SUBMISSION RE FINANCIAL WELLBEING AND CAPABILITY ACTIVITY DISCUSSION PAPER

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Questions for discussion

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

We work in remote Aboriginal Communities in West Arnhem Land and deliver services to the whole community. The changes would impact the employed Indigenous clients who access our services to gain knowledge an support around their rights a responsibilities as consumers, the superannuation system, employment entitlements, banking products and services and for referral's to other services. There are a lot or "working poor" families out there that will fall into a gap if they're no longer allowed to access services under the FWC activity as they don't have the means to pay for services. We think Indigenous clients should be on the list, and those living in remote communities and town camps should have a service specifically for them, as should immigrants/non-citizens so they're receiving services from people with experience and expertise on the barriers they face.

All our ER clients are either on a Centrelink payment or have no income due to being unemployed and waiting to access Centrelink. So this won't have any impact on our services. But emergencies happen for all sorts of reasons, such as loss of job, death of a loved one, a house and/or car being broken into, stolen, a house fire etc. Therefore we need to be mindful of not putting everyone in the same basket and restricting people who really need it. The issue of "ER shoppers" needs to be addressed and I think a strategy to solve this is more important than one that dictates who can and can't access the program.

Under the proposed changes where do the spouses of the employed fit?

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

There needs to be more networking happening within the community service sector as a whole, so all organisations and government departments who operate in this space know who's doing what which would result in more referrals and correct referrals. This would prevent people getting the run a round which leads to becoming disengaged and not getting the help and support they need to instigate long term change. Outreach also needs to be a big part of the service to ensure accessibility to the more vulnerable, particularly for Indigenous people living in the town camps, people in hospital and domestic and family violence shelters.

2.1 What would help you to strengthen cooperation with other services (e.g. family support services and jobactive/job network providers) in your community? What additional support would you need to achieve this?

As mentioned in 1.2, more network meetings and/or forums with all organisations and government departments who work in the same space would be hugely beneficial. For outreach services, having a central calendar where service providers post there travel dates would be really helpful to know who is going to be on community and when. This could result in sharing resource costs such as charter fares and could link services to co facilitate workshops and information sessions which would result in co-case managing clients. Government needs to inform us of newly funded programs and who the provider is so contact can be made with them.

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?

It would have no effect on us as we strongly believe in collaboration and think it's the only way to ensure long term change. Commitment from all providers to cooperate is needed to maximise the effectiveness of sharing information to create real pathways for Indigenous clients. A commitment to cooperate could be written into contracts.

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?

Our remote clients have no way of accessing microfinance as you need to come into Darwin as that's the closest NAB bank, this is a major problem and needs to be addressed. For Indigenous clients who live on remote islands the only way into Darwin is by plane and you only have two options. Fly Tiwi who charge $705 for a return airfare or a charter plane which costs between 3 and 5 thousand dollars. If they had that money they wouldn't need microfinance to buy a fridge. It would be good if NAB would commit to do remote visits, the FCW's or FC's could assist the clients with getting all the relevant information together beforehand and then NAB could come in for the approval process.

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?

There needs to be hubs not one hub. Each one would provide service to a specific cohort that has specific needs, ie Indigenous, immigrants, families. These groups

require specific cultural protocols and an understanding of the long term systemic abuse which requires a completely different service delivery model. It's because these groups aren't getting specialist help and support that we think the Darwin Hub is flawed and isn't working and won't work if the current model of one hub continues. West Arnhem Land is lucky that they're getting a separate service but that doesn't help the rest of the NT Aboriginal communities or the town camp residents. Outreach needs to form a part of the service delivery and good relationships for referral pathways for clients with mental health, AOD, domestic and family violence and legal problems is needed.

We believe a hub for ER would be extremely beneficial and should consist of experienced triage staff who do the initial intake and from that intake the person is then referred to the organisation that specialises in the situation that is resulting in their crisis i.e if they're crisis is due to family violence they see a family violence counsellor and it's that counsellor that distributes the funds, if it's due to AOD then they see and AOD counsellor who distributes it. If it's a one off crises due to a death, a house fire etc that doesn't require a referral then the intake team member can distribute the funds. This hub should be staffed by numerous organisations that have funding for their specific field and it could be up to that organisation to decide if they staff it with the same person or rotate staff. I also think a representative from Centrelink should always be there to ensure that people are receiving the correct payments and if they're eligible could get an advancement instead of an ER payment.

2.5 <u>What elements and innovative practices would be particularly key in establishing a hub model in a rural and/or remote service delivery context?</u>

When talking remote if you mean an Aboriginal Community (which is what people in the NT would think you mean) then finding a space for the hub would be difficult and costly. If you had one then it would be great if every permanent service provider, such as the JA provider and Centrelink agent, and all fly in fly out services worked from the hub if it was appropriate to do so.

2.6 <u>How could Australian Government funding be used differently to better support integration of FWC services?</u>

The one size fits all funding model should be reviewed as costs of delivery varies greatly from one location to the next and each community is unique. What works in a remote Northern Territory Aboriginal Community differs from what works in inner city Melbourne. Funding more specifically for target groups and areas would likely result in savings.

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

Having good relationships with the client and all relevant providers is what is needed. The sector needs to work more closely with each other, share what's working and what isn't and ensure that they don't employ 'gate keepers' as they do more harm than good.

While we agree with the need to improve financial and employment outcomes, some will never re-enter the workforce ie. Aged and disabilities and those living in an environment with very little labour market opportunities ie remote communities. The reality of this needs to be recognised in program design. For our indigenous clients an improvement in finances and home life better places them to engage and leads them to obtain pre requisites to employment such as licences, ID and appropriate clothing. These are tangible things needed to gain employment and are of more use than training for the sake of training. If training doesn't lead to employment outcomes it does more harm than good as is the quickest way to disengage a client.

FCW's and FC's need to do their job well and we should not be over complicating their role to address work readiness and employability skills. If we do this we create a jack of all trades and a master of none. Let the FCW's and FC's be experts in their field.

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 repeat 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?

We refer them so they can get support for the issue that's creating the financial hardship. We advise that if they don't accept the referral or take steps to improve their situation then we'll no longer be able to provide ER to them. For all clients we request an income statement and/or a payslip, a bank statement and proof of the hardship ie rental arrears notice, notice to disconnect power etc. We always try to get them a repayment agreement before we automatically pay an amount toward their bill. If a budget shows that they have to means to pay for their essentials then we may give them some ER to see them through until they get paid next but then advise that we won't help them again and that it's their responsibility to set up centrepay deductions or bank transfers to pay for their essentials. If crisis is a client's norm and the likelihood of that ever changing is slim then we'll continue to help them with food and get them accommodation support when we can through case management with another organisation such as Ironbark Indigenous Links. These clients have and

continue to experience long term homelessness due to AOD, mental health and family violence issues and have often exhausted all rehab and accommodation options available to them. As mention in 2.4 this is why we think an ER hub would work. The client could be referred for the appropriate help right there on the spot and would receive the relevant ER, information and support from a service best suited to them

Whatever model happens here, it has to link to the proposed changes to eligibility on page 7 of the discussion paper eg if they're eligible for ER but they are not on income support then under the proposed changes an FCW or FC won't be able to provide any further services as they won't be eligible for them.

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

By funding more early childhood/family centres in the schools which are staffed by people with a range of expertise such as early childhood education, family and AOD counselling, parenting skills, community legal, domestic and family violence. These or existing services should also be funded to include outreach to work with families in residential services such as domestic and family violence shelters and AOD rehab centres.

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

Yes, a lot of people undervalue the work the FCW's do and that part of the sector as a whole. There needs to be recognition of FCW as a career and develop an accredited course pathway eg a Cert II in FWC (including ER), Cert III in FWC which if the FCW wanted to could then lead to the Diploma in FC, understanding though that a lot of FCW's love the job they do and don't want to become a FC. The accredited certificates should not rely on generic electives that come out of the Cert III in Community Services, they should be role specific as was done with Night Patrol. Giving FCW's status would help with recruitment and retention. We are a huge supporter of professional development and networking and know this leads to building capacity however in the past four years we have supported and paid for four FCW's to complete their Diploma of Financial Counselling but they've all left for more secure jobs due to the constant short term extension of contracts and short term contracts. People want and need more stability than that.

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

Clear guidelines that recognise the uniqueness of service delivery in certain areas like remote Aboriginal Communities, service standards like the quality standards that the

Aged Care and Childcare sector has, training and support materials and investigating the use of technologies such as apps.

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

Transparency and integrity of the DEX and the My service My story data with weight not put on quantitative rather than qualitative data, there needs to be a balance between them. Having measures that are one size fits all doesn't highlight that each community and client group are different. You can't compare apples with oranges.

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

The collaboration and relationships with services providers and government agencies and where that's increasing positive outcomes for clients