



# **Emergency Relief Handbook**

A Guide for Emergency Relief Workers – 3rd Edition

# The Emergency Relief Handbook

## A Guide for Emergency Relief Workers (3rd Edition)

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All effort has been made to ensure that information in this Emergency Relief Handbook is accurate and up to date. At the same time, ACOSS cannot take responsibility for the way you use material in this manual. You should check information to make sure it is correct before taking action which could lead to legal problems. If you are in any doubt, you should seek competent advice on issues which could harm you, your organisation, its members, consumers, workers or the community in general.

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## Terms and definitions

For the purposes of the Handbook, the following terms and definitions have been used:

### Centrelink

- Income support payments formerly made by the then Australian Government Department of Social Security are now made by Centrelink, created in 1997. Policy departments like Family and Community Services and Employment and Workplace Relations pay Centrelink to deliver payments and services on their behalf through contractual arrangements.

### Client

- Any person seeking emergency relief from an emergency relief agency.

### CALD

- To describe people from Culturally and Linguistically Diverse backgrounds.

### ER

- Emergency Relief.

### ER Organisations/Agencies

- Organisations involved in the provision of emergency relief which may receive funding from the Family and Community Services.

### ERP

- The Emergency Relief Program, which provides funding to organisations to distribute emergency relief.

### ERSACs

- Advisory Committees in each State and Territory, established by Family and Community Services, to assist with the administration of the Emergency Relief Program.

### FaCS

- Australian Government Department of Family and Community Services, the department responsible for the Emergency Relief Program. Annual funding is subject to the Budget process and base funding is linked to movements in the Consumer Price Index. Each year's appropriation becomes the new year's base level of funding.

### FCSA

- The Financial Counselling Service of Australia.

### NAATI

- The National Accreditation Authority for Translators and Interpreters.

### NILS

- No Interest Loan Scheme.

### NPPs

- National Privacy Principles.

### SAAP

- The Supported Accommodation Assistance Program, a Commonwealth-State/Territory agreement administered by the Department of Family and Community Services.

### TIS

- Translating and Interpreting Service provided by the Australian Government Department of Immigration and Multicultural and Indigenous Affairs.

# Introduction

Emergency Relief (ER) is the provision of assistance to people in need. It consists of the provision of financial and material aid to meet an immediate need, and a referral service to link people with specialist community services.

ER provision has for many years been perceived as being merely a bandaid and not a legitimate community service. However, this misconception is being tackled with a commitment to providing a high quality service, recognition of the rights of the client and a better understanding about the causes of poverty.

The Handbook has been designed to assist this process. It provides an information base from which agencies can develop their individual policies, programs and service delivery practice.

The Handbook attempts to address the information needs of a wide diversity of agencies across Australia which experience varying resource levels and offer different types of service delivery. Approximately 900 agencies operating almost 1,500 outlets are currently funded under the Emergency Relief Program (ERP).

It is designed not as a 'blueprint' but as a guide which can be adapted to the individual agencies' circumstances, to assist agencies to better meet the needs of their clients.

It is important for agencies and the general community to recognise the significant role played by ER organisations which, despite often limited funds and difficult conditions, do their very best to assist people in need.

The third edition of the ER Handbook is a practical, hands-on resource for paid and unpaid ER service workers who are engaged in the delivery of ER to clients. Managers and coordinators of community organisations and Australian Government departments will also find useful information about the design and evaluation of ER services.

At the time of publication the operation and future direction of the ERP is being reviewed. The Department of Family and Community Services (FaCS) distributed a discussion paper in March 2003 to seek input from the non government sector and ER providers to assist in positioning the program for the future so it remains relevant, responsive and effective in meeting the community's expectations and needs. There has been a gradual process of change within the Program over recent years against a backdrop of significant changes in other community and Australian Government programs. Of course Governments are only one source of support for ER, many not-for-profit agencies contribute out of their own funds, community members make valuable donations and some philanthropic sources are also very important.

The ERP was originally designed to solve short term financial problems. However the view now is that many clients are 'locked in' financial crisis through an inability to connect with the workforce and engage with broader community supports. One of the challenges for the sector is to help people move from isolation to a greater connection with and participation in all forms of community life.

## How to use this Handbook

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### Part 1: General information

This section answers basic questions about ER. It examines the causes of poverty and includes some discussion on society's attitudes toward it. It also raises a range of issues pertinent to the provision of ER.

This section provides a good starting point for the orientation of new workers and volunteers. Agency managers will also find it useful, both for the issues it raises for examination and as background information for use in staff orientation or in service training sessions. Agency managers should refer to the information below for advice on how to use Part 1 for the purposes of training.

### Part 2: A guide for workers

Here we speak directly to paid and unpaid ER workers who are engaged in service delivery to clients. It can be used as a hands-on resource and information reference by workers.

Training exercises are included throughout this section. They have been designed to stimulate workers to think through the issues raised and to relate the information to their work situation.

Agency managers may wish to refer their workers to the sections within Part 2 that are most relevant to their agency or to the specific worker's role.

Because many agencies have limited training resources and small staff numbers, the exercises have been designed so workers can complete them alone, or preferably through discussions with their manager.

However, while the Handbook will benefit worker training, even if used simply as an information reference, it will obviously offer substantial benefits if the material becomes the basis for a more comprehensive training program.

### Part 3: A guide for managers

This section provides information to:

- those on the executive body of an ER provider organisation;
- those charged with the overall management of the organisation;
- those specifically charged with the management of the ER service and staff.

The information in this section can be used as the basis for the development of the organisation's policies and service practice and as a checklist for the agency's responsibilities.

This section of the Handbook addresses the organisational information needs of a wide diversity of ER agencies across Australia. It is therefore neither a 'measure' of an organisation's success or failure nor is it a 'blueprint' of how to proceed. It is instead an information resource which should be used to assist individual agencies to better meet the needs of their clients within the financial and human resource limitations of agencies.

### Part 4: Resource information

This section lists resources from which to obtain detailed information and assistance. Every effort has been made to ensure that the contents are correct at the time of compiling this Handbook. Agencies should note that this information is subject to change and should be updated regularly. Where possible, links to information sources have been provided – either by phone contact or website addresses.

## What's new in this edition?

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Since the last Handbook was published in 1997 there have been a number of changes and measures introduced that will be of interest to ER workers. These are detailed throughout the Handbook, and noted here. They include:

- the No Interest Loans Scheme (NILS);
- advance payments of up to \$500 for recipients of income support payments;
- breach penalties and suspension of income support payments for failure to meet activity and administrative requirements;
- the introduction of Telstra bill vouchers;
- Contact details updated for services and agencies in your State/Territory.

In addition this version of the Handbook has easy-to-use training exercises





## What is ER?

ER is the provision of financial assistance to those persons who find themselves in financial crisis. ER can be for a 'one off' episode, or an ongoing financial problem.

This assistance is usually provided in the following ways.

1. The provision of financial and/or material aid to meet an immediate need. For example this could include food vouchers, cash assistance, assistance with utility bills, food parcels, clothing or household goods.
2. The provision of a service which assists people to identify the options available to them in response to their needs, and which may advocate on their behalf or provide links to specialist community services to address the cause of their problems.

Family and Community Services administers the ERP via ongoing contractual agreements with approved agencies. Currently there are over 900 welfare and other community agencies distributing ER resulting in approximately 1,500 outlets in total. Agencies also distribute funds that are from sources other than the Australian Government. These include donations; State/Territory and local Government funding; specialist service funding and charitable trust funding.

Today, with our much clearer understanding of the reasons underpinning poverty, organisations that provide services for those on low incomes and experiencing disadvantage are not only striving to provide essential short term assistance but are attempting to address the symptoms of poverty and initiate solutions.

Take for example, an agency that distributes both financial and material assistance. As well as providing assistance to address an immediate need for the client, they are also noting via data collection or anecdotal evidence, the reasons behind the client's difficulties. Through regional, state or national networks this agency can play a vital role informing policy makers of the root causes of poverty and disadvantage.

## Why do people need ER?

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People need ER because they have insufficient money or resources to meet their most basic of needs.

Many people in Australia misunderstand the concept of poverty because they tend to think of it in absolute terms, for example, in third world countries where people often experience extreme deprivation. However, poverty in Australia is best understood as a relative level of deprivation.

Poverty is a lack of resources, which is so seriously below society's average that people are excluded from effectively participating in everyday life. People living in poverty do not only have a low, 'fixed' level of income, they also experience a lack of choice, access and power. They miss out on opportunities and resources that most of us take for granted, such as an adequate standard of health care, education, employment opportunities, food and recreation.

The poverty line, which was established by Professor Henderson in an inquiry into poverty in the 1970's is the guide still used to assess the absolute minimum amount of money required for basic living costs, such as food, clothing and housing. However, the Henderson Poverty Line, purely an economic measure, does not take into account people's social and emotional needs.

## The extent of poverty in Australia

Poverty can be defined simply as “a lack of socially perceived necessities”<sup>1</sup>. Other definitions approach poverty as a form of multiple deprivation against a relative living standard<sup>2</sup> or as relating not only to a lack of necessities but also people’s capacities to achieve adequate functioning<sup>3</sup>.

Two kinds of needs are implied in these definitions but we are primarily concerned with:

1. *Subsistence poverty* (relating to the capacity for physical survival and basic comfort); and
2. *Participation poverty* (relating to the capacity to participate in social and economic life).

Thirty years after the Henderson Inquiry, evidence suggests that poverty is now more widespread and exists against a backdrop of deeply entrenched social divisions.

- More than 6% of the workforce is officially unemployed compared with 2% in the 1970s. When hidden unemployment is taken into account the figure doubles. High levels of hidden unemployment have emerged as people become discouraged in their job search and dropped out of the labour market or moved from unemployment allowances to other forms of income support.
- The number of long term unemployment recipients (those receiving payments for 12 months or longer) has grown from negligible levels in the 1970s to 380,000 in 2003.
- 15% of children (860,000) lived in jobless households in 1999 a figure inconceivable in the 1970s.
- 23% of people of working age were reliant on social security payments in 2000 compared with 16% in 1981.
- The number of homeless people in the 1996 Census was estimated at 105,000.
- Housing costs are consuming increasing proportions of household incomes and affordable housing is becoming impossible to find.

For up to date quarterly poverty figures, and to download quarterly poverty lines, visit the website for the Melbourne Institute of Applied Economic and Social Research, Melbourne University – [www1.ecom.unimelb.edu.au/iaesrwww/miesi/poverty.html](http://www1.ecom.unimelb.edu.au/iaesrwww/miesi/poverty.html). For ACOSS’s most recent work on poverty check the ACOSS website at [www.acoss.org.au](http://www.acoss.org.au).

The ACOSS publication ‘Impact’ contains regular poverty updates and poverty line analysis. For those interested in keeping up with academic research on poverty and social issues the Australian Journal of Social Issues (also available through ACOSS) is a valuable resource.

It is extremely difficult to break the poverty cycle. The inequity in society makes it hard for those children brought up in poverty to have the opportunity for adequate education and life resources to break out of the cycle and earn an adequate income as an adult.

Often people who are from a different background and circumstances experience additional disadvantage and social exclusion. If you are an Indigenous Australian, someone from a culturally and linguistically diverse background (CALD), from a working class background, have a disability or live in a rural or regional area you have an increased chance of living in poverty.

The groups most likely to be in poverty in Australia today include:

- Indigenous Australians – reflected by high levels of joblessness, low levels of formal education, poor health, inadequate housing, the experience of dispossession and racism, and the tenuous nature of the social security safety net.

Footnotes: <sup>1</sup>Mack and Lansley, 1985; <sup>2</sup>Townsend, 1979; <sup>3</sup>Sen, 1983.

- Unemployed people and their families – households where no one is employed make up 56% of people in income poverty.
- Sole parent families – there are still over one in five (22%) sole parent families living in income poverty.
- Young people in low income households face a much higher risk of poverty than middle aged or older people because of high youth unemployment and low social security payments.
- People with disabilities, carers and others of workforce age whose main source of income is social security payments are consistently found to be at greater risk of poverty.

Labour market and social institutions can largely explain the extent of poverty in Australia. Many people have been left behind and excluded from secure full time employment due to the changing nature of the labour market and its failure to grow enough secure full time jobs over recent years. A higher incidence of limited education, work experience and disabilities in the working age population, also provides part of the explanation and these factors are combining to polarise communities. Other main causes of poverty are ill health and disability, poor access to services, and/or living in disadvantaged communities and localities.

### **Education**

People who have not completed secondary school have an unemployment rate of 11.3% compared with 3% of people with a Bachelor degree. On average, completing year 12 raises people's incomes by around 10% and tertiary qualifications boost earnings by 40%.

### **Housing**

Housing plays a crucial role in determining whether or not people live in poverty and their ability to participate in employment, education and training and to maintain good health and wellbeing. The decreasing amount of well located, affordable housing to buy or rent that is available for people on low incomes is a significant cause for concern. The decline of social housing (ie public and community housing) is pushing people into the private rental market, where rents have skyrocketed in recent years, and often in locations where there is high unemployment. Currently almost 90,000 low income Australians in the private rental market are paying more than 50% of their income in rent. This includes older people on a pension, people with a disability, sole parents, unemployed people and their families.

### **Unemployment**

Joblessness is a major underlying cause of poverty and the length of time people are unemployed directly correlates with their likelihood of living in poverty. Downsizing of private and public enterprises, a reduction in intensive employment assistance and regional decline has contributed to a failure to convert Australia's solid economic growth to strong, evenly distributed, jobs growth.

The total level of unemployment (including the hidden unemployed) was estimated at around 14% in 2001.

### **Underemployment**

According to latest available data Australia has 592,400 underemployed workers. That is, people working part time who want to work more hours. An increase in the number of people in work who are also living in poverty is a deep concern. Recent data shows that there are now 365,000 Australians living in 'working poor' households.

## **Income support**

Despite some progress over the last 30 years, many households' income support payments are significantly lower than Australian income poverty benchmarks. The worst affected by payment anomalies are single unemployed people, young unemployed people and students.

## **Impacts of poverty**

Poverty takes many forms:

- An insufficient and often inadequate diet.
- Inadequate accommodation.
- Recurring illnesses and inadequate health and dental care.
- No transport.
- Personal or family stress, constantly juggling finances and/or being in debt, no spare money to cover unexpected expenses, never being able to get ahead.
- Isolation, no school excursions or extra materials, no holidays, being housebound, lack of leisure activities because people can't afford to go out.
- Social pressure, missing out on those normal things that people in our society do and take for granted.
- Social exclusion.

## **Attitudes and approaches to poverty**

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Many Australians have only a fuzzy understanding of what poverty means in this country, in contrast to the startlingly clear television images of poverty overseas. Many Australians are not aware of the daily deprivation and hardship experienced by more than two million Australians currently living in poverty.

Attitudes towards poverty can be categorised in two ways:

1. The individualistic approach where individuals are seen as being primarily responsible for their situation:
  - “They could work if they wanted to.”
  - “People are only poor because they don't know how to manage money properly.”
  - “We coped during the Great Depression, young people today get it too easy.”
  - “They probably spend all their money on drugs and grog.”
2. The structural approach – the way society is organised is primarily responsible for people experiencing poverty, discrimination or powerlessness.
  - “Most people are in poverty because of circumstances beyond their control.”
  - “The rich are getting richer, the poor getting poorer.”
  - “There are not enough jobs to go around.”

There are a variety of factors, which contribute to someone living in poverty, and changing these is often not within the power of the individual. On the whole the causes of poverty are structural rather than related to the behaviour or motives of poor people. This is not to argue that behavioural change is not part of the solution. Behaviour and motivation generally follow from the circumstances in which poor people find themselves, rather than a driver of them.

- Lack of employment is one of the main causes for the increase in poverty in Australia, with more and more people unable to obtain full time employment. Many people living in poverty, such as Indigenous Australians and people with a disability, face discrimination in employment. Part time work cannot provide a sufficient income, particularly in a family situation. For income support recipients who work part time there can be a loss of subsequent concessions available to low income families.
- Close to 95% of all ER applicants are on a Centrelink pension or allowance, many struggle to survive on lower rates of payment (e.g. due to a breach penalty, or in some cases when a third breach is applied, they are trying to live without payment for two months).
- A large number of people who are on low incomes do not have access to adequate and affordable housing. People on low incomes in the private rental market are often discriminated against in favour of people with higher incomes, and Rent Assistance is inadequate to assist with housing affordability (particularly in high rent areas which are often also areas of high employment/low unemployment).
- People on low incomes have to spend a greater proportion of their incomes on essential services such as gas, electricity, telephone and water. Increases in energy consumption are partly due to the impact of privatisation and poor housing conditions e.g. lack of insulation and old appliances increase energy bills.
- Extenuating circumstances. These could include illness, having to relocate (e.g. refugees), personal crises or large unforeseen expenses.

These factors are mostly outside the control of the individual and it is important to realise that individuals find it extremely difficult to escape poverty solely through their own efforts, because of lack of resources and the barriers they face. Often what is needed to break the poverty cycle is full time employment, additional money/assistance for housing, or to enable a person to access further education opportunities. These measures coupled with support may help to bring about a change in the person's life circumstances.

In relation to ER we should remember that there are a number of basic rights, which every person in our society is entitled to. Every Australian should have the right to:

- An adequate income or income security to cover basic needs.
- Live in safe, secure, affordable housing.
- Live a physically and mentally healthy life.
- Develop intellectual capacities and skills.
- Raise children in a safe and secure environment with support from family, friends and the community.
- Participate in the community free of discrimination on the grounds of race, sex, age, disability or marital status.
- Have access to appropriate information and resources to enable them to make their own decisions and to work out or choose solutions to their own problems.
- Work.

It is estimated that around one in 10 Australian families live in poverty and have insufficient income to meet their daily needs. Australia is a signatory to the United Nations International Covenant on Economic, Social and Cultural Rights yet while these may be the rights to which all Australians are entitled to, it is abundantly clear that many people are missing out in our society on even their most basic rights.

## Who provides ER?

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ER is distributed by a diverse range of organisations and it is estimated that 85% of the main relief outlets are voluntary organisations. FaCS currently funds over 1,200 organisations, which provide ER in Australia. There are a number of categories of ER, including:

- Charitable.
- State/Territory Government.
- Local Government.
- Indigenous Australians.
- CALD.
- Community based.

There are agencies which perform a variety of functions, such as Community Health Centres and Family Support Agencies, and there are those where the provision of ER is a primary focus. Some providers are sole workers in outposts in remote regions, while others are major charitable welfare providers such as:

- Salvation Army.
- Society of St Vincent de Paul.
- Anglican Church.
- Uniting Church.
- The Smith Family.

Community based providers, sometimes smaller organisations, include:

- Community and Neighbourhood Centres.
- Citizens Advice Bureaus.
- Community Health Centres.
- Family Resource Centres.
- Youth Services.
- Emergency Accommodation Centres.
- Women's Refuges.

## Funding

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The major sources of funds for ER are:

1. Donations and fundraising by church and charitable organisations. These funds are dispersed according to the policies of the organisation.
2. The Australian Government, through the ERP administered by FaCS.
3. State and Territory Governments, particularly Western Australia, Queensland, New South Wales as well as Court Funds in Victoria.
4. Local Governments.

For further information on funding refer to Part 3: A Guide for Managers.

## Types of ER

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There are seven basic ways ER is provided (although not all agencies provide the full list as below):

- cash – usually in the form of a cheque made out to cash and cashable at a bank close to the agency;
- a cheque or vouchers made out to the creditor on behalf of the client for rent or a utility bill (e.g Telstra vouchers);
- food vouchers – sometimes with restrictions such as no alcohol or cigarettes. Such restrictions are based on agency decisions, not on the advice of FaCS;
- food in kind;
- transport assistance;
- material aid e.g. clothes, household goods and infant needs;
- information and referral, debt negotiation or advocacy services.

FaCS prefers funding provided through the ERP to be distributed as cash/cheque or food voucher only. See 'Types of Aid' (in Part 3), for an analysis of the advantages and disadvantages of each method.

## Who Uses ER

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The National ER Data Collection Project Report – '*People in Financial Crisis III*' (ACOSS 1999) provides a profile of people seeking crisis assistance and provided some information about the circumstances, which lead people into financial crisis. Key findings of the report include:

- 90% of ER applicants are of workforce age, with the single largest age group between 25 and 29 years of age.
- 91% of ER clients are receiving income support.
- More women than men seek crisis financial assistance – approximately 60% of ER applicants are female and approximately 40% male.
- Young people between 10 and 17 years of age make up 7.5% of ER applicants.
- The vast majority of ER applicants (more than 80%) are born in Australia.
- 70% of ER applicants have sought ER before.
- Indigenous Australians are over represented (14%) as a percentage of ER applicants, compared to their numbers in the general population (1.58%).
- Between 13% and 17% of ER applicants are from CALD.
- Single unemployed people are the largest category of ER applicants, followed by sole parents.
- People living in rental accommodation, both public and private, are over represented among ER applicants compared to their numbers in the general population.
- The cost of accommodation for ER applicants is relatively high with 30% paying over \$215 per fortnight.
- Approximately 10% of ER applicants in each survey period reported having no regular source of income. The most common reason given is that they are waiting for their first social security payment.
- For most ER applicants, their fortnightly income was in the range of \$190 – \$615 per fortnight.
- Most ER applicants say that the reason they are seeking assistance is due to a temporary rise in expenses, typically a quarterly utility bill.

## State Advisory Committees

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FaCS has established Emergency Relief State Advisory Committees (ERSACs) to assist with the administration of the ERP in each State and Territory.

The primary role of the ERSACs is to provide advice on the policies, procedures and operation of the Program. Some of the more important examples of these would be to make recommendations on:

- the principles which should be applied to the allocation of funds to individual agencies within FaCS regions (but not on the amounts of funding to be allocated to individual agencies, which is the responsibility of the Department);
- the principles which should be applied to the redistribution of funds which may become available within the financial year;
- client needs, including accessible service delivery, information and support needed by ER agencies;
- national and State/Territory funding formulas.

It is also a legitimate role for ERSACs to provide advice on the merits of proposed new agencies, transfer of sponsorship and the standing in the community of existing agencies.

Contact your ER Program Coordinator in FaCS, or your State/Territory Council of Social Service to find out how you can access the ERSACs process.

## Issues for services

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Broadly, ER provision includes two important forms of services – direct assistance providing some immediate relief, and information and referral that can provide access to solutions to the underlying problem contributing to the need for relief (e.g. a referral to family support services or a financial counsellor). It is recognised that this is not always possible, nor will clients always take up the option.

Regardless of the options chosen by clients, ER agencies should:

- Protect the rights and dignity of clients. It must always be acknowledged that clients have the right to make their own decision and refuse any assistance or referrals offered.
- Ensure there is reasonable coverage for all people to ER within their local area. This refers to eligibility requirements between agencies, physical location and hours of operating. For example, ensuring that all services in an area do not concentrate on assisting the same age group and that access to the service is available by public transport.
- Develop services which are appropriate and do not duplicate other services. This can be done by networking and liaising with other ER agencies. Active participation in community service networks and/or anti poverty forums can be beneficial.
- Be clear and upfront about their own philosophy and eligibility requirements. If it is a requirement that clients can only receive assistance every three months, or have a worker visit their home, this should be stated clearly to the client before the ER process begins, as well as be clearly outlined in service information and/or promotional material and displayed in the waiting room/reception area.

The role of the ER agency provider is to ensure that the service is appropriate and designed to support both the client and the staff. This is dealt with in more detail in Part 3. FaCS, in consultation with ER agencies, has developed guiding principles and standards – contact your local ER Project Officer, or Coordinator in FaCS for a copy.



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## **Part 2:** A Guide for Workers and Volunteers

## Orientation

Orientation is essential to help you to work effectively from the very beginning. This section provides you with checklists which can be used to identify any gaps in your understanding of your agency's policies or your roles and responsibilities. Hopefully your agency will have these policies and procedures written down.

If a formal orientation is not available, take the time to ask your supervisor or fellow workers any questions you may have about current practices and document them as you go – this way you will have a written record to consult later. As a general rule, both annual reports and the agency's constitution will be a good source to get you started on finding out about the agency.

See Part 3, A Guide for Managers for detailed information on organisational issues, including advice to agency administrators on policy design.

### **An overview of how your agency works**

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Firstly you need to ensure that you understand the agency's values and how they affect policies. For example, you should be able to explain to the client if provision of aid is dependent on them attending a financial counselling session or why they can only receive assistance from your organisation every three months.

#### **Checklist – Policies/Procedures**

##### **Type of service**

- Who the agency serves, e.g. is the service targeted to young people, families, or Indigenous or general population in a specific area?
- What assistance is provided (e.g. cheque, food voucher)?
- Approximate amount or degree of assistance.
- What service is offered in the absence of funds, vouchers etc?
- How often can a client receive aid?
- If provision of aid is dependent on client attending counselling or any other conditions?
- Privacy and confidentiality.
- Client grievance procedures.
- Data and reporting requirements (by your organisation or funding provider).
- Advocacy on behalf of your client.
- Use of interpreters.

##### **Model of service**

- Appointment/waiting room based.
- Assessment/delivery by interview, from reception, by home visit or combination.
- Duty roster.
- Hours of operation.
- Networking arrangements (local and peak bodies).
- Referral procedures.

**Other**

- Media/publicity.
- Gift guidelines (accepting gifts from clients).
- Staff support and training.

**ORIENTATION: TRAINING EXERCISE**

Find out as much as you can of the above list, write it down in your own folder and then ask another worker or your coordinator to quiz you and see how much you can remember or even if you can remember where you first found the information. (workers, Handbook etc.). Try the same exercise again after working in your organisation for three to six months.

**Training**

Training is provided free to ER workers and volunteers through the National Training Unit in FaCS, and is also funded throughout several State/Territory offices of FaCS, and managed by organisations such as NCOSS in NSW and WACOSS in WA. There are also training packages produced by Lutheran Community Care in SA. Check for contact details in the Resource Section of this manual.

Many agencies provide free in-house or external training courses for paid and unpaid staff as part of their orientation program. This can include training across a wide variety of skill areas such as:

- reception, bookkeeping, general administration, referral skills, occupational health and safety, welfare/interviewing, communications, conflict resolution, appropriate assertiveness, drug and alcohol issues, advocacy and cross cultural skills to name a few.

You should talk to your supervisor about training opportunities, particularly:

- If you are an unpaid worker (volunteer), because the welfare of your clients depends on it (read 'more harm than good' in this manual).
- Training should be provided to improve your skills. The role of an ER worker can be a very stressful one, with all the problems that clients can present to you. Training should increase your knowledge and confidence and will perhaps lead to providing opportunities for personal growth and greater understanding of what people experience when facing poverty. It can also help if your aim is paid employment.
- If you have not yet received training, there are training exercises throughout this section to target areas in which you will need to gain knowledge and skills to be an effective ER worker/volunteer.
- Concentrate on one topic at a time and work your way through them.
- When you have completed a topic and are satisfied with your comments, you can then ask for feedback from your coordinator or paid workers.
- You could perhaps also ask your coordinator if the team could work through an exercise per topic at a staff meeting which can also act as a refresher for the other workers/volunteers and act as an information sharing activity.
- Further self-development or refresher training opportunities should be available on an ongoing basis and should allow you the opportunity to train for greater responsibility in your organisation.

## Your organisation's ER policies and procedures

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You should be clear about:

- your agency's ER service delivery policy and procedures;
- your role and responsibilities;
- how your role relates to others in the agency;
- the sorts of decisions and actions which you have the authority to take on your own and those for which it is expected you will consult another person or authority (you may need to get the manager/coordinator's approval to provide service-users with cheques over a certain amount);
- general information about practice issues or generally how other workers deal with situations.

### Your job description

Whether you are a paid or unpaid worker you should have a job description which accurately sets out your rights and responsibilities, including:

#### Job Title

- Identification of the position.

#### Context

- Brief statement of the aims and objectives of the organisation, its history, current situation and environment.
- Location of the workplace.
- How the job fits into the organisation.

#### Period of appointment

- Casual, permanent, temporary or project (unpaid workers should discuss the projected period of the project).

#### Hours of work

- Full time, part time, casual, job share.

#### Funding source

- Government, non government.

#### Accountability

- Who this position reports to, how and when.
- Who is accountable to this position.
- Liaison and interaction in the organisation.
- Who is the employing body.

**Duties**

- specify tasks to be carried out beginning with those most central to the position;
- list tasks which are the sole responsibility of this position;
- identify 'shared tasks', eg. administrative tasks;
- include a clause stating "other duties consistent with the position as directed by...";
- identify those tasks for which the worker is ultimately responsible, eg. editing the newsletter, maintaining food aid;
- stocks;
- outline the level of authority held, eg. signing cheques, managing staff.

**Salary and conditions**

- name appropriate award if applicable, employment agreement, award classification and salary range;
- list above-award conditions granted by your organisation;
- mention orientation and training opportunities (unpaid workers should be provided with information on special conditions such as reimbursement of travel expenses and informed of the correct volunteer insurance cover which is quite different from paid staff and public liability insurance).

**The benefits**

- Unpaid workers should be given a list of the benefits resulting from the work, such as opportunity to improve skills, meet people and contribute to the community in a meaningful way.

**Review**

- Date the job description was written.
- Date for review and update.

## Guiding principles and standards

### Why standards?

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People who approach ER agencies are frequently vulnerable and in crisis.

Principles of access, dignity, respect and culturally appropriate service provision need to be understood and embraced by services, and translated into practice.

#### The aim

That each individual and family is responded to with respect, consideration and assistance in a way that maintains their dignity and enhances their self reliance.

In practice this should mean the provision of short term emergency financial and /or material assistance, as well as a commitment to link people to other services, programs and supports, as appropriate.

The way this is done, and the environment in which services are provided, are central to a good quality of service and each person's experience of receiving ER.

These standards are a framework for each organisation to improve their service quality with 'good' or 'best practice' identified and to find new and better ways to assist people.

#### Purpose of standards

- To provide clear guidelines to all parties on what can be expected from an ER service.
- To ensure clients know what they can expect from an ER service and to ensure people experiencing financial crisis receive consistent quality service.
- To have informed practices, and increase understanding of client need.
- To assist in identifying training and support needs of volunteers and other staff.
- To assist in improving quality of service provision, which assists people to deal with their crisis situation in a way, which maintains dignity and encourages self-reliance.
- To provide a tool which services can use for self evaluation, review and improvement (see the *FaCS ER Workbook*).
- To increase awareness of the work and worth of ER provision in local communities, and facilitate links and networks which will be in the best interests of people accessing ER services.

#### ER principles and standards

These principles are reproduced from the *FaCS Guiding Principles and Service Standards ER Workbook*.

##### Principle 1: Access and equity

Agencies maximise access for all people experiencing financial crisis, and ensure equity in the delivery of service.

##### Service Standard

Your service:

- distributes ER from accessible settings and at convenient times;
- offers clear and accurate information regarding its services;
- has clear guidelines and consistent practices for the equitable provision of ER.

**Principle 2: Client dignity, respect and rights**

Agencies respect and uphold the dignity and rights of each person or family requesting ER.

**Service Standard**

Your service:

- responds to each person/family with respect, and in a non judgemental way;
- acknowledges each person's individuality, circumstances and needs, and encourages self reliance;
- offers clients the opportunity to participate in decision making and choice of assistance, within the capacity of the agency;
- upholds client rights within the ER service.

**Principle 3: Cultural appropriateness**

Agencies embrace and respond appropriately to cultural diversity.

**Service Standard**

Your service:

- is accessible to people from diverse cultural, religious and linguistic backgrounds;
- is sensitive to cultural, linguistic and religious backgrounds and demonstrates respectful, culturally competent practice.

**Principle 4: Agency culture and practice**

Agencies provide a safe and dignified environment for the provision of ER.

**Service Standard**

Your service:

- provides facilities and ways of working which are welcoming and 'user friendly';
- provides for the safety and wellbeing of clients, volunteers and other staff;
- is committed to induction, training, and support for volunteers and other staff.

**Principle 5: Community relevance and responsiveness**

Agencies are relevant and responsive to the needs of the local regional community.

**Service Standard**

Your service:

- is aware of the needs of people experiencing financial crisis in the local/regional community;
- works in a coordinated and collaborative way with other services in the local/regional area;
- develops and maintains referral and support links with relevant services in the local/regional community.

**Principle 6: Accountability**

Agencies are accountable, and offer maximum choice and benefit to people requesting ER, within program and budget limitations.

**Service Standard**

Your service:

- maintains an effective system(s) to distribute ER according to local /regional need;
- the agency demonstrates accountability to clients for services received and the way in which they are provided;
- the agency is accountable to the Australian Government and the local/regional community for funds received and services provided.

**VALUES AND ATTITUDES: TRAINING EXERCISE**

Please read the following:

- 1) “People today don’t know what it’s like to be poor. It’s not like the Depression, or the starving children in Africa.”
- 2) “They’re not poor, they’ve got a new television and DVD.”
- 3) “Young girls get pregnant deliberately over and over, just to get the benefit.”
- 4) “Young people just don’t want to work.”
- 5) “People are only poor because they can’t budget – they’re just bad money managers.”
- 6) “People are just ripping off the social security system.”
- 7) “They wouldn’t be poor if they didn’t buy cigarettes and take-away food.”

*[Judgements adapted from Australians in Poverty, Brotherhood of St Laurence].*

Do you agree or disagree with the statements above?

- For each of the statements above choose from a scale of 1 to 10. If you strongly agree with the statement put a (1) and so on. If you strongly disagree put a (10).
- For each answer also write down the reasons why you chose that number.
- If your feelings lay somewhere in between 1 and 10, choose the number which indicates how you do feel.

**Eg. Statement 1:**

- 1) “People today don’t know what it’s like to be poor. It’s not like the Depression, or the starving children in Africa.”

Answer by selecting below the number that best reflects the degree to which you agree or disagree with this statement.

Strongly Agree		Agree						Disagree		Strongly Disagree
1	2	3	4	5	6	7	8	9	10	

Discuss your answers with your coordinator. Can the results be matched with your Organisation’s Policy and the Principle’s and Standards of Service from FaCS? What can be done if your personal feelings or beliefs differ from the approach of your service?

*[Adapted from the Lutheran Community Care SA ER Training Package].*

**An illustration of the principles of service from your client's perspective**



*ER provision is based on a client centred approach. The Diagram above demonstrates what this means from the client's perspective and includes the six Basic Principles of Minimum Service Standards from FaCS*

## The role of the ER worker

The role of the ER worker is to provide assistance to people in need in the most responsive and dignified manner possible.

The ER worker:

- provides financial and material aid to address the most pressing financial problems and/or explores other ways of resolving these, eg. negotiating with a landlord (only if with the client's permission) to repay rent over time, or basic negotiations with other creditors;
- ensures that the client is receiving all the benefits and concessions to which they are entitled, eg. social security entitlements, energy and telephone concessions;
- provides options to the client on a range of issues, such as budgeting or housing;
- determines if there are any additional problems with which the client requires assistance, eg. financial counselling;
- ensures that proper referrals are made to another service if the client requests further assistance.

ER workers will either:

- provide ER as part of an ER service; or
- provide ER as part of their duties in a broader role as a financial counsellor, health or other welfare worker.

### IMPORTANT NOTE

In an ER service, any worker who is a volunteer or an unqualified welfare worker is not: a personal counsellor, social worker, drug and alcohol counsellor or psychologist. Referrals to specialist services can be offered to clients if required as part of a range of options for further assistance.

## Understanding your client's rights

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Everyone has a different set of values based on their own beliefs, experiences and ideas. Your values mean that your attitudes to clients may vary and will affect the way you help people. The old idea of the 'deserving poor' is an example of this. All clients are equally deserving although each person has different needs, attitudes and beliefs. It is important for you to understand that we all make different assumptions about what is acceptable behaviour and it is imperative that these assumptions do not colour your judgement about whether someone needs ER.

For example, the following are different values, with which you may or may not agree, however, they are the values upon which a person makes the decisions about their life.

*"I think it's more important to stay home and look after my kids rather than work, even if we're struggling with money."*

*"It's more important to get the money so I can give the kids a good education."*

*"I'd rather send the kids off to school dressed nicely, so people don't know we're poor, even if it means going without food."*

*"I know the kids haven't had enough to eat, but if I don't have cigarettes I'll go crazy."*

Withholding assistance or trying to make people change their behaviour in order to get ER is unprofessional, counter-productive and generally leads to:

- people lying to get assistance;
- deterring them from seeking help;
- making them turn to others – who may not be able to help them as effectively;
- people not seeking help until it's too late and their lives are in deeper crisis;
- clients discrediting your agency and the welfare sector in general.

Your role is to assist in the distribution of ER according to your agency's policy. Your agency will have written policies or established practice procedures. It can help if a simple code of conduct for clients is displayed visibly in the reception area, this may assist in addressing misunderstandings. A written code of conduct for workers as part of your orientation package is also important.

It is not up to you to judge your clients according to your own personal ideals or beliefs. To put these aside and to assist someone solely on their level of presenting need and the resources your agency has available is a difficult exercise, yet once mastered it will mean better outcomes for ER clients and a greater sense of professionalism for you as a worker.

### **How do clients feel?**

In a social action and research project by the Brotherhood of St Laurence, people described the stress and anxiety associated with the lack of available cash. Thirteen of the 20 participants of the Changing Pressures project stated that they used ER services for food, clothing and assistance with bills. They explained how crucial these services were to their survival, but described the discomfort they felt in having to access the ER agencies.

#### **IMPORTANT NOTE**

In the first Changing Pressures bulletin the authors stated that the participants were *“particularly sensitive to any criticisms or judgements about their lifestyles by service providers.”*

### **Examples of client views**

Below are a number of quotes from the Changing Pressures project, describing participants' thoughts on ER.

*“I use the services for food mainly, and gas and electricity [bills], just occasionally when I'm really on the downs, [The service is] very helpful, otherwise I would have lost my [electricity] coupon, then I would have had to pay the amount in full. [Asking for help is] embarrassing, it really is, very embarrassing.”*

*“I can't praise them [the service] enough. They have been absolutely fantastic. If I've got a problem that is not financial or I am emotionally upset, I'll just ring up there and they'll put me onto someone to talk to. [About another service]. They are there to help too but they should get people that are a bit more understanding about what is going on out there. Maybe they are not going through it, but...just her whole attitude really, it is shocking. It just made you feel like a piece of dirt.”*

*“They are good services, they do help, but they have a lot of conditions on them. [One organisation] they only come once a month. They give you the same thing every time – toilet paper is not any good to eat...if you ask for a food voucher, you don't want toilet paper...there are so many packets of toothbrushes and toothpaste, enough for six or seven months.”*

*“They [ER providers] have been really helpful but they make you feel awkward for being there. You've got to explain why you're there, you've got to prove to their satisfaction that you really do need the help. That's not really easy to do. I mean you can take some of your receipts to show how much rent you pay, you can take the receipt that shows you're behind in your rent but that*

*still doesn't really prove that you've got no money for food. You can take your pension paperwork that shows how much your income is and how much you pay out, but it still doesn't really prove anything and it sort of makes you feel uncomfortable. That's the only proof I've got so I don't go there unless I really have to."*

*{Adapted from Changing Pressures, The Brotherhood of St. Laurence, March 1996}.*

### CLIENTS, ER WORKERS AND EMPATHY: TRAINING EXERCISE

The following case examples are designed to help you think about how clients feel. Read carefully and answer the questions following. You can always ask your coordinator for assistance if you're not sure of the answers.

#### **Case Study 1: John and Chris.**

John and Chris are a couple with two school aged children. They went to an agency in Perth WA for the first time, shocked at what had happened to them after John lost his job.

*"I'd been employed with the same firm for the past nine years. Management decided to flatten the organisational structure. As a lower part of the management team I was one of the first to go. I lost my job seven months ago and I thought I'd get another quickly, I mean I was prepared to do anything within reason!*

*My redundancy pay went on the mortgage and we made ends meet for a while, but when no work came up, I had to apply for a Centrelink payment I've never had to do this before. I can't really believe it's all happening, we haven't got enough food to get us through to the next payment day and I can't pay the car registration. I really need the car because the nearest bus service is five kilometres away, and we've got no other way to get our shopping or for me to try and find work.*

For people who are experiencing their first major financial crisis, coming to terms with having to ask for help and gradually adjusting to big changes in their lifestyles are only two of the hurdles they have to face. Negotiating access into the 'welfare system' can be a client's first experience of powerlessness. In John's case, he can obviously see that his present situation is not his "fault" and he still believes that things will improve.

#### **Questions**

1. Make a list of all the financial changes that you think are likely to have occurred to John and Chris if they return to your agency for aid in 18 months time.
2. List some changes that may have occurred in how the whole family is coping.
3. Describe in short, how you think John will 'feel' in 18 months time as a result of his being unemployed, if he returns to your agency for assistance.
4. Discuss your findings with your coordinator.

**Case Study 2: Kerry.**

Kerry, from Geelong in Victoria, is a sole parent with three children aged nine, seven and four. She has been to the agency nine times in the last three years [the maximum number of times allowed]. From previous visits we know that Kerry had her first child at 17 and was the victim of domestic violence from Peter, the father of her children, who left Kerry when the youngest child was seven months old. Kerry pays two thirds of her pension on rent.<sup>1</sup>

*“I’m four weeks behind in my rent and the agent says that if I don’t pay up by Saturday he’s going to start eviction proceedings. I’m sorry to be back asking for help again but I just don’t seem to be able to budget my money, no matter what I do.*

*Peter is back from Adelaide, he’s got a job driving trucks between here and Mt. Gambier. He wants me and the kids to move back in with him when he settles in. I don’t know what to do. I think maybe it could work better now that we’re a bit older, especially if I don’t nag him so much and the kids are over the crying stage. It would be good for the kids to have a father again.”*

It is common for people who experience long term problems such as abuse or chronic poverty to ‘blame’ themselves for their situation. Unlike John [Case Study 1], Kerry sees both her personal and financial problems as stemming from her failings and feels guilty about having to ask for help again. After repeated negative life experiences, Kerry has ‘learned helplessness’ believing that no action she takes will control the outcomes.

*{Adapted from James G. Barber, Beyond Casework}.*

**Questions**

1. Are there any factors beyond Kerry’s personal control that have contributed to her current crisis? List these [if any].
2. Kerry’s low self esteem is obvious. Can you list any positive things that Kerry has achieved?
3. If you were helping Kerry with ER, what would you do?
4. Discuss your findings with your coordinator.

**Privacy**

Principles, policies and practices are outlined below to guide collecting, storing and using personal and confidential information. This is based on requirements under the *NSW Privacy and Personal Information Protection Act*. That Act is broadly similar to the *Federal Privacy Act 1988* (as amended in 2001). Details on the Federal Act is provided in Part 3 that follows.

You should check to see if State/Territory specific legislation is in place that you need to comply with. Privacy is an important right – by assuring clients that information they give you will be treated as private, you improve the likelihood that they will give you relevant information. Good service provision should ensure clients have the right to privacy, whether or not Federal or State/Territory law requires this from you as a worker and service.

<sup>1</sup>A 2003 analysis by ACOSS and National Shelter found that 85,000 Rent Assistance recipients pay more than 50% of their income on rent. This is well above international benchmarks of affordability, generally considered to be below at least 30% of income.

### **Principles**

The Act sets out a series of *Information Protection Principles* to guide the collection and use of personal information. Personal information must be collected:

- for lawful purposes directly related to a function or activity of the agency and where the collection is necessary for that purpose;
- from the individual to whom the information relates, unless otherwise authorised or the information is collected under an applicable exception;
- in circumstances where the individual from whom it is collected is made aware of the fact that it is being collected, the purpose for collecting it, intended recipients of the information, whether the supply is mandatory or voluntary, relevant rights to access and to correct the information and the name and address of the collecting agency and any holding agency; and
- taking reasonable steps to ensure the information is relevant, accurate not excessive and up to date and that the collection does not unreasonably intrude on the individual's personal affairs.

Where agencies store personal information they must:

- ensure that it is kept no longer than necessary and disposed of appropriately, is protected by reasonable security safeguards, and protected from unauthorised use or disclosure when made available to a third party for provision of a service to the agency;
- provide individuals with sufficient information about the agency's holdings of personal information to enable the individual to exercise relevant rights;
- provide individuals with access to personal information about themselves without unreasonable delay and expense; and
- comply with individual requests to amend their personal information to ensure that it is relevant up to date, complete and not misleading.

Agencies proposing to use or disclose personal information must:

- take reasonable steps to ensure its accuracy before use;
- use it only for the purpose for which it was collected, for a directly related purpose, for a purpose to which the individual has consented, where the use is necessary to prevent or lessen a threat to life or health or subject to an applicable exception;
- only disclose it for a purpose directly related to a purpose of collection and where the individual is unlikely to object, where the individual has been put on notice that information is usually disclosed to the relevant person or body, where the disclosure is necessary to prevent or lessen a threat to life or health, or subject to an applicable exception;
- not disclose personal information about a person's ethnic or racial origin, political opinions, religious or philosophical beliefs or trade union membership unless disclosure is necessary to prevent or lessen a threat to life or health or is subject to an applicable exception; and only disclose information to individuals or organisations outside NSW under approved circumstances.

### **Managerial responsibilities**

It is the responsibility of the managers of the organisation to adopt procedures to ensure that these principles are observed in the collection, use, storage, or disclosure of personal information.

## Employee responsibilities

Staff members should also observe these principles when dealing with personal information in the conduct of client information, conducting research, or undertaking consultation or advocacy work. Staff members are encouraged to raise any concerns they may have regarding privacy issues in the conduct of their work, and to report any breaches of privacy that they may observe.

## Confidentiality

Most organisations you will work for have a policy on privacy and confidentiality and may ask you to sign a form about confidentiality which asks you not to disclose information to anyone about the clients of that service.

When we do an initial assessment we have to have the client's permission to refer to another agency. Otherwise we can't speak to them about that person.

We only gather enough information about the person to make an assessment to provide them with a service. Nothing more. If we asked about their religion or their politics when assessing them, would that be OK? No, that is information we don't need to assess their eligibility for service.

They don't have to answer questions about themselves. They can withhold information for privacy reasons. Much of this is enshrined in Privacy legislation. If my neighbour works for the bank and looks up my bank balance out of interest, then they would be breaching the *Privacy Act*.

You should never disclose information about a person without their express permission. You cannot tell anyone outside of your organisation anything about your client. This includes other ER service providers within, or outside of your area. This is of particular importance for organisations wanting to check to see if clients are so called "double dipping". You can't, as it is a breach of privacy for your client and is unethical as a worker in an ER situation.

There is a general expectation and legal responsibility for all workers in a community services environment to work at all times with the client's best interest as the most important consideration.

## When duty of care can override client confidentiality

The service and its workers have a duty of care to the clients who may be affected by a worker's **action or a failure to act**. Workers have a legal obligation to take reasonable care to prevent a client, a client's child, other workers, other service providers or the general community from being harmed.

Examples of this include:

### A child at risk

A worker notices signs that a child may be being abused eg marks indicating someone may have been hitting them. Should they ignore it? No. Such an observation must be reported to a supervisor otherwise it is a breach of duty of care.

### An obligation not to conceal a completed or intended crime.

A client reveals that they robbed the local pizza restaurant where the manager got stabbed.

Disclosure may be required when in the person's interest.

### Where the person is suicidal.

There may be a duty to warn a third party who is in danger.

You refer a client on to another service, after he has been in your office and shouted in a threatening way to come back and hurt the volunteer who couldn't give him any material aid because he had reached the limit of the number of times your policy states he could be assisted in one year. He had scared everyone in the office and yelled that the next place had better give him something or they would cop it. You thought you couldn't tell the agency you referred him on to because of client confidentiality. You must inform them of the situation.

**IMPORTANT NOTE FOR VOLUNTEERS**

Always refer any of the above situations to your supervisor for further action as soon as you practically can. Be aware of your duty of care responsibility.

Following is an example of the type of form needed for you to release information regarding your client with their consent. It is good practice to get the client to read through the information you will be releasing and then to sign the agreement.

## Sample Letter of Authority to Release Information

(Agency Letterhead)

### Authority to Release Confidential Client Information to Another Agency

Name of Agency Referred to

---

Address

---

Telephone

---

Contact Person

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I give my permission for ..... of the ..... Emergency Relief Service to forward the confidential information in my file. I believe that the information is the minimum required for you to further assist me for the service/s outlined below.

(Name of Client)

Signature of Client

---

(Name of Worker)

Signature of Worker

---

Address

---

Telephone

---

Name of Organisation

---

Details of Service Required from Agency

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Other Relevant Information

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## Assessing Clients

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### Checklist – Assessment

The checklist below provides a summary of the policy areas used in an assessment.

Checklist of Policies to Help you in Making Assessments:

- Who is eligible for the service (only people from within the local government area, or people from a particular target group)? What about people from outside your guidelines, like those from another area, where the ER provider has run out of funds? Or people who have travelled from another location out of your region?
- The type and amount of aid to provide.
  - a) Some agencies have a set formula of assistance which is worked out on the basis of a certain dollar amount per person. It may include other variables such as public/private housing.  
Family composition will determine the level of payment you give to clients.  
What is the amount given in your agency for a:
 

Single person	\$?
Couple	\$?
Couple/1 child, 2 children, 3 children....	\$?
- How often the client can be assisted (for example, three times per year or more frequently as determined by the agency).
- What other assistance your agency recommends you provide (eg. help with access to benefits/concessions, advocacy and referral).

As we have seen from the earlier sections, people in their first major financial crisis through to those who have known poverty over a long period, experience varying degrees of frustration, guilt, low self esteem and powerlessness.

By the time they seek ER, they are often in desperate circumstances, finding themselves for example, without food, power, housing or other essential services.

By virtue of your role as a service provider to people in such vulnerable circumstances, you are seen to be in a position of power. Be mindful of this. Assist the client to regain their sense of power by letting them make decisions about what is best for them. By giving them a range of options which will best suit their needs you are giving the client the choice and hence a sense of control over their own life.

Decisions on assistance should be made according to the criteria outlined in your agency's policy. However, despite the clearest guidelines, there are often areas where you will be required to use your own judgement. These decisions are often:

- how much material aid to give;
- the extent to which you will help them with further aid or information;
- advocating on their behalf or arranging a referral with the client's permission.

It is essential that help is not denied because you don't agree with the sort of 'choices' that the client has made in the past, or think they may make in the future.

It may seem easier or more appropriate to help a client whose values and beliefs are close to your own. However, you must recognise that every person has the right to make decisions about their own lives and every client should be treated equally. You should be aware that there is a difference between advising clients of services that exist which may be of benefit to them, and telling clients what they should do based on your opinion.

#### **IMPORTANT NOTE**

Remember that your personal judgements may be different to those of your clients. Your professional judgements must reflect those of your agency's policies. This is a key component to your understanding of what makes a good ER worker.

#### **CLIENT ASSESSMENT I: TRAINING EXERCISE**

*Think about the following cases and use your agency's policies in the four areas outlined in the checklist (above) to make an assessment of the client's need and how you would assist them. Then answer the questions below.*

##### **Case Study 3: Mary.**

Mary is a sole parent with three children aged 10, 8 and 7 (living in public housing in an outer suburb). Your agency has received a request for you to do a home visit as Mary has no cash for transport and she is short on food. When you get to Mary's house she asks you in for a cup of tea. The house is a mess. You notice a new TV and video player in the lounge, although most of the other furniture is old and worn. Mary says that the reason she's so short on cash is that she bought the TV and video on hire purchase three months ago and she can't keep up the payments.

##### **Case Study 4: Ken.**

Ken visits the agency for a second time. He is homeless, 16 and requests cash. You know from the last visit that he left home at 12 and has been living on the streets ever since. He mostly travels around by train and only has a few mates. On the last visit you offered to help with a referral to a youth refuge. Ken rejected all your offers, he thinks work is a "load of crap". He admits that he "does the rounds of welfare", mostly places where he can get a hot meal or a bed for the night when it's really cold. After you arranged a \$25 food voucher for him last time, you later saw him sitting in the street drinking tinnies.

##### **Case Study 5: Lyn.**

Lyn is an Indigenous Australian. She is a sole parent with four children aged 13, 7, 5 and 3. Lyn lives in public housing. She comes to your agency every three or four weeks. She often supports up to six other members of her extended family. Lyn would like to have a break from the kids but cannot leave them with family or friends.

##### **Case Study 6: Jimmy and Greta.**

Jimmy and Greta are invalid pensioners, with two grown children now living away from home. Jimmy has a severe kidney problem. Greta is diabetic. They have been helped in the past with a large amount of money raised through a combined effort with other agencies for repairs to their car (which is necessary for them to get to medical treatment). They have large hire-purchase debts, yet they have very few possessions.

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### Questions

1. For each of the cases, list how you would respond to the problems if you were the client. Compare this with your agency's recommended assistance.
  2. If you only had enough material aid to help two of the cases, which ones would you choose and why? What would you do for the other cases?
  3. Discuss your responses within the training group or with your coordinator.
- 

### Access and equity

Check to see if your agency's code of ethics includes a policy on discrimination. An example is that no client will be discriminated against on the basis of gender, race, age, religion, sexual preference, marital status or disability.

The following training exercises raise daily experiences involving discrimination issues.

It is important to consider the likely range of feelings of people who are requesting your help with ER. Generally, people are overwhelmingly uncomfortable and powerless. They are often embarrassed about having to ask for help or they believe people are making judgements about why they need assistance.

Research shows that people tend to rely on their own resources or turn to friends and relatives before approaching welfare agencies for assistance because of the stigma attached to asking for charity. Often, the client's request for assistance is their 'last resort' for help.

People seeking assistance are in a vulnerable state. In many cases they don't know how they will get their next meal or where they will sleep. They are unsure about whether or not you are going to provide assistance or if you will make the typical judgements our society makes about people who are on low incomes and cannot cope.

### DISCRIMINATION: TRAINING EXERCISE

#### Questions

1. **In a training group or staff meeting, discuss what the policy on anti discrimination means in practice.**

*What are your legal responsibilities under the anti discrimination and equal opportunities legislation?*

*You might invite a lawyer from your local legal aid service to address the group on this issue to answer any questions you may have. For example, "If I don't give financial assistance to a client, could I or the agency be taken to court?"*

2. **Case Study 7: Frank.**

Frank approaches Kathy, the receptionist at your agency – he has slow, loud speech and is difficult to understand. He starts to talk to the people in the waiting room. Kathy can't make much sense of what Frank wants – but everyone is starting to look uncomfortable. Kathy says, "I'm sorry, but we only help families here. You'll have to get help from down the road". (Frank protests.) "No, I'm sorry, we can't help you." Frank leaves and the receptionist gives the people in the waiting room a conspiratorial wink!

Discuss whether Kathy has done the right thing by Frank and the agency. Was this discrimination?

**3. Discuss these following examples of where an ER worker has refused assistance or referred the client elsewhere. Are they examples of discrimination?**

*"...I can't in all conscience help someone like her – she's living with another man now."*

*"...he said his family couldn't eat the food because of some religious custom – I think that if you're hungry you eat anything, so I said that's all we've got, if you don't want it, you'll have to go somewhere else for help."*

*"...she didn't even try to speak English and she's been here for 15 years. I can't be bothered with all the interpreting arrangements so I said I thought she'd be better off going to..."*

*"...she's Aboriginal and there is a local Aboriginal ER provider who would be better at helping her, that's why it's there isn't it?"*

*"...I'm sure he's been going around using other services. Why should he be able to 'double dip'?"*

**IMPORTANT NOTE**

Remember that the amounts of assistance given out are more often than not, very small and infrequent to each client per agency.

## **ER and Diversity in Community**

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This is an important area to understand how to properly perform as a worker/volunteer in the provision of ER. The bottom line is respect for client's differences and it goes beyond the access and equity laws and your agency's policies in this regard, which should be in place.

It also relies on your understanding that the environment and service tries its best at all times *not to exclude people*, even unintentionally, from your service.

One strategy is to have materials such as flyers, pamphlets, posters which reflect the local community. Your Local Council and Centrelink will provide the information you need regarding this.

Remember that just because you don't see a certain client group using your service it doesn't necessarily mean that they aren't out there, perhaps in need of ER but not understanding that it exists. Worse still, is that they know it exists but have felt uncomfortable trying to access the service in the past because of language, cultural or religious differences or perceived differences and attitudes from staff.

### **Awareness of multiculturalism**

The ACOSS report on the use of emergency relief services ('*People in Financial Crisis III*' ACOSS, 1999) found that people from CALD backgrounds comprised between 13% and 17% of all ER service users.

Despite Government (both State/Territory and Federal) policies on ethnic affairs and multiculturalism, people from culturally and linguistically diverse (CALD) backgrounds continue to experience a greater degree of disadvantage and poverty than Australian born people and migrants from English speaking backgrounds.

People from CALD backgrounds share the same disadvantages as other Australians, particularly if they are sole parents, on low incomes, have high housing costs and or experience difficulties with health, education and childcare. But there are additional factors which can cause and compound this disadvantage, such as:

- Lack of English language and literacy skills. For skilled migrants this could be the lack of work-related English skills sufficient to be employable in positions held in their country of origin.
- Lack of training opportunities. Many have to do extra training at TAFE or Universities to upgrade their qualifications which takes money and time.
- Lack of recognition of overseas qualifications. Eg. lawyers who have studied a different legal system than in Australia (which is based on the British system of legal justice rather than, for example, the French system), have to fully retrain. Medical, teaching, accounting and many types of engineering and technical training are areas that can require some further training to gain recognition of overseas qualifications in Australia.
- Difficulty accessing adequate income support. Many recently arrived migrants to Australia must serve a two year preclusion period during which they are unable to receive any income support via Centrelink – obviously this can contribute to demand for ER.
- Isolation, with no support from family and friends.
- Pre immigration stresses and the high cost of resettlement (which has been costed at approximately \$30,000 to \$40,000 for a couple wishing to migrate).
- Refugees may also suffer the effects of torture and trauma before resettlement and the anxiety which accompanies forced migration. This is quite different and apart from migrants who choose to go forward into a new life. This can contribute to an inability to readjust and progress in a more natural fashion, for example learning English can be more difficult for them than for other migrants.
- Fear of institutions and organisations that represent power, because of the previous experience of abuse in this area.
- Cultural/gender differences (culture shock).
- Stereotyping or racism either intentional or unintentional from the general community, media etc.

A greater degree of sensitivity and empathy are required by the ER worker when working with CALD clients, in particular those who are recently arrived migrants, refugees and asylum seekers. For further information contact your nearest Migrant Resource Centre, Department of Immigration or Centrelink Migrant Services Unit.

### **Awareness of Indigenous Australians**

The ACOSS report on the use of emergency relief services ('People in Financial Crisis III, ACOSS, 1999) found that Indigenous Australians comprised 14% of all ER service users, although making up around 1.6% of the total Australian population.

There are distinct Aboriginal and Torres Strait Islander (Indigenous) cultures even in areas where communities have been affected by western culture for a long time. There is a continuum between the older cultural and social ways that links profoundly with the modern Indigenous community. Most non-Indigenous Australians do not understand such history which helps explain why people of mixed descent sometimes (even often) identify with their Indigenous rather than their European ancestry.

Many people may find it difficult to define Aboriginality, but this does not mean it is any less real or valid. In this context Aboriginal means a person who identifies him/herself as an Aboriginal, Torres Strait Islander or Cape Barren Islander. People who work with Indigenous people must be aware of their different cultural background (as they would with any other person) and the impact

it can have on the processes involved in the ER situation. The way in which you operate might well mean that the Indigenous person's value system and cultural traits are overlooked and discouraged quite unintentionally.

The following cultural issues may assist to deepen your understanding.

### **Kinship values**

Indigenous people have strong kinship ties. This means that they have family and extended family commitments. As in traditional times Indigenous people feel great obligation to their kinship ties. The extended family unit will always come first over all other commitments if there is a crisis or even a slight problem. For example, an Indigenous woman may seek assistance with food vouchers because she currently having to look after a large number of her extended family as well as her immediate family.

### **Cooperative society**

Many Indigenous communities function in highly cooperative ways and therefore share all resources communally. Sharing among Aboriginal people today goes on to an extent virtually unknown to non-Aboriginal families who have a different attitude to possessions. This can impede any upward social mobility by emphasising the welfare of the extended family.

### **Different language patterns**

There are distinct Indigenous-English forms of language that different communities use to communicate. It may not necessarily be an Indigenous language, however it may incorporate specific words or phrases from their tribe or local Indigenous language. Most Indigenous people can switch from this Indigenous-English to Australian standard English quite easily, however there may be times when they don't. As with any client, it is important not to correct a client on their speech, rather be aware and ask them to clarify what they mean. Try to seek out the content without judgement on the means of communication.

### **Body language**

Even in today's society there are a number of Indigenous people who will not make direct eye contact when they are speaking. This is not them being rude or uninterested in what you say, it is a cultural belief that relates to elders. It is thought to be disrespectful to give direct eye contact to certain elders and/or people who hold authority with you.

It would be preferable for your organisation or ER network to invite a local Elder or regional Aboriginal Liaison Officer to speak at a training session to further your understanding.

As with other clients who come from non-English speaking backgrounds, it is important to be aware of the fact that the advertising of your agency policies in Australian English or your hours or method of operation may not make the service accessible to Indigenous clients. Consult with your local Aboriginal Liaison Officer as to the most appropriate ways to ensure equitable access.

## WORKING WITH INDIGENOUS AND OTHER CLIENTS: TRAINING EXERCISES

This activity can be used for any community groups. Just change the focus in the activity.

Find out the following information with the help of your coordinator and the last annual report from your organisation. You can also source some of this info from Centrelink, the Australian Bureau of Statistics (ABS) and local Council Community Profiles. This will be a fairly rough guide for you but it may help in deciding how you can improve your service to include all possible clients.

Indigenous Australians are often an invisible population yet are generally more financially disadvantaged than most other groups in the community. While there are some Aboriginal specific services throughout Australia, and even perhaps in your area, this doesn't exclude them from accessing your service, to do so would be discrimination. The fact that there are specific services means that it is recognised that there is such a high need for support. Some Indigenous people prefer to make use of Indigenous-specific services and you might let Indigenous clients know of such local services, while assuring them that they are welcome to make use of your service.

### Questions

Do you know how many Indigenous people use your service per year?

Does the number match Centrelink's statistics as a percentage of how many in your area are receiving benefits? Your local Aboriginal Liaison Officer at Centrelink will be able to help you with this.

Eg. Indigenous Australians = 10% of the local general population receiving benefits and 10% of our clients are Indigenous Australians.

If the percentage of Aboriginal people is higher in your client group, it suggests that the population is accessing your service successfully.

Is this population under represented in your organisation's previous annual report? eg. A much smaller percentage than the local number? Indigenous population = 10% of general community receiving benefits but only 3% use our service.

How can you assist Indigenous clients more effectively?

Can you find out what other services are available to help Indigenous people?

Following are a few ideas to get coordinator you started:

- Don't be afraid to ask your to talk to local elders or community leaders to be guest speakers at a staff meeting to discuss this issue, or ask them to recommend someone to represent them.
- Get some Aboriginal workers/volunteers into your service.
- Advertise in the local Indigenous newspaper/radio etc.
- Are there any posters or artwork that represent this part of the community.
- Make sure that any activities or information regarding your service reaches this target group in the community.

## Assisting non-English speaking clients

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### When to work with an interpreter

Ask your client what language s/he speaks. Most clients are able to tell you or can supply documentation to that effect.

It is the client's right to choose the language which they wish to be interviewed in.

### Who should assist?

It is important to access appropriate help when assisting clients from non-English speaking backgrounds directly, or when making referrals to other services on their behalf.

It is important that an interpreter be a trained professional who can be expected to abide by a code of ethics that includes confidentiality. The National Accreditation Authority for Translators and Interpreters (NAATI) provides a five scale accreditation of an interpreter's proficiency. Make sure that you have work done by NAATI translators or interpreters who are accredited at an appropriate level.

Always check to see if there are any charges for the service.

Do not use a family member as an interpreter because:

- the issue may be very sensitive and embarrassing;
- a relative may often answer the interviewer directly instead of interpreting the question;
- although the relative may be proficient in English, you have no way of judging how well s/he speaks the other language.

It is always wise to check, even with a professional interpreter, that no conflict of interest exists between them and your client (this can be common for interpreters of community languages used by smaller community groups).

If referring a client for a sensitive matter, such as a medical problem or sexual assault, remember to request that the interpreter be of the appropriate gender.

### Where to find interpreters and translators

The Australian Government, through the Department of Immigration and Multicultural and Indigenous Affairs, provides a Translating and Interpreting Service (TIS) for people who do not speak English, and for English speakers needing to communicate with them. TIS is a national service, and is available to any person or organisation in Australia requiring interpreting services.

TIS is available 24 hours a day, seven days a week anywhere in Australia for the cost of a local call ph: 131 450 dial TIS, say who you are, where you are calling from and which language interpreter you require. You can also find further information from the Government Department website – [www.immi.gov.au/tis](http://www.immi.gov.au/tis)

Also check the State/Territory Resource Information section of this handbook for specific resource numbers and remember to include interpreting services in your agency resource manual. The following is a list of the types of services available.

### The Translating and Interpreting Service (TIS).

General interpreting service for interpreters to attend in person. Health interpreters, booked through TIS or available at particular health services. Some hospitals have in-house interpreter teams.

### **Centrelink Migrant Services Unit.**

Bookings must be made through the regional office of Centrelink and a number of days notice is usually required, however exceptions can be made for urgent cases.

### **Legal interpreting services.**

Interpreters are available for:

- Attorney General's Department matters
- Police matters
- Legal Aid services
- Corrective services
- Investigations of traffic accidents
- Tribunals, i.e. consumer and residential
- Mediation centres

Translating services are provided free to people who have just migrated to Australia where documents are considered to be necessary for settlement, eg. driver's licence. Otherwise charges apply.

### **Working with an interpreter**

The responsibility for the interview remains with the interviewer, just as if it were an interview in English.

When working with the interpreter, always begin the interview by introducing yourself and the interpreter so the client understands everybody's role. For example:

*"Mrs Ramirez, my name is Deborah. I will be helping you today. This is Margaret who will be interpreting for us."*

Look at and talk directly to the client by using his/her name or addressing her/him in the second person, not the third person. For example:

*"Mrs Ramirez, could you tell me why you came in today?"*

*Do not say: "Margaret, could you ask Mrs Ramirez why she came in today?"*

Don't isolate the client by discussing something with the interpreter. If you need to clarify something with the interpreter, request that this be explained to the client first.

Enjoy the experience. An interpreter is a wonderful language bridge that opens up communication between yourself and the client. Remember that it will take much longer than a two way interview in English so allow for the extra time.

## Assisting people with communication disabilities

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One of the aims of ER is to provide universal access to financial and material aid services.

People with a disability are just as likely to require ER because they:

- have less opportunity to know what resources are available to them in the community;
- have reduced employment opportunities;
- may be dependent on the Disability Support Pension as their main source of income;
- may be dependent on the Disability Support Pension for an extended period of time;
- can have additional costs related to their disability/living situation.

People with physical and intellectual disabilities often find it extremely difficult to access mainstream services. The physical design of a service can create barriers to access. It is the responsibility of your organisation to ensure your building/s have obvious disability access. If you are unsure about access discuss this with your manager.

Barriers created by inappropriate attitudes, poor knowledge or skills in relation to people with disabilities are also powerful in preventing or impairing access – often more so than the lack of ramps or rails.

Workers in a service may be unsure of how to assist someone who they find difficult to understand.

A person with a disability has an equal right to be treated with respect and dignity. Some people with a disability may have a speech impairment that you may not be used to. Do not assume that because you are finding it difficult to understand the client, that you will need to treat them any differently to a person whose communication you do not find difficult. Don't speak more loudly or slower than usual.

### Checklist – Working with people with communication related disabilities

- Assume that the person will use speech to communicate unless otherwise indicated. (If the person is using a communication aid, such as an electronic communication device, ask if it is OK for you to look for any instructions if think you need to).
- Do not shout at the person or simplify your language as if speaking to a child. Let the person know that you are available if they want assistance but leave the asking up to them.
- Be honest with yourself and the client about any difficulty you are having in helping them. Let the client know if you feel inexperienced.
- If you are finding the person's speech difficult to understand, begin by finding out how the person says/indicates "yes" or "no". It is best to do this by asking how do you say/indicate "yes", then establishing how the person says/indicates "no".
- Some non-speech "yes" or "no" responses include nodding, shaking their head or pointing to yes/no symbols on a communication board or wheelchair. The person may also indicate by using eyes, tongue or sign language.
- Ask the person if you have heard/understood them correctly (eg. repeat back what they have said, word by word).
- Ask questions that are clear and concise, that is, ask one question at a time. Make time for conversation, rushing will make everyone more uncomfortable.
- Use pictures, diagrams, role plays as necessary and don't be afraid to be creative.

- As a last resort, ask if anyone else knows the information and if it is OK for them or you (or both of you together) to contact that person. (The client may have a support person through an attendant care program or family member or advocate).
- You could ring a local disability service provider/peak organisation for advice.

## Interviews

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This section is designed to provide a guide for ER workers and includes information on:

- conducting interviews specifically for the purpose of assessing and distributing ER;
- conducting interviews where ER needs are part of several needs assessed;
- conducting client assessments and distributing aid through home visits.

Your agency may already have a set interview procedure. The information in this section can be adapted to complement your existing practice.

- It is most important in ‘general welfare’ interviews (where you may be offering specific services such as family counselling) to *make the distinction for the client between where the ER service/assessment begins and ends* and the offer of other support services begins.
- If you fail to make a clear distinction, then you run the risk of ‘contaminating’ the ER service. The client may end up with a confused picture of the eligibility criteria and assessment process.
- In the worst instance, the client can gain the impression that eligibility for ER is conditional on acceptance of involvement in other services.
- Sometimes people don’t really want more help. They should be provided with the opportunity to say “no” to further help, whilst still receiving the ER, unless the need for their compliance was made clear prior to the interview.

### Checklist – Listening and Communication Skills

The following checklist raises some general points that you should consider to increase your supportive communication and listening skills when conducting interviews.

- Always be on time for appointments. If you are delayed, then let the client know how long you will be.
- Minimise any disruptions during interviews with clients. If your service has a designated interview room, use it. This is far better than sitting a client at the end of your work desk where you may be interrupted by telephones or co workers.
- Supportive listening begins with body language. Turn your body towards the client. Have a relaxed posture. Don’t fidget or use distracting gestures. Use eye contact.
- Listening skills include occasionally repeating back what the client just said, including acknowledging their feelings and reasons for these. This shows that you are listening, encourages the client to continue and/or allows them to clarify a point. You can also rephrase what the client is saying. This allows you to check back and ensure that you understand what the client has said.
- Pay full attention to what the person is saying.
- Consider the client’s personal attributes, such as shyness. Be aware of any cultural differences.
- In making your ER assessment, try to stick to the circumstances surrounding the need for ER. Some people are eager to discuss personal matters that are beyond the scope of ER assessments or your abilities to address.

- It is important to have empathy and to be supportive, however, if you believe the client requires counselling, suggest a referral to someone who is qualified to provide assistance, eg. a family counsellor.
- Avoid talking down to the client or using jargon or acronyms.
- Demonstrate that you value the thoughts and actions of the client, eg. reinforce positive actions that they may have taken.
- As the worker, you need to be able to empathise with the client's experience (understanding what it would feel like to be in the client's situation) rather than feeling 'sorry' for them.

## Interview Stages

### 1. Exchange pleasantries

Before you begin, consider the feelings and the comfort of your client. Introduce yourself, ask the client's name and offer them a seat. If your agency provides you with a contact/business card, give to the client.

### 2. Manage expectations

Be clear from the start about the total service you can offer. If you are running low or have run out of funds, say so at the beginning, but if possible, indicate that you may be able to refer the client to another agency.

#### IMPORTANT NOTE

Explaining what you and your service can and cannot help with is an important strategy in ensuring the client has realistic expectations and can prevent disappointment, frustration or anger about what you are able to provide.

#### Consider this example:

ER worker: *"Good morning my name is Amy Davis. As the receptionist probably mentioned to you, we provide ER in the form of food vouchers. The amount is dependent on your own particular circumstances and the funds we have available. It is this agency's policy to complete an assessment first, so what has brought you here today?"*

#### Or, another example:

ER worker: *"Hello June, how are you? Come on in. How can I help you today?"*

Many agencies believe it is inappropriate to outline the extent of all services you can offer before a client has discussed their current issues. This can set up unrealistic expectations as well. Most clients will be aware of what you can offer by the information laid out in your agency brochure or in the waiting room.

#### Checklist – What assistance have you offered?

- Type of aid (cash cheque, maximum amounts).
- Information and assistance in securing entitlements, concessions.
- Help in negotiating pay back arrangements for a small debt eg. rent, energy (with client consent).
- Information and referral to other services (with client consent).
- Empathy and understanding (it is important for clients that they feel they have been heard and understood).

### 3. Outline your agency's needs for information

Some clients can be suspicious of questions asked and notes and information kept about them by you and your service. Other clients are so used to having agencies and workers ask so many questions that they will respond to your questions automatically. Either way you should:

- justify to your client the questions you ask;
- reassure them that the information they give will be treated as confidential and only provided to others if they give their permission;
- let them know that they can view any file notes or information your service has about them at any time they wish.

Let them know that your file notes and basic information about them will allow you to follow up with them on issues they raise. This information may include full name, address, date of birth, source of income, rental costs, number of children or other dependants.

If your agency uses a statistical record (data) sheet you should show one to the client and explain why the data is recorded, that is:

- to tell the Government how many people need help and why (eg to prove that your service is actually giving out government money/help to people who need it);
- to advocate for improvements to the social security system;
- to fulfil your agency's accountability requirements to Government funders;
- for the planning of your agency's services.

For example, ER worker:

*"We also keep a record of the problems you want help with and how we have assisted you. This file is confidential, which means that nothing you say during your visit, including the fact that you have been here, will be passed on to anyone outside the agency (unless you specifically give permission for information to be shared eg for a referral to another agency). You can see what I have written at the conclusion of this interview and you can also read your own files at any time."*

Ask the client if they have any questions and if they are happy to proceed. It is a good idea to fill out the statistical record sheet at this stage, as it gives you a general overview of the client's financial situation.

When making notes:

- Listen carefully and list the problems down in point form.
- They may be a straightforward or complex set of problems.
- Record only the issues that are relevant to your assessment for ER.
- Keep it simple and to the point.
- Do not collect irrelevant information.

**INTERVIEWS: TRAINING EXERCISE****Case Study; Dave and Jan**

Consider the following example of Dave and Jan, who are unemployed and have a baby aged two months.

Dave: *"I'm a carpenter, and I lost my job with a local builder back in March. I've got a lot of mates in the business so I thought I'd have a go on my own. I put an advertisement in the paper and for a while I did OK, but then everything got on top of us. Jan went into hospital to have the baby and while he's good now, he had a digestive problem and needed to be in hospital for the first four weeks.*

*I dropped a lot of work, and there were a lot more expenses than we'd counted on. First of all, there was all the travelling back and forth from the hospital and lots of special feeding equipment. Plus, I'm still paying off the car and we've got a few hire purchase debts for the fridge and washing machine."*

Jan: *"The finance firm are threatening to take all the stuff back. How am I going to cope with all the baby's washing and stuff and how could we do without a fridge? Daniel needs special formula."*

Dave: *"Anyway, I decided to throw in the towel and I went to Centrelink, but I've got to serve a waiting period."*

ER worker: *"I can arrange a cash cheque for \$x right away, and I can check that you are getting all the income that you are entitled to from Centrelink. Then I can, if you like, refer you to the financial counsellor here, who perhaps will be able to renegotiate your repayments on the hire purchase of your white goods."*

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**Questions**

- In this example what details would you record?
  - Using your agency's client file pro forma, detail Dave and Jan's issues and how you would assist them, including a correct referral.
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**Client File (example)**

Below is an example of a client file pro forma. Many agencies have the policy that they do not collect any information on a client, and assist on the current presenting needs. Others have more simple forms which do not ask so much financial information. The choice of client file will be dependent on your service's policies and procedures

Client File Number		Previous visit Date
Name		DOB
Address		
Postcode		
Income Type	Amount (per fortnight)	Date Due
Centrelink Number		
Self		
Partner		
Other		
Family Payment		
Rent Assistance		
Maintenance		
Austudy		
Other income		
Number of children/dependants in your household (please include ages)		
Expenditure	Amount (per fortnight)	Date Due
Rent		
Telephone		
Electricity/gas		
Food		
School costs		
Bank loans/lay bys		
Other expenses (specify)		
Issues/problems presenting		
Amount given		
ER worker Name or initials		Date of File Note

#### 4. Check client entitlements

If the client agrees to extra assistance, use the checklist to see if they are accessing all of their entitlements.

See the Resource Information section of this Handbook for further information on Centrelink entitlements and State/Territory concessions.

#### Checklist – Client’s entitlements to income support and concessions

Is the client entitled to:

- A Centrelink payment, such as: Parenting Payment (Single or Partnered); Family Tax Benefit (Part A or B); the Disability Support Pension; the Age Pension; Carer Allowance; Carer Payment; Newstart Allowance; Youth Allowance; Special Benefit; Austudy; ABSTUDY; Rent Assistance; the Crisis Payment etc.
- A Health Care Card; Pensioner Concession Card; Seniors Health Card; Low Income Card; Gold Card (for Veterans).
- Has your client been breached or had their payment suspended by Centrelink? (see below).
- State Education Allowances.
- Water/Council Rate Concessions.
- Car registration reduction.
- Travel concessions.
- Telstra Bill Assistance Program (see Part 4 for further details).
- Gas/electricity concessions.
- Other State Concessions.
- Other.

#### Centrelink payments – breach penalties, suspension and debts

Not surprisingly a very high proportion of ER clients rely on income support payments administered by Centrelink. The ACOSS report on the use of emergency relief services (*‘People in Financial Crisis III’* ACOSS, 1999) found that 91.5% of all ER service users relied, as their primary source of income, on social security payments. That same data found that half of all applicants for ER services had been in receipt of social security payments for more than three years.

Three main issues are covered here regarding Centrelink payments – breach penalties, suspension of payments and debts.

When a breach penalty is imposed a social security recipient has their fortnightly income support payments reduced for not complying with job search activity and/or administrative requirements. To illustrate, in relation to activity tests, a first breach results in an 18% withdrawal of income for 26 weeks, a second breach results in a 24% rate reduction for 26 weeks, and a third activity test breach results in 100% withdrawal of payment for 8 weeks. Obviously the imposition of such breach penalties can result in hardship leading to the need for ER services.

In response to reports and submissions by ACOSS, ER providers and others, the Australian Government has made changes to improve the fairness of the administration of breaches providing some protection for vulnerable people. Recent changes include the option of applying a temporary ‘suspension’ of payments, the aim being for income support recipients to attend a Centrelink office to rectify the reason for not complying with requirements. In the case of suspensions income support recipients receive no income at all. However, in most cases, when they do present at Centrelink or comply with requirements in other ways their income payments are restored.

From September 2003 groups other than unemployed people may have breach penalties and suspensions imposed on them for not complying with requirements, these groups include supporting parent payment recipients and older unemployed people. At the same time there has been a reduction in the severity of breach penalties for some unemployed people and less harsh regimes imposed on sole parents.

Income support recipients can have their payments reduced if they have to pay back a debt to Centrelink. Typically this results in less income per fortnight until a debt is re-paid.

Social security recipients have a right to have decisions regarding their payments made the subject of a review or appeal. If a client has applied for an income support payment and been rejected, then this can be the subject of a review or appeal. You should also contact your local Welfare Rights Centre for advice and, if required, seek their assistance by referring your client to them for help. You can also check the national welfare rights network website for information, including guidelines on how to appeal a Centrelink decision, the location is at [www.welfarerights.org.au](http://www.welfarerights.org.au). Also see the Resources section for contact details).

The following steps may be followed in assisting ER clients with breaches, suspension or debts.

- In the case of a breach do they have a “reasonable excuse” for not complying with their activity test requirements? For example, they did not receive the letter telling them to attend an appointment, or they were sick. Remember this can take some time but it is important to find out **all that has happened** to explain why the person has not been able to fulfill their requirements.
- In the case of a suspension (eg no income at all) try to find out if this may be a third level breach (i.e. no income for eight week) or a suspension (often, but not always, when taken off payment for a first failure to comply with a requirement). If this does seem to be a suspension, ask if they have made contact with their Centrelink office. Ask if they had been asked to go to an interview or attend a seminar by Centrelink or a Job Network agency. If so, do they have a “reasonable excuse” for not having attended? Encourage or help them to make contact as soon as possible and suggest they be prepared to explain why they may not have been able to attend an interview or seminar and to seek an urgent appointment, letting the Centrelink staff member know they urgently need a payment.
- If they have a debt to Centrelink, ask how this came about and see if the reason for this seems to be fair. Ask if their circumstances at present are ‘special’, it may be possible for the debt to be waived even if the original reason for it is fair. ‘Special circumstances’ are usually fairly extreme and need to be well proven but go beyond just financial hardship and may include ill-health and/or misfortune. Even if the reasons for the debt are fair or even if no special circumstance exist, Centrelink might be able to reduce the compulsory repayments to allow your client to have access to more of their income while the rest is being paid off.
- Ask the person if they are happy for you to speak to Centrelink about their matter. If so, then Centrelink will need the identifying information about, and permission from, the client. It can be easiest to call while you are with the client. Useful information for Centrelink includes:
  - Authority/permission
  - Centrelink Reference Number
  - Date of Birth
  - Contact details, if possible.
- Talk to a Centrelink officer about the person’s breach, suspension or debt. Explain any reasons why the person could not meet the requirements (in the case of a breach or suspension) and circumstances they are in (including the need for them to make use of your ER service). Ask Centrelink to change the decision immediately.

- If the Centrelink officer, known as the **Original Decision Maker**, will not change the decision (eg to impose a breach) or rejects your request (eg to remove a suspension, waive a debt or reduce repayments) then ask to have the decision **reviewed by an Authorised Review Officer**. It may be necessary to insist on this. If the Authorised Review Officer doesn't change the decision there is a further right of appeal to the Administrative Appeals Officer.
- If the person has no money and you are asking for a review of a breach decision, you should ask Centrelink to "continue payment pending the outcome of the review". Centrelink does not "continue payment" automatically, **but it is available**.
- If you have any problems in making a request for review or appeal or payment upon review, you should call the Centrelink Complaints Number 1800 050 004.
- If you think that the person is going to have ongoing problems with the "activity test" because of illness, homelessness, the need to meet community service obligations or other special circumstances, ask that the person be "**temporarily exempted from the activity test**" while they are sorting out these problems. It could save them from unnecessary breaches.
- If a person is receiving Newstart or Youth Allowance for some 1st (and only 1st) activity test breaches and 13 week administrative breaches the penalty rate reduction period may be reduced to 8 weeks if the person complies within 8 weeks.
- There are special rules that apply to the waiver of penalty periods for people on Parenting Payment and for people over 50 on Newstart Allowance and Special Benefit. In addition, if parents take reasonable steps to comply with their obligations within a 13 week period, they can receive back payment.
- In some circumstances people can have their breach waived if they commence in "Work for the Dole" or an approved activity. The breach will not be removed from their record, but their payment will be restored. This known as "clean slating".
- Even where the breach penalty is removed or the payment reduction period is reduced **it is important to appeal the breach** as the breach itself remains and the penalties for subsequent breaches are higher.

### 5. Ask for help if you need it

Please remember that it is not uncommon to feel overwhelmed by the enormity of problems faced by the client. Many of these problems cannot be solved by the provision of ER alone.

If the problem seems too complex, excuse yourself and indicate that you need to get some advice from your colleague or supervisor.

### 6. Check what services and resources you can offer

Are there other problems with which the client could be assisted by other services? Check through your resource guide now.

#### Services/Resources

- Information
- Financial/material aid
- Budgeting/financial counselling
- Accommodation (eg. crisis accommodation/public housing)
- Counselling
- Self help groups
- Family support services (eg. family aides)

- Other community and health services
- Advocacy – always involve the client, ask their permission.

Resist the temptation to do everything for the client. You should encourage the service user to take control of the situation. For example, before you offer to negotiate with a landlord or contact an energy authority/company on their behalf, check to see if they feel comfortable doing so themselves. They may only need information on what their entitlements are, who to contact and phone numbers.

Never advocate on behalf of the client without their permission and keep them informed of any developments.

Reassess your strategy in the light of new information. However, don't make one call after another without informing the client of what has happened and giving them the choice of further action.

### **7. Arrange proper referrals**

Ensure that the arrangements for referral have been completed, i.e. that you have phoned through to the agency and an appropriate time (for the other agency and the client) has been arranged. Check that the client understands where to go and has the resources to get there.

### **8. Follow up**

Before the client leaves they should be clear:

- that you have provided all the assistance that you can;
- that they know who/where to contact for any further information or assistance that you have discussed;
- when they should return for a follow up appointment, if necessary, or when they will be eligible to use the service again;
- if they need to attend another agency/program in order to receive more assistance from your agency.

End the interview in the same way that you began, by being polite and unhurried, wish them well and show them out.

Check to see that your notes are complete before you see the next client.

Consider any appropriate follow-up if a referral has been made to another agency.

If provided by your agency, remind the client that there are feedback/evaluation sheets in the waiting room if they wish to comment about the service.

Take a break and clear your mind before your next client.

### **ER interview guide checklist for interviewing**

- Exchange greetings and pleasantries.
- Ask the client how you can help.
- What you can offer.
- Explain the assessment procedure.
- Outline your agency's data requirements.
- Check the client's entitlements to income support and concessions.
- If you need additional help, ask for it.
- Advocate with the client's permission/involvement.
- Check what services and resources you can offer.
- Arrange proper referrals.
- Check the outcomes – what needs follow-up?

**CLIENT ASSESSMENT II: TRAINING EXERCISES**

These cases illustrate the range of problems you may be confronted with in your ER work and will help you apply your agency's policies.

Using your agency's policies and the advice provided in the interview guide, assess the following cases. Record your assessment on a client file or record and discuss these with your coordinator or training group.

**Case Study 8: Lesley.**

Lesley is a sole parent with two children aged 5 and 7.

Lesley: *"I had to pay most of my pension out on the rent this week, because I had slipped two weeks behind. The agent always starts to ask about it pretty quick if I don't make the due date. Then Laura really needed some school shoes, she'd worn the soles right through on her old ones and now I haven't got enough money left for food until my next pension cheque."*

**Case Study 9: Shane.**

Shane is an 18 year old living on the street. *"I didn't get any warning they would cut off my allowance from Centrelink. They said I missed an interview and because it's the third time they've breached me."*

**Case Study 10: Meg.**

Meg is on a Disability Support Pension and has an intellectual disability. She has no support and lives in a boarding house. This is her second visit to your agency.

Meg: *"I'm having trouble with my money. I've lost my card and the bank won't give me my money. I've got to pay my board to Mr Pearce this week. I think it's this week. Jim's been after me for money for his TAB. I don't think I should have to give him any more. Do you think I should?"*

*Could you help me out a bit? Mr Pearce said I should come and see you."*

**Case Study 11: Gerry and Ruth.**

Gerry and Ruth have recently become unemployed. They have three children aged 12, 14 and 16.

Ruth: *"We've been referred to you from Centrelink. Gerry and I had really good jobs until four months ago. We were both in management positions and earning pretty high salaries, but first Gerry got retrenched and then I did, a fortnight later. We've been looking around but can't find work, and now Gerry has been on unemployment benefit for a month. Neither of us can believe how fast everything has fallen apart."*

Gerry: *"We have a hefty mortgage and we spent our severance on the house to give us some breathing space. But we've had big bills to pay. The kids were in private schools. We had to pay the last of their fees and now we've transferred them to the local schools. The kids are all angry about having to leave their friends and most nights all we seem to do is scream at each other."*

*All we have left is the house and we don't want to lose that or all our security will be gone. I'm selling one of the cars but we're down to nothing in cash. We haven't even got enough to eat."*

## **Where does ER start and end?**

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### **Know your limitations**

One of the most difficult aspects for workers providing an ER service is to define where their responsibilities to a client begin and end.

A common response is for the worker to listen and take note of the entire bundle of problems presented by the client in the interview and to then set about trying to solve them all.

Having sympathy for the plight of clients and wanting to help are admirable qualities in an ER worker – they are usually the very reasons why someone takes on this kind of work. However, it is important to be clear about your skills and training and to assess how you may best help your client.

Make sure that in discussing your role and job description with your manager/supervisor that you are both clear about the level of training and skills which you bring to the position and the expectations which the agency has for you in assisting clients.

If you do find that you would like to undertake further training to enable you to provide counselling or other assistance to clients, discuss this with your supervisor to ascertain what kinds of opportunities exist for training and advancement within the agency, through Technical and Further Education or other education courses.

### **Concentrate on your role**

The interview section of the Handbook sets out a guide for workers of the range of assistance that should form part of the ER interview 'package'. That 'package' represents a comprehensive service to clients. You may well find that the tasks outlined are difficult to complete within the time available (of about 20 minutes in many cases).

It is important to draw the distinction for the client between what you are offering as part of the ER interview and any other services that your agency is able to provide, such as family counselling.

This also applies to trained or professional workers who provide ER as part of a general welfare interview. You may well be skilled in providing welfare counselling, but have poor knowledge or resource networks in housing or financial counselling. Don't expect yourself to 'do everything' – do what you are trained to do well and refer out for other areas of expertise.

### **When to recommend additional services**

Apart from making the most effective use of yourself and the client's time, recognising in what circumstances it is advisable to refer your client to an appropriately trained professional or expert is one of the most useful roles that can be played by the ER worker.

If the client specifically requests help, for instance with a debt problem, then you need to be able to determine whether you are the most appropriate person to provide assistance or whether the problem falls within the realms of the work of a financial counsellor.

In some cases the client may not recognise themselves that they have a problem nor have any knowledge of the range of community support services available. In these circumstances your role is to let the client know about what and where services are provided and offer to support a referral if the client expresses an interest in pursuing more help. Remember it is your responsibility to have the most up to date and correct referral information.

To be able to refer appropriately you need a comprehensive local services and resource information guide. It should be readily available, such as on your desk or in an interview room for easy reference.

### **More harm than good?**

Many clients will seek your advice or opinion on a whole range of complicated problems. A typical request could be:

*"Well what would you do? Will I leave him or not?"*

Before you respond to an individual's request it is better to have thought about and discussed with your supervisor, the appropriate responses to such situations arising in the interview situation.

For example, in the above case, you are working with someone who is likely to be very emotional, they may even be in danger as the situation may already, or could, involve family violence. You may not be aware of all the implications of providing what may seem to you an innocent response. However, because you take on the mantle of an expert within a formal agency service, your response could well be regarded by the client as 'professional' advice.

Your personal opinion may be that this man sounds like a real creep and you certainly wouldn't put up with him. On the other hand, you may have firmly held beliefs that it is best to try and keep a family together at all costs. However, your personal opinion is of no more use to this client than the opinion of the next person in the street.

There is a danger that if you are not professionally trained (as a social worker, welfare worker, psychologist) to provide assessment and advice, then your opinion may do much more harm than good.

What you can do for the client in this situation is to tell them that you are not in a position to provide advice yourself but that you can help by offering them options on a range of professional counselling services to assist them in coming to their own decision. It is then important to follow this up with referral arrangements if the client wishes to proceed.

In the example above you should check that the client feels safe in returning to their domestic situation – if not, indicate that refuge accommodation is a possibility. The decision as to whether the client should go home or seek shelter in a refuge is theirs to make, either on their own, or with appropriate professional support.

Your role as an ER worker is to put the client in touch with those community supports, not to give advice outside of your area of expertise or role.

### **Know your community support services**

Before you begin to provide help to clients ensure that you have had time to familiarise yourself with the services available in your area. Wherever possible ensure that you have a good working knowledge of the 'role' of the professional support service staff and their referral criteria.

Suggest that staff meetings, training sessions or in-service training, regularly includes visits from other local workers to allow for information exchange between your agencies.

### **How to refer to a financial counsellor**

Financial counsellors provide advice and assistance to people experiencing a range of financial problems. The most common relate to credit (personal loans, housing loans, credit cards), debt

recovery (before and after legal action), money management, and issues about income (especially Centrelink and WorkCover related payments).

There is a network of Government funded financial counsellors across Australia who provide a free, independent and confidential service. These workers are members of the Financial Counselling Service of Australia (FCSA). It is important to recognise that there are also a number of private, profit based operators acting as financial counsellors. These operators charge for their services.

FCSA headquarters in each state or territory will be able to provide you with the location of the nearest government funded service to your agency (see the Resource Information section of this Handbook).

### **Who can be assisted by financial counselling?**

The following summary is aimed at providing you with information about the circumstances appropriate for referring your client for financial counselling. Contact your local financial counsellor if you have further queries.

There are four main causes of problems which lead people to seek financial counselling:

#### **1. Changed circumstances**

A large proportion of clients of financial counsellors seek help when a change in their financial circumstances has resulted in them no longer being able to meet all their commitments. Typically this can result from:

- unemployment;
- business failure;
- loss of regular overtime;
- giving up work for the birth of a child;
- sudden unexpected debt associated with a car accident or illness.

#### **2. Inadequate income**

Many people on low/fixed incomes, such as Government income support payments, do not have enough money to meet basic living expenses. Despite budgeting they do not have the flexibility to deal with unexpectedly higher bills.

In many of these instances it is more appropriate for you to assist the client yourself with some ER. There may be little or nothing that a financial counsellor can do to assist and a referral is inappropriate.

In some circumstances, referring a client to a budget counsellor would be more appropriate. They can assist clients to make the most of the small amount of money they receive (see the Resource Information section for budget counsellors in your State).

However, a financial counsellor may be able to at least provide some short term assistance, for example, through renegotiating loan repayments with a bank on behalf of a client.

#### **3. Over commitment**

In a situation of over commitment, a person may be able to meet basic living costs, however they are unable to meet other commitments. Their financial situation may not have changed at all, but

they may have taken on a debt that they could never afford. This can apply to a pensioner with a Bankcard debt of \$1,000 or to a couple with an income of \$60,000 and a debt of \$200,000.

In these circumstances the client has misjudged their ability to pay and has relied on the creditor's preparedness to provide credit as the evidence that they must be able to afford it. Many credit lenders unfortunately are more concerned with lending or selling the goods than in an adequate assessment of the customer's ability to pay, and rely on pressure to ensure repayments.

In this situation a financial counsellor will work with a client to restructure payments in some way.

#### **4. Contractual liabilities**

Financial counsellors are well placed to provide people with advice on their liability or entitlements under a particular contract. This may relate to a credit or insurance contract or to the liability of a guarantor. Further expert advice is sought where necessary.

#### **No Interest Loan Schemes (NILS)**

NILS are a community based program to help low income people buy essential household items, such as a washing machine, fridge or medical appliance. Many low income households get by week to week, but are completely stuck when, for example, they need to buy an expensive appliance.

NILS have been operating in Australia for 20 years. The Good Shepherd Youth and Family Services in Melbourne started the first scheme in 1981 and the idea has gradually spread since with NILS programs known to be operating in NSW, Victoria, WA and SA.

A typical NILS loan is for around \$600 – \$1,000 and repaid over a year. As loans are repaid, the money is lent out again to other people. A \$10,000 loan fund will allow the purchase of about \$100,000 worth of appliances.

NILS are based in community organisations such as neighbourhood centres or local welfare centres. Most schemes serve a geographical area. Some schemes have a narrower target group, such as older people or people with cancer.

#### **Philosophy**

The basic philosophy behind the provision of NILS is:

- To offer low income consumers credit on fair and reasonable terms.
- To provide low income consumers with access to credit, without the burden of high interest charges.
- A belief that all people should have access to essential household goods for which credit is often a necessity.
- A commitment to an assessment process which includes a determination of the applicant's capacity to repay the loan.

#### **Target group**

In general, loans are only made to people whose main income is social security (eg on a pension, allowance or maximum Family Payment). Typical NILS borrowers are unemployed, single mums, old age pensioners and people on disability pensions.

However, NILS do not suit everyone. If people can access commercial credit on reasonable terms, they do not need NILS. On the other hand, people in financial crisis cannot budget to make loan repayments and are therefore not suitable for NILS.

### **Do NILS really work?**

NILS have been proven to work. On average, around 90% of loans are repaid, allowing money to be recycled to further borrowers. The community base is critical to NILS success.

For information about NILS schemes operating in your State, see the Resource Information section in this Handbook or contact your State Council of Social Service.

Centrelink provide advance payments, of up to \$500 per year for income support recipients who have been in receipt of payments continuously for three months or longer. These payments are then repaid through fortnightly deductions. Information on advance payments is provided in Part 4 of this handbook.

## **REFERRAL I: TRAINING EXERCISE**

### **Questions**

1. Using the following case studies, list the 'problems' that you believe are appropriate for you to address within an ER interview.
2. List those problems that should be referred to other services and why. How would you explain this to your client?
3. Using your local service resource guide name the agencies to which you would refer the problems in question 2.

Discuss these cases with your fellow workers and supervisor/manager. Did you all agree on the appropriate arrangements for each case?

### **Case Study 13: Irene and Bob.**

Irene and Bob, from Newcastle, NSW, have no children and are both dependent on the disability support pension. They have a Department of Housing flat and no car. They depend on public transport to seek medical attention and if Bob requires urgent help for asthma they often pay taxi fares to get to the local hospital emergency department.

Irene cannot afford food this week because she has paid the remaining money from their pension on hire purchase payments for a washing machine and refrigerator (from a local electrical bulk purchase store) and is now four weeks in arrears.

Irene: *"They sent debt collectors around yesterday. They said that they'd be back for the goods next Saturday unless the payments are brought up to date. We can't manage without a refrigerator and washing machine. The old ones had kept on breaking down and it wasn't worth repairing them any more."*

Bob: *"We owe \$214 and our next pension isn't due till the following Thursday."*

Even if their payments were up to date Irene and Bob are approximately \$18 short every week to make the payments if everything is going well and they have no extra costs.

### **Case Study 14: Gina (Part 1).**

Gina is 14 and has come to your agency to get some money. She says she has left home and is staying with friends although she won't say where. Gina appears to be stressed, she is hungry

and totally uncommunicative about anything other than that she wants some money.

Gina: *"If you're not going to help me then just say so, I'm not going to hang around here all day."*

**Case Study 14: Gina (Part 2).**

Your agency provided \$45 to Gina the previous day, to help her with accommodation costs. Gina's father, Roberto, comes to the agency.

Roberto: *"I'm going to sue you and your stupid social worker mob for every penny you've got. I don't know where you people get off trying to help a minor go out and live on the streets. She's got a perfectly good home with everything she could want and just because we're having a few rough times like any other bloody family with teenagers, you social workers think you have the right to play God and all you're going to do is create one more homeless statistic. Is that what you're on about?"*

*"You wouldn't even know if you fell over it. My daughter got picked up by the police last night and you know what she'd used your money for – well, do you? She'd used it to shoot up. She'd never have done that if it wasn't for you meddling in things you know nothing about. Why didn't you ring me and tell me she was here and talk to her about going home?"*

**Case Study 15: Helen.**

Helen is married with two children aged two and four. Her husband works in a panel beating business and they live in a privately rented flat.

Helen has been to your agency on two previous occasions requesting assistance with money for rent and to pay an energy bill. On this occasion however Helen has obvious bruising on her face and arms and is distressed.

Helen has come with a friend called June who is doing a lot of the talking.

June: *"Look, someone has to do something to help Helen or I reckon next time he comes home like this he'll kill her. I really don't think you should go home today Helen. If you want me to, I'll take the kids for a few days while you sort yourself out."*

Helen: *"I don't know what to do. If I'm not home when he gets there he'll be furious – it might be worse for me. I mean he really loves the kids and I can't imagine him letting them go. I don't have any money at all and I've really got nowhere to go – I just thought that if I could get some help with some money for the rest of the week without him knowing, I'll be OK."*

*"You know he only got mad because I'd spent too much at the supermarket and I was \$25 short for the rent. I mean he's under a lot of strain too you know, what with the boss at work threatening to retrench a few of the blokes. He's never hit the kids before, I don't think he'll ever do that again, he was so upset with himself afterwards."*

**Case study 16: Gary.**

Gary is married to Annette and they have three children aged 12, 9 and 7. Gary was a carpenter with a building firm that collapsed. He has had only odd jobs over the last 18 months and Annette who would like part-time office work is unable to find any within a reasonable travelling distance because they live in a rural area which has little local employment prospects.

Gary: *"We have been able to hang in and keep the house and land so far but I know I'm not going to be able to keep up the payments any more. I've already spoken to the accountant at the bank and renegotiated the payments down as far as they are prepared to go. I've also got nine months of payments to go on my ute and if I lose that I'll never be able to get any work."*

## Home visits

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These hints for delivering ER in the service user's home should be used in conjunction with the general advice contained in this section of the Handbook.

Bringing ER to people in their own homes is an option used by some agencies either as the basis of their service, or in addition to an office based practice.

For agencies which provide both types of service, home visits are usually made only when the client is housebound, as in:

- instances of ill health;
- the care of young children;
- lack of transport or rural isolation.

If you work for an agency that provides ER in the service user's home, you are essentially providing the same service that you would in an office setting, but many of the safeguards both for you and the client disappear. There is a certain security for both worker and client in both the protocol of an office like environment and being surrounded by staff and other clients.

### Respect the client's rights

When conducting home visits, you need to be sensitive to and take into account a number of additional considerations to ensure that the client's dignity, privacy and other rights are maintained. Whilst there may be some stigma in 'seeking help' from a welfare agency, having an agency worker in a client's home exposes their private life.

Think about how the client feels when inviting one or two strangers into their home.

In addition to feeling uneasy about needing to seek help, they may feel:

- embarrassed about how tidy or clean their home is;
- insecure about the questions they need to answer and whether or not you will assist them;
- that they have to prove just how desperate they are for help – what will you think if they have asked for food and there is some food on the kitchen table.

As discussed in the 'Values' section, workers need to ensure that they make the ER assessment based on the agency's policies, not whether you think they need ER given the state of their home and belongings (eg. new TV and video).

### The phone call prior to a home visit

The success of a home visit often depends on the exchange of information between you (and/or your agency) and the client, before you even make the home visit. If the request for aid comes from a referral agency rather than directly from the client, you should telephone the client where possible before you make your visit.

You may be able to complete all the necessary data recording and assessment procedures before you make the visit, thereby only delivering the cheque, food voucher or food parcel at the door without needing to enter the person's home.

You could find that the client would be better assisted by another agency, or that there is a more suitable strategy for dealing with their needs. For example, you could arrange after negotiation, for a local supermarket to deliver groceries that the client may require.

Being clear about what is required can also eliminate the need for more than one visit, which is especially important in an agency that has a limited staffing capacity, as home visits are much more labour intensive than service based interviews because of the time taken up in travelling. It also eliminates further disruption for the client.

### **Checklist – Before a home visit**

- Is the client eligible for ER assistance from your agency? Use your agency's data assessment form to check this.
- What type of assistance is the client requesting (eg. money to pay a bill, money for food, a food parcel)? Let the client know exactly what help you can provide and always make it clear that you do not carry cash. This avoids raising the client's expectations and the consequent anger and violence that can sometimes result.
- Are there any other ways assistance could be given before or instead of the home visit? For example, checking to see if there are any problems with the person's pension or allowance payment, or if the client needs any other services such as home help, the district nursing service etc.
- Negotiate a suitable time for both the people making the home visit and the client – just because you are providing assistance does not mean that the client should accept any time that is convenient to you. The client should be informed of any alteration to the arrangements.
- Endeavour to arrange the visit as quickly as possible if the situation of the client is desperate (eg. they have no food or money left).
- Notify the client as to the name or names of the staff who will visit and how they will identify themselves (eg. if they have a uniform or agency ID card).

### **At the client's home**

Set the client at ease from the very beginning. Produce agency identification as you introduce yourself and the other worker, and refer to the client's phone call to your agency. If you spoke to the client yourself then indicate that. Ask if they still require assistance.

If you have completed the interview by phone and are simply delivering the ER to the door, ask for some identification if this is required (be careful not to make this too threatening). Also check if the client requires any further assistance, for example, other services offered by your agency, or other agencies in the area.

If this is the case, ask if you can come in for a few minutes and discuss how you may help. It is, however, always the right of the client to refuse entry.

### **Security procedures**

Inform the client on the initial contact prior to the home visit if you do not provide cash assistance. The type of material or financial aid (eg. cheque, food voucher) which you do give should be specified.

Formal qualifications in counselling skills (i.e. social worker, family counsellor, youth counsellor) are required to conduct home visits alone.

**IMPORTANT NOTE**

If you are a volunteer *do not* attempt a home visit alone.

Ideally, there should be two staff. Unpaid staff, with no formal qualifications, should always be accompanied by another worker to conduct home visits.

Inform the agency of the names and addresses of the clients that you will be visiting and the approximate time that you expect to be back. You should call in by phone if you have been delayed. If this is your last task for the day, you should ring your agency to indicate you have finished for the day.

Conduct the interview at the front door or return to your agency if you have any reason to be concerned for your safety on arrival at the client's home.

If once inside the client becomes loud or threatening you should leave immediately.

Before you conduct a home interview, discuss with your fellow worker your organisation's safety procedures.

## Networking for workers

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Networking with other workers and agencies outside your own organisation has benefits for your clients, your own work, your agency and the coordination of welfare provision to your local area. Networking can occur at several levels within or from your organisation.

At a formal level, your agency may network with other ER, welfare and health agencies at local or regional committee meetings. This enables agencies to develop cooperative and coordinated policies and services including, for example, joint research or advocacy projects.

As an ER, you may be called on to represent your agency on one or more of these committees. Make sure you know the networking links of your agency and if you do have an interest in networking at this level indicate this to your supervisor or manager.

At a case work level, networking enables you to offer your clients a link to specialist community services to address the causes of their need for ER. This extends the benefits of ER provision from the immediate provision of material and financial aid – to addressing the long term or causal factors.

At the level of individual ER workers, networking can provide important informal supports for what is often a very stressful job. This networking can be particularly important for small and isolated agencies or where an ER worker is alone in this role in an organisation with workers undertaking different roles. For this role during networking meetings, the morning or afternoon tea can be the most important item on the agenda!

### How to network with other community workers

You need a good knowledge of other material aid agencies in your local or regional area, including eligibility criteria, type of assistance given, referral arrangements. Check to see if your agency has a material aid profile as part of their resource manual or directory.

You also need a knowledge of Federal, State/Territory and local government programs and non government community services. Check your agency's resource manual – is it current?

Whenever you refer to other community service programs make sure that you use that process to add to your own and your agency's knowledge base. List personal contacts and phone numbers

and other details and ensure that these are included in updates of centrally compiled resource files. It is very common for information to be lost with changes in staff. New workers therefore waste valuable time in 'reinventing the wheel' of developing networks.

### **Checklist – Good Relations with Other Agencies**

To develop good working relationships with other workers and agencies you should:

- Use good referral practices (see below).
- Follow up your part of shared case work.
- Provide reciprocal assistance for other agency workers where appropriate.
- Not abuse cooperative arrangements (eg. your working relationship will quickly break down, if you refer your client overload every Friday afternoon).
- Provide support to other workers. Informal support to and from other workers can make a difference to how everyone in this demanding work area copes with a difficult day or week.
- Be consistent in your dealings with other workers. It is important that you don't let good practice slip when you are busy – other workers are busy too.
- Remember that networking is not an excuse for 'dumping' clients on other agencies. Be sure that you have provided all the assistance possible under your agency's guidelines. Referring clients to other services is aimed at assisting the clients, not 'getting rid' of them.

Networking with other community workers on specific areas of interest or committees is beneficial not only to you as a worker, but it increases the profile of ER, your agency and the interests of your clients. For example, it is very appropriate for an ER worker to be on a foodbank committee or regional youth homelessness working group.

Due to the nature of your work as an ER worker you are able to provide a unique perspective and invaluable information to specific community based working groups. This information comes as a result of 'hearing' clients difficulties and ascertaining the most appropriate forms of action to assist them.

This 'grass roots' or 'street' knowledge is one of the most positive outcomes of being an ER worker. It is best put to use via advocacy on behalf of your clients or used to inform peak bodies in their policy formation.

### **Benefits for clients**

Good community service networks can:

- Link your clients to appropriate services.
- Reduce client frustration and anger through appropriate coordination of services and referral practices.
- Provide your clients with information about how they can help themselves.
- Prevent a deterioration of the client's existing circumstances.
- Address the client's short term and long term problems.
- Prevent clients getting 'the run around' from agency to agency.
- Prevent people from falling through the social security safety net.

## Benefits for workers

Networks also have these benefits for workers. Networks can:

- Save time in locating appropriate services.
- Increase your efficiency – allowing you to fulfil your role as an ER worker and to refer appropriately to other services to assist clients with additional or causal factors such as financial counselling, or housing assistance.
- Provide back up and advice for difficult cases.
- Reduce the need for you to assist clients with advice in areas for which you are not appropriately trained.
- Provide personal support.

## Referrals

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The importance of good referrals cannot be overstated.

Good referral practices can result in clients knowing:

- why they are being sent elsewhere;
- how to get to another service;
- when to present to the service;
- what to expect when they arrive.

For another service to whom you are making a referral a good referral means they are:

- confident that you have referred someone who is eligible for their service;
- know when your client has an appointment;
- aware, if permission is given by your client, of relevant information allowing the other service to prepare and saving your client time in repeating information.

Inappropriate referrals can:

- result in extra costs to the client which they can't afford;
- increase the stress involved in seeking help;
- build up false expectations for the clients;
- give clients 'the run around';
- lead to a loss of confidence in welfare staff, the very people that they have plucked up enough courage to ask for help.

All of these can result in frustration and angry outbursts or contribute to increased violence in your own or other agencies.

### Checklist- How to refer properly

To make appropriate referrals on behalf of your client you firstly need to:

- Have good information about the resources in your local area (eg. other ER agencies, housing or financial counsellors, community health centres). You will also need information about other programs and services that may be available in your region or centrally.
- Develop good networks with other service providers in the area through regular ER meetings and other interagency meetings.

- If you are the agency representative at local meetings, pass on your information to other workers.
- Develop reciprocal referral arrangements such as joint referral forms. This avoids the situation where a person who has already been assessed at your agency for material aid, but cannot be assisted because of particular eligibility criteria or a shortage of funds, has to go through another assessment interview.
- Discuss the availability of the particular service or agency with your client, giving them adequate information about the agency's guidelines (eg. what the agency offers and what to expect, further assessment processes, what types of questions they may be expected to answer, the hours of opening).
- Confirm with your client, to see if they want to proceed with a referral while they are in the interview. Assistance you have given the client should not be dependent on them having to attend another service unless that was made clear prior to the interview. You need to indicate to the client if future assistance from your agency is dependent on their attending another of your agency's programs or another agency's service.

### **Making the referral**

When making a referral, consider the following:

- Have your client, or you, make a phone call to the agency you are sending the client to, while the client is with you. Ensure that the assistance is available at the other agency and work out the most appropriate time or appointment. Remember to consult your client about what is convenient for them also. They have responsibilities too (eg. they may need to pick up a child from school or arrange child care).
- As well, fill out a referral sheet or letter that has been discussed and accepted by other agencies you are likely to refer to (see example).
- Check that the client knows where to go, how to get there and the appointment time. You could assist the client by writing this information down for them and even providing them with a photocopy of the relevant section from a street map.
- Ensure that they have got the money to get there. You may be able to arrange transport tickets or a small amount of cash so that they can reach the arranged appointment.

## REFERRALS II: TRAINING EXERCISE

Read the following case examples and answer the questions below.

### Case Study 12: Julie.

Julie has recently separated from her de facto husband following domestic arguments that involved her being severely beaten. After a short stay with friends, Julie has decided to temporarily set herself and her two children up in a caravan in an outer suburb. She hopes to eventually get public housing. Her benefit has just come through. She has managed to get enough basic items together for the kids, however she wants some help in paying her upfront rent costs. Julie appears to be very self reliant.

During the interview Julie says, *"The only trouble is that we're really on top of each other all the time. I've been so stressed out worrying about whether John would find us and how I'd cope financially that I've really been taking it out on the kids."*

*I really whacked into Jenny, poor kid, and it wasn't for anything she'd done. There's just nowhere to get away by yourself. I don't know how long I'll be able to take it."*

Mary, the ER worker arranges a cash cheque of \$75 to help with the rent. She also rings Greg at another local agency who agrees to assist Julie with a food parcel and some crockery which Julie can pick up this afternoon.

1. List the problems that Julie could be offered assistance with.
2. List the community support agencies that you could refer Julie to in your area for further support.
3. In a group, or with your coordinator discuss:
  - whether Mary provided adequate assistance to Julie;
  - the likely consequences of Julie remaining in her current situation;
  - any benefits for Julie in providing her with links to other community support services.

### Case Study 13: Bob.

Bob has been unemployed for three months. He is married to Eileen and they have four children aged 16, 14, 12 and 10. Eileen has not worked since before she had the children. Bob has more problems than you could shake a stick at. He produces documents regarding debts for his house, car and furniture and final notices for gas and electricity. Bob is angry, loud and aggressive and Eileen is upset.

It is Friday afternoon and it has been a really demanding day for Phil, the ER duty worker. Bob is Phil's last client and he needs to leave by 4 pm because it's his turn to pick up the kids from crèche.

Phil usually refers severe debt cases to the local financial counselling service by making an appointment. Because he is so rushed, he hands Bob the address and telephone number and gives him a \$45 food voucher.

Discuss your responses to the following questions with your training group or coordinator.

1. What is the likely scenario if Bob turns up at the financial counselling service this afternoon?
2. What are the likely consequences for Phil and his agency?
3. Phil was under a reasonable amount of stress, he did his best under the circumstances. Do you agree? What were some alternative strategies for Phil given the constraints of the situation?

**Sample Referral Letter**

(Agency Letterhead)

Referral to Another Agency

Name of Agency Referred to

Address

Telephone

Contact Person

Mr/Mrs/Ms is/are being referred by

(Name of Client)

(Name of Organisation)

for the service/s outlined below If you require further information please ring the emergency relief worker/Coordinator

Address

Telephone

Name Of Organisation

Name Of Worker/coordinator

Details Of Service Required From Referral Agency

Reason Why Service Cannot Be Provided By Referring Agency

Services Being Provided By Other Agencies (If Appropriate)

Other Relevant Information

This referral has been discussed with the client and they have agreed to the referral

Signed

Position

Name

Date

## Advocacy by workers

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Your work as an ER worker will most frequently involve you in advocating together with, or on behalf of your client to ensure their individual rights and entitlements.

### Wider advocacy

From time to time your agency may also be involved in advocacy to promote and protect the welfare of individuals or groups.

Be aware of the policy commitments of your agency to advocacy issues.

Keep in mind the broader implications of your individual casework. For example, are you seeing any pattern to problems? Can this be confirmed by your agency data collection, other data or the experience of workers at your service or other services?

You may discover a problem with a regulation or procedure that appears to be affecting a number of your clients.

- Is the relevant Agency/Department aware of the problem?
- Does something need to be done to change this situation?

You should raise this with your supervisor/manager to discuss what further action should be taken.

Your agency may encourage individual clients to advocate on behalf of themselves as well as other people in similar situations by:

- encouraging them to write to a member of Parliament, or Government Minister;
- encouraging them to participate in local committees, consumer or self-help groups, peak bodies and special meetings.

Check your agency policy on client advocacy.

Protecting yourself and your client when acting on their behalf

- Always check with your client to see if they feel confident advocating on their own behalf. They may only require some initial assistance with information and referral.
- Never proceed with advocacy on behalf of your client without their agreement.
- Check back with the client throughout your enquiries to determine how they wish to proceed. For instance, you should consult with them during and at the end of a phone call to keep them informed of developments.

Much of your advocacy will involve negotiating with departmental officers in Federal, State/Territory and to a lesser extent, local Government departments.

**Checklist – Effective advocacy**

- Try to develop good working relationships with departmental officers with whom you are likely to be in frequent contact. Attend network meetings as regularly as possible, where they are likely to attend, and ask questions.
- Clarify all the facts associated with your client's case before you make departmental enquiries.
- Keep accurate records of the case such as dates of phone calls and the name of the person/ persons who gave you advice.
- Jot down your interpretation of the outcomes of phone calls.
- If after reasonable negotiation on behalf of your client you are still dissatisfied with the outcome you should consult with your manager regarding further action.
- Make sure that you have access to up to date departmental information such as social security payment levels – try not to waste time with basic enquiries.
- Be consistent and reliable with your referrals and any case work that requires follow up.

## Reception staff

The receptionist position is a very important one for any agency, especially in an ER agency which provides human services for disadvantaged people. The reception is the first point of contact for the client and will determine how comfortable the client feels about seeking aid and how the client will regard your agency in future.

Working on reception can be one of the most demanding roles within an agency. This will depend on the size of the agency you work for, how busy it is and the number of responsibilities that are included in your job description.

The role of reception staff can include:

- ensuring that people have access to the service;
- assisting clients to feel comfortable in seeking ER;
- organising appointments/waiting room arrangements;
- assessing the needs of clients to special support, or priority assistance;
- advising other staff/management of potentially difficult clients;
- referring clients to other services;
- providing financial/material aid;
- a variety of administrative duties.

One of the most difficult aspects of working at reception is that no matter how the agency is organised (by appointment system or otherwise), your work cannot be meted out evenly over the day. There will be times when five calls are coming in, six people are at the desk and there is a waiting room full of people. At other times you will have plenty of time to assist a single client.

Always be polite and considerate towards your clients. The clients are the reason the service exists and it is always the best policy to show them and all visitors/callers that they are important and deserve respectful treatment.

### Checklist – Reception

The following list provides advice on how to deliver a consistent, quality service to clients in these circumstances.

- Be sensitive to people's feelings and rights.
- Be aware of, and sensitive to, how people feel when seeking ER.
- Remember that people who are seeking ER have the same rights to dignity and privacy that you do. Check the agency's copy of privacy legislation in regards to client information and how it should be stored.
- When asking clients for personal information at reception, or providing financial or material aid such as cash, food parcels or transport tickets keep the following in mind:
  - don't ask any unnecessary questions;
  - keep your voice as quiet and unobtrusive as possible, the client's situation is a matter of confidentiality and not for the information of any other client – be discreet;
  - if other clients are present, request that they take a seat until you can assist them more privately or alternatively move to another area of the desk;

- be sensitive to the particular needs of some clients, for example, people with physical disabilities and communication difficulties.

#### **Checklist – Making clients comfortable in the waiting area**

- Let the clients know how long they are likely to have to wait to be seen.
- Clients with appointments should be told of any anticipated delays on arrival.
- If there is a waiting room full of people and you anticipate a long delay, inform the client of the likely length of the delay and offer clients the opportunity to leave without losing their place as long as they are back by an allotted time. You can record their place in the queue and the time they have agreed to return. This can be particularly helpful if a client is agitated about the delay, or if they have something else they need to attend to. For instance it is very difficult for parents with young children to keep them entertained for a long period. They may be able to take them for a walk, or to a local playground for a break.
- Show the client through to the waiting area and facilities such as coffee/tea making area, toilets, children's toys, reading material, pamphlets and information.
- Suggest to a client who appears upset or distressed that they may like to wait in a more private area such as an interview room. Contact the coordinator. They may need to quickly assess if the client needs immediate help/support.

#### **Know your agency's policies and procedures**

- Be clear about your responsibilities, in particular, what responsibilities you have to the clients themselves and where your role as receptionist finishes and that of the ER worker begins. Be familiar with the agency's policies and procedures, the range of services it provides and the eligibility criteria.
- In short, you need to be able to provide a range of information about how your agency functions, from what days and hours staff work, to where the local bus stop is.
- Develop checklists about your agency's programs for use in providing information on the phone. Have pamphlets on these services ready to hand directly to clients. Have a copy of your agency's resource manual available for easy access.
- Provide every client arriving at reception with a written pamphlet, if available, explaining the ER service of your organisation.

#### **Checklist – How to advise clients of what to expect**

If the client knows about your ER service from a previous visit or a proper referral (where the other agency has explained the procedure in full) you need to:

- Arrange an appropriate time.
- If your agency has a limit to the number of contacts, then check to see if the client meets your 'how often can a client be assisted' criteria. Tell the client if there is any restriction on the amount of aid due to shortage of funds or other reasons.

Sometimes people who ring or arrive at your service, will be seeking general 'help' rather than a specific service or program. They may or may not know what your agency provides and in some cases, people may be too embarrassed to ask for financial aid, even if that is what they need.

If you have already asked how you can be of help and sense the person is struggling to reply, a good practice is to give a brief run down of the types of services you offer and let the person choose the one they think can assist them.

**Checklist – Client Information**

The information you need to give all new clients on this first point of contact is:

- Eligibility restrictions (eg. if local Government area only, unless there are extenuating circumstances).
- Type of financial/material aid that can be provided. This will be dependent on the outcomes of the assessment by the ER worker (cheque, food voucher).
- What other assistance is available to the client [eg. checking to see if client has travel concession if entitled].
- Type of assessment (eg. you will need to answer a few questions about why you need assistance).
- Any requirements the client must provide (Centrelink card, bills for bill payment). If the client meets the criteria, you can arrange a suitable interview time.

If you are just too busy to provide these minimum information requirements, then you can:

- arrange a back up person within the agency to refer the calls to;
- take the person's number and ring them back within 30 minutes;
- ask the person to call back within a designated time.

**Regional and remote providers of ER**

It has long been established that there is generally a lack of support services in regional and rural areas. The added disadvantages for rural people experiencing poverty include lack of short and longer term emergency housing, medical and transport services, to name a few. As ER workers you will experience the added frustration of not always being able to refer clients on to the appropriate services to have their basic needs met.

Inform your supervisor each time this happens, keep case studies, maintain service data and build up a resource of information you may be able to use to advocate for your community. This may not solve the short term needs of your clients but could help your community in the longer term. It could mean the difference between the problems remaining the same or having a negotiating tool to effect change.

## Safety issues and difficult interviews

All staff need to be aware of safety issues and your agency's safety policies and procedures.

- You should know how to recognise and notify other staff or your manager if a client's behaviour seems to you aggressive or difficult and be prepared with strategies to prevent difficult/aggressive behaviour and be aware of options in the event of a serious incident.
- Never handle a cash box in full view of the public.
- Ensure client's privacy is protected (never discuss a client or their personal details with anyone outside the organisation or within the organisation apart from a 'need to know' basis).
- Maintain a sense of humour.
- If in doubt ask your manager.

This discussion is not meant to raise undue alarm about the prevalence of violent incidents in ER agencies as many agencies have had no experience of this, but for those that do, it aims to:

- raise your awareness about the realistic risks involved in direct service delivery;
- suggest appropriate options to adopt in order to reduce those risks to a minimum;
- recommend strategies to consider in the event of such an incident occurring.

### What causes client anger?

When individuals threaten or actually use violence towards a material aid worker, the reasons are usually associated with a build up of frustration about a number of factors. These can include:

- not having enough money to live on;
- anger with a previous agency or Government department;
- poor coordination or referral between agencies (the 'run around');
- poor service delivery strategies in your own agency, eg. long waits in crowded waiting rooms;
- inadequate information to the client about the type of assistance offered by the agency resulting in expectations that can't be met;
- being refused help with their immediate need eg. a worker saying "no" to assisting them with ER;
- the influence of alcohol or drugs;
- hot weather can also contribute to frustration and anger.

Research shows that the incidence of violence associated with people with a mental illness is in fact below that of the general public.

### Safety issues for staff

1. Know and discuss safety policy/procedure. All initial orientation and ongoing training should include advice on the identification, prevention and reduction of violent or aggressive incidents.
2. Have a clear understanding of your agency's safety procedures before you begin direct service provision. However safety issues should be seen as an area of policy where there is ongoing dialogue between managers and staff. Discuss the history of incidents in your agency and the procedures put in place to address them.
3. Discuss any fears that you may have.
4. Always report any aggressive or uncomfortable incident to management.

5. Check your agency's policy regarding future assistance for clients who have become aggressive.
6. Develop a 'code' for communicating discretely with other staff members. This could simply mean that if you are concerned, you ring another member and say something like, "*Jean, it's Jill here, I forgot to give you a telephone message this morning, I've left it at reception*", by which Jean will know to alert management that there may be a problem and come straight to your room on some pretext.
7. Always tell someone that you are interviewing. If you have any advance indications that the client could be difficult you should let another staff member know this. Keep the door open throughout the interview and perhaps arrange for them to pass by your room or even interrupt you during the interview.
8. Reception and other staff should be encouraged to identify clients who initially present as aggressive or agitated and notify the manager or the clients' ER worker in advance. Depending on the extent of the difficult behaviour you could arrange to interview with another worker present or discuss the situation with the coordinator. Together you may decide to refuse to proceed with the interview but give alternative assistance.
9. For future reference and taking responsibility for other workers welfare, if a client has shown volatile behaviour you can put a red sticker on the client card as a code for caution. This allows other workers to be mindful and aware and not inadvertently escalate a situation.

## **Preventative physical environment and arrangements**

### **Check List- For safety and security**

- Does your agency have safety procedures stated in their policy and procedures manual or an alarm system to the front desk? Familiarise yourself with the procedure or alarm system used.
- Your interview room should be set out so that you are always closer to the door than the client, with a clear path to the door.
- Never have anything in your room or in the public area that could easily be used as a weapon (such as scissors or letter opener on the desk).
- Keep the distance between your chair and that of the client beyond physical striking range.
- Wear sensible clothing and footwear. Wear shoes that you can move quickly in case of an emergency. Keep items like neckties, scarves, earrings and necklaces to a minimum or out of reach so they can't be grabbed or pulled in an attack.

### **Conflict prevention and resolution strategies**

1. Acknowledge that in a conflict situation, you can feel uneasy and fearful. Give yourself some positive self-talk, it is important that you and the client perceive that you have 'yourself' and the situation under control.
2. Similarly, be aware of how your client feels. You may be able to very quickly diffuse a situation by identifying the reasons for the client's anger, Eg. if they have been waiting a long time acknowledge this, explain the reasons and assure the client that you can now try to assist them.
3. Be aware of your client's behaviour or any significant changes, Eg. that the client:
  - is becoming tense or agitated;
  - begins to raise his or her voice
  - begins to move abruptly;
  - rises from the chair or begins to pace or bang the table;
  - expresses fear of losing control.

4. Try to develop a relationship with the person rather than just make a cold hard headed assessment. This can be done by:
  - demonstrating empathy and warmth;
  - understanding the problems and barriers created by poverty;
  - giving feedback to the client, acknowledge their feelings and recognise their circumstances to demonstrate that you are listening.
5. Always ring the alarm or use your code call if possible. It is best to have someone on the way even if you have resolved the incident by the time they have arrived.
6. Try to appear calm, using a calm and reassuring voice.
7. Drop your voice level – a raised voice can quickly escalate the emotions of your client into argument.
8. Decide whether to negotiate any further or whether to leave. Choosing whether to negotiate any further or whether to leave is up to you. You know best how the situation is proceeding. Some negotiation techniques you could use are:
  - indicate that you want to listen to the client's point of view and try to understand it, but that you will not do so if they yell at you;
  - indicate that now that you have listened to them they could listen to what you have to say.
9. Repeat calmly and mean it *"I am here to help you"* Do not argue the point if the client is getting loud or more aggressive.
 

Always leave the room if you become frightened at any time. Only return to the room with another staff member. Notify reception or other staff before you return.
10. If you are physically threatened, know where you are going to run to and run away, don't stop or hesitate. If necessary, place obstacles in the way of the pursuant, such as a chair, closed door etc, make a noise and call for help.

### **After a threatening or aggressive incident**

Seek help from your peers or management. Has any danger passed? If not, call the police or take what action is necessary to remove anyone from danger. Check to see if you, the client or anyone else needs medical attention. Your workplace should have a designated, qualified worker with a first aid certificate and a first aid kit. If necessary, call an ambulance or accompany an injured person to a hospital or doctor.

After the initial shock, you may feel that you will be 'all right', however research shows that such incidents can have an impact over an extended period of time. Request debriefing from your management, and if you assess that you are not coping either immediately or even some time after the incident, request further assistance. Get a manager or co worker to assist you in writing a critical incident report.

### **Coping strategies**

#### **Keeping track of your workload**

It is easy to get overwhelmed by the number of things that you have agreed to follow up when you are assisting a number of different people every day. Simple recording methods can help you control your work load, and show you where you need to 'catch up' before you take on more commitments. Keep a work log book beside you and complete in point form throughout your day.

Using a plain notebook or by creating a table in a word document, include:

- Date
- Client ID
- Action taken
- Follow up
- ER service(s) provided (note amount if cash)
- Referral to (if applicable).

Check this at the end of every week to determine the outstanding tasks, and set aside time to follow them up before you begin another week and another set of tasks.

Tasks can usefully be organised according to whether or not they are important and whether or not they are urgent. Often, stress is unnecessarily increased by failing to distinguish between a task that is important (eg acting on permission given by your client further to a referral to another agency), but not urgent, eg your client's appointment isn't for a week.

### **Build some breaks into your day**

Take a few minutes between interviews to clear your mind. 'Time out' is important even (or especially) if your waiting room is full. To be effective you need to be able to separate the problems presented by individual clients. This may mean just a walk to the front desk and a quick word to a fellow worker, or a cup of tea.

You should make sure that you build in a proper morning and afternoon tea break and lunch. If you start to miss out on those breaks, you will find yourself becoming less effective and a candidate for burnout.

### **Debrief at the end of every day**

Some agencies build in time for staff to debrief at the end of every day. This is a chance to have an informal chat about how your day went and any problems you may have had or just to share a relaxed moment together. Even if you don't have this opportunity, you can always have a quick word with a fellow worker.

If some part of your work or a particular case is worrying you, never go home without first talking to your coordinator or a colleague or at least arranging a time to discuss the problem with your coordinator.

Everyone needs to relax and unwind after work and at weekends especially in a job that can be as personally demanding as ER provision. As much as possible, leave your work problems at work.

### **IMPORTANT NOTE FOR VOLUNTEERS**

Never go home after a difficult day without debriefing with your paid or unpaid manager or team leader. They share with you, responsibility for your welfare. If this isn't possible because of the structure of your organization, then it needs addressing and is not a good, safe working environment for anyone.

## **Staff meetings**

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Staff meetings should provide ongoing support in resolving the difficult areas of your work and some positive feedback on how you are going. Ongoing individual supervision can also provide this support. Make sure that you raise any problems that you think need to be addressed. For example, if you had a difficult/potentially aggressive case, were the safety procedures adequate or do they need to be reviewed?

Staff meetings can also be used to introduce workers from specialised agencies and to address policy/planning issues.

They also offer an excellent opportunity for in-house training. The training exercises that are distributed throughout this section could be used as the basis for group discussion.





This Part 3 provides information to:

- those on the executive body of an ER provider organisation;
- those charged with the overall management of the organisation;
- those specifically charged with the management of the ER service and staff.

The information in this section can be used as the basis for the development of the organisation's policies and service practices and as a checklist for the agency's responsibilities.

This section of the Handbook addresses the organisational information needs of a wide diversity of ER agencies across Australia. It is therefore neither a 'measure' of an organisation's success or failure nor a 'blueprint' of how to proceed. It is instead an information resource, which should be used to assist individual agencies to better meet the needs of their clients within their financial and human resource limitations.

## Agency Policies

This Handbook is not intended to provide a comprehensive guide to effective and appropriate community agency management. However, it raises the major issues which need to be taken into consideration by any organisation providing an ER service. References to more detailed information have been provided in the Resources Information sections.

### Philosophy

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A key issue for any agency to be aware of is its philosophy – the beliefs and values on which the organisation is formed. The philosophy affects everything a group does, from why it was first established to the development of its operating policies.

Awareness of the philosophy of an organisation is important for staff and for management as it helps them to know what is expected of them and provides a framework in which to work. Displaying a statement of the organisation's philosophy or mission can provide a reminder of the values that should be reflected in the work of staff and management. Agency philosophy should be discussed during recruitment of all workers.

An example would be where workers are required to work within a particular religious, self-help, consumer or for-profit framework. These broad philosophies of an organisation need to be translated into policies.

## Policies

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A policy is a plan or general guideline for action.

Generally, your agency needs two levels of policies:

- a) a statement about the overall purpose and goals of the service,
- b) specific policies relating to the operation of the organisation.

Your organisation may also need procedures. Procedures provide further step-by-step detailed instructions for workers that elaborate on how specifically the policy should be applied.

### Policy checklist

This checklist provides an overview of areas that must be covered by both (a) broad policy statements and (b) organisational policies. Further organisational policies are discussed in other sections of this chapter.

#### Type A – broad level policies

A statement that clearly sets out the beliefs and values of the organisation.

A constitution or other document that sets out its goals, objectives, aim or mission.

A clear and shared understanding of the principal reasons that people seek ER and the purpose of ER delivery.

Design or adoption of service standards, ways of ensuring these are met and methods of ensuring that the practices of the agency are consistent with these.

Clarity regarding the advocacy role of the organisation and how the ER service interacts with other parts of the service.

How links are maintained with other agencies, peak bodies, and Government departments.

A mechanism for review and evaluation of the organisation including provisions for feedback from the public and other agencies.

#### Type B – organisational policies

Clear policies on how the service is managed and accountability requirements.

Legal requirements of the organisation and staff.

Documented policies and procedures regarding the provision of ER including:

- eligibility criteria and limitations,
- service(s) provided,
- provision of service(s) in the absence of funds.

Expectations of staff including Job Descriptions.

Utilisation of volunteers and the rights and responsibilities of these staff.

Protocols of behaviour in front of clients and co workers.

Complaints mechanisms for clients.

Professional support structures for staff members including staff meetings.

Grievance and disciplinary procedures for staff.

Emergency procedures for dealing with critical incidents.

Policy review procedures.

These two levels of policy are discussed in more detail below:

- a) The policy statement of purpose and goals outlines:
- who the service is there for;
  - what, in a broad sense, the service should offer the clients;
  - which staff are involved;
  - the community the agency will service.

Defining the purpose of the service can raise issues regarding how the service should operate. FaCS has developed a set of Guiding Principles and Service Standards. These principles and guidelines are useful when developing, monitoring and reviewing policies. These are:

### **Access and equity**

Agencies maximise access for all people experiencing financial crisis and ensure equity in the delivery of services.

- The agency distributes ER from accessible settings and at convenient times.
- The agency offers clear and accurate information regarding its services.
- The agency has clear guidelines, and consistent practices for the equitable provision of ER.

### **Client dignity, respect and rights**

Agencies respect and uphold the dignity and rights of each person/family requesting ER.

- The agency responds to each person/family with respect, and in a non judgemental way.
- The agency acknowledges each person's individuality, circumstances and needs, and encourages self-reliance.
- The agency offers clients the opportunity to participate in decision making and choice of assistance, within the capacity of the agency.
- The agency upholds client rights within the ER service.

### **Cultural appropriateness**

Agencies embrace and respond appropriately to cultural diversity.

- The agency is accessible to people from diverse cultural, religious and linguistic backgrounds.
- The agency is sensitive to cultural, linguistic and religious backgrounds and demonstrates respectful, culturally competent practices.

### **Agency environment and culture**

Agencies provide a safe and dignified environment for the provision of ER.

- The agency provides facilities and ways of working which are welcoming and considerate.
- The agency provides for the safety and wellbeing of clients, volunteers and other staff.
- The agency is committed to induction, training, and support for volunteers and other staff.

### **Community relevance and responsiveness**

Agencies are relevant and responsive to the needs of the local/regional community.

- The agency is aware of the needs of people experiencing financial crisis in the local/regional community.
- The agency works in a coordinated and collaborative way with other services in the local/regional area.
- The agency develops and maintains referral and support links with relevant services in the local/regional community.

## Program administration and support

Agencies are accountable, and offer maximum choice and benefit to people requesting ER, within program and budget limitations.

- The agency maintains effective system(s) to distribute ER according to local/regional need.
- The agency demonstrates accountability to clients for services received and the way in which they are provided.
- The agency is accountable to the Government and the local/regional community for funds received and services provided.

These Guiding Principles and Service Standards are available from the ERP Manager in FaCS (in your State/Territory). A workbook is available to assist agencies to develop policies and procedures that are compatible with the *Guiding Principles and Service Standards*. This workbook is an excellent resource to assist your agency to provide the best service possible.

The specific policies relating to the operation of the organisation should be developed in a manner that is consistent with the philosophy and purpose of the organisation and the principles and standards outlined above. The sections to follow are suggested areas that should be covered in your organisation's operational policies. You may wish to develop these in more detail in the form of procedures. Staff who perform duties in line with the policies may be able to assist with the development of these procedures in an instruction or step-by-step format.

The discussion of specific policies throughout this chapter is categorised under the following section headings:

1. Clients' rights
2. Agency responsibilities
3. ER policy
4. Model of service
5. Design issues
6. Advocacy
7. Personnel issues
8. Review of services

The content of these sections contains information regarding areas where policies are required and information to assist Managers to more effectively manage the ER service.

### 1. Clients' rights

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It is important that your agency recognises that clients have rights. In providing ER, the provider has a considerable amount of power because of the resources they have to offer. The client effectively has none, because they desperately require you to give them assistance. Recognition of the basic rights of the client goes some way to balancing that power situation.

The Guidelines and Service Standards provide an excellent guide for the development of policies regarding clients' rights.

Your agency also has a moral obligation to consumers, staff members and the wider community because it is providing a community service. Clients of an organisation have a number of rights, such as the right to safety, quality and accurate information, choice and redress. They have the following rights:

Privacy and confidentiality – files and other information should be:

- kept within the organisation;
- discussed appropriately within the agency;
- subject to the laws of the Australian Government.

(Privacy and Confidentiality is discussed in more detail below).

### **Quality services**

Services must be effective and have the best interests of the client as their primary purpose. This would be evident in an agency by:

- commitment to consumer feedback;
- strategic planning;
- external evaluation;
- research on clients' needs;
- establishing service standards;
- staff training and development.

Information – clients need to know and understand:

- what the service does and is able to offer;
- eligibility criteria;
- what other services are available;
- their rights as a client;
- privacy and confidentiality policies;
- complaint procedures.

### **Self determination**

Clients must be able to make informed decisions about further services they may require and choose whether to pursue this. At all times a worker should only act on behalf of a client at that client's request.

### **Respect and dignity**

All clients have a right to be treated politely, to be treated with empathy and to have information communicated to them clearly and responsively.

### **Complaints and redress**

Clients have a right to complain about the service they receive and mechanisms should be in place within the agency to ensure this can occur. Clients' views on a service should be taken into consideration, with complaints properly investigated, and if appropriate, remedied without prejudice to the client.

## Privacy and confidentiality

Maintaining privacy and confidentiality is essential to any agency that provides ER. Not only does it demonstrate respect for the individual client, it emphasises the professionalism of the work done and places ER within the professionalism of the welfare sector.

Many people assume that protecting privacy is the same as keeping personal information confidential. But protecting privacy also means respecting a client's wishes not to disclose information and to only collect relevant facts. It is essential to fully explain to the client why the information is required and who shall be privy to it. Most importantly, it is about giving the individual as much control as possible concerning what information is disclosed, what happens to it, how to gain access to it and how to correct it if it is wrong.

Apart from the moral and ethical reasons for protecting privacy, there are also legal reasons why ER agencies need to put into place practices that protect an individual's privacy. The Federal Privacy Act 1988 was amended in 2001 and many large organisations or those with Australian Government contracts are now required to abide by the National Privacy Principles (NPPs). In addition some State/Territory government have privacy policies that you may need to comply with. Part 2 of this Handbook includes details of the NSW privacy laws. The 10 Principles of the Federal Act relate to:

1. Collection
2. Use and disclosure
3. Data quality
4. Data security
5. Openness
6. Access and correction
7. Identifiers
8. Anonymity
9. Transborder data flows
10. Sensitive information.

Essentially, the NPPs provide guidance and direction regarding the collection, storage, use and release of information regarding individuals including clients. For further information you can contact the Office of The Federal Privacy Commissioner on 1300 363 992.

## When the personal information is collected

Agencies should collect personal information only if it is relevant and absolutely necessary. Clients may wish to talk about many personal and sensitive matters in the interview when seeking assistance, but care should be taken not to ask questions about or record irrelevant personal details.

- Agencies should ensure that the questions needed for their files do not encourage clients to give information that is not relevant.
- If keeping copies of documents that a client gives to them, agencies should note only the information they require for the assessment or to assist the client further.
- ER workers must not mislead or use pressure to gain information. Examples of undue pressure are: visiting a person's home at unreasonable hours; asking a person many times for details; or asking for information in ways that may embarrass a person.

Personal information should not be collected in an intrusive way. This means care must be taken about what questions are asked as well as how they are asked.

Clients are particularly likely to consider questions about their medical history, relationships, sexual preferences, personal finances and religious and philosophical beliefs, sensitive and intrusive.

To avoid unfair collection, and to ensure that clients are fully aware of what is happening with their personal information, agencies should tell the person:

1. Why they are collecting it.
2. That it will not be passed on to anyone without their permission.
3. Where it will be kept and for how long.

### **Security and confidentiality**

Agencies should guard personal information against:

- loss;
- unauthorised access, use, modification;
- disclosure and other misuse.

The physical layout of the premises should protect information. For example :

- not mentioning client's names on the telephone or to anyone else when other people (especially other clients) are in the room;
- not leaving client records/files where they can be seen, including computer screens and fax machines;
- not reading any client files that the staff member is not required to see in order to carry out their work;
- not discussing cases with colleagues (in an unprofessional sense) or friends;
- ensuring all records are locked away in a secure (locked) place;
- ensuring computer security procedures are set in place, such as passwords or screen savers.

These situations do not preclude co workers being briefed as required on special measures or matters of which they should be aware in connection with a client's case in order to deal with a situation appropriately.

Staff practices outside the office and outside working hours should also protect the client's privacy. Client information should not be revealed in, for example, attempts to impress other people about the importance of ER work, especially on a social basis. Or in pouring out the client's problems to the first available person because of your need for support and sympathy over a difficult situation.

### **Disclosure of information**

Personal information should not be disclosed to anyone unless the person consents. Exceptions could occur where:

- the person was told when the information was collected that the disclosure would/could occur;
- the disclosure is necessary in order to prevent or lessen a serious threat to their life or health or that of another person;
- the disclosure is required and authorised by law.

As a general rule, nothing learned from clients, including that the visit took place, should be passed on to anyone without the client's permission, even if the person asking is a family member.

Requests for information from police, the courts and other organisations should be supported by evidence of their legal authority to require that the information is provided to them, i.e. a letter or court order.

Referrals should not be made on a client's behalf without the client's knowledge.

Discussion about a client with a worker from another agency who is also working with that client is inappropriate, unless special co-ordinated care arrangements have been set in place with the client's permission.

If an extreme situation arises where disclosure could occur without the client's prior knowledge or permission, discussion with management about the extenuating circumstances must occur. A record should be kept of the circumstances and of the disclosure.

### **Access by clients to their information**

Agencies should have policies and procedures in place whereby clients can access their personal information held by that agency, and if need be, to correct it.

Agencies should develop policies and procedures that protect privacy in accordance with these standards. It is essential that staff are trained in what is expected of them, and that finally, some kind of complaint/handling arrangements are put in place so that clients can approach the organisation if they feel their privacy has not been protected.

Whether your agency is legally obliged to abide by the Privacy Act or not, the NPP's provide an appropriate framework for your agency policy in relation to these issues.

## **2. Agency responsibilities**

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Organisations also have a number of responsibilities to ensure:

- The provision of an effective and efficient service.
- Maintenance of financial accountability.
- All relevant laws are abided by and conformed with.
- The needs of clients are met either by this agency or another.
- The needs of paid and unpaid staff are met.
- The accountability requirements of funding bodies as set out in guidelines and funding arrangements are met.
- The premises, facilities and physical resources are provided and maintained so that services can be delivered properly and safety.

### **Financial responsibilities**

As an organisation, which receives funding from the Government (FaCS and or any other funding body), you have a number of financial responsibilities. The following information will provide assistance in meeting these obligations.

The financial responsibilities of an organisation consist of:

- identifying the resources needed for the operation of the organisation;
- planning a funding strategy;
- developing budgets and monitoring systems to ensure the organisation stays within the budget;
- ensuring bookkeeping, accounting and auditing is done;
- monitoring income and expenditure;
- managing the cash flow and making best use of available money;
- reporting to funders, consumers, members and the community.

Financial management is more than just establishing accounting and bookkeeping procedures – it involves overseeing the agency's funds, determining how to spend them in the most effective manner and using financial information to make decisions about future activities.

The components of financial management are:

- Planning: preparing budgets.
- Accounting: recording what is received and how it is spent.
- Monitoring: the bank balance, assets, debts.
- Reviewing: analysing financial data to make decisions about future activities.

The basic questions relating to an agency's financial position are:

- How much money does the agency normally hold in its bank account?
- How much does the agency spend each year?
- How much are the administration costs each year?
- What are the main sources of income?
- What has to be done to receive that income?
- Does the agency run at a surplus/deficit each year?
- What has the surplus/deficit been for the past few years?
- What assets are owned and what are they worth?
- What are the current debts and borrowings?
- Will the agency be able to continue as a viable entity at current expenditure levels?
- Is more income needed or less expense required to ensure that the agency is financially viable?

Questions regarding the operation of the organisation:

- What is the budget for the year's activities?
- How does financial performance this year compare with the budget?
- How do this year's financial results compare with those of last year or previous years?
- Are payments and banking receipts verified?
- Are wages prepared correctly?

Agencies that receive ER funds through the ERP are required to submit financial acquittal documents regarding the expenditure of these funds.

Payments are made to participating agencies through the State/Territory offices of the FaCS. Normally two payments are made each financial year. The first is in July (5/12s of the allocation) and the second is in December (7/12s of the allocation) on receipt of the previous financial year's acquittal. Please contact your State/Territory office of FaCS for further information.

### **Legal responsibilities**

The executive body of your organisation is responsible for meeting the legal requirements of a range of Australian Government laws and regulations. This will include ensuring that the organisation:

- stays within its powers as written in the Constitution/rules/memorandum and Articles of Association;
- follows its rules (eg. holding an Annual General Meeting, electing required office bearers);
- fulfils its obligations of incorporation (eg. forwarding annual returns to the appropriate authorities);
- has adequate and current insurance coverage.

The executive body of the organisation must also meet the requirements of Acts of Parliament which affect the operation of the organisation, for example:

- incorporation;
- insurance;
- employer legal responsibilities, including leave requirements, equal opportunity and occupational health and safety;
- tax deductibility, tax exemptions and concessions;
- permits and licences, eg. for buildings and fund raising;
- publishing, including copyright and defamation;
- freedom of information law.

### **Legal liability**

Members of the management group also have some personal liabilities and are legally required to:

- act honestly and in the best interests of your organisation;
- act with reasonable care and diligence;
- not make improper use of information you gain;
- not make improper use of your position.

### **Legal status**

Incorporation of an organisation limits the liability of the people involved with it. Companies, cooperatives and associations all have limited liability which means that the organisation then has corporate status – it has a separate legal existence from that of its members. The organisation can own property, receive money, employ workers, sue and be sued in its own name.

There are primarily three types of legal structures which are suitable for community groups: associations, cooperatives and companies. The type of structure which a group chooses depends upon its aims and objectives and further advice on the suitability of each structure should be sought through your Council of Social Service or the Corporate Affairs/Fair Trading Department of your State or the Australian Securities and Investments Commission.

## Records

All organisations are responsible for keeping a range of legal records, the majority of which must be kept for seven years. They include:

- copies of your lease or certificate of title;
- all incorporation documents;
- financial documentation;
- any income tax returns and correspondence;
- documents about tax deductibility, exemptions or concessions from rates, other levies or duties;
- any permits, licences and correspondence about them;
- copies of insurance policies;
- accident/injury register which lists anything which might result in an insurance claim.

## Anti discrimination laws

Discrimination occurs where a person is treated or receives treatment in a less favourable manner due to their perceived or actual status in relation to:

- gender;
- marital status (married, single, divorced, widowed, de facto);
- impairment (physical, psychological or intellectual disability);
- race (colour, nationality, CALD origin);
- being pregnant or a parent;
- sexuality;
- religious or political belief.

It should be noted that it is not discriminatory to treat someone more favourably because of their status. For example, providing a greater level of assistance to a pregnant woman with children.

Anti discrimination laws, both Federal and State/Territory, make it unlawful to discriminate against a person. Discrimination is against the law in the following areas:

- Employment
- Education
- Goods and services
- Accommodation
- Club membership
- Partnerships
- Professional and other organisational membership
- Qualifying bodies
- Sport – on the grounds of disability.

A person who believes they have been discriminated against can complain in writing to the anti discrimination agency in your state. This office registers the complaint, investigates it and attempts to settle it. If a complaint cannot be settled it is referred to the Equal Opportunity Board for a public hearing. The Board has the power to order the discriminator to:

- refrain from further acts of discrimination;
- pay compensation;
- do anything else necessary to redress the loss, damage or injury caused by the discrimination.

For more information contact the Equal Opportunity Commission in your State or Territory.

### **Human Rights and Equal Opportunity Commission (HREOC)**

The Human Rights and Equal Opportunity Commission is a national independent statutory Government body, established in 1986 by an Act of the Federal Parliament, the Human Rights and Equal Opportunity Commission Act.

The Human Rights and Equal Opportunity Act 1986 allows for the investigation of any situation which is not consistent with Australia's commitment to the following international treaties:

- United Nations Covenant on Civil and Political Rights
- Declaration of the Rights of the Child
- Declaration of the Rights of the Mentally Retarded
- Declaration of the Rights of Disabled Persons

Refer to the State/Territory Resource Information section for contact details of your local HREOC office.

### **Freedom of Information (FOI) legislation**

FOI laws relate to Australian Government Departments and entities and provide a legal right to:

- access unpublished Government information;
- force the Government to publish information about themselves;
- insist that personal information held is accurate.

These laws can be used to appeal decisions based on incorrect information or on poor interpretations of the real situation. They cover the majority of Government authorities and organisations.

### **The Federal Privacy Act**

The Privacy Act is discussed in detail in the section related to privacy and confidentiality above. Australian Government Departments, large corporations, and many organisations are legally obliged to abide by these laws.

### **Insurance**

Adequate insurance is an essential requirement for any community organisation. The following provides an outline of the general types of insurance which all organisations should have. Further information regarding the specific insurance requirements of your organisation should be sought.

#### **Public liability insurance**

This is mandatory for associations and absolutely essential for any community group which has contact with the public. This form of insurance indemnifies an organisation for any amounts it is legally liable to pay as a result of bodily injury or property damage as a result of an occurrence in connection with their 'business'.

### **Product liability Insurance**

If you provide goods such as electronic equipment or furniture you may require product liability insurance in addition to public liability coverage.

### **Workers compensation insurance**

Workers compensation insurance is compulsory.

Each State and Territory has workers compensation legislation which provides coverage for injuries an employee may get while undertaking their normal duties.

For further information contact your State or Territory WorkCover Authority.

### **Volunteer workers personal accident insurance**

Unpaid workers are not covered by general workers compensation insurance. Special insurance is required to cover unpaid workers in the event of an accident during the course of their work.

Volunteer Personal Accident insurance provides:

- Capital Benefits (Death and Disablement) cover.
- Weekly Benefits for Volunteers who are engaged in paid employment.
- Medical and other benefits depending on the injury.

This is an important cover, particularly where volunteers form a significant part of the organisation's business.

Policies may have restrictions depending on a volunteer's age, the activities they are engaged in and any pre existing conditions they may have.

### **Comprehensive motor vehicle insurance**

This provides coverage for any damage which is caused to someone else's vehicle or property and damage to your own vehicle. Volunteer Workers Personal Accident Insurance does not cover volunteer's cars. Unpaid workers should be advised to take out comprehensive motor vehicle insurance if they are using their car in the course of their duties. Organisations should decide if they want to contribute to the cost of this insurance if use of a personal car is required for duties.

### **Business/office insurance**

Will often cover losses incurred in the following areas:

- Fire and perils (material loss)
- Business interruption – financial loss following a claim
- Burglary
- Money
- Machinery breakdown
- Electronic equipment breakdown
- Fidelity guarantee – embezzlement of money/property
- Plate glass
- General property – covers any items taken away from your premises.

### **Professional indemnity insurance**

This covers an organisation for negligence on the part of paid and unpaid workers. It relates specifically to your responsibility to provide accurate information and good advice. An organisation which gives advice to members of the public could find itself liable if injury, damage or financial loss results from that advice being incorrect, even if that information was provided free of charge or by an unpaid worker.

### **Office bearers insurance**

This form of insurance covers the members of the Management Committee or Board in relation to action that could be taken against them in a number of areas.

### **Using an insurance broker**

Ensuring that your agency has the right type and amount of insurance is essential. Often package deals are available that can save money. A qualified and registered Insurance Broker may be able to assist your organisation with securing the most appropriate and affordable insurance.

### **Risk management**

It is essential that your organisation has a method of assessing and removing or managing risk factors. It is not enough to simply have insurance cover and then operate a negligent service. If your organisation has not managed the risk appropriately and is sued you may find that the Insurance company refuses to continue to cover your organisation and you will definitely find that your premiums increase.

## **3. ER Policy**

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### **Who to assist**

The primary purpose of any ER agency is to provide an effective, equitable and accessible service for any person who requires it. Services need to ensure that the overall need for ER in a region is met in the most efficient way.

Agencies therefore need to do the following:

- Access any additional skills, eg. multi lingual staff, links with specific programs within the agency such as youth housing.
- Meet with services within their region to discuss their specialist skills with a view to developing effective coordination of service delivery.
- Consider and reassess regularly the social and economic profile of your area, eg. type of housing available – large public housing estates; special services which are available in the area, eg. psychiatric rehabilitation, migrant hostel; and changes which alter the profile of need, eg. closure of large factory.
- Regularly assess the gaps in service provision within the network of ER providers. At your local ER network meeting exchange data and information on changes in demand patterns in your agency.

Such an evidence-based approach to service development may, in some instances, lead to provision of services that focus on a particular group. Exclusive specialisation in services for particular groups should be decided upon in the context of community needs for all groups and the requirements of funding providers. However agencies should not restrict access to their services to any particular client group. In some circumstances, it may be more appropriate to refer the client to another service, however, if no such service is available, assistance should be provided.

## Types of aid

There are five basic ways in which financial and material aid are provided:

1. Cash – either direct or in the form of a cash cheque. (Arrangements can be made to cash the cheque at a nearby bank).
2. Bill payment – bills paid by cheque direct to a creditor on behalf of client.
3. Food voucher – arranged with local supermarket.
4. Food – usually in the form of a food parcel.
5. Goods – such as clothing, manchester, household items, furniture and whitegoods.

FaCS prefers funding provided through the ERP to be distributed as cash/cheque or food voucher. It should be noted that the Department's Grant Conditions place limitations on the proportion of the funds that they provide that can be used for "in kind" (food and goods) assistance.

Your agency may distribute financial aid only or a combination of any of the five types of aid, which may have come from the following sources:

- the FaCS website at [www.facs.gov.au](http://www.facs.gov.au);
- State, local government (Court Funds – Victoria only, Lotterywest – WA only);
- donations from business, community organisations and charities and the public.

FaCS believes that the principles of client dignity, choice and equity are optimised through the use of cash (including cheques), payment of bills, and vouchers for goods or services. These types of aid are therefore the preferred options for the distribution of ERP funds.

The type of aid you provide and how it is provided can either:

- ensure the client's dignity and self worth, reinforcing your agency's work in ER; or
- provide negative messages that reinforce the client's view that they are hopeless or cannot cope, which is inconsistent with your agency's overall aims and objectives.

It is important in assessing the type of aid your agency distributes to:

- Ensure that the available aid provides the maximum benefits to address the needs of clients.
- Ensure the primary principles of dignity, choice and access for the client in each type of assistance you provide.
- Consider the 'mix' of aid available in your local area or region. For instance, are all agencies in your area providing food vouchers or food parcels only? If so, there will be a large number of clients whose primary needs for money will not be met.

The following advantages and disadvantages should also be taken into consideration when determining the type of aid to provide.

## Cash

Cash provides the client with the optimum choice in prioritising how they will address their most pressing needs.

Choice is limited by the amount of cash available and your agency's policy on levels of assistance. Obviously, \$10 will not provide the client with much choice if their primary need is \$70 for rent.

Those agencies funded by FaCS have the option of providing cash directly or in the form of cash cheques.

There is a safety risk in providing cash to clients. If you have safety concerns regarding the distribution of cash in your agency, you can arrange with a local bank to have cheques cashed.

Some agencies may be concerned that they lose control of the use of the funds by providing cash directly to a client. This desire for control should be measured against the obligation of the agency to maintain the dignity of the client.

### **Bill payment**

Bill payment allows clients some capacity to prioritise their debts. It can also be used as a negotiation tool with a creditor and as the start up funds for a repayment plan.

Paying a bill directly to the client's creditor reduces the client's involvement with attending to their own debts.

Because bills are paid by an agency cheque, clients could be embarrassed, especially if the creditor is someone with whom the client has an ongoing relationship, such as a doctor, dentist or real estate agent.

### **Food voucher**

The use of food vouchers alone limits the type of assistance available to meet the client's needs, eg. no matter what the client's primary financial need is, the agency can only give food.

Vouchers do limit the client's choice about the types of foodstuffs and necessary household items available from a supermarket.

Supermarkets are not necessarily the cheapest places to shop for food, nor do they always cater to specific dietary tastes, particularly of CALD clients, who may prefer or need to buy their food from markets or special food suppliers.

When arranging food vouchers with a local supplier you should confer with the management regarding the sensitivity of checkout staff to the dignity and privacy of clients in honouring vouchers. It is commonly reported that supermarket staff can be quite insensitive to clients' feelings when presenting vouchers at checkouts, eg. calling out "another welfare one over here", or "what's this?" Some clients are unable to cope with this embarrassment and would rather go without the aid than suffer the indignity of public humiliation.

Agencies utilising food vouchers should endeavour to purchase gift vouchers from a supermarket as opposed to vouchers that identify the client as a client of your service.

Some agencies place limitations on the use of food vouchers. The agency must weigh up their need for control over the use of the voucher with their responsibility to maximise the dignity of the client.

### **Food items or parcels**

Appropriate food parcels can be of immediate assistance to people in need, eg. to feed hungry children whilst more permanent assistance is arranged.

Food parcels can be used where the agency is unable to provide an ER interview on the same day. However, food parcels allow limited dignity to the client and may not address their primary needs.

Where the agency has adequate storage space and staffing, client choice can be maximised by allowing clients to self select their food parcel.

It is difficult to provide for the range of dietary needs/preferences, especially for people with food allergies, or needing food with low sugar/fat content or CALD clients with specific dietary needs.

Some States have a Foodbank service where donations of food are collected at a central point and distributed to agencies either free of charge or for a small fee.

**Checklist for Agencies providing food parcels**

Use hygienic storage space and containers for dried/canned goods.

Use freezer or refrigeration for frozen or short life products.

Ensure appropriate food handling procedures, i.e. disposable plastic gloves for repackaging foodstuffs, basins for hand washing, sinks for utensils.

Do not distribute food, which is past its 'use by' date, or fresh food which is 'off'. (distributing food outside use by date or that has perished presents a potentially serious legal liability for your agency. State legislation may vary with regard to this issue).

Contact your state 'Food Bank' for supplies and information on food distribution.

Consider the particular needs of:

- people with limited cooking opportunities, eg. homeless young people, people who live in boarding houses;
- people with dietary needs or preferences;
- children/babies.

Include adequate amounts and types of food for two to three nutritious meals if packaging a food parcel.

Where possible, allow the client to self select the food parcel or indicate preferences on a list of the available foodstuffs.

Try to have personal hygiene items in stock i.e. disposable nappies, tampons. An example of an adequate food parcel could include:

- pasta
- pasta sauce
- breakfast cereal
- long life milk
- tea/coffee
- dried biscuits
- cheese
- sardines/tuna
- can of soup
- sugar.

**Clothing**

As a type of aid, clothing provides goods which the client may not otherwise be able to obtain. However, the provision of aid through clothing alone may not address the primary needs of the client.

Clothing should be of an adequate quality to ensure client dignity.

To provide clothing as a form of ER, your agency needs adequate resources for cleaning, sorting and display.

This form of assistance is difficult for a smaller agency to organise.

### **Household goods**

Household goods can range from manchester items through to kitchen utensils or larger items, such as beds, lounge furniture or white goods.

Goods, such as furniture and white goods, are generally very expensive items which the client may otherwise not be able to afford. They should be of an adequate quality to ensure client dignity.

Goods can be difficult to organise for a smaller agency and require storage space. They also have high associated transport costs and there is potential liability for malfunctions causing an accident.

### **Providing a variety of assistance**

Agencies can also consider providing a variety of assistance.

If your agency receives donations of food and goods, then you could consider providing a mix of aid. You may provide food or goods in addition to the financial aid or instead of financial aid, if the client particularly requests it, clothing or furniture.

For example, a client may need a couch, bed or fridge. While it may be impossible to help them to the extent that they need financially to purchase new goods, you or another agency may be able to provide second-hand goods in kind.

You should also consider the types of aid provided by other agencies in your area and endeavour to ensure that your service is complementary.

### **Amounts of aid**

The dilemma which faces all agencies providing ER is that the available funds and other resources are never enough to meet the need. Demand always exceeds supply and agencies need to think about whether they provide “more to less” or “less to more”.

Essentially this results in some agencies rationing their aid, by setting a recommended amount per client (and number of dependants). This may be based on the anticipated number of clients which is calculated on demand in past years. The agency therefore rations the funds so that they will ‘last’ until the next funding round or their budget is expended. The disadvantage to this model is that the amount of aid may be so low per individual client as to render it totally ineffective in addressing the client’s need, or making any difference to their circumstances. For example, an increase in demand could see an agency reduce its rate of assistance from \$30 per client to \$10.

Alternatively, the agency may decide to distribute the ER based on client need (within a maximum limit) until the funds have run out. The disadvantage with this method is that although a number of clients may have been assisted in an effective way, and their primary needs may have been addressed, there may be significant periods of time where the agency has no funds available to assist clients.

Some agencies set weekly budget limits for distribution. Within this weekly limit, the worker/s is given responsibility on how much to distribute per client.

This method appears to work very well, particularly when there is a constant worker or workers who are aware of their budgetary constraints. It also allows the worker the option of assisting higher need clients while maintaining the organisation’s ER budget.

The agency should develop policy guidelines which ER workers must keep to.

## **Making a difference**

In the early 90s, the then Department of Health, Housing, Local Government and Community Services provided funding to the Salvation Army to conduct a pilot project into poverty. The project trialed new procedures aimed at helping people move out of the 'poverty cycle' through:

- the provision of higher amounts of financial assistance per client;
- closer linking of the client to educational support/personal development resources;
- the provision of additional accommodation support services to enable people to become independent.

The results confirmed that increased levels of resourcing and improved service links resulted in positive outcomes for clients. For example:

- ER paid for education expenses for a single mother to begin training towards a nursing degree.
- ER was used to pay for equipment for a lawn-mower to help an unemployed painter to start his own gardening/maintenance business.
- ER was used to pay for major repairs to a car to enable a mother to continue to work.

Increased funding to this project provided the stimulus for a 'creative' or problem solving approach in the strategies that were developed to assist people.

Most agencies find the funding limitations for such an approach prohibitive. However, the project stands as an example of how ER funds can be used to solve core or causal problems and contribute to more effective outcomes for the client.

## **How often to provide assistance**

It is unlikely that the financial problems of low income clients will be solved by a one off payment.

To determine a policy on how often to assist clients you should assess:

- the 'needs' profile of your agency;
- your local area;
- existing ER services in your local network.

Your agency needs to take into account:

- your budgetary constraints;
- the total range of services you provide;
- the 'needs' profile of your local area;
- the impact of this policy on your other services, eg. you may provide an open door policy for some support services such as counselling and yet limit the number of times ER is made available.

A 'mix' of ER support or limits to the amount of support available may be more appropriate than limiting the number of times clients can be assisted.

If you decide to limit the number of times clients can be assisted, eg. three times per year or six times per year, this should be made clear to the client in explaining how the service works. For example, it may take three visits to assist one client through a crisis or the client may experience three separate crises over a given period. What is your agency's policy in these situations? Clients should not be arbitrarily refused services without prior notice that this is the policy.

Your agency could also decide to assess requests for further aid on an individual basis.

For example, your ER worker has assisted a client, Mary, in working out her budget. Mary has a weekly budget shortfall of \$20 because of her high rental costs and is on a waiting list for public housing. Your agency may decide to assist Mary on a fortnightly basis until further accommodation can be found.

It is important that clients take action to address their problems (eg. through financial counselling where available) rather than developing a dependency on the service as a regular income supplement. It is also important that the client knows when and for how long you will be providing aid and the difference between the role of ER and income security in providing long term support and assistance.

### **Service delivery in the absence of funds**

It is important that your service continues to assist people when you run out of funds. In the absence of funds you should:

- Notify other agencies in the area so that they know not to refer clients to you for financial aid. You can also discuss referral arrangements if you need to refer clients to their services.
- Notify clients about the temporary lack of funds when making appointments by phone or in person and then indicate what your service can offer. It is a good idea to put a notice at the agency entrance to this effect, however you should avoid closing your office, particularly if you are able to provide an advocacy or referral service.

You can still offer the following services to clients:

- proper referral of clients to other services in the area for financial or material aid;
- checking that clients are receiving all their entitlements and available concessions;
- basic budgeting, negotiation of small debts;
- advocacy on behalf of the client (with the client's permission);
- provision of information about other services and resources (eg. accommodation, financial counselling).

### **Publicity and public relations**

The aim of publicity and public relations is to raise awareness and foster understanding about the organisation, its aims, services and achievements, and to project a good image of your organisation which enables you to continue providing effective services. Basically, you need to tell people:

- who you are;
- where you are;
- what you do;
- why and how you do it.

The credibility of the organisation with clients, funding bodies and the wider community will depend upon how well this is done. Examples of publicity and public relations include:

- circulation of pamphlets and annual reports;
- speaking engagements at other agencies;
- media release to local newspapers, radio programs, daily newspapers.

Promoting your organisation should be a regular part of its activities and not confined to crisis periods or in response to threats, for example, loss of funding or a change of Government priorities.

## Networking for managers

Networking and coordinating with other service providers in your area offers many advantages to the clients you serve, your staff and your agency itself. These include:

- shared knowledge about resources;
- cooperative referral arrangements;
- coordinated services;
- comprehensive service provision resulting in positive outcomes for your clients;
- reducing the need for staff to take on responsibilities for which they have not been adequately trained;
- less 'run around' for clients;
- saving time in locating appropriate services for client referrals;
- providing benefits from the informal support networks that result from meeting with other workers;
- increasing the knowledge base and practice skills of all ER workers, but especially those that may be new to the work area;
- better data.

A clear understanding of local resources and how to use them means staff can be more effective in the services they can offer their clients.

Networking can also be beneficial to your agency as a whole, building good working relations between service providers. Most often, philosophical and practice differences between agencies are minimised by increased knowledge and a concentration on the issues shared by agencies, such as their concern for people in poverty or experiencing disadvantage. There are benefits for your agency in involving both workers and managers in the networking process.

Coordination is also an effective planning tool. It can assist your agency to identify service gaps and plan future programs to address priority needs in the area.

## Networking process

Networking can improve service delivery in a number of ways, however the development of coordination cannot be achieved instantaneously. It is more likely to succeed where the trust and cooperation of agencies is allowed to build up gradually. There are four stages to this process.

### 1. Sharing information

Information about the different services provided by the member agencies (including referral requirements) should be exchanged regularly. This provides the basis for:

- discussion of local issues, such as the rise in youth homelessness;
- identifying problems such as the lack of 'out of hours' provision of services;
- liaison with other services or Government departments to exchange information.

### 2. Coordination

Agencies working together and sharing resources, such as:

- arranging changes to agency hours to ensure that ER services are available in the area over the full week;
- sharing excess food donations between agencies;
- working together to provide Christmas hampers;
- approaching local businesses for concessions and gift vouchers.

### 3. Policy development and planning

Identifying service gaps and planning new programs, such as:

- the development of joint policy guidelines;
- setting up a strategy to address the needs of a particular target group, eg. homeless young people;
- arranging shared ER rosters between agencies;
- the development of shared training programs.

### 4. Joint research and advocacy

The development of shared or complementary data collection and research to:

- identify local demand for ER;
- develop appropriate policies and services;
- jointly advocate for change, eg. for changes in the allocation of Government funding to public housing in the area, for an increase in recreational facilities, for more childcare places or for an increase in funds to particularly disadvantaged groups.

## **How to network**

There are a number of networking options available. Your agency could:

- Link into a local or regional ER committee.
- Ensure that ER becomes a regular item on the agenda of an existing welfare/community services committee. This applies particularly to services in rural and regional centres, where there may be fewer services and a greater overlap of welfare provision.

Establish an ER committee by calling all the relevant services together or approach a neutral body such as the local government to organise an inaugural meeting. It can often help to get the ball rolling if the committee is not seen as being aligned to one particular agency. These networks may already exist in some areas and your agency can easily tap into these networks. The COSS in your State/Territory should be able to provide you with information regarding networks that exist for ER agencies.

Agencies should consult with the existing community service providers in the area. Their knowledge of the area and the needs of the community can be invaluable in the planning process (i.e. in determining target groups or types of assistance).

## **Who should represent your agency**

There should be a mix of managers and workers on ER committees to ensure the development of:

- good working relationships between service delivery staff;
- ongoing commitment to cooperation;
- report back arrangements for all staff, which should be put in place at a staff meeting.

## **How to develop a material aid agency profile**

A quick way to prepare a comprehensive financial and material aid agency profile for your area is to use an information pro forma. Someone then needs to take responsibility for collecting them, organising the information into subject headings and reproducing enough copies for committee members.

You can further expand the information, by circulating the sheet to other community agencies in your area, for their details (they should also receive a copy of the finished profile). A sample information sheet follows.

**Material Aid Agency Profile Pro Forma**

Name of organisation

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Address

---

Tel. no.

Fax no.

---

Hours of opening

---

Service is closed on (i.e. weekends, public hol.)

---

Identification required

---

Eligibility (eg. local gov. area only)

---

Appointments

---

Type of assistance given (eg. material aid, referrals)

---

---

---

Other services offered by agency (financial counselling, housing)

---

Preferred referral arrangements

---

---

Who to contact

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## How to develop a resource manual

Information is a vital tool for your workers in assisting clients and for improving access to services. Ideally, the resource facilities for an ER service should include up to date, accurate information in these key areas:

1. Australian Government benefits, allowances and programs.
2. State/Territory Government programs, services and concessions.
3. Local Government services and concessions.
2. Non government community services (check to see if your State Council of Social Service has Directory information)
3. Local information including maps, transport timetables and other local information.

(See the National Resource Information section of this Handbook, for Government allowances and programs.)

Check to see whether your local government has an adequate local resource guide. If there are no existing resources, ensure a local strategy is adopted to adequately address the resource information needs of your area. It may not be necessary for your agency to compile the resource directory alone. This could be done cooperatively between agencies or with local Government.

The agency should provide a resource file for each worker when assisting clients.

Place all relevant publications into an accessible 'resource' area or, if available, a library.

Allocate responsibilities for establishing and maintaining the resource files, publications and public information display for the agency.

Train staff in how to access the information resources and in how to update and expand them.

Filing of the agency's resource system should:

- be alphabetical;
- maintain a consistent system of recording information;
- keep a master list of subject headings which will need to be updated;
- keep a step by step record of how the system works.

The resource file should have two components:

- A subject file. A loose-leaf binder is ideal with each page in a plastic cover.
- An agency file. Include alphabetical listing of the agencies, departments and services listed in the subject file. This can be on a card system or included in a separate section of the resource file with alphabetical dividers. If you have computer facilities available then the resource file option is much easier to update.

### Resource file sample headings

Both the subject file and the library material can be organised under the same subject headings. The following is a list of sample headings:

- Aboriginal agencies/services
- Aged services
- Centrelink Information
- Child services
- Community services
- Community resources
- Consumer affairs
- Local directory
- Disability services
- Drugs/alcohol
- Education/training
- Employment
- Emergency Relief
- Emergency services
- English language courses
- Equal opportunity
- Culturally and Linguistically Diverse agencies/services
- Family violence
- Financial Counselling
- Government Departments
- Guardianship
- Health
- Housing
- Immigration
- Information/referral services
- Interpreters
- Legal services
- Local information
- Men's services
- Retrenchment
- Self help groups
- Sexual assault
- Taxation
- Transport
- Traveller's aid
- Veterans' affairs
- Volunteering
- Women's services
- Workers Compensation
- Youth services

### Public information display

Your waiting room can be an information resource for your clients. All Government departments and most large organisations issue pamphlets and posters.

Local information about self help groups can also be a very useful resource. Contact your Citizens Advice Bureau, local Government, local neighbourhood centre, community services department or community health centre. They usually have comprehensive information about local groups. You may need to purchase display stands or wall holders. Remember to make the information at an accessible height for people in wheelchairs or with sight disabilities. Also keep in mind LARGE print material and pictorial messages.

## 4. Model of service

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What model of service should we use?

The available physical, financial and human resources will largely determine the model of service you use. The most important thing is that the service offered maximises the access and dignity of the clients it assists.

There are a range of options for assessing client need and the type and amount of financial or material aid to be provided as well as additional services which can be offered.

The issues below need to be taken into consideration when determining your model.

### Interviews

Interviews can be conducted specifically for the purpose of discussing and distributing ER.

Whether your service is provided via home visit, appointment or waiting room it is essential that effective interviewing is undertaken.

Interviews should be held on a one to one basis in a separate and private room. Interviews enable:

- the client to feel they are important enough to be given the time to be assisted;
- the client to discuss their situation in a confidential manner;
- the provision of information to the client, such as ensuring the client has all their entitlements; offering basic budgeting advice and referrals to a specialised agency for additional assistance.

It is most important that where your agency may be offering specific services such as family counselling in addition to ER, a clear distinction is made between where the ER service begins and ends.

Interviews should be time limited and should have a clear focus on the assessment process and advocacy or referral if that is appropriate.

Staff should be provided with appropriate training in interviewing skills as capacity to effectively interview is a key component of ER work.

### Home visits

Home visits can provide access to ER for people who are isolated in their homes through reasons such as:

- geographical isolation from major city centres in rural or new urban areas;
- lack of transport/high cost of transport;
- ill health;
- physical, intellectual or psychiatric disability;
- frailty;
- care of young children and family members.

Home visits offer:

- a personalised service, a 'share a cup of tea' approach;
- the worker the ability to understand the person's problems within the home context;
- no stigma for the client in attending an ER agency.

However, home visits are also:

- time intensive for staff;
- possibly less safe for staff;
- intrusive on the client's life and privacy;
- likely to require the use of a private/agency car or increased transport costs;
- difficult for the manager to oversee or monitor the quality of the service.

### **Appointments/waiting room**

The first point of contact for the client at reception, and the method your agency adopts to structure the flow of clients through the service, sets the basis for the standard of service delivery from your agency.

Whether to make an 'appointment-based' or 'first come, first served' service is a decision that rests upon factors such as the number of staff your agency has available, and the level of demand for the service.

To assist you in making this decision it may be helpful if the receptionist records the flow of clients through the service over a two week period, i.e. the number of people waiting for assistance throughout the day, noting peak times. You could also ask each client at the interview how long they had to wait for assistance.

This will also help you to establish where the peaks and troughs of client demand are so that you can allocate your staffing resources accordingly. Both systems can work well with adequate resources. The advantages and disadvantages are discussed below to assist you in making your decision.

### **Appointment based service**

When making appointments you need to consider what is an appropriate time allocation. We suggest that this should be around twenty minutes. If the worker is taking up to an hour and a half to assist the client then it is likely that the worker is trying to 'solve' all of the client's problems themselves instead of referring the client to appropriate services such as a financial counsellor or housing worker.

If the appointments are taking up to an hour and a half, then the system is not working. There will be long delays in the waiting room and client frustration that could easily lead to aggression. It may also mean that the ER service is beginning to impact on your agency's other services, clogging up the system and causing workers to cut down their work in their primary work area.

Appointments allow workers to organise their time, build in breaks in the day and slot in time for staff meetings and networking with local committees.

Clients know when they will be seen. If the system is working well they should not have lengthy stays in the waiting room. Appointments are used for a number of other services such as for doctors, and other professional services – this can increase the dignity of the client.

If the ER service only operates on a few days per week with a single worker, it means that both the worker and the clients can develop realistic expectations. It can prevent the worker from being swamped with people on the days that they work.

An appointment-based service reduces the capacity of the agency to assist clients in a crisis or whose needs are immediate, i.e. the gas is about to be cut off, they have no food, or they are trying to seek help in escaping domestic violence.

Many agencies have built into their guidelines the opportunity for staff to immediately assist clients experiencing such crisis.

In a busy agency, appointments can build up to three or more days ahead, and may force the client to endure hardship whilst waiting or alternatively to seek a less appropriate service.

To address this problem, some agencies have adopted a dual system whereby food parcels or food vouchers are made available from reception whilst the client is waiting for an appointment.

### **First come first serve based service**

As long as the staffing resources are adequate to meet demand, the first come, first served service can offer a genuine response to crisis or the immediate needs of clients.

A staff roster operating with a first come, first served service can also offer the worker the ability to plan breaks and organise their workload and other work commitments.

If delays of more than one hour are regularly occurring then it is time for your agency to review the staffing and first come, first served system. You may be able to reduce waiting periods by simply reallocating staff to busy periods or you may need to consider extra staffing resources or limiting your service by appointments.

Long delays in a waiting room contribute to a reduction of dignity for the client.

If waiting rooms are constantly full of people this can also be very daunting for staff. There is the added pressure to work through morning and afternoon tea breaks and lunch times, a situation that can lead to burnout.

Pressure on the clients to endure long waiting periods can also mean that the interview process itself is made much more difficult. Clients may be jaded or downright annoyed about the delays and it is the worker who has to deal with this situation.

It also makes it extremely difficult for both staff and clients when financial aid has run out for the day. Many agencies set a budget limit on expenditure for the day/week/month which may address this issue to a degree.

### **Hours of opening**

The hours that your agency can open or provide an ER service are obviously determined by the staffing resources you have available. It should be remembered that even in the absence of funds, an advocacy and referral service can still be beneficial for clients.

The most important consideration, once you have worked out your agency's capability for the service is to consistently maintain those times and to advertise them to clients and other services in the area. Do not swap and change if at all possible.

In deciding on the hours of opening of your service it is a good idea to consult with other agencies in the area. Together, you may be able to ensure that there is always an ER service open during business hours in your local area, or in addition, you may be able to work out a cooperative roster to cover out-of-hours times and weekends.

Cooperative rosters between agencies can reduce the strain of service provision on individual agencies and also serve to ensure adequate services for the local community.

## Duty rosters

Duty rosters provide an effective basis for organising the delivery of ER services either within a single agency, or through a cooperative network of agencies to a particular geographical area.

There are a number of advantages offered by operating a duty roster system.

- For an agency which primarily provides ER, with paid or a combination of paid and unpaid staff, a duty roster can allow the agency to build breaks into the day of the worker. The duty roster can also provide opportunities for the worker to vary their tasks over the day or week. As discussed previously this assists in preventing worker burnout in a demanding work area.
- For those agencies delivering ER as an additional agency service, a duty roster can ensure that the ER service does not overburden the primary work of one or two staff. For instance, it may be better to have 10 staff in a Community Centre providing the ER service on a rostered basis for three hours each a week, than to add the ER role to that of one social worker, whose primary role it is to work in health prevention support to the centre.
- In the case of individual agencies which do not have the staffing resources to operate a comprehensive ER service, shared or cooperative duty rosters between two or more agencies allows the agency to participate in the provision of ER to a local community without placing too great a burden on its own resources. Cooperative ER models have the added advantage of assisting the development of networks and offering a wider range of support service links for clients.
- A rosters between agencies can mean that clients are required to travel further to access a service, costing them time and money. It can also lead to confusion about where to go for assistance and uncertainty if different agencies apply different eligibility criteria for services.

## Internal agency duty rosters

There are a range of factors which should be taken into consideration when deciding to introduce a duty roster. These include:

- The extent of demand for ER on your agency. If the level of demand for ER is beginning to extend beyond the capacity of your current staffing arrangements then you need to consider one of a range of measures. These could include extending or limiting the hours of operation of the ER service, establishing reciprocal arrangements with other agencies in your area for referrals when your service is over capacity or not operating, or the restructuring of present staffing arrangements through a duty roster.
- The amount of financial aid available. If your available resources are not meeting existing demand, it may be more appropriate to consider ways of working together with other agencies in the area (you may be able to offer cash to clients and reciprocate with other agencies which have food vouchers or food parcels).
- The willingness of staff to participate. Staff will need to be consulted and included in negotiations should any changes be required to the duties listed in their existing job descriptions.

## Duty roster checklist

- What is the current level of demand for ER in your agency?
- What are the staffing needs/current capacity to address the demand?
- When are the periods of highest demand during the week? (it is a good idea to record client demand numbers. It may be more practical to have two workers assigned to Monday mornings and Friday afternoons than to stretch staff time over a full week).

- What are the hours of opening of other ER services in the area? Is there a possibility of complementing other services by ensuring that at least one agency in your local area or region is open over the full week? If so, how far apart of services, do you have different eligibility criteria?
- Can you arrange a backup system for rostered workers? (each rostered person could be assigned a backup person to contact should they not be able to take their place on the roster.)
- Have you put a review system in place to gauge the impact of the roster system on the management of client demand and staff workloads?

### **Cooperative duty rosters between agencies**

Although the prospect of arranging a shared duty roster can at first appear a little more daunting, all it takes is time, cooperation and organisation. Agencies have successfully established rosters in inner urban and rural centres, and there have been a number of positive spin-offs for the agencies, their clients and the community as a result.

#### **The process**

If your agency is already represented on a local ER or welfare committee you could list this item for discussion on the agenda. Alternatively, if there are no local welfare networks you may have to set about calling together all the agencies whose clients may have a need for ER services.

It is inadvisable to immediately launch in with a request for help from agencies. Networking and cooperation with other agencies involves a gradual process of exchange and trust. (See earlier pages for suggestions on how to network with other agencies).

Firstly you should establish:

- the current demand for ER in the area;
- which agencies are involved in delivering ER services (see 'How to Develop a Material Aid Profile');
- problems in financial and staffing resources;
- unmet needs or service gaps.

From this basis you can then explore the possibility of interagency cooperation from one of the following models.

#### **Model 1**

Two or more agencies contribute staffing resources on a rostered basis to operate an ER service from one site/agency.

Individual agency funding/material aid resources can be distributed by the duty roster worker of the particular agency despite working from another geographical site.

If your committee is able to reach agreement about the appropriate allocation to each FaCS funded outlet, you could pass that advice on to the Department to assist them in the allocation process.

It is advisable when using this model to develop an agreed philosophy and organisational model for the service. (Use material in Part 3, Section 3 of this Handbook as a guide in developing policy options). It is also helpful to have regular meetings between duty staff to discuss practice issues, systems difficulties and organisational problems.

In addition, all workers operating the roster will benefit from joint training sessions, to enable a consistent service approach from the staff. (You could use the material in Part 2 of the Handbook as the basis for training sessions although it would be worthwhile employing trainers to run these workshops if you do not have access to suitably qualified staff in one of the participating agencies).

Ensure that you have backup roster arrangements within your agency so that you don't renege on your cooperative arrangements with other participating agencies.

Other agencies in the area (including local Government) may not necessarily be able to contribute staffing resources, however, they may be able to contribute financially or with the offer of office space, administrative backup and equipment. Do not hesitate to ask for their support.

### **Model 2**

Two or more agencies provide an ER service from their own agency in a cooperative arrangement to ensure that an ER service is open and accessible within a geographical area over the full working week (this can also include an 'out of hours' roster between agencies).

For example, Agency A opens every morning from 9am to 12am on every weekday. Agency B opens every afternoon from 1pm to 4pm.

If there are more than two agencies involved you may wish to arrange to take responsibility for particular days of the week or a variety of other combinations.

The most important thing is that the arrangements are clear to clients and referring agencies (requiring adequate publicity).

It is advantageous, where you are attempting to service the same geographical population, that the participating agencies are within easy walking distance or near transport connections.

This model allows the participating agencies to operate with individual service models/funding arrangements while still maintaining access to ER within the community and lowering demand on the agency.

### **Other options**

You may not need to develop cooperative models to the extent described in the options above. More informal cooperative arrangements may involve:

- referral of your clients to other agencies in periods of high demand when you are unable to assist clients due to staffing constraints;
- referral arrangements when you are unable to assist clients due to a lack of financial/material aid resources.

## 5. Design Issues

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### Planning and evaluation

Planning and setting goals are essential for an agency to be effective. Everyone in the organisation needs to know what its direction is, what the group wants to achieve and how it is going to do it. You need checkpoints against which you can measure your progress and outcomes, and explain your activities so that you will be accountable for what you say you are going to do.

The main steps of the planning process are to:

- consult with the local community and gather information about issues, needs and current responses to these;
- list the aims of providing an ER service – what you want to achieve and who for?
- develop strategies which can achieve these aims (i.e. appropriate ER policies and model of service delivery);
- list the work involved, who is responsible for the coordination, direct service delivery and administration, when they are going to do it and the costs involved;
- review the service regularly to see if the plan is working well and make any necessary changes.

This involves:

- clarifying the philosophy of the organisation, its beliefs and values. Why are we doing this? Is ER provision consistent with this philosophy?
- clarifying the purpose of the organisation – who are the clients and what do we want to do for them?
- developing objectives – what must be achieved in order to accomplish the purpose?
- developing performance indicators which show how well the service is achieving its objectives;
- developing action plans identifying the tasks you must do to achieve your objectives;
- keeping client statistics which enable the service to monitor changes;
- evaluating how well you are meeting the clients' needs and whether you are achieving your objectives.

### Financial resources

The financial resources available to an organisation will naturally help to determine how a service is provided.

The following resources should be taken into consideration when designing your service:

- funding available for paid staff for coordination and direct service provision;
- administrative support staff;
- furniture/equipment;
- funding available for ER distribution;
- other ER resources, eg. food and furniture.

### Human resources

The human resources available to an organisation also need to be taken into consideration, for example:

- number of paid workers;
- number of unpaid workers;
- skills of paid and unpaid workers;
- training opportunities/requirements for paid and unpaid workers.

It is equally important for agencies providing multiple services to assess the financial and human resource implications of providing an ER service. For example, will ER be delivered by existing welfare duty workers? Will the additional administrative tasks be taken on by existing staff or will extra staff need to be employed?

### Geographical issues

The nature of services varies according to location. For example, a rural service may consider out posting workers to accessible areas.

Access to services for low-income and disadvantaged people is essential. Questions you should ask include:

- Is the service close to transport? Trains are the most accessible form of transport for some people with disabilities and parents with small children, using prams and pushers in metropolitan areas. Railway stations may, however, be isolated from city centres in provincial cities.
- Is the service in a suitable position to service the agency's target group?
- Is the service in an overserved/underserved area? Consult with other providers in the ER network.
- Is the service close to parking facilities for staff/clients? Parking meters provide an additional cost for clients.
- You can apply to your local council for a car park for physically disabled clients.

### Building design

It is important that within the financial constraints available, the agency gives some consideration to making the physical environment as pleasant as possible. For example, light coloured wall paint, well positioned posters and pamphlets, plants, prints and good lighting fixtures can provide a low cost improvement to a dark or depressing area. This can also have benefits for improving staff morale.

There should be an adequate reception and waiting area with comfortable chairs and children's toys. (See 'Public Information Displays').

If your agency is providing ER through an interview assessment, you need a sufficient number of interview rooms to meet the demand/staffing resources.

You should ensure that your office space allows for client privacy and confidentiality and safety considerations for staff and clients.

**Checklist – Physical access**

- Is there enough suitable signage to direct clients to the service in different languages and large print. Is it easily readable?
- Is there accessible car parking adjacent to the building?
- Is the building accessible to people who use wheelchairs or those with strollers?
- Does the building have steps at the entrance? If so, could a small ramp be added or the step be levelled out?
- Can the door be opened easily? Is it wider than 760mm? Is your doorbell too high for a person in a wheelchair to reach?
- Are there any handrails at a convenient height?
- Are counters between 750mm and 900mm high? Check telephone heights.
- Are pathways and floors level, firm and smooth but non slip?
- Are there any steps between your agency's essential areas, i.e. interview rooms and toilets, which are not served by a lift or ramp?
- Does the toilet allow wheelchair access? (the door should open out). Has the tap got swing arms?

**Checklist – Safety**

The following points will help your agency operate safely. All relevant regulations concerning health and safety must be fully observed.

- All agencies should have an alarm system to the client interview rooms/or be accessible to/by other staff.
- Interview rooms should not be isolated.
- There should be two exits from the interview area and it is advisable to have some viewing capacity into the rooms.
- Interview rooms should offer sound privacy, however you should still be able to hear a raised voice when outside.
- All interview rooms should have a chair closer to the door (for the worker) and another further away (for the client).
- All ER cash and cheque monies should be kept in a room or area out of public view.
- Only those cash amounts considered necessary for distribution over a two or three day period should be kept on the premises.
- Emergency telephone numbers (fire brigade, police, doctor) should be displayed prominently in one location.
- Fire extinguishers should be suitable for the area and readily accessible and the local fire fighting authority or accredited agency should regularly service any other firefighting equipment.
- Displaying fire evacuation drill/procedures in the event of fire.
- Keeping all electrical wiring and appliances in good order. Electrical cords/extension leads should be properly connected and maintained.
- Policies on responding to volatile clients and violent situations.

## 6. Advocacy

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Advocacy involves acting on behalf of a person or group, in order to promote, protect and defend their welfare and interests.

Advocating with or on behalf of individual clients (with consultation and permission) involves your ER staff working to ensure that the client's rights are protected under law, from Government departments and within the community generally (See Part 2, for advice to workers on advocacy issues).

At the wider level, advocacy is the means by which agencies either singly or together with other welfare bodies can work to change structures in order to bring about better levels of equity and social justice.

For example: ER data provides a significant indicator for the identification of gaps within the social safety net such as income support and other government policies and programs such as housing, health and education.

Advocacy can involve your agency in:

- encouraging action by those who have been affected by inequity or injustice;
- networking with other groups concerned with social policy change;
- exchanging information (of a non confidential nature) or joint data collection/research;
- informing staff and other relevant people of the need for social change and the work being undertaken by the agency to address particular issues;
- writing letters to Ministers, members of Parliament and other relevant people;
- making public statements.

### Advocacy policy checklist

Are you advocating on behalf of a disadvantaged party?

Is the advocacy in the client's interest? It is not ethical to use a client, or the permission they give you, to push your own issue.

Is the emphasis of your advocacy focused on major needs and welfare issues?

Are there any foreseeable costs to the individual/group on whose behalf you are advocating?

Could other disadvantaged groups be affected by the advocacy?

Is the advocacy action proposed, the most appropriate to achieve the aims of the disadvantaged group?

Will the integrity of the disadvantaged group or individual or of any third party (eg the children of clients) be protected in the advocacy process (i.e. in media follow up)?

## 7. Personnel issues

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### Personnel management information

Personnel responsibilities include developing job descriptions and implementing accepted processes for recruiting, selecting, orientating and training staff, supervision and support, including constructive staff review and appraisal processes.

Clear and fair procedures need to be developed for grievances or disciplinary measures, eg. to deal with problems and dismissal. Equal employment opportunity principles and practices need to be followed for advertisement, selection and staff management. Occupational health and safety procedures for staff need to be considered at all times.

### Checklist – Employer responsibilities

- Be aware of workers' needs and your responsibilities.
- Identify and design jobs within suitable awards and payment.
- Help set objectives, work tasks and timelines in each area of work with staff.
- Employ people with the skills for the job.
- Ensure all employees receive adequate induction.
- Make sure employees know what is expected of them.
- Provide access to information about the organisation and the job the person is doing.
- Enable participation in the important decisions affecting workers.
- Provide award pay and conditions.
- Ensure staff have the skills and experience they need to undertake the job; if necessary provide training.
- Provide a safe and healthy work environment.
- Provide a formal mechanism for staff support, feedback and review, providing a formal staff review annually.
- Provide support to staff and an opportunity to debrief over the day's activities (give staff feedback on their strengths and weaknesses and how they could improve their skills).
- Consistently monitor the workload of staff and ensure that it is manageable and in keeping with the job description.
- Where necessary negotiate with staff about difficulties and if necessary refer them to appropriate services.
- If after providing negotiation, support and training, staff are still not undertaking the job adequately, be prepared to commence a grievance and disciplinary procedure which may eventuate in dismissal of the worker.
- Establish and use a clear system of staff accountability and reporting.
- Spell out the different roles of staff and management groups.

### Job descriptions

Each job, whether it is a paid or unpaid position, should have a job description which includes:

- job title;
- purpose/aim of position;
- responsibility/accountability to whom, for what, for whom;

- job requirements, eg. times of work, length of employment;
- specific duties to be done;
- award salary and conditions;
- orientation and training opportunities.

It should also identify the personal skills which are required for the position, for example:

- required skills, educational qualifications and experience;
- special needs, eg. driver's licences, language;
- desirable values or attitudes.

### **Unpaid workers**

The National Roundtable of Nonprofit Organisations (2003) in *'The Nonprofit Sector in Australia: A Fact Sheet'* found that during 2000, 4.4 million Australians volunteered (excluding the Sydney Olympics) totaling 704.1 million hours of labour for non profit organisations of all sizes. Further they found that this voluntary contribution was equivalent to an additional \$8.9 billion worth of income to the non profit sector. When this voluntary contribution is added to the financial data, Australia's non profit sector contributed \$42 billion to the national economy. This is a larger economic contribution than the mining industry

Unpaid workers (volunteers) provide invaluable service to community groups and ER agencies. However, it is essential to ensure that they can do the required job effectively, that unpaid workers are not being exploited and are satisfied with their continuing involvement.

People volunteer for a variety of reasons:

- to assist a community service which they think is important;
- to use their skills for the benefit of others who need them;
- to gain work experience;
- to learn new skills, eg. negotiation, lobbying, organisational skills;
- to do satisfying work, meet new people and to challenge themselves in new situations.

The organisation has a responsibility to plan for the use of unpaid staff so that they know they are appreciated and being effective. The organisation needs to ensure that the worker knows the work they do is worthwhile for the clients, themselves and the organisation. The worker should also have the appropriate resources in order to undertake the job.

Unpaid workers must be fully informed of all the requirements of the position. This is most effectively done by developing and regularly updating a job description, stating the job title and purpose of job. Job description should clearly state responsibilities and tasks, such as specific duties, what they are responsible for, and the time involved. This can include the following:

- Authority – and limitations to authority.
- Qualifications – skills, knowledge, experience, education.
- Use of car.
- Requirements of the job – length of appointment, location, hours of the day, days of the week, confidentiality, training to be undertaken.
- Comments – any other pertinent information such as the need for staff to be able to work with people from a culturally and linguistically diverse background.

- Supervision – who the volunteer is responsible to, their relationship with the job supervisor and management.

Unpaid workers within an organisation have the right to be regarded as a legitimate part of an organisation and have the responsibility to carry out any commitments taken on as diligently as paid staff and to respect the management, staff and clients of the organisation. It is essential that unacceptable behaviour is not tolerated from any staff regardless of whether they be paid or unpaid.

Other rights of unpaid workers and responsibilities of organisations which involve unpaid workers include:

- receiving accurate information about the organisation and its policy/philosophy on volunteers;
- a clearly written, comprehensive job description;
- adequate resources and equipment, eg. phone and desk;
- belonging to the organisation – inclusion in meetings, social events;
- receiving individual support while performing the work role;
- receiving proper training, both initial and ongoing;
- knowing who to turn to with problems and difficulties;
- having their work valued by the organisation.

### **Orientation**

Everyone needs orientation to an organisation and the work expected of them. Time should be taken to outline the organisation's aims and operational procedures, and an induction manual should be developed explaining what happens on a daily basis.

An induction process should include:

- introduction to staff and volunteers;
- explanation of the philosophy and history of the organisation;
- explanation of the structure and functions of management and staff;
- description of the programs and services provided;
- provision of any written material such as newsletters, annual reports;
- explanation of the relationship of the group with other community groups and Government departments;
- the rights and responsibilities of the organisation and the workers to each other;
- details of any arrangements for insurance cover, out of pocket expenses, child care and fringe benefits;
- a tour of the premises;
- provision of keys and access codes where appropriate.

In the orientation kit you should provide specific information on the following aspects of your agency.

**Philosophy**

Statement of purpose of the organisation.

Basic welfare philosophy – the guiding principles to how services are provided.

**Organisational issues**

Aims and constitution

History of the organisation

Local, national and international links

Other committees

Relationships with Government departments and other organisations

List of paid and regular unpaid workers

Regular meetings

Funding/service agreements

**Management**

Boards of management

Lines of accountability – who to report to

How the ER service is managed

**Rights and responsibilities of paid and unpaid workers**

Job descriptions

Training opportunities

Staff reviews

Procedures when staff are ill

**Policies and procedures**

General policies

Administrative policies

ER policies (see below)

Current activities and projects

Planning documents

Funding or service agreements

Evaluation reports

Records and minutes

Files

Referral service

Education and development

Publicity and promotions

Resources section

**ER policies**

Who the agency services

What type of assistance is provided

Amount of aid guidelines

What service is offered in the absence of funds

How often a client can receive aid

If provision of aid is dependent upon the client attending counselling etc.

Privacy and confidentiality

Client grievance procedures  
 Data requirements  
 Advocacy on behalf of your client  
 Use of interpreters

### **Model of service**

Appoint/waiting room based  
 Assessment/delivery by interview, from reception, by home visit or combination  
 Duty roster  
 Hours of operation  
 Networking arrangements  
 Referral procedures.  
 General  
 Media and publicity  
 Guidelines re: accepting gifts from clients  
 Conditions of work  
 Office hours  
 Flexible working conditions  
 Time in lieu  
 Overtime  
 Rostered days off  
 Award entitlements and requirements  
 Sick leave  
 Maternity/paternity leave  
 Pay – how, when and where  
 Study leave  
 Bereavement leave  
 Annual leave  
 Petty cash  
 Travel reimbursement  
 Out of pocket expenses

### **Administration**

Photocopier – usage, breakdowns etc.  
 Switchboard  
 Telephones  
 Booking interview/meeting rooms  
 Mail/information – incoming/outgoing  
 Typing procedures  
 Use of car  
 Leaving the building at night  
 Smoking/non smoking areas  
 Fax machine  
 Filing arrangements  
 Stationery  
 Cleaning of the centre

## Community information

Cooperative working arrangements with other organisations.

General information about the community including:

- number of people serviced by the organisation;
- general composition of area – age, sex, CALD origin, marital status, income levels, occupations etc.;
- availability of public transport;
- range of recreation and educational facilities available;
- size and main occupational categories of community workforce;
- level of unemployment in areas – adults, young people;
- other local community organisations – location and services offered;
- acronyms and terms used.

## Worker/agency responsibilities

ER workers need to be briefed about the organisation's expectations of their responsibilities. For example, to:

- be reliable;
- arrive on time;
- notify an appropriate person if they are running late;
- agree with the organisation's policy on volunteers;
- respect confidentiality;
- respect the rights of others in or involved with the organisation;
- have a non judgemental approach;
- represent the interests of the organisation;
- carry out a specified job description;
- give feedback and communicate relevant information;
- be accountable and accept evaluation;
- be committed to the program as required;
- write regular reports;
- undertake training and have a good understanding of the organisation;
- address areas of conflict with the appropriate staff member;
- ask for support when needed.

Organisations which involve unpaid workers also have responsibilities to ensure that the organisation operates as effectively as possible. These are to:

- involve all workers in planning programs;
- regularly update job descriptions;
- recruit appropriately;
- provide training to paid and unpaid workers about their roles – to recognise the contributions of unpaid workers;
- recognise staff who work well with volunteers;
- allow staff to supervise volunteers they work with;
- develop a clear procedure for staff and volunteers to follow, if there is a dispute between them, that will help solve the matter quickly;
- ensure that there is a clear demarcation between jobs by paid and unpaid workers.

## 8. Training

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Training is important to ensure that both paid and unpaid workers can do their job in the most effective manner, which means better services for clients. Training can:

- help staff develop new skills and knowledge;
- allow people to take on new tasks and provide new services;
- increase workers' confidence, thereby decreasing stress levels;
- assist staff to cope with changes to guidelines, laws or regulations.

While it is no longer legislated that organisations must spend a percentage of their budget on training, most community organisations recognise their responsibility to staff by budgeting for training and staff development if the funds are available.

A training plan for all paid workers and managers as well as volunteers and executive or management committee members should be drawn up to cover immediate, continuing and long term needs. Plans should include practical skills and knowledge and any new developments which are relevant to the area of work.

There are a number of ways of providing training, such as:

- On the job training, where a new worker sits alongside an experienced worker and learns by watching (with the knowledge and permission of the client).
- Special sessions with outside consultants or people in the organisation with knowledge and training skills.
- Getting similar organisations together and organising training which fits their particular needs.
- Using the training programs of peak and coordinating bodies.
- Utilising training provided by funding bodies.
- Using TAFE and other adult education providers.

Training for new workers within an ER agency should include:

- orientation information;
- required information to perform the job;
- practical skills which workers will need;
- workshops to share information about the client group;
- workshops to enhance personal communication skills, and address underlying attitudes and values;
- constructive feedback;
- confidential information where this is necessary to undertake the job;
- issues of safety on the job;
- decision making and negotiation procedures;
- the right of a worker to say no to a client;
- the right of a client to complain about a worker or the service;
- how to carry out their role without being exploited;
- entitlements to reimbursement for out-of-pocket expenses incurred including for transportation costs;
- consultation arrangements and practices regarding matters which directly or indirectly affect their work.

### **The Handbook as a training resource**

Parts One and Two of the handbook can be used as a training resource, to complement the orientation and in-service training provided by your agency.

Try to think creatively about how the material can best be adapted to your agency's training needs and resources.

While the handbook will benefit worker training even if used simply as an information reference, it will obviously offer much more substantial benefits if the material becomes the basis for a more comprehensive training program which includes:

- discussions in large and small groups;
- written exercises;
- role plays;
- visiting experts;
- other audio/visual training resources.

### **When to call in outside training expertise**

Your agency may not necessarily have the staffing or financial resources to provide the full range of activities associated with staff training.

Employing suitably qualified and experienced trainers or facilitators can be a very beneficial and cost effective training option for your agency to complement your in-house training. Alternatively, your State may have a resource project or training program that you can access by contacting your State Office of FaCS.

As an alternative, if you have few financial resources available, you could arrange orientation or in-service training days with other agencies with which you network. Agencies or government departments may be able to contribute information and/or facilitate skills which result in an in-service training program which, if shared, is high on expertise and low on cost.

Adapt your training to the skills of the trainees.

The training exercises included in Part 2 are based on written and group discussion exercises in order to make them user friendly for the majority of agencies.

While many of the exercises could easily be adapted to include role plays it should be noted that:

- some people feel very uncomfortable taking part in role plays;
- role play facilitation requires some expertise in group process skills;
- many people (particularly older people) find role plays an extremely demanding personal experience, and you may achieve a better response by small group discussion;
- an alternative to the trainees participating directly in the role plays is to use staff or guests from other agencies to take part in the role play and invite participation and discussion from your trainees;
- if you do use roles plays it is important to 'debrief' participants – there can be a risk that participants continue to 'act out' their roles, unconsciously or otherwise, after such an exercise (eg feeling frustration or anger toward another role play participant). Following a role play have participants discuss how they felt during the exercise, then take a break to allow for 'normal' interactions.

### **How to use Part One as a training resource**

Part 1 of the Handbook provides general information about ER provision important to the background understanding of workers in this field, such as an examination of different attitudes to poverty present in society. New workers should be encouraged to read Part 1 as part of their orientation. In addition, a number of the topics examined could be followed up in further discussion:

1. Discuss the type/s of ER provided by your agency, the reasons why this particular form of assistance is provided and the advantages as seen by the agency.
2. Provide staff with a current profile of your agency's client group and compare this with the client profile in the Handbook. You could look more specifically at a social profile of the area which your agency services. This could serve to familiarise/orient new staff to the sorts of social/economic problems people in the area experience. This type of background could be expanded by a guest speaker from within your agency or an expert from another agency or government department.
3. You could discuss your agency's networking policy. List the local agencies which the worker/s will be encouraged to network with, either through the normal course of their work or formally as a representative of your agency on a committee. You could also discuss issues around the perception/reputation of your agency within the community or with other agencies.
4. There are many additional issues raised in Part 1 – it's over to you.

### **How to use Part Two as a training resource**

Throughout Part 2, training exercises based around case examples have been included. In addition to the specific training exercises in Part 2, all of the material in this section can be adapted to assist your training process, for instance as the basis for discussion and clarification of your agency's policies and procedures with staff.

The following are some examples of how this material could be used:

1. You could use the Orientation guide as the basis for preparing your agency's orientation kit. This in turn could be discussed individually or in groups with new staff.
2. Use the Policy Checklist as the basis for providing staff with the assessment policy of your agency. Provide case examples for discussion.
3. Use the Reception Staff section as the basis for training of staff with reception responsibilities. All ER staff should be familiar with the role and responsibility of reception staff. There are a number of issues raised that could form the basis of a discussion about the process preferred by the agency in responding to the client's initial request for assistance.
4. The sections on Additional Needs To Consider and Assisting People with Communication Difficulties are both suitable for use as an orientation discussion or in-service topic. You may find it useful to include guest speakers from local CALD agencies, an interpreter service, local groups for people with a disability and ATSI groups.
5. Difficult Interviews is the section which best lends itself to learning through role plays. Having the experience of physically going through an emergency situation and checking your agency's crisis response plan will give your workers added security. It can also help you to check if there are flaws in your current system. If a role play situation is unsuitable, you could at least get staff to pace out their crisis procedure.
6. Hints for Home Visits can be used as the basis for a training session for all workers in your agency who may be called upon to make home visits. No staff should make a home visit prior to receiving adequate training in your agency's procedures. Management should feel confident they will respect the client's privacy.

7. Referrals are a central function in ER provision. Advice to workers on how to refer properly should be included at the orientation stage. However checking on your referral process from time to time at in-service training is very worthwhile.
8. Safety issues are particularly important for new workers at the orientation stage or they may not make it to their first in-service training. Reviewing stress levels and coping procedures is a good strategy for regular staff meetings or on-going service training.

## 9. Reviewing your services

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### Complaints

It is extremely difficult for a person seeking ER to complain about the service they receive. Requesting ER places a person in a powerless position, and generally they would believe that either 'beggars can't be choosers', or that further assistance would be denied if they expressed dissatisfaction. However, clients do have the right to complain about the service they receive and mechanisms should be established to ensure that this occurs and the complaint is taken into consideration in the interests of developing a better service.

Complaint mechanisms can do the following things for community organisations:

- Provide information to management about how the service is going and areas which can be improved.
- Enable clients to appeal decisions or get redress for bad work.
- Provide a means of settling disputes and ensure clients know there are other ways of communicating with a service. In this way problems need not lead to resentment or conflict.
- Provide an accountability mechanism for the service.

To develop an appropriate and effective complaints system, the following needs to occur:

### Publicity

Everyone needs to know the system is there and how to use it.

### Access

People must be able to use it easily, and it must be accessible to everyone, regardless of disability, literacy or language skills.

### Monitoring

All complaints must be recorded and reported to the service.

### Independence

Complaint channels should be independent of a client's normal point of contact with the service.

### Resolution

The system must have the power to make changes, the authority to resolve disputes, overturn decisions, allocate resources differently, or find in favour or against the worker.

### Reprisal

It must guarantee that there will be no repercussions against clients who complain.

## **Referral**

It is essential that a client who has a complaint be referred, in an effective way, to another agency to receive assistance.

## **Feedback**

Your agency needs to encourage and be receptive to feedback from other service providers in your area regarding your service.

## **Accountability**

Accountability helps ensure that services are efficient, effective and of high quality, and are responsible and answerable to consumers, the wider community and funding bodies.

Accountability to the clients and the community means having up to date, accurate information and the provision of a reliable service. For example, keeping regular opening hours, maintaining confidentiality.

Accountability to other services in the community means maintaining accurate information about what these services offer, and seeking ways of co operating with them wherever possible.

Accountability to funding bodies and other benefactors means that funds are used in accordance with the established policies, and accurate records and data are kept. This in turn ensures that funding will continue. For example, continued funding from FaCS is dependent on compliance with accountability requirements.

The basic requirements for an effective accountability system are:

- a commitment to accountability;
- an understanding of responsibilities;
- clear plans;
- the capacity to be flexible;
- participation by management, staff, clients and funding.

## **Steps in developing an accountability system**

1. Identify the program's internal and external accountability responsibilities and requirements, for example to:
  - consumers;
  - agency management;
  - funding bodies;
  - co workers.
2. Include accountability in the programs:
  - goals and objectives;
  - planning and evaluation procedures;
  - policy and procedure guidelines.

3. Identify the value and priority of the program's accountability responsibilities and requirements.
4. Clarify the tensions between the accountability requirements of different parties, for example, between funding bodies – should there be more than one funding source?
5. Develop appropriate measures, including:
  - data collection;
  - analysis;
  - reporting procedures.
6. Ensure appropriate financial account/reporting requirements are put in place.
7. Include accountability in a periodic review of your program to allow for the changing usefulness of information provided.

### **Data collection in your agency**

Collecting statistics on ER in your agency can serve a number of purposes, including:

1. It enables your agency to monitor and evaluate whether the service is meeting its stated aims and objectives, eg. providing access to its target groups.
2. It allows your agency to share information with other agencies in the local or regional area to determine appropriate planning strategies such as:
  - additional services to target groups whose needs are not currently being met by existing programs;
  - examining access issues, for example for people from culturally and linguistically diverse backgrounds.
3. Data collection that is shared on the local, regional or wider level can highlight:
  - local trends in demand;
  - the extent of demand;
  - the severity of the plight of people seeking help.

Data collection can also identify local, state or national causes for ER demand for example:

- problems of youth homelessness in the area;
  - lack of adequate services such as women's refuges, family or financial counselling;
  - the impact of the closure of one or more employing industries;
  - the lack of affordable/public housing;
  - the inadequacies in the social security safety net (ie. payment levels for particular recipients such as single unemployed, the impact of waiting periods or restrictive eligibility criteria).
4. Some data may be required by funding bodies for accountability purposes.

### **Issues to be considered in data collection**

The client's rights to privacy and confidentiality need to be taken into account. The client should not be asked any unnecessary or intrusive questions. For agency data collection it is not necessary to record names or addresses (except postcode). This information can be recorded on client files which should be kept separately and confidentially.

The agency should:

- explain its data requirements;
- explain why the data is collected and for what purpose it is used;

- explain that the data is confidential;
- give the client a choice in continuing with the interview;
- consider how much of the client's time it is appropriate to use in statistical collection.

There is nothing to be gained from collecting information that is not going to be collated and used either within the agency or in conjunction with local, statewide or national networks. If collecting data, the agency should have a commitment to using it for one of the purposes outlined above and therefore needs to be clear about the exact purposes of its particular data collection.

Particular agencies may wish to collect information which is relevant only to their service, for example:

- whether clients wish to access one of the agency's other programs;
- how many clients receive additional material aid such as food or clothing.

The fact that agencies may have different data requirements does not necessarily prohibit joint data collection and advocacy processes as long as substantial areas of the collection are statistically compatible. For example:

- a group of local agencies may combine statistics on the number of cases they have helped with ER in a particular period of this year compared to last year;
- they may broaden this to include the rise in the number of families or young people under 18;
- they may identify causal factors such as housing costs or rising unemployment.

In addition to ongoing sharing of data collection between agencies it is often useful to consider a short term project to highlight a particular need or issue:

- getting support from the local community for pre Christmas demand;
- supporting a submission for funding for a local resource.

Targeted short-term surveys are a useful method of researching and advocating on certain issues. For instance:

- highlight the plight of increasing numbers of people seeking ER in the local and daily press and radio;
- bring an issue to the attention of members of Parliament;
- contribute to pre-budget advocacy for improvements to social security levels and the ER allocation by Australian Governments;
- educate the community about 'how it feels' to ask for ER; and
- provide models for other groups conducting a research project.



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## **Part 4:** Resource Information

## The Commonwealth Emergency Relief Program (ERP)

The ERP is administered by FaCS. The program provides grants to a range of community and charitable organisations to help people in financial crisis.

The current objective of the program is 'to assist people in financial crisis to deal with their immediate crisis situation in a way that maintains the dignity of the individual and encourages self reliance'.

Assistance from ER providers to clients is generally in the form of:

- a purchase voucher of a fixed value;
- a part payment of an outstanding account;
- material assistance, for example, manchester; household goods or food.

Annual funding is subject to the Budget process and base funding is linked to movements in the Consumer Price Index. Each year's appropriation becomes the next year's base level of funding.

Payments are made to participating agencies through the State or Territory offices of FaCS. Normally two payments are made each financial year. The first is in July (5/12s of the allocation) and the second is in December (7/12s of the allocation) on receipt of the previous financial year's acquittal.

Emergency Relief State Advisory Committees (ERSACs), consisting of representatives from Government departments and welfare organisations, exist in every State and Territory to provide advice to the Minister regarding the program.

The annual Budget allocation is distributed between the States and Territories. This distribution is based on the funding formula adopted after the 1996 Funding Review as follows:

- 8% of the total allocation is targeted for distribution through agencies servicing predominantly Indigenous clients; this is distributed between States on a per capita basis, according to the Indigenous population distribution;
- 91% is distributed according to the relative distribution between States of the total number of recipients of the following Centrelink payments:
  - Disability Support Pension
  - Newstart
  - Parenting Payment (Single)
  - Youth Allowance
  - those in receipt of the maximum Family Payment
  - participants in the Community Development Employment Program
  - those in receipt of the Exceptional Circumstances Relief payment.

Recommendations on the distribution of ER funds are developed within each State/Territory in consultation with the ERSAC. The principles to be applied in calculating the distributions are broadly similar to those outlined above but may also include information on local needs.

The overall objective in the distribution of ER funding is to ensure an equitable distribution of funding nationally, with special attention being paid to ensuring access for disadvantaged groups. For this reason, grant allocation amounts to individual agencies or locations are not guaranteed and may change from year to year.

## Administrative obligations of agencies

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Each agency is required to enter into a contract with the Australian Government to participate in the ERP. The contract is formed by a letter of offer from the Australian Government, a package of conditions of grant governing the use of grant funds, and a signed letter from the agency accepting the offer to participate in the Program and abide by the associated conditions of grant.

Agencies are required to account to the Department on the use of grant funds provided under the ERP. The Department provides accountability forms for agencies to complete and return by 30 September every year. An audited opinion is also required when the annual grant is over \$10,000.

Agencies are permitted to use a limited component of their ER grant funds for administrative expenses. Expenditure for these purposes should be restricted to non-salary costs, including items such as telephone, postage, rental, and audit fees. As at July 2003, the administration component of the grant is set at no more than 15% of the grant, to a maximum of \$5,000.

ER funded agencies use their own criteria to assess applications for assistance.

The ERP has identified six guiding principles, which might apply to service delivery. These were the subject of national consultation and agreed with the sector. There are also a set of voluntary minimum service standards which agencies use to self-assess their performance and make improvements. Both the *Guiding Principles* and *Service Standards* have been disseminated within a Staff Information Kit.

A set of selection criteria is used as a guide by the State and Territory office staff of FaCS to assess applications for grant funding from new agencies.

## Becoming an ERP Agency

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As local conditions vary, the FaCS office in each State or Territory is responsible for ensuring that there is an appropriate mix and location of agencies. New agencies are not normally sought on an annual basis, but new organisations are welcome to register their interest in joining the program at any time.

For further enquires, including application procedures and copy of the Staff Information Kit, contact the Program Coordinator, ER area in the FaCS office in your State or Territory (addresses are listed in the Resources section for each State/Territory).

## Centrelink payments and services

Centrelink delivers a wide range of payments and services on behalf of 25 client agencies. Centrelink is a service provider to 6.4 million customers, including retired people, families, sole parents, people looking for work, people with a disability, illness or injury, carers, widows, primary producers, students, young people, Indigenous people and people from CALD.

Most payments are income and assets tested. Each payment has different criteria and eligibility can only be assessed once Centrelink receives an application. To assess a person's entitlement to payment and other assistance, Centrelink needs to collect information about the person's circumstances. Facilities to allow claims to be made over the telephone are being introduced progressively.

### Intent to Claim

ER Workers can lodge an Intent to Claim with Centrelink on behalf of a client – no forms have to be filled out, you simply have to let Centrelink know your client will be applying for a payment soon. The client has 14 days after you notify the Intent to Claim, to lodge a claim form with Centrelink. If s/he is eligible and lodges the claim in time, payment can be dated from the date the Intent to Claim was first registered.

You can notify Centrelink of an Intent to Claim on Centrelink's website ([www.centrelink.gov.au](http://www.centrelink.gov.au)), by phone or in person at a Centrelink Customer Service Centre (see the Centrelink web site or white pages for contact details).

Contact Centrelink immediately if your client has any difficulty returning his or her claim within 14 days as the 14 day period may be extended in some special circumstances.

**Important:** Backdating the registration of an Intent to Claim does not apply to ABSTUDY, Family Tax Benefit, Child Care Benefit, Maternity Allowance, Maternity Immunisation Allowance, Farm Help and the Exceptional Circumstances Relief Payment.

## The payments Centrelink delivers

	<b>Income Support Payments</b>	<b>Supplementary Payments</b>
Employment*	Newstart Allowance Mature Age Allowance# Partner Allowance# Widow Allowance  #Both these payments are closed to new entrants from 20 September 2003	Employment Entry Payment Education Entry Payment Special Employment Advance Advance Payments Community Development Employment Project Participant Supplement Wage Assistance Card
Youth and Students*	Youth Allowance Austudy Payment ABSTUDY	Pensioner Education Supplement Fares Allowance Student Financial Supplement (Loans) Scheme for ABSTUDY customers Assistance for Isolated Children (including Distance Education Allowance, Second Home Allowance and Board & Additional Board Allowance) ABSTUDY Pensioner Education Supplement
Retirement*	Age Pension Wife Pension Widow B Pension (no new claims being granted) Pension Loans Scheme	Pension Bonus Scheme Pharmaceutical Allowance Telephone Allowance Bereavement Allowance
Families & Children*	Parenting Payment (single and partnered) Double Orphan Pension	Family Tax Benefit (A&B) Maternity Allowance Maternity Immunisation Allowance Child Support Scheme Child Care Benefit
Disability & Carers*	Disability Support Pension Newstart Allowance (Incapacitated) Sickness Allowance Carer Payment	Mobility Allowance Carer Allowance
Rural & Housing*	Exceptional Circumstances Relief Payment	Remote Area Allowance Rent Assistance Retirement Assistance for Farmers Sugar Industry Assistance Package Flood Relief Package Dairy Exit Program Farm Help Drought Relief Ex Gratia Payments for Farmers
Crisis*	Special Benefit Crisis Payment	

\*People receiving an income support payment in any of these categories may also be eligible for Crisis Payment as well as for supplementary payments like Rent Assistance, Remote Area Allowance, Pharmaceutical Allowance or Telephone Allowance.

## Rent Assistance

Rent Assistance is payable to eligible Centrelink customers who rent accommodation in the private rental market and pay rent above a set threshold based on their family circumstances. To be eligible, a person must be receiving an income support payment (excluding Austudy) or Family Tax Benefit.

Rent Assistance may be payable to:

- pensioners;
- people with dependent children receiving more than the base rate of Family Tax Benefit Part A;
- people without dependent children receiving an income support payment (excluding Austudy); and who:
  - are aged over 25, or
  - are partnered, or
  - are aged under 25 (aged under 21 for those getting Disability Support Pension) living permanently or indefinitely apart from parents or guardians.
- ABSTUDY recipients;

To qualify for Rent Assistance a person must be paying more than a threshold amount for:

- rent (other than for public housing);
- service and maintenance fees in a retirement village or hostel;
- lodging (where a person pays for board and lodging and cannot identify the amount paid for lodging, two-thirds of the amount paid will be accepted as rent);
- fees paid for the use of a site for a caravan or other accommodation which the person occupies as their principal home;
- fees paid to moor a vessel that the person occupies as their principal home.

People who have a rental tenancy agreement with, and pay rent directly to, a State or Territory Housing Authority are not eligible for Rent Assistance. However, if they are renting from a third party organisation, such as a disability housing provider, they may be eligible for Rent Assistance even if they make their rental payments directly to the Housing Authority. In addition, sub-tenants in public housing can get Rent Assistance provided the principal tenant (of the housing authority) pays market rent or has notified the housing authority that the sub-tenant is living there.

## Payment rates

Up to date information about payment rates and eligibility requirements are available on Centrelink's website at [www.centrelink.gov.au](http://www.centrelink.gov.au) or you can ask to be put on the mailing list (see below) to receive Centrelink Information, a comprehensive guide to Centrelink payments and services for community organisations and the Guide to Commonwealth Government Payments booklet which shows the latest payment rates.

More information about Centrelink payments and other services is available from your local Customer Service Centre, call 13 1021.

## Advance Payments

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Advance Payments of up to \$500 are available to income support recipients who:

- have been on payment for a continuous period of three months;
- have not had an advance in the last 12 months;
- are not repaying a previous advance payment;
- do not owe, or are not repaying any other debt to the Commonwealth; and
- are able to repay the advance without suffering financial hardship.

Qualifying payments are ABSTUDY; the Age Pension; Austudy; the Carer Payment or Disability Support Pension; Newstart or Youth Allowance; Parenting Payment (Single); Widow Allowance; Widow B Pension or Wife Pension.

Advances are not an additional payment, it is like a loan and has to be repaid to Centrelink. It is advisable to look at the person's regular income and expenses when applying for the loan to work out how repayments will be made without suffering financial hardship. Repayments are averaged out over six months and automatically deducted fortnightly.

For more information telephone Centrelink and request postage of an advance payment application form, or visit a Customer Service Centre.

## Appeals procedures, privacy and freedom of information

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### Reviews and appeals

When a person is unhappy about a decision Centrelink has made about their entitlements, there are several steps they can take:

1. They should first discuss the matter with the person who made the original decision at their Centrelink Customer Service Centre, the Original Decision Maker.
2. If they are still unhappy with the decision, they can request a review by an Authorised Review Officer at a Centrelink Customer Service Centre.
3. For most payments, a request for a review of a decision should be made within 13 weeks of receiving advice of the original decision. This is because if the review is decided in the person's favour, arrears may only be paid if the request is lodged within this 13 week period. For Family Tax Benefit, Maternity Allowance, Maternity Immunisation Allowance and Child Care Benefit customers, a request for a review of a decision should be made within 52 weeks of the original decision.
4. If they are not satisfied with the decision of the Authorised Review Officer, they can apply to the Social Security Appeals Tribunal (SSAT) for a review. It is important to understand that the SSAT can look at a decision only if that decision has been reviewed by an Authorised Review Officer.

If a customer receiving ABSTUDY or Assistance for Isolated Children is not satisfied with the decision of the Authorised Officer about an assessment, they can apply to the Minister for Education, Science and Training for a review. The Minister is able to look at an assessment decision only if that decision has been reviewed by a Centrelink Authorised Officer first.

Note: An Authorised Officer has a similar role to an Authorised Review Officer. If a customer receiving ABSTUDY or Assistance for Isolated Children is not satisfied with Centrelink's review of a decision about a debt, they can apply to the SSAT for a review.

5. If the customer is unhappy with the SSAT decision, they can seek a review of the SSAT decision by applying to the Administrative Appeals Tribunal (AAT).

### **Freedom of information (FOI)**

The Freedom of Information Act 1982 (FOI Act) gives any member of the public a general right of access to information held by Australian Government agencies.

Under Freedom of Information a person has a legal right to:

- see documents Centrelink holds about them and get copies of those documents
- see most manuals, rules and guidelines that Centrelink uses to make decisions about the various legislation it administers.

### **Privacy**

Centrelink has a strong privacy culture because its employees and procedures combine to safeguard the personal information held about customers. The foundation of Centrelink's privacy culture is its legal obligation to comply with the Privacy Act 1988 and the confidentiality provisions of the various legislation Centrelink administers. Centrelink is authorised by the various legislation it administers to collect and use personal information in order to provide payments and services to its customers.

The Privacy Act is concerned with protecting the privacy of personal information, including tax file numbers, collected by all Australian Government agencies.

If a person believes Centrelink has been wrong in the way it has collected or handled their personal information, they can contact the Privacy/FOI Officer in a Centrelink Area Support Office, who will look into the matter and do whatever is needed to put things right, if the allegations are correct.

If the person is dissatisfied with the investigation, they can complain to the Federal Privacy Commissioner who is independent of Centrelink.

## **Deductions from Centrelink payments**

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### **Centrepay**

Centrelink has developed a voluntary and easy way for people to pay some of their bills and stay in control of their finances. Centrepay is a free direct bill paying service offered to customers receiving payments from Centrelink. Instead of having large bills every month or quarter, bills are paid in manageable amounts from the Centrelink payment, making it easier to budget.

Centrelink customers can use Centrepay to pay for essential living expenses such as:

- Accommodation for public and private housing, hostels, nursing homes, community housing, Indigenous housing etc;
- Utilities including electricity, water and gas, local council services (rates);
- Home Care including modifications to homes to assist mobility, technical aids etc;
- Ambulance Services;
- Education including school and TAFE fees;
- Funeral Benefits Schemes;
- Legal Fees.

The organisation to which these payments can be made must be registered with Centrelink before customers can start deductions.

Centrelink application forms are available from Customer Service Centres, Call Centres and service provider organisations.

### **Rent Deduction Scheme**

People paying rent to a State or Territory Housing Authority can choose to have their rent automatically taken out of their Centrelink payment and sent directly to the Housing Authority under the Rent Deduction Scheme, a service provided by Centrelink in partnership with the State and Territory Housing Authorities.

This service is free of charge and people can apply to or withdraw from the service at any time. Forms to join the Rent Deduction Scheme are available from the local Housing Authority.

### **Concession cards**

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Some people receiving payments from Centrelink may also be eligible for a concession card. Centrelink issues three types of concession and health care cards which provide a range of benefits to cardholders.

For low income earners, a Health Care Card helps with the cost of medicines and a limited number of concessions. Health Care Cards are also available to some low income earners not receiving payments from Centrelink.

For low income earners (receiving selected payments), a Pensioner Concession Card helps with the cost of medicines and a range of concessions.

For people who are of Age Pension age but do not qualify for the pension, there is a Commonwealth Seniors Health Card.

All three cards entitle the holder to reduced cost medicines under the Pharmaceutical Benefits Scheme (PBS). A Health Care Card and Pensioner Concession card also entitles the holder to a range of additional subsidies including health, transport and educational concessions. These concessions may vary from State to State.

### **Health Care Card and Pensioner Concession Card**

These two cards are issued through Centrelink and cover:

- Prescription medicines through the Pharmaceutical Benefits Scheme – after 52 prescriptions, all Pharmaceutical Benefits Scheme medicines are free for the rest of the year, and
- Some State, Territory and local government services or payments.

Ask Centrelink for the brochures *Health Care Card* and *Pensioner Concession Card* for your State or Territory or look up the publication at [www.centrelink.gov.au](http://www.centrelink.gov.au) under 'publications'. You can also go to the Australian Government websites via [www.gov.au](http://www.gov.au).

### **Commonwealth Seniors Health Card**

This card saves money on prescription medicines through the PBS. After 52 prescriptions, all PBS medicines are free for the rest of the year. Holders may also be able to get Telephone Allowance.

For more information, ask Centrelink for the Commonwealth Seniors Health Card brochure or look up the publication on the Centrelink website at [www.centrelink.gov.au](http://www.centrelink.gov.au) under 'publications'.

## Help to return to work, education or training

Centrelink offers a range of options to help people find full time or part time work, community work or access to education or training. These include:

Type of support	How it can help
Adult Migrant English Program	A migrant language program to assist with English tuition.
Career Counselling	Job seekers who are having trouble deciding on a career can get help through Career Counselling.
Career Information Centres	Offer useful information on training courses, entry to educational institutions, careers and employment.
Community Development Employment Projects (CDEP)	Run by Indigenous community organisations to help participants develop their work and employment skills. For special brochures on Community Development Employment Projects, ask at your local Centrelink office.
Community Work Coordinators	Provide work experience opportunities, including Work for the Dole and Community Work, to help you improve your employment prospects. You can also get access to Training Credits and Passport to Employment.
Community Work	Allows people to do community work with an approved volunteer organisation and give something back to their community.
Disability Employment Services	Provides specialised employment help for people with disabilities.
Education Entry Payment	One off payment to help with the upfront costs of starting study, like buying books and paying student union and course fees.
Employment Entry Payment	One off payment when starting full time employment.
Employment Self Help	Centrelink has a range of self help facilities in most Customer Service Centres, including computers, photocopiers, Australian Jobsearch touch screens and other services to help people look for work.
Green Corps	A voluntary training program for young people, 17–20 years, to work on projects with an environmental focus.
Job Network	Centrelink can refer people to a national network of employment service organisations that can help them find paid work.
Job Placement, Employment and Training	Offers young people support and advice to find a place to live, work out finances, stay at school, get a job or do training that suits them.
Jobs, Education and Training (JET) Program Phone 13 6150	Helps eligible customers, particularly parents or carers, enter or re-enter the workforce. This program may also assist with child care and Transition to Work training funds. For more information see the 'Jobs, Education and Training Program' brochure.
Job Pathway Program	Aims to help young people manage the change from school to work.
Language, Literacy and Numeracy Program	For eligible job seekers who would like to improve their speaking, reading, writing or basic maths skills, giving them a better chance of finding work—ask Centrelink for a 'Language, Literacy and Numeracy Program' fact sheet
National Office of Overseas Skills Recognition (NOOSR)	A program to help people get their overseas skills recognised in Australia.
New Apprenticeship Access Program (NAAP)	Helps eligible people get the training and support they need to get an apprenticeship.
New Apprenticeships	Combine practical work with structured training to give people a nationally recognised qualification.
New Enterprise Incentive Scheme (NEIS)	A service for unemployed people who want to start their own business.

Passport to Employment	Assistance and training to help job seekers prepare resumes, job applications and develop interview skills.
Pensioner Education Supplement (PES)	Helps with the cost of study—ask for Centrelink's 'Education Payment Rates' fact sheet for amounts.
Personal Advisers	Help eligible customers to identify and take up opportunities to find paid work or become involved in their community. Personal Advisers will take into account particular goals and aspirations, existing skills and education, health and other personal circumstances, family situation and caring responsibilities.
Personal Support Program	Helps people who have multiple barriers that prevent them from looking for work—such as homelessness, drug and alcohol addiction, mental illness or domestic violence.
Reconnect	Helps young people 12-18 years (and their families) where there is an imminent risk of early home leaving or where home leaving has recently taken place. Reconnect services also play an important part in increasing community capacity for prevention and early intervention.
Self Employment Development and Cooperative Enterprise Development	Allows job seekers to undertake market research or development of business ideas that could lead to the establishment of a viable business.
Special Employment Advance	Once a person finds a job, he or she may be eligible for a Special Employment Advance of up to \$500 to pay for things s/he might need to start her/his job. This money has to be repaid.
Training Accounts	Job Network members will be able to access a Training Account to help mature age and Indigenous job seekers in Intensive Assistance, Job Search Training or Indigenous Employment Centres gain work-related skills for the local job market. For more information, see a Job Network member or Indigenous Employment Centre.
Training Credits	Training Credits of up to \$800 may be available to job seekers to help cover the cost of accredited training, depending on the number of hours you participate in Work for the Dole or in Community Work.
Transition to Work	Helps parents, carers and mature aged people (50 years and over) who have been out of the workforce for over two years get back into work.
Work for the Dole	Provides a wide range of work experience opportunities in activities that are valued by local communities. Participants may also be able to receive a Work for the Dole Supplement.

## Extra help from Centrelink

Specialist officer or service	How they can help
Aboriginal and Torres Strait Islander Interpreter service	For people who want to talk in their own Aboriginal or Torres Strait Islander language.
Centrelink Agents	Centrelink has developed partnerships with organisations in rural and remote areas to deliver services to the local community. Centrelink Access Points are self help facilities where people can use a telephone to contact Centrelink, use a fax and photocopier and pick up forms and brochures. As well as these services, Centrelink Agents provide a face to face service to help with Centrelink related business. Centrelink Agents are not Centrelink staff and cannot make any payments or decisions about payments.
Centrelink Community Officers	Provide services outside the mainstream office setting in locations where homeless people gather and feel most comfortable. They help people to understand, claim and keep income support payments. They also provide referrals to specialist services and programs.
Centrelink Disability Officers	Centrelink Disability Officers can provide people with a disability who want to get back into the workforce with assistance and information on employment, training and rehabilitation courses.
Financial Information Service Officers (FIS) Phone 13 2300 to make an appointment	The Financial Information Service is an education and expert information service available to anyone. The Financial Information Service helps people to make informed decisions about investment and financial issues for their current and future needs. Financial Information Service Officers provide this service by phone, by appointment and through seminars.
Indigenous Customer Service Officers and Indigenous Service Officers	Can help people access Centrelink services and make sure they get their correct entitlements.
Jobs, Education and Training (JET) Advisers Phone 13 6150	Can help eligible customers access the JET Program. For more information ask for Centrelink's 'Jobs, Education and Training Program' brochure.
Multicultural Service Officers	Consult widely with local migrant and refugee communities on government programs and help Centrelink improve its services.
Multicultural Services For information in languages other than English Phone 13 1202	Centrelink Multilingual Call can help people who need information in their own language. Centrelink can provide free interpreter services for interviews and free translation of documents relating to Centrelink business.
Parent Liaison Service	This service provides information and support to the parents of young people who are thinking about leaving home or who have left home.
Psychology Services	Can help where personal difficulties are interfering with a person's ability to find work. They may also recommend help through other government agencies and programs such as the Personal Support Program.
Social Workers	Can offer personal counselling and support in difficult times, such as when people are experiencing a major change in their circumstances or a family crisis or breakdown. This may include domestic and family violence, severe financial hardship, or even homelessness, or it could be the experience of a loss and bereavement. Social Workers can also refer people to the other services and programs in the local community that may help, like housing, health, emergency relief, legal and/or counselling services and various support groups.

## Centrelink's contacts and mailing list system

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To get on the Centrelink Mailing List System contact your local Customer Service Centre or call the Communication, Media and Marketing Team in National office on (02) 6284 6361. For information in languages other than English, call Centrelink on 13 1202.

### Talking direct to a Customer Service Centre

If you want to talk direct to Centrelink on behalf of a client, you can get a list of contact names and numbers from:

Chris Redmond

Business Manager, Community Sector Relationships

Telephone: (02) 6212 0240

Email: [chris.redmond@centrelink.gov.au](mailto:chris.redmond@centrelink.gov.au)

## Centrelink publications

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The following publications may be particularly useful for your agency:

- *'Are you a parent or guardian?' Booklet* – a guide to your payment and service options if you are a parent or guardian.
- *'Have you recently separated or divorced?' Booklet* – a guide to your payment and service options if you are separated or divorced.
- *'Are you looking for work?' Booklet* – a guide to your payment and service options if you are looking for work.
- *'Are you planning to study or undertake training (or currently studying or training)?' Booklet* – a guide to your payment and service options if you are studying or training.
- *'Are you self-employed or a farmer?' Booklet* – a guide to your payment and service options if you are self-employed or a farmer.
- *'Are you in a crisis or needing special help?' Booklet* – a guide to your payment and service options if you are in a crisis or need special help.
- *'Have you recently moved to Australia to settle?' Booklet* – a guide to your payment and service options if you have moved to Australia to settle.
- *'Are you someone who is ill, injured or has a disability?' Booklet* – a guide to your payment and service options if you are ill, injured or have a disability.
- *'Are you caring for someone who is frail aged, ill or has a disability?' Booklet* – a guide to your payment and service options if you are a carer.
- *'Are you needing help after someone has died?' Booklet* – a guide to your payment and service options if you need help after someone has died.
- *'Are you planning to or needing help in retirement?' Booklet* – a guide to your payment and service options if you plan to or need help in retirement.
- *Jobs Education and Training Program Brochure* – detailed information on the JET program.
- *Australia's International Social Security Agreements Fact sheets* – on agreements with individual countries for social security coverage.
- *Centrelink Community Service Register Fact sheet* – provides information on the community service register linking customers, the community and Centrelink.
- *Finding the Right Direction – Career Counselling Fact sheet* – information on career counselling for young job seekers.

- *Financial Information Service Fact sheets* – series of fact sheets containing information about specific financial matters.
- *Help for People Experiencing Domestic or Family Violence Fact sheet* – provides information on Centrelink’s services for those experiencing domestic violence.
- *Information for Part-time or Casual Workers Fact sheet* – information on how part time and casual work can affect your Centrelink payments.
- *Social Workers Fact sheet* – provides information about who can use social worker services and how they can help people.
- *Community Update* – provides information for community groups.
- *Disability and Carer Connections Magazine* – for those with disabilities and their carers.
- *Employment Update Magazine* – for those looking for work.
- *Rural News Magazine* – magazine for those living in rural Australia.
- *Scope Magazine* – provides information on the many and varied business activities that Centrelink undertakes.
- *Delivering Multicultural Services Booklet* – how Centrelink aims to meet the needs of our customers from CALD.
- *Guide To Commonwealth Government Payments Booklet* – Centrelink payment rates booklet.
- *Investing in Ability Book* – provides information about the impact of impairment on people’s lives, particularly as it relates to work.
- *Centrelink Corporate Publications* – publications containing information about Centrelink.

## **Telstra Bill Assistance Program**

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Telstra is committed to ensuring that all Australians have reasonable access to a telephone service. Through its ‘Access for Everyone’ commitment, Telstra provides a range of residential products and services that aim to enhance affordability and assist residential customers in maintaining their telephone service, particularly when financial difficulties arise. In particular, through various community welfare agencies, the Telstra Bill Assistance Program (TBAP) can assist specific householders to maintain access to a telephone service when difficulties arise.

### **What is the Telstra Bill Assistance Program (TBAP)?**

Under the TBAP, customers who are experiencing a financial crisis and are unable to pay their Telstra home telephone bill can access community welfare agencies for advice and assessment of their circumstances. Participating agencies have the discretion to issue one or more \$25 TBAP Certificates that will be applied as a bill adjustment against the client’s Telstra fixed home phone account.

### **Who can apply for TBAP assistance?**

The lessee of a Telstra fixed home telephone service may apply for TBAP assistance for use as a bill adjustment against current and outstanding Telstra fixed home phone bills. In situations where the lessee is not able to make the application, their authorised representative may apply on their behalf. Applicants residing outside Australia are ineligible.

TBAP Certificates are not transferable; they must be used only against the customer’s Telstra fixed home phone account, and only in favour of the customer to whom they were issued. TBAP Certificates may also be applied against:

- a Telstra BusinessLine™ service, where it is the primary home service used by a farming family; or
- a Telstra home phone service listed under a farming business name;

to the extent that the bill relates to the home phone use of farming families. It is not intended that TBAP Certificates be issued to cover the business use of the phone service.

TBAP Certificates cannot be used against any other business service or a mobile phone service.

#### **How are applications assessed?**

The TBAP agency will assess the customer as genuinely experiencing financial crisis and having difficulty paying their Telstra home telephone bill. Applicants would be assessed in the same way their needs are assessed for other assistance, such as emergency relief/cash, food and clothes, and relief from other utility bills. Telstra respects the independence of the agency's assessment. The decision by the agency to issue or not issue a Certificate to an applicant is final.

#### **What about disconnected services and debt collection?**

TBAP Certificates cannot be issued against letters of demand or other documents from mercantile agents or debt collection companies and must not be sent to debt collection agents. Debt collection agents will not accept Certificates. Where disconnection has taken place, or is imminent, the agency should advise the customer to ring Telstra Credit Management Services on 1800 816 025 to determine if TBAP Certificates can be applied in order to reconnect the service.

#### **Where can TBAP certificates be obtained?**

The Smith Family, The Salvation Army, Anglicare and St Vincent de Paul Society are the major distributing agencies for TBAP. Clients can be referred to their local outlets in the first instance.

In addition there are approximately 200 other smaller community agencies across Australia that distribute TBAP certificates. Please check your local emergency relief network for these contacts, or see below regarding contacts.

Local contacts/notes

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#### **Can my agency distribute TBAP Certificates?**

There may be an opportunity for other community welfare agencies to join the program as Sub-Agencies where they: will extend accessibility to specific geographic/ regional/ socio-demographic/ cultural sectors of the community; are part of the Commonwealth Emergency Relief Program and/ or are familiar with emergency relief provision; and are an incorporated not-for-profit body.

To inquire about how your agency might become part of the program please call the relevant lead distributing agency as set out below.

State/ Territory	Lead agency and contact details
QLD	Salvation Army, Major Judy Knight, 342 Upper Roma St BRISBANE QLD 4000. Tel: 07 3222 6666
NSW	Smith Family, Ms Cristina Fica, 16 Larkin St, CAMPERDOWN NSW 1450. Tel: 02 9550 7145
ACT	Smith Family, Ms Cristina Fica, 16 Larkin St, CAMPERDOWN NSW 1450. Tel: 02 9550 7145
VIC	Victorian Relief, Ms Merlyn Ferris, 134 Jeffcott St WEST MELBOURNE VIC 3003. Tel: 03 9329 5599
TAS	Salvation Army, Ms Ronda McIntyre, 27 Pirie St NEWTOWN TAS 7008. Tel: 03 6278 7184
SA	Anglicare, Mr Simon Schrapel, 18 King William Rd, NORTH ADELAIDE SA 5006. Tel: 08 8305 9200
WA	Anglicare, Ms Tricia Lee, 23 Adelaide Tce, EAST PERTH WA 6004. Tel: 08 9325 7033
NT	Salvation Army, Major Kelvin Merrett, 49 Mitchell St, DARWIN NT 0800. Tel: 08 8981 8188

### Where can I find out more about TBAP?

For further information about TBAP or Telstra's Access for Everyone package please consult the booklet "Access for Everyone – Your A to Z Guide" or [www.telstra.com.au/accessfor everyone](http://www.telstra.com.au/accessfor everyone) or phone Telstra Consumer Affairs on 1800 804 591.

## Other Government programs

### Partnerships Against Domestic Violence (PADV)

A Government initiative, working with the States and Territories and the community to prevent domestic violence. Partnerships conducts a wide range of innovative projects across Australia to stimulate new activities and enhance existing work. FaCS has responsibility for the initiative, with the Secretariat located in the Office of the Status of Women. For more information go to [www.padv.dpmc.gov.au/](http://www.padv.dpmc.gov.au/)

### The Job Placement, Employment and Training Program (JPET)

Aimed at assisting students and unemployed young people aged 15-21 years, who are homeless or at risk of becoming homeless. The objective of JPET is to assist young people who are homeless or at risk of homelessness, or facing similar severe problems.

For your nearest Reconnect service call FaCS on 1300 653 227 (cost of a local call anywhere in Australia), or visit the website at [www.facs.gov.au](http://www.facs.gov.au)

### Youth Portal

A web based resource to find Australian Government programs and services for young people. You can find the latest research and publications about young people and check out Australian and International youth events. [www.youth.gov.au](http://www.youth.gov.au)

### SAAP

This program provides a range of supported accommodation and related support services to assist people who are either permanently or temporarily homeless, as a result of crisis, to move towards independent living. See your State/Territory Resource Information section for local contact details.

## References

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