

QUESTIONS FOR DISCUSSION AND THE UNITINGCARE WEST RESPONSE

**Targeting of Services**

* 1. - ‘What impact do you expect restricting eligibility criteria will have on your services’?

The proposal to restrict ER and CFC to those at imminent risk of not being able to pay their debts is in keeping with the current approach by UnitingCare West. Any proposal to apply more restrictions than that currently imposed may well result in groups of people in financial hardship falling through the gaps.

UnitingCare West is concerned with the proposal to restrict financial capability, as this will not achieve the outcome the Australian Government seeks in terms of providing **preventative** tools. In imposing such restrictions, those who need help in order to ***‘prevent’*** falling into financial difficulty would miss out.

* 1. ‘What strategies can be employed to ensure that services are accessible for those who need it the most’?

Funding for a dedicated triage service will improve efficiency, enable prioritisation of people with the most urgent needs and ensure that people are being directed to the most relevant service.

It has been the experience of UnitingCare West that the 1:1 coaching provided by a Capability Worker has been the most effective way of providing people with an improved understanding and awareness of how to manage their monies. People tend to shy away from attendance at community education sessions because they fear being identified as having financial problems.

The inclusion of online financial tools can also be of great benefit to people who have computer access. Many organisations use these tools that are easily navigable and that help improve the understanding and knowledge of those who seek to improve their financial status.

**Service Integration**

2.1 ‘What would help you strengthen co-operation with other services in your community and what additional support would you need’?

UnitingCare West agrees with the statement that many FWC providers already offer holistic support for people attending their services. Currently, UnitingCare West has solid working relationships with a number of other organisations and UnitingCare West assist clients of those organisations with the provision of ER Brokerage. Internally, UCW refers FWC clients to its other internal programs to address a range of other presenting issues. The services clients can link to include private tenancy support, homelessness support, supported housing, mental health support and services, drug and alcohol support services and family & domestic violence services including Indigenous family violence support.

2.2 ‘What effect will the requirement to formalise relationships with other organisations have on your service’?

It is unclear from the discussion paper what is meant by ‘formalise relationships’ and what evidence is required to demonstrate this outcome. It would be unfortunate if the level of evidence required to show how this criteria is met, is set so high that it becomes an administrative burden rather than a model where genuine local partnerships and arrangements are formed. It should be noted that UnitingCare West has established MOU’S and Partner Agreements with a number of other organisations and well as strong collegial working relationship with several local organisations.

2.3 ‘Where is integration/collaboration of FWC microfinance services with other FWC services occurring across the country’?

In UnitingCare West’s experience, the integration/collaboration of FWC microfinance services with other FWC services is already in place. Most organisations work alongside microfinance services for the benefit of the client. For example, the UnitingCare West Financial Capability worker provides NILS and Step up Loans to those who can afford repayments.

2.4 ‘What elements would need to be present to ensure Hub model successful in your community’

2.5 ‘What elements and innovative practices would be particularly key in establishing a Hub model’.

The existing UnitingCare West Hub model operates from its Inner City Service Centre. The elements that make this Hub a success is the co-location of all services such as ER, Financial Counselling (both State and Australian Government funded) and Financial Capability with many other internal and external programs such as the Tranby Homeless Centre, Street to Home, Food Rescue, Partners in Recovery, Personal Helpers & Mentors (PHaMs) Pathways, the Homeless Accommodation and Support Service (HASS) and Family & Domestic Violence services. In addition, UnitingCare West has extensive links with external services and this provides an opportunity for clients to be referred directly to those services. These include Centrelink, Street Law, Mental Health Mobile Outreach Teams and Partners in Recovery.

2.6 ‘How could Australian government funding be used differently to better support integration’?

It is imperative that the Australian Government provide an adequate allocation of funding so that organisations can employ fully qualified staff to work alongside and provide comprehensive case support for clients. This can only benefit individuals and therefore the community as a whole.

The allocation of ER, Financial Capability and Financial Counselling funding to those organisations already providing or able to provide Hubs made up of integrated services would provide a wider range of options for people. However, it is also noted that smaller, localised services also have a role to play as they often have informal networks and relationships to provide placed based solutions for people.

In addition, a promotion campaign of FWC services by the Australian Government would greatly assist those in financial need to become aware of services to assist them and would prevent people turning to commercial services such as payday lenders that can contribute to debt and financial problems.

**Supporting Client Outcomes**

3.1 ‘What strategies could you utilise to support a client to improve their financial and/or employment outcomes’.

3.2 ‘How does your service deal with clients who present to your service on multiple occasions’?

3.3 ‘At what point should additional supporting requirements be applied to repeat ER clients? What form should this take and what barriers do you see in implementing these requirements with clients? What support would you need in implementing this with your clients’?

UnitingCare West strongly supports a case management approach to people who present frequently for financial assistance, as often there are complex issues that the person is managing that impact on their capacity to manage financially. These issues may also be longstanding and not fixed simply by a referral to an employment service. This approach needs to be adequately funded and not seen as a function that can be carried out on existing resources.

UnitingCare West already employs an integrated service model to assist clients to improve their financial and employment outcomes. Clients entering the organisation through the ER service and who may also be seeking assistance for a range of issues such as loss of housing or unemployment are assessed and provided with immediate needs before being referred onto other services either internal or external.

It should also be noted, that people attending FWC services at UnitingCare West may be unemployed at the time of contact however a number have only recently become unemployed and it is that circumstance coupled with not being able to find another job that is driving them to seek financial assistance. They often are already linked in with a Job Network and have skills in applying for work but are unable to find new employment.

3.4 ‘How can DSS better support earlier intervention and prevention opportunities?

As mentioned earlier, there is a need for greater promotion of the FWC service by the Australian Government. Increased funding for no interest and low interest loans would greatly assist people not falling into deepening financial difficulty. In addition, provisions of funding to link Financial Counselling, ER and Capability services to Family & Domestic Violence services including women’s refuges would be of great benefit for people trying to escape domestic violence.

**Workforce Capacity and capability**

4.1 ‘Do ER and CFC and FC’s need to build capacity’?

The changing landscape means that ER workers do need to be better qualified and provided with the training they need to implement the requirements referred to above. The level of funding provided needs to reflect the level of skills and experience required from potential employees. The use of untrained and unskilled volunteers is no longer appropriate given the complex and changing nature of ER.

Financial Counsellors are required by Government contracts to be fully qualified and well trained and have many opportunities to upskill themselves and to keep up to date with changing legislation. A large percentage of their training is provided via their local Financial Counselling Associations as well as the agencies that employ them.

4.2 ‘What tools do you see are integral to the further development of FC services in Australia’?

There are currently well-developed Financial Counselling tools that are available. Capability workers would benefit from more access to a library of up to date financial tools so that agencies are not ‘re-inventing the wheel’. The development of tools for ER and Financial Capability workers should be undertaken in consultation with the sector.

**Evaluation**

5.1 ‘What do you see as the key issues in evaluation FWC activity’?

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

UnitingCare West supports the focus on outcomes rather than outputs, and the need to measure both short and longer-term outcomes of FWC services. The outcomes need to be measured both quantitatively and qualitatively such as client case studies. UnitingCare West utilises the Outcome Star Framework and this is a valuable evaluation and measurement tool.

UnitingCare West also supports the development of benchmarks and standards as part of a quality assurance framework.