Anglicare

Anglicare Diocese of Sydney

# Anglicare Submission to the DSS Discussion Paper on Financial Capability and Wellbeing

March 31st 2017

# 1. Overview of Anglicare Sydney

1.1 Anglicare Diocese of Sydney (Anglicare Sydney) is an organisation of the Anglican Church and one of the largest Christian community service organisations in Australia. Within the Community Services arm of Anglicare Sydney we operate a wide range of community services and programs across the Sydney Metropolitan, Illawarra and Shoalhaven regions of New South Wales, including services for migrants and refugees, counselling and family support services (including Family Relationship Centres); carer support services; disability respite; youth services**;** emergency relief for people in crisis; foster care and adoption for children; aged care both through residential and community services; opportunity shops providing low-cost clothing; emergency management in times of natural disaster; and chaplains in hospitals, prisons, mental health facilities and juvenile justice institutions.

1.2 For more than 40 years Anglicare Sydney has provided material aid to people in financial hardship and crisis across 8 Community Centres through Emergency relief (ER) in the form of food parcels or vouchers, support with utility bills, medication, transport, household goods, clothing, and increasingly rental assistance including rental arrears, bond and removalist fees to help people maintain or find suitable accommodation. Increasingly over the last 10 years we have also been involved in the provision of Financial Counselling, Financial Capability work and microfinance via the No Interest Loans Scheme (NILS), and the StepUP Loans program.

# 2 General Comments

2.1 For many years ER was seen in the community as a 'band aid' solution providing a one off service to avert crisis by the provision of food or other material aid. Between 2005 and 2010 Anglicare ER workers indicated that this simple transactional service model was inadequate. The same service users, representing the same households, returned with monotonous regularity, presenting with complex and intertwined issues of food and housing insecurity, relationship breakdown, physical and mental health issues, disability, unemployment, ongoing financial and credit card debt and parenting problems. Additionally there were a large number of children represented in these households who were at risk of intergenerational poverty, with compromised well-being and future life chances. At risk were future trajectories into pathways of education and employment which might break this intergenerational transmission of poverty. Doors of opportunity can be fully or partially closed to such children, and moving from current, deep social exclusion into future full participation in society can be both difficult and complex.

2.2 Anglicare Sydney recognises that this regular accessing of Financial Wellbeing and Capability Services (FWC) and/or ER is usually indicative of deep and persistent disadvantage. Individuals and families present with a range of issues, intertwined, complex and often difficult to resolve – what some commentators have called a 'wicked problem'. While individuals may move in and out of hardship over time there have always been people who are consistently deprived and marginalised experiencing the poverty of opportunity – unable to plan for a future that is often overshadowed by the day to day immediacy of survival. To a large extent these are the people who seek financial assistance from Anglicare.

2.3 ER data reveals that most people present to our services because of a lack of income making it difficult to manage finances including significant debt, the payment of bills and avoiding hunger. People on Newstart in the private rental market often have little or no discretionary income after rent, forcing them to seek support with food and utilities. It is not a question of being able to cut costs or budget more effectively

since their options are so limited. The role of the worker in this instance is to build a relationship of trust with the client so options can be explored.

2.4 For many presenting to our FWC services it is also not just about the inadequacy of income. There are other interlocking problems, which compound low income and unemployment including poor physical health, accommodation and housing affordability and stress, issues with children, relationship breakdown, domestic violence, drug, alcohol and gambling addictions, people forced out of the workforce by caring responsibilities, and the over representation of mental health issues. It is this very complexity which calls for a more integrated approach to service delivery and a more multifaceted policy response.

2.5 While employment can be a key catalyst in moving people out of hardship, for many of the families presenting to Anglicare there are a number of issues which need to be addressed before they can be considered 'job ready'.

2.6 For many clients, given levels and complexity of disability, physical and mental health issues, a good outcome from a service intervention may well be more secure housing, a drop in levels of food insecurity, management of finances, moves away from pay day lenders and reduction of credit card debt and early intervention to keep families together. These outcomes often need to be achieved before job readiness is possible.

2.7 Further it is important to have a longer term view of FWC programs – such interventions may not lead directly to employment of the client but may strengthen their family and lead to more positive outcomes for children in terms of education and parenting, thus breaking the cycle of intergenerational transmission of poverty and longer term welfare dependency.

2.8 Additionally employment may be defined in a number of ways. A number of people accessing our FWC services are in employment – but it is highly casualised, episodic and unreliable as well as poorly paid. Employment options need to be sustainable and stable for people experiencing deep disadvantage accessing the labour market, and such work is often not available.

2.9 For all clients accessing our services it is important to build capacity, independence and resilience and empower individuals to be financially independent but at the same time acknowledging that for some, even with good budgeting and financial management, this may well not be a realistic outcome.

# 3 Strategies to improve the targeting of services

1. What impacts do you expect restricting eligibility criteria in the manner proposed above will have on your service?
2. Who will be excluded when previously included?

3.1 Restricting ER and Financial Counselling to only those at imminent risk of not being able to pay a debt (or imminent risk of crisis) will mean that only those people in crisis will be assisted. Current case work with people in crisis indicates that it takes approximately 3 months for clients to stabilise after experiencing a crisis, meaning that any meaningful work to address the underlying issues is pushed back to allow for crisis intervention to occur.

3.2 This policy is not dissimilar to the Department of Housing policy that requires people to actually be homeless before they are able to offer assistance with temporary accommodation.

3.3 Under current eligibility criteria we are able to support people who may not have a debt but food, utility and housing issues which may, in the longer term, generate debt. Over this time period of pre crisis support, trust is developed between the client and the agency and crisis can often be averted.

3.4 Food insecurity is a significant issue in all the locations that we provide service. Our 2012 national research on food insecurity[1] has highlighted that 94% of all households presenting to an Anglicare ER service nationally experience food insecurity and for 75% this is severe. It appears that under these new guidelines the provision of food or food cards would be discouraged/restricted. If this is the end result of the policy change then additional supports would need to be provided within communities, allowing people to access low cost food options separately to ER eg Community Pantry type programs available (funded) so that people could rely on having access to low cost food on a regular basis.[2]

3.5 Anglicare Sydney is also concerned that the proposed eligibility requirements will effectively restrict eligibility to those with the potential for transition to employment or who are at imminent risk of not paying debts leaving some families, who are not job ready and may not be job ready for some time, unsupported into the future. Indeed Anglicare Sydney is concerned that the current safety net in place for such deeply disadvantaged people may well shrink as the focus of funding will be targeted to only those who are job ready.

3.6 Part of the current role of the Financial Capability workers at Anglicare is to run financial education groups and one on one information sessions – in different community settings – to people who may not be welfare recipients but who are at risk and vulnerable. In particular Anglicare notes that in the Bankstown Hub Anglicare Financial Capability workers run a number of programs in schools aimed at upskilling parents. By providing early intervention training to the parents, we are able to impact the future of the children. It is a prevention approach so that they too are equipped and skilled to deal with financial issues into their future. We have also run workshops for teenagers in Bankstown under the auspice of the local Council for 12-18 year olds - 4 workshops of 75 people coming from families in the community – creating financial awareness, managing credit cards and increased understanding of financial products which are available.

[1] King S, Bellamy J and Moffatt A (2012), *When There is Not Enough to Eat*, www.anglicare.org.au

[2] Anglicare runs a Mobile Community Pantry into 16 communities fortnightly – details can be found on our website

3.7 Under the new eligibility criteria school children, young people and adults at risk of financial exclusion – who may well not be welfare recipients but at risk of experiencing financial hardship – may be excluded from the benefits of the current program.

3.8 Anglicare considers it is important to maintain a prevention and early intervention focus in the delivery of this program which would be compromised under the new eligibility criteria.

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

3.9 Culturally appropriate services need to be more available and co-designed with community leaders/stakeholders to ensure they are relevant, easy to understand and easy to access – sometimes just translating an English training package into another language isn't enough. New concepts need to be explored further and basics explained for new migrants on issues such as understanding and navigating the banking system or utility bills. There needs to be a focus on prevention and early intervention – before families present in crisis.

3.10 Easy access to low cost food needs to be a standard in all communities – a true safety net. People should have access to affordable shopping options that allow people the dignity of choice and the ability to make ends meet with a very limited budget. This service needs to be constant and reliable so that people can rely on the money saved each week/fortnight to be put back into their family budget.

## 4. Prioritisation?

3.11 Anglicare's priority for financial assistance has been for families with children at risk of separation, family breakdown and intergenerational poverty. Anglicare would maintain that this is still an important priority group since one clear way to break intergenerational poverty is to focus on creating strong and thriving families.

# 4 Service Integration

### General observations – one Agency's multi program single Hub response

4.1 Establishing genuinely integrated human service programs has been an elusive concept for many community organisations, including Anglicare Sydney, which has complementary programs that are co-located across metropolitan Sydney. Literature has identified that successful diverse-program integration models can benefit disadvantaged groups. It is also recognised that the road to integrating diverse programs is labour-intensive and marred by roadblocks characteristic of siloed funding arrangements.

4.2 In 2011 Anglicare Sydney convinced of the value of integrating complementary services in the FWC program suite established an Integrated Service Delivery (ISD) model at its sites at Liverpool and Sadleir. The ISD program provided a single entry point for vulnerable and at-risk families. In contrast to the traditional 'siloed' approach, the ISD model offered an integrated approach to addressing client disadvantage. Following a comprehensive assessment with a family support worker, clients were given a more speedy access to a range of programs. The program is still operating.

4.3 In the ISD model, relevant information about a client's needs are shared across the following Anglicare programs:

- *Family Support* – counselling, advocacy, case work and referrals - Sadleir office
- *Emergency Relief* (ER) – support for payment of utilities through EAPA, food parcels and food cards, clothing and assistance with moving house - Liverpool office
- *Financial Counselling* – including advocacy and support for dealing with credit card and debt issues – Liverpool office
- *No Interest Loan Scheme* (NILS) – Liverpool office
- *Step Up Loans* – facilitating low interest loans for low income households – Liverpool office.

4.4 Since its inception the Anglicare ISD program has undergone two formal evaluations. In 2013 staff and client surveys were used to determine whether anticipated outcomes were being achieved, particularly for clients of the Family Support arm of the ISD program. The evaluation study report[3] concluded that the ISD program was achieving its desired aims. The five programs had been successfully integrated and staff were working together collaboratively. Clients had received a number of services within a short time frame and were very positive about the services they had received. Most client outcomes were being achieved, including reduction in stress and anxiety, increased knowledge and skill, referral to services, safe and stable accommodation, increased social inclusion and improved parenting. Table 1 provides a summary of these outcomes:

[3] Evans, King and Kemp (2014) ANGLICARE South-West Sydney Community Care Integrated Services Delivery Model (ISD) Outcomes Evaluation Report. ANGLICARE Sydney.

**Table 1: Self-reported Client Outcomes from Integrated Service delivery**

| Data item | | Not at all | A little bit | Quite a bit | A lot |
|---|---|---|---|---|---|
| **Stressed** | **Before** | 2% | 18% | 8% | 71% |
| | **After** | 24% | 58% | 12% | 6% |
| Aware of my options | **Before** | 52% | 26% | 9% | 13% |
| | **After** | 0% | 12% | 28% | 60% |
| Able to cope if problems arise | **Before** | 28% | 51% | 13% | 9% |
| | **After** | 2% | 14% | 33% | 51% |
| Confident about parenting | **Before** | 9% | 39% | 24% | 28% |
| | **After** | 2% | 4% | 30% | 64% |
| Hopeful about the future | **Before** | 19% | 43% | 9% | 23% |
| | **After** | 4% | 6% | 20% | 68% |

4.5 A second evaluation conducted in 2016 followed up those clients who had successfully exited the program – which contained an intensive case management model. This follow-up evaluation of the ISD program at Anglicare Liverpool/Sadleir provides evidence that former clients have maintained or improved their outcomes in the period since leaving Anglicare's program. There were many instances where goals were being achieved in an ongoing way in the years since leaving the program and evidence of: increased confidence; knowing how to address issues; applying what they had learned at Anglicare; and seeking further help with issues. There was evidence that most clients remained hopeful about the future and remained confident in their parenting ability. Clients were able to point to significant changes both for themselves and their children as a result of having been involved with Anglicare. Since life is not static some former clients reported new crises and a worsening of their situation – requiring further interventions and support. However staff have also observed that while there are some positive reassuring results here, it is hard for families to 'break the cycle'. Having a period of support gives clients choice, information and a sense of control, helping them to make some changes needed to achieve better outcomes. More research is needed into the factors that will support families to make long term changes.

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?
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?

4.6 Under the current competitive tendering arrangements and the limited nature of funding it is difficult for agencies to collaborate and share resources although Anglicare has found that there is a great deal of informal on the ground communication between providers as they try and establish a more optimal use of very limited resources across the sector.

4.7 In our Bankstown Hub we have strong operational relationships with Housing NSW, Centrelink, SSI and Job Network outlets along with NGO's such as the Salvation Army, the Smith Family and local culturally specific agencies. These relationships have been forged over time based on regular meetings, referrals and sharing of resources where appropriate. We also participate with these agencies in the local Homeless Hub – operating out of a church hall in Bankstown.

4.8 Networking is key to the effectiveness in the development and maturation of these relationships. Anglicare has been very effective in this networking approach, as evidenced by the fact that an NGO in Campsie has requested

Anglicare to provide an outreach FWC worker from our Bankstown Hub and these partnership requests are coming in more frequently.

4.9 However it needs to be understood that collaboration and service integration come at a cost which is currently not funded by government. Networking is a significant investment of both time and money and does not necessarily lead to improved outcomes unless it better assists clients to access the services they need to effect change at the most appropriate time.

4.10 An additional problem in terms of collaboration is the lack of strategic focus in this sector with no peak body assisting agencies to share research, innovation and develop cross collaboration strategies. As many FWC programs are run or heavily dependent on volunteers their participation in such networking would need to be funded by the agency since no alternative funding is currently available.

3. 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?

**MULTI AGENCY HUBS**

4.11 Strong working and operational relationships with and between government and non-government agencies are the critical element in the successful and effective operation of a multi-agency hub model.

4.12 Being innovative and mobile is also critical. One method adopted by our Bankstown Hub has been locating an Anglicare FWC worker once a fortnight in the Centrelink office so that when Centrelink workers identify a client in need of such support they can refer directly to Anglicare in the same office. This has built strong relationships between the two agencies with a mutual respect and understanding of the work being done by both agencies. Providing outreach services and information sessions and workshops at community venues and sites, which people at risk of financial exclusion can easily access, has also been effective.

4.13 Additionally linkages to employment agencies are also essential and awareness of job opportunities and training options – a practical example of this is a hospitality course being made available to newly arrived migrants and refugees in the Bankstown region, via the local MRC.

4.14 What is required is a commitment from all of the key services – Housing NSW, Centrelink, Partners in Recovery and a range of NGO's embedded in the local community – a good blend of government agencies, FWC workers, and other local agencies.

4.15 Funding for the effective establishment and maturation of new hubs should include an acknowledgement that networking and relationship building takes time and people with the relevant expertise in community development should be included in the service and funding model.

**SINGLE AGENCY HUB**

4.16 The lessons learned from the evaluation of our ISD program has been that an effective integrated service delivery model, which acts as a single agency but multi program Hub, requires a number of key elements including:

- integration of a complementary suite of services,
- the need to develop new intake and assessment processes across teams,
- new training to enable staff to broker services, sharing the administration across all teams,
- increasing appointment times for more extensive assessment,
- changing food distribution strategies,
- partnering with agencies such as Foodbank and Ozharvest,
- making reception areas more inviting and family friendly and
- developing intake and evaluation surveys to establish whether outcomes and goals are being achieved for clients during the life of the program.

4.17 The most effective operational model for such integration has been intensive case management which is clearly integral to the creation of effective outcomes. Clients only need to tell their story once, receive an in depth assessment with agreed upon goals and a suite of wrap around support services which provides a platform for achievable outcomes over the period of the service intervention.

4.18 Anglicare has successfully introduced service integration across its suite of FWC programs where the programs are all on one site. This has confirmed our view that successful integration requires co-location of services – since clients may well be referred to another agency but frequently do not take up this option once they leave the building. This lack of take up of offsite referrals is an ongoing problem but is significantly reduced if clients can be walked around from one program to another at the same site and do not have to tell their story over and over again. Therefore the Hub model consisting of a suite of complementary services on site where services already have an existing relationship with a client and their family can be more effective than separate sites and separate agencies working with a referral system.

4.19 For employment outcomes to be optimised the Job Network programs need to be part of this on site presence and not a separate geographic location requiring separate intake and assessment. Anglicare would therefore endorse the proposal to expand the Hub concept across Australia as suggested in the Discussion paper.

4.20 Effective development of the Hub models in the community would require some additional support: training in the integration of systems including administrative processes, staff and volunteer training on how to work collaboratively and in an integrated manner across referring programs, increased funding for more intensive case management and support for the development of appropriate outcomes measures and evaluation protocols.

# 5 Client Outcomes

### General observations – Anglicare research

5.1 Anglicare agrees that strengthening pathways to employment is a critical factor in improving longer term outcomes for those who are working age and have the potential for sustainable employment. However it should be noted that while 95% of Anglicare Sydney ER clients are in receipt of income support, a considerable proportion of these require ongoing support with financial literacy and counselling but will never be eligible for the job market – 1 in 20 clients are on the age pension struggling in the private rental market, and one in four people are on a Disability Support Pension. Only 1 in 4 clients presenting to Anglicare's ER and FWC services is on Newstart and actively seeking work.

5.2 Regular presentation for such people at ER is not necessarily indicative of an unhealthy dependence or inability to manage their financial situation but a reflection of people receiving very low incomes, often below the poverty line, who are struggling in the private rental market and experiencing significant financial and housing stress. Removal of the current safety net, especially for those who are not job ready or who may never be will catapult families and children into worsening hardship and food insecurity.

5.3 Anglicare Sydney research on food insecurity indicates that 75% of people accessing ER services nationally across Anglicare sites are experiencing severe levels of food insecurity. Findings (2012) indicated that between one-third and a half of respondents in a national survey were experiencing food insecurity almost every week or even more frequently during the previous 3 months. The most intense levels of food insecurity were experienced by nearly a third of the sample (31%), who were severely food insecure almost every week. For adults in these households there was anxiety about running out of food (83%) and for three out of four adults (76%) this was a lived experience since they had run out of food in the last three months and could not afford to buy more. As a result a number of adults (73%) were cutting the size of their meals or skipping meals (62%). For 61% of adults there was hunger and one in three adults (37%) regularly did not eat for a whole day.

5.4 In order to cope with the lack of food for their children most respondents (71%) were relying on low cost food – two thirds (65%) reported that they could not provide a variety of food for their children, in more than one in three households (38%) adults reported that children were not eating enough and in 29% of cases children were going hungry. In one in three households with children (32%) adults were forced to cut the size of their children's meals and in 16% of cases adults reported that their children skipped meals. In 7% of households children did not eat for a whole day either weekly or fortnightly. The most intense levels of child food insecurity were experienced in 8% of households where children were severely food insecure almost every week.

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

5.5 Anglicare's Financial Counsellors routinely engage clients on the prospect of employment as a solution to their debt issues. Options discussed often include finding employment for a person on a Centrelink benefit, gaining additional hours in existing employment or seeking alternative employment that pays more. Options for increasing income for employment usually involve discussions about all adult members of a household.

5.6 Key strategies revolve around an integrated approach to service delivery as mentioned in an earlier part of this submission: use of intensive case management; evaluation protocols utilising validated scales to determine if clients are meeting goals; referral to relevant service providers often requiring warm referrals to ensure the client take up is effective; meaningful and in depth assessment of client and family needs; and development of education and training pathways. For many clients, meeting the presenting need such as housing and food insecurity is a critical first step in building their capacity for employment.

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?

5.7 Analysis of Anglicare Sydney ER data would indicate that almost half of service users do so only once (Table 1). For a very small proportion of ER clients – 5% - access is frequent – more than 10 visits over a 6.5 year period.

**Table 2 No. of Visits by ANGLICARE Sydney ER Service Users**

**July 2007-Jan 2014**

| Number of visits | % of service users |
|---|---|
| **One visit only** | 47.8 |
| **2-4 visits** | 34.6 |
| **5-9 visits** | 12.2 |
| **10-14 visits** | 3.3 |
| **15-19 visits** | 1.2 |
| **20 or more visits** | 0.9 |
| **Total** | |

5.8 Anglicare's current policy allows for clients to attend a service twice for a 'walk in food parcel' mainly comprising donated food and/or food vouchers. These clients are not currently recorded for DSS, as they have not sat down with a worker, and have not signed any consent forms. Clients who need further assistance are required to attend an appointment to sit down with a worker to assess other issues. During this assessment, underlying issues such as medical conditions, housing problems, underpayment of supplements, issues with utility bills and/or large debts may be identified. Assessments are based on income statements from Centrelink or payslips, bank statements and documents around expenses (medical bills, utility payments etc).

5.9 The proposal to require clients to demonstrate 'reasonable steps' (NZ model example) may often be premature or inappropriate for many of the clients presenting to Anglicare services. For a family that is trying to find their way with a child suffering from ADHD, their next goal may be to speak to a specialist. A

client with mental health issues may be attending counselling sessions, while someone struggling with a drug addiction may be actively engaged in rehab. Such clients may not meet the guidelines if adhered to by providers in the strictest degree and be at risk of missing out on services that can often make a real and lasting difference.

5.10 The example given of the New Zealand model of practice may not necessarily be consistent with a client centred service model. Applying for a set amount of assistance does not take into account that some clients may need help with large items (such as rent arrears or bond) while others may only need enough food to get them by until next payday. By providing money, but with no assessment of need, circumstances or desired outcome, the client is still left to navigate the system on their own with no advocacy or referral advice.

5.11 Anglicare has a few examples of limited Case Management within the FWC space, but funding is not readily available for this, and any funding allocated to wages reduces funds available for direct financial aid available to clients. We have seen significant change occur in people's lives when they are able to engage with Case Management, identifying goals and creating a plan to move towards them. With the support of someone removed from the situation, and with knowledge of local community supports available, people feel empowered to move forward on their journey. Anglicare currently provides Case Management in Wollongong, and Summer Hill, as well as Financial Capability workers at 4 locations providing Case Management, and various other internal programs such as Family Support and Reconnect that also provide Case Management.

5.12 Clients who are considered to be multiple service users and for whom assessment indicates complexity of need are provided with wrap around service supports and capacity building services with the aim of improving independence, wellbeing and participation. Within our ISD and Wollongong ER services this is accompanied by intensive case management, development of goal attainment scales and regular evaluation of progress on client outcomes. The barriers to scaling this model more widely is chiefly an issue of funding since such innovations are currently not supported in existing funding models.

5.13 There is also the issue of culturally responsive services. In the Bankstown Hub Anglicare has seen a significant increase in the number of new arrivals and Syrian refugees presenting to services. While we have access to translated materials this is not meeting the knowledge gap or need. Some of these cultures learn best through storytelling and listening to the wisdom of their elders and community members – so provision of written material is sometimes not helpful. Often they are dealing with concepts that are alien to their culture such as accessing EAPA or paying on a plan. Group work needs to be designed specifically that accommodates different learning styles.

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

5.14 Although there is a strong focus on prevention and early intervention in discussion point 3, Anglicare is concerned that restricting services to people in crisis (or very close to it) will restrict the current capability of FWC services to support people before an actual crisis occurs and mitigate or thwart the crisis from occurring.

5.15 Ensure the **scope of the FWC programs** is wide enough to incorporate community outreach, information and education so that those who are at risk have ease of access to the relevant services. Working with young people through local Councils and with schools and children at risk ensures a strong prevention and early intervention focus for the FWC workers.

5.16 Provision of early intervention and prevention programs which are **co-located with FWC services** can provide opportunities for immediate referral and support. Appropriate assessment at intake can highlight those families who are at risk and provide access to EI services which are responsive and flexible, establishing a strong platform for positive future outcomes. Such programs need to adopt a strengths based approach working in collaboration and partnership with the family, be culturally competent, build purposeful relationships with the family and be built on both reflective practice and effective outcomes measurement.

5.17 Anglicare's work in cross cultural contexts indicates that opportunities for **community engagement and building relationships** with at risk and disadvantaged communities as well as locating service sites in these communities has improved referral and engagement with early intervention and prevention programs. Funding for widening such community engagement in those communities which are struggling and in need of financial literacy projects would improve access of such communities to particular products and services.

5.18 **Capacity building programs** also offer a valuable lead in to other early intervention and prevention programs as we have discovered through our self-funded capacity building program at Mt Druitt – offering a range of courses and skills development along with TAFE pathways that has highlighted the particular needs of some groups in the community and opportunities for cross referral.

5.19 **Regular environmental scanning** could be conducted to identify new and emerging unmet need – potentially seeing such gap analysis as part of the roll out of the new census with untapped data.

# 6 Strategies to build a strong workforce

## General observations

6.1 Anglicare Sydney is very supportive of some of the strategies outlined in the discussion paper particularly around those relating to a national training strategy, facilitation of best practice, development and implementation of a workforce strategy, development of tools and resources for financial counsellors and financial capability workers and an operational toolkit for ER workers.

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

6.2 In the building of capacity of ER workers it is important to remember that much of this service is delivered by volunteers as well as paid staff and therefore funding of this training is an important imperative in the effective delivery of improved workforce capacity.

6.3 Given the nature of the sector and the limited funding provided, it would be very beneficial (especially to smaller agencies) to have access to a core set of training modules: cultural awareness, safe work practices, accidental counselling, working with vulnerable clients, motivational interviewing, conflict resolution etc. Financial Counsellors and Capability workers are required to have a minimum qualification (and Financial Counsellors, ongoing professional development), whereas there is no such requirement for ER services, so some of the key components of a Certificate course in Community Services would be valuable (case management type subjects). Financial Capability workers would also benefit from training in group facilitation.

6.4 Access to a national training platform developed by DSS would be welcome and would standardise the approach to FWC programs.

# 7 Strategies to Improve evidence, practice and measure outcomes

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

7.1 Key issues in evaluating the service would include:

- Accounting for the often episodic nature of the service which does not allow estimates of effectiveness since the service intervention itself may be of too short a duration to significantly impact a client.
- Capacity on the part of the service to collect meaningful data on entry and exit.
- Capacity to match such surveys to identify progress towards outcomes.
- Clarification and agreement on high level outcomes and utilisation of scales and measurements.
- Agreement nationally on the use of such scales and protocols.
- Establishment of meaningful reporting dashboards.
- Ensuring that outcomes measures cycle back into service program improvement.
- Agreement on a definitive Program Logic Model.

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

7.2 Identification of outcomes in line with broader DSS outcomes including independence, wellbeing, sustainability and social inclusion.

7.3 Ensuring that outcomes measurement and reporting has an impact on continuous service improvement.

# Closing Statement

Anglicare Sydney is pleased to be provided with the opportunity to respond to this Discussion paper. The FWC program provides not only a strong safety net but a platform for the development, education and support of employment and education pathways by supporting families who are at risk of financial and social exclusion. It also provides opportunities to break the intergenerational transmission of welfare dependency and poverty. We look forward to the outcomes of this review.

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