**REFERENCE TO QUESTIONS 3.1 AND 3.3**

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

 Financial

Referrals to Step –up, Nils, saver plus, the bartering system and explain what each does.

Handouts ; We have developed a handout that shows the client the difference between ER, Budget Counselling and Financial Counselling, so it gives them a clear understanding of where they are on the continuum. At the back of the hand out has a list of agencies that provide Budget Counselling and Financial Counselling.

 Financial money management options presented are Centrepay, money management courses at Marion, Low Income Health Care Card.

Financial options within our 7 SURF agencies are Budget Counselling, Financial Counselling, Debt Counselling through Christians Against Poverty (CAP ) ,note this is a is a home visiting program, CAP money courses

EMPLOYMENT:

Referrals to: Hallett Cove Baptist Care families’ employment program and various local employment .

**SPECIAL NOTE**:

A strategy we have in place here at CBBC is to have a worker whose role is to maintain referral option resources. It is no good informing a client about an option, if the information and hand-out is not up to date. This is an arduous task. So If SURF had a “central office” at one of our agencies resources would be located there and dedicated workers could maintain them keeping them up to date. This work could be shared amongst the 7 agencies.

*3.2 a) How does your service currently deal with clients who present to your service on multiple occasions.*

 From a Christian perspective we will always provide something but it may be limited, things we take into consideration is the family composition, are there children? Plus we do the following.

File notes reference, Ask for I/E copy if attended a F/C, Reduce amount of material help if no options taken up , Repeat the referrals again and again if need be, Check the SURF shared data base for information from other SURF agencies, Encourage them to access free or cheap meals in the area, Try and book them with relevant services, courses etc.

*3 b) at what point should additional support and requirements apply to repeat ER clients.*

 Right at the beginning, to hopefully prevent a disaster. Are there children? Moving?, Ambulance cover?

*3 c) What form should this take?*

In ER I suggest the ability to see a person a few weeks in a row, to go over the referrals, their actions and extra provisions. If someone is worried about food on the table they often cannot think clearly. Also it would set up a consistency for the client, which may have a stabilising influence on them.

*3 d) what barriers do you see in implementing these requirements?*

Training, space, personnel, time

*3 e) what support would you need to implement such a proposal.*

 See 3d

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

See point 1.1 comments on the new proposed guidelines.