Knox Infolink

An Information Resource Centre for the Community

# Submission to Department of Social Services

# FWC Redesign

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## Knox Infolink Inc – Background

Knox Infolink has been providing a service to the City of Knox in Victoria since July 1992 after a Steering Committee was formed and a Citizen's Advice Bureau was established.

In August 1993 the Knox CAB began dispensing emergency relief for the Knox City Council and moved beyond an information only service. This increased the role of the Centre dramatically and in November 1995 there was a change of name to the Knox Information and Support Service Inc. to better reflect the additional services they were providing. As the organisation continued to grow a further name change to Knox Infolink Inc was decided on in 1998. Knox Infolink has been a key service provider in the City of Knox working very closely with the Council and other key stakeholders for 24 years.

In 2014 Knox Infolink joined with 28 other emergency relief services to form a Consortium auspiced by the peak body, Community Information & Support Victoria (CISVic) forming the second largest Federal Government funded provider of ER services in Victoria. The benefit of this Consortium was the larger and more diverse collective power and coverage, without losing the most valuable asset being the local knowledge of each of the individual services. This allowed agencies to maintain a place-based focus that meant that existing partnerships and relationships could continue and develop providing a truly holistic approach to our respective communities.

**Our Community:**

The City of Knox is located in outer-eastern Melbourne and is one of the most populous municipalities in Victoria with almost 156,000 residents living in 11 localities. Knox is home to a growing, diverse socio-economic and cultural community. Although overall Knox's SEIFA score does not put it in the lower 30% in Victoria, there are a number of pockets of disadvantage being Bayswater (1,001), Boronia (1,014) which is where the Knox Infolink service is based and Ferntree Gully (1028). Approximately 50% of each of these 3 suburbs has a SEIFA index of between 859 – 981. Knox Infolink is strategically located centrally between these 3 areas so that it can provide a place-based service that is accessible to those that need it the most.

**Services:**

Knox Infolink Inc is a community based, not for profit agency in the City of Knox. Core functions undertaken by the Centre include the provision of information, support and referral and emergency relief for resident of Knox. Other services include:

- Tax Help Program
- Knox Community Christmas Support Program
- Mail Holding Service for the homeless

* No Interest Loans Scheme (NILS)
* Family Violence NILS
* Fax Service

# Submission:

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

The majority of Knox Infolink clients would fall within the category of receiving a pension or benefit, experiencing family violence or being a non-citizen, but with the additional overlay that access would be restricted to those at imminent risk of not being able to pay their debts would have a huge negative impact on our service delivery. Not all clients fit neatly into the 3 categories and we will demonstrate that with a de-identified case study. But more particularly, having to assess every client as to whether they are at imminent risk of not being able to pay their debts would make the process cumbersome, restrict some from the service all together and delay the identification of emerging issues. This would create a situation where clients are only able to access emergency relief services when things have reached severe crisis point where they are potentially facing homelessness, placing even further strain on a sector that currently cannot meet the needs of the ever increasing number of people experiencing homelessness. We are a crisis service that currently has the flexibility of being able to respond to the immediate needs of food, a basic human right. These further proposed restrictions on eligibility will not only disadvantage our clients, but restrict our capacity of early intervention and referrals to other support services when there is still time and capacity that something can be done for the client.

***De-Identified Case Study:*** *Bill, a handyman running his own small business, supports he and his wife and 2 teenage children 16 & 18, both with part time work and no longer at school. He has a very small income that fluctuates dramatically, but he is a proud man that works hard to support his family without relying on welfare. He injures his hand at work and is unable to work for 4 weeks. They have no savings and live week to week with no extras. No work means no income. Utility bills are due, medical bills for the injury and then of course there is a need to put food on the table for the family and pay the rent. Bill comes to Knox Infolink for assistance. We are able to assist with a food parcel and refer him to a financial counsellor to negotiate a repayment plan with the utility company and refer him to a tenant advocate who helps him access rent assistance. This takes a bit of pressure off, so Bill can try and juggle his medical bills. If the proposed restrictions were introduced, Bill would not qualify as he is not in receipt of a pension/benefit. If left without our support, he may not have been successful negotiating a repayment plan with the utilities on his own or access rent assistance, and his family would have gone hungry and he may not have had the confidence to try and juggle the medical bills adding further stress and potential medical complications impacting on his mental health. The value of have a flexible and responsive emergency relief service is, being able to meet a basic human right to food; the capacity to help in a crisis and refer to appropriate other support services who were able to negotiate the repayment plan for the utilities and access the rent assistance; and, provide Bill with some confidence that this is a temporary situation so he could approach his medical bills with a promise to pay them a bit*

*later. A major crisis was averted by early intervention – this would not have been achieved had the proposed additional restrictions been in place as he would not have met the criteria.*

The other impact/cost would be on the predominantly volunteer workforce who would become disenchanted with these additional proposed restrictions because there would be less people that qualify for support, more people in need would be turned away, adding more stress and anxiety to a role they are volunteering to do to help the community. With less capacity to help those in need, it would become even harder to maintain a stable volunteer workforce which currently we rely very heavily on.

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

Knox Infolink, like many other ER agencies, has its own **policies** to ensure the limited resources are going to those in need most. We limit access to food hampers to once a month and that is only after a **rigorous interview** to determine need. The food hampers are restricted to a **family hamper** worth approximately $30 and a **single hamper** to the value of around $15. The hampers are filled with non perishable staples such as cereal, pasta, pasta sauce, tinned fruit and vegetables, long life milk etc. As you can imagine this amount of food is not going to last much more than a couple of days and this is supplemented by **donations** from many sources in the form of toiletries, nappies, clothing, op shop vouchers and food from **Food Bank and Second Bite** that is past the best before date or fresh fruit and vegetables that cannot be sold because they are beginning to spoil. There needs to be **confidence from funders** that agencies are already stretching very limited resources as far as they can through the development of their own policies and **resourcefulness** . The cost of restricting eligibility would be to deny individuals and families access to a basic human right to food – is that a cost we want to bear in our first world country?

Our clients are reliant on place-based services so that they can access the service without incurring additional and unaffordable travel and transport costs. We reach the most vulnerable people in our community because of **our physical access, service access, well trained volunteers and staff and our well developed referrals, partnerships and networks with other support agencies.** DSS support, acknowledgement and value of these existing strategies will ensure ongoing accessibility for those who need these services the most.

What is needed is more adequate funding to ensure we can actively promote our service to our CALD communities, confident that we have adequate funding to **provide interpreting services** – currently this promotion is limited due to inadequate funding. We are currently stretching limited resources with extraordinary creativity to try and meet the ever increasing need for food.

Additional funding should be provided to ensure every ER service has at least one, if not two **funded case workers** who have the capacity to work closely with those in crisis so that medium and long term needs of clients can be addressed as well as providing a response to the immediate need of emergency relief which we currently do. ER services are the initial

access point for those facing crisis and we should not miss this opportunity to really make a difference in the lives of those who are vulnerable and offer a **more holistic service.**

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

Knox Infolink is privileged to be an agency that receives limited operational funding from our Council which allows us to have the equivalent of 2.2 paid FTE staff and a team of 35 volunteers. We have spent 24 years developing a strong relationship with our Council and that is only possible because of their financial support. This has allowed us the capacity to develop an ER network in our region that we host. But this is not the norm for agencies and adequate DSS funding should be provided to all regions so that the benefits of an ER network and other networks can be experienced. Reliance on individual council financial support is inconsistent and unreliable because each council operates on their own individual priorities – Knox Infolink is lucky that our council identifies those that are vulnerable and disadvantaged as one of their priorities. But, this priority has been influenced by years of relationship development between Knox Infolink and the Council.

With consistent DSS funding for a basic benchmark ER service that includes operational funding, volunteer and network co-ordination , the capacity to develop relationships with family support services and job network providers would be developed and nurtured by paid workers who have the capacity to do this. DSS needs to fund these roles. This would mean that ER services would not be reliant on inconsistent Council funding and a more consistent approach could be taken towards developing relationships with a broad range of networks and services that could include family services and job networks and beyond. With this more structured approach peak organisations could also network on common issues broadening reach and communication.

**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?**

Knox Infolink, along with other similar services would struggle to find the time and resources to invest in formalising relationships with other organisations. DSS's concept of 'formalised relationships' is unclear. Currently we have excellent relationships with many services and trying to 'formalise' relationships would put an unnecessary burden on these relationships and risk them being damaged. What is needed is more adequate funding for paid staff to have the time to participate and develop networks and explore possible partnerships and joint projects with other organisations without forcing ' formalised ' relationships.

**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?**

Knox Infolink provides a NILS service but access to the NILS service is not the solution to poverty. It is a service that assists those on low incomes to have an affordable choice and capacity to access essentials like washing machines, car repairs etc. Access to NILS can mean avoidance of a person moving into crisis by ensuring a car repair is done so the person has the capacity to attend work or job interviews. But on an extremely low income, even with a NILS loan, a person may not be able to afford the most basic of repayments. What needs to be addressed are the systemic issues of income security and moving people above the poverty line, addressing the rising costs of education, utilities and medical expenses and ensuring that there is access to affordable housing for all.

There are some ER services that have a suite of FWC microfinance services, but this is not the solution to poverty.

NILS providers operate on inadequate funding and rely on volunteers or the support of other funded services within agencies to provide this service. To really be competitive with the Pay Day lenders and make NILS a better option for low income people, then it needs to be funded more appropriately so proper promotion and access can be offered to low income clients making it more accessible and desirable than a Pay Day Lender. In addition, there should be stronger regulation of Pay Day Lenders if we are really serious about improving the financial stability of those on a low income.

We have a good working relationship with our state funded financial counselling services and will continue to foster this. Broadening the reach of Commonwealth funded financial counselling services would relieve some of the pressure on State funded services, reducing waiting times to ensure earlier intervention and reduce the impacts of financial crisis.

But, the real issue to be addressed is the provision of an adequate safety net and social policy that addresses structural disadvantage.

**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?**

Knox Infolink has been a part of local discussions over the last few years about the development of a hub. The conversation has been driven by the Council but the barriers are location, resources, infrastructure and accessibility. In theory a hub model has some benefits by providing a 'one stop shop' location for a multitude of services. But, it is all about resourcing and finding a location suitable to accommodate a complimentary mix of agencies.

**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?** N/A

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

Service integration is an important step in providing an effective response to complex social problems and requires adequate resourcing as detailed in the previous responses. **This should not** be achieved by redirecting ER funding, rather, additional funding is required.

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

As mentioned previously, a consistent approach to the provision of at least one, if not two paid caseworkers would be the most appropriate strategy to support a client to improve their financial and/or employment outcomes. As an ER service we do not have, nor do we have the capacity or the skills to provide employment outcomes. With adequate funding, we can certainly provide a more complete and supportive service for clients with complex needs. Ranging from a caseworker, to improved referral pathways and programs that link clients with volunteering opportunities, peer support groups, opportunities to participate in community activities to address isolation issues and improve mental health, resume writing support, form filling in, and access to suitable clothing for interviews.

Currently with the level of funding that we receive, we are able to provide support filling in forms, Op Shop vouchers to access employment suitable clothing, travel cards and phone cards to be able to attend interviews and make and receive employment related phone calls.

There are many creative strategies that could be adopted to improve a client's financial and/or employment outcomes without duplicating employment services that already exist and are provided by services that have specialist skills.

As an example of an alternative creative strategy, with adequate funding, programs could be developed in partnership with other services such as the community houses that provide Learn Local programs, providing free access and transportation for clients to participate in courses and activities of their choosing. This would enrich their lives, give them a sense of belonging and participation in their community which would in turn ultimately help improve their financial and/or employment outcomes simply by improving their sense of self worth.

The most important strategy would be consistent funding for **caseworkers in all ER services** to support the client's medium and long term needs with the capacity of identifying underlying issues, providing support, assistance and making appropriate warm referrals to the most appropriate services. Those referrals may well be to JobActive providers if that is what is the most important need of the client at the time.

**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?**

Knox Infolink along with many other services, experienced a 50% or more reduction in funding with the move to the Consortium model in 2014. Prior to this model we also had philanthropic funding which funded a 3 day a week caseworker. While operating under that model, Knox Infolink was able to provide a much more holistic and responsive service that was able to support clients in crisis, help them move through the crisis and re-stabilise their lives. But for those that were experiencing living under the poverty line, nothing except structural changes addressing affordable housing, adequate income and accessible medical services would improve their situation long term. But with access to a caseworker, immediate and medium term responses were more achievable goals.

Having said that, access to the caseworker provided a much more long term outcomes focused service for clients. But the one off nature of philanthrophic funding has meant that Knox Infolink is now only able to provide an immediate crisis response being access to food and material aid through the DSS funding which does not stretch to casework support.

To address the issue of clients that are attending the service on multiple occasions, internal policies limit access to food to ensure there is equitable access to food for those that need it the most. Those that attend frequently are encouraged to engage with the volunteers in the hope that appropriate referrals can be made to other services. This has limited success because volunteers do not have the same skills or time that a caseworker does to identify the actual underlying issues.

As mentioned previously, adequately funded caseworkers at **all** ER services would have a measurable positive impact with clients. The fact that clients are comfortable to attend ER services on multiple occasions, supports the understanding that ER services provide safe, trusting environments for clients. This is the perfect foundation to develop meaningful relationships which is key when addressing complex issues but we are missing these opportunities because of lack of funding.

It is worth stating that the majority of people living below the poverty line actually have an extraordinary capacity to manage their very limited finances far more effectively than many on much greater incomes. But it is impossible to stretch such limited incomes when unexpected life events happen such as job loss, ill health, mental health episodes. These events highlight that it is structural disadvantage and market failure and NOT a reflection on a client's capacity to manage their finances.

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

Once again, Knox Infolink was able to provide a Budgeting Service in the past that was funded, once again through a philanthropic grant, but the limitation being, it was a one off grant, meaning that this early intervention program was effective while it was operational, providing a combination of material aid and budgeting support, proper access to entitlements as well as access to referrals but it was not sustainable without ongoing funding. If DSS wants to commit to early intervention then these sort of innovative and early intervention programs need to be funded through DSS and not be reliant on inconsistent funding through non DSS sources.

Because the majority of ER services operate primarily on volunteer contributions, saving the government and DSS a significant wage component, it is imperative that the enormous contribution that volunteers make to the welfare sector is recognised by a significant injection of funds to ER services to ensure there is adequate funding for paid staff that includes, caseworkers, funding for early intervention programs such as budgeting services, social engagement programs and training for volunteers that contribute so very much to this sector.

Early intervention is an approach that has very positive outcomes, but it is important to financially support and encourage these interventions, being mindful that a strengths based approach that focuses on empowerment and client centred systems will have a more positive outcome and response from the client, rather than imposing eligibility restrictions that fosters a deficit approach. The more inclusive and supportive the more positive the outcomes.

Prevention opportunities would need to address the structural and systemic issues that are key drivers to personal and financial crisis. These would include better policies and regulatory frameworks, addressing gender inequality, elder abuse, financial abuse, income security, affordable housing, accessible health services. Improved financial literacy programs that are introduced in schools and duplicated for new arrivals and vulnerable groups would go some way to addressing some of these gaps. These could be partnership arrangements developed as previously mentioned with the Learn Local providers.

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

Capacity building should be an ongoing activity that is reflective of the different needs of individual services, LGA's and regions. One size does not necessarily fit all. There are some issues such as family violence, gambling, managing difficult clients that are beneficial for all. On the other hand, there are specific training needs in relation to specific CALD groups or culturally sensitive aboriginal training that would only be relevant to some areas. There should be a capacity building component in funding models so that agencies can meet their individual needs, but at the same time some capacity building could be provided by DSS.

With such a heavy reliance on a volunteer workforce, it is important to also provide easily accessible training that is run on a regular basis being mindful of the format that is going to be the most appealing and relevant to volunteers. Like the value of place-based services, it is important to also provide place-based training.

To maintain the volunteer workforce and encourage new volunteers, professional relevant training is imperative. But there should also be multiple management and professional development training opportunities offered to ensure the highest possible skills level in the sector.

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

With adequate DSS funding to support networks, training, innovation, casework etc. when this has been established, then a valuable 'tool' could be the development of a 'library' of tools so that any innovative projects funded through DSS can be listed and shared so other DSS funded agencies can access the details of the project online in the 'library', with the contact details of the agency who developed the project and an opportunity to formally request the use of the project with a suitable acknowledgement. This will streamline project development rather than re-inventing things that have been done before. A sharing of resources.

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

Evaluation is a valuable tool to measure the success of programs. ER is a crisis service and therefore should measure the immediate and intermediate impact. But the level of evaluation will be limited to the level of services that are funded by DSS and if there continues to be inconsistency with the level of funding of ER services it is imperative that we do not fall into the trap of comparing outcomes/evaluations against the achievements of other agencies that may have more resources and supports. Adequate and consistent funding of a full suite of services that includes case workers for all agencies will provide much more accurate and measurable and comparable outcomes.

Client satisfaction surveys can measure exactly that – satisfaction.

Data collection is imperative and valuable but agencies need to have efficient and up to date IT to ensure efficient data collection. Old technology should be upgraded and included in funding opportunities.

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

ER is a crisis intervention so therefore the main focus of the evaluation should be focused on the agency's response to the immediate need and for the agencies that have caseworkers, the agency response to the intermediate needs should be measures. A baseline measure should be taken when a client first makes contact with a service to establish a baseline and then evaluation should be done after the service has been provided and enough time has passed to measure the outcomes of immediate and intermediate needs.

***De-Identified Case Study:***

*John attends Knox Infolink on a semi regular basis, he has a severe Ice habit and was released from jail approximately 18 months ago. He attends maybe one a week for food for 3 weeks in a row and then is not seen for a month and this pattern is repeated. John is homeless and often sleeps rough or couch surfs. Over the 18 months of regular support from Knox Infolink he able to turn his life around. With the ongoing support and care from Knox Infolink, he starts a methadone program, finds stable share accommodation and we don't see him for 6 months until he arrives with flowers and chocolates to say thank you for the support and care he received because without the safe place of Knox Infolink to go to he would never have turn his life around, been able to provide his 10 year old son a birthday present for the first time in his life.*

*If the new eligibility criteria was to be adopted, he would not be eligible because he never was at imminent risk of not being able to pay his debts – he had none, he was homeless and couch surfing.*

*There needs to be a much stronger understanding by DSS about the type of clients that ER services support. They just do not all fit neatly into the identified categories. If we had had to make demands on John that because he was visiting our service frequently, to get further assistance he would have to comply with further restrictions or demands, would have driven him away. We need to focus on a strengths based approach and develop trust with our clients so they can be the drivers of their own success, rather than us imposing demands and restrictions on them.*

## References:

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Profile.id – Community Profile Knox

CISVic Emergency Relief Theory of Change

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