

**Esperance Care Services Inc.**

**Response to Financial Wellbeing and Capability Discussion paper.**

**March 2017**

**Preamble**

Esperance Care Services Inc is an Emergency Services organisation that seeks to relieve hardship, suffering and poverty in the south-east region of Western Australia. Established in 1996, Esperance Care Services is the only provider of emergency relief services in this region. As an organisation, we are very well respected in the community and considered a key stakeholder in the welfare services sector in the Southeast region of Western Australia.

We are interested in making a positive contribution to this discussion and look forward to seeing the outcomes of this assessment of the FWC Activities in Australia.

**1. Strategies to improve the targeting of services.**

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

More than 95% of our clients would meet these criteria, the remaining <5% are cases of sudden extreme hardship e.g. the sudden death of the family breadwinner.

We have been using these criteria with good results for many years so little impact is expected.

* 1. What strategies can be employed to ensure that services are

accessible for those who need them most?

We use; Current Centrelink income statement.

Overdue bill notices.

Referral notices.

Each client is interviewed and ask to produce proof of

hardship and in some cases references.

**2. Strategies to increase service integration**

**2.1** What would help you to strengthen cooperation with other

Services in your community? What additional support would you

need to achieve this.

Esperance Care Services has a very strong link to all Community

Services in Esperance and works collaboratively with several

agencies to provide a responsive and effective referral pathway.

Because of the increasingly complex needs of clients, the daunting amount of

“red tape” and the fact that many of our clients are not computer literate (many

are illiterate) we need to be able to

Advocated on our client’s behalf. This advocacy work cannot be done by

volunteers. Esperance Care Services receives no funding for wages so we

struggle to find the time for existing staff to fulfil this role.

**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?

Esperance Care Services already has formal “MOU’s” with some

local organisations. Other organisations, particularly Government

agencies such as Centrelink prefer a less formal arrangement.

With all these agencies, we already have in place recognised

referral pathways.

Due to inadequate funding, there is only one financial counsellor in

the Esperance region, this means that there are long delays for

appointments. More funding for more counsellors would streamline

this process and have an immediate impact on the hardship and

suffering of those in need.

**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?

Esperance is 400 kilometres from any other major centre so

collaboration with other major organisations such as Red Cross,

Anglicare or St Vincent de Paul is impractical and unworkable.

Esperance Care Services is a large dynamic organisation that has

been delivering Emergency Relief and other services to the south

east region of Western Australia for more than 20 years. We are

highly regarded in the community buy both Indigenous and non-

-indigenous people. In our experience, both in Esperance and else

where “the hub” model (usually because of lack of funding) does

not provide an adequate level of service. For example, multiple

services may be available in the one place but clients may have to

come back numerous times for different services.

**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 hub model is unlikely to work in our community and would require a substantial increase in funding.

**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?

Recognition that smaller agencies can be and are part of the answer. Smaller agencies make better use of volunteers and

generally, have lower overheads.

**2.6** How could Australian Government funding be used differently

to better support integration of FWC services?

See what **is actually working** in the community.

Be responsive to the communities needs to get best value

for money.

**3. Strategies to support client outcomes**

**3.1** What strategies can you utilise to support a client to improve their

financial and/or employment out comes?

All clients who receive new start allowance must be connected to an employment network already it would be inefficient for us to duplicate this process.

Funding for financial counsellors was cut substantially by DSS in 2014. If more funding was available to employ financial counsellors

financial outcomes for clients would be greatly improved.

**3.2** How does your service currently deal with clients who present to

your service on multiple occasions.

* Unless very dire circumstances can be demonstrated assistance is restricted once in three months.
* Clients attending multiple times must see a financial counsellor.
* Clients who attend because “they are due” are turned away or given very minimal assistance.
* Clients are reminded regularly that ER is not a supplement to their Centrelink payment.

**3.3** How can DSS better support early intervention and prevention

opportunities?

Employment networks must be held more accountable for the

support their clients and fulfil their role in making clients “job ready”.

Advocacy is crucial for many clients who have Centrelink, financial

counselling or other appointments particularly for indigenous clients. We

desperately need funding for advocacy.

Funding to allow us to run budgeting and family support courses would also be

very helpful.

**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?

Because of the ever changing political, bureaucratic and social

landscape of the welfare industry our workforce has an obligation to

be “up to date” with latest industry developments methods and

reporting requirements. Suitable training programs should be

provided with funding provided for travel and accommodation for

those in remote areas where training cannot be provided locally.

Upskilling of staff should be encouraged with incentives for volunteers

to also attend training.

Sufficient funding is required to enable service providers to employ

staff who have the skills to provide a good quality service.

**4.2** What ‘tools’ do you see as integral to the further development of the

the FWC services in Australia?

Any operations guidelines kit that is developed must be flexible and

able to be tailored to suit Service Providers local needs and client

groups.

These ‘tools’ should be suitable and usable by both staff and

volunteers and practical for use in smaller Agencies.

**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?

Evaluation of FWC Activity should be based more on impact of service

delivery rather than incidence of service delivery. At Esperance Care Services, we have moved toward a model of strongly discouraging clients who see emergency relief as a regular addition to their Centrelink payment, enabling us to give greater support to those who have a more serious crisis such as, urgent medical needs, sudden homelessness, domestic violence in the home etc.

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

Streamline DSS Data exchange to better represent client outcomes.

Report outcomes need to provide more useful information (and user

friendly) for the organisation rather than merely statistical information for

DSS.

**Conclusion**

It is disappointing that this discussion paper highlights a number of strategies and guidelines that have long been common practice in the industry. This is in fact quite insulting to the many staff and volunteers who give over and above of their time and effort to assist those less fortunate in our communities.

It is vital that this industry is more adequately funded to cover wage and administration costs, and to provide funding for advocates to represent a growing number of clients who cannot cope with the complex requirements Government and other agencies who are really “not present” when these unfortunate people face a crisis.

Yours Sincerely

Chris Meyer

Chief Executive Officer

Esperance Care Services Inc.