## Discussion topic: Strategies to improve the targeting of services

Top of Form

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

* SPCSIC *c*urrently targets services to those most in need through the application of ER Policies and Principles including access and equity.
* SPCSIC targets services to those experiencing debt issues and emergency events and adds in the additional overlay of “and experiencing an emergency event”. However, as the current welfare safety net provision is inadequate most people on welfare are in a constant state of financial crisis. We do income and expenditure assessments (including budgets) with clients. Most clients can only barely cover their base living cost expenditure, so any unusual event put them immediately into debt. Unusual events are increasingly base living costs such as medical costs, or education expenses.
* Further restrictions would leave excluded groups more vulnerable – e.g. self-employed, TAC and workcover recipients, new arrivals
* Mandated tightening of specific eligibility could create misalignment between program guidelines and SPCSICs mission.
* SPCSIC ER services are delivered by a voluntary workforce changes to eligibility and resultant client stresses could cause additional stress, frustration to vo,unteers resulting in volunteer attrition.

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

* Individual one on one needs assessments
* Case work services to provide strategic targeted individual responses
* Broader and widespread advertising of services (which can only be done if resources are increased)
* All ability accessible building
* Provision of translated material and interpreting services
* Centrelink workers out posted to local services to meet immediate client need (particularly at SPCSIC)
* Provision of I-pads, computers and other technology for clients to be able to connect with Centrelink at SPCSIC
* Place based service delivery

## Discussion topic: Strategies to increase service integration

**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?**

SPCSIC has been working to build relationships, connections and collaboration between services.

Here are some of the things we have done:

**Colocation**

The Southern Mornington Peninsula has long been a region underserviced by programs to address the needs of the most vulnerable in the community. SPCSIC has worked incredibly hard to get services funded to deliver programs to the area to locate in the area. We have attracted 19 services who colocate in our building. By colocating at SPCSIC agencies are situated at a service that is the first point of call for local residents in need of their services. SPCSIC has a highly successful rate of referral to colocating agencies and while Southern Peninsula residents can be reluctant to seek support from secondary services, referral through SPCSIC at the Rosebud location carries a client confidence component that results in highly successful engagement with clients for colocated services. The model of colocation at SPCSIC provides the local community with comprehensive and efficient services in a model of mutual support and professional co-operation.

**Connecting Local Agencies of the Southern Peninsula (CLASP)**

While there has been a welcome increase in the number of services who have a presence in the area and an increase in programs being delivered, one of the greatest challenges we now face is the disconnected delivery of service provided by those agencies that do have a presence. Keeping abreast of what services are delivering particular programs, how these programs are delivered and how to connect clients to these programs is an almost impossible task when the focus is on providing services to the client. Services being delivered in the area change, the scope of programs being delivered changes, eligibility criteria changes. New services that come into the area have no mechanism to connect with existing services. The most effective way of achieving the greatest outcomes for members of the community is for agencies to work together and create a “no wrong door” approach to integrating clients into appropriate support services. CLASP facilitates this work.

**What do we need?**

Unfortunately neither of these programs is funded ongoing. We get some rents in for colocation and some seed funding for the CLASP program. It costs about $100,000 to run each program.

So we need $200,000 to run effective co-operative agency to agency strengthening and service delivery increase processes. If more is needed we require more funds. We would also need a larger building as we are almost at colocation capacity.

**Additional point**

Agencies are often funded to deliver “Community Education” but not to RECEIVE community education – for example Family Violence services are sometimes funded and employ people to deliver Community education about their service and family violence issue, however they are not funded or encouraged to receive information about other services, and so don’t. So the information goes out, but nothing flows back in. Hence the family violence workers will be very informed about family violence but unaware about other services and collaborations.

**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 effectiveness?**

**On Formalising**

It depends on the formalisation requirements. All of the colocators at our service have a licence agreement. However referral and collaboration processes vary from agency to agency and connection to connection. It would be more work to get this done, but the majority of work is in building the relationships. While there is little doubt that our partner and collaborating agencies would be happy to sign MOUs or other documents formalising the relationships, the outcomes would not be any greater – it’s the relationship strength that is important. How formal relationships needed to be implemented and monitored would take time from and potentially damage these mutual relationships. It requires a paid worker to build the strong relationships we have, if you wish to formalise them across the country you would need to resource all agencies to do this work in the same way.

**On maximising effectiveness**

The CLASP Project is working hard to maximise effectiveness through these relationships by

* Developing a “no wrong door” approach
* integrating clients into appropriate support services
* determine levels of agency connection
* capitalising on strong connections and facilitating collaboration
* increasing the sharing of information, resources and local knowledge
* encouraging greater worker-worker support
* increasing capacity of workers
* thereby achieving greater outcomes for the community

Our experience within CLASP and Colocation also identifies the difference between management and worker connections. While management-to-management relationships are important it is typical that service managers’ report their community and community agency connection vastly differently to what “coal face” workers report. Service managers discuss “existing networking opportunities” and when discussing barriers to engagement raised “policy and political influences” and “funding restrictions or limited resources”. In contrast workers commonly discussed “lack of partnership and connection to other agencies”, “need for collaboration and information sharing” and an agreement that “worker to worker relationships” cultivated the best outcomes for clients. Because of this, while CLASP continues to engage with management at agencies if this presents as the path of least resistance to engagement or will lead to worker engagement, to priority and focus is on connecting with workers on the ground. So the work with agency collaboration in terms of effective management connection is a whole other piece of work

**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?**

We have a community ‘owned’ managed and volunteer run NILS program colocated at our building (Southern Peninsula NILS). While auspiced by Good Shepherd to receive NILS accreditation, the program is managed by a collective of community organisations and SPCSIC provides administration and management services as part of the partnership. The loan capital funds for the Southern Peninsula NILS program have been raised from community donations and exceed $100,000. Write offs for Southern Peninsula NILS are less than the interest garnered for the capital so the loan capital is sustained and growing.

SPICSC also has Good Shepherd Micro-Finance colocating at the building – Family Violence NILS and STEP UP loans. However their attendance is sporadic as they say the number of no shows is a problem. Of course they have a higher number of no shows due to their sporadic attendance. They have also had a number of occasions where they have booked appointments and did not send a worker to attend these appointments, and word spread in the community. SPCSIC is working hard to get them to attend on a more regular basis and understand the nature of the community and the importance of regularity and permanency of attendance in communities with poor service connection. The best client connections come from 5 day a week service delivery. There is often confusion or lack of connection if service attends only one or two days. With 5 days local delivery clients can make connections as needed and drop off/pick up paperwork with ease. Many clients do not have reliable telecommunications with reduction of landline phone use, increase mobile phone dependence; prepaid credit & call cost issues as well as poor mobile reception in pockets on the peninsula. So phone contact is problematic.

Of course microfinance is only useful for clients who have the capacity to repay the loan (even at no interest). For those clients who do not, they are offered referral to our Case Work service (Low Income Support Service – LISS) to address financial and other issues that are preventing capacity to take a NILS loan. For many clients the work done by the case worker will eventually require connection to a Financial Counsellor to undertake the para legal work they are registered to do (credit and contract negotiations). Unfortunately the federally funded Financial Counselling Service to the area has not been present since funding was awarded to the Family Mediation Centre. Previously the Casey North delivered federally funded Financial Counselling Service colocated at the building and referrals were immediate and active case handover and planning could happen. The location of federally funded Financial Counselling Services at the point of ER and Microfinance service delivery is vital to successful transition clients through the range of services.

In short, FWC services, including microfinance services, need a regular, consistent place based presence that is communicated, promoted and properly resourced.

**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?**

* We already have a very successful Hub Model with our colocation
* We are running out of space.
* The resources to manage it are not present or ongoing
* We have a number of services that very much want ‘hub’ with us but are limited by our space – they want clusters of offices for multiple workers i.e. larger services would colocate with us, but they want 10+ offices
* It takes a lot of work to get agencies that have never ‘hubbed’ or colocated to understand about and work in a colocated model.
* There are issues around privacy and confidentiality in a hub model
* There are also service purpose clashes. For example we had a client attending a Sexual assault counselling appointment about her rape, while the perpetrator was attending a legal appointment at the same time elsewhere in the building
* To expand on our hub model we need
	+ a new building
	+ more resourcing funds
* To maintain our current hub model we need
	+ Building refurbishment to meet increased need (e.g. more toilets)
	+ New office equipment to meet colocating agency needs
	+ NBN
	+ New phone system
	+ To make the building all ability accessible
	+ Funding to cover current resourcing costs of $200,000
* General comments about hubs –
	+ Funding should be provided to services that are already located in the area to build on the current presence and relationships – don’t bring in and ‘dump’ a hub that no one in the community has a connection to
	+ Services should be delivered from this trusted hub – e.g. Financial counselling service placed at SPCSIC (as previously stated - the federally funded Financial Counselling Service to the area has not been present since funding was awarded to the Family Mediation Centre. Previously the Casey North delivered federally funded Financial Counselling Service colocated at the building and referrals were immediate and active case handover and planning could happen)

**2.5 What elements and innovative practices would be particularly key in establishing a hub model in a rural and/or remote services delivery context?**

* **Colocating services requires resourcing** – it’s not just about a building with an office that people use, it’s about building effective relationships, connections and inter agency collaborations this requires funding for paid staff.
* **Colocation rent will not cover your costs** – it might cover the costs of the actual colocation and it might just about cover the management time to handle the logistics of the multiple services. It will not cover the cost of the relationship, connections and inter agency collaboration work.
* **Volunteers make it cost viable but reduce colocators satisfaction** – colocation $ is not enough to have paid admin workers. However colocators are looking for a level of professionalism and constancy that cannot come for a volunteer dependant rotating roster.
* **Not all services should be located together** - there are some obvious services that do not belong together. Men’s behaviour change programs that are working with family violence perpetrators would not be suitable to colocate with a victim of family violence support program. We actively manage these ‘service type’ conflicts, but even then have had instance where victims and perpetrators have been present at the same time.
* **The community see each other in the building** – in a community where people are more likely to know each other, it is far hard to maintain client privacy, which can lead to extremely negative outcomes. Even though attending the Hub could be for any one of a number of things, it is fairly easy to work out what someone is coming for. As a real example a client attending a family violence service was stalked outside the building by a violent ex-partner, whose roommate saw her attending the service and heard the appointment time information.
* **Some people don’t want to come to the hub – so where do they go?** - There are reasons why people do not want to attend a hub service. They may have had a poor experience in the past, past connections in that area that prevents them from going, or they may not have made a connection they can trust. Alternatively located services provide more ‘doors’ for people to find connections that will work for them
* **Not everyone can get to the hub location** – The Southern Peninsula is quite large and poorly serviced by public transport. Despite being centrally located in Rosebud, there are many community members in need that cannot get to us. We recognise the need to have outposts in other areas but cannot afford to do this.
* **Having some services colocated can be counterproductive** – Despite seeming like obvious partners, the colocation of some services can be problematic for some clients. For example it seems obvious to colocate the Needle and Syringe Program (NSP) with the Alcohol and other Drug Service (AOD). However for a client who has been accessing the NSP to get clean syringes for previous drug use, attending the same building for AOD services could trigger the feelings and behaviours associated with this past addiction resulting in relapse.

**2.6 How could Aust Govt funding be used differently to support integration of FWC services?**

* Service integration is important step in providing an effective response to complex social problems. This intergration requires adequate resourcing.
* The cost of running our extensive community donation program is unfunded. But the value of what we are getting is extremely high. So a separate “material aid capacity building fund” that would support the development, transition to and maintenance of programs like ours. Then agencies that don’t have the capacity to do an extensive material aid program (perhaps due to facilities issues) can deliver Emergency Relief to their community. But those that can are supported to get material aid donation programs established with maintenance funding to ensure best practice and quality control is maintained.
* There is a real need for ER funding to be delivered to clients. Many agencies do not have our capacity to deliver large community donation programs. Many clients need items that can only be purchased, not donated.
* Our currently levels of ER funding is insufficient to cover current ER demands even with a fairly wide diversification of funding from other sources.
* Appropriately funded Case Work programs are needed

## Discussion topic: Strategies to support client outcomes

**3.1 op of Form**

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

**Currently landscape**

* **Case Worker-** We currently have a paid worker Case Worker that works strategically with clients to address needs and barriers to positive outcomes, which includes financial and employment outcomes.
* **Colocators -** We have partnerships with 19 colocated services and refer clients to the services to get positive outcomes.
* **External services** – we have partnerships with a large number of external services and our Connecting Local Agencies of the Southern Peninsula (CLASP) program actively builds partnership and referral pathways for clients
* **JobActive Providers** – we have 4 JobActive Providers colocated at SPCSIC and refer clients to them regularly. We also take referrals from all local area JobActive providers who have job seekers in need of volunteering, work experience, or placement into our EEP Project
* **Employment Engagement Project (EEP) and Work for the Dole** – The Employment Engagement Project (EEP) is designed to work with long term unemployed or disengaged people to increase community engagement and participation. EEP targets local people who have been disengaged from paid employment or other occupation, and offers tailored community work through SPCSIC programs. The volunteer work is supported and supervised by a paid skilled Employment Engagement Worker. Participants are assisted and encouraged in identifying and tackling barriers to engagement while offering personalised opportunities to increase skills. These opportunities demonstrate the value of occupation to personal wellbeing. Through the growing engagement with the programs delivered, EEP participants discover, or rediscover, the value of employment, occupation and community engagement.

**Needed**

* **Financial counselling** - federally funded Financial Counselling Services to the area has not been present since funding was awarded to the Family Mediation Centre.
* **EEP Program continuance** – Work for the Dole funding currently supports the EEP program.
* **Successful Work for the Dole Programs** - our EEP program is highly successful and achieves amazing outcomes. It’s great example of what these program should be.
* **Job Active Provider rethink** – the JobActive provider landscape if difficult to navigate, and the mechanisms are prohibitive to getting employment outcomes.
* **Job Capacity Assessments** – many people are assessed as ‘job ready’ that are not. Many people need to resolve their employment barriers before being job ready. For example we had a client who was homeless (sleeping rough), with an untreated mental illness and no car license (or car) assessed as job ready and breached for not attending a 9am job interview in Dandenong (4 hours public transport hours away). The client was in the midst of a psychotic episode, living in a swag on the foreshore at the time of the interview. (As a side note he also had no suitable clothes). For clients like this it would be great to have a “becoming job ready” status – where they can the time and support to work on their longer term barriers to get them ready to employment. Shifting the focus from job capacity to personal capacity, building confidence, connection, general skills, interpersonal skills.

**3.2 How does you service currently deal with clients who present to your service on multiple occasions? At what point should additional support and requirements apply to repeat to 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?**

**About Client limitations**

* Welfare payments are pretty inadequate and clients are typically poverty line
* Returning clients are not failing – they are just in an inadequate welfare payment system
* However repeat clients provide an opportunity to engage with clients in trusting and meaningful relationships – which are key when addressing complex issues
* Because of funding limitations SPCISC already limit the amount of ER funded visits available
* Client may return for crisis support and assistance multiple times and are encouraged to do so. This is NOT ER or Material Aid, but support to work through difficulties that present. This support is designed to help clients build skills, capacity and resilience. For clients who are isolated with no other supports SPCSIC acts as a sounding board (just as family would) for the issues people are facing. Multiple visits does not indicate dependence, it indicates appropriate support access. How often does a person get support from their family? What is the ‘appropriate’ level of support contact in a family? 1 x year, 6 x a year, 10 x a year? Does the family limit this?
* Case Work services (LISS) are provided as needed to any client. The clients have to wish to address the identified needs. This service is delivered over 4 days with one worker. It is all we can afford to provide. LISS is always booked out and we could duplicate it and still not meet need. If there was more funding we could deliver more.

**About mandated support services**

* Limitations are already in place
* There is no point in mandating a required support service activity for clients.
	1. To get out comes this needs to be case work like the LISS program we currently have
	2. Case work needs client buy in to succeed – which will not happen with a mandated service
	3. We can’t meet the non mandated client demand for this service
* Clients WANT to exit from their circumstances. We just cannot provide enough case work services to meet all the need. Because of a lack of funding
* To meet current demand for non-mandated support services we would need at least 3-4 more paid case workers, so something in the order of $500,000
* If mandated Case Work support services were required. Presuming each case worker could see 100 clients a year, we would need around 20 case workers. Salary cost alone would be $2 million. And probably about $1 million in running, administration, reporting and management costs. Plus a new building to house everyone. So $25-30 million establishment, and then $3 million per year to run. If it was resourced in this way we might be able to deliver it.
	1. **How can DSS better support early intervention and prevention opportunities?**

Our ER program is under resourced. There is no real funding attached to it to carry out work beyond they day-to-day delivery of crisis support. Despite this we already do early intervention and prevention work to the best of our resources. To do this better we would need:

* Dedicated funds towards resourcing and supporting volunteers
* Dedicated funds to deliver Case work
* Don’t restrict eligibility to services
* Reduce support service waiting lists (e.g. Financial counselling)
* Increase Centrelink engagement to the community through placing a worker at SPCSIC (and other support and information centres) to get better connections
* Fund material aid program infrastructure costs
* Fund effective employment engagement programs (like our EEP)

## Discussion topic: 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?**

**Yes**

* Volunteer workforce cannot deliver the same standard of outcomes as a professional paid workforce whether for data collection or client services. The volunteer workforce, however, does create incredibly strong client connection. You want better outcomes and greater capacity resource a paid workforce to blend with volunteer service delivery
* Funded Volunteer Support is needed to increase volunteer capacity
* Community Support and Information Victoria (CISVic) has member agency delivery standards which SPCSIC adheres to. We believe CISVic is well ahead of the game because of this. However there is room to standardise these more and improve compliance. However that can’t be done by CISVic or delivered at agency level without funds. More targeted, funded, standardised training. Upskilling training, refresher training, peer based inter agency training. That is delivered locally – or our volunteers cannot get to the training
* Locally focussed training and information that has been locally developed. There is no point in delivering a general Family Violence services training to our volunteers as the services are all Melbourne based, and are therefore useless to our clients. This is true of almost any service in our area and the local landscape needs to be used in training opportunities.
* Facilitated, funded, interagency connections
* Recognition of longer years of service in the employment award for community workers to reward continuity of work place contribution
* Longer contract periods for funding to increase confidence and ensure continuity of community worker staff
* Provide appropriate supervision, administration and management funding for programs

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

* Bottom of Form
* Facilitated, funded, interagency connections
* Data and successes shared
* Placement services within the local area they are delivering to (not at Frankston, Dandenong, St. Kilda if delivering to Southern Peninsula)
* Internet connectivity to black spot areas
* Funded Case Work services
* Provision of buildings in which to create hub services
* Standardise policy and service provision guidelines (Community Support and Information Victoriia(CISVic) is already working on this and requires resourcing to do this work

## Discussion topic: Strategies to strengthen evidence, improve practice and measure outcomes?

Top of Form

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

#### ER services are crisis services and therefore, it is the immediate to intermediate impact that can be measured.

#### ER funds come with little or no administration dollars. It’s difficult to deliver effective evaluation and data systems with no money

#### Volunteer force cannot deliver the same standard of outcomes as a professional paid workforce whether for data collection or client services. The volunteer workforce, however, does create incredibly strong client connection.

#### Client privacy is important – but poses a challenge to tracking client journey and understanding outcomes across the sector

#### Costs of data systems

#### The time taken to process data removes time from the delivery of the activity

#### We can get volunteers who want to deliver the program, but harder to find volunteers who want to do the data input for the program

#### Data requirements changes - there have been times when new data questions have come in AFTER the data collection period has finished making it impossible to deliver

#### Data collection needs to be standard over a long period of time to enable longitudinal reporting

#### The work Community Support and Information Victoria (CISVic) has done to develop a unified data system has done wonders for getting this standardised across it’s consortia members

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

* Are client’s needs being met – ER responds to immediate need, case work to an intermediate need
* To demonstrate the continued connection does not = dependence, but really is about increasing capacity each time. Effective and comprehensive evaluations, which demonstrates the impact the FWC services can make in people’s lives could help leverage funding from other sources.