**Discussion Paper Financial Wellbeing and Capability Activity**

**St Vincent de Paul Society WA**

The St Vincent de Paul Society WA has been assisting people in need by providing much needed emergency relief since 1865. This essential assistance is delivered by the Society’s volunteer members who visit those that seek our assistance in their own homes and are able to witness and experience the hardship that the household endures. We assist people in need all over WA from some of the very remote communities in the north of the state down to Albany and along the west coast back up to South Hedland. In total we have a presence in 78 local communities (which the Society calls Conferences).

Last year the Society assisted over 48,000 people in 32,000 households. This assistance was provided by many of our 1,100 volunteer members who each on average have had over 10 years experience in assisting people in need. Some members have been servicing the community in this way for over 50 years. It is through these dedicated volunteers that we draw on their experience to respond to this discussion paper.

1 Strategies to Improve targeting of services

Not withstanding our large volunteer base, our diversity of funding sources and the support of the infrastructure, the Society is unable to meet the needs of all of the people who seek our help. Each of our 78 Conferences have a finite amount of resources both financial and volunteers. As with any rationing process the Society encourages the local Conferences to decide how best to meet the needs of their community within those constraints and the Society’s emergency relief framework. Thus they form their own criteria for determining who to assist. The Society’s head office does not believe it is in a better position to judge who should receive priority. Head office doesn’t visit the client in their own home, doesn’t see how the children in the house are going without, doesn’t feel that lack of a warmth in the house on a cold evening nor see that the clothes that the children wear are ill-fitting, worn and inadequate. As a whole, the Society adopts the principle of subsidiarity, that is we encourage that those decisions are made by Society members in that local community.

Similarly, the Society doesn’t believe that a more remote entity such as DSS are in a better position to determine who has the greatest and most immediate need. Whilst the suggested target group guidelines would cover most of the people who seek our help there are no doubt a large number of people who fall outside these guidelines (it would be valuable to know just how many people assisted with DSS funding fall outside of this guideline). The need for assistance for those outside the guidelines is no less, in fact since they are non welfare recipients they are likely to be more in need of assistance and in fact should receive a greater priority.

2 Strategies to Increase Service Integration

The Society applauds the discussion paper’s (DSS) view on service integration, that service providers take a holistic view of the client as opposed to the issue presented and that DSS will assist providers to work more collaboratively.

Not all people who seek help will be willing to or have capacity to follow through on the referral made. There will be many who will need a high level of assistance to make it to the referral appointment. This would require either further resources, or the diversion of existing resources which will impact on those that seek help and may not have a need for other services.

Where a person who seeks help is referred to a complementary service, how will that service be resourced to deal with the extra demand? Will the FWC client be given some sort of priority, say into social/public housing and will that service provider be given extra resources?

If the contractual requirements for FWC funding are to stipulate the need for formal relationships and referral pathways, then there will need to be sufficient lead time to any DSS funding application to ensure that these arrangements are entered into which will facilitate better outcomes for the client.

3 Strategies to Support Client Outcomes

This strategy builds on the first two strategies, in particular the second one regarding integration of services for a more holistic approach. There are the three subheadings under this strategy.

Employment

This is correctly identified as a key factor to breaking the reliance on FWC services, in particular emergency relief. Fundamentally it is in the best interest of the client to continue to see the other FWC services more often than less, especially more financial literacy skill sessions to improve the client’s job readiness. This is something that the Society’s financial counsellors are already providing to their existing clients. To offer this service to more clients, more resources would be required.

Emphasising the importance of employment, referring Newstart Allowance clients to Jobactive providers can be easily adopted by providers. How effective would this strategy be in light of the current mutual obligation requirements the client must already undertake to maintain the new start allowance?

Enhancing Stability and Resilience through ER

The establishment of a framework on repeat ER clients is one that the Society already has in place. Often the Society will be presented with a request where the client may appear to have taken reasonable steps to improve their financial position through budgeting, job hunting etc but the client is still in crisis. As per the first strategy in the discussion paper, the local Society member will assess the need and make a decision on whether to meet that need. Similarly a client who clearly has not met the framework, the Society may still assist the client especially where there are children involved.

Prevention and Early Intervention.

The Society, as does numerous research papers, identifies this strategy as one that will deliver effective outcomes. The Society supports early intervention as demonstrated by our programs to assist children of welfare dependant households through our camp programs and teen mentoring program. The Society would welcome a shift in the direction of focus and increased resources towards prevention and early intervention.

4 Strategy to build a strong workforce

The discussion paper has correctly identified the growing complexities of the clients who seek FWC services. The Society has the additional challenge that the majority of the FWC is provided by volunteer members, some of whom reside and volunteer in regional locations. It is important that support for the “Workforce” considers the support required for volunteers. Funding for the delivery of FWC should include a component for providing support with the method of delivery of support varied to reflect the skills of the volunteers, some of who are not computer literate.

5 Strategies to strengthen evidence, improve practice and measure outcomes

The Society supports evidence based practices and has been participating in a research paper on intergenerational welfare dependency in evaluating one of the programs delivered by the Society to break this cycle with the families we assist. As per strategy 2 the Society is keen to consider how to work with the other integrated service providers on how to measure outcomes for clients. It would be far more effective to measure the collective impact as opposed to the impact made by a single provider.