OARS COMMUNITY TRANSITIONS

Submission responding to the

Department of Social Service Discussion Paper:

Financial Wellbeing and Capability Activity

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INTRODUCTION

This submission has been prepared by Offenders Aid and Rehabilitation Services SA (OARS Community Transitions) in response to the Department of Social Services Discussion Paper: Financial Wellbeing and Capability Activity. OARS currently operates under the name OARS Community Transitions (OARS CT).

OARS COMMUNITY TRANSITIONS

Established in 1887, OARS CT is a not-for-profit Incorporated Association with 129 years of experience in supporting disadvantaged and disengaged clients and their families, particularly clients connected to the criminal justice system through their offending. We have an absolute commitment to individually tailored quality services for our clients.

OARS CT provides an array of services funded by the State and Federal Government to meet many of the needs identified as crucial to the successful reintegration and rehabilitation of offenders leaving prison, or those subject to court orders. These include accommodation and case management, drug and alcohol counselling services, referrals into employment services, perpetrator violence diversion and counselling services, emergency financial assistance services and gambling counselling services.

OUR MISSION

Reduce social harm by strengthening communities and social inclusion through the provision of restorative justice services, high quality treatment and rehabilitation services, support and advocacy, at critical transition points.

OUR VISION

Strong communities with positive social connections underpinned by restorative practices.

1.1 What impacts do you expect restricting criteria in the manner proposed above will have on your service?

Restricting Emergency Relief to those at '*imminent risk of not be able to pay their debts'* raises concern for those who may not have debts, yet do not have an income and cannot afford basics such as food and medication.

OARS CT predominantly support offenders and much of the emergency relief provided is to those who have recently been released from prison and cannot afford, or do not have the basic necessities of food and medication, not to mention accommodation and transport. Emergency relief also provides assistance to families of offenders, who may have addressed their debts, and as such are experiencing significant financial hardship due to lack of income, and needing to priorities bills over food.

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

Overarching guidelines which are not too prescriptive. There needs to be some flexibility in the terms of guidance, and flexibility for specialised services. The proposed guidelines outline include those in receipt of the social welfare allowance, those experiencing domestic/family violence, and immigrants/non-

citizens. There needs to be some scope to assisting others who are financially vulnerable that do not fit these categories ie. Those on a low income who are no longer eligible for medical concession.

2.1 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?

OARS CT have formed collaboration and partnership with other FWC providers. We also have established pathways with JobActive Providers, especially those that have skilled staff in working with customers who have criminal records. We have well-established connections to Community Housing providers and other accommodation facilities which we assist financially and with ongoing support to members of the community to access accommodation when presenting homeless or at risk of homelessness. We have Memorandums of Understanding (MOUs) with several housing providers and we have an agreement with the Magdalene Centre and the Adelaide Day Centre.

An increase in Provider forums/meetings in individual community locations would assist in forming new networks, advocacy and support. These meetings could assist with other providers being invited to present at the meetings/forums, to forge new pathways for customers. Whilst this does current happen, it is up to the individual agencies to form 1:1 collaborations, with no overarching collaboration or response. Meeting on a regular basis and inviting all support agencies (whether funded by DSS or not) would enhance the wraparound services available to people living with high complex needs. These forums could also be a pathway for Energy Providers, Centrelink, Financial Counsellors etc. to attend as a 'guest speaker' to inform of changes to legislation, what are all the concessions available for customers, and advocacy points etc.

These forums and collaborations/cooperation would further support ability/flexibility to address the new guidelines, and acceptance of specialised financially at risk populations.

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?

The requirement of a formalised relationship is not likely to impact on service delivery, as this is already in place. The impact would be more in relation to additional management constraints to establish and maintain the connectivity with such limited admin/staffing percentage funding allowed in the service delivery. We would be disappointed to see this become a 'token' agreement to meet criteria of a funding agreement, rather than a genuine agreement for the betterment of disadvantaged clients.

Any agreement would need to take into consideration what services can be delivered and collaborated on without impeding on agencies core businesses. An agreed referral pathway format that was shared by all support agencies would maximise the effectiveness of a wraparound service and would allow for clear guidelines for information sharing and include client consent.

2.3 What 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?

Currently in Port Lincoln, OARS CT provide Accommodation/Homelessness services, and receive support for clients via the FWC service provider in the region, enabling strong collaboration, referral between parties and further support to clients accessing the OARS CT service. In our other regional areas where our service is funded by DCC we promote our service at local community meetings and support other agencies with financial assistance for their clients. Referral pathways are already in place.

In Adelaide, city/metropolitan area, following the de-funding of OARS CT in this area, clients continue to present to our main client services office, seeking assistance. Working partnerships have been established for some time and we support clients through advocacy, referral and transport (bus ticket) to be able to access the agency referred to if needed. Having a system that is workable for everyone that sits outside individual agencies stated 'criterions' would again see a more coordinated holistic service to address severe poverty , financial hardships and homelessness.

We are concerned that throughout the document when referring to relevant services and linkages there is no mention of Alcohol and Other Drug (AOD) supports, or Gambling Supports – given this is in relation to financial vulnerability.

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?

As OARS CT is a state-wide organisation, and services are available in many locations. OARS CT essentially provides its own 'hub' of support for the specialised client group enabling clients to access ER (where available, or referral to). In the regional areas, this 'hub' is well established and works with the customer being the focus always. Housing Assistance, (both financial and via advocacy) AOD and Gambling Support, as well as case management/coordinator to refer and direct to all relevant services. ER is just a small part of the service offered.

Physical presence and staffing resources would be the major requirements to establish a hub in any community within SA.

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?

Across South Australia's regional areas, there are excellent collaboration and support which includes networking and supporting one another to better support customers. In order to develop a 'hub model' however would require resourcing, including outreach capabilities (as public transport isn't always easily accessible in the regions), both physical and staffing resources would be required, including governance (or governance agreements) to ensure well maintained operation and collaboration within the hub. It would also be ideal to enable spaces for other service providers to access to provide their expertise in the one hub (ie. Housing, domestic/family violence counselling, AOD, employment readiness etc)

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

As with other areas of a person's life, counselling cannot be the only answer. In order to address a risk or need, psycho-social supports need to be made available, alongside counselling. 1 hour with someone assessing their financial situation and giving a print-out of a budget that they *must* stick to is not going to meet the needs of most disadvantaged or at-risk individuals. Utilising existing programs and services can support/address this, however not everyone meets the relevant criteria, or is within the right region/location. Although several different strategies have been tried these have been punitive and not always with the customers being consulted or being a willing participant. A complete wraparound service incorporating relevant agencies/services to support and educate customers will be needed. This will require ongoing case management, support and agency involvement for longer than is currently offered.

3.2 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 repeats 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?

Repeat customers occur for all agencies. Most agencies have guidelines, criteria etc. To give some guidance about how many episodes of assistance the customers receives. With wraparound multi agency involvement, the amount of times someone presented could be significantly reduced as this would provide ongoing support.

The barriers at the moment are, if someone is refused assistance or does not want to attend arranged appointments to assist them with their financial situation, the customer simply goes to another agency and starts the process again. Another barrier is that customers can become volatile and put staff in stressful or risky situations. Another consideration around this is, many agencies use volunteers to assist in the distribution of ER which can lead to a high rotation of support staff. Training in dealing with high complex need customers can also be price prohibitive.

Agency Agreements, training and continued support via meetings/forums would assist. Collaboration and 'sign off' of a Support Model and agency commitment to providing wraparound services to customers would enhance the implementation of a collaborative, multi-agency service delivery.

3.3 How can DSS better support early intervention and prevention opportunities?

Currently OARS CT provides ER in an early intervention and prevention space, as well as a crisis response. The clients who access ER from OARS CT are often accessing for support on their release from prison, to ensure they can meet basic needs (particularly in the first two weeks of release) to reduce and prevent financial stress, along with reducing the risk of re-offending.

Guidelines to be re-looked at, training education, forums for the work force and workshops for customers. Additional funding for the provision of a comprehensive wraparound case work model (both brief intervention and longer term) with clearly defined KPIs for an evaluation that would be used to identify gaps and form the basis of continual quality improvement.

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

As acknowledged in the discussion paper, many people providing this ER service are volunteers, and that is certainly the case at OARS CT. The implementation of a National training strategy would be excellent, so long as the training was run at regular intervals, and across all areas of the country, not just the metropolitan locations.

Additional resources, as suggested, are always beneficial, as long as they are not long and complicated. Most interactions in relation to ER are relatively short periods of time, and it is best to be able to address the most amount of need in this timeframe, including with referrals to alternative service provider's homelessness services, Alcohol & Drug Counselling, Domestic Violence Interventions for the victims, children, Perpetrators of violence and Gambling.

4.2 What 'tools' do you see as integral to the further development of the FWC services in Australia?

Ideally any tools would be quick and easy to use. As mentioned earlier, these appointments and interactions for ER are often brief. The tools would ideally link directly to reporting requirements also, this would prevent double-handling of information and increased workload of volunteers and support workers. A comprehensive referral pathway that can be utilised by all providers and assists not just in the service delivery but also allows for the customer to only be required to tell their story once.

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

As mentioned in the discussion paper, evaluation is essential. Tightening of budgets also means that more pressure is placed on the sector to provide more, for less. This is problematic due to the nature of the reporting requirements, and I suspect many agencies (like our own) would be required to double-handle their data-entry to ensure we are also able to provide organisational data as required, along with the funding requirements and use of the DSS Data Exchange.

Re-look at the current process and what data is being collected and how this can improve to allow for a comprehensive evaluation. This could be linked to a new referral process, which engages all parts of the sector with a common outcome, not individual accounts from all agencies.

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

Ideally the evaluation would not just cover the services provided, but also cover those that were unable to be provided, and what needs of the community are going unmet. The individual client demographics, and longer term outcomes would also be really valuable to capture.