

Review of Financial Wellbeing and Capability Programs

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Contacts

UnitingCare Australia

Level 3, 42 Macquarie St.

Barton ACT 2600

Phone (02) 6249 6717

Email ucaremail@nat.unitingcare.org.au

Website unitingcare.org.au



About UnitingCare Australia

UnitingCare Australia is the national body for the Uniting Church's community services network and is an agency of the Assembly of the Uniting Church in Australia.

We give voice to the Uniting Church's commitment to social justice through advocacy and by strengthening community service provisions.

We are the largest network of social service providers in Australia, supporting 1.4 million people every year across urban, rural, and remote communities.

We focus on articulating and meeting the needs of people at all stages of life and those that are most vulnerable.

UnitingCare Australia welcomes the opportunity to provide a submission in response to the Department of Social Services' Review of Financial Wellbeing and Capability (FWC) Programs. This submission has been prepared in consultation with the UnitingCare network. Providers in the UnitingCare network are involved in many elements of the FWC Activity, including Emergency Relief (ER), Financial Counselling, Financial Capability, the National Debt Helpline (NDH) and No Interest Loans.

Summary

The FWC programs provide essential, often life-changing, support to some of the most vulnerable members of our communities. However, increasing demand, combined with inadequate funding levels, means that many people are missing out on this vital support. The current levels of funding do not address the scale of need in the community and do not allow service providers to invest adequately in the critical enabling infrastructure that supports high quality service provision, particularly their highly valued workforce.

Our key recommendation to Government is for the funding for the FWC Activity to increase by at least 30 per cent, including for the direct payments and loans to clients.

Current operating environments and systemic issues

Disasters and crisis events

The increasing prevalence of natural disasters is having major impacts on the UnitingCare network's programs delivered under the FWC Activity.

Emergency relief and financial counselling programs can play very important roles in disaster and crisis events. Following a crisis, ER and financial counselling can provide immediate knowledge and practical assistance that empowers clients and dispels fear. It can provide time for the client to attend to basic needs without worsening their financial position. The impact of these programs over the longer term

can also be significant. Research¹ conducted after the 2009 Victorian bushfires showed the impacts of these disasters are very long lasting, with effects on mental health still being felt for a considerable proportion of residents 10 years after the event. The research surmised that the impact of financial stressors had major compounding effects on mental health, subsequently calling for financial advice services to be provided in affected communities.

FWC providers want to support their communities through these events but they must be adequately funded to take on these roles. Providers of these programs are often expected to step in and deliver services efficiently, and in a complex operating environment, without additional funding. It is very difficult to service a major influx of new clients impacted by a crisis on top of an existing client base and often existing unmet demand.

When additional funding has been provided in the past to deal with disasters or crisis events it has often been provided immediately after the event for a short period. For some providers this time period did not align to when clients most needed their support. While there is definitely a role for this immediate injection of funds, providers confirm the above research that these events create an ongoing bump up in demand, with many clients needing ongoing support or not reaching out for financial counselling assistance until many months (even years) after the event, once they have dealt with the immediate fallout. Effects of these crises are long lasting, as are the ER and financial counselling needs of those impacted.

As an example, Uniting Vic. Tas. in Wodonga, Victoria assisted in the aftermath of the January 2020 bushfires in the Corryong area. The team set up an emergency evacuation hub, provided food for the evacuees until they found alternative accommodation, and assisted Corryong Foodbank by providing additional blankets, water, and food. This assistance was delivered without additional funding, using existing resourcing provided through the ER budget. Uniting Vic. Tas. in Wodonga did, however, receive surplus funds from another agency that was from a different

¹ Gibbs L, Molyneaux R, Harms L, Gallagher H C, Block K, Richardson J, Brandenburg V, O'Donnell M, Kellett C, Quinn P, Kosta L, Brady K, Ireton G, MacDougall C, Bryant R. 10 Years Beyond Bushfires Report 2020. University of Melbourne, Melbourne, Australia

region as they received bushfire funding they couldn't spend due to not having an event in their area. This additional funding was then able to be used two years after the initial event, after a family who had lost their home in the fire reached out for assistance with purchasing a water tank and pump after their house had been rebuilt. This is an example of how crisis responses are necessary both in the immediate and long-term periods after a disaster. In terms of material aid, it can be a prolonged period of time before those in need of aid actually have capacity to receive assistance (i.e., after rebuilding homes or navigating insurance companies).

It is recommended the Department, in concert with the National Emergency Management Agency (NEMA) and other relevant authorities, maps out the life cycle of a natural disaster or crisis event, tracks where people need certain types of support, and injects the necessary funding at the appropriate time, involving a mixture of both surge funding and increases in longer-term funding. We note the research conducted after the Victorian bushfires calls on governments to develop 5-year frameworks for recovery after an event. Providers are keen to be consulted at the time of events to help the Department determine what would be the best approach to providing additional support to the community.

In addition, when extra funding is provided, the Department should think carefully before placing strict criteria on how the funding can be used. For example, if additional funding is provided to service clients affected by a flood but then a bushfire affects the community not long after, the provider is often restricted in how they can use the funding to support the bushfire clients. Enabling flexibility should be the default position when providing additional funding.

Other policies, frameworks, reforms or systems issues

Macroeconomic conditions

UnitingCare network providers confirm macroeconomic conditions are having a major impact on demand for FWC programs. The current cost of living crisis, high inflation, low wages, increased housing costs, mounting debt from credit products, and the continuing harm caused by gambling, means there is an ever-increasing

demand for services, including from those that have not previously interacted with the system.

Over a three-and-a-half-week period in August 2022, Uniting Vic. Tas. clients across 15 ER sites in Tasmania and Victoria were surveyed as part of a research project conducted in partnership with Swinburne University's Centre for Social Impact. [*Can't Afford to Live: The Impact of the Rising Cost of Living on Victorians and Tasmanians on Low Incomes*](#), was released in October 2022, and provides evidence that rising living costs are deepening financial, housing and food insecurity, and impacting mental and physical health, while also increasing social isolation. The research found that 92% of respondents were cutting back on food and groceries due to costs; 70% were unable to eat well; parents, carers, and people with a disability were skipping meals even if cooking for others; and one in two were experiencing mental health impacts resulting from the cost-of-living increases.

UnitingCare network providers can also confirm that the housing crisis is having major impacts on demand and the expanding complexity of need for the people who are presenting to services. For example, the number of people presenting for assistance to ER services that are also experiencing homelessness is rising.

“Homelessness is increasing for those accessing ER services in Wodonga. We find that many of these people have very complex needs, we work closely with the housing agency for Wodonga, but there simply isn't any affordable housing. So, we resort to giving out swags and tents, this is not a solution, but it gives them a bed for the night.” — Uniting ER Team Leader, Wodonga.

In January – April 2023, there was a 150% increase in the number of people presenting to Wodonga for assistance that reported experiencing homelessness or living in transitional accommodation, in comparison to the same period in 2022.

Income Support

It must also be acknowledged that income support policy has major implications for FWC clients. The majority of clients accessing FWC services are on income support. For example, it is consistently reported that above 93 per cent of clients receive

Government payments/pensions/allowances as their main source of income for ER sites at Wodonga, Victoria and Bridgewater, Tasmania.

UnitingCare Australia continues to support further increases in the levels of income support and rent assistance, particularly in the context of escalating living costs.

The experience of the Coronavirus Supplement clearly shows that increases to income support payments have major impacts on reducing demand for ER. In October 2021, Uniting Vic. Tas. released a joint report with Swinburne University's Centre for Social Impact, [*No Fighting Chance: Impact of the withdrawal of COVID-19 income and tenancy benefits.*](#) This report, which surveyed over 100 Uniting Vic Tas ER clients, found that respondents reported receiving significant wellbeing benefits from the Coronavirus Supplement, including being able to purchase sufficient food for their households. However, predictably, as support was cut back, clients experienced significant negative impacts across many areas of their lives. The withdrawal of these supports impacted people's resilience and weakened their ability to meet basic needs; keep safe, secure housing; improve their health; and care for children and other dependents.

Other policies

We advocate that policy reform is also urgently needed to support clients affected by predatory lending practices. Reforms to legislation concerning gambling, payday lenders, Buy Now Pay Later (BNPL) products, and non-regulated debt agreements are essential to reducing harm and the demand for FWC services. We note in regard to new financial products, regulators are often playing catch-up, with high levels of (largely foreseeable) harm occurring before regulation is introduced. It would be beneficial if these lag times could be reduced with financial regulators being more proactive in early identification of financial products that are likely to cause harm to disadvantaged groups. We should all be seeking to minimise harm before it occurs rather than reacting after the fact.

Other policy areas that have significant impacts on FWC clients include rules governing superannuation and the insurance industry, including issues such as exclusions due to mental health issues.

Volunteering

UnitingCare network providers agree there has been a significant decline in formal volunteering, particularly exacerbated by the pandemic. Previously many volunteers were retired, older people who disengaged during Covid and have not returned. Some providers have focussed on targeting students studying community services to be volunteers and have had some success, but recruitment and retention remains difficult. These volunteers use the experience to upskill into a job, which is welcome, but leads to significant turnover of volunteers and a constant need for recruitment, training and support. UnitingCare Australia believes there is a need for a strategic discussion about the role of volunteers within service delivery, particularly in ER which is funded on the basis that it will draw extensively on volunteers. This is further discussed below under Best Practice Service Delivery.

Changing client needs

Clients with complex needs

UnitingCare network providers confirm they are seeing significant increases in the complexity of presenting issues and needs. Clients are often experiencing intersecting complexities, including homelessness, mental and physical health issues, disability, family violence, child protection involvement and complex family law issues. Providers note that in some cases the financial matter a client presents with may not be particularly complex but the intersecting issues they are dealing with, and often the resultant high levels of accompanying trauma, mean that it can understandably be very difficult for the client to engage and process the steps needed to address the matter.

Higher complexity increases costs to providers. These clients often need a form of service delivery that is slower and allows for more time to build trust and rapport, and to focus on education and understanding. The evidence is clear that trauma impacts on executive function and decision making so it is only natural that more time is needed. These clients often need, potentially, in the range of six to 10 financial counselling appointments to resolve a single matter, rather than three to four for others. Funding levels must reflect this reality.

The Consultation Paper raises the possibility of having specialist programs or counsellors dedicated to specific complexities. This approach could potentially warrant further exploration but there are risks. As many clients have intersecting complexities, specialisation can actually reduce the ability of providers to deliver a person-centred approach. Specialisation can be particularly problematic in regional and remote areas. With lower client numbers having a financial counsellor that can work across multiple issues and complexities is more efficient. In addition, one provider noted their client base did not contain a single client who could be classed as "non-complex", so non-specialist programs or counsellors would have no clients.

An alternative approach would be for all frontline staff to be trained to deal with complex issues and to engage with clients in a trauma-informed way. This training could be built into the relevant diplomas and be a focus of ongoing professional development and supervision. Funding levels must support providers to deliver ongoing professional development.

As outlined above, UnitingCare Australia believes there is a need to reconsider the role of volunteers in ER, particularly in light of the increasing complexity of presenting clients. It is our view that the expectation of volunteers to be able to provide the necessary trauma-informed response to clients experiencing compounding stresses and complex needs is inappropriate and can actually harm both the client and the volunteers – who (by nature of their role) are not able to, or be required to, access the necessary training and supports to manage the effects of vicarious trauma when working with people who are experiencing distress.

Emergency Relief can be an important step into the service support system for these clients and highly skilled, trauma-informed paid staff are better placed to support these clients to take the next step on a journey of seeking further support.

In addition, it is difficult to rely on volunteers for a service that is an essential, often crisis response, service. A significant, unrealistic amount of resources are spent on administrative requirements of managing a constantly changing roster of staff.

“Wodonga ER has only one paid full-time worker and a casual position to cover leave. Due to the increase in demand, there is need for an administration position. The service relies on 45 volunteers on a roster system to be able to provide the daily

service. There are times of the year when a large majority of volunteers are unavailable due to leave and illness. There is also the issue of expectation of physical ability as the majority of the volunteers are older people with limited mobility. Funds for staffing would help with the rise in need.” - Uniting ER Team Leader, Wodonga.

It is recommended that funding for ER is increased to allow for more paid staff. There may be a continuing smaller role for volunteers, but providers must be funded appropriately to manage and support them.

In addition, UnitingCare Australia believes the Department should closely consider how the other programs it funds for clients dealing with complex issues intersect with the FWC Activity. In particular, the UnitingCare network is responsible for delivering the Escaping Violence Payment (EVP) program. Women seeking assistance through EVP often require assistance with financial counselling and literacy. They need help managing debts, using credit wisely, and optimizing their financial support. There is a significant unmet need for FWC services for these women, especially financial counselling and No Interest Loans, to help support their changing circumstances and a life free from violence. Increasing funding levels for the FWC Activity would ensure these women could use their interaction with the EVP program to transfer to further support to manage their financial issues. Increasing funding for the FWC Activity and increasing linkages between the two programs could be a key mechanism through which the Government can respond to the Women's Economic Equality Taskforce recommendation to develop a comprehensive financial support program for victim-survivors of domestic and family violence.

Changing client groups

UnitingCare network providers confirm they are seeing client groups they have never seen before, such as homeowners and families on dual incomes. Providers report these clients often present with very high levels of shame and stigma and sometimes do not disclose the full extent of their need – for example, not being able to afford food. A provider in the UnitingCare network noted they are making a concerted effort to ask all clients about access to food, regardless of their presenting issue, to ensure there is an opportunity for clients to be referred for food relief.

The Government could play a role in supporting awareness raising campaigns, with the aim of seeking to reduce stigma about the need to reach out for help and increasing awareness about the availability of a range of supports. This would need to be contingent on adequate funding being provided to the sector to support the likely increase in demand.

Early intervention

Early intervention and reducing long-term demand should be a focus for Government. For example, embedding financial literacy into school curriculums could assist in setting students up for financial wellbeing in their adult lives and reduce the need for financial counselling in their future. Financial literacy could also be more of a focus in at-risk youth programs and transition from prison programs.

The [Healthier Wealthier Families \(HWF\) program](#) represents a significant early intervention initiative aimed at bolstering the financial wellbeing of families with young children. A number of the UnitingCare network providers are involved in the HWF program. The model, which was pilot tested for feasibility across Victoria and NSW through 2020 to 2022, demonstrated the value of connecting financial wellbeing services with Australia's community-based Child and Family Health Nursing Services, to address the financial hardship that significantly impacts the developmental trajectory and overall health of children during their formative years.

The successful pilot of HWF showcased remarkable outcomes. By connecting families to financial wellbeing services, HWF reduced family stress, increased knowledge of the support and options available, and increased annual income by an average of \$6,504. In other words, for every dollar invested in the financial counselling service, \$7.10 in benefits was generated for families. Additionally, the program effectively reached culturally diverse families, who are often missed by our service system. The benefits extended beyond financial gains, including avoided loss of utilities (52% of families), stabilised housing (14%), avoided legal actions (11%), and developed financial literacy among caregivers (66%).

However, it must be noted that early intervention and improving financial literacy skills is not going to stop all demand for FWC services. People on low incomes are

often very skilled at managing their funds - they simply do not have enough income or assets to meet the increasing costs they face or the impact of significant detrimental events. In this context, increasing income support payments and access to affordable housing is crucial to enabling people to live a financially stable life and reduce demand for FWC services.

Providers are keen to work from an early intervention and prevention perspective, but the current underfunding of the sector actively precludes this. Currently demand significantly outstrips the levels of funding available. To manage this, providers are having to triage clients which inevitably leads to a focus on those in acute crisis. Providers indicate clients with 'lower' level needs who would benefit from early intervention or prevention support are reaching out to them (for example – the client is seeking some support to access the payments and concessions they are eligible for or a No Interest Loan to replace a broken fridge). However, providers often do not have capacity to provide support so these clients miss out and their needs can quickly escalate to crisis point in the future where they will need much more intensive support. Increased funding for FWC providers would enable them to focus more on providing early intervention and prevention support, in addition to providing support in crisis situations.

It is also important that the success of any early intervention or prevention measure is carefully defined and measured. It would not be appropriate to define success as a client never engaging or re-engaging with FWC services. For example, if a previous client experiences a new issue and re-engages with the FWC service this indicates the service has built a trusting relationship with the client and can ensure issues do not escalate – this should be considered a success.

Best practice service delivery

Co-location, wrap around services and referral pathways

As noted in the Consultation Paper, many providers are already operating wrap around service delivery models. Many UnitingCare network providers are funded for a variety of services so they are able to provide wrap around services and see the benefits for their clients. They also provide referrals to external services as a matter

of course. However, staff find that a lot of referrals made to external services are not taken up due to long wait times. Opportunities are then missed to provide wrap-around supports and work towards building financial resilience.

Wrap around services and active referral processes tend to identify more clients that are in need of ER or financial counselling services. While this is absolutely an important positive outcome from these joined-up service delivery models it does lead to more demand in an already stretched sector. Wrap around services and active referral processes can only fulfil their positive potential if the sector is funded to have capacity to meet the demand they generate. The entire social services sector is under extreme pressure and barriers to access to the full range of services, such as social housing, homelessness support, family violence and mental health support, all need to be considered.

A focus on providing additional funding and flexibility to support the co-location of services to provide the wrap-around services that align with community need would be welcome.

For example, at the Uniting Vic. Tas. ER in Prahran (Inner-Melbourne), in response to the high number of clients presenting with mental health issues, they received state funding to implement an on-site Mental Health duty worker program to be able to respond immediately and provide the crucial wrap-around mental health support.

“The addition of the mental health duty worker has allowed the Support workers to see more consumers in ER and spend more time focussing on the service. There has been an increase in all data points, as recording data was an area that often was neglected due to the focus of service being on the consumer needs. The addition of added resources and accessibility to the building and a more welcoming space, has allowed for us to increase the number of incidents we record, provided more food assistance and material aid to consumers as well as more meals served in Hartley’s meals.

With the consideration of lack of data recorded, according to our database prior to the mental health duty worker, we provided referrals, advocacy and/or information 7

times during January – June 2023. Following the commencement of someone in the role, in October 2023 alone, our Mental Health Duty Worker made 77 quick referrals and 8 warm referrals." - Uniting ER Team Leader, Prahran.

Mode of delivery

It is important that providers are able to offer services across a range of different modalities, including face-to-face, over the phone, web-based, including online chat functions.

The mode of delivery of services should be considerate of the client's choice. It is clear that certain clients prefer certain modes of delivery and a wider range of available modalities has increased the ability to reach different client groups.

The NDH live web chat service has been a highly valued addition to the service landscape and should be continued. As with the introduction of all new technology, the implementation of the chat function should be reviewed and continually refined to ensure it meets the needs of clients, the NDH and referred agencies. We have received feedback from some providers receiving referrals via the chat function that the referral process could be improved.

Regional and Remote

Delivery of adequate funding is essential in enabling service gaps in regional and remote areas to be addressed. Sometimes the level of funding provided is so low that it only funds a small portion of a full FTE in a region. This makes recruitment and retention extremely difficult. In addition, workforce shortages remain a critical issue in regional and remote areas. Focusing on training up financial counsellors from within regional and remote communities is more likely to lead to recruitment and retention. Government support for providers to do active outreach, engagement and mentoring within communities would be beneficial. Or alternatively, when all recruitment efforts fail, further consideration could be given to utilising staff residing elsewhere by offering phone or web-based servicing.

In addition, funding levels need to take account of the high levels of travel required. Some regional and remote services are expected to cover vast regions.

Food relief must be flexible enough to respond to remote needs (both food and fuel). This should also include telecommunications and utilities as essential services, including connection, receiving and paying bills and access to critical services (e.g. Services Australia).

Service improvement and innovation

UnitingCare Queensland has introduced a person-centred, trauma-informed triage system with embedded decision-making systems, followed by a team with extensive knowledge of holistic issues to refer to and consider various needs (such as language, urgency, subject matter and access barriers) and leverage the client's motivation to seek help. The service supports a no-wrong-door entry to any service and enables the service to best match the client's situation with the best financial counsellor to provide that service.

The online appointment booking system that Financial Counselling Australia is trialling in Western Australia and Northern Territory needs to be rolled out nationwide, so that service providers can see where and when financial counselling appointments are available. This platform will be particularly beneficial for providers involved in delivering the NDH. If a client is willing to have an appointment via video conference, then having visibility of online appointments across all service providers means they can get the best appointment at the best time, and not be waiting potentially weeks for a local appointment. It could enable providers to assist others with surge capacity, including during disaster events and other crises. It would also support business continuity.

To be successful, this project needs to be an agreement between government, agencies and services providers, and the industry needs to work together to ensure that client needs are being met as efficiently as possible. Participation from service providers should be mandatory. The system needs ongoing support and funding.

In the future, governments could explore rolling out such a system for a broader range of services. This kind of system would support an empowerment approach that would allow community members to book various appointments at various

services, so they don't need to rely on retelling their story or trauma in order to receive a referral.

Workforce capacity and capability

Recruitment and retention

Recruitment and retention of workforce remains a critical issue for providers in the UnitingCare network. Financial counsellors, in particular, are increasingly required to have higher, more complex skill sets and deal with often difficult, distressing situations, increasing the risk of burnout. They often have highly transferable skills so can often go to other industries where they can receive higher wages and do less complex work. All workers in the FWC sector are in high demand, including financial capability workers. The ability for the FWC sector to pay higher wages is crucial for recruitment and retention of all relevant workers.

The increasing administrative and reporting burden associated with many frontline jobs is impacting on retention. Most workers in this sector are motivated by their desire to work closely with clients, whereas administration and reporting is increasingly taking away from frontline work which decreases the attractiveness of the positions. Workers are keen to collect data as long as they can see how it will be used to benefit their clients. Increasingly the reporting is seen as purely bureaucratic with little transparency about how it is used and what value it adds. The Department should work closely with providers to determine reporting requirements that are as useful and meaningful as possible to improving frontline service delivery.

The short-term nature of many grant agreements remains a significant issue for recruitment and retention in this sector. Longer-term grants are vital, as well as adequate notice of renewals or cessation.

Training and professional development

It may be beneficial to conduct a review of the training provided through the Diploma of Financial Counselling to consider whether it reflects the latest evidence and remains fit for purpose. As mentioned previously, more focus on how to work in a trauma-informed way is likely to assist in supporting the increasing complexity of

clients. Ongoing professional development and training should also have a focus on how to address complexity and trauma.

The pathway into Financial Counselling is relatively narrow. There could be merit in considering whether alternative pathways should be considered, such as traineeships. Government would need to ensure funding was provided so there was a position for the trainee after completion of their studies. There is wastage of knowledge and time if there is no prospect of a job after the traineeship.

UnitingCare Queensland has developed and introduced a scope of practice for financial counsellors that considers the journey of the financial counsellor. It supports the financial counsellor's learning, development, and career pathway and enables an approach to referring clients to the best financial counsellor to meet their needs.

Diversity

UnitingCare Australia endorses the emphasis on supporting a wide array of different organisations into the FWC sector. All community service organisations are facing significant increases in regulatory, administrative, governance and insurance costs. This can be a particular struggle for smaller organisations. The Department could potentially support these organisations with these functions. Mainstream organisations could also provide support and mentoring around some of these functions as long as they were provided with adequate funding.

More focus on collaboration, rather than competition, in granting processes would also be beneficial for these smaller and diverse organisations.

UnitingCare network providers have a strong focus on recruiting diverse staff. For example, UnitingCare Wesley Bowden in South Australia has approached Aboriginal Community Controlled Organisations and culturally and linguistically diverse organisations to see if they were in contact with people that would be interested in training up to be a financial capability worker. There has been considerable interest. These new workers are being trained and mentored by senior financial counsellors and are already contributing to this area of service delivery.

UnitingCare Queensland has also introduced a specific Indigenous financial counselling and literacy program staffed with an Indigenous financial counsellor. The culturally appropriate outreach service removes the need for community members to travel into townships to access services.

Place-based approaches

It is not clear from the Consultation Paper what a place-based approach to the FWC Activity would look like so it is difficult to comment. UnitingCare Australia would value further information about how this could work in practice.

UnitingCare network providers emphasise strongly that they already work in close consultation with their local communities and already operate their services in a way that responds to place. Providers should be empowered through funding and contractual arrangements with the flexibility to respond to local issues as they arise, moving resources to where they are needed and working with other agencies to ensure a client centred approach to meet emerging needs. Funding that is provided on a state or regional basis allows providers to be flexible and adjust their service delivery to demand surges in different places, such as to assist in disasters or emergency events. If funding is tightly tied to small areas it can reduce flexibility.

Future funding arrangements

UnitingCare Australia strongly supports service providers' calls for increased funding to the FWC Activity. It is clear the current levels of funding do not address the scale of need in the community. **UnitingCare Australia advocates for the funding for the FWC Activity to increase by at least 30 per cent, including for the direct payments and loans to clients.**

Funding should reflect actual service delivery costs and consider issues such as:

- The need to pay higher wages
- Increases to on-costs, such as superannuation
- The need to now make provision for redundancy payouts
- The costs associated with supporting staff, including professional development and supervision

- The increased costs associated with working with more complex clients
- Provision of translation and interpreting services
- Costs of travel, particularly in regional and remote locations
- Much higher levels of administration burden, including data reporting
- Capital costs

It is vital that long-term funding is provided. Grant agreements should be for at least 5 years, if not longer. Longer grant agreements must be predicated on the provision of appropriate, evidence-based levels of indexation.

UnitingCare Australia welcomes the establishment of the industry funding model. However, this should not be taken as an opportunity to reduce funding provided by Government. The need in the community is extensive and even with the injection of more funding via the industry funding model, more Government funding will still be required. The Federal Government should also encourage state and territory governments to at least maintain their current funding levels (if not increase them) in the wake of the establishment of the industry funding model.

Improved outcomes and data

Outcomes Framework and Program Logic

UnitingCare Australia is largely supportive of the FWC Activity Outcomes Framework and Program Logic. We note, however, that a number of providers have expressed a desire to have been more actively engaged in the earlier shaping of the Outcomes Framework and Program Logic from the ground up, rather than commenting on documents that are well advanced in their development. Providers have a wealth of knowledge that can be drawn on in the development of outcomes frameworks and program logics.

UnitingCare Australia welcomes the focus on outcomes measurement. We note that it is important the providers and their workers are supported with training and capability development in these areas. It is also important the actual instruments used to measure outcomes are fit for purpose. If there is an intention to mandate particular instruments, UnitingCare Australia would strongly advocate for the Department to work closely with providers before deciding on which instruments and

how they are used. Sometimes validated instruments can be too cumbersome and long-winded for use in particular service delivery contexts. Providers can work with the Department to help determine what is the appropriate balance that will gather important information but work well in the context of maintaining trust and relationship building with clients.

Tracking unmet demand

UnitingCare Australia strongly supports the collection of data on unmet demand. The high response rate to the recent survey of providers about unmet demand for ER conducted by the National Coordination Group shows that this information is readily available. Most providers in the UnitingCare network are already tracking unmet demand across a range of service types and are often already providing this direct to their contract managers. Providers are generally collecting data on the number of turnaways from ER or the number of contacts versus the number of appointments for financial counselling.

For example, data collected by UnitingCare Wesley Bowden for 3 months between July and September shows:

- Number of clients who contacted seeking a financial counselling/financial capability service = 666
- Number of financial counselling/financial capability appointments allocated within available funding and resources = 157

We also note that the online appointment booking system could also act as a way of collecting data on unmet demand – if a prospective client can't book an appointment it represents unmet demand.

An agreed industry-wide definition of unmet demand for the various service types would be helpful.

Reporting unmet demand should become a standard and regular part of reporting requirements. Any system used to collect this data should be as simple and reliable as possible.

Data collection

Data collection needs to be responsive and adaptive to the service. Consideration should be given to appropriate levels of data collection that reflect the mode of delivery. For example, a triage phone call where there hasn't been the ability to establish trust may not have the ability to collect large amounts of personal information from clients. Launching straight into collecting highly personal information can really impact on service providers' ability to build rapport. Similarly, clients attending a one-off financial literacy workshop are not comfortable disclosing highly personal information, such as whether they have a disability, their visa status, date of arrival in Australia, etc. There is a risk that clients will disengage due to the amount of personal data that is collected, particularly in the context of continued public discussion about the vulnerability and misuse of personal information.

As outlined above, the Department needs to be clear on how the data collected will be used to inform service delivery. Service providers have reported not hearing back from the Department after supplying them with important data about clients. As discussed above, clients can often be nervous about sharing their personal information so service providers need to be able to tell a compelling story about how this data will be used and how important it is. Ideally, there would be real time (or close to time) sharing of information at a regional level across organisations so that providers could understand regional trends in demand and adjust service delivery accordingly. Data collection is time intensive and costly so it must be a value add.

There needs to be more collaboration between state and federal governments regarding data collection. Providers are often funded by both to deliver the same or very similar services but have to collect completely different data sets.

Conclusion

We look forward to the Government's response to this consultation process. UnitingCare Australia would welcome the opportunity provide any further comment or information on the points raised in our submission.