



**Submission to Federal Department of Families, Housing,
Community Services & Indigenous Affairs re Financial
Management Program Funding Review**

Community Information Victoria (CIVic)

Peak body for the community information and support sector

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Submission from Community Information Victoria

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Community Information Victoria (CIVic) is the peak body for the community information and support sector. We provide sector development, representation and advocacy, & operational support to our 60+ members. Our members are a diverse range of organisations providing a range of services in their local community. Primarily they provide support to vulnerable and disadvantaged Victorians. Our agencies employ almost 200 paid staff but the majority of work is undertaken by our 2000 + trained volunteers.

CIVic is actively involved with a number of state bodies including the *Emergency Relief Victoria* network (acting as the Secretariat on the Committee of Management), FAHCSIA's *Financial Management Program State Consultative Committee*, and Consumer Affairs Victoria *Working Together Forum*.

Introduction

CIVic welcomes the opportunity to participate in the 'round table' discussions regarding the review of funding for the Financial Management Program. CIVic and our membership have appreciated the department's significant response to the GFC; in terms of the increased emergency relief (ER) funding, financial counselling services, and more particularly vulnerable groups.

Over 95% of our member agencies distribute ER, and one third successfully applied for funding to support vulnerable groups. Our members report increasing demand for ER and increasing complexity of client's issues. Consequentially, our volunteers are under considerable pressure and in more need of a professional presence to supervise and support them in their work.

This paper highlights the value of increased GFC ER and Vulnerable Groups funding and advocate for on-going funding.

Executive Summary

Firstly, we are advocating strongly for the current increased levels of ER to remain to meet the growing needs of individuals and families in financial hardship. The GFC ER funding levels enabled our agencies to increase allocations of ER funds, increase the frequency of support and expand their support options. With utilities alone increasing by 12.4% in the last financial year, people on low or fixed incomes are really struggling, and as a result, our agencies are struggling to respond to demand.

Secondly, we are advocating for on-going funding for generalist case management models in ER agencies (currently funded under the Vulnerable Groups banner). This is a service long-desired by many agencies and now in place, found to be of critical value in improving outcomes and reducing ER reliance for clients, providing a professional presence to support volunteers under pressure, and finally to enhance the integration between ER agencies and other services.

The evidence of these claims is predominantly qualitative with case studies and agency views. Please note that CIVic is awaiting philanthropic funding approval to undertake comprehensive qualitative and quantitative research of the generalist case management programs.

ER FUNDING - GENERAL

We recognise that in response to the GFC, FAHCSIA increased ER funding to agencies by approx 40-100%. CIVic agencies felt that increased funds allowed responsiveness to increased demand as low-income earners and people on fixed incomes struggle to meet basic costs.

The current inflation rate sits at 2.8%¹, while household costs have risen significantly higher than that. The Australian Bureau of Statistics *Consumer Price Index September 2010 Report* reveals that in the last 12 months, utility costs have increased by 12.4%, rents by 4.3%, food by 1.7% and health costs by 5.2%².

Distribution of increased ER funds

The common approaches used to distribute the increased funds by agencies include;

- **Increased allocations to clients**

Agencies commonly increased the amounts given to individuals and families e.g. from \$30 for an individual to \$50. Essentially, this allowed them to respond to the rising cost of living where the dollar in grocery shopping doesn't stretch very far.

- **Increased frequency**

Many agencies also increased the frequency of eligibility e.g. from once every 3 months, to once every 6 weeks. While emergency relief is not seen as income support, the simple fact is that people on Centrelink payments are living below the poverty line and thus in a constant state of financial hardship.

- **Expansion of ER support**

The additional ER funds also enabled agencies to expand their support to offer assistance not previously provided. These have included funds for;

- general household bills; particularly utility bills as increasing costs are hitting low-incomes earners hard
- educational support; for both basic costs e.g. school uniforms and books, and extra-curricular activities which promote social inclusion including camps and excursions
- transport; e.g. travel cards and petrol
- medical costs; e.g. pharmaceuticals and medical fees
- rent; for both private rental and emergency housing

¹ Reserve Bank of Australia, <http://www.rba.gov.au/>

² Australian Bureau of Statistics 6401.0 – Consumer Price Index 2010

Into the future

Our agencies are very concerned about the return to base levels of ER funding as many feel that the current level has only begun to assist them to meet demand, and in some cases, still not meet demand. Agencies essentially will have to reduce service to a growing need which will potentially increase on volunteer retention.

“Even at the current rate of GFC ER funding, the demand for ER has increased to such a degree that we have lost the capacity to meet the need. We are seeing so many more clients, and are running out of vouchers within an hour or two of opening. We’re turning away 10-15 individuals every day, and when returning to base rate funding, that will probably double”.

Cranbourne Information & Support Service

“While we are able to assist a significant number of people each week, when we analyse the number of people turned away, the shortfall in funding becomes clear. Since January this year, we have turned away 731 people due to lack of funds and a further 306 people because of eligibility requirements put in place to help us manage excess and rising demand. These figures reflect a large number of community members in crisis whose immediate needs are unlikely to be met elsewhere”.

Whittlesea Community Connections

“To reduce our ER will cause significant hardship to local residents many of who are the recipients of low and fixed incomes who rely on the private rental market for their housing needs. In many cases we are now observing 60-70% of incomes being expended on rental and utility costs”.

Western Port Community Support

“If we go back to the base rates (of ER) I will lose volunteers. In the ‘bad old days’ it was very distressing for them to give only \$15-20 to a client. They are happy to assist clients with more money and in more constructive ways including the case manager”.

Mornington Community Information & Support Service

“We will need to reduce the level of service to all clients or tighten the overall eligibility criteria for the receipt of assistance. Either option is unacceptable and will have a significant impact on the most marginalized people in our community”

UnitingCare East Burwood

In summary, we are very concerned about the impact of return to base rates of ER funding; for the sake of vulnerable and disadvantaged communities and for the sustainability of our agencies.

Recommendation: CIVic urges FAHCSIA to significantly increase base rates of ER funding permanently

ER FUNDING – VULNERABLE GROUPS

CIVic and its members welcomed the Vulnerable Groups funding and immediately saw the possibility of applying it to generalist case management programs to meet the complex needs of ER clients and reduce the pressure on volunteers.

Generalist Case Management Programs

One third of the CIVic membership has implemented new and innovative case management/case work services with the Vulnerable Groups funding. CIVic worked with agencies during the funding submission phase to develop a common generalist case management model which many now have in place. Further, CIVic facilitates on-going resource sharing, networking and support to the agencies and their case managers. Commonly, the introduction of generalist case management programs has seen a range of professionals (social workers, welfare workers and counsellors) join the predominantly volunteer-based ER teams. Further, a number of agencies have worked in partnership to offer this service.

CIVic and our agencies have identified a number of distinct points of value directly related to various generalist case management programs:

1. Improved outcomes for clients
2. Better support for volunteers
3. Integration between services and strengthened relationships

1. Improved outcomes for ER clients

Volunteers are limited in the time and capacity to respond to client's needs. Quite simply, professional case managers (or volunteers working under the supervision of a professional) are able to go "beyond the band-aid" with clients; to delve deeper than the immediate need for food and look into underlying issues which may be addressed to improve a person's situation. Generalist professional workers can also assist to address chronic needs of long term ER clients.

Case management approaches allow for comprehensive assessments which include social, economic and structural factors and provides emotional support, generalist counseling, identification of strengths and goals, advocacy, skill building, financial support and "warm" referrals to specific services.

Improved client outcomes case study

Amy, 25 is a single unemployed woman living alone in her grandparent's run down home. She pays rent to her grandfather's estate and regularly visits her demented grandmother in a nursing home. Her father died when she was young and she has a difficult relationship with her mother. She has a history of mental health issues including depression, anxiety and self-harm.

Amy was referred to the case manager by a volunteer after she had sought ER. She has been regularly requesting ER assistance. She was in fragile emotional state but engaged very well with the qualified social worker.

Since commencing case management, there have been a number of significant outcomes for Amy:

- Finances; budgeting skills have significantly reduced her reliance on ER
- Housing: repairs made to the house which reduced energy costs
- Health & well-being:
 - General counseling
 - Leisure – Amy is now attending a local low-cost gym
 - Care Plan with GP for mental and dental health
 - An increase in self-esteem
 - A heroin habit was disclosed some weeks into the case management and with support, she has reconnected to her past drug and alcohol services.
- Education: Amy is considering education pathways having left formal education at 14.

“While working with Amy is two steps forward, one step back, they are still steps forward for Amy which she may not have made had she not been referred to our case management service by the ER volunteer...”

Case Manager, UnitingCare East Burwood

2. Better support for volunteers under pressure

As ER providers and CIVic members continue to report increasing client demand and increasing client complexity, the reality is that much of this pressure is borne by volunteers. Volunteering Australia report that the health and being of volunteers is impacted on by factors including poor management practice, and a lack of resources:

“Volunteers at the organisation are expected to volunteer at times when the part time paid coordinator is not working which put stress on volunteers dealing with clients that may be angry or confrontational”. Community/Welfare worker. Victoria³.

While most CIVic agencies currently offering Vulnerable Groups programs have paid coordinators/managers (part-time or full-time), these staff have limited capacity to supervise and support volunteers as have other management responsibilities. Dedicated case managers, providing a professional presence in the service, can provide significant opportunities for volunteer.

CIVic agencies have identified significant positive impacts of having a professional to support and supervise the work of volunteers. Volunteer satisfaction has improved impacting on both retention and personal reward. Further, volunteers report relief and confidence in referring challenging or complex ER cases onto an agency-based professional.

“I feel so much better now that I can talk to our case worker about a client for advice & direction, or when I can refer a client who needs more help than ER to her. I know she has the skills, time and experience to assist more difficult or challenging clients more than I can”.

Volunteer, Monash Oakleigh Community Support & Information Service

“Some of our clients have lots of issues or are aggressive. Now that we have a case worker, we can refer those clients directly to her. We get basic training, and I don’t have the training that she does to work with some more challenging clients”.

Volunteer, Springvale Community Aid & Advice Bureau

³ Volunteering Australia 2009 *National Survey of Volunteering Issues*

“After providing ER assistance to a distressed single mother at risk of eviction I referred her to the case manager. I was empowered by this as the client often comes in with a request of a food voucher, which I discovered was only the tip of the iceberg. She had so many other problems that I could not help her with...”

Volunteer, Mornington Community Information Support Centre

“Since the appointment of our coordinator (funded by FAHCSIA Vulnerable Groups program) the following positive changes have occurred; we now have a more efficient and coordinated service with clear guidelines, policies and procedures, our new worker has introduced an intake procedure, enabling more effective client assessment and assistance and improved communication between the team and other services. The volunteers feel very happy about the changes and the support we receive from the worker. Our service is now operating more efficiently and effectively than at any other time in its 8 year history”.

Volunteer, Knox Infolink

Better support for volunteers under pressure: Case Study

Anna presents on a regular basis for ER following a referral from a Centrelink social worker. She is of Greek background and speaks limited English. She often presents in a very distressed state and ER volunteers have found her visits time consuming and challenging.

Anna was referred to the case manager by an ER volunteer. Using an interpreter, the worker was able to undertake a holistic assessment and uncover a range of issues including financial hardship, family violence and multiple health problems. Appropriate referrals were made to specialist services and support provided to deal with other issues.

Anna's situation has since stabilized and while the volunteers continue to see Anna to support her with her ER requests, their work is contained as she receives ongoing support from the case manager.

Further, the case manager assisted the volunteers to develop protocols to respond to clients who disclosed family violence.

“My role provided the volunteer with resources and allowed the volunteers to spend more time with (other) clients presenting for ER”.

Case Manager, Monash Oakleigh Community Support & Information Service

3. Integration between services and strengthened relationships

CIVic agencies have reported on their ability to improve relationships and increase the level of integration with other agencies due to the work of case managers. There is sound evidence that an integrated service model leads to more positive outcomes for clients. McDermott et al (2010)⁴ and Chandler et al (1996)⁵ report increased involvement in social and community activities, education and work, as well as improved health and well-being for clients that were involved in formal integrated models.

“Forming close relationships with other agencies has allowed for a better flow in service provision as well as making stronger linkages with external agencies to provide a more effective service for clients, particularly with making initial contact following a referral. It has also assisted in developing a greater understanding and knowledge base about services to services available to clients”.

Whittlesea Community Connections

“We’ve worked with clients in crisis where we’ve liaised with external agencies including mental health services, Centrelink and medical practitioners as well as internal staff such as financial counsellors and ER volunteers. In one situation, I intensely supported my client over an 8 week period. Services included budgeting, liaison with her psychologist and GP, advocacy with Centrelink, housing referrals, public housing applications, liaison with the financial counselor and general emotional support”.

Camcare

⁴ McDermott, S., Bruce, J., Fisher, K., & Gleeson, R. (2010) *Evaluation of the Integrated Services Project for Clients with Challenging Behaviour: Final Report*, SPRC, Sydney

⁵ Chandler, D., Meisel, J., Hu, T.W., McGowen, M., & Madison, K. (1996) *Client outcomes in a three-year controlled study of an integrated service agency model*. *Psychiatric Serv.* 1994 April 48 (4): 544

Integration between services and strengthened relationships: Case Study

Margaret is a sole parent who works casually at a local aged-care facility, working between 15-28 hours per fortnight. She has two primary school aged children. She presents to the agency for emergency relief. The volunteer interviewer, identifying the regular need for ER and chronic financial hardship referred Margaret to the Vulnerable Groups funded case worker.

Margaret has a monthly income of \$2100 with rent at \$1100, 2 pay-day loans (at \$400 per month) and a credit card, currently suspended with a debt of \$8000. With utilities all in arrears and totaling over \$1500, she was facing disconnection.

The integrated service model developed by the case manager with the local financial counselling service meant that the client's referral was streamlined; protocol (and client consent) allowed the agency to send their assessment, reducing the client's need to explain her situation all over again but also enabling the financial counsellor to prioritise appointments.

During the 3 week wait to see the financial counsellor, the client attended appointments with the case worker who applied for a Utility Relief Grant and reduced payment plans for other debts. The case manager was able to update the financial counsellor of her work and improve the immediate financial situation for Margaret.

Case Worker, Knox Infolink

In summary, CIVic believes that the generalist case management services have filled a critical service gap in the ER sector. They have improved outcomes for ER clients, enhanced support for volunteers and strengthened agency networks.

Recommendation: CIVic urges FAHCSIA to continue funding generalize case management programs in ER agencies to promote client outcomes, enhance support to volunteers and strengthen relationships with other agencies.

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