UnitingCare
East Burwood Centre

DISCUSSION PAPER RESPONSE FROM UNTING CARE EAST BURWOOD CENTRE

Strategies to improve the targeting of services

1.1 Impacts on restricting eligibility

Given the recent changes to funding allocations of agencies the change to the eligibility guidelines would generally reflect the current eligibility criteria of CISVIC agencies. Even those who come to a Centre seeking help having just lost their job and are currently not on Centrelink benefits would be assisted under the 'imminent risk' category.

The difficulty for many agencies is that they receive funds from multiple sources (eg council) and each can have its own set of criteria for eligibility which may be different from that of the Commonwealth and then this creates issues for the deliverer of the actual service.

1.2 Service accessibility

Currently the Centre requires people to show a current Centrelink card as proof of residency and the benefit category. To ensure that people who are resident in the COW (City of Whitehorse) are not 'double dipping' from the 3 funded agencies in the municipality we have determined catchment areas for each of the services. If a person has no card then proof of residence in our catchment area is required for ongoing assistance. People who are homeless are managed through an assessment process.

Services needs to be place based.. accessible to where people are living.. to transport and have a welcoming ambience. Large services can be threatening and intimidating. Those that clearly create a power imbalance between workers and clients often create rather than mitigate angry responses from clients.

Strategies to increase service integration

2.1 Strengthening cooperation

There is a lesson to be learnt from the DHHS Integrated Family Services model of service delivery.

In 2008 the funded agencies were required by legislation to establish themselves as an alliance with a single entry point for referrals (Child First) and a system by which once assessed, families with the highest level of need were referred to the most relevant agency with a vacancy.

The learning from this is the difficulty in getting multiple agencies with different agency sizes and philosophical ideologies to work together collaboratively. It takes years and not months for this to occur where agencies develop a common set of working arrangements and to develop a MOU acceptable to all parties as inevitably it means that agencies may need to change the way they work.

It takes a lot of goodwill and commitment from Board level, CEO and all parties to make this work. To keep the Family Services alliance and to ensure that all agencies are working to a common set of standards of service delivery requires meetings at Executive level (CEOs) at Operations level (Team leaders/ Coordinators) and at service delivery level It also requires a Project worker to maintain the smooth functioning and coherence of the alliance.

This is not easy with agencies with a singular focus. With this concept of multiple services within an integrated model there has to be 'buy in' for the agencies involved… what is in it for them especially if they are not mandated to join in on such a model?

Currently UCEBC coordinates a network of ER providers in the COW. This group consists of both funded and informal ER providers. While attendance is encouraged there is no requirement and therefore participation has fluctuated over the years. Within Whitehorse there are only 3 funded providers UCEBC, Box Hill Salvation Army and Box Hill CAB.

Other agencies such as Centrelink, the Council or job providers have attended spasmodically. The network has worked best when it has had a specific focus/ project or it has provided a training opportunity for its members as generally those who operate on an informal basis do not provide any training.

2.2 Formalising relationships

From UCEBS's perspective a requirement to formalise relationships between agencies will ensure that agencies that have chosen to 'stand-alone' can no longer do so. However it does not guarantee cooperation as this only brings people together but it takes time for them to work together. It also doesn't guarantee the outcome required by the legislator.

The formalising has to be two way. Eg Employment services would then also need to also establish such working relationships with ER agencies. I am not sure that they currently see the need for such a partnership. They too would need to be 'required' to participate. DSS cannot 'dictate' relationships from non DSS funded services.

2.3 Supporting relationships

UCEBC is also a NILS provider and is the only one covering the Inner East Region. Currently it is reliant on people coming to the Centre. Many Nils programs are financially under resourced with agencies not taking it on due to the level of administration and accountability the program now requires. From the Centre's perspective the NILS program ideally sits alongside ER and provides the opportunity to also support people with budgeting and medium level financial management.

No one agency is sufficiently able to take on the resourcing aspects of keeping the network alive and actively working on supporting relationships. **Funded coordination is an absolute necessity.**

2.4 Elements for a successful hub model

The discussion paper doesn't define what they see is a 'hub'… is this an income management model or one of multi services?

There are currently hubs which really are a group of services located in the one building but again this does not guarantee that it is an integrated model. Each agency can have its own referral process and access from one service to another can be equally difficult.

Some services cannot 'fit' into the one hub. A DV service needs to be a safe place and can't be located in the place where a perpetrator can access also.

Setting up a Hub requires funding for the appropriate building from which to operate which is a cost that is to be borne by who? The hub has to be located in the area it serves and readily accessible. There will be issues in relation to finding the right building in the right location at the right rental!

An agency such as UCEBC that also has operating from its site Family Services, Counselling, and Social Work support for people with complex needs as well as ER has the beginnings of a 'hub' model. We would welcome the addition of complementary services on site.

2.5 Elements and innovative practice in a rural setting

There are advantages for people within rural areas for there to be one place to go to for assistance. However the issue of confidentiality is always a factor with the potential for volunteers and clients to also be neighbours.

There is also a difficulty in that there are no other options for people if for some reason they find themselves at 'odds' with that agency. Where else can they go?

2.6 Using the funding differently

The ER sector first line of workers is essentially volunteers. Although trained to deliver the service their capacity is limited to the fact they work on a roster basis which impacts on continuity of care for those with issues that cannot be addressed within the time frame they are working. Not all agencies have invested in funding professional supports for these volunteers or providing a response to those with complex needs. For those like UCEBC there has had to be a balance between funding some worker time and maintaining enough funds for direct ER. However currently the funds do not pay for enough time to do justice to the role and therefore the agency tends to invest some of its own funds into the role in order to meet the need.

If the Commonwealth wants increased outcomes and cooperative working arrangements they are going to have to invest in Service Coordination and professional social work support for people with ongoing and complex needs. Currently there is too much reliance on the goodwill of agencies to provide the support needed for Volunteers working in ER.

While many agencies also provide training for their volunteers there needs to be an investment in a review and rework of volunteer training that equips people to more adequately respond to the changing needs of those who walk through our doors. Currently our agency pays for our volunteers to attend the CISVic mandated training course.

Our Centre had to significantly upskill our volunteers to work in a different way when we changed our model of service delivery. This is an ongoing process.

3. Strategies to support client outcomes

General comment

People are on Newstart Benefit when they come to an ER agency unless they have just become unemployed.

Sadly we see people presenting for ER assistance with mental health issues, anxiety and depression, lack of secure housing and fractured social relationships which in reality prevent these so call 'job ready' people from gaining employment. How people present is not always a factor in their employment capability. It also needs to be remembered that a significant proportion of people who seek ER supports are also on DSP or the Aged Pension. Employment may not be a factor for this group of people yet ER is a necessity.

However I believe that too many people' fall through the cracks' in this system and more could be undertaken by job networks to proactively assist people in their job search especially with school leavers.

When funding changed UCEBC took this as an opportunity to remodel its service delivery. Previously people were eligible to seek voucher assistance up to 4 times per year. This eligibility turned into a concept of entitlement and people availed themselves of the opportunity to get this extra support regardless of whether they were in crisis at the time.

When we remodelled the service to focus on assessment of need a proportion of those who came and took their 'entitlement' did not return or only came when absolutely needed. We saw this as a positive outcome as it enabled the Centre to focus its resources on those who needed it most even if this meant that people required multiple forms of assistance over a specified period to help them 'get back on the feet.'

Currently we see two groups of people… those who come when in crisis and what we call the regulars who supplement their weekly budget by accessing dry food, but mainly donated fresh fruit and vegetables. It is the provision of this food that acts as a stabiliser and helps them to maintain their other financial commitments. We make this available as it provides an opportunity for a relationship to be developed and a

trust in the Centre is gained. We know that without this ongoing support they would fall into imminent risk of financial crisis.

Many who first come to such Centre's for support are 'shy' of the welfare system. While some in crisis will readily accept more ongoing help for others it takes time either before they will trust someone with the deeper issues that confront them. When they come regularly the Centre then has the opportunity to help the person take that next step when they are ready.

CASE

Gerry was a regular user of ER.(Voucher, food and other items) He was a single Dad with a small child to care for. While friendly he kept his distance and conversations were polite but superficial with the Community Workers. This went on for more than 6 months until one day he asked to speak to the social worker. Once he had decided it was safe to talk, the issues with his daughter and his concerns were revealed. This led him into being assisted under our Family Services program and at times using the NILS program for the purchase of household items. Over our journey with him he has been supported through Personal, family and housing issues. He now occasionally seeks help only when things have become critical for him.

3.1 Strategies to improve client outcomes

An agency that has stability in keeping its volunteers provides the ideal platform for clients to begin to trust the agency and not see entry as a personal failure and for then further supports to be provided once the person is ready to accept them. There is certainly a greater 'take up' of other forms of assistance if they are on the same site. Many will say yes to an external referral just to be seen to be compliant but never follow through. However good case noting enables workers to build on what has been done on previous visits and can be supported by the worker who sees the person on a subsequent visit.

Having the financial conversation with the client is all important. This is part of the Emergency relief assessment process.

We have provided incentives to attend some of the Money Minded Modules which were well received by those who attended however time and effort went into getting people to see the value of attending.

We also need to constantly update our workers in what resources are available for them to provide to clients. The more knowledge and access to resources the better they will be able to equip clients.

By further upskilling some of the volunteers' special 1 to 1 budgeting sessions would be a useful adjunct to ER services.

It needs to be recognised that for those on a Centrelink benefit there is little capacity to increase their financial means without working. There is a perception that all those who come to a Centre seeking help are poor money managers. In many instances we should be applauding people on how well they do manage with such a small amount of income especially if living in private rental and running a car. Budgeting is not an issue for these people it is assisting when the utilities money has to be spent on school books or urgent car repairs. If assistance is not given at that point the spiral of playing catch up begins.

Other strategies

- Financial information in the waiting room
- Promotion of Nils instead of using Payday lenders at high interest rates.

NOTE: Whose outcomes are we talking about the Government's or the clients? Where is client right to self-determination?

It should also be recognised that volunteering itself can be a pathway to employment. The reasons for volunteering are varied. Some of our current volunteers see volunteering as a valuable adjunct to their study and see it as enhancing their ultimate job prospects. This in itself is a positive outcome!

3.2. Clients who use services multiple times.

It is a matter of working with people… making suggestions and providing encouragement to address their issues when they are ready. As an agency we have discussed whether there is value in 'making' people see our social worker if they have been more than a certain number of times but have felt it best to determine when to do this on a case by case basis. Current funding limits the number of people our social worker has tome to see.

Eg: we assist with medication scripts on as need basis. I think Community Workers begin to recognise those who are using this help as a convenience. At that point the CW's are encouraged to have a discussion about the need to prioritise these ongoing costs and prior to any further scripts being authorised they will need to see the social worker. Those who are 'playing the system' don't ask again while those who do need the help will take up on the offer.

3.3 Support of early intervention

- Have Job networks more proactive with job seekers especially with young people just entering the workforce.
- Properly fund ER services for the coordination of volunteers and the delivery of more complex work with clients.
- Delivery of Financial literacy courses in schools

Review the legislation in relation to Payday lenders

4 Strategies to build a strong workforce

4.1 It is a reality that the major workforce for ER will always be volunteers. Appropriate selection procedures are necessary as it is no longer an information role or just handing out a bag of food. The role requires assessment skills, learning to ask the 'right' questions and being able to know how to respond at critical times. Our Community Workers receive the training required by CISVic to become accredited however this level of training alone no longer equips them for what it needed to adequately respond. Within our agency the more complex issues require the backup support from someone more experienced and skilled. Such issues have to be referred onto someone with greater skill or time is needed to be spent supporting and guiding the worker through the process with the client.

I feel that for volunteers having the support of a qualified person provides a 'safety valve ' as there is someone to refer to for advice and who will step in if the situation becomes beyond their comfort zone or expertise. Given my experience of supporting volunteers in their ER role I would be concerned if they did not have that backup support. There is a duty of care for volunteers and a clinical governance issue for clients. The question has to be asked as to how much can we expect volunteers to do?

It needs to be acknowledged that ER is more than a financial competency issue or sorting out bills and while this is necessary it is the thoughts , feelings and past history that needs to be unpacked if the same issues aren't going to reoccur. In the main this area is above the competency of the volunteer training that they currently receive. It is therefore necessary for the volunteers to recognise their limitation and refer on to the next level within the agency (social work).

The initial training comes as a cost generally to the agency. Then there needs to be considered the cost of police checking all of which has to be funded from the agency's other resources.

Ongoing training is essential but can suffer in attendance from a volunteer's willingness to do more than their original commitment. However this is also dependent on the agency having the skilled people to map out what training is needed and present it. Providing this has also to be funded.

It is acknowledged that the volunteer workforce has aged but it cannot be assumed that they are 'stuck in the past'. Some of our 'older' volunteers have embraced the change and taken on every learning opportunity available to them.

We have also sought to recruit 'younger' volunteers but this comes with the difficulty in building capacity as this voluntary work is being combined with study and is used as a stepping stone into employment which means their stay in the role is time limited. One then needs to start over again building the expertise of the volunteer workforce.

4.2 Tools which are integral to the further development of the FWC in Australia.

Statistics are only a small part of the answer. The data that is currently being entered into the portal for DHHs analysis lacks the narrative behind the ticked box.

Face to face discussions with service users are integral to making any evaluation. Most high level discussions with Government are not with those at the coalface who are working with people. Focus groups of Volunteers may assist with greater understanding of the issues.

5.1 Key issues involved in evaluating the FWC Activity.

Not to predetermine the solution until the issues are fully understood.

5.2 Focus of the evaluation

The theme in the paper has a premise that those who seek ER assistance need intervention to rectify a lack of capability and that an ultimate satisfactory outcome is employment. The evaluation itself needs to focus on all who seek ER. An outcome of employment is not always the answer for someone on an Aged or Disability benefit or if one is a single parent caring for young children.

To truly undertake any evaluation of the ER sector one also needs to include

- An evaluation of the impact of Benefit rates on the capacity for people to manage financially.
- Education costs in relation to financial capability
- The impact of mental illness on financial capability
- The impact of Drugs and alcohol on financial capability

And what impact these factors have on outcomes.

Pam Young

CEO

Uniting Care East Burwood Centre

6/03/17