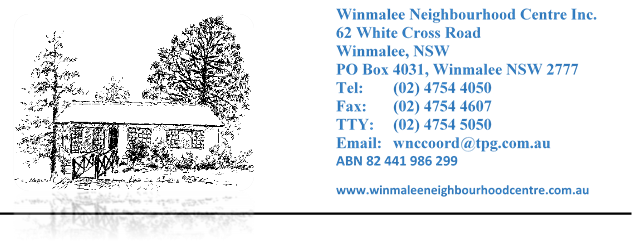
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**Response to DSS Financial Wellbeing and Capability Activity Discussion Paper**

Winmalee Neighbourhood Centre Inc. provides the most comprehensive ER service in the Blue Mountains and receives no money for the programs. Our fresh food program provided 80,000 meals in 12 months to financially disadvantaged people throughout the Blue Mountains. We are well experienced in providing points of discussion through our ongoing ER services.

A past partnership with Blue Mountains Family Support Service (now Thrive Services) allowed the provision of emergency relief through food vouchers and brokerage. Thrive were not successful with the tender submission which left the Blue Mountains most vulnerable communities without assistance.

We have formed a partnership with Wesley Mission to ensure we do have some ER available which has been vital for the wellbeing of community however it does not allow ‘flexibility’ for our community as we are at the coal face and understand each client’s needs.

ER is not a walk in walk out strategy, it is the opportunity to walk beside the person to learn about their circumstances and how best to work holistically to enable them to become financially self-reliant. As community leaders our core business is about resilient, inclusive, and productive communities and component of that duty is on financial health.

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

With the huge increase in costs for rental properties, utility accounts, child care and general cost of living we now have a large client group of the working poor. If they are on $60,000 a year with 5 children and rent/mortgage and as with most working people in the mountains, commute everyday they are only 2 pays away from financial disaster. They do not a ‘back up’ fund. Restricting access eligibility will impact negatively on this specific group.

A blanket approach for ER is not sustainable for any agency and requires consultation from not only the large charities but the small ones who are very disadvantaged by their funding.

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

With a large number of financial/ER discussion papers it’s noted that the larger charities are quoted or their programs noted. We are small charity but isolated due to the transport or lack thereof. We have no rail line and a bus service that only runs a few times a day. Any consultation we take part in we request that ‘isolated’ services are like the community-‘isolated’. It is vitally important to increase services in these areas to enable those who require assistance can get it without travelling for each support service. Identify these services and support them into becoming a ‘one stop’ initiative.

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

We have existing collaborated approaches with other services however this does not assist the person who arrives needing immediate help. We have found that DV is on the increase and families are finding it harder all the time to make ends meet. We have the highest youth unemployment rate which is a disgrace and the job networks are not meeting the needs of clients who present to us.

We have identified that a Job Provider service would be an advantage in a service such as ours due to our existing services and training we provide. Being innovative in how services can complement each other without clients having to go from ‘door to door’. We would require assistance to expand our programs as we are the only community service in the area and are very cost effective.

**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?**

We currently work very closely with other services and do not see this as a negative as it supports our community. The problem is and always has been the lack of commitment to travel to Winmalee.

**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?**

The Centre began NILS in 1998 and we have a very strong network. Good Shepherd has put 2new models on how these should be carried out now which will have a major impact on our clients as we do not support these changes. It will leave those most vulnerable seeking payday lenders. (See paper submitted- **Blue Mountains No Interest Loan Scheme (NILS) Network Response to DSS Financial Wellbeing and Capability Activity Discussion Paper)**

**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 service would require financial support to expand current services that are providing a ‘wrap around’ approach. A financial hub has been identified by the management committee and is the ideal solution, especially for women who will be our next most financially disadvantaged group in Australia. **Currently we provide:** Food vouchers, Kmart vouchers, financial counselling, cooking skills, free fresh food 5 days a week, subsidised food program, EAP, Water, Telstra assistance, school breakfast program, weekly lunch for the homeless/financially/socially isolated, NILS partnership with SecondBite-we go to Coles 5 times per week and take the food that would otherwise go to landfill. We take it back to the Centre and go through it all and then with the van I purchased through a grant from the EPA distribute to our clients and other services that do ER. All this is done along with other programs that upskill disadvantaged community members with our $109,000 FACS Community Builders funding. We are well acquainted with disadvantaged communities and are well placed to provide more services but require support.

**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?**

What we have established is that providing health/support services is compounded by several other elements such as the lack of transport and lack of coexisting services. Travelling is often an issue for many of our clients.

Without clear strategies on how best services can complement each other you cannot make changes. Our service is limited in nature by the lack of an expanded provision model. It is crucial when initiating a ‘hub’ to identify existing successful models that services have put in place and enhance those services to allow an outreach model, increase their IT to allow community access to online assistance, financial education etc. We have prioritised the health of our community both physically and emotionally and this has been due to the 2103 bushfires where we lost 200 homes and are still supporting those who have yet to get on their feet. A wrap around service would benefit the community greatly.

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

Link the client into our financial programs-some through partnerships and others through financial counsellor and support them through the process. The projects we run enhance employments outcomes as we teach hospitality skills through our community lunch, food knowledge through our food programs, support women back to work i.e. Resume skills, computer classes, TAFE outreach programs etc. There is definitely a gap for the unemployed as they are not gaining enough confidence, support with existing job networks. Having partnered with many job networks we have a large data on how best to enable people the skills they require to find employment.

**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?**

When we have a client who has accessed multiple times we first refer to our financial counsellor. This we have found is met with resistance however we have also had great success stories.

At the coal face and not having numerous volunteers meeting with clients you really get to know their circumstances. I believe there should be a ‘form policy’ regarding multiple assistance for some areas of ER as for as many people require support there is the small percentage who believe it is an ‘entitlement’ which then takes the ER portion from those who really are in dire circumstances. If a policy was to be implemented with a clause that would allow the ER worker the flexibility to take into account the clients own circumstances as a blanket policy would leave many worse off.

I do not see this as a barrier but a tool to help the ER worker as they can be abused, especially when we do not have and vouchers etc. To support this I would like consultation

To ensure we take all considerations into account.

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

Identify services that work within schools, preschools, OOSH as they have the opportunity to work via a ‘soft entry’ approach**.** Do not discount non funded EIPP services.

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

Upskilling all ER and NILS workers to become Financial Capability Workers. It is also vitally important to provide training to services that provide ER for best practice. Allowing a holistic approach where the client’s situations are taken into context of their circumstances and ‘bring in’ all services that will support the client until they are capable of self-reliance.

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

A key part of our financial ER strategy is to provide resources that increase skills and empower people to healthy, resilient financial lives. Visual tools help many people learn and that could be in the way of PowerPoint presentation with practical tools to compliment the session.

Resources online, hands on learning tools, practical resources, such as navigating the person’s financial ‘diary’ or ‘journey’ which would indicate the initial assessment, then tracking how they are progressing and what programs have been indicated as useful for their circumstances. Provide a model that gives the power to the person whereby they can also track their journey. When the Financial Journey has concluded a survey to see how useful this process was. The last part of the research would include how their wellbeing has been improved both emotionally, financially, physically-did their financial situation impact all or part of their lives?

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

The evaluating activity would need to not be time consuming-preferably a portal where information could be added over time. Questions in evaluating must be pertinent to the person’s circumstances. Consultation with ER services to gain some understanding of what is presenting at their service.

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

The client’s wellbeing in all areas of their lives as financial stressors impact on other areas of life. How the service is fairing in meeting the needs, do they need more support? What service gaps have been identified in supporting the process? Does the client have increased confidence in managing their money?