



ODYSSEY HOUSE
VICTORIA

31st March 2017

Dear Financial Wellbeing and Capability Policy Team

Re: Response to discussion paper Financial Wellbeing and Capacity Activity

Thank-you for the opportunity to respond to the above discussion paper in relation to the review of Financial Wellbeing and Capacity Activity through the Department of Social Services. In addition to contributing to the wider Financial Counselling network response through Financial Counselling Australia, we believed it important to provide you a response specific to the work we do in substance and gambling addiction.

Odyssey House Victoria (OHV) is a specialist drug and alcohol treatment, training and support organisation that works with more than 8,000 people each year across the state in community settings, and manages over 125 residential drug treatment beds. Our programs provide opportunities for change and growth by reducing drug use, improving mental health and reconnecting people to families and the community.

Since inception in 1979, OHV has been a leading provider of integrated services to clients who are alcohol and other drug dependent and who also present with a range of complex issues and co-morbidities. OHV has long recognised that the issues of addiction have wider causal factors that relate to a deficit in life skills, childhood trauma and mental health, and we work collaboratively in a coordinated fashion with other services and sectors to provide holistic, recovery focused interventions. OHV clients receive tailored services for their individual differences and diverse needs. As addiction issues also impact on children, families and communities, OHV also provides a range of education, prevention and support programs to families and community groups.

The discussion paper lacks reference to addiction (Substance and Gambling) as criteria for service entry. The current OHV financial counselling service specifically targets clients that have addiction issues. Being located in the AOD sector enables the financial counselling staff to have a better understanding of the specific needs and complexity of this group, and increases the likelihood they build good rapport with AOD staff to ensure good client engagement. Often these relationships create opportunities to access groups of clients who would normally be difficult to reach such as residents of smaller / specialised residential rehabilitation units and clients through an introduction by their outreach worker.

Clients with addiction issues generally have more complexity and larger debt concerns. This requires more time to assist clients to improve financial outcomes, who can often re-present due to relapse, and require more intensive management, support and resources to assist in resolving disputes with creditors.

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In addition, restricting access only to those on welfare payments, pensions or benefits will exclude those on low incomes or people who are under employed who often are vulnerable to private lending services. It will also exclude many people who may be affected by gambling/addiction who are in the workforce and require the assistance of a specialised financial counsellor.

There is also a need to identify and support specific communities at risk of financial distress. Services should be tailored to the needs of these communities, through the use of interpreters, utilising workers from those communities, the development of targeted resources and culturally appropriate engagement processes. These services should be accessible and located or embedded in local service systems for easier access but understand the issues relating to privacy and confidentiality in communities that are often small and or family based such as Aboriginal and Torres Strait Islander or CALD communities.

Please feel free to contact Dr Stefan Gruenert on 03 9420 7600 if you require further information or clarification around our submission

Yours Sincerely

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