



Submission to:
The Department of Social Services

FWC Redesign

31st March 2017

Primary Contact:

John Fraser
Manager
Western Port Community Support Inc.
185 High Street
HASTINGS Vic 3915
03 5979 2762
jfraser@wportcomsupport.org.au

Additional Contact:

Georgia Hourn
Assistant Manager
Western Port Community Support Inc
185 High Street
HASTINGS Vic 3915
03 5979 2762
ghourn@wportcomsupport.org.au





PREAMBLE

This response has been prepared and submitted by Western Port Community Support Inc. (WPCS) as an active and full member of Community Information and Support Victoria (CISVic). WPCS is a small community based agency with 4 part time staff and 40+ volunteers.

This response contains only information of a local flavour as relevant to WPCS and reflects the viewpoint of the agency as it is seen in the provision of Emergency Relief, material aid and adjunct programs to the Western Point area.

WPCS in servicing the local area is part of the 'Local Government Area' (LGA) of the Mornington Peninsula Shire of Victoria and is the main provider of Emergency Relief Services in the area.

1. Discussion topic: Strategies to improve the targeting of services

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

- In excess of 80% of our clients are on fixed, low incomes, invariably some form of Centrelink payment. Nearly 40% of this group are on Newstart and have little if any disposable income.
- For example; we have a number of clients on Newstart with two or more children. With Tax A and Tax B they receive \$1,180 per fortnight. Due to high escalating rent they are paying \$350 per week for modest, usually inadequate private rental. In effect, this leaves \$240 per week for food, utilities, fuel and other essentials. Most of these clients have precarious financial circumstances and it takes only one unplanned expense to come forward and they are forced into a short term financial crisis.
- WPCS (Western Port Community Support) like most other agencies in our sector rely in the main and operate with a predominately volunteer workforce. These volunteers receive adequate training to assess and make basic decisions as to a client's eligibility for Emergency Relief. However, the nature of the work has become increasingly stressful due to the escalation of drug use, chronic homelessness and the like.
- Volunteers in particular enjoy being helpful and will not take kindly to turning additional clients away. There exists the potential for an ageing volunteer workforce to lose enthusiasm due to the pressure of the role and they may then simply walk away or burn out.

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

- WPCS has long established Policies and Procedures in place that have worked well in the provision of Emergency Relief. In effect we have solid, proven guidelines in place. For example:
 - \$40.00 Single individuals
 - \$60.00 Small families e.g. Single Parent with up to two children
 - &80.00 Larger families e.g. Single or couple with more than two children
- Generally, we will provide ER or vouchers up to 4 -5 times a year depending on circumstance. In practice we promote a '3 month' rule that limits availability to vouchers for food, fuel or other forms of ER.
- Due to the high demand for its services WPCS has to supplement ER funding from external funding sources. These donations fund our extensive pantry, health and homeless items and articles for babies and very young children.

2. 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?

- Western Port Community Support is a member of a number of local networks. These networks meetings are usually attended by a member of the part-time staff. These links are strong and mentoring and collective undertakings are common place within these networks and groups.
- Whilst there is no local ER network the following is a list of networks that WPCS actively participates in;
 - Mornington Peninsula Service Providers network
 - Triple A Housing Advisory Group
 - Respectful Relationship Group
 - Project 3915 – local area integration service network
 - The Van project - provision of food to the homeless and those individuals and families on low incomes. This is a joint venture of WPCS, The Salvation Army and the Hastings Community House
 - Mornington Peninsula Housing Group
- Additionally WPCS is an active member of;
 - Community Information & Support Victoria (CISVic)
 - The Western Port Regional Association of Community Information Centres (WRACIC)
 - Mornington Peninsula Community Information Managers Group

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?

- Experience in our sector at a local level has demonstrated that formalised networks and relationship invariably are unsuccessful due to significant variances in policy, work place culture, sharing of financial resources and different reporting requirements. This was attempted recently with a national provider of youth and family services resulting in challenging administrative responsibilities due to the very bureaucratic nature of the larger organisation.
- WPCS is a volunteer based organisation with a very minimal number of part-time paid employees. The capacity to establish and maintain a number of formalised relationships with a diverse array of programs would compromise a work force that it already stretched to capacity.

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?

- WPCS has well established connections with other FWC agencies within the local area. While they are few in number they provide a service that is considered to be under resourced. Waiting times to access the service can be rather prolonged due to a shortage of paid workers, a direct consequence of the limited funding available from Government funding streams.
- WPCS has neither the space nor the financial and practical resources to employ a financial counsellor. Neither are there sufficient workers within the local area to cope with or sustain an increase in demand for this type of service.

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?

- WPCS is already located within a hub, in particular a Community Health model. This works well within the confines of each individual agencies expertise.
- In practice this also creates limitations as the success of the current arrangement is due to a multi-discipline approach to common clients. Each agency has a strong preference towards the welfare, wellbeing and needs of its own clients in the initial instance.
- A hub approach also requires strong common ethical philosophies and attitudes toward client outcomes. Experience to date suggests different service providers have vastly different ideologies and ways of delivering their services thus creating restrictions. In effect, the only common denominator becomes the client who often does not receive the best of attention at all times.

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?

- WPCS has no comment

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

- Service integration is a very important component in the provision of services that respond to what are becoming very complex social problems. To undertake this would require additional and adequate resourcing. It cannot be envisioned that the redirection of essential emergency relief monies would assist when additional funding would clearly be the more practical solution.

3. Discussion topic: Strategies to support client outcomes

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

- Over its 36 years WPCS has been able to provide a wrap-around service through the use of its own trained volunteers and part time work force. The agency also has a number of outreach providers who visit the centre weekly to deliver ancillary and complimentary services.
- In addition we have a part-time funded Family Support Case Worker who is able to work more intensively with our clients over and above what can be delivered as part of a routine ER visit.
- Furthermore, we have several specialist volunteers who offer legal advice, budget support, personal counselling and tax help.
- WPCS is already able to meaningfully assist and support local job seekers. This is done through making available department store vouchers to purchase new clothes, arrangements with a local footwear shop, fuel vouchers and travel tickets, vouchers to access material aid such as clothing from several local op shops and a referral process to two local 'Dressed for Success' type agencies.

3.2 How does your service currently deal with clients who present to your services 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?

- WPCS is very limited in its overall service provision due to the increase in demand for services over the last few years. A decrease in Emergency Relief funding and the



defunding of the Vulnerable Groups program has put further strain on our existing finances.

- Whilst a large percentage of our client base repeatedly re-presents, due to a flexible policy and the provision of non-government funded ER programs we are very seldom required to turn clients away without some form of basic help.
- A far greater prevention option of repeat re-presentation could be achieved with additional case work staff. It has been proven through data collection that a major percentage of case managed clients achieve increased self-reliance as a direct result of having been worked with intensively.
- Increased funding for case work managed clients would in the long term achieve less demand on limited ER resources as has already been demonstrated as an outcome of our case management program.

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

- Over the last 10 years WPCS has taken steps toward providing an increased stable of services through the provision of its own program initiatives.
- With assistance from local businesses, philanthropic foundations and local churches we have been instrumental in funding:
 - A School Assistance program – this assists with education costs, school uniforms and shoes , book lists, school camps, technology and funds permitting other education related expenses.
 - A comprehensive pantry of dairy, meat, canned goods, pasta, bread, other non-perishables, toiletries and homeless packs for females and males.
 - Through the sourcing of external funding we are now able to provide an additional one day per week for a Case Worker who is able to work intensively with clients.
 - The limitation to date has always been financial. The various programs, interventions and responses can only be delivered with the funds available. Whilst money is not the one and only solution there are expenses related to delivering a high quality crisis intervention model as well as providing a volunteer base that is able to manage this role. Should greater impositions be placed on already stretched services additional monies will definitely be required.

4. 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?

- Training is a key component of volunteer skills development. All 'Community Support Workers' are required as a pre requisite to attend and satisfactory complete a mandatory 50 hour training course (Community Support Worker Course CHCCCS004) as a minimum requirement. Mandatory courses must be and are delivered by a RTO (Registered Training Organisation) and cost up to \$300 per volunteer for a place based scheduled course.
- Funds for courses delivered by an RTO must be paid for by the individual agency. To do this the agency must raise the required funding. This is usually done by submissions to Government Volunteer Support Grants or funding from private philanthropic trusts.
- As a member of a regional network volunteers are invited on a regular basis to a collective / combined training day held externally. This involves professional speakers and the need for a suitable venue and the like. To deliver this training the regional group funds the training and venue costs. Additionally, WPCS provides monthly training to volunteers to ensure they remain informed and current.

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

- Local networks are very skilled in capacity building activities. These networks, of which WPCS is an active participant, work collaboratively and invest widely in knowledge sharing and the strengthening of communities. These networks are very much dependent on the resources of individual member agencies that vary considerably from agency to agency.
- Less broadly, in the Western Port area FWC services are minimal and to strengthen the good but limited work that is undertaken would require investment in service delivery. Parts of Western Port are extremely disadvantaged and extra funding would achieve significant change in working with clients to have long term successful outcomes.

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

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

- Evaluation on any scale when using a primarily volunteer based work force would be seen to be a challenge. In essence, volunteers are trained to provide an effective, uncomplicated ER service and do not necessarily have the skills required to collect complex program delivery data. Even if they did it would more likely be subjective as

opposed to qualitative and consequently of minimal value. Simply, volunteers are more interested in service delivery rather than data collection.

- In the delivery of case work however, collection of reliable, consistent statistics is already gathered by the case worker. Expansion of a case work model would see increased reliable data gathered which would be based on methodology that underpins the case work paradigm. This again would require additional funding to engage suitable workers to carry out the guidelines that would be established in the formation of a more complex FWC program.

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

- It is the opinion of WPCS that the evaluation should concentrate of what ER does and its value to the community it services.
- The current emergency service delivers a low cost, very effective service to the residents of the area it engages with and should be observed in this context.
- Ongoing more meaningful evaluation would require resources, resources that are not currently available.
- Additional funds need to be provided to evaluate the current ER provision. Then and only then will it be possible to conclude the effectiveness of the current service delivery model.
- Lastly, the evaluation should focus on the problem and not on the person.

END OF DOCUMENT

Prepared by Western Port Community Support 31/03/17.