	\$528,400**
ROI	222%	

** excludes the value (financial savings) from volunteer labour

AnglicareSA Key Recommendations

- **Recommendation 1.** To recognize ER as a professional service, and fund staffing and infrastructure accordingly.
- **Recommendation 2.** To maintain current eligibility guidelines, thereby, recognising financial vulnerability is not restricted to people receiving Australian Government social welfare allowance, pensions or benefits.
- **Recommendation 3.** To fund pilot initiatives targeting income-dependent Australians through current FWC services and contracts
- **Recommendation 4.** To fund Case Coordinator positions in ER to improve up-front engagement, screening, assessment and linking with other services based on the supports needed. These roles could include a Community Development component to build better collaboration and integration with other services.
- **Recommendation 5.** To include place-based principles in FWC service design and set-up.
- **Recommendation 6.** To include brokerage to access needed and hard to access services.
- **Recommendation 7.** To introduce a FWC multi-disciplinary panel to case conference long-term, complex needs clients, and achieve a more integrated approach to supporting clients.
- **Recommendation 8.** To create a forum for shared learning, including an evidence base to compare different hub models, their impact on clients and communities.
- **Recommendation 9.** To provide case coordination and case management funding to work with the highest need clients.
- **Recommendation 10.** To fund and evaluate FWC pilot initiatives to engage Job Networks and training groups, with the goal of improving financial, economic and wellbeing outcomes for FWC clients.
- **Recommendation 11.** To fund ER Budget Support Coordinator positions to provide training and supervision for volunteer budget support workers engaging ER clients.
- **Recommendation 12.** To review and fund an Emergency Relief workforce within the FWC contract, and increase the profile of Financial Capability Workers as a complementary workforce with improved role definition.
- **Recommendation 13.** For DSS to commission Financial Counselling Australia to conduct a feasibility project regarding a suitable evaluation framework.
- **Recommendation 14.** To consider a longitudinal study of outcomes experienced by FWC clients.

1. Strategies to improve the targeting of services

1.1. What impacts do you expect restricting eligibility criteria in the manner proposed above will have on your service?

Narrowing eligibility for FWC to “people in receipt of an Australian Government social welfare allowance, pension or benefit” will exclude a very large group of disadvantaged Australians, including the working poor, people on low incomes and people experiencing under-employment.

ACOSS’ 2016 Poverty Report shows that 33% of people living in poverty are receiving wages and 57% are dependent on Government income. Child poverty increased by 2% between 2004 and 2014, and lone parent households experience the highest poverty rates at 32%.

Narrowing FWC eligibility criteria represents a shift away from the initial intent of the program as a measure to address “inadequacy of income in relation to expenditure”, and reinforces a welfare-oriented service response. It will also heighten risk for some of the most vulnerable groups in our communities, including children and single parent working families. Most troubling, it will create another ‘crisis pipeline’ for people on the brink of and at-risk of entering poverty, who may have otherwise avoided the cycle by engaging FWC earlier. This measure will also increase red-tape, due to the need to assess and evidence those at imminent risk of not being able to pay their debts.

Further, the proposed policy position does not reflect what we know about poverty and complexity – that for people experiencing multiple vulnerabilities, one significant life event can tip them into the cycle of poverty and/or homelessness. As wages stagnate, traditional jobs for low-skilled workers decline, affordable housing reduces and the economy undergoes fundamental restructuring, we need to be increasing the safety net and access points for support for vulnerable people. AnglicareSA firmly believes the Government needs to consider a more expansive and inclusive view of FWC, access requirements, and the important role of early intervention and prevention in the financial resilience and capacity building continuum.

Recommendation 2.

To maintain current eligibility guidelines, thereby, recognising financial vulnerability and poverty is not restricted to people receiving Australian Government social welfare allowance, pensions or benefits.

Recommendation 3.

To fund pilot initiatives targeting income-dependent Australians through current FWC services and contracts.

1.2. What strategies can be employed to ensure that services are accessible for those who need them most?

AnglicareSA uses the following strategies to increase service access, which can be adapted more broadly:

- Working with early identifier organizations such as Centrelink to identify those at-risk early.
- Collaborating with other coal-face organizations to ensure appropriate targeting of vulnerable groups, including Aboriginal people, immigrants/non-citizens, young people, people experiencing domestic and family violence and children.

- Delivering Financial Counselling & Capability services at a range of community settings through outreach clinics.
- Co-locate FWC activities with other services ie. Homelessness, Mental Health services (e.g. PHaMS), Counselling, Youth Services, Family Support Programs, Clean Needle Programs, community capacity building services etc.
- Accessible, welcoming and well positioned outlets which offer referral and connection to other community services and information.

A clear gap in current service delivery is a Case Coordinator role within ER to support improved upfront screening, assessment, client:staff/volunteer matching and linking with other services. Inclusion of Case Coordination in the existing model will support more sustained client engagement and service outcomes.

Recommendation 4.

To fund Case Coordinator positions in ER to improve up-front engagement, screening, assessment and linking with other services based on the supports needed. These roles could include a Community Development component to build better collaboration and integration with other services.

2. Strategies to increase service integration

2.1. What would help you to strengthen cooperation with other services (e.g. family support services and job network providers) in your community? What additional support would you need to achieve this?

AnglicareSA agrees with the need for better service integration to “better address the multiple underlying issues of vulnerable people”, and this is an organisational and service priority. AnglicareSA’s current FWC services are highly collaborative, as demonstrated:

Intensive outreach (weekly or fortnightly) to over 21 schools, community groups and centres, including:

- | | |
|---|--|
| - Adelaide Magistrates Court, | - Eastwood Community Centre, TBA |
| - Elizabeth Rise Community Centre, | - Hutt St Centre |
| - Eyre Regional areas, every two-
three months | - Louise Place |
| - Centrelink (4x week) | - Gawler |
| - NACYS | - Aboriginal Transitional Housing
and Support Service (ATHOS)
Adelaide |
| - Junction Community Centre | - North East community centre |
| - Parks Community Centre | - Lake Windemere |
| - Womens and Childrens hospital | - Picket Fence |
| - Hutt St Library | - Stables Christian Centre |
| - Holden Hill –AnglicareSA | - Aldinga Children Centre |

In-reach services:

- Welfare Rights Clinic (supporting community housing, legal aid etc)
- Financial practitioners, supporting clients with tax returns, superannuation consolidation etc.

Preferred priority access relationships:

- Domestic and family Violence Outreach
Catherine House

Co-location:

- Homelessness, mental health, community development/connection services, counselling, family support, youth services, clean needle program.

For AnglicareSA, the value of integration is to achieve more person-centred and seamless customer experience that is focused on the holistic needs of the individual and builds on their strengths. Achieving this within light touch intervention services such as ER, particularly with no paid staff positions or a professional workforce is not viable. Furthermore, in view of the escalating behaviours presenting at FWC sites, it is too high risk to rely on volunteers (without the necessary training and supervision) to provide case work to clients.

To achieve better integration, we need to build the capability of ER to better assess and connect clients to the right supports when they need it. Due to the high level of barriers ER clients experience, referrals alone are often ineffective – by investing the time to build rapport and trust we can support better customer engagement and advocacy in line with their needs (see *Recommendation 4. re Case Coordinators*). Integration is also enabled and strengthened by taking a genuine place-based approach to service design and set-up, ensuring community infrastructure and relationships are fully utilised to support better client and service outcomes.

Recommendation 5. To include place-based principles in FWC service design and set-up, based on community need.

2.2. What effect will the requirement to formalise relationships with other organisations have on your service? How do you see these relationships working to maximise their effectiveness?

The majority of AnglicareSA’s FWC relationships are formalised, so this requirement would have little impact on our services. There is value in the range of partnership options presented by DSS (from continuum to integration), however, achieving ‘collaboration’ and ‘integration’ according to the Discussion Paper’s definition is often challenging due to both contractual and organisational limitations and different levels of partnership maturity.

More integrated service delivery requires additional capacity to be developed in priority services. Without this, the status quo will prevail i.e. long waiting lists with no capacity for services to see FWC clients. This again reinforces the value of the Case Coordinator type role to keep clients engaged and advocate on their behalf to access services. Alternatively, brokerage models could be piloted to try and build capacity with strategic partners in high-need service areas.

Recommendation 6.

To include brokerage to access needed and hard to access services, i.e. drug and alcohol services for high needs clients.

2.3. Where is integration / collaboration of FWC microfinance services with other FWC services occurring across the country? Is there a way these relationships could be better supported?

AnglicareSA delivers No Interest Loan Scheme (NILS) across metropolitan and regional areas of South Australia. The opportunity for a NILS product is made available through all of our FWC activities, with all financial counsellors and financial capability workers trained in the NILS product and process. The NILS program is supported by a NILS Coordinator and specific NILS workers. The NILS panel meets regularly to assess for NILS suitability, identifying financial stress and relevant referral points. There is merit in introducing a multi-disciplinary panel for long-term clients who have shown no change in behaviour, involving partners such as South Australian Network of Drug and Alcohol Services (SANDAS), Housing SA, and Aboriginal and CALD specialist partners.

Recommendation 7.

To introduce a FWC multi-disciplinary panel to case conference long-term, complex needs clients, and achieve a more integrated approach to supporting clients.

2.4. What elements would need to be present to ensure a hub model is successful in your community? What additional support would you need to establish a hub in your community?

The following elements are needed to ensure a successful hub model in the income-management communities AnglicareSA work in:

- Strong organisational commitment to deficit fund the service
- Excellent community infrastructure and relationships.
- Satellite sites in community
- Visible and accessible locations, close to public transport.
- Excellent breadth and depth of community need and service knowledge.
- Strong practice framework for working with vulnerable communities.
- Commitment to professionalising the ER workforce by investing in training, supervision and career development options (currently majority of the workforce comprises volunteers, and professional staff are funded through the service delivery agency).
- Access to free interpreter services.
- Shared client management system between all FWC activities to support client movement

Recommendation 8. To create a forum for shared learning, including an evidence base to compare different models and their impact on clients.

2.5. What elements and innovative practices would be particularly key in establishing a hub model in a rural and/or remote service delivery context?

- Access to internet technology, communications, postal service and shared client management systems
- Access to interpreters
- Culturally respectful service delivery
- Community infrastructure to support outreach visits (local shop, school, council, health clinic)
- Coordinating visits with other agencies (ie Centrelink)
- Relationship development with local financial institutions
- Co-location of complementary services

2.6. How could Australian Government funding be used differently to better support integration of FWC services?

As indicated above, options include professionalizing the workforce, investing in roles that support improved screening, case management and community development/capability building; forums for shared learnings across FWC and developing an evidence base of what works in different communities, service models and funding/partnership arrangements.

3. Strategies to support client outcomes

3.1. What strategies can you utilise to support a client to improve their financial and/or employment outcomes?

Options to support clients to improve financial and/or employment outcomes include:

- Linking with alternative learning pathways and participation in community centres/volunteering.
- Holistic client centred approach to address barriers to employment.
- Potential linking with Job networks, particularly through pilots that target the key cohort.

Evidence suggests that coercing people with high and complex needs into work without addressing barriers to work, can reduce wellbeing and contribute to longer term unemployment. (Mission Australia, 2015, Impact measurement and client wellbeing report) Financial stability and employment should be considered as one life domain/focus area within an individual's case plan and capacity to build resilience and independence.

To achieve this with the client group, the following options could be explored:

- Case coordination/management funding: to work with highest needs clients
- Innovation/brokerage funds: to trial pilot initiatives with Job Networks and training groups within communities.

Recommendation 9.

To provide case coordination and case management funding to work with the highest need clients.

Recommendation 10.

To fund and evaluate FWC pilot initiatives to engage Job Networks and training groups, with the goal of improving financial, economic and wellbeing outcomes for FWC clients.

3.2. How does your service currently deal with clients who present to your service on multiple occasions?

At what point should additional support and requirements apply to repeat ER clients? What form should this take? What barriers do you see in implementing these requirements with your clients? What support would you need to implement such a proposal?

AnglicareSA currently requires ER customers to see a Budget Support Worker/Financial Counsellor after two visits. Following assessment, the client may be supported to access additional emergency relief material aid as part of a financial recovery plan.

The Budget Support Workers are a specialist volunteer role, with AnglicareSA facilitating and funding the following training:

- Developing a budget
- Understanding concessions
- Assisting with setting up simple payment plans with utility companies
- Developing a financial recovery plan; and,
- Assessing the need for financial counselling and additional emergency relief.

To sustain this model, a Budget Support Coordinator role is needed to recruit, train, supervise and coordinate the necessary training and volunteer supports. Whilst the function of this role could be adapted depending on the service model and community, the principle of increasing capability and expertise in the service is fundamental.

Recommendation 11. To fund ER Budget Support Coordinator positions to provide training and supervision for volunteer budget support workers engaging ER clients.

3.3. How can DSS better support early intervention and prevention opportunities?

- Development of a service delivery framework based on recovery from financial crisis to financial resilience which considers key service areas for referral/linkage as people improve their financial situation. Ie. Centrelink, Legal Services, Utility Hardship Programs, Financial Institutions, Employment Networks, Counselling services etc.
- Expand 'Money Minded' or other financial literacy modules to provide training to universal and specialist services.
- Invest in reforms that tighten legislation and operating parameters for pay-day lenders.

4. Strategies to build a strong workforce

4.1. Do ER and CFC/FC workers need to build capacity? If so, how might this be done?

Yes, there is significant disparity between ER and CFC/FC workers and need to build capacity. The challenges are two-fold:

- i. **Lack of Equity (paid versus volunteer workforce):** AnglicareSA's ER workforce involves a mix of paid positions (funded by AnglicareSA) and volunteer roles (recruited and trained by AnglicareSA); this is in stark contrast to our CFC/FC workforce, which has standardised qualifications, professional development, code of conduct and supervision requirements. This disparity creates clear signalling that the CFC/FC workforce is valued and professional, in contrast to the ER workforce which is entirely reliant on volunteers.

AnglicareSA's ER service is delivered using four key roles: Emergency Relief Interviewers, Budget Support Worker, Reception/Administration and Stock room management. The ER workforce includes a range of qualifications aligned to key positions, however, there is no standard requirement. Training modules and requirements have been developed for and is delivered internally (and sometimes externally) to each volunteer, as illustrated in Table B.

Interviewer	Budget Support Worker	Reception & Admin	Stock Room
- Manual Handling	- Manual Handling	- Manual Handling	- Manual Handling
- Child Safe Environments	- Child Safe Environments	- Child Safe Environments	- Child Safe Environments
- Emergency Relief training (4hr module)	- Emergency Relief Training (4hr module)	- Emergency Relief Training (4hr module)	- Emergency Relief Training (4hr module)
- Concessions Training	- Concessions Training	- Data Training	
- Money Minded Training	- Money Minded Training		
- Data Training	- Data Training,		
	- Advanced Budget Support Training (7hrs)		
	- Utilities Training (2days)		

AnglicareSA also provides additional training on an ongoing basis such as Cultural competency, Developing Respectful Service Responses in working with Aboriginal People, Working with Aggressive and Traumatized Populations and Responding to Aggression and Violence.

- ii. **National Standards and peak body:** Financial Counselling Australia (FCA), through state based associations has supported the development of national standards and a registration process for Financial Counsellors across Australia. The professionalization of this workforce is demonstrated through the standardisation of qualifications, professional development, code of conduct and supervision requirements. By contrast, Financial Capability Worker roles are under-valued and under-defined and would value from some integration/alignment with FCA standards. As illustrated above, the ER workforce is in yet another league of it's own with zero funding, zero standards or accountability.

It is difficult to bridge the significant disparity in the current qualification and skill levels spanning ER and CFC/FC and requires genuine reform to improve equity and demonstrate commitment to a professional workforce.

Recommendation 12. To review and fund an Emergency Relief workforce within the FWC contract, and increase the profile of financial capability workers as a complementary workforce with improved definition.

4.2 What 'tools' do you see as integral to the further development of the FWC services in Australia?

The diversity of FWC services and community needs, means introducing new 'tools' (such as the DSS Data Exchange Survey, PWI survey or screening/assessment tools) with a mixed skilled workforce are challenging, and exacerbated when the service is not supported to implement them fully. Money minded and financial literacy modules are valuable, and ongoing commitment to flexible service design and implementation will ensure services continue to be designed to meet and respond to community needs.

5. Strategies to strengthen evidence, improve practice and measure outcomes

5.1. What do you see as the key issues involved in evaluating the FWC Activity?

AnglicareSA undertakes an annual client satisfaction survey to identify if the service met the client needs, their satisfaction with the service, uptake of budget support/Financial counselling, and suggestions to improve service delivery.

AnglicareSA has also evaluated the efficacy of Budget Support – seeking feedback from clients about the process, outcomes achieved and if clients' financial understanding or skills have increased. We also asked clients why they did not proceed to Budget support. This provides a good understanding of perceived barriers to service delivery, and offers insight into the motivation for accessing ER.

Evaluating client outcomes in Emergency Relief is difficult due to the light touch nature of the service. It is, however, more achievable with return clients, which represents a smaller cohort of the larger client group.

In Financial Counselling services, AnglicareSA has been conducting limited client outcome measures, evaluating if clients are 'better off' from the service.

An outcome measurement would be useful to achieve for the FWC service area, however, there are many challenges to implementing successfully due to the broad range of service delivery models in place across Australia.

Further analysis is needed of the DSS Data Exchange' relevance to FWC. Initial analysis by AnglicareSA indicates that a range of service types such as outreach and 'light-touch' services offering advice, transactional support or onward referral are not offered in a format appropriate for implementation of the client survey. Furthermore, to adequately evaluate FWC, additional resources are needed.

To progress discussion on a suitable evaluation framework, AnglicareSA recommends commissioning Financial Counselling Australia to conduct a feasibility project.

Recommendation 13. For DSS to commission Financial Counselling Australia to conduct a feasibility project regarding a suitable evaluation framework.

5.2. What would you like to see as the main focus of the evaluation?

A longitudinal study of outcomes experienced by people accessing both ER and FC services would help build an understanding of the effectiveness of intervention and its impact on clients accessing the service. For example, do people accessing FWC benefit in the short term but then revert to poor spending patterns after 6 months? What percent of clients accessing ER services take up referrals to address their underlying issues?; and, what can be done better to support and engage long term ER clients? i.e. what are the barriers to effective long term financial management?

Recommendation 14. To consider a longitudinal study of outcomes experienced by ER and FC clients.