

Emergency Relief Handbook

4th edition

Mon		12.00 WOMEN'S HEALTH CLINIC 4 10.30 ART WITH LOUISA *POOL COMP MEETING AT 10.30 *	12.00 WOMEN'S HEALTH CLINIC 11 10.30 ART WITH LOUISA *FISHING MEETING AT 10.30 *	12.00 WOMEN'S HEALTH CLINIC 18. 10.30 ART WITH LOUISA	12.00 WOMEN'S HEALTH CLINIC
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Wed		10.00 COMPUTERS 6 12.00 FOOTBALL TRAINING VIC PARK CENTRE CLOSES @ 2.00pm	10.00 COMPUTERS 13 10.30 EZZY WALKERS MARYBYNONG 10.30 FOOTBALL @ HALLAM Centre closes @ 2.00pm	10.00 COMPUTERS 20 12.00 FOOTBALL TRAINING VIC PARK CENTRE CLOSES @ 2.00pm	10.00 COMPUTERS
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Fri	10.30 ART WITH LOUISA 10.15 LANN PARKIN 10.00 HARDESSERS	10.30 ART WITH LOUISA 8 ROUND 1 POOL	10.30 ART WITH LOUISA 15 ROUND 1 POOL	10.30 ART WITH LOUISA 22 ROUND 2 POOL COMP	10.30 ART WITH LOUISA
Sat	CENTRE CLOSES @ 2.00pm 4	CENTRE CLOSES @ 2.00pm 9	CENTRE CLOSES @ 2.00pm 16	CENTRE CLOSES @ 2.00pm 23	CENTRE CLOSES @ 2.00pm



Australian Council of Social Service

The Emergency Relief Handbook

A Guide for Emergency Relief Workers (4th 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, considering legal and other responsibilities. 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 purpose of this Handbook, the following terms and definitions have been used:

Aboriginal and Torres Strait Islander

A conscious decision has been made to use this term to refer to Aboriginal, Torres Strait Islander and Cape Barren Islander people. The term 'Indigenous' has been used only in names of organisations which describe themselves as such. The term 'non-Indigenous' has been used for people who are not Aboriginal, Torres Strait, or Cape Barren Islanders.

ABS

The Australian Bureau of Statistics.

ACOSS

The Australian Council of Social Service.

AFCRA

Australian Financial Counsellors and Credit Reform Association: the peak body for financial counsellors in Australia.

AHRC

Australian Human Rights Commission.

CALD

Describes people from Culturally and Linguistically Diverse backgrounds.

Centrelink

Centrelink is the Australian Government organisation responsible for income support payments and related services.

Client

Describes any person seeking ER from an ER organisation.

COSS

Council of Social Service

DEEWR

The Australian Government Department of Education, Employment and Workplace Relations.

DIAC

The Australian Government Department of Immigration and Citizenship.

ER

Emergency Relief.

ER Organisation

Any organisation involved in the provision of ER.



FaHCSIA

The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs: provides ER funding through the FMP.

FMP

Financial Management Program administered by the Department of FaHCSIA: encompasses ER as well as other programs designed to provide financial support.

GFC

Global financial crisis, 2007-2010.

IPP

Australian Government Information Privacy Principles.

Microfinance

The provision of credit services to low-income clients: includes a range of loans such as NILS and Step Up.

NAHA

National Affordable Housing Agreement. This agreement replaced the Supported Accommodation Assistance Program (SAAP) in January 2009. SAAP agencies are now known as 'Specialist Homelessness Services'.

NILS

No Interest Loan Scheme.

OH&S

Occupational Health and Safety.

PBS

Pharmaceutical Benefits Scheme

SSAT

Social Security Appeals Tribunal.

TIS

Translating and Interpreting Service: a national program provided by DIAC.

Worker

Describes paid workers and volunteers where information is relevant to both.

Volunteer

Describes unpaid staff members. Formal volunteering is an activity which takes place through not-for-profit organisations or projects. It is undertaken to be of benefit to the community and the volunteer; of the volunteer's own free will and without coercion; for no financial payment; and in designated volunteer positions only.

Introduction

Emergency relief (ER) is the provision of financial and material aid to people in immediate need, or a referral to link people with specialist community services.

ER was originally designed as a stop-gap measure, to help solve short-term financial problems. However, the view now is that many clients experience long-term financial stress due to a number of factors including inadequate income support; an inability to connect with the workforce; mental health issues and disability; and social isolation. One of the challenges for the ER sector is to help people move from isolation and exclusion to a greater connection with and participation in all forms of community life.

Commonwealth funding for ER is provided through the Department of Families, Housing, Community Services and Indigenous Affairs' (FaHCSIA) Financial Management Program (FMP). This program also encompasses financial counselling, money management and microfinance schemes. Approximately 705 organisations operating 1340 outlets received ER funding through the FMP in 2010-11. However, many more ER organisations rely on alternative or additional sources of funding to resource their ER programs. Some ER organisations contribute funds from their own budgets; state and territory governments provide some ER funding; community members make valuable donations; and philanthropic donations are also very important.

For many years, ER provision has been viewed as a band-aid solution to financial hardship rather than a legitimate community service. However, ER organisations are tackling this misconception through their commitment to high quality-service provision; recognition of clients' rights and dignity; use of appropriate referral pathways to assist in meeting clients' longer-term needs; and a better understanding of the causes of poverty. The ER Handbook has been designed to assist this process. It provides an information base from which organisations can develop their individual policies, programs and service delivery practices.

The Handbook attempts to address the information needs of a wide diversity of organisations across Australia, which have vastly different resource levels and offer their services in a variety of different ways. This fourth edition is a practical, hands-on resource for staff engaged in the delivery of ER to clients. It is designed not as a 'blueprint' for service design and delivery but as a guide that can be adapted to each organisation's circumstances to assist them to best meet the needs of their clients. Managers and coordinators of community organisations and Australian Government departments will also find useful information about the design and evaluation of ER programs.

It is important to note that this Handbook is directed towards office-based ER providers, which represent between 70% and 80% of the ER sector. Between 20% and 30% of the sector provides outreach services, including home visits, soup vans, opportunity shops, and Christmas hampers (Orima Research 2009). Where possible, information relevant to outreach ER provision has been included throughout this publication.



How to use this Handbook

Part 1: About ER

This section answers basic questions about ER, such as how it is funded, which organisations distribute it and factors that contribute to demand for ER. It examines the causes of poverty and disadvantage and includes a discussion of the impact of community attitudes about these issues on ER clients. A range of additional issues important to the provision of ER are also raised.

Part 1 provides a good starting point for the orientation of new workers; managers will also find it useful.

Part 2: Providing ER

This section is directed at ER workers and provides information about key practice issues relevant to ER provision. It can be used as a hands-on resource and information reference for ER workers.

Part 2 contains an overview of the roles and responsibilities of ER workers, including orientation and training; and client and volunteer rights. It provides guidance on assessing and interviewing clients as well as how to help clients from a range of diverse backgrounds and those with multiple or complex needs. Advocacy and referral practices are examined and the crucial practice of self-care is also addressed.

Managers may wish to refer their workers to the sections within Part 2 that are most relevant to their organisation or to that person's role.

Part 3: Managing an ER organisation

This section provides information for:

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

It can be used as the basis for developing organisational policies and practices and as a checklist for organisational responsibilities.

Part 3 addresses the information needs of a wide range of ER organisations. It is therefore neither a measure of an organisation's success or failure nor a blueprint of how to proceed. Rather, it is an information resource which should be used to assist individual organisations to better meet the needs of their clients within their financial and human resource constraints.

Part 4: Checklists, templates and training

This section includes practical and policy checklists for ER workers and managers, standard examples of forms commonly used by ER organisations and information and ideas about ER training for new workers.

Part 4 also includes a range of training exercises that relate to the information provided in Part 2. These exercises have been developed for ER workers to complete independently and discuss with their managers, or during group training sessions or staff meetings.

Part 5: Information and resources

This section provides information about Commonwealth, state, territory and community-based resources through which ER workers and managers can access additional information and support relevant to ER provision. For example, information about FaHCSIA's FMP, Centrelink payments and services, financial counselling and a range of social support services are included. Separate state- and territory-specific resource lists are provided at the end of the section.

Every effort has been made to ensure that the contents are correct at the time of compiling this Handbook. Organisations should note that this information is subject to change and should be updated regularly.



What's changed in this edition?

This edition of the ER Handbook includes significant changes to its content, structure and design.

Content

Since the Handbook was last published in 2003, there have been a number of social and economic changes that have impacted ER provision and will be of interest to ER workers. The content in Parts 1, 2 and 3 of the Handbook has been significantly revised and new content developed to address the nature and impact of these changes, which include:

- changes to the incidence of poverty and disadvantage in Australia and the way they are measured;
- changes to ER client demographics, for example the rising numbers of working people and mortgage holders seeking ER for the first time;
- changes to the types of ER available, for example the reduction of cash payments and an increase in the use of supermarket vouchers and gift cards;
- the increased complexity of need experienced by many ER clients;
- the impact of the Global Financial Crisis (GFC) on ER provision;
- changes to ER funding and acquittal processes, particularly FaHCSIA ER funding;
- changes to Centrelink payments and services, including the introduction of income management; and
- changes to the national, state and territory resource directories: the national resource directory has been revised and updated; the size and scope of the state and territory resource directories have been reduced due to project constraints.

Structure

The contents of the Handbook have been reorganised in order to increase clarity and ease of use. For example, policy and practical checklists, templates and training exercises have been developed or revised and collected into one, easily accessible section.

Design

New design elements have been incorporated into this edition of the ER Handbook. For example, throughout the Handbook, icons are used to highlight particular kinds of information and to direct readers to related information in different parts of the Handbook and to external resources. The following design key provides guidance on how to navigate the Handbook using the icons and links.

Design Key



CHECKLIST: This symbol is used where there is a link to a relevant checklist elsewhere in the Handbook.



TRAINING EXERCISES: This symbol is used where there is a link to a relevant training exercise elsewhere in the Handbook.



EXTERNAL HYPERLINK: This symbol represents a hyperlink to an external website.



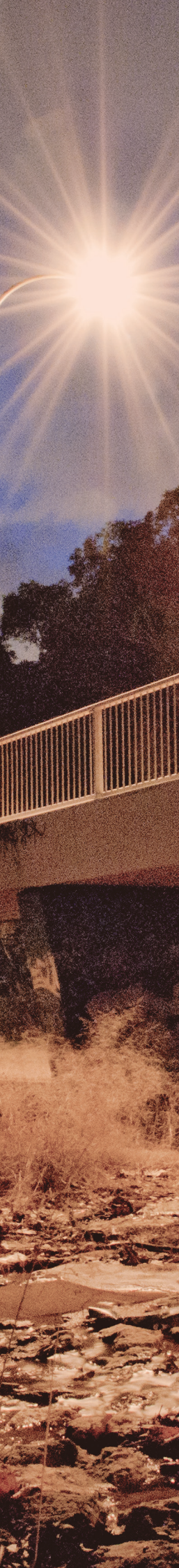
INTERNAL HYPERLINK: This symbol represents a hyperlink to another, related, section of the Handbook.



TEMPLATE: This symbol represents a hyperlink to a relevant template elsewhere in the Handbook.

Part 1: About ER





WHAT BODY PART DO I NEED TO SELL?

*Sometimes,
I have, sometimes,
well
you know....
if you go without a meal,
save yourself ten bucks
or something like that,
it's the only way...*

*...it's a serious proposition,
because it's the only way you can save money.*

*There are no,
there's no pot of gold you can dig up in the backyard.
The only way you can save is by cutting something
out of your life.*

*Food.
Gas.
Electricity.
Water,
or not paying bills.*

*My son needs braces,
over two thousand bucks.
I'm sort of going,
'What body part do I need to sell?'*

Jimmy

Connelly, Kate (2010). What Body Part Do I Need to Sell? Poetic Re-Presentations of Experiences of Poverty and Fear from Low-Income Australians Receiving Welfare Benefits. Jobs Australia.

Image by Bec (2010), Home Is Where My Heart Is: A YACWA Project 2010

Part 1: About ER

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What is ER?

ER is the provision of financial or material assistance to people in financial crisis. Some clients access ER to help them through a 'one-off' episode; while for others ER becomes part of their solution to dealing with ongoing financial disadvantage. The aim of ER is to assist people experiencing financial crisis in a way that maintains dignity and encourages self-reliance.

Assistance usually comprises:

1. the provision of financial or material aid to meet an immediate need - this may include cash assistance, assistance with paying utility bills, food vouchers, food parcels, clothing or household goods; and
2. information and referrals that may help to resolve the underlying problems experienced by the client – for example a referral to a financial counsellor. This is not always possible and clients may choose not to take up the referral option.

Regardless of what forms of assistance clients choose, ER organisations should:

- uphold clients' rights and dignity – clients have the right to make their own decisions and may refuse any assistance or referral offered if they wish;
- attempt to ensure reasonable access to ER for all people within a local area – organisations should work together on eligibility requirements, geographic location, client demographics served, access to transport and opening hours;
- be clear and direct about the organisation's philosophy, eligibility requirements and the types of support available – if the organisation requires that clients only receive assistance every three months, this should be stated clearly before the ER process starts. Eligibility criteria should be outlined clearly in service information or promotional material and displayed visibly in the organisation's waiting room or reception area. Eligibility criteria should also be explained clearly when appointments are made by telephone;
- implement a complaints policy that allows clients to address concerns, clarify misinterpretations of information or deal with specific issues about the service they are receiving; and
- where available, provide the option of referral to another ER organisation if clients are dissatisfied with the service, or need a type of support not offered by the organisation.

ER organisations must ensure the service provided is appropriate and supports clients and workers.

Research and the experiences of social services are constantly improving our understanding about the reasons for poverty and disadvantage. For example, ER organisations also record the reasons for clients' difficulties in data collected. In response and with clients' permission, they often attempt to initiate longer-term solutions to these problems. In addition, ER organisations can play a vital role in informing policy makers about the root causes of poverty and social exclusion through advocacy, the appropriate use of data and referral systems, and local, regional, state and national networks.

Additional information

You can find additional information about appropriate program design in [Part 3 of the Handbook on pages 152-160](#).



Who funds ER?

Major sources of ER funding

- Donations and fundraising undertaken by organisations themselves. These funds are dispersed according to organisational policies.
- The Australian Government, through the FMP administered by FaHCSIA. In 2010-11, the FMP funded approximately 705 community organisations operating 1340 outlets for ER provision.
- State and territory governments.
- Local governments.
- Industry and corporate donors, such as Woolworths (through its sponsorship of Foodbank and its Fresh Food Rescue program); Telstra (through the Telstra Bill Assistance Program); and private electricity providers (through utility hardship grant schemes).
- Private donors and philanthropic organisations.

Additional Information

You can find additional information about sources of ER funding in [Part 3 of the Handbook on page 133](#).



Who provides ER?

ER is distributed by a diverse range of organisations. Most offer a range of social services such as community health or family support, as well as ER provision. While FaHCSIA currently funds many state and territory organisations, a number provide support without government funding or above the amount they are funded for.

ER providers

- Charitable organisations such as the Salvation Army, the St Vincent de Paul Society, Anglicare, Uniting Care, the Australian Red Cross and Catholic Social Services.
- Aboriginal and Torres Strait Islander organisations.
- CALD organisations such as migrant and refugee services.
- Community-based organisations such as neighbourhood and community centres, Citizens' Advice Bureaux, family resource centres, youth services, emergency accommodation centres, and women's refuges.
- State, territory and local governments, such as departments of child protection or community services and local councils.

Types of ER

There are eight main types of ER. Organisations vary as to whether they offer one or more types of relief.

1. Food: parcels or single items.
2. Vouchers or gift cards: for example for a local supermarket, often with certain restrictions or exclusions such as cigarettes and alcohol.
3. Material aid: clothes, bedding, household items, whitegoods, furniture.
4. Bill payment (gas, electricity, phone): usually paid by a cheque made out to the billing company, or with vouchers.
5. Cash: either direct or in the form of a cheque to be cashed at a nearby bank. This is becoming a less common form of ER.
6. Transport assistance: public transport vouchers, petrol vouchers.
7. Pharmacy assistance: vouchers to help pay for prescription medications or toiletries, not including methadone, certain sedatives and other addictive drugs.
8. Information, advocacy and referral.

Additional Information

You can find additional information about the advantages and disadvantage of the various types of ER in [Part 3 of the Handbook on pages 134-138](#).



Why do people need ER?

People may need ER because they have insufficient income or resources to meet their basic needs; are experiencing multiple deprivation; have a disability, mental health condition or addiction issues; or are financially stressed.

The extent of income poverty, multiple deprivation and financial stress in Australia is due to labour market and social institutions, as well as to the GFC. Escalating living costs combined with the insufficient creation of secure long-term, full-time jobs has had a huge effect on the extent of poverty and disadvantage. In addition, more people in the working-age population have limited education and work experience or a disability. Increased housing costs, poor access to services and living in disadvantaged communities and localities also contribute to poverty and disadvantage in Australia. These issues are discussed in greater detail below.

Poverty

In Australia, the term 'poverty' refers to people living in relative poverty: those whose living standards fall below an overall community standard. People living in poverty not only have low levels of income, they also miss out on opportunities and resources that most people take for granted, such as adequate standards of health care, accommodation, education, employment opportunities, food and recreation.

It is estimated that up to one in 10 Australian families live in poverty with insufficient income to meet their daily needs. Australia is a signatory to the United Nations International Covenant on Economic, Social and Cultural Rights (ICESCR). While the basic rights enshrined in the ICESCR are the entitlement of all Australians, it is clear that many people are missing out.

Basic rights enshrined in the ICESCR

- To an adequate income or income security to cover basic needs.
- To live in safe, secure, affordable housing.
- To live a physically and mentally healthy life.
- To develop intellectual capacities and skills.
- To raise children in a safe and secure environment with support from family, friends and the community.
- To participate in the community free from discrimination on the grounds of race, religion, sex, age, disability or marital status.
- To have access to appropriate information and resources to enable people to make their own decisions and to work out or choose solutions to their own problems.
- To work.



Henderson Poverty Line

Established by Professor Ronald Henderson in the 1970s, the Henderson Poverty Line is still often quoted as the key measure of poverty in Australia. It estimates how much money individuals and families of different sizes need to cover essential living costs. The Organisation for Economic Co-operation and Development (OECD) uses 50% of median income and the United Kingdom and the European Union use 60% of median income to indicate poverty levels.

Neither the Henderson Poverty Line nor the OECD poverty indicators take into account people's social and emotional needs. They are purely economic indicators of income poverty.

Poverty statistics

Statistics provide a useful picture of how poverty and disadvantage have increased in Australia since the 1970s, when poverty first became a public issue.

- In October 2010, 5.2% of the workforce was officially unemployed, compared with 2% in the 1970s (ABS 2010a).
- The number of long-term unemployed people receiving income support payments (those receiving payments for 12 months or longer) has grown from negligible levels in the 1970s to 341,602 in June 2010 (DEEWR 2010).
- In 2007-08, there were over half a million children under the age of 15 living in jobless families, or 12% of families with children under the age of 15 (ABS 2009; Whiteford 2009).
- The 2006 Census estimated 105,000 Australians were homeless. Of these, 26% were families with children, 17% of whom were aged between 12 and 18 years.
- Although Aboriginal and Torres Strait Islander people made up only 2% of the total population, they made up 9% of homeless people (ABS Census Data 2006).
- In 2007-08, 18% of Supported Accommodation Assistance Program (SAAP) clients and 26% of accompanying children were Aboriginal and Torres Strait Islanders (AIHW 2009).
- In 2007, over 1.1 million low- to middle-income households suffered 'housing stress', which is defined as paying 30% or more of gross household income towards rent or mortgage repayments. This represented 10% of Australian families (Shelter NSW, 2010).

Attitudes and approaches to poverty and disadvantage

Poverty and disadvantage in Australia contrasts with the images of extreme poverty seen overseas, such as television images of famine and war. Many Australians are not aware of the daily deprivation and hardship experienced by over two million Australians.

Attitudes towards poverty can be categorised in two ways.

1. **The individualistic approach: individuals are seen as being primarily responsible for their own situation.**

Examples of the individualistic approach

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 alcohol.

I think those people just live for today whereas we are too busy thinking of next year and ten years ahead.

If they looked after their money a bit better, cooking a meal at home rather than buying takeaway, they could manage very well.

2. **The structural approach: the way society is organised is seen as primarily responsible for poverty, discrimination or powerlessness.**

Examples of the structural approach

Most people are in poverty because of circumstances beyond their control.

The rich are getting richer; the poor are getting poorer.

There are not enough jobs to go around.

Structural causes of poverty and disadvantage

On the whole, the causes of poverty and disadvantage are structural, rather than related to individual behaviour or motives. The factors that contribute to someone living in poverty and disadvantage are numerous and changing them is often not within the power of the individual. However, this does not mean that behavioural change is not part of the solution; however behaviour and motivation generally follow from the circumstances in which people under financial stress find themselves, rather than being a driver of them.

The following points outline some of the key causes of poverty and disadvantage.

- Lack of employment is one of the main causes for the increase in poverty and disadvantage in Australia, with more and more people unable to find full-time employment.
- Many people living in poverty face discrimination in employment, such as Aboriginal and Torres Strait Islander Australians, migrants, refugees, asylum seekers and people with a disability.



- Part-time work cannot provide a sufficient income, particularly for those supporting a family. Income support recipients who work part-time can lose access to concessions available to low-income families, such as the Health Care Card.
- 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.
- Centrelink Rent Assistance is inadequate to assist with housing affordability, particularly in high rent areas which are often areas of low unemployment as well.
- People on low incomes have to spend a greater proportion of their incomes on essential services such as gas, electricity, telephone and water.
- The price of electricity has increased over the past decade, mainly due to increased transmission and distribution costs. This is made worse by increased energy consumption due to high energy-using equipment like plasma televisions and air-conditioners, the use of which has increased significantly over the past ten years. For example, 81% of houses in Sydney's western suburbs and most newly-built homes now have air-conditioning.
- Poor-quality appliances including new, poor-quality air-conditioning units continue to contribute to high and inefficient electricity consumption.
- Extenuating circumstances including illness; having to relocate, for example refugees or people who find employment in different regions; personal crises; and large unforeseen expenses.
- Surviving on a low income leaves many with no way to save money. This means that, when an emergency happens people have no ability to cover costs, for example fixing a broken fridge.

Largely, these factors are outside individuals' control and it is important to realise that people find it extremely difficult to escape poverty and disadvantage solely through their own efforts.

Often what is needed to break the cycle of poverty is full-time employment, additional money or assistance to secure appropriate housing, or the opportunity to access further education. Coupled with additional social supports where required, such measures may help to bring about a change in the person's life circumstances.

Additional Information

For more information about the Henderson Poverty Line, visit the Melbourne Institute's website:

www.melbourneinstitute.com/miaesr/publications/indicators/poverty-lines-australia.html.

For more information on poverty and disadvantage from ACOSS, visit: www.acoss.org.au.



Deprivation

Although income may provide a valuable metric for measuring poverty, the concept of poverty needs to be grounded in the conditions faced by those who experience it (Saunders, Naidoo & Griffith 2008).

A more complete picture of poverty and disadvantage can be found by looking at what people lack, or measures of deprivation. In 2006, the Social Policy Research Centre (SPRC) measured deprivation by surveying 700 clients of community welfare organisations. An initial survey established what most Australians regarded as essential items, while a subsequent survey asked the client group whether they had these items and, if not, whether it was because they could not afford them (Saunders et al. 2008).

Twenty items were regarded by over 50% of initial survey respondents as essential, including:

- a decent and secure home;
- a substantial meal at least once a day;
- up to \$500 in emergency savings;
- dental treatment when required;
- heating in at least one room of the house; and
- a separate bed for each child.

The SPRC described 'multiple deprivation' as the lack of at least three out of the 20 essential items identified. Using this measure, 19% of the survey group were found to experience multiple deprivation. Particular groups were also found to experience greater deprivation more than others. For example, 65% of Aboriginal and Torres Strait Islander Australians, 54% of unemployed people, 49% of sole-parent families, 27% of people with disabilities, 53% of public tenants and 48% of private tenants experienced multiple deprivation. Young people were also more likely to experience multiple deprivation (27%) than middle-aged or elderly people (Saunders et al. 2008).

Anglicare Victoria surveyed a number of their ER clients using these measures of deprivation (Wise 2010). Survey results revealed half the respondents could not afford dental treatment when needed; over a third could not afford medicine prescribed by a doctor; and almost a third could not afford to eat a full meal every day. Over 75% of respondents were missing out on three or more of the items considered essential in modern Australia and some were missing out on up to 12.

Social exclusion

Social exclusion describes systemic exclusion from economic, social, cultural and political participation in society. It is more likely to occur when low income or unemployment are combined with multiple or accumulated disadvantage. Some researchers now use the term 'deep exclusion' to describe people who are disadvantaged in many areas such as income, employment, ill-health, disability, social isolation and housing insecurity (King et al. 2010). Deep exclusion is often intergenerational and concentrated in particular geographic areas. People who access ER often experience deep exclusion.

Financial stress

Financial stress is another indicator of inadequate or unsustainable living standards. Financial stress describes people or households that cannot meet basic financial commitments due to a lack of money. Many factors have combined to increase the levels of financial stress experienced by Australian families since the last edition of the ER Handbook, particularly since the GFC.

Factors contributing to increased financial stress

- Increased in interest rates.
- Increased rents.
- Inflationary pressures on household expenses.
- Increased rates of casual and part time work.
- Reduced rates of pay.
- Reduced childcare subsidies.
- Increased costs of electricity (Wesley Mission 2010).

The Household, Income and Labour Dynamics in Australia (HILDA) survey identified seven criteria for financial stress (Wilkins et al. 2010).

HILDA criteria for financial stress

- Could not pay electricity, gas or telephone bills on time.
- Could not pay the mortgage or rent on time.
- Pawned or sold something.
- Went without meals.
- Were unable to heat the home.
- Asked for financial help from friends or family.
- Asked for help from welfare or community organisations.

The Anglicare Victoria 2010 Hardship Survey found that 88.6% of ER clients borrowed money for their day-to-day needs, of whom 28% were forced to pawn or sell something and 17% were forced to borrow money from a money lender (Wise 2010). In 2010, 850,000 households in NSW, or over 1/3 of people, were affected by financial stress (Wesley Mission 2010).

Financial stress is not limited to people or households with low incomes. Financial stress can also be caused by unforeseen events such as an accident or injury, domestic and family violence, long-term illness or a death in the family. However, households with lower incomes are more likely to experience a range of financial stressors. The number of people experiencing financial stress who seek ER has increased recently, due in large part to the GFC.

Increased cost of living

The cost of living in Australia is measured by the Consumer Price Index (CPI). This index measures the changes in the price of a group of common goods and services.

Goods and services measured by CPI

- Food.
- Alcohol and tobacco.
- Clothing and footwear.
- Housing.
- Household contents and services.
- Health.
- Transportation.
- Communication.
- Recreation.
- Education.
- Financial and insurance services.

Between March 2000 and March 2010, the CPI increased by 37%. The single item that increased most in cost over this period was electricity (91%). Other categories that saw significant increases were education (67.8%), health (62.9%) and housing (57.6%) (ABS 2010b).

ACOSS (2010a) argues that because of the way it is structured, the CPI does not accurately reflect changes to the cost of living over the short- or long-term, or the impact of cost-of-living increases on different groups, such as low-income Australians and people living in regional, rural and remote regions. ACOSS advocates the development of a range of additional indexes that supplement CPI and better reflect the impact of cost-of-living increases. For example, a national cost-of-living index based on a shelf pricing model and a spatial and regional price index to measure the cost of living in regional, rural and remote areas. ACOSS also argues that the Household Expenditure Survey (HES), which informs adjustments to CPI, should be carried out more frequently to accurately capture changes to the cost of living over time.

Housing costs

Housing plays a crucial role in determining whether or not people are disadvantaged. Housing provides people with the security necessary to participate in employment, education and training and to maintain good health and well-being. Housing costs in Australia are also rising. For low-income Australians, this problem is made worse by the lack of affordable and appropriate housing and an increased demand for housing assistance. In particular, rising rental prices have increased demand for social housing, while the supply of public and community housing has declined. Between 1996 and 2009, the number of public housing dwellings in Australia fell from 372,134 to 336,464 (National Housing Supply Council, 2010). In the same period, Australia's population increased by approximately 20% (calculation by Office of Housing Branch using data from the ABS 2010c).



Housing is the main source of household debt in Australia, making up 89% of all household debt in September 2010 (calculation by Office of Housing Branch using data from the Reserve Bank of Australia 2010).

Housing stress

Households that spend over 30% of their income on either rent or mortgage repayments are considered to be in housing stress. In 2007, 15% of all households and 28% of low-income households experienced housing stress (Yates & Milligan 2007). In 2008, it was reported that over 1.1 million low- to middle-income Australian households, or 1 in 7 households, were suffering from housing stress (FaHCSIA 2008).

In Australia in 2007-08, those spending more than 30% of gross household income on housing costs included:

- 445,000 private renter households with incomes in the lowest 40% of the income distribution;
- 117,000 private renter households wholly dependent upon income support payments;
- 312,000 mortgagee households with incomes in the lowest 40% of the income distribution; and
- 27,000 mortgagee households who were wholly dependent upon income support payments (National Housing Supply Council 2010).

Those paying more than 50% of gross household income in housing costs in the same period included:

- 172,000 private renter households with incomes in the lowest 40% of the income distribution;
- 42,000 private renter households wholly dependent upon income support payments;
- 161,000 mortgagee households with incomes in the lowest 40% of the income distribution; and
- 13,000 mortgagee households who were wholly dependent upon income support payments (National Housing Supply Council 2010).

In a 2008 survey of Salvation Army's Community Support Services clients, the average amount of income spent on housing was 50% (Salvation Army 2009). More generally, in 2005-06 approximately one in every five lower-income households spent over 30% of their income on housing (Salvation Army 2010a).

Mortgage stress

A major new client group seeking ER since the GFC began is people suffering from mortgage stress. These are people or households spending over 35% of their income on mortgage repayments (Kryger 2003). In March 2008, the Reserve Bank of Australia (RBA) estimated that the number of households in mortgage arrears had risen by 17% during the previous year (Berry, Dalton & Nelson 2010).

Income support

According to the Department of Education, Employment and Workplace Relations (DEEWR), at June 2010:

- 553,893 Australians were receiving the Newstart Allowance, a 6.5% increase since June 2009; and
- 88,459 young Australians were receiving the Youth Allowance (other), a 6.7% increase since June 2009 (DEEWR 2010).

Despite some progress, many households live on income support payments that are significantly below accepted Australian poverty benchmarks. The people most affected are single unemployed people, young unemployed people and students, because the payment rates for unemployment and student allowances are lower than for other payments and pensions, such as the Aged Pension and Parenting Payment. In the June quarter 2010, a single person living on income support payments fell \$114.42 below the Henderson Poverty Line (Melbourne Institute of Applied Economic and Social Research 2010). Whilst not all income support payment recipients need additional assistance, many Centrelink clients approach ER organisations for a 'top-up' to supplement their payments.

The vast majority of ER clients receive some form of income support payment. Recently, major welfare reforms have been implemented that impact upon these payments. [Income support is discussed in greater detail on page 19.](#)



Employment

One of the major causes of poverty and disadvantage is joblessness. The length of time that people are unemployed is directly related to their likelihood of living in poverty. Downsizing of private and public enterprises, a reduction in intensive employment assistance and a decline in regional employment has resulted in a failure to convert Australia's solid economic growth to strong, evenly distributed jobs growth.

In September 2009, the official unemployment rate was 5.8%. For the purpose of data collection, people are considered to be employed if they work just one hour per week. As a result, the official unemployment rate does not count two groups: the hidden unemployed and the underemployed.

- The hidden unemployed are people who would be in the labour force if there was full employment. These people have become discouraged in their search for work and have dropped out of the labour market. They would be looking for work if they thought they had a realistic chance of getting a job. In September 2009, there were 893,100 people who wanted to work but were not employed.
- The underemployed are people who are counted as employed but would prefer to work more hours. In September 2009, there were 859,106 workers who were underemployed (7.8% of the workforce).

There are an increasing number of Australian households living in income poverty, even though at least one member of that household is in paid employment. Known as 'working poor', there were approximately 389,600 Australians living in these conditions in 2005-06, an increase of 9.4% since the last edition of this Handbook. It is likely that these numbers have increased due to the GFC because many employers cut working hours or replaced full-time employees with part-time employees. Between February 2008 and February 2010, the number of Australians working full-time decreased from 7.693 million to 7.660 million, while the number of part-time jobs increased from 3.035 million to 3.311 million.

Education

Level of education has a direct impact on workforce participation and level of income. According to the Australian Bureau of Statistics (ABS), in 2009:

- people who had not completed secondary school had a workforce participation rate of 69.5%, compared with 83.9% of people who had completed year 12 and 87.4% of people with a bachelor's degree; and
- people with a year 10 qualification received a median weekly wage of \$907, compared with more than \$1350 for people with a bachelor's degree.

Rising education costs also impact on financial stress. ER organisations report an increase in the number of families requesting ER to meet education expenses for children.

Family structure

Since the 1970s, there have been huge changes in the structure of the family. For example, there has been increasing relationship breakdown; families have been growing smaller; the number of people getting married has decreased; and the number of families with children has decreased. The number of sole-parent families increased by 4% between 1976 and 2006. Aboriginal and Torres Strait Islander families are larger and more likely to be sole-parent families than other households (Wilkins et al. 2010). These changes have led to an increase in vulnerable families. Vulnerable families, such as sole-parent families, jobless families, Aboriginal and Torres Strait Islander families, some older couples and single person households generally access ER more than other family types.

Who needs ER?

Major groups of people at risk of disadvantage in Australia

The groups listed below are also more likely to need ER as a result of poverty and disadvantage.

- Aboriginal and Torres Strait Islanders – reflected by high levels of joblessness, low levels of formal education, poor health, and inadequate housing.
- Unemployed people and their families – households where no one is employed make up the largest group of people in income poverty.
- Sole-parent families – in 2007, approximately 28% of sole-parent families lived in income poverty.
- Young people in low-income households – face a much higher risk of disadvantage and deprivation than middle-aged or older people due to high youth unemployment and low income support payments.
- Income support payment recipients –people with disabilities, carers and others whose main source of income is income support payments are consistently found to be at greater risk of poverty and deprivation.
- Asylum seekers – some asylum seekers are granted a temporary visa, called a ‘bridging visa’. This allows them to live in the community to await the outcome of their application for refugee status. Some bridging visas do not allow asylum seekers to work or to access income support payments or the public health system. This results in many asylum seekers experiencing multiple deprivation, income poverty and social exclusion.
- People from CALD backgrounds.
- People living in rural and remote areas are also at greater risk of disadvantage and social exclusion.

ER client demographics

The statistics below also help to understand the profile of people seeking ER.

- 97% of Anglicare Sydney ER clients receive income support payments (King et al. 2010).
- 40% of Anglicare Victoria’s ER clients receive the Disability Support Pension (DSP).
- 31% of Anglicare Victoria’s ER clients are born in a non-English speaking country (Wise 2010).
- 60% of Anglicare Sydney’s ER clients have a household income of less than \$21,000 a year; almost one in two had household incomes of less than \$16,000 a year.
- The main reasons ER clients seek ER is for food and money.



- The main reason ER clients nominated for their current financial hardship was the cost of utilities such as gas and electricity (King et al. 2010).
- In 2007-2008, 91.1% of Victorian ER clients were of working age (19 – 64); the largest group of people seeking ER were aged between 35 and 39 years. Over 2/3 of survey respondents were aged between 25 and 49 years; 4.1% were under the age of 19.
- The majority of ER clients are female (58%).
- The largest category of ER clients is sole-parents, followed by people living alone.
- People living in public and private rental accommodation are over-represented among ER clients.
- In 2007-08, 43.4% of people seeking ER in Victoria lived in private rental (Engels et al. 2009).

Increased demand and changing client demographics

Evidence suggests that demand for ER has increased over the past 5 years and that new groups of clients are accessing ER for the first time. For example:

- a 99% increase was reported in the number of ER organisations requesting food relief between 2006 and 2008 (VicRelief Foodbank 2008);
- 90% of ER organisations reported an increase in demand for food-related services in 2008-09 (SecondBite 2010);
- anecdotal evidence suggests that demand for ER is being driven by increased cost-of-living pressures, particularly housing, utilities, health and transport costs, and is being experienced by ER organisations in urban, regional and remote locations across all Australian states and territories; and
- the Senate Select Committee on Housing Affordability (2008) heard that increasing numbers of people are accessing ER for the first time, including:
 - sole parents and working people experiencing housing stress;
 - families experiencing housing stress and increased education costs; and
 - pensioners.

Income support

As the statistics provided in the previous section show, the majority of people who seek ER receive some form of income support payment from Centrelink. As a result it is important that ER organisations and workers understand the income support system as well as the nature and impact of significant welfare reforms implemented over the last decade.

The most common income support payments are listed below.

- Newstart Allowance.
- Youth Allowance.
- Parenting Payment (partnered or single).
- Aged Pension.
- Disability Support Pension.
- Special Benefit.

People receiving standard income support payments and others on low incomes also may be eligible for the following entitlements.

- **Centrelink Rent Assistance:** available to recipients of income support payments or Family Tax Benefit Part A who are renting their home and paying above a certain threshold in rent payments.
- **Pharmaceutical Allowance:** available from Centrelink and the Department of Veterans' Affairs. Available to some Centrelink payment recipients.
- **Centrelink Telephone Allowance:** available to all pensioners, certain allowance recipients, and eligible Commonwealth Seniors Card holders.
- **Healthcare concessions:** a Low Income Health Care Card is available to people with incomes under a certain level. Benefits differ depending on which state or territory the recipient resides in.
- **Remote Area Allowance:** available to certain Centrelink payment recipients living in remote areas.
- An important part of assessing clients' eligibility for ER involves checking whether they are accessing all of their entitlements. Receiving a Centrelink income support payment is unlikely to solve a person's financial problems. However, accessing a benefit or concession they are entitled to may reduce the severity of these problems.

Additional Information

You can find additional information on Centrelink payments and services in [Part 5 of the Handbook on page 252-266](#)



Important Note: State-based entitlements

Some state-based entitlements and assistance programs for low-income Australians also exist. For example, utility hardship programs are available in each state and territory. These programs are funded by state or territory governments or private utility companies and provide financial assistance to people having difficulty paying their electricity or water bills. Some examples include Western Australia's Hardship Utility Grant Scheme (HUGS) and Victoria's Utility Relief Grant Scheme (URGS).

For more information about state-based entitlements, contact the relevant state or territory Council of Social Service.

Constraints to income support payments

Centrelink Activity Test and participation requirements

Activity Test and participation requirements

Recipients of particular income support payments who are assessed by Centrelink as having the capacity to work are subject to Activity Test or participation requirements.

Payments subject to full Activity Test or participation requirements

- Newstart Allowance.
- Youth Allowance (Other).

Payments subject to part-time Activity Test or participation requirements

Clients receiving these payments are assessed by Centrelink as having a partial capacity to work.

- Newstart Allowance (aged 55+).
- Parenting Payment (when the youngest child turns six or seven years).
- Disability Support Pension.

'Connection' and 'reconnection' failures

Connection failures, which do not result in payments being suspended in the first instance, include failures to:

- attend interviews with Centrelink or Job Services Australia providers;
- sign an Employment Pathway Plan;
- look for work; or
- complete a Job Seeker Diary.

The first time a client fails to fulfil one of these requirements, Centrelink will give them a second chance to do so by arranging another appointment or providing additional time to fulfil the requirement. The failure to fulfil a 'second chance' or 'reconnection' requirement results in a 'reconnection failure', which means the client loses one day's pay for each day they do not fulfil the requirement (NWRN 2010c).

No Show, No Pay failures

No Show, No Pay failures, which result in the client losing one day's pay for each day they do not fulfil a particular requirement, may be imposed if a client:

- fails to participate in a compulsory activity in their Employment Pathway Plan (such as training or Work for the Dole);
- fails to attend a job interview; or
- attends a job interview but deliberately acts in a way that results in a job offer not being made.

Serious failures

A 'serious failure', which may result in an eight-week non-payment period, may be imposed if a client:

- has had three 'No Show, No Pay', 'connection' or 'reconnection' failures in the previous six months; or
- refuses a suitable job offer.

If a client is subject to an eight-week non-payment period, they can choose to 'work off' the penalty by participating in a Compliance Activity. If a client chooses to participate in a Compliance Activity, including Work for the Dole, part-time work or an intensive job-search program, their income support payments will restart.

If a client is unable to participate in a Compliance Activity and the eight-week non-payment period will cause 'severe financial hardship', the non-payment period can be waived (NWRN 2010c).

Reasonable excuse

Centrelink cannot impose a participation failure or an eight-week non-payment period if the client has a 'reasonable excuse' for the failure.

Reasonable excuses for participation failures

- Illness (mental or physical) or disability.
- Drug and alcohol dependency.
- Domestic violence or sexual assault.
- Unforeseen caring responsibilities or the death of a close family member.
- A job interview or work.
- Lack of affordable transport or childcare.
- Recent release from prison.
- Lack of awareness of the requirement.

A Centrelink officer should contact the client to discuss the circumstances of their Activity Test or participation failure on two occasions on two separate days before imposing a penalty or non-payment period (NWRN 2010c).



Debts

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.

Rights to appeal

Income support payment recipients have the right to have decisions regarding their payments reviewed. For example, decisions to refuse an income support payment application or to impose a no-payment penalty can be reviewed.

If an appeal process is underway, the client may be able to access their full income support payment until the appeal is finalised. This is called 'payment pending review'.

Clients should contact their local Welfare Rights Centre for advice about how to appeal a Centrelink decision.

It is important for ER providers to familiarise themselves with the Centrelink Activity Test and participation requirements in order to inform clients who may be new to the system or who may have a mental illness or disability that prevents their full understanding of the system. It is also important to keep up-to-date with changes to the social security system, including changes to Activity Test and participation requirements (NWRN 2010b).

Additional information

You can find additional information about how to advocate with Centrelink on a client's behalf in [Part 2 of the Handbook on pages 82-84](#).

For more information about full- and part-time Activity Test or participation requirements and how to appeal decisions about income support payments, visit the following websites:

- Centrelink – www.centrelink.gov.au.
- National Welfare Rights Network – www.welfarerights.org.au.



Recent welfare reforms

Income management

Income management is the single biggest reform to the Australian welfare system in recent years. In 2010, the Australian Government passed legislation through parliament that will enable it to roll out income management to income support payment recipients across Australia. Given that the majority of ER clients receive some form of income support payment, it is important that ER organisations and workers have an understanding of what income management is and its impact on clients.

Income management works by quarantining a proportion of income support and certain family assistance payments and directing it to a special account. This money can only be used to buy 'essentials'. Income-managed funds must not be spent on prohibited items, including alcohol, tobacco, gambling and pornography. Recipients must negotiate arrangements with Centrelink to pay bills using the income-managed amounts (ACOSS 2010b).

How does income management work?

A proportion of a person's income support payments are redirected, for instance to a Basics Card account or to pay bills as negotiated with Centrelink. The person is given a password-protected Basics Card which can be used like an EFTPOS card to buy groceries and other items from approved stores using their income-managed funds. The Basics Card cannot be used to buy prohibited goods or gift vouchers.

Because Basics Cards can only be used in stores that have been licensed by the government, there may be particular implications for clients with limited access to these particular shops. However Centrelink can assist people to make direct payments with their income-managed funds to organisations and businesses which are not registered for the Basics Card.

What payments does income management apply to?

Income management can apply to people receiving many different Centrelink payments. The specific payments it applies to depend upon where the person lives and therefore which model of income management is being applied. More information about the payments that can be income managed can be found below and is available on the Centrelink website at www.centrelink.gov.au/internet/internet.nsf/individuals/income_mgt_customer.htm

Certain income support payments act as triggers; a person receiving these payments can be eligible for income management, depending on their circumstances and upon the particular income management model. Trigger payments include Youth Allowance, Parenting Payment (Partnered and Single) and Special Benefit.

For people who are subject to it, income management usually applies to 100% of lump sum and advance payments.

Income management can be voluntary or compulsory, depending upon the conditions of the particular scheme. Currently, there are several different income management schemes in Australia.



Compulsory income management

Compulsory income management was introduced to many Aboriginal communities in 2007 under the Howard Government's Northern Territory Emergency Response (NTER) and was extended to the entire Northern Territory (NT) under the subsequent Labor Government. It involves income managing 50 or 70% of standard income support payments and 100% of lump sum payments such as the Baby Bonus.

There are five categories of payment recipients who are affected by different forms of income management in the NT:

1. young people (aged between 16-25) who have been on either Youth Allowance, Newstart Allowance, Special Benefit or Parenting Payment (partnered or single) for at least 13 weeks in the last 26 weeks;
2. 'long-term unemployed' people (over 25 years old) who have received any of the payments listed above for at least 52 weeks in the previous 104 weeks;
3. income support recipients assessed as 'vulnerable' by a Centrelink social worker;
4. individuals referred for income management by child protection authorities; and
5. individuals who request voluntary income management. Note this is not a form of compulsory income management.

Under legislation passed in 2010, income management can also be extended to income support recipients in any community in Australia declared to be disadvantaged by the Minister for Families, Housing, Community Services and Indigenous Affairs.

Voluntary measure of income management

The voluntary measure of income management is available in metropolitan Perth and the Kimberley Region of WA, and the Northern Territory. People who volunteer for income management receive a referral for financial counselling or education services and are eligible for a \$250 Voluntary Income Management Incentive Payment, which is paid for every 26 continuous weeks they participate in voluntary income management. This payment is 100% income managed.

Family Income Management

The Family Income Management scheme has been operating in a number of Cape York communities since 2002. This scheme does not involve quarantining of income payments; it is essentially a money management scheme and support service that provides Aboriginal and Torres Strait Islanders and their families in Cape York with support and assistance from financial consultants and referrals to other services such as financial counselling. Family Income Management is now known as MPower.

Cape York Welfare Reform

In 2008 the Cape York Welfare Reform established the Family Responsibilities Commission (FRC) as part of a trial of a further income management scheme. It is due to run to 1 January 2012 and is a partnership between four Cape York Aboriginal and Torres Strait Islander communities (see below), the Queensland Government, the Australian Government and the Cape York Institute for Policy and Leadership. Under this scheme the FRC can make a range of orders in cases where somebody receiving income support payments is assessed as not meeting specific personal and social responsibilities. The FRC can refer people to support services and can order that a person's welfare payments be subject to compulsory conditional income management.

The four Cape York communities within the FRC's jurisdiction are Aurukun, Coen, Hope Vale and Mossman Gorge. The FRC applies to Aboriginal and non-Aboriginal community members who are welfare recipients who reside or have lived in one of these four communities for 3 months since 1 July 2008.

The scheme requires that the FRC be notified in any of the following circumstances:

1. a person's child is absent from school three times in a school term, without reasonable excuse;
2. a person has a child of school age who is not enrolled in school without lawful excuse;
3. a person is the subject of a child safety report;
4. a person is convicted of an offence in the Magistrates Court; or
5. a person breaches his or her tenancy agreement - for example, by using the premises for an illegal purpose, causing a nuisance or failing to pay rental arrears.

On receiving a notification, the FRC commences a process that may result in a person's welfare payment being managed, along with a range of other potential outcomes.

Information about types of payments the Cape York Welfare Reform model can apply to can be found on the Centrelink website at www.centrelink.gov.au/internet/internet.nsf/publications/ind173.htm.





Child protection measure

The child protection measure of income management is available in metropolitan Perth and the Kimberley region of WA and the Northern Territory. Under the child protection measure, the state or territory child protection authority can refer clients for compulsory income management to Centrelink in cases where the poor use of payments is contributing to child neglect or other negative outcomes for the child.

People referred for income management under the child protection measure or those referred by a caseworker from the relevant state department can be income managed at a rate of 70% if they receive a range of different payments.

Information about payments the Child Protection measure apply to can be found on the Centrelink website at www.centrelink.gov.au/internet/internet.nsf/publications/co497.htm.

There are no exemptions for people referred for income management under the child protection measure; however, people referred under this measure can have their circumstances reviewed or lodge an appeal by contacting their caseworker.

Improving School Enrolment and Attendance through Welfare Reform Measure (SEAM)

The Improving School Enrolment and Attendance through Welfare Reform Measure (SEAM) is a trial by the Australian Government to attach conditions to welfare payments that relate to the school enrolment and attendance of dependent children. Under this trial the interventions for carers or parents may range from support by a Centrelink social worker to the suspension of income support payments.

Exemptions from income management

People can apply for an exemption from income management by contacting Centrelink. Evidence may be required, as listed below. For people with dependent children, evidence is needed for each child. Exemptions from income management are in place for one year and are reviewed after that year by Centrelink.

People on income management can ask for a review by a Centrelink Authorised Review Officer (ARO), or can appeal to the Social Security Appeals Tribunal (SSAT).

Exemption criteria for parents with dependent children of school age

- Each school-aged child is enrolled in school and has been attending school regularly for the past two terms (with no more than five unexplained absences in a school term).

Exemption criteria for parents with dependent children under school age.

- Health:
 - proof of age-appropriate immunisation level;
 - regular child health checks; and
 - participation in speech therapy, occupational therapy, physical therapy or other approved therapy.

- Engagement:
 - children must be in approved childcare (a childcare that has been approved for Childcare Benefit by the government) for at least eight hours a week;
 - children must attend preschool;
 - children must be engaged in age-appropriate socialisation, learning or physical activities, including kinder gym, crèche and playgroup; and
 - children who are under compulsory school age but are enrolled at school must regularly attend that school.
- For children under 36 months, evidence must be given of at least two activities from the health group.
- For children between 36 and 48 months, evidence must be given of at least two activities from the health group and one activity from the engagement group.
- For children aged 48 months and over, but below compulsory school age, evidence must be given of two activities from the health group and regular participation in preschool or two other activities from the engagement group. The two activities cannot be from the same requirement.
- For children aged 60 months and over, but below compulsory school age, who are regularly attending school, evidence of health activities is not required, but is highly recommended.
- Special circumstances: where children under compulsory school age have significant disabilities, evidence can be provided of three activities from the health group. Evidence of disabilities has to be provided to Centrelink in the form of a practitioner's certificate.

Exemption criteria for income support recipients without dependent children

- Recipient is a full-time student or Australian Apprentice (in approved full-time study courses and approved institutions as defined by Centrelink); or
- Recipient has worked an average of 15 hours or more per week for at least six of the last 12 months and been paid at least the minimum wage.

Matched savings payments

People under income management may be eligible for the Matched savings payment of up to \$500. To get a Matched savings payment clients must:

- be subject to income management (excluding voluntary income management and Cape York income management);
- have completed an approved money management course; and
- have established a pattern of savings over at least 13 weeks.

Matched Savings Payments are matched dollar for dollar to a maximum of \$500 and are 100% income managed.



Clients' experiences of income management

Some research is available about income management. Because most research to date has focused on specific models, it is not widely applicable to all forms of income management. ER workers and organisations can be prepared for some of the following experiences, which participants of income management have described when on the program:

- stigmatisation and embarrassment when using the BasicsCard, out of fear of being labelled as long-term welfare dependent; unable to manage their money; or being associated with child protection concerns;
- concerns from Aboriginal and Torres Strait Islander Australians that they are disproportionately impacted upon by income management;
- frustration about the restrictions on their shopping imposed by income management; and about the lack of adequate support services related to budgeting and financial literacy in some areas;
- uncertainty about the exemption process and its evidentiary requirements; and frustration that they must demonstrate their capacity to manage their money in order to receive an exemption from income management; and
- concerns about contacting Centrelink social workers in times of crisis for fear of being referred for income management, particularly in situations involving domestic violence.
- An evaluation of income management in WA found that some participants under that model reported beneficial outcomes in relation to their capacity for budgeting and savings.

Additional Information

For more information about income management from ACOSS, visit: www.acoss.org.au.

For more information about income management, visit the following websites:

- Centrelink – www.centrelink.gov.au.
- FaHCSIA – www.fahcsia.gov.au.
- QLD Families Responsibilities Commission – www.atsip.qld.gov.au/government/families-responsibilities-commission.



ER and diversity in the community

It is important that ER organisations are accessible to a diverse range of potential clients, and that workers and managers understand the nature and extent of diversity in the community. ER providers should also be familiar with federal, state and territory anti-discrimination laws and the organisation's internal access and equity policies. The bottom line is respect for client differences.

Aboriginal and Torres Strait Islanders

Between 2007 and 2010, Aboriginal and Torres Strait Islanders made up 11% of Anglicare's ER clients in Sydney (King, Bellamy & Gavarotto 2010). This is important because it reflects the fact that Aboriginal and Torres Strait Islanders comprise more than 10% of ER clients, despite making up only 2% of Sydney's resident population.

The effects of colonisation, dispossession, injustice and racism have led to significant levels of disadvantage in many Aboriginal and Torres Strait Islander communities (SNAICC 2008). This disadvantage increases with remoteness (SCRGSP 2009). Areas in which the gap between Aboriginal and Torres Strait Islanders and non-Indigenous Australians are greatest include living standards, life expectancy, education, health, employment and rates of imprisonment.

The following points provide some general information about Australia's Aboriginal and Torres Strait Islander population, including demographics, and health, education and employment outcomes, compared with non-Indigenous Australians. They go some way towards explaining the over-representation of Aboriginal and Torres Strait Islanders amongst ER clients.

- Aboriginal and Torres Strait Islanders make up approximately 2.5% of the Australian population. From 2001-2006, the Aboriginal and Torres Strait Islander population grew at the rate of 12.8%, compared with 6.6% for the general population.
- Approximately 38% of the Aboriginal and Torres Strait Islander population is under the age of 15.
- Approximately 75% of Aboriginal and Torres Strait Islanders live in urban or regional areas; 25% live in remote areas.
- In 2000-2001, more than one in five Aboriginal and Torres Strait Islander children lived in families that had been exposed to 7 to 14 major life-stress events such as death, incarceration, violence and severe hardship in the previous 12 months.
- From 2005-2007, life expectancy for Aboriginal and Torres Strait Islanders was approximately 17 years lower than for the general population.
- In 2006, Aboriginal and Torres Strait Islanders were almost twice as likely as non-Indigenous Australians to need assistance with one or more core activities.
- In 2005-2006, Aboriginal and Torres Strait Islanders had higher treatment rates for mental health issues in community clinics, residential care facilities and hospitals than non-Indigenous Australians.



- In 2006, Aboriginal and Torres Strait Islanders aged 15-24 years were more than three times as likely as non-Indigenous Australians to neither be studying nor employed. Approximately 48% of the Aboriginal and Torres Strait Islander workforce-aged population was employed compared with 72% of the non-Indigenous population.
- In 2006, median incomes of Aboriginal and Torres Strait Islander households were 65% of those of non-Indigenous households.
- In 2004-2005, 48% of Aboriginal and Torres Strait Islanders aged 15-64 years received government pensions and allowances as their main source of income, compared with 17% of non-Indigenous Australians. Parenting payment (single) was the most common income support payment received by Aboriginal and Torres Strait Islander adults (11%), followed by Newstart Allowance (11%), Disability Support Pension (8%), and Youth Allowance (5%).
- In 2006, 29% of Aboriginal and Torres Strait Islanders lived in home owner/purchaser households compared with 72% of non-Indigenous Australians; Aboriginal and Torres Strait Islanders were five times as likely as non-Indigenous Australians to live in overcrowded housing (SCRGSP 2009; Australian Government 2008).

Definitions

The Australian Government and most state governments use a three-part definition of Aboriginality to enable people to access specific Aboriginal and Torres Strait Islander programs. According to this definition, an Aboriginal or Torres Strait Island person is someone who:

- is of Aboriginal or Torres Strait Islander descent;
- identifies him or herself as Aboriginal or Torres Strait Islander, and
- is accepted as such by the Aboriginal or Torres Strait Islander community in which he or she lives (SNAICC 2008).

Cultural awareness

It is important that ER workers and managers are aware of Aboriginal and Torres Strait Islander cultures and the impact that culture can have on the process of ER provision. The way in which an organisation or individual operates might unintentionally overlook or discourage Aboriginal and Torres Strait Islander value systems and cultural traits.

There are hundreds of unique and distinct Aboriginal and Torres Strait Islander communities, cultural and language groups and kinship networks in Australia (SNAICC 2008). However, there are many shared beliefs, values and historical experiences that connect modern Aboriginal and Torres Strait Islander communities.

It is not possible to represent the languages, communication patterns, cultural traditions and beliefs of each Aboriginal and Torres Strait Islander community in this Handbook. While not a definitive overview, the following information may provide a starting point for understanding Aboriginal and Torres Strait Islander cultures.

Kinship values

Aboriginal and Torres Strait Islanders have strong kinship ties. This means that they have family and extended-family commitments. As in traditional times, Aboriginal and Torres Strait Islanders 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 Aboriginal woman may seek assistance with food vouchers because she is looking after a large number of her extended family as well as her immediate family.

Cooperative society

Many Aboriginal and Torres Strait Islander communities function in highly cooperative ways and may share all resources communally. Sharing among Aboriginal and Torres Strait Islanders goes on to an extent virtually unknown to non-Indigenous families who often have different attitudes to possessions. These attitudes emphasise the welfare of the family and community over individual, upward social mobility.

Different language patterns

Different communities use distinct forms of language to communicate. It might not be an Aboriginal or Torres Strait Islander language but may incorporate specific words or phrases from a tribal or local language. Most Aboriginal and Torres Strait Islanders can switch from Aboriginal English to Standard Australian English quite easily, however there may be times when they choose not to. The level of Standard English spoken and understood will vary from community to community and individual to individual. In addition, some English words have different meanings in Aboriginal and Torres Strait Islander contexts, which can create the potential for misinterpretation.

As with any client, it is important not to correct a client on their speech or to mimic their speech pattern or accent. Rather, be aware of differences in communication and language patterns and ask clients to clarify what they mean. Try to seek out the content without judging the means of communication.

Aboriginal and Torres Strait Islander Australians generally employ an indirect communication style and often find the direct, Anglo-Australian style of communication confrontational or even rude. For example, Aboriginal and Torres Strait Islanders may prefer to listen to others' opinions before expressing their own.

Non-verbal communication

Aboriginal English makes considerable use of non-verbal communication, particularly hand and facial gestures, eye contact and silence. The use of silence does not mean that Aboriginal and Torres Strait Islander people do not understand; they may be listening, non-committal or waiting for community or family support.

Many Aboriginal and Torres Strait Islanders do not make direct eye contact when they are speaking. This is not a sign of rudeness or disinterest. It is a cultural belief that it is disrespectful to give direct eye contact to certain elders or people who hold authority. It may also be a sign that the person is embarrassed or is uncomfortable about being in an unfamiliar environment or speaking to an unfamiliar person.



Additional Information

You can find additional information on cultural sensitivity and cross-cultural communication in [Part 2 of the Handbook on pages 62-64](#).

For more information about particular issues faced by Aboriginal and Torres Strait Islanders, visit the following websites:

The Secretariat of National Aboriginal and Islander Child Care (SNAICC): www.snaicc.asn.au.

Australian Human Rights Commission (AHRC): www.hreoc.gov.au.

Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS): www.aiatsis.gov.au.

Australian Government Indigenous Portal: www.indigenous.gov.au

[Checklist 1 –Working with Aboriginal and Torres Strait Islander clients, page 188.](#)

Culturally and linguistically diverse (CALD) communities

Despite policies on ethnic affairs and multiculturalism at all levels of government, people from CALD backgrounds continue to experience a greater degree of disadvantage and poverty than Australian-born people and migrants from English-speaking backgrounds.

Research conducted by Anglicare Victoria reveals that:

- 31.8% of ER clients were born in a non-English speaking country (Wise 2010);
- 57% of single mothers requesting ER were born in a non-English speaking country (Wise et al. 2009); and
- asylum seekers and newly arrived migrants made up 6.9% and 4.3% of ER clients in Metropolitan Melbourne in 2004 (Engels 2006).

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

- lack of English language and literacy skills;
- lack of training opportunities - many people have to do extra training at TAFE or university to upgrade their qualifications, which takes money and time;
- lack of recognition of overseas qualifications - for example lawyers who have studied a different legal system than Australia's have to fully retrain. (Medicine, teaching, accounting, engineering and technical training are areas that can require further training to gain recognition of overseas qualifications in Australia.);
- difficulty accessing adequate income support - many recently arrived migrants in Australia are unable to receive any income support payments from Centrelink for two years;
- Isolation - with no support from family and friends;

- stress prior to immigration and the high cost of resettlement (estimated at \$30,000 to \$40,000 for a couple wishing to migrate);
- cultural and gender differences (culture shock);
- stereotyping or racism - either intentionally or unintentionally from the general community or in the media;
- refugees may suffer the effects of torture and trauma before resettlement and anxieties that accompany forced migration - this can contribute to difficulties adjusting to their new country, for example learning English can be more difficult for refugees than for other migrants;
- fear of institutions and organisations that represent authority - may affect refugees particularly, because of previous experiences of abuse in this context;
- temporary visa holders such as international students and asylum seekers are unable to access mainstream health and social services, may have limited work rights and may have insufficient resources to manage unexpected crises; and
- temporary visa holders might also experience emotional distress because of the insecurity of their visa status - this may also prevent some people accessing ER because they fear a negative impact on future visa applications.

Greater degrees of sensitivity and empathy are required when working with CALD clients, in particular recently arrived migrants, refugees and asylum seekers. Additional information about the particular issues faced by asylum seekers is outlined below.

Asylum seekers

There is widespread confusion about the difference between refugees and asylum seekers. Those who are recognised by the Australian Government as refugees are given permanent residency status and are entitled to work, to access mainstream services and to receive income support from Centrelink.

An asylum seeker is someone who has fled their country of origin and is in the process of applying for a Protection Visa which will recognise him or her as a refugee.

To obtain a protection visa in Australia, an asylum seeker must prove to the Australian Government that they cannot return to their country of origin due to a well-founded fear of persecution.

Australia is a signatory to the United Nations Refugee Convention of 1951, which dictates that a person is able to seek asylum in a signatory country with or without travel and identity documents and irrespective of their mode of transport to that country. There is no such thing as an illegal asylum seeker in Australia.



Asylum seekers and ER

Most asylum seekers come to Australia by plane and do not spend time in immigration detention. They live in the community and typically experience severe poverty and disadvantage. Unique factors that contribute to this disadvantage include the following:

- asylum seekers have no access to Centrelink income support;
- asylum seekers are ineligible for Health Care Cards;
- asylum seekers have no guaranteed right to work, nor to Medicare or mainstream settlement services;
- for asylum seekers who do have work rights, finding a job is extremely difficult as they do not have access to the Job Network or Job Services Australia; as a result, a high proportion of asylum seekers have no income;
- most asylum seekers rely heavily on charity and ER organisations to meet their most basic needs, including: food, public transport, clothing, bedding, kitchenware and nappies;
- asylum seekers experience a rate of homelessness disproportionate to that of the wider Australian population;
- experiences of war, torture and trauma produce serious mental health conditions in asylum seekers -
 - common symptoms include flashbacks, sleeplessness, anxiety, depression and suicidal ideation;
 - asylum seekers often wait years for a decision on their application for refugee protection, with no access to mainstream mental health services - this compounds pre-existing mental health conditions;
- asylum seekers are frequently excluded from mainstream community and ER organisations that require clients to possess a valid Health Care Card; and

Care should be taken to always assess the needs of CALD clients who do not have a Health Care Card. Patience and empathy are essential when working with asylum seekers, many of whom have untreated mental health conditions.

Additional Information

You can find additional information about cultural sensitivity and cross-cultural communication skills in [Part 2 of the Handbook on pages 62-64](#).

You can find additional information about when and how to use interpreters when working with CALD clients in [Part 2 of the Handbook on pages 65-68](#).

For more information about CALD communities in Australia, visit the following websites:

- The Australian Government Department of Immigration and Citizenship (DIAC): www.immi.gov.au.
- The local Centrelink Migrant Services Units: www.centrelink.gov.au.
- The Federation of Ethnic Communities Councils Australia: www.fecca.org.au.
- The Refugee Council of Australia: www.refugeecouncil.org.au.

[Checklist 6 – Cross-cultural communication skills, page 193.](#)

[Checklist 7 – Working with interpreters, page 193.](#)



People with a disability

People with a disability make up a key ER client group. For example, in 2007-2008, 31.4% of ER clients in Victoria were receiving the Disability Support Pension (Engels et al. 2009).

It is important to recognise the diversity of experience of people with a disability within the community. People live with a broad range of disabilities including physical disabilities; vision and hearing impairments; intellectual disabilities and acquired brain injuries; psychosocial and psychological disabilities; and chronic health conditions. As with the general population, people with a disability have diverse life experiences in terms of their relationships with family and friends, where they live and their access to education, employment and adequate and appropriate community support services. Each person's support needs also differ depending on the amount of family and community support they have access to and their individual needs and preferences.

It is also important to understand the complex ways in which a person's disability might interact with other social and economic factors as well as with physical and attitudinal barriers in the community to create financial hardship. Indeed, for many people disability will be just one factor amongst many, which contributes to their experience of poverty and disadvantage. For example, a high percentage of homeless people and people leaving the prison system have an intellectual disability or acquired brain injury; an extremely high proportion of people living in public housing or on public housing waiting lists have a disability; and a high proportion of carers of people with a disability are single parents. Depending on their individual circumstances and experiences, some people may identify as homeless or as a single parent before they identify as a person with a disability.

Factors that contribute to increased demand for ER by people with a disability

People living with a disability may:

- have reduced employment opportunities – according to the National Council for Intellectual Disabilities, only 16% of people with an intellectual disability are employed;
- be dependent on the Disability Support Pension or the Aged Pension as their main source of income for an extended period of time – at June 2010, 792,581 Australians were receiving the Disability Support Pension and 2.16 million Australians were receiving the Aged Pension;
- be dependent on the Newstart Allowance as their main source of income for an extended period of time – changes made to the 'capacity to work' test for the Disability Support Pension in 2006 mean that people who are assessed by Centrelink as having the capacity to work 15 hours per week (down from 30 hours per week) have been transferred from the Disability Support Pension to the Newstart Allowance. This change has created additional financial hardship for many people with a disability as the payment rate for the Newstart Allowance is less than the Disability Support Pension;

- have additional costs related to their disability or living arrangements – some people with a disability spend a large proportion of their income on ongoing medical expenses, equipment or transport costs. In some cases subsidies through the Pharmaceutical Benefits Scheme (PBS) only cover a small proportion of people's medical expenses. In addition, some medications are not covered by the PBS, such as natural remedies for chronic pain; and
- have less opportunity to know what resources are available to them in the community – some people with a disability may be unaware of their entitlements to discounted medications under the PBS or assistance available through Home and Community Care (HACC) programs.

Carers of people with a disability

Many people with a disability are cared for in the community by family members or other carers. As the points below show, the carers and families of people with a disability can also face financial hardship as a result of their caring responsibilities.

- Compared to the general population, families caring for people with a disability experience financial hardship greater than the general population.
- Many people caring for people with a disability have left the workforce as a direct result of their caring responsibilities.
- Some carers of people with a disability may rely on the Carer Allowance as their primary source of income. As at June 2010 there were 495,733 Australians receiving the Carer Allowance.
- In 2006, 30% of people receiving Carer Allowance and 29.2% of people receiving Carer Payment experienced difficulty paying electricity, gas or telephone bills on time compared with 14.6% of the general population.
- Carers of people with a disability have a higher rate of mental and physical health complaints than the general population (Edwards et al. 2008).
- Some carers choose not to access Centrelink benefits, which can increase financial hardship if their ability to work is affected by their caring responsibilities.



Access and equity

One of the aims of ER is to provide universal access to assistance for people in financial crisis.

People with physical and intellectual disabilities often find it extremely difficult to access mainstream services. An organisation's physical design can create barriers to access, for example the lack of accessible car parking spaces, entry ramps, lifts or doors of an appropriate width. The use of Standard English and the limited availability of organisational information in plain English and a variety of accessible formats can exclude people with an intellectual disability or acquired brain injury from accessing the assistance they need.

Inappropriate attitudes and poor knowledge, practice and communication skills in relation to people with disabilities are also powerful barriers to access – often more so than the lack of ramps or rails. It is the organisation's responsibility to ensure disability access and to ensure workers have the appropriate skills to work respectfully and effectively with clients who have a disability.

Additional Information

You can find additional information about access and equity in [Part 2 of the Handbook on page 61](#) and in [Part 3 of the Handbook on pages 154-155](#).

You can find additional information about how to assist clients with an intellectual disability in [Part 2 of the Handbook on page 69](#).

You can find additional information on how to assist clients with communication difficulties in [Part 2 of the Handbook on pages 70-71](#).

[Checklist 8 – Working with people with intellectual disabilities, page 194.](#)

[Checklist 9 – Working with people with communication difficulties, page 195.](#)

[Checklist 4 \(for managers\) – Physical accessibility, pages 208-209.](#)



Young People

Large numbers of Australian children and young people continue to experience extreme disadvantage. Youth and family homelessness remains a key driver of youth need for ER. Children who experience homelessness are at greater risk of experiencing disadvantage and homelessness as an adult.

Youth homelessness

- Despite a fall in the numbers of homeless young people between 2001 and 2006, people aged 12-18 remain the largest group of people experiencing homelessness and the highest users of specialist homelessness services:
 - in 2006, 21,940 teenagers aged 12-18 were homeless; and
 - in 2005-2006, young people represented 35.5% of homeless people using SAAP services.
- Young women make up 54% of the homeless population aged 12-18.
- One in every two young people who seek emergency accommodation on a given night is turned away.
- Aboriginal and Torres Strait Islander young people and young people who have been in state protection and care are over-represented in youth homelessness statistics.
- The majority of homeless young people are entirely dependent on income support payments. However, identification requirements can act as a barrier to young people accessing these entitlements.
- Prior to becoming homeless, many young people 'couch surf' or receive shelter and support from friends and family. These informal support networks typically break down, increasing the young person's vulnerability to homelessness (National Youth Homelessness Commission 2008; Australian Government 2008).

Factors contributing to youth homelessness

- Family breakdown caused by parental conflict; the collapse of a relationship with a husband, wife or partner; mental illness, domestic violence, neglect or overcrowding; and generational poverty.
- Unemployment -
 - In 2008, the unemployment rate for young people aged 15-19 was 12%.
 - It is particularly difficult for young people who are homeless to gain and maintain employment. This is often due to a lack of skills from leaving school early; mental health and drug and alcohol issues; the casualisation of the workforce; low wages; and a general unpreparedness for work.
- Mental health and drug and alcohol issues are a significant problem for young people. For some, mental health and drug and alcohol issues lead to homelessness; for others, the relationship is reversed (National Youth Homelessness Commission 2008).



ER in rural and remote Communities

There is a general lack of support services in rural and remote areas. As a result, people experiencing poverty in remote areas face additional disadvantage.

Factors contributing to increased disadvantage in rural and remote communities

- Lack of employment.
- Lack of education and training opportunities.
- Lack of short and long-term emergency and affordable housing.
- Lack of medical and mental health services.
- Lack of transport services.

Demand for ER in rural and remote communities is also affected by:

- the influx of people from urban areas into rural towns in search of employment and affordable housing;
- cost-of-living pressures, particularly the cost of housing, fuel, water, transport and goods and services - in 2007-2008, the cost of petrol, phone bills and electricity were identified as key causes of financial hardship in rural Victoria; food relief was the primary reason clients in rural areas sought ER (King et al. 2009); and
- natural disasters (drought, floods) and human-made disasters (closures of mass employment providers such as mines and manufacturing plants) drive increasing numbers of families into financial hardship and increase the complexity of issues faced by rural and remote communities. They can have consequences that last well beyond the initial period of crisis. The St Vincent de Paul Society reported a 46% increase in the amount of ER provided in Exceptional Circumstances Declared (drought) areas of rural Victoria in the July – September quarter of 2006-07 compared with the previous year.

Networking in rural and remote communities

Cost-of-living pressures, such as the increasing costs of groceries and fuel can also impact on the ability of ER providers to access adequate financial and material resources to meet client demand for ER. Organisations providing ER in rural and remote communities will experience the added frustration of not always being able to refer clients on to appropriate services to meet their basic needs.

Effective networking and interagency collaboration may enable organisations to work together within a particular region to advocate for communities and meet demand for ER.

Additional information

You can find additional information on networking for workers in [Part 2 of the Handbook on pages 87-88](#).

You can find additional information on networking for managers in [Part 3 of the Handbook on pages 180-181](#).

You can find additional information about collaborative models of service in [Part 3 of the Handbook on pages 149-151](#).

For more information about emergency management in Australia, visit the Federal Attorney General's Department website: www.ag.gov.au.



Part 2: Providing ER





MISSING

I haven't seen a film for 8-9 years.

It's \$12 -

I just can't.

I have no social life

unless it's free.

I can't afford to go to a cafe

and drink coffee -

I just can't.

I tried putting \$3 a day into my budget.

I felt a little more human,

existing within society...

I had to stop doing it,

I couldn't live anymore.

Like being invited out for dinner

or a friend saying,

'do you want to catch up for a meal?'

I just can't, no.

I miss it.

Tracey

Connelly, Kate (2010). What Body Part Do I Need to Sell? Poetic Re-Presentations of Experiences of Poverty and Fear from Low-Income Australians Receiving Welfare Benefits. Jobs Australia.

Image by Bec (2010), Home Is Where My Heart Is: A YACWA Project 2010

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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.

Role of the ER worker

- To ensure that the client is receiving all the benefits and concessions to which they are entitled, for example, income support payments and energy and telephone concessions.
- To provide financial and material aid to address the most pressing financial problems or explore other ways of resolving these, for example, negotiating with a landlord (only with the client's permission) to repay rent over time, or basic budgeting.
- To determine if there are any additional problems with which the client requires assistance, for example, financial counselling or negotiations with other creditors.
- To provide options to the client on a range of other issues such as housing, family support or mental health.
- To ensure that proper referrals are made to another service if the client requests further assistance.

How ER is provided

- As part of an ER service.
- As part of the duties of a worker's broader role such as a financial counsellor, health or other welfare worker.

In an ER service, volunteers and unqualified welfare workers must not act as: a personal counsellor, social worker, drug and alcohol counsellor or psychologist. Referrals to specialist services should be offered to clients as part of a range of options for further assistance if required.

Orientation and training

Orientation

Orientation to a workplace and the services it provides is essential to help you to work effectively from the beginning. This section provides an overview of the kind of information that should be included in an orientation process, including relevant policies and procedures, the role of the ER worker and job descriptions. Related checklists located in [Part 4 of the Handbook on page 188-204](#) can be used to identify any gaps in your understanding of your organisation's policies or your roles and responsibilities. Ask your supervisor if your organisation has an orientation manual that details relevant policies and procedures and provides an overview of the day-to-day operation of the ER service.



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. Annual reports and the organisation's constitution should be a starting point for finding out about the organisation.

An overview of how your organisation works

Firstly, you need to ensure that you understand the organisation'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 once every certain number of months.

Reading the organisation's vision and mission statements will familiarise you with its broad guiding principles and values. Specific ER policies and procedures will familiarise you with the types of service provided, the model of service provision employed and the client groups assisted.

Organisational ER policies and procedures

At the completion of the orientation process, you should have a clear understanding of:

- the organisation's ER service-delivery policy and procedures;
- your roles and responsibilities; and
- general information about practice issues relevant to ER provision in your organisation.

Your role and responsibilities

At the completion of the orientation process, you should have a clear understanding of:

- the tasks and duties specific to your role;
- how your role relates to others in the organisation; and
- the sorts of decisions and actions you have the authority to take on your own and those for which you will be expected to consult another person or authority. For example, you may need to get your supervisor's approval to provide service-users with cheques over a certain amount.

All of this information should be clearly detailed in your job description.



Your job description

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

Job Title

- Identify the position.

Context

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

Period of appointment

- Casual, permanent, temporary or project (volunteers should discuss the anticipated term of work or if ongoing).

Hours of work

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

Funding source

- Government, non-government or a mix.

Accountability

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

Duties

- Specify tasks to be carried out, beginning with those most central to the position.
- Identify tasks which are the sole responsibility of this position.
- Identify 'shared tasks' (for example administrative tasks).
- Identify tasks involving external stakeholders (for example networking, advocacy, stakeholder relations).
- Include a clause stating 'other duties consistent with the position as directed by...'
- Identify those tasks for which the worker is ultimately responsible (for example editing the newsletter, maintaining food aid).
- Monitoring and maintaining stocks of supplies, for example perishable and non-perishable food stocks, clothes, vouchers and gift cards etc.
- Outline the level of authority held (for example signing cheques, managing staff).

Salary and conditions

- If applicable, name appropriate award, employment agreement, award classification and salary range.
- List above-award conditions granted by the organisation.
- List any additional benefits included in the salary package.
- Detail orientation and training opportunities. Volunteers should be provided with information on special conditions, such as reimbursement of travel expenses and informed of the correct volunteer insurance cover. This is different from paid staff and public liability insurance.

Benefits

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

Review

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

Additional information

You can find additional information about organisational issues, ER policies and procedures, including the type of service provided, the service model employed and other relevant policies and procedures in [Part 3 of the Handbook on pages 112-184](#).

[Checklist 2 – ER policies and procedures, page 189.](#)

[Checklist 1 \(for Managers\) – Organisational policies, page 205.](#)

[Training exercise 1: Orientation, page 228.](#)





Training

Training should be provided to improve your skills. The role of an ER worker can be a very stressful one, from dealing with clients' problems to allocating resources when there aren't enough to go around.

Training should increase your knowledge, skills and confidence. It can provide opportunities for personal growth and greater understanding of what people experience when facing poverty. Training can also help if you are aiming for paid employment.

You should talk to your supervisor about training opportunities because the welfare of your clients depends on you having the necessary skills to assist them, particularly if you are a volunteer (read '[More harm than good](#)' on [page 73](#)).

Many organisations provide free in-house or external training courses for paid workers and volunteers as part of their orientation program. This can include training across a wide variety of skill areas.

Potential areas for training and skill development

- Interviewing and referral skills.
- Communications, conflict resolution, cross cultural skills and appropriate assertiveness.
- Drug and alcohol and other addiction issues.
- Advocacy.
- Reception skills.
- Occupational health and safety.
- Food handling and preparation.
- Book keeping, general administration and computer skills.

Supervision

As an ER worker you are entitled to adequate supervision in the workplace. Supervision should provide you with an opportunity to discuss cases and issues and share doubts and concerns with your manager while receiving support and direction.

Additional information

You can find additional information about ER training, including case studies and training exercises in [Part 4 of this Handbook on page 220-242](#).

You can find additional information about supervision and debriefing on [page 106](#).



Guiding principles and service standards

Why standards?

Often, people who approach ER organisations are in crisis. To make sure services are effective and helpful for vulnerable clients, it is particularly important to implement principles of access, dignity, respect and culturally appropriate service provision.

FaHCSIA Financial Management Program Guidelines (2009)

In 2009, FaHCSIA released its Financial Management Program (FMP) Guidelines, which incorporate the ER Guiding Principles and Service Standards (2000). These guidelines provide a framework for organisations to improve their service quality and find new and better ways to assist people. While adherence to these principles is a requirement for FaHCSIA funding, they provide a useful guide to all ER organisations, regardless of how they are funded.

Aim of the standards

To assist people to improve their financial capacity and resilience and help them deal with immediate financial difficulties in a way that maintains the dignity of the individual and encourages self-reliance.

Responsibilities and accountabilities

The FMP Guidelines (2009) encourage organisations to:

- use an approach that is relevant to the particular needs of the individual or family;
- partner with services that address a range of needs e.g. mental health, violence, addiction, people newly arrived in communities;
- target and promote support for people at critical times in the life-cycle and at high-risk life events e.g. loss of job, mortgage stress, family breakdown;
- help people access financial assistance, education and ongoing support and advice and advocacy at any point in a continuum of services, through a variety of locations and media (for example telephone or web-based services); and
- be flexible to changing client and community needs.

Organisational responsibilities

1. *Respect and uphold the dignity and rights of each person or family requesting assistance.*
 - Respond to each person or family with respect, and in a non-judgemental way.
 - Acknowledge each person's individual circumstances and needs.
 - Respond appropriately to cultural diversity.
 - Offer clients the opportunity to participate in decision making and choice of assistance, within the capacity of the organisation.
 - Uphold clients' rights.
2. *Maximise access for people experiencing financial crisis and ensure equity in the delivery of services.*
 - Provide quality services which are effective, efficient, and appropriately targeted, reflecting local or regional needs.
 - Provide a dignified, welcoming, safe and accessible environment for the provision of services.
 - Ensure assistance is available throughout the year.
 - Work collaboratively in delivering services and liaise with other organisations for the benefit of clients.
 - Where possible, refer clients to support services in the community to help address the underlying causes of financial crisis and increase self-reliance.
 - Establish or participate in community networks to facilitate tailored, coordinated service delivery across organisations.
 - Commit to and participate in relevant training opportunities and ensure paid workers, volunteers and training facilitators are appropriately qualified.
3. *Be accountable within program and budget limitations.*
 - Adhere to the terms and conditions of the funding agreement and meet agreed outcomes.
 - Meet privacy and confidentiality obligations, including record keeping.
 - Comply at all times with relevant Commonwealth, state or territory regulations or legislation for the purchase and distribution of food.
 - Provide a complaints handling mechanism.

Understanding clients' rights

Clients' rights and dignity

The FaHCSIA FMP Guidelines, recognise and respect clients' rights and dignity. The 'best practice' service standards associated with upholding client dignity are identified as:

- responding to clients with respect, and in a non-judgemental way;
- acknowledging each person's individuality, circumstances and needs;
- encouraging self-reliance;
- responding appropriately to cultural diversity;
- as far as possible, enabling client participation in decision-making and choice of assistance; and
- upholding client rights.

Beliefs and values

Everyone has 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 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. These assumptions must not colour your judgement when assessing someone's need for ER.

The following statements express different sets of values. You may or may not agree with them however you should accept them as 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 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.

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 based only on their level of presenting need and the resources the organisation 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.

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

- people feeling they need to lie to get assistance;
- deterring people from seeking help;
- making people 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; and
- clients discrediting the organisation and disengaging from the welfare sector in general.

Your role is to assist in the distribution of ER according to your organisation's written policies and established practice procedures. A simple code of conduct for clients displayed visibly in the reception area may assist in addressing misunderstandings. A written code of conduct for workers as part of your orientation package is also important.

How do clients feel?

Qualitative research conducted by Frederick and Goddard (2008) investigated clients' experiences of ER provision in a large provincial centre in Victoria. All of the 20 participants in the project were unemployed and reliant on income support payments as their main source of income. They had received ER from seven different organisations in the area.

Participants described feelings of discomfort, personal humiliation, failure and embarrassment when seeking ER. They also spoke about the helpful and unhelpful experiences with particular organisations and the impact of limits to the help available on their ability to make ends meet.

All participants in the study commented on the difference it made when they were treated with kindness, understanding and respect.

Examples of client views

Below are a number of quotes from Frederick and Goddard's (2008) research report, *Sweet and Sour Charity: Experiences of Receiving Emergency Relief in Australia*, which describe participants' thoughts on ER.

Feelings associated with ER

I would still go home in tears because I actually asked for food. That was the most horrible thing that was happening ... just humiliation, for me that was the strongest feeling.

Totally, completely embarrassing – completely embarrassing, absolutely.

Oh, I was embarrassed – embarrassed that I had to ask for help ... I felt an absolute failure ...

Helpful experiences with ER providers

They're good people. They help you. They don't say, like, you're a scab ... They sound like they understand what you're going through. They treat you with respect.

I used to ring them up and, 'cos you saw one person all the time, you sort of become pretty friendly and that makes it easier ... They rang me up later to make sure everything was ok. They also gave me food vouchers when I didn't even ask for them ... it was like, here have this as well, so you weren't embarrassed.

Limits to the assistance available

They're stretched to the limits ... I appreciate all the help they have given me, but the help I need goes beyond the help that they can give me.

[They] gave me half a dozen tins of baby food. It's absolutely ridiculous. I thought there must have been something different inside, so I opened it up. It's a joke.

They should try and listen a bit more and make it suitable for each individual person. I know they have got limits.

There was nothing. You couldn't have made a meal out of anything. We had about \$2, and we went out and bought a little tin of spaghetti sauce to put with the pasta. And I think the next night we had 'Vegemite Saladas'. I mean, that's not good enough. I mean, beggars can't be choosers but I don't think they'd sit there and let their kids share a bag of spaghetti and tomato sauce. It's degrading, it is. It's really degrading.

Unhelpful experiences with ER providers

Some of the women who work there, I know they are only just helping out, but they stick their noses in. It's really none of their business. They shouldn't stick their noses in, because it's embarrassing to go. One of them said to me once, 'this isn't a supermarket you know'. You're feeling bad enough as it is, you don't need that.

*I used to ring beforehand and if that lady answered the phone I just wouldn't bother. I'd rather have scraped by than be treated like s***. It just does, it makes you feel ... If someone treats you badly you feel so low.*

Sometimes helpful, sometimes not; both ways. It's very hard to work up the courage to go in the first place. It knocks your confidence a bit, knowing you can't support yourself and your family. But sometimes they're like ... 'Did you have to buy shoes that were worth that much? Did you have to put that much on your electricity bill? Did you really need petrol in your car?'

Additional information

You can find additional information on attitudes and approaches to poverty in [Part 1 of the Handbook on page 9](#).

[Training exercise 2: Values and attitudes, page 229.](#)

[Training exercise 3: Clients, ER and empathy, page 230.](#)



Understanding volunteers' rights

Volunteers are not covered by awards or workplace agreements. However, volunteers do have rights, some of which are enshrined in legislation and some that could be considered the moral or ethical obligation of the organisations they work with.

Volunteers' rights

- To work in a healthy and safe environment (according to relevant Occupational Health and Safety (OH&S) legislation).
- To be interviewed and engaged in accordance with equal opportunity and anti-discrimination legislation.
- To be adequately covered by insurance.
- To be given accurate and honest information about the organisation for which they are working.
- To be reimbursed for out-of-pocket expenses.
- To be given a copy of the organisation's volunteer policy and other relevant policies.
- Not to fill a position previously held by a paid worker.
- Not to do the work of paid workers during industrial disputes.
- To have a job description and agreed working hours.
- To have access to a complaints procedure.
- To be provided with orientation to the organisation.
- To have personal information handled in accordance with the federal *Privacy Act 1988*.
- To be provided with sufficient training to perform their role (Volunteering Australia 2009).

In addition to having rights as workers, volunteers also have responsibilities. These are addressed in greater detail in the following section.

Understanding workers' responsibilities: Privacy, confidentiality and duty of care

What is privacy and why is it important?

Maintaining privacy and confidentiality is essential to any organisation that provides ER. It shows respect for individual clients and maintains the place of 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 give you information and to only collect relevant facts. Most importantly, it is about giving clients as much control as possible over what information they tell you and what happens to it afterwards.

Privacy laws

Apart from the moral and ethical reasons for protecting privacy, there are also legal reasons for ER organisations and workers to implement practices that protect clients' privacy. The *Federal Privacy Act 1988* was amended in 2001 and all organisations that receive Australian Government funding to provide services must abide by the Information Privacy Principles (IPPs). The IPPs cover how and when personal information can be collected; how it should be used and disclosed; and storage and security issues. They also allow individuals to access their information and have it corrected if it is wrong.

It is important to note that the *Federal Privacy Act 1988* does not regulate state organisations and your state or territory government also has privacy policies that the organisation needs to comply with. It is important that you are familiar with the federal, state or territory privacy laws the organisation is bound by, as well as any internal privacy policies the organisation has developed.

Managerial responsibilities

Managers are responsible for developing procedures to ensure that privacy principles are observed in the collection, use, storage and disclosure of personal information.

Workers' responsibilities

Workers should also observe relevant privacy principles when dealing with personal information when conducting client interviews or undertaking research, consultation or advocacy work. You should raise any concerns you have regarding privacy issues and report any breaches of privacy you observe to your supervisor.

Additional information

You can find additional information about the IPPs in [Part 3 of the Handbook on pages 124-125](#).

For more information about the IPPs, the federal *Privacy Act 1988* and state and territory privacy laws visit the Office of the Australian Information Commissioner's website: www.oaic.gov.au or call 1300 363 992.

[Checklist 3 – Privacy, page 190](#).



Confidentiality

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

Most organisations you work for will 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 their clients.

When asking clients for personal information, keep in mind the following points:

- only gather enough information about the person to make an assessment to provide them with a service – it is inappropriate to ask clients about their religion or politics as this information is not relevant to the assessment of their eligibility for ER;
- clients do not have to answer questions about themselves – they can withhold information for privacy reasons (much of this is enshrined in the privacy legislation referred to above);
- never disclose information about a person without their express permission;
- you must have the client's permission to refer them to another organisation; and
- do not tell anyone outside of your organisation anything about your clients - this includes other ER providers within or outside of your area. This is particularly important for organisations wanting to check to see if clients are so called 'double dipping'. Such checks contravene a client's right to privacy and are unethical.

Consent to release information

As highlighted above, it is necessary to get your client's consent to share their personal information with other people or organisations or to refer them to other services. An example of the type of form needed to release information about your client with consent can be found under 'Templates' in [Part 4 of the Handbook on page 214](#). It is good practice to get the client to read through the information you will be releasing and then to sign the agreement.



Duty of care

The organisation and its workers have a duty of care to 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 and members of the general community from being harmed.

Important Note: client confidentiality and duty of care

Duty-of-care obligations are governed by state or territory legislation. It is important that you are aware of your duty-of-care responsibilities and that you clearly communicate situations in which your duty of care overrides client confidentiality.

This can be done verbally at the beginning of each client interview or by placing written information in a clearly visible location in the reception or waiting areas.

Always refer the situations described below to your supervisor for further action as soon as possible.

When duty of care can override client confidentiality

In certain situations, your legal duty of care to prevent harm can override a client's right to confidentiality.

- **An obligation to report children at risk of abuse or neglect.** You notice signs that a child may be being abused, for example marks indicating someone may have been hitting them. You must report such observations to your supervisor in accordance with duty-of-care responsibilities for children. For further information about mandatory reporting requirements in your state or territory, visit the National Child Protection Clearinghouse website: www.aifs.gov.au/nch
- **An obligation not to conceal a completed or intended crime.** A client reveals that they robbed the local pizza restaurant where the manager was stabbed. In some situations, you may be required to disclose this information to an authorised enforcement body such as the Police or courts.
- **A duty to warn a third party who is in danger.** Imagine that a client threatens to harm a worker who has been unable to provide him with ER because he has reached the limit of the number of times your policy states he can be assisted in one year. You refer the client on to another service. He scares everyone in the office and yells that the next place had better give him something or they will cop it. There is no legal obligation to warn workers in the referral organisation of the threats made by the client. However, if you are seriously concerned that the client will carry out his threats, you would be justified in breaching client confidentiality in order to protect potential victims.
- **Reporting threats of suicide and self-harm.** A client tells to you that they are having serious thoughts about suicide and have a concrete plan and the means available to attempt self-harm. You may have a duty of care to report your concerns to your local mental health crisis service or hospital emergency department. You can find additional information about how to assist a client who has expressed thoughts of suicide at [page 95-96](#).

Conflict of interest

A 'conflict of interest' occurs when a person's private interests, including the interests of family members, business associates or friends, conflicts or is perceived to conflict with their ability to perform their public duty (NSW Ombudsman 2003).

The most likely conflict of interest you may encounter as an ER worker is that of being asked for ER by a close relative or friend. The likelihood of a conflict of interest of this nature occurring may be increased in particular communities such as small rural and remote communities, Aboriginal and Torres Strait Islander communities and new and emerging CALD communities.

Important Note: Conflict of interest

If you are faced with a conflict of interest in the course of your duties as an ER worker, you should discuss the situation with your supervisor and, if possible, arrange for the client to be assisted by another worker.



Practice principles



Assessing clients

As we saw on [pages 54-55](#), people are often embarrassed and humiliated about having to ask for help and sometimes feel workers 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 organisations for assistance because of the stigma attached to asking for ER. Often, the client's request for assistance is their 'last resort' for help. By the time they seek ER, they might be in desperate circumstances, perhaps finding themselves without food, power, housing or other essential services.

As a service provider to people in vulnerable circumstances, you are seen to be in a position of power. Be mindful of this. You can 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 and by allowing them to choose which will best suit their needs you are giving the client choice and hence a sense of control over their own life.

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 of the difference between telling clients about services that exist which may be of benefit to them and advising them what they should do based on your opinion.

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

Assessment policies

Decisions on assistance should be made according to the criteria outlined in your organisation's policies. Despite the clearest guidelines, there are often areas where you will be required to use your own judgement.

Decisions involved in making assessments

- How much financial or material aid to give.
- The extent to which you will help with further aid or information.
- When and how to advocate on a client's behalf or arrange a referral with permission.

Important Note: Assessments

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

Remember that the amounts of assistance given out to each client per organisation are most often very small and infrequent.

Additional information

[Checklist 4 – Policies to help you make assessments, page 191.](#)

[Training exercise 4: Client assessment I, page 232.](#)

[Training exercise 5: Client assessment II, page 233-234.](#)

Access and equity

Federal, state and territory laws make it unlawful to discriminate against a person on the basis of gender, race, age, religion, sexual preference, marital status or disability in a range of areas, including education, goods and services and accommodation.

Inclusive provision of ER also relies on your understanding that the organisation tries its best at all times not to exclude people from your service, even unintentionally. You should check to see if your organisation's code of ethics includes a policy on discrimination.

One strategy is to have materials such as flyers, pamphlets and posters which reflect the local community. For example, is there a high concentration of people from a particular CALD background, Aboriginal and Torres Strait Islander or elderly people in your area? Your local council and Centrelink Customer Service Centre can provide relevant information about this.

Issues to consider when designing your ER service and promotional information

- Just because you do not see a certain client group using your service does not mean they aren't out there. Potential clients might be in need of ER but not know that it exists.
- Alternatively, potential clients might feel uncomfortable trying to access the service because of language, cultural or religious differences or perceived differences and attitudes from workers.

Additional information

You can find additional information about working with people with a disability [on pages 69-71.](#)

You can find additional information on anti-discrimination laws [in Part 3 of the Handbook on page 123.](#)

You can find additional information on physical accessibility [in Part 3 of the Handbook on pages 154-155.](#)

[Checklist 4 \(for Managers\): Physical accessibility, pages 208-209.](#)

[Training exercise 6: Discrimination I, page 235.](#)

[Training exercise 7: Discrimination II, page 235.](#)





Listening and communication skills

[Checklist 5 on page 192](#) provides general information aimed at increasing your supportive communication and listening skills when conducting interviews.

Cultural sensitivity

In the course of your work you are likely to respond to requests for ER from clients from a wide variety of backgrounds. It is important that you are sensitive to cultural differences when interviewing clients from different cultures, including Aboriginal and Torres Strait Islanders.

Components of cultural awareness and sensitivity

- Awareness of your own attitudes to different cultures and how they may impact on service delivery.
- Understanding of specific cultural issues experienced by your clients.

Self-awareness

Initial responses to cultural difference are automatic and reflect the beliefs and values based on individual cultural backgrounds. Automatic responses to cultural difference include:

- ethnocentrism - the belief that your own culture is superior to all others;
- stereotyping - the assumption that all people from a particular cultural group are the same;
- prejudice and discrimination – ‘pre-judging’ is related to values and beliefs; discrimination is related to behaviour; and
- value judgements - based on comparisons with your own culture.

It is important that you examine your own beliefs about different cultures and work to ensure that these beliefs do not interfere with the service you provide to people from different cultures.

Understanding other cultures

It is impossible to learn everything about every cultural group that you may encounter in your role as an ER worker. However, you may wish to do some research on the main cultural groups that access your organisation, including Aboriginal and Torres Strait Islanders.

Useful information about specific cultural groups

- Preferred ways of greeting and forms of address.
- Pronunciation of names.
- Religious background.
- Likelihood of exposure to torture and trauma.
- Prevalence of refugees, asylum seekers and other newly arrived migrants.
- Sense of humour.
- Perceptions of time and punctuality.
- Particular non-verbal communication styles.
- Attitudes towards authority.
- Attitudes towards sexuality and the opposite sex.
- Common taboos.
- Dress codes.

Cross cultural communication skills

When assisting people from different cultures it is also important to be aware of differences in verbal and non-verbal communication patterns.

Verbal communication

Speech patterns and communication styles vary between cultures. For example, Anglo-Australians typically use a communication style in which meaning, information and questions are expressed directly. However, other cultural groups may prefer a communication style in which meanings and information are given indirectly.

The following factors are also important to verbal communication:

- do not assume that a client speaks English even if they nod and smile when you speak – it is important that you test their understanding of the information you give them;
- where possible, ensure that you use an accredited interpreter when interviewing clients who have difficulty understanding or speaking English;
- some words do not translate between languages and cultures, for example ‘advocate’ or ‘carer’ – if you are not able to use an interpreter, it is best to avoid slang, jargon and technical and abstract language; and
- if you assist large numbers of clients from a particular cultural group you may wish to learn a few words of their language, for example greetings and farewells; and
- remember not to mimic a client’s accent or manner of speaking English (see [checklist 1 on page 188](#)).



Non-verbal communication

People from different cultures interpret non-verbal communication in different ways. The following non-verbal cues may be interpreted differently by different cultural groups.

- Eye contact.
- Facial expressions.
- Gestures.
- Dress and appearance.
- Personal space.
- Touch.
- Tone, rate and volume of speech.
- Style of speaking and pronunciation.

Your organisation may also wish to provide written information about the services provided in appropriate community languages.

Additional Information

You can find additional information about the impact of values and beliefs on ER provision [on pages 53-55](#).

You can find additional information about Aboriginal and Torres Strait Islanders in [Part 1 of the Handbook on pages 32-35](#).

You can find additional information about ER and diversity in the community in [Part 1 of the Handbook on pages 31-41](#).

[Checklist 1 – working with Aboriginal and Torres Strait Islander people, page 188.](#)

[Checklist 6 – Cross cultural communication skills, page 193.](#)

[Training exercise 8: Working with CALD clients, page 236.](#)



Using interpreters

When to work with an interpreter

Ask your client if they would like an interpreter to assist with the interview and what language they speak. Most clients are able to tell you or can supply relevant documentation.

When to use an accredited interpreter

- A client requests one - it is a client's right to choose what language they are interviewed in.
- A client shows hesitation or has difficulty communicating in English.
- A client is distressed or emotional - proficiency in a second language decreases when people are stressed or upset.
- A client reverts to their preferred language during the interview.

NAATI-accredited interpreters

- 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.

Using clients' friends or family members as interpreters

Reasons not to use a client's friend or family member as an interpreter

- **Confidentiality** - family members are not bound by a code of confidentiality. Clients may feel they cannot be honest and open in front of family members if the issue they wish to discuss is sensitive or embarrassing;
- **Misinterpretations** - although family members may be proficient in English, you have no way of judging how well someone speaks the other language. They may not have the language skills to translate the concepts you want to communicate;
- **Conflict of interest** - family members may have their own agenda. This could seriously affect how they interpret your interview with the client; and
- **Lack of objectivity** - family members may answer questions on the client's behalf without or instead of interpreting the question and answer.

Important Note: Interpreters and conflict of interest

Even with a professional interpreter, it is always wise to check that no conflict of interest exists between them and your client, for example that they are not a friend or relative of the client or have a direct professional or other association with the client. This can be common for interpreters of community languages used by smaller community groups.

Important Note: Interpreters and sensitive client interviews

In some cultures it is inappropriate and uncomfortable for men and women to discuss a range of issues with members of the opposite sex, particularly if they are of a sensitive nature. It is best practice to ask all clients if they would prefer a male or female interpreter at the beginning of each interview.

The Translating and Interpreting Service (TIS) National

The Australian Government's Department of Immigration and Citizenship (DIAC), provides a service called Translating and Interpreting Service (TIS) National for people who do not speak English and for English speakers needing to communicate with them.

- TIS National is available to any person or organisation in Australia requiring interpreting services.
- TIS National is available 24 hours a day, seven days a week anywhere in Australia.

TIS services

- An on-site interpreting service: interpreters can be booked to attend appointments in person.
- A telephone interpreting service (131 450): the organisation, interpreter and client are connected with each other by conference call.
 - TIS telephone interpreters can be pre-booked or accessed immediately.
 - Non-English speaking Australian citizens and permanent residents can access this service for the cost of a local/mobile phone call.
 - Organisations wishing to access the telephone TIS service must register with TIS and receive an access code to use the service. Call the TIS or visit their website for more information.
- Health interpreters: can be booked through the TIS and are available at particular health services. Some hospitals have in-house interpreters.

Charges

- TIS on-site and telephone interpreting services are free for non-English speaking Australian citizens and permanent residents wishing to communicate with a range of government departments, non-government organisations and professional groups, including:
 - medical practitioners;
 - government departments; and
 - non-government, not-for-profit organisations providing casework and emergency services.
- Translating services are also provided free to people who have just migrated to Australia and where documents are considered to be necessary for settlement, for example, driver's licence. Otherwise charges apply.
- Organisations can apply for a fee exemption for calls through TIS National. Additional information and relevant forms can be found on the TIS website.

Centrelink Migrant Services Unit

- Centrelink provides a free interpreting service for non-English speaking clients.
- Interpreters are available by appointment at Centrelink Customer Service Centres and must be booked in advance. A number of days' notice is usually required, however exceptions can be made for urgent cases.
- Clients can also call Centrelink using the Multilingual Call Service: 13 1202.

Legal interpreting services

Interpreters are available for:

- Attorney General's department matters;
- police matters;
- Legal Aid services;
- Corrective Services matters;
- investigations of traffic accidents;
- tribunal hearings, i.e. consumer and residential; and
- mediation services.

Free interpreting services

Free and government-funded interpreting services are also available in some states and territories. For example, the Department of Human Services of Victoria provides funding for translating and interpreting services (including Auslan) to eligible government programs and funded non-government organisations that provide services to people from CALD communities and those with speech and hearing impairments. You may wish to check whether similar programs are offered in your state or territory.





Important Note: Interpreting services

Remember to include interpreting services in your organisation resource manual.

Additional Information

For more information about TIS services, charges and fee exemptions, visit the TIS website: www.immi.gov.au/living-in-australia/help-with-english/help_with_translating.

For more information about Centrelink interpreting services, visit the Centrelink website: www.centrelink.gov.au.

[Checklist 7 – Working with interpreters, page 193.](#)

Assisting people with intellectual disabilities

Approximately 2-3% of Australians have an intellectual disability, which impacts upon the way they learn various skills, including communication, self-care and social skills. Most people with intellectual disability have a mild form of it, which allows them to learn reading, writing and numeracy skills.

According to the Intellectual Disability Rights Service (2004), a person with an intellectual disability might:

- take longer to absorb information than others;
- have difficulty understanding questions and abstract ideas or following instructions;
- have difficulty with reading, writing or money-management skills;
- have a short attention span or be easily distracted;
- find it difficult to maintain eye contact;
- find it difficult to adapt to new situations, to plan ahead or to solve problems;
- find communication over the phone difficult; and
- have difficulty expressing their needs.

Each person with an intellectual disability will need different types and amounts of assistance, depending on where they live, how much family support they have, what community supports are available in their area and their individual needs (NSW Council for Intellectual Disability 2006).

Some common myths about people with intellectual disability include that they cannot make decisions for themselves; that they are eternally child-like; and that they are not aware of what is happening around them. These myths act as barriers to people with intellectual disability accessing assistance that is appropriate to their needs; to participating in making important decisions about their lives and support needs; and to learning new skills (NSW Council for Intellectual Disability 2004).

As an ER worker, it is important that you treat all clients with respect and engage them in all decision-making that affects them. Adjusting your communication style can make a difference to the client's ability to understand what assistance you are able to give them and why; and can help them to make decisions about what assistance they need most. [The checklist on page 194](#) will help you to think about how to communicate effectively with clients with an intellectual disability.

Additional Information

[Checklist 8 – Assisting people with intellectual disabilities, page 194.](#)



Assisting people with communication difficulties

People with a disability have 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 you will need to treat clients differently from a person whose communication you do not find difficult because you are finding it difficult to understand them. For example, there may be no need to speak more loudly or slowly than usual.

Text Telephone (TTY)

A TTY is a device that enables hearing- or speech-impaired people to use the telephone to communicate. It does so by allowing them to type and read messages back and forth instead of talking and listening. A TTY is required at both ends of the conversation in order to communicate.

If you do not have a TTY, you can still call a person who is deaf, hearing- or speech-impaired by using the National Relay Service.

National Relay Service (NRS)

The NRS is an Australia-wide telephone access service provided for people who are deaf or have a hearing or speech impairment. It is also available to anyone who wants to call a person with a hearing impairment or speech impairment. With NRS, a special operator will type whatever you say so that the person you are calling can read your words on his or her TTY display. He or she will type back a response, which the NRS operator will read aloud for you to hear over the telephone.

- The NRS is available to everyone at no additional charge.
- You can make calls 24 hours a day, 7 days a week.
- You can access anyone in the wider telephone network.
- Calls can be made by a TTY, computer plus TTY imitation software, internet relay or ordinary telephone.
- Training in how to use a TTY or internet relay is free.
- All calls are private and confidential.
- The cost of a standard telephone call to an NRS user is about the same as a local call.

Internet relay calls

If you want to contact someone who uses a TTY you can also ring them through your computer or internet-connected mobile phone. All you need is an internet connection.

Phone Numbers

TTY/Voice: 133 677

Speak and listen 1300 555 727

Australian Sign Language (Auslan)

Auslan is the language of the deaf community in Australia. It is an officially recognised Australian language, in the same way numerous Aboriginal and Torres Strait Islander languages are.

Auslan is a visual spatial language, which consists of hand movements, facial expressions, body language and fingerspelling.

Interpreting services for hearing-impaired people

Organisations such as the Deaf Society of NSW Sign Language Communication (SLC) provide fee-for-service interpreting and note-taking services for hearing-impaired people. If your organisation regularly assists people from the deaf community it is important that you are aware of such services in operation in your state or territory.

Additional Information

You can find additional information about why people with disabilities seek ER and the physical and attitudinal barriers they can face when accessing ER in [Part 1 of the Handbook on pages 36-38](#).

For more information about the NRS, visit the NRS website: www.relayservice.com.au.

For more information and links to services for hearing-impaired people in your state or territory, visit the Deaf Australia website: www.deafau.org.au.

[Checklist 9 – Working with people with communication difficulties, page 195.](#)

[Checklist 10 – Making calls using the NRS, page 195.](#)



Interviews

The information in this section can be applied to a range of interview situations, including:

- conducting interviews specifically for the purpose of assessing and distributing ER;
- making ER assessments within the context of a 'general welfare' interview; and
- making ER assessments and distributing aid through home visits.

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

'General welfare' interviews

General welfare interviews are interviews in which you may be offering specific services such as family counselling together with, or on top of, ER.

Tips for conducting 'general welfare' interviews

Make the distinction for the client between where the ER assessment ends and where 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 may gain the impression that eligibility for ER is conditional on acceptance of involvement in other services.

Sometimes people do not really want more help. They should be provided with the opportunity to say 'no' to further help, while still receiving the ER, unless the need for their compliance was made clear prior to the interview.

Where does ER start and end?

Concentrate on your role

As discussed above, it is important to draw the distinction for the client between what you are offering as part of the ER interview and any other service that you or another organisation 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 be skilled in providing welfare counselling but have poor knowledge or resource networks in housing or financial counselling. Do not expect yourself to 'do everything' – do what you are trained to do well and refer out for other areas of expertise.

The information in this section guides workers on the range of assistance that should form part of the ER interview 'package'. This 'package' represents a comprehensive service to clients. You may well find that the tasks outlined are difficult to complete within the time available (for example many ER interviews are only allocated 20 minutes each).

Know your limitations

One of the most difficult aspects for workers providing ER 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 then to 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 supervisor you are both clear about the level of training and skills which you bring to the position and the expectations the organisation has of 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 find out what kinds of opportunities exist for training and advancement within the organisation (for example through TAFE or other courses).

More harm than good?

Many clients will seek your advice on a range of complicated problems, which go beyond their immediate need for ER. For example, during the course of an interview a client tells you that she and her partner are fighting a lot and asks, *well what would you do? Will I leave him or not?*

Before responding to clients' requests for advice about matters not directly related to the ER assessment, it is a good idea to think about appropriate responses to a range of situations that might arise within ER interviews and discuss them with your supervisor.

The client is likely to be very emotional and may even be in danger if the situation involves family violence. In addition, it is likely that you will have very limited information about their circumstances and may not be aware of the implications of providing your personal opinion about what they should do. However, because of your role as an ER worker within a formal organisation, the client may regard your response as 'professional' advice.

Your personal opinion may be that the client should leave her partner immediately. On the other hand, you may have firmly-held beliefs that it is best to try and keep a family together at all costs. If you are not professionally trained to provide assessment and advice, your personal opinion is useless to the client. In fact, there is a real danger that it may do more harm than good.

The best practice response is to tell the client you are not in a position to provide advice yourself but that you can help by offering her referrals to a range of professional services that might assist her in coming to her own decision. It is then important to follow up with referral arrangements if the client wishes to proceed.



In this example you should check that the client feels safe returning home. If not, explain that refuge accommodation is a possibility and offer an appropriate referral. The decision as to whether the client should go home or seek shelter in a refuge is theirs to make, alone or with appropriate professional support.

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

Know when to recommend additional services

Apart from making the most effective use of yours and the client's time, recognising the circumstances when it is advisable to refer them to an appropriately trained professional or expert is one of the most useful roles you can play.

If the client specifically requests help, you need to be able to determine whether you are the most appropriate person to provide assistance. For example, clients with credit and debt problems may require referral to a financial counsellor.

In some cases the client may not recognise that they have a problem nor have knowledge about the range of community support services available. In these circumstances your role is to let the client know what and where services are provided and to offer a referral if the client expresses an interest in 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 guide to local services and resource information guide. It should be readily available on your desk or in an interview room for easy reference.

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 local professional support services and their referral processes.

Suggest that staff meetings, training sessions, or in-service training regularly include visits from other local workers to exchange information between your organisations.

Attending ER network meetings also provides good opportunities to get to know the organisations and service workers in your area.

Additional Information

You can find additional information about making [appropriate referrals on page 86](#).

You can find additional information about [networking on pages 87-88](#).

You can find additional information about developing a resource directory of local community services in [Part 3 of the Handbook on pages 177-178](#).



Interview stages

Stage One: Exchange pleasantries

Before you begin, consider the feelings and the comfort of your client. Introduce yourself and your position, ask the client's name and offer them a seat. If your organisation provides you with a business card, give it to the client. Be aware of cultural differences in communication.

Stage Two: Manage the client's 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. Where possible, indicate that you may be able to refer the client to another organisation.

Important Note: Managing Expectations

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 the following examples:

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 organisation's policy to complete an assessment first, so what has brought you here today?*

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

Some organisations 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 organisation brochure or in the waiting room.

Stage Three: Outline your organisation's needs for information and privacy policy

Some clients can be suspicious of questions asked, and notes and information kept about them by you and the organisation. Other clients are so used to having organisations and workers ask so many questions that they will respond to your questions automatically. The organisation may also be bound to observe federal and state or territory privacy laws.

Tips for explaining to clients what information you need from them and why

- Reassure clients the information they give will be treated as confidential and only provided to others if they give their permission.
- Justify to your client the questions you ask.
- Tell clients they can view any file notes or information the organisation has about them at any time they wish.

Let clients 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 and number of children or other dependants.



Using client information for statistical records

If your organisation uses a statistical record (data) sheet you should show one to the client and explain why the data is recorded. These reasons might include:

- telling funding bodies how many people need help and why (for example to prove that your service is giving government funds to people in need);
- fulfilling your organisation's accountability requirements to funding bodies;
- effectively planning your organisation's services;
- advocating for improvements to the social security system; and
- conducting research on changes to client demographics, social needs or demand for services in the local area. If it is likely that client information will be used in future research projects, the organisation must have clients' consent to use their information. You can find additional information about using client data in research projects in [Part 3 of the Handbook on page 174-176](#).

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 organisation (unless you specifically give permission for information to be shared, for example for a referral to another organisation). 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.

Stage Four: Check client entitlements

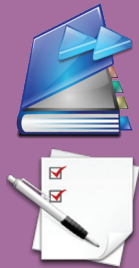
As we saw in [Part 1 \(on page 19\)](#), there is a range of federal, state and territory government assistance that ER clients may be entitled to, such as income support payments and utility assistance grants. Accessing these entitlements may impact on a client's level of need for ER. If the client agrees to extra assistance, use the [checklist at page 196](#) to see if they are accessing all of their entitlements.

Stage Five: Check what additional services and resources you can offer

Ideally, the provision of ER to address clients' immediate needs should be accompanied by the following assistance:

- checking that the client is receiving all the entitlements they are eligible for;
- investigating whether other assistance is available to help clients reduce their expenses, for example getting schools to provide free or cheap uniforms and text books; and
- where possible, negotiating reduced utility and telephone bills.

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



Important Note: Advocating on a client's behalf

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 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, do not make one call after another without informing the client of what has happened and giving them the choice of further action.

Stage Six: Arrange proper referrals

Ensure that the arrangements for referral have been completed, that is that you have phoned the referral organisation and an appropriate appointment or follow-up time has been arranged with that organisation and the client. Check that the client understands where to go and has the resources to get there.

Stage Seven: Follow-up

Before the client leaves they should be clear:

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

Stage Eight: Ending the interview

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 organisation.

If provided by your organisation, 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.



Important Note: 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.

Additional Information

You can find additional Information on how to advocate with Centrelink on a client's behalf on [pages 82-84](#).

You can find additional information on how to make appropriate referrals [on page 86](#).

You can find additional information on networking [on pages 87-88](#).

You can find additional information on managing difficult interviews [on pages 92-93](#).

You can find additional information on self-care strategies [on pages 102-107](#).

You can find additional information on privacy laws in [Part 3 of the Handbook on page 124-125](#).

You can find additional information on Centrelink entitlements and concessions in [Part 5 of the Handbook on page 252-266](#).

You can find a 'letter of authority to release information' template in [Part 4 of the Handbook on page 214](#).

You can find a client file template in [Part 4 of the Handbook on page 215](#).

You can find a referral letter template in [Part 4 of the Handbook on page 216](#).

[Checklist 3 – Privacy, page 190.](#)

[Checklist 11 – Interviews, page 196-197.](#)

[Checklist 14 – Referrals, pages 200-201.](#)

[Training Exercise 9: Interviews, page 237.](#)



Outreach ER provision

In Australia, most ER is provided through office-based services. However, 20%-30% of organisations that receive FaHCSIA funding provide ER through outreach programs, the most common of which are home visits and mobile services, such as soup vans and night patrols (Orima Research 2009).

Common forms of outreach ER provision

- Home visits.
- Soup vans and mobile kitchens.
- Night patrol services.
- Telephone services.
- Hospital, nursing home and prison visits.
- Disaster relief services.
- Men's sheds
- 'Pamper days' in drought affected areas and other disaster zones.
- Christmas hampers.
- Opportunity shops and community stores.

It is beyond the scope of this Handbook to address each of these forms of outreach ER provision in detail. The following points provide some basic information to keep in mind if you are involved in outreach ER provision.

- Service provision and safety procedures for outreach programs differ from those for office-based services. It is important that you familiarise yourself with your organisation's procedures and comply with them when providing outreach services.
- There are different legal obligations for organisations and workers conducting outreach programs. For example, staff conducting home visits must undertake a 'Working with Children' check (or equivalent).
- Always provide outreach services in pairs (home visits) or small groups (night patrols, soup vans).
- It is important that you are aware of how to recognise and respond to mental illness when providing outreach services.
- Group conflict resolution skills and strategies for defusing tense situations are also important when working in outreach programs such as night patrols and soup vans, where fights can break out amongst clients.

Home visits

The most common form of outreach ER provision is visiting clients and providing them with ER in their homes. Bringing ER to people in their own homes can form the basis of a service or be used in addition to office-based practice.

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

- instances of ill-health or disability;
- the care of young children; and
- lack of transport or geographic isolation.

If you work for an organisation that provides ER in the home, you are essentially providing the same service that you would in an office setting, but many of the safeguards that exist in an office environment disappear for worker and client.

Important Note: Home visits

The following hints for delivering ER in clients' homes should be used together with the general advice contained in this part of the Handbook.

Respect the client's rights

When conducting home visits, you need to be sensitive to a number of additional considerations to ensure that the client's dignity, privacy and other rights are maintained. While there may be some stigma in 'seeking help' from welfare organisations, having a worker in their home exposes clients' private lives.

Think about how clients might feel when inviting 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 what they will be asked and whether or not you will assist them; or
- that they have to prove how desperate they are for help – what will you think if they have asked for food and there is already some on the kitchen table?

As discussed [previously \(page 60\)](#), it is important that you make the ER assessment based on your organisation's policies, not on a personal judgement of the client's need for ER based on the state of their home or belongings (for example, that they own a new TV or DVD player).



Call the client before the home visit

The success of a home visit often depends on the exchange of information between worker and client before the home visit.

If the request for aid comes from a referring organisation rather than directly from the client, you should telephone the client before you make your visit, where possible. A clear exchange of information prior to the home visit will enable you to:

- complete all the necessary assessment procedures before you make the visit – this allows you to deliver the cheque, food voucher or food parcel at the door without entering the client's home;
- determine whether the client could be better assisted by another organisation or that there is a more suitable strategy for dealing with their needs - for example you could arrange for a local supermarket to deliver groceries to the client; and
- eliminate the need for more than one visit – this reduces disruption for clients and is especially important in an organisation that has limited staff capacity, as home visits are much more labour intensive than service-based interviews.

At the client's home

Set the client at ease from the beginning. Show them your identification when introducing yourself and refer to the client's initial request for assistance. 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 ER at the door, ask for some identification if this is required (be careful not to make this too threatening). If the client is not at home, do not leave ER on the doorstep; call them to arrange another appointment.

Before leaving, check if the client requires any further assistance. For example, advocacy with a utility company or access to other services offered by your organisation or others in the area. If so, ask if you can come in for a few minutes and discuss how you may help.

It is always the right of the client to refuse entry.

Additional Information

[Checklist 12 – Home Visits, page 198.](#)



Advocacy by workers

Individual advocacy

Individual advocacy focuses on changing the situation of one person to protect his or her rights or to improve individual services.

As an ER worker your work may involve advocacy with or on behalf of your client to ensure their individual rights and entitlements.

Agencies you may advocate with

- Centrelink.
- Utility providers.
- Telephone companies.
- Landlords.
- Other social service providers.

Advocacy with Centrelink

As we saw in [Part 1 \(on pages 15-17\)](#), a high percentage of ER clients receive income support payments from Centrelink.

Some people receiving income support payments such as Newstart Allowance, Parenting Payment and Youth allowance are subject to Activity Test or participation requirements. If clients do not meet these requirements, Centrelink may impose a range of penalties such as participation failures and payment suspensions.

Advocating with Centrelink: participation failures, non-payment penalties and debts

If your client has incurred a participation failure or non-payment penalty from Centrelink:

- check whether the client has a 'reasonable excuse' for not complying with their Activity Test or participation requirements; and
- encourage or help them to make contact with their provider or Centrelink as soon as possible. Suggest they be prepared to explain why they may not have been able to attend an interview or appointment and that they seek an urgent appointment.

If the client has 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 extreme and need to be substantiated – they go beyond financial hardship and may include ill-health or misfortune); and



- even if the reasons for the debt are fair and no special circumstances 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. This can be done by calling Centrelink's Debt Recovery unit on 13 6330.

If the client is happy for you to speak with Centrelink about their matter, ask them to:

- complete a client 'release of information form';
- provide their Centrelink Reference Number (CRN);
- provide their date of birth; and
- provide their contact details (if possible).

When speaking with a Centrelink officer about participation failures, non-payment penalties and debts:

- explain any reasons why the person could not meet the requirements 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 or rejects your request:
 - ask to have the decision reviewed by an Authorised Review Officer (ARO) - it may be necessary to insist on this;
 - if the ARO does not change the decision there is a further right of appeal to the Social Security Appeals Tribunal (SSAT); and
 - bear in mind the time limit of 13 weeks which generally applies to seeking to have decisions changed.
- if the appeal is against a payment cancellation or reduction, and the client is experiencing 'extreme financial hardship', ask the Centrelink officer to agree to a 'payment pending review', which will allow the client to receive their full payment until the outcome of the appeal process;
- if the appeal is in relation to an eight-week non-payment period, Centrelink must automatically continue the client's payment, pending review;
- if you have any problems in making a request for a review, appeal or 'payment pending review', call the Centrelink Complaints Number (1800 050 004);
- if you think that the client 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 the Centrelink officer to 'temporarily exempt' them from the Activity Test while they are sorting out these problems -it could save them from unnecessary participation failures;
- even where the participation failure is removed or the payment reduction period is reduced it is important to appeal the failure as it remains on the client's record and may go towards establishing a persistent history of non-compliance. The penalties for subsequent failures will be higher (NWRN 2010b).



Advocating with Centrelink: income management

As an ER worker, you may also be asked by clients to advocate with Centrelink about income management, for example to help them apply for an exemption from compulsory income management or to check how much money they have available on their BasicsCard.

Additional Information

You can find additional information about Activity Test and participation requirements in [Part 1 of the Handbook at page 20-22](#).

You can find more information about the circumstances in which clients being income managed by Centrelink may be eligible for an exemption in [Part 1 of the Handbook on pageon pages 26-27](#).

You can find additional information about Centrelink reviews and appeals in [Part 5 of the Handbook at page 259-260](#).

You can check a client's BasicsCard account balance by phoning 13 2594 or Freecall™1800 057 111.

Assisting clients to advocate on their own behalf

Your organisation may encourage individual clients to advocate on their own behalf and that of others in similar situations by encouraging them to:

- write to a member of parliament or government minister; or
- participate in local committees, consumer or self-help groups, peak bodies and special meetings.

Check your organisation policy on client advocacy.

Wider systemic advocacy

From time to time your organisation may also be involved in wider advocacy to promote and protect the welfare of individuals or groups. To ensure that your advocacy efforts are appropriate and successful it is important that you:

- be aware of the policy commitments of your organisation 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 internal data collection, other data or the experience of workers at your service or other services?; and
- align your advocacy efforts with your organisation's policies and the best interests of the client group.

Much of your systemic advocacy will involve negotiating with departmental officers in federal, state or territory and (to a lesser extent) local government departments. For example, you may discover a problem with a regulation or procedure that appears to be affecting a number of your clients.

Questions that inform the decision to undertake systemic advocacy

- Is the relevant organisation or department aware of the problem?
- Does something need to be done to change this situation?
- What are the likely positive and negative outcomes of your advocacy efforts for your clients and your organisation?

You should raise these issues with your supervisor to discuss what further action should be taken.

Additional Information

You can find additional information about organisational advocacy in [Part 3 of the Handbook at page 183](#).

[Checklist 13 – Advocacy, page 199](#).



Referrals

Good referrals are extremely important. 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; and
- what to expect when they arrive.

Good referral practices can ensure that the organisation referred to:

- is confident that they can support the client appropriately;
- knows when the client has an appointment; and
- is aware of relevant information, allowing time to prepare and save the client from repeating information (if permission is given by the client).

Inappropriate referrals can:

- result in extra costs to the client;
- increase the stress involved in seeking help;
- build up false expectations for the clients;
- give clients 'the run around'; and
- lead to a loss of clients' confidence in welfare organisations, when they have been courageous in asking for help at all.

All of these things can result in frustration, angry outbursts or increased violence for clients and organisations.

Additional Information

You can find a 'letter of authority to release information' template on [page 214](#).

[Checklist 14 – Referrals, page 200-200.](#)

[Training Exercise 10: Referrals I, page 238-239.](#)

[Training Exercise 11: Referrals II, page 240-241.](#)



Networking for workers

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

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

As an ER worker, you may be called on to represent your organisation on one or more of these committees. If you have an interest in networking at this level, make sure you know about relevant networks and indicate your interest to your manager.

1. At a local community level, networking with other community and welfare workers on common areas of interest can increase the profile of ER, your organisation and the interests of your clients. For example, it is appropriate for an ER worker to be on a food bank committee or youth homelessness working group.
2. At a casework level, networking enables you to offer your clients links to specialist community services to address the causes of their need for ER.
3. At an individual level, networking can provide important informal supports for what is often a very stressful job. This networking can be particularly important for small and isolated organisations or where each individual worker has a different role.

As an ER worker you are able to provide a unique perspective and invaluable information to regional and community-based working groups. This 'grass roots' or 'street' knowledge is one of the most positive aspects 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 developing policies.

Benefits of good community service networks for clients

- Provide links to appropriate services.
- Reduce their frustration and anger through appropriate coordination of services and referral practices.
- Provide information about how they can help themselves.
- Prevent a deterioration of existing circumstances.
- Address short-term and long-term problems.
- Prevent the 'run around' from organisation to organisation.
- Prevent them from falling through the income support safety net.

Benefits for workers

- Save time in locating appropriate services.
- Increase 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 information about what resources clients can access from different ER organisations. For example, one organisation may be responsible for allocating Telstra Bill Assistance Program vouchers for a particular region; another may only provide food vouchers; a third may offer services additional to ER such as financial counselling.
- 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.

How to network

To network effectively with other community workers you need:

- up-to-date information about your own organisation and the services you provide - check to see if your organisation has a material aid profile as part of its resource manual;
- working knowledge of other ER organisations in your local or regional area, including eligibility criteria, type of assistance given and referral arrangements; and
- working knowledge of federal, state or territory and local government programs and non-government community services - check the currency of your organisation's resource manual.

It is very common for information about community networks to be lost with changes in staff. New workers can waste valuable time 'reinventing the wheel' by developing networks. To ensure that networking information is effectively captured:

- list personal contacts, phone numbers and other details; and
- ensure that these are included in updates of centrally compiled resource files.

Additional Information

You can find an ER organisation profile template in [Part 4 of the Handbook on page 217](#).

[Checklist 15 – Effective networking, page 202](#).



Reception staff

The receptionist position is very important in ER organisations. Reception is the first point of contact for clients, and their experience will determine how comfortable they feel about seeking aid and how they will regard your organisation in future.

Depending on the size of your organisation, how busy it is and the range of tasks assigned to reception staff, working on reception can be one of the most demanding roles within an organisation.

Reception tasks

- Ensuring that people have access to the service.
- Assisting clients to feel comfortable in seeking ER.
- Organising appointments or waiting room arrangements.
- Assessing the needs of clients for special support or providing priority assistance.
- Advising managers and workers of potentially difficult clients.
- Referring clients to other services.
- Providing financial or material aid.
- Administrative duties.

Treat clients consistently and with respect

One of the most difficult aspects of working at reception is that no matter how the service 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 all visitors and callers that they are important and deserve respectful treatment.



Know your organisation's policies and procedures

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

Provide clear and consistent information about your organisation's services

Sometimes clients will ring or arrive at your service seeking general 'help' rather than a specific service or program. They may or may not know what your organisation provides or may be too embarrassed to ask for financial aid, even if it 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 your organisation offers and let the person choose the one they think can assist them.

Additional Information

[Checklist 16 – Reception, page 202-203.](#)



Safety issues for workers

This discussion of safety issues is not meant to raise undue alarm about violent incidents in ER organisations. Many organisations have had no experience of violence from clients. But for those that do, it aims to:

- raise your awareness about the realistic risks involved in direct service provision;
- suggest appropriate options to reduce those risks; and
- recommend strategies to consider in the event of any incident occurring.

Safety policies and procedures

- Know and discuss safety policies and procedures. All initial orientation and ongoing training should include advice on the identification, prevention and reduction of violent or aggressive incidents.
- Have a clear understanding of your organisation's safety procedures before you begin direct service provision. Safety issues should be seen as an area of policy where there is ongoing dialogue between managers and workers. Discuss the history of incidents in your organisation and the procedures in place to address them.
- Check your organisation's policy regarding future assistance for clients who have become aggressive.
- Report all aggressive behaviour and uncomfortable incidents to your supervisor.
- Develop a 'code' for communicating discreetly with other staff workers. For example, 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 your supervisor that there may be a problem and come straight to your room on some pretext.
- Always tell someone that you are interviewing. If you know in advance that the client could be difficult, let another worker know. Keep the door open throughout the interview and perhaps arrange for them to pass by your room or even interrupt you during the interview.
- Reception staff and other workers should be encouraged to identify clients who present as aggressive or agitated and notify managers or ER workers in advance. Depending on the extent of the difficult behaviour you could arrange to conduct the interview with another worker present or discuss the situation with your supervisor beforehand. Together you may decide to refuse to proceed with the interview but give alternative assistance.
- For future reference and the benefit of other workers, if a client has shown volatile behaviour you can put a red sticker on the client card as a code for caution.
- Discuss any fears that you may have with your supervisor.

Additional Information

[Checklist 17 – Safety policies and procedures for ER workers, page 204.](#)



Difficult interviews

What causes client anger?

When individuals threaten or actually use violence towards an ER worker, the reasons are usually associated with a build-up of frustration about a number of factors.

Causes of client anger

- Not having enough money to live on.
- Anger with a previous organisation or government department.
- Poor coordination or referral between organisations (the 'run around').
- Poor service-delivery strategies in your own organisation, for example long waits in crowded waiting rooms.
- Inadequate information provided to the client about the type of assistance offered by the organisation, resulting in expectations that cannot be met.
- Being refused assistance with immediate needs, for example a worker saying 'no' to providing ER.
- The influence of alcohol or drugs.
- Hot weather.

Important Note: Mental illness and violence

Research shows that the rate of violence committed by people with a mental illness is below that of the general public.

Conflict prevention and resolution strategies

- Acknowledge that in a conflict situation you can feel uneasy and fearful. Make yourself think positively. It is important for you and the client that you keep the situation under control.
- Be aware of how your client feels. You may be able to defuse a situation very quickly by identifying the reasons for the client's anger. For example, 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.
- Ring the alarm or use your code to alert other workers to the situation, if possible. It is best to have someone on the way even if you have resolved the incident by the time they have arrived.

- Be aware of your client's behaviour or any significant changes, for example that they:
 - become tense or agitated;
 - begin to raise their voice;
 - begin to move abruptly;
 - rise from the chair or begin to pace or bang the table; or
 - express fear of losing control.
- Try to appear calm and use a quiet and reassuring voice.
- Lower your voice: a raised voice can quickly escalate the emotions of a distressed client.
- Try to develop a relationship with the person rather than making a cold assessment. This can be done by:
 - demonstrating empathy and warmth;
 - understanding the problems and barriers created by poverty; and
 - giving feedback to clients – acknowledge clients' feelings and recognise their circumstances to demonstrate that you are listening.
- Decide whether to negotiate any further or whether to leave. Choosing whether to negotiate further or to leave is up to you. You know best how the situation is proceeding. Some negotiation techniques you could use are:
 - indicating 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;
 - asking that when you have listened to them, they listen to what you have to say;
 - repeating calmly and sincerely: *I am here to help you*; and
 - not arguing the point if the client is getting loud or more aggressive.
- Always leave the room if you become frightened. Only return to the room with another worker. Notify reception or another worker before you return to the room.
- If you are physically threatened: LEAVE.
 - Know where you are going to run to and run away, do not stop or hesitate.
 - If the client follows, place obstacles in their way, such as a chair or closed door, make a noise and call for help.

After an incident, look after yourself. It is very important that you acknowledge what happened and the associated feelings. Take a break. It might be good to talk to your supervisor or a colleague. You can also check whether your organisation provides a free employee assistance program (EAP).



Incident reporting

Your organisation should have a system for reporting critical incidents that occur in the workplace. However, you should report any incident that has made you feel uneasy to your supervisor, who will be able to talk through what happened with you and advise you whether or not to make an incident report.

Category one incidents

- Include danger of death or serious injury, major accidents and serious property damage.
- May have media impacts, for example major fires or serious physical or sexual assaults.

Category two incidents

- Threaten people's wellbeing and safety but are not as serious as category one incidents.
- Have important implications for management. For example, serious threats, criminal behaviour or unethical behaviour by workers.

Category three incidents

- Interrupt the normal routine but can be dealt with within the organisation and have no further implications for it or the community. For example, injuries not requiring medical attention and other minor complaints (Salvation Army 2010).

Discuss your organisation's incident-reporting procedures with your supervisor.

Additional Information

You can find additional information about critical incidents in [Part 3 of the Handbook on pages 156-160](#).

You can find an 'incident report' template in [Part 4 of the Handbook on page 218-219](#).

[Training exercise 12: Critical incident reports, page 242.](#)

Workers compensation

Workers injured while performing duties at work may be eligible for workers compensation. Workers compensation provides protection to workers and their employers in the event of a work-related injury or disease. Through the workers compensation system, injured workers may be entitled to weekly payments, lump sums for permanent impairment, payment of medical and legal bills and intensive rehabilitation assistance.

State and territory workplace safety authorities are responsible for assessing claims for workers compensation.

Additional Information

You can find additional information about occupational health and safety and a list of state and territory workplace safety authorities in [Part 3 of the Handbook on pages 155-156](#).



Assisting clients who express thoughts of suicide

The following information from Lifeline Australia is designed to help you engage with clients who you are concerned may be thinking about suicide.

Facts and figures

- Each day in Australia, an average of six people take their own life.
- In addition to this, each day almost 170 people attempt suicide.
- Disasters and emergency situations may trigger suicidal thoughts and feelings in some people.

Assisting suicidal clients

As a community, we can all play a role in helping to stop these mostly preventable deaths. Suicidal thoughts and attempts are much more common than suicidal deaths. It is important that communities address the issue openly so people at risk feel comfortable speaking up and seeking help from someone they trust or from a health professional.

Each of us has the capacity to learn how to recognise the signs that someone might be thinking about suicide and to do something about it.

Lifeline Australia advises that we should ask others if they are suicidal when their behaviour, attitude or actions concerns us. When support is offered in a genuine, non-judgemental and compassionate way, it will often be accepted and will provide an avenue for intervening in a positive way.

How can suicide be prevented? There is no easy answer, but knowing the warning signs can help you assist someone at risk.

Warning signs of suicide

- Threatens to attempt suicide.
- Talks about wanting to die.
- Has made suicide attempts in the past.
- Sudden changes in behaviour, appearance or mood.
- Increased use of alcohol or drugs.
- Deliberately injures themselves.
- Appears depressed, sad, withdrawn.
- Gives away personal possessions.

How you can help?

- Stay calm and listen.
- Let the person talk about their feelings.
- Be accepting; do not judge.
- Ask if the person is thinking about suicide.
- Take all threats of suicide seriously.
- Do not promise secrecy - tell someone.
- Connect the person with professional help.

Who else can help?

- General practitioner.
- Counsellor, psychologist, social worker.
- School counsellor, youth group leader, sports coach.
- Mental health service.
- Community health centre.
- Priest, minister, religious leader.
- Telephone crisis support services such as Lifeline and Kids Helpline.

Additional Information

You can find additional information about organisations that provide information and training about suicide intervention and prevention in [Part 5 of the Handbook on page 286-287](#).

For more information about suicide prevention, visit the Lifeline Australia website: www.lifeline.org.au.



Assisting clients with multiple or complex needs

Increasingly, ER provision is about more than simply handing out a food parcel. ER organisations report that in addition to increased costs of living and increasing numbers of clients requesting ER, the needs of clients presenting for assistance are becoming more complex.

Issues impacting on clients requesting ER

- Homelessness.
- Mental health.
- Addiction issues.
- Domestic and family violence.
- Needs related to immigration and visa status (discussed in [Part 1 of the Handbook on pages 32-35](#)).



Homelessness

- According to the ABS (2006), approximately 105,000 Australians are homeless on a given night.
- In 2007-08 approximately 220,000 people accessed Supported Accommodation Assistance Program (SAAP) services, with approximately 77,000 accompanied by dependent children (AIHW 2009).
- Key groups affected by homelessness:
 - Aboriginal and Torres Strait Islander people;
 - young people aged 12-18;
 - families with young children;
 - asylum seekers; and
 - people affected by mental illness.
- Increasing numbers of elderly people are also facing homelessness.
- Causes of homelessness:
 - lack of affordable housing;
 - violence and family breakdown;
 - mental health and substance abuse; and
 - leaving protective or institutional care.
- Being homeless is unsafe, unhealthy and very stressful.
- Homelessness is the most extreme form of poverty. Living in poverty is also a structural factor that can lead to homelessness.

ER clients and homelessness

- WACOSS (2007) found that 75% of ER clients needed assistance finding suitable housing or crisis accommodation.
- Factors to consider when assessing homeless clients for ER include:
 - no fixed address - clients experiencing homelessness may not be able to provide a fixed address; they should not be excluded from accessing ER for this reason;
 - not accessing Centrelink benefits -clients experiencing homelessness may not be accessing Centrelink benefits and may not hold a Health Care Card; they should not be excluded from accessing ER for this reason;
 - access to facilities – homeless clients may not have access to cooking, banking and other facilities; it is important to be mindful of this when providing ER, for example food parcels for homeless clients should include items that do not require cooking or kitchen facilities such as microwaves or kettles;
 - mental health; and
 - addiction issues.
- It is important that you have a sound knowledge of, and maintain effective networking and referral relationships with, housing providers in your local area.
 - SAAP providers (now known as Specialist Homelessness Services).
 - State Departments of Housing.
 - Refuges or crisis accommodation services.
 - Youth accommodation services.
 - Migrant hostels and support service.

Mental health

- One in five (20%) Australian adults experience mental illness in any year.
- One in four of these people experience more than one mental disorder.
- Almost half of the Australian population (45.5%) experience mental illness at some point in their lifetime.
- In 2006-07, the highest percentage of mental illness was reported for those aged 16 to 24 years (26.4%) and 25 to 34 years (24.8%).
- Mental health may be impacted by individual or societal factors, including:
 - economic disadvantage;
 - poor housing;
 - lack of social support; and
 - level of access to, and use of, health services.
- People of lower socio-economic status have a higher prevalence of mental disorders, particularly depression, and certain anxiety disorders.
- More than a third of sole parents on income support suffer from anxiety or depression (ABS 2007)

Mental health and ER

- Increasing numbers of clients with mental health issues are accessing ER services for support. For example:
 - UnitingCare Victoria and Tasmania (2009) report that people with chronic health and mental health issues are increasingly being supported by ER providers; and
 - the same report found that people with chronic mental illness were being referred to ER providers by local mental health services unable to deal with particularly difficult clients.
- It is important that you have sound knowledge of and maintain effective networks and referral relationships with the mental health services in your area, including:
 - community mental health centres;
 - mental health crisis services;
 - youth mental health services;
 - general practitioners;
 - local hospital emergency departments; and
 - specialist services for survivors of torture and trauma.
- As noted previously, research suggests that clients experiencing mental health issues are less likely to behave violently than the general population.

Addictions

- Addiction issues potentially contribute to a client's need for ER, due to the cost of maintaining the addiction.
- It is important that all clients requesting ER are treated with dignity and respect, have their request for assistance assessed and are offered referrals to appropriate support services.
- If a client behaves inappropriately or aggressively, you should follow your organisation's safety procedures.
- It is important that you have sound knowledge of and maintain effective networks and referral relationships with health and addiction services in your area, including:
 - gambling services;
 - financial counsellors;
 - drug and alcohol rehabilitation centres;
 - community health centres; and
 - self-help and support groups, for example Alcoholics Anonymous, Gamblers Anonymous and Narcotics Anonymous.

Domestic and family violence

- Young women, families and sole parents with children make up a significant proportion of Australia's homeless population.
- The majority of these women and families are homeless as a result of domestic and family violence.
- Women and children experiencing domestic and family violence need specialised support and assistance to access:
 - income support payments, including Crisis Payment;
 - crisis accommodation and long-term accommodation;
 - legal assistance;
 - health and mental health services; and
 - financial aid.
- It is important that you are familiar with domestic violence services, rape crisis centres and women's refuges in your area.
- For more information, resources and links to domestic violence services in your state or territory, visit the Australian Domestic and Family Violence Clearinghouse website: www.austdvclearinghouse.unsw.edu.au.



Taking care of yourself

When providing ER to clients who have complex needs, it is important to have a clear understanding of where ER starts and ends, to concentrate on your role as an ER worker, to maintain effective networks and referral systems with specialist community services and to take care of your own needs in response to such demanding work.

Additional Information

You can find additional information about where ER starts and ends and the limits of your role as an ER worker [on page 72-74](#).

You can find additional information about how to make effective referrals [on page 86](#).

You can find additional information about networking [on page 87-88](#).

You can find additional information about national mental health resources in [Part 5 of the Handbook at page 286-287](#).





Self-care

Being involved in the direct provision of ER can be stressful and demanding. As we saw in [Part 1 \(on page 18\)](#) demand for ER is increasing and your organisation may have strict policies on how much and how often ER can be provided to clients.

In addition, the clients you assist will often be in crisis by the time they ask for help and may be facing a range of issues in addition to their need for ER, including homelessness, mental illness, suicidal ideation, domestic and family violence, or drug and alcohol dependence.

As a front-line worker, you may feel overwhelmed by the level of disadvantage experienced by the clients you assist. You may also feel distressed by your own or your organisation's inability to meet all of your clients' presenting needs.

Burnout

What is burnout?

Burnout describes the emotional and physical exhaustion experienced by people as a result of excessive work-related stress. Burnout is commonly associated with work that requires intense emotional involvement and is defined as the outcome of chronic stress.

Factors that contribute to burnout

- Excessive workload.
- Consistently emotionally-demanding or distressing work.
- Lack of personal control.
- Lack of recognition.
- Role ambiguity.
- Poor leadership.
- Conflict.

Emotional indicators

- Emotional exhaustion.
- Anxiety and depression.
- Cynicism and suspicion.
- Low morale.
- Job dissatisfaction.

Physical and behavioural indicators

- Physical exhaustion, illness and psychosomatic symptoms.
- Negativity towards clients and co-workers.
- Poor performance at work.
- Overconfidence.
- Absenteeism.
- High rates of staff turnover.
- Excessive use of alcohol and other drugs.
- Increased marital and family conflict.

Strategies for reducing burnout

- Develop clear boundaries between work and personal life.
- Maintain supportive personal and professional relationships.
- Take regular breaks throughout the working day.
- Be realistic about what can be achieved each day.
- Access appropriate and regular formal and informal peer support.
- Maintain physical health by eating regular meals, getting adequate sleep and exercising regularly.
- Participate in personal and professional development opportunities.
- Take regular breaks throughout the year.

Important Note: Burnout

If you are experiencing symptoms of burnout and none of the strategies outlined above are helpful, it is important that you seek appropriate professional support to manage your stress and workload.

Vicarious trauma

ER workers are often exposed to emotionally disturbing information about client experiences and issues. For example, you may respond to requests for ER from clients who are experiencing homelessness, domestic violence or who are refugees or asylum seekers who have experienced torture in their country of origin. Sustained exposure to client trauma involves risk to the emotional and psychological health of staff and can lead to vicarious trauma.

Vicarious trauma is an ongoing process of change over time that results from witnessing or hearing about other people's suffering and need. When you identify with the pain of people who have endured terrible things, you bring their grief, fear, anger, and despair into your own awareness and experience.

Your commitment and sense of responsibility can lead to high expectations and eventually make you feel burdened, overwhelmed, and perhaps hopeless.

Vicarious trauma can impact deeply on the way you see the world and your sense of meaning and hope. It can affect cognitive functioning and values and can be as debilitating as primary trauma.

Symptoms of vicarious trauma will be different for each person. The list below provides examples of the kinds of symptoms you may experience.

- Symptoms similar to the client's, such as anxiousness, irritability, being easily startled, or not feeling safe.
- Difficulty sleeping.
- Thinking about the trauma or the client for much of the time.
- Physiological symptoms such as increased heart rate or perspiration.
- Avoiding or feeling anxious about certain situations or places that relate to the traumatic event.
- Difficulty relating to or being overly critical of others, particularly children - this may lead to avoiding spending time with others and withdrawing from normal social commitments.
- Difficulty regulating emotions (mood swings), or emotional exhaustion.
- Feeling depressed, hopeless or helpless.
- Over or under eating.
- Increased use of alcohol, caffeine or other drugs.
- Anger at the effect of the trauma on your life.
- Negative feelings including irritation, frustration and guilt about the client.
- New or worsened health issues such as bowel or stomach problems, muscle pain and headaches.
- Feeling overwhelmed and wanting distance from stories of the trauma.
- Poor performance at work, including avoiding clients.
- Difficulty thinking clearly, concentrating, remembering things or making decisions.
- Loss of sense of humour, motivation or energy.
- Having more accidents or making more mistakes than usual.

These symptoms are completely normal when they continue for a couple of weeks. If you experience any of these signs for prolonged periods or more intensely than you expected you may consider professional help to cope with them.

Coping strategies

Be clear about your role and where ER starts and ends

This is as important for you as it is for your clients. The [‘Where does ER start and end’ section on pages 72-74](#) contains information about the importance of concentrating on your role, knowing your limitations and understanding when and how to refer clients to other services for additional support.



Keep 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 workload and show you where you need to ‘catch up’ before you take on more commitments. Keep a workbook beside you and log your activities in point form throughout your day.

You can use a plain notebook or a table in a Word document to note the following.

- Date.
- Client ID.
- Action taken.
- Follow-up.
- Type and amount of ER provided.
- Referrals made (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 or urgent. Often, stress is unnecessarily increased by failing to distinguish between a task that is important (providing additional information, with your client’s consent, to an organisation or worker that the client has been referred to), but not urgent (your client’s appointment is not 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 a walk to the front desk and a quick word to a fellow worker or a cup of tea.

You should also 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.

Supervision

Regular and appropriate supervision should be provided to all workers to complement training and support the work. Appropriate supervision should provide you with the opportunity to discuss clients, reflect on practice methods, voice doubts and concerns and receive direction and support from your supervisor. Supervision also provides an appropriate context in which you and your supervisor can discuss any concerns you may have about work-related stress, burnout and vicarious trauma.

Debrief at the end of every day

In addition to regular supervision, some organisations 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 had or just to share a relaxed moment together. Even if you do not 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 supervisor or at least arranging a time to discuss the problem with them. With you, they share responsibility for your welfare.

It is particularly important to debrief with a supervisor immediately after a difficult incident with a client or another worker. The main aims of debriefing are to:

- help workers move onto the next interview or activity without being distressed or distracted;
- restore confidence;
- resolve distressing work issues before going home;
- reflect positively on experiences at work;
- identify and discuss ways in which workers' communication techniques, values and beliefs may have contributed to difficult incidents with clients or colleagues;
- identify gaps in knowledge and skills; and
- identify and manage the signs of burnout and vicarious trauma.

If your organisation's structure does not allow for regular debriefing, it does not allow for a good, safe working environment for anyone and needs to be addressed.

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.

Attend staff meetings

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 or potentially aggressive client, were the safety procedures adequate or do they need to be reviewed?

Staff meetings can also be used to introduce workers from specialised organisations and to address policy and planning issues. They also offer an excellent opportunity for in-house training.

Employee assistance programs (EAP)

Some organisations provide free EAP for their workers. EAPs are work-based intervention programs designed to improve the emotional, psychological and general wellbeing of workers and include services for immediate family members. EAPs aim to detect and resolve work-related and personal problems that may negatively affect work performance and general wellbeing. Examples of the issues addressed by EAPs include: relationships and communication, physical and mental health, trauma, gambling, substance and other addictions, financial problems, legal problems, burnout and vicarious trauma and coping with change. Ask your supervisor if your organisation provides an EAP.

Additional Information

For more information about EAPs, visit the Employee Assistance Professional Association of Australasia website: www.eapaa.org.au.



Part 3: Managing an ER organisation





GROWING OLD POOR

*It's become an obsession with me and
that's something I'm trying to lose...*

'Cause I think what's the...

it doesn't matter,

we'll all be dead in 20 years,

so yeah.

It'll all be over anyway,

so why worry?

*I think I've always been scared of growing old -
not having any support.*

Because that's how we work in society...

If you haven't got it, you don't get it,

so...

I've worked in aged care

I don't want to end up like some of the people

I've worked with.

'Cause it can be very undignified. **Rodney**

Part 3: Managing an ER organisation

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Philosophy

- An organisation's philosophy is made up of the beliefs and values on which the organisation is formed.
- The philosophy affects everything an organisation does, from why it was first established to the development of its operating policies.
- Awareness of the organisation's philosophy is important for workers and managers alike as it helps them understand what is expected of them and provides a framework in which to work.
- For example, the organisation may work within a particular religious, self-help, consumer or for-profit framework.
- Displaying a statement of the organisation's philosophy or mission can provide a reminder of the values that should be reflected in the ways workers and managers perform their duties.
- Organisational philosophy should be discussed during recruitment of all workers.
- Organisational philosophy needs to be translated into policies.

Organisational policies

A policy is a plan or general guideline for action or a statement of intent.

Generally, organisations need two types of policies:

- Type A: a statement about their overall purpose and goals; and
- Type B: specific policies relating to the operation of the organisation.

Organisations may also need procedures. Procedures provide further detailed instructions for workers that explain how the policy should be applied.

Broad-level policies (Type A)

FaHCSIA guiding principles and service standards

Defining the purpose of a service or program can raise issues about how it should operate.

In 2009, FaHCSIA released its Financial Management Program (FMP) Guidelines, including new guiding principles and service standards, which incorporate the ER Guiding Principles and Service Standards (2000). These standards provide a framework for organisations to improve their service quality and to find new and better ways to assist people. They are also useful when developing, monitoring and reviewing policies. The 2009 FMP Guidelines are reproduced in [Part 2 of the Handbook on pages 51-52](#).



Operational policies (Type B)

Specific policies relating to the operation of the organisation should be consistent with the philosophy and purpose of the organisation and the principles and standards outlined above.

You may need to develop these in more detail in the form of procedures. Workers performing duties in line with operational policies may be able to assist with the development of these procedures in an instruction or step-by-step format.

The following areas should be addressed by organisations' operational policies. Detailed information about each area is provided in the following pages and should assist with the effective management of ER provision.

- Clients' rights.
- Organisational responsibilities.
- ER policy.
- Model of service.
- Personnel.
- Design issues.
- Review of services.

Additional information about the topics listed below is provided at the conclusion of this section.

- How to develop a resource manual.
- Publicity and public relations.
- Networking.
- Advocacy.

Additional Information

For more information about the FMP Guidelines, visit the 'Financial Management Program' page of the FaHCSIA website: www.fahcsia.gov.au.

[Checklist 1\(A\) – Broad level policies, page 205.](#)

[Checklist 1\(B\) – Operational policies, page 205.](#)



Clients' rights

It is important that organisations recognise clients' rights. ER providers have a considerable amount of power because of the resources they have to offer. Clients effectively have none because they desperately require assistance. Recognition of clients' basic rights goes some way to rebalancing that power.

FMP Guidelines

The 2009 FMP Guidelines provide an excellent guide to the development of policies aimed at protecting clients' rights.

Respect and dignity

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

Self determination

Clients must be able to make informed decisions about the immediate assistance that will best meet their needs and what further services they require, if any.

Workers should act on a client's behalf only at their request, unless legally or ethically obliged to act without their permission. Examples of when workers may act without a client's permission include situations in which the client or a third party is at risk of serious injury or death or there is concern that a child may be being neglected or abused.

Quality services

Services must be effective and have the best interests of the client as their primary purpose. The following list outlines key elements of a quality service.

- Commitment to consumer feedback.
- Strategic planning.
- External evaluation.
- Research on clients' needs.
- Development of service standards.
- Appropriate training and development for all workers.

Accurate information

- What the ER program offers, how it operates and what other services are available.
- Eligibility criteria.
- Clients' rights.
- Privacy and confidentiality policies.
- Complaint procedures.

Privacy and confidentiality

Privacy is an important right. By assuring clients that their personal information will be protected, organisations improve the likelihood they will provide relevant information.

There are also legal reasons why ER organisations should implement policies that protect clients' privacy. The federal *Privacy Act 1988* was amended in 2001 and organisations that receive Australian government funding to provide services must now abide by the Information Privacy Principles (IPPs) outlined in the Act.

Additional Information

You can find additional information about the *Federal Privacy Act 1988* [on pages 124-125](#).

Complaints and redress

Clients' views on a service should be taken into consideration. Clients have a right to complain about the service they receive and mechanisms should be in place to ensure this can occur. Complaints should be properly investigated and remedied in a way that does not affect the client's ability to access services.



Organisational responsibilities

General responsibilities

- Maintaining financial accountability.
- Meeting accountability requirements of funding bodies as set out in guidelines and funding arrangements.
- Abiding by relevant laws.
- Providing effective and efficient services.
- Ensuring clients' needs are met by the organisation or another service provider as far as possible.
- Meeting workers' needs.
- Meeting occupational health and safety standards.

Financial accountability

Organisations that receive funding from governments (for example FaHCSIA or state or territory government departments) or any other funding body have a number of financial responsibilities.

The following information will provide assistance in meeting these obligations.

Financial responsibilities

- 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 its budget.
- Ensuring bookkeeping, accounting and auditing is done.
- Monitoring income and expenditure.
- Managing cash flow and making best use of available money.
- Reporting to funders, consumers, members and the community.

Financial management

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

Components of financial management

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

These are some key questions you need to ask in order to determine the best use of the organisation's funds.

Regarding the organisation's financial position:

- How much money does the organisation normally hold in its bank account?
- How much does the organisation 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 organisation run at a surplus or deficit each year?
- What has the surplus or 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 organisation be able to continue as a viable entity at current expenditure levels?
- Is more income or less expenditure needed to ensure the organisation is financially viable?

Regarding the organisation's operation:

- What is the budget for the year's activities?
- How does this year's financial performance 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?

Accountability requirements

Organisations that receive ER funds from FaHCSIA or state or territory government departments and most private funding bodies are required to submit financial acquittal documents regarding the expenditure of these funds.

It is important that the organisation keeps accurate data that is consistent with the reporting requirements of your funding partners.

Additional Information

You can find additional information about accountability and data collection [on pages 173-176](#).

You can find additional information about fundraising and grants resources in [Part 5 of the Handbook on page 281](#).

For more information on financial management, budget planning, applying for grants and fundraising as well as examples of financial management policies and financial control policies, visit the 'Community Resources' page of the 'Our Community' website: www.ourcommunity.com.au.



Federal legal responsibilities

The organisation's executive body is responsible for meeting the legal requirements of a range of Australian government laws and regulations.

This includes ensuring the organisation:

- stays within its powers as written in its constitution, rules, memoranda and articles of association;
- follows its rules (for example holding an Annual General Meeting and electing office bearers);
- fulfils its obligations of incorporation (for example forwarding annual returns to the appropriate authorities); and
- has adequate and current insurance coverage.

Relevant federal legislative requirements

- Incorporation.
- Insurance.
- Employer legal responsibilities, including leave requirements, equal opportunity and occupational health and safety.
- Tax deductibility, tax exemptions and concessions.
- Permits and licences, for example for buildings and fund raising.
- Publishing, including copyright and defamation.
- Freedom of information.

Legal liability

Personal liabilities and legal requirements of the executive

- Act honestly and in the best interests of the organisation.
- Act with reasonable care and diligence.
- Do not make improper use of information gained.
- Do not make improper use of positions held.

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 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.

The type of structure which an organisation chooses will depend on its aims and objectives.

Legal structures suitable for community organisations

- Associations.
- Cooperatives.
- Companies.

Under a company structure, charitable or not-for-profit organisations are generally registered as public companies, limited by guarantee. Companies are registered under the Commonwealth *Corporations Act 2001*, which is administered by the Australian Securities and Investment Commission (ASIC). A company's registration is recognised Australia wide.

Associations are incorporated under state or territory associations incorporation legislation, which is administered by the relevant state or territory authority. Incorporating an association in a state or territory restricts the organisation to operating in that state or territory. State and territory associations incorporation legislation provides a simple and more affordable means of creating a separate legal entity for small, community-based groups with limited resources and imposes less onerous conditions than the *Corporations Act 2001*.

Additional Information

For more information about the suitability of each legal structure, and relevant state and territory authority contact details, contact the relevant state or territory consumer authorities, or visit the following website:

Australian Securities and Investments Commission – www.asic.gov.au/asic/asic.nsf.



Legal Records

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

Legal records

- Copies of your lease or certificate of title.
- All incorporation documents.
- Financial documents.
- Income tax returns and correspondence.
- Documents about tax deductibility, exemptions or concessions from rates and other levies or duties.
- Permits, licences and correspondence about them.
- Copies of insurance policies.
- Accident or injury register, which lists anything that might result in an insurance claim.

Anti-discrimination laws

Discrimination occurs when a person is treated in a less favourable manner due to their perceived or actual status.

Reasons people are discriminated against

- Gender.
- Marital status (married, single, divorced, widowed, de facto).
- Impairment (physical, psychological or intellectual).
- Race (colour, nationality, CALD origin).
- Pregnancy or parenthood.
- 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 does not constitute discrimination.

Federal, state and territory anti-discrimination laws make it unlawful to discriminate against a person in a range of areas.

Areas in which discrimination is against the law

- Employment.
- Education.
- Goods and services.
- Accommodation.
- Club membership.
- Professional and other organisational membership.
- Partnerships.
- 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 organisation in their state or territory. 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; and
- do anything else necessary to redress the loss, damage or injury caused by the discrimination.

Additional Information

For more information contact the relevant state or territory Equal Opportunity Commission.

Australian Human Rights Commission (AHRC)

The AHRC is a national independent statutory body, which established in 1986 by an act of the federal parliament: the *Australian Human Rights Commission Act*.

The AHRC can hear complaints made under any of the five acts for which the Commission has statutory responsibilities.

Federal anti-discrimination acts

- *Australian Human Rights Commission Act 1986.*
- *Sex Discrimination Act 1984.*
- *Racial Discrimination Act 1975.*
- *Disability Discrimination Act 1992.*
- *Age Discrimination Act 2004.*

The *Australian Human Rights Commission Act 1986* allows for the investigation of any situation which is not consistent with Australia's commitment to the following United Nations (UN) human rights treaties (among others).

- Universal Declaration of Human Rights.
- International Covenant on Civil and Political Rights.
- Convention on the Rights of the Child.
- Convention on the Rights of People with a Disability.
- Declaration on the Rights of Indigenous Peoples.

Freedom of Information (FOI) laws

FOI laws relate to Australian government departments and entities.

Legal rights provided by FOI laws

- To access unpublished government information.
- To force the government to publish information about itself.
- To insist that personal information held by the government is accurate.

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

Additional Information

For more information about human rights, federal anti-discrimination laws, freedom of information and how to make a complaint, visit the following websites:

AHRC website – www.hreoc.gov.au.

Federal Attorney General's Department human rights page – www.ag.gov.au.





The Federal Privacy Act 1988

Australian government departments and non-government organisations that receive Australian government funding to provide services are legally obliged to abide by the Information Privacy Principles (IPPs) outlined in the federal *Privacy Act 1988*.

The National Privacy Principles (NPPs) are a separate set of privacy principles in the federal *Privacy Act 1988*, which cover private organisations, including not-for-profit organisations that have an annual turnover of more than \$3 million.

Organisations should develop policies and procedures that protect privacy in accordance with these standards. It is also essential that workers are trained in what is expected of them and that complaint-handling arrangements are put in place so clients can approach the organisation if they feel their privacy has not been protected.

Information Privacy Principles (IPPs)

There are 11 IPPs under the federal *Privacy Act 1988* that regulate the management of personal information by Australian and ACT government agencies and organisations that receive Australian government funding to provide services. The IPPs cover how and when personal information can be collected; how it should be used and disclosed; and storage and security. They also allow individuals to access their personal information and have it corrected if it is wrong.

The following summary of the IPPs has been adapted from plain English information available on the Office of the Privacy Commissioner's website (www.oaic.gov.au).

IPP 1: Manner and purpose of collection

The information must be collected fairly and lawfully and must be necessary to the organisation's work.

IPP 2: Collecting information directly from individuals

Organisations must tell clients why they are collecting personal information, what laws give them authority to collect it, and to whom and in what circumstances they will disclose it.

IPP 3: Collecting information generally

Organisations must ensure the personal information they collect is relevant, up-to-date and complete and not collected in an unreasonably intrusive way.

IPP 4: Storage and security

Personal information must be stored securely to prevent its loss or misuse.

IPPs 5 - 7: Access and amendment

These principles require organisations to record the type of personal information they hold and to give clients access to personal information about them. Clients are allowed to amend or correct information if it is wrong.

IPPs 8 - 10: Information use

These principles outline the rules about keeping accurate, complete and up-to-date personal information; only using information for a relevant purpose; and only using the information for another purpose in special circumstances (outlined in IPP 11).

IPP 11: Disclosure

This principle sets out when an organisation may disclose personal information to another person or organisation. This can only be done in special circumstances, such as with the individual's consent or for some health and safety or law-enforcement reasons.

Important Note: Privacy Laws

The federal *Privacy Act 1988* does not regulate state organisations and it is important that organisations are also aware of their responsibilities under state and territory privacy laws.

Additional Information

You can find additional information about the importance of respecting clients' privacy in [Part 2 of the Handbook on pages 57-59](#).

For more information about the IPPs, NPPs and federal, state and territory privacy laws, visit the Office of the Australian Information Commissioner website: www.oaic.gov.au.

[Checklist 3 \(for workers\) – Privacy, page 190](#).





State-based legal responsibilities

In addition to complying with the federal legal responsibilities outlined above, organisations must also comply with a range of state or territory laws and regulations. It is important that members of the executive body and management team are familiar with relevant state or territory legislation.

Relevant state and territory laws

- Anti-discrimination laws.
- Associations incorporation legislation ([see page 120](#)).
- Criminal record checks for workers (for example police checks and working with children checks).
- Occupational health and safety legislation (OH&S):
 - food preparation and handling;
 - electrical testing; and
 - physical safety and emergency procedures.
- Privacy laws.

State and Territory contacts

- COSS.
- Police service (for information about criminal record and working with children checks).
- Consumer affairs authority or emergency service (for information about OH&S).
- Anti-Discrimination Board.

Insurance

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

Public liability insurance

Public liability insurance is mandatory for associations and essential for any community organisation that has contact with the public. An organisation is indemnified for any amount it is legally liable for as a result of bodily or property damage sustained in connection with their 'business'.

Product liability insurance

Organisations providing goods such as electronic equipment or furniture may need 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 that provides coverage for injuries workers sustain while undertaking their normal duties.

For more information, contact the relevant state or territory WorkCover Authority. A list of state and territory WorkCover authorities can be found [on page 156](#).

Volunteer personal accident insurance

Volunteer personal accident insurance is important cover, particularly where volunteers form a significant part of the organisation's workforce. Volunteers are not covered by general workers compensation insurance.

Special insurance is required to cover volunteers 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; and
- medical and other benefits depending on the injury.

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

Comprehensive motor vehicle insurance provides coverage for any damage caused to someone else's vehicle or property and damage to your own vehicle. Policy holders may need to declare the use of personal vehicles for work purposes to ensure vehicles owned by the organisation are covered in case of an accident. For more information about declaring personal vehicles used for work purposes, contact the organisation's motor vehicle insurance provider.



Volunteer personal accident insurance does not cover volunteers' cars. Volunteers 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 will contribute to the cost of volunteers' motor vehicle insurance if use of a personal car is required to perform duties.

Business or office insurance

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

Professional indemnity insurance

Professional indemnity insurance covers an organisation for negligence on the part of paid workers and volunteers. It relates specifically to organisations' responsibilities to provide accurate information and good advice.

An organisation that gives advice to members of the public may be liable if injury, damage or financial loss results from that advice being incorrect, even if the information was given for free or by a volunteer.

Office bearers insurance

Office bearers insurance covers the members of the management committee or board of directors in relation to action that could be taken against them in a number of areas.

Using an insurance broker

Ensuring that organisations have 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 organisations choose the most appropriate and affordable insurance.

In some states and territories, government departments and non-government peak bodies offer insurance advice and brokerage services for community services.

- In NSW, NCOSS Community Cover is a bulk-buying insurance program brokered through Aon Risk Services with special features for not-for-profit and human services organisations.
- In Victoria, a VCOSS initiative called the Community Sector Workcover Initiative has identified two preferred insurance providers for the community sector.

Contact the relevant state or territory COSS to find out whether similar programs operate in your state. COSS contact details are listed in [Part 5 of the Handbook in the State Resource Directories](#).



Risk management

Risk Management is the process of systematically managing organisations' exposure to potential liabilities: in other words, reducing the chance of something going wrong.

Risks that may result in liabilities

- Physical risks.
- Not meeting regulatory requirements.
- Financial, moral or ethical issues.

Consequences of inadequately managing risks

- Legal actions against the organisation, which deplete its finances.
- Legal actions against individual board members, senior workers or volunteers.
- Distraction of management in dealing with crisis situations.
- Adverse publicity affecting the organisation's reputation.
- Increased insurance premiums or the refusal of insurance companies to continue covering the organisation.

Benefits of effective risk management

- Increases organisations' chances of succeeding in an activity or preventing a loss.
- Minimises the effect of a loss that could not be prevented.
- Gives managers and workers confidence to pursue their mission without the fear of legal action or harm.
- Approaches risk in a structured and calculated manner, rather than being haphazard.

What risk management is not about

- Getting as much comprehensive insurance cover as possible.
- Simply avoiding legal action.
- Preventing the organisation from taking a calculated risk.
- Creating excessive bureaucracy.
- Excluding volunteers from participating in the organisation.

It is important to seek legal advice appropriate to the specific situation of the organisation when determining a risk-management strategy (Volunteering Australia 2003).

Additional Information

In 2003, Volunteering Australia published 'Running the Risk? Risk Management Tool for Volunteer Involving Organisations.' This resource provides information and guidance for organisations to identify the range of risks that may affect them and their volunteers and to identify strategies to deal with these risks.

Topics addressed

- Answers to frequently asked questions.
- A 'how to' guide to developing a risk management program.
- A risk identification toolkit.
- Case studies.
- Templates for a 'risk register', 'risk treatment schedule' and 'risk action plan'.

You can access a copy of 'Running the Risk?' at the Volunteering Australia website: www.volunteeringaustralia.org or by contacting the Volunteering Australia member centre in your state or territory.

The 'Community Insurance and Risk Management Centre' also provides information and resources about insurance for community organisations: www.ourcommunity.com.au/insurance/insurance_main.jsp.

Topics addressed

- Where to go to buy your insurance.
- Insurance and risk management.
- Insuring your events.
- Unauthorised insurers.



ER Policy

Who to assist

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

To do so, organisations should consider:

- accessing additional skills, such as multi-lingual staff or developing links with specific programs within the organisation such as youth housing;
- meeting with other organisations in the region with a view to developing effective coordination of service delivery;
- regularly assessing the social and economic profile of the region, for example -
 - types of housing available, such as large public housing estates or migrant hostels; and
 - specialist services available, such as psychiatric rehabilitation;
- regularly assessing changes which might alter the profile of need, such as:
 - closures of mass employment providers;
- regularly assessing gaps in service provision within the network of ER providers; and
- exchanging data and information on changes in demand patterns at local ER network meetings.

In some instances, an evidence-based approach to service development may lead to targeting service provision at a particular group. The decision to target service provision should be made in the context of the needs of all groups in the community or region and the requirements of funding bodies.

In some circumstances, it may be more appropriate to refer clients to another service. However if no such service is available, assistance should still be provided by the organisation if possible.

Assisting people who 'fall outside the box'

As demand for ER increases and client demographics change over time, organisations may be approached for ER assistance by people who 'fall outside the box' of established ER policies and eligibility requirements. For example, asylum seekers and other vulnerable migrants are often excluded from accessing ER because they are not eligible for Centrelink payments or Health Care Cards. Working people facing financial, housing or mortgage stress can also be excluded from accessing ER because they are not eligible for Centrelink assistance. Other groups that face significant barriers to accessing ER include Aboriginal and Torres Strait Islanders and people with disabilities. Conducting regular reviews of the local community will assist in identifying groups that may need particular assistance in accessing ER.

To ensure that such groups are not unintentionally excluded from accessing ER and to assist workers involved in making ER assessments, organisations may wish to develop policies specific to these groups. For example, the Salvation Army Southern Territory's 'Policy on Working Positively with Vulnerable Migrants' recognises that asylum seekers and some other temporary visa holders can be excluded from accessing ER because they are ineligible for Centrelink payments. To overcome this barrier to accessing ER, this policy enables vulnerable migrants, including asylum seekers, to access the Salvation Army's ER program by presenting a passport, visa, Red Cross identification card or identification card from another migrant service organisation.

Additional Information

You can find additional information about ER and diversity in the community in [Part 1 of the Handbook on page 29-41](#).

You can find additional information about cultural sensitivity and cross-cultural communication skills in [Part 2 of the Handbook on pages 62-64](#).



Sources of ER

Organisations may receive ER funding from one of the following sources, or any combination of them.

- FaHCSIA.
- State or local government departments.
 - VIC: Court funds.
 - WA: Lotterywest; Department of Child Protection Family Crisis Fund (only available through shopfronts of Department of Child Protection).
 - ACT: Department of Disability, Housing and Community.
 - SA: Department for Families and Communities.
 - QLD: Department of Communities.
 - TAS: Department of Premier and Cabinet (Social Inclusion Unit), Financial Assistance Grants.
 - Local councils.
- Utilities hardship programs: in some states and territories, these grants are subsidised by state or territory governments; in others they are provided directly by the utility company.
- Corporate or business partnerships and grants programs.
- Donations from business, community organisations, charities and the public.
 - Foodbank.
 - Woolworths.
 - Bunnings.
 - Telstra.
 - Philanthropic organisations.
 - Private donors.

Types of ER

Organisation may distribute financial aid only or a combination of types of aid.

Basic types of ER

- **Cash** – either direct or in the form of a cash cheque. Arrangements can be made to cash the cheque at a nearby bank. This type of ER is becoming less common.
- **Bill payment** – bills paid by cheque direct to a creditor on behalf of a client (for example rent; utility bills).
- **Food vouchers or gift cards** – arranged with local supermarkets.
- **Food** – usually in the form of a food parcel.
- **Goods** – clothing, manchester, household items, furniture and white goods.

Other types of ER

- Transport tickets.
- Fuel vouchers.
- Medicines and other pharmaceuticals.
- Assistance with specialist needs (for example education and health costs).

Ideally, the provision of ER to address clients' immediate needs should be accompanied by the following assistance:

- proper referral of clients to other services in the area;
- checking that clients are receiving all their entitlements and available concessions (for example Centrelink payments, rent assistance or health care and pension cards);
- basic budgeting assistance or the negotiation of small debts (for example negotiating down utility bills);
- advocacy on behalf of clients with their permission (for example investigating whether schools are able to provide free or cheap uniforms and text books for children); and
- provision of information about other services and resources (for example accommodation, financial counselling).

Additional Information

You can find additional information on assessing and interviewing ER clients in [Part 2 of the Handbook on pages 60 and 72-78](#).



Types of ER and client dignity

The types of ER that organisations provide and the way in which they are provided and tailored to individuals' needs impacts on clients' dignity and sense of self-worth.

In assessing the types of ER the organisation distributes, it is important to:

- ensure that the available ER provides maximum benefits to address the needs of clients;
- ensure the primary principles of dignity, choice and access for the client; and
- consider the 'mix' of aid available in the local area or region. For example, do all organisations provide food vouchers or food parcels only? If so, will there be a large number of clients whose primary needs for bill payment or rent assistance will not be met?

Additional Information

You can find additional information about how ER clients feel in [Part 2 of the Handbook on pages 54-55](#).



Advantages and disadvantages of different types of ER

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

Cash

Advantages

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

Disadvantages

- Choice is limited by the amount of cash available and organisational policies on levels of assistance. Obviously, \$10 will not provide the client with much choice if their primary need is \$70 for rent.
- There is a safety risk in providing cash to clients because organisations may become known for holding supplies of cash. If there are safety concerns regarding the distribution of cash, arrange with a local bank to have cheques cashed.
- Cash may not be an appropriate form of ER for people with addiction issues who may be tempted to use the cash to support their addiction.
- Providing cash may reduce ER workers' attention to checking client entitlements and negotiating other options such as bill reductions or assistance from schools.
- Some organisations may be concerned that they lose control of the use of the funds by providing cash directly to clients. This desire for control should be measured against the obligation of the organisation to maintain client dignity.

Bill payment

Advantages

- Bill payment allows clients some capacity to prioritise their debts. It can also be used as a negotiation tool with a creditor and as start-up funds for a repayment plan.
- Paying a bill directly to the client's creditor reduces pressure on them in times of crisis.

Disadvantages

- Because bills are paid by an organisational cheque, clients may feel embarrassed or stigmatised by their involvement with a social service, especially if the creditor is someone with whom the client has an ongoing relationship such as a doctor, dentist or real estate agent.

Food vouchers and gift cards

Advantages

- Food vouchers allow clients to budget and cook in the home environment, which promotes lifelong skills required to achieve a healthy food supply for the household.
- Many supermarkets now provide 'gift cards' for purchase, which do not identify people as ER clients and enable them to purchase a wider range of goods than simple food vouchers. It is recommended that 'gift cards' are purchased where possible.
- 'Gift cards' that prohibit clients from purchasing particular items such as alcohol are also available.

Disadvantages

- The exclusive use of food vouchers limits the type of assistance available to meet clients' needs because no matter what the client's primary financial need is, the organisation can only give food.
- Vouchers limit the client's choice to foodstuffs and household items available from one supermarket only.
- Anecdotal evidence suggests that in some places clients trade food vouchers and 'gift cards' for money on the black market. This may be particularly common in areas with a high incidence of drug use.
- Supermarkets are not necessarily the cheapest places to shop for food, nor do they always cater to specific dietary needs, such as CALD clients, who may prefer or need to buy their food from markets or special suppliers.
- It is commonly reported that supermarket staff can be quite insensitive to clients' feelings when presenting vouchers at checkouts, for example calling out 'another welfare one over here' or 'what's this?' Clients should not be exposed to such embarrassment and some would rather go without than suffer public humiliation.

Other considerations

- When arranging food vouchers with local suppliers, discuss with their management the sensitivity of checkout staff to the dignity and privacy of clients redeeming vouchers.
- Some organisations place limitations on the use of food vouchers. Before doing so, weigh up the need for control over the use of the voucher with the responsibility to maximise client dignity.

Food items or parcels

Advantages

- Appropriate food parcels can be of immediate assistance to people in need whilst more permanent assistance is arranged, for example to feed hungry children.
- Food parcels can be used when organisations are unable to offer an ER interview on the same day.
- Where organisations have adequate storage space and staffing, client choice can be maximised by allowing clients to select their own food parcel.

Disadvantages

- Food parcels limit the dignity of the client's experience and may not address their primary needs.
- It is difficult to provide for a full range of dietary needs and preferences, especially for people with food allergies or specific dietary needs.

Other considerations

- As far as possible, food should be good quality, presented in a dignified manner and with nutritional intake and cultural diversity in mind.
- The example [on page 140](#) of an adequate food parcel and catering needs for one day for different households are based on Australian Dietary Guidelines developed by the National Health and Medical Research Council. Currently these guidelines do not adequately reflect differing cultural dietary requirements.
- Some states and large organisations have a Foodbank service where donations of food are collected at a central point and distributed either free of charge or for a small fee.



Clothing

Advantages

- ER in the form of clothing provides goods that the client may not otherwise be able to obtain.

Disadvantages

- The provision of aid through clothing alone may not address clients' primary needs.
- This form of assistance may be difficult for smaller organisations to manage as it requires adequate resources for collection, cleaning, sorting and display.

Other considerations

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

Household goods

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

Advantages

- Furniture and white goods are often expensive items that clients may not otherwise be able to afford. They should be of an adequate quality to ensure client dignity.

Disadvantages

- Goods can be difficult to manage for smaller organisations and require storage space.
- Household goods have high associated transport costs and there is potential liability for malfunctions causing an accident.

Emergency food relief

The term 'food security' refers to an adequate supply of safe, nutritious and culturally appropriate food to the community. As far as possible, emergency food relief should aim to contribute to this security by offering meals, food vouchers or food parcels that promote healthy and positive food experiences.

Some clients who seek food relief may be at risk of diet-related diseases (for example cancer, diabetes, cardio-vascular disease). It is important for them to have easy access to good quality healthy foods when food relief is required, as this will build health and may ultimately lessen the demand for ER in the long-term.

Research suggests that food relief from ER organisations is the main source of food for some low-income Australians. This is why health, nutritional intake and food skills should be a key focus when providing food relief. Support and training for workers and clients can help to ensure this.

Community meal programs

The provision of meals can provide warm and hearty food for hungry people. Community meal programs can also help to create safe and positive social spaces for clients within organisations and reduce social isolation.

To ensure that food is safely managed, a food safety plan should be put in place and the program should be registered with the local government. As far as possible, fresh, healthy and varied meals should be provided.

Involving clients in food preparation or service can be a great way to further build food skills and self-confidence.

Some organisations also find that meal programs present a relaxed opportunity to introduce additional services to clients, such as financial counselling or health checks.

Additional Information

Secondbite is currently developing generic guidelines to assist organisations to cater to the dietary needs of different cultures. For more information visit the 'information and resources' page of the Secondbite website: www.secondbite.org.au.

For more information on food safety and healthy community meal options, visit the information and resources page of the Secondbite website: www.secondbite.org.au.

For more information about budgeting skills, nutrition tips and basic food safety training, visit the FOODCents Training website: www.foodcentsprogram.com.au.

For catering information for people who only have access to a microwave, see the 'Cheap Microwave Meals' pamphlet created by the Inner East Community Health Service (available at: www.iechs.com.au/resources/Cheap%20Microwave%20Meals.pdf.)

For more information about nutrition and particular dietary requirements, including children and babies, visit the Nutrition Australia website: www.nutritionaustralia.org.

The Nutrition Australia 'Spend Right Eat Right Pyramid' provides guidance about budgeting for shopping and is available for purchase through the website: www.nutritionaustralia.org.

[Checklist 2 – Food parcels, page 206.](#)

Additional social services

In addition to these basic forms of ER, your clients may benefit from referrals to other social and financial support services. For example, utilities hardship programs, financial counselling or microfinance programs.

You can find additional information about making appropriate referrals in [Part 2 of the Handbook on page 86](#).

You can find additional information about assisting clients with complex needs in [Part 2 of the Handbook on pages 97-100](#).

You can find additional information about financial counselling and microfinance programs in [Part 5 of the Handbook on pages 247-251](#).

You can find additional information about entitlements, including Centrelink pensions and allowances in [Part 5 of the Handbook on pages 252-267](#).

You can find additional information about federal, state and community-based services and other resources in [Part 5 of the Handbook from page 267](#).



Catering needs for one day

DAILY SERVES PER PERSON	Cereal (rice, bread, pasta)	Protein (meat, canned fish, beans, lentils, eggs)	Fruit	Vegetables	Dairy (yoghurt, milk, cheese)
	6 – 11 serves	2 – 3 serves	1 – 2 serves	4 – 5 serves	2 – 3 serves
1-person household	Eg: 4 slices bread Cup rice 1 serve breakfast cereal (60 g)	Eg: Small tin tuna Small tin beans	Eg: 1 orange 1 apple	Eg: 1 carrot 1 potato Handful beans Small tin peas	Eg: Small tub yoghurt 50 g cheese 250 mL milk
2-person household	Eg: Loaf bread 2 cups rice 2 serves breakfast cereal (120 g)	Eg: Large tin tuna Tin beans 6 eggs	Eg: 2 oranges 2 apples	Eg: 2 carrots 2 potatoes 2 handfuls beans Small tin peas	Eg: 2 small tub yoghurt 100 g cheese 500 mL milk
3-person household	Eg: Loaf bread Bag rice Small box breakfast cereal	Eg: Large tin tuna Tin beans 6 eggs Small salami	Eg: 2 oranges 2 apples 2 mandarins	Eg: 3 carrots 3 potatoes 3 handfuls beans Tin peas Tin corn	Eg: Large tub yoghurt 150 g cheese 750 mL milk
4-person household	Eg: 2 loaves bread Bag rice Box breakfast cereal	Eg: Large tin tuna Tin beans 6 eggs Large salami	Eg: 3 oranges 3 apples 3 mandarins	Eg: 4 carrots 4 potatoes 4 handfuls beans Tin peas Tin corn	Eg: Large tub yoghurt 150 g cheese 1L milk
Extras	Oil, butter or margarine, sugar, condiments, tea, coffee, pasta sauce, toiletries.				

Providing a variety of assistance

Organisations receiving donations of food and goods may wish to consider providing a mix of ER. For example, food could be provided in addition to financial aid as well as clothing or furniture if particularly requested by a client.

Keep in mind the types of ER provided by other organisations in the local area and try to make sure that the range of ER and other services available are complementary.

Amounts of assistance

The dilemma facing all organisations providing ER is that available funds and other resources are never sufficient to meet need. Demand always exceeds supply and organisations often need to make difficult decisions about whether to provide more assistance to fewer people or less assistance to more people.

Rationing resources

Essentially, this dilemma results in some organisations rationing ER by setting a recommended amount per client (and number of dependants). This may be based on the anticipated number of clients, calculated on demand in past years. Organisations then ration funds to 'last' until the next funding round or the ER budget is expended.

The disadvantage of this model is that the amount of aid given to individual clients may be so low that it becomes ineffective in addressing their needs. For example, an increase in demand could see an organisation reduce its rate of assistance from \$30 per client to \$10.

Alternatively, organisations may decide to distribute ER based on client need until funds have run out (within a maximum limit). The disadvantage with this method is that although a number of clients may have been assisted in an effective way; there may be significant periods of time when the organisation has no funds available to assist clients.

Some organisations set weekly budget limits for distribution. Within this weekly limit workers are given responsibility as to 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 budgetary constraints. It also allows workers the option of assisting higher-needs clients while maintaining the organisation's ER budget.

The organisation should develop policy guidelines to support ER workers in making these difficult decisions.

How often to provide assistance

It is unlikely that the financial problems of low-income clients will be solved by one-off assistance.

Factors to consider when developing policies on how often to assist clients with ER

- The 'needs' profile of your organisation and local area.
- The total range of services provided and the impact of the organisation's ER policy on other services. For example, some support services such as counselling may operate according to an 'open door' policy while access to ER is limited.
- Budgetary constraints.
- Other organisations providing ER in the local area.

Limiting how often clients can access assistance

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 the organisation's policy limits the number of times clients can be assisted, this should be made clear to the client when explaining how the service works (for example three times per year). However, it may take three visits to assist one client through a crisis or the client may experience three separate crises over a given period. It is important to be clear about the organisation's policies in these situations. Clients should not be arbitrarily refused services without prior notice about the policy.

Some organisations may decide to assess further requests for ER on an individual basis. For example, an ER worker has assisted a client, Mary, to develop a budget. Mary has a weekly budget shortfall of \$20 because of her high rental costs and is on a waiting list for public housing. The organisation may decide to assist Mary on a fortnightly basis until cheaper accommodation can be found.

It is important also for clients take action to address their problems rather than developing a dependency on ER as a regular income supplement, for example through financial counselling if appropriate and available. Clients need to know when and for how long the organisation can provide assistance and the differences between ER and income support payments in providing long-term support.

Service delivery in the absence of resources

It is important that organisations continue to assist people when funds run out.

In the absence of funds:

- notify other organisations in the area so they know not to refer clients for ER;
- discuss appropriate arrangements for referring clients to other ER and community support organisations in the area;
- notify clients about the temporary lack of funds when making appointments by phone or in person and then tell them what the organisation can still offer;
- put a notice to this effect at the entrance of the organisation; and
- avoid closing the office, particularly if alternative services can be provided such as advocacy or referral.

As discussed previously, the following services are core elements of ER provision that can be provided to clients in the absence of funds.

- Referring clients to other services in the area for ER.
- Checking that clients are receiving all entitlements and available concessions.
- Basic budgeting and negotiation of small debts.
- Advocating on behalf of clients (with their permission).
- Providing information about other services and resources, for example accommodation or financial counselling.

Models of service

The available physical, financial and human resources will largely determine the model of service used. 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 to be offered.

The issues below need to be taken into consideration when determining an appropriate model of service.

Interviews

ER interviews

Interviews can be conducted specifically for the purpose of discussing and distributing ER. Whether ER is provided via home visit or an appointment or 'first come, first served' model, it is essential that effective interviewing occurs.

'General welfare' interviews

Organisations offering specialist services in addition to ER, such as family counselling must make a clear distinction between where the ER service begins and ends.

Benefits of client interviews

- Clients feel they are being given adequate time for appropriate assistance.
- Clients are able to discuss their situation in a confidential manner.
- Workers can provide appropriate and timely assistance, such as:
 - ensuring the client is accessing all their entitlements;
 - offering basic budgeting advice; and
 - offering referrals to specialised services for additional assistance.

Interview guidelines

Interviews should be held on a one-to-one basis in a separate and private room. They should be time-limited and should have a clear focus on the assessment process and advocacy or referral if appropriate.

Workers should be provided with appropriate training in interviewing skills, as capacity to effectively interview is a key component of ER work.

Additional Information

You can find additional information about interviewing clients in [Part 2 of the Handbook on pages 72-78](#).



Outreach services

This Handbook focuses on practice and management issues for organisations engaged in the office-based provision of ER. However, approximately 20-30% of organisations that receive FaHCSIA funding to provide ER do so through outreach services (Orima Research 2009).

Home visits

Home visits are the most common form of outreach ER provision and can provide access to ER for people who are isolated in their homes.

Reasons for conducting home visits

- Geographical isolation from major city centres in rural or new urban areas.
- Lack of transport or high cost of transport.
- Ill health.
- Physical, intellectual or psychiatric disability.
- Frailty.
- Care of young children and family members.

Advantages

- Allows a personalised, 'share a cup of tea' approach.
- Gives workers the ability to understand the person's problems within the home context.
- Reduces the stigma of attending an ER organisation.

Disadvantages

- Places greater demand on workers' time.
- Increases the potential for safety concerns to arise.
- May intrude on clients' lives and privacy.
- Creates the need for a private or organisational car or increased transport costs.
- Increases the difficulty of managing and monitoring the quality of the service provided.

Additional Information

You can find additional information about outreach ER provision in [Part 2 of the Handbook on pages 79-81](#).



Appointment vs. 'first come, first served' systems

Whether to deliver ER by appointment or on a 'first come, first served' basis is a decision that rests upon factors such as the number of workers available and the level of demand for ER.

Establishing where the peaks and troughs of client demand occur will help the organisation allocate resources appropriately. Strategies for establishing the peaks and troughs of client demand include:

- recording the flow of clients through the service over a two-week period, noting peak times; and
- during interviews, asking clients how long they had to wait for assistance.

Both appointment and 'first come, first served' systems can work well with adequate resources. The advantages and disadvantages of each are discussed below.

Appointment-based service

How long?

ER appointments should take at least twenty minutes. If a worker is taking up to an hour and a half to assist a client, the system is probably not sustainable in terms of client load and other demands on workers and the organisation. It is likely that the worker is trying to 'solve' all of the client's problems themselves instead of referring them to appropriate additional services such as a financial counsellor or housing worker. There will be long delays in the waiting room and increased client frustration that could easily lead to aggression. It may also mean that ER provision begins to impact on the organisation's other services, clogging up the system and causing workers to cut down work in other areas.

Advantages

- Appointments are used for services like doctors. This can increase the dignity of the experience for the client.
- Appointments allow workers to organise their time, build breaks into their 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. Additionally, if ER is only distributed by a single worker on a few days each week, it means that both the worker and the clients can develop realistic expectations.
- Appointment systems can prevent the worker from being swamped with people on the days that they work.

Disadvantages

- Many organisations have guidelines that enable workers to immediately assist clients in crisis. An appointment-based service reduces the organisation's capacity to assist clients in crisis or whose needs are immediate, such as when the gas is about to be cut off, clients have no food or are seeking help to escape domestic violence.
- In a busy organisation, appointments can build up to three or more days ahead. This may result in clients being forced to endure hardship or seek a less appropriate service while waiting for assistance. To address this problem, some organisations have adopted a dual or triage system whereby food parcels or vouchers are made available from reception while clients wait for an appointment.
- People who lack organisational skills, lead chaotic lives or are homeless can miss out in an appointment-only system due to other pressures on their time. Asylum seekers and newly arrived migrants and refugees may also have difficulty keeping appointments as they often rely on friends or relatives for transport and may be unfamiliar with the area and public transport systems.

'First come, first served'

Advantages

- As long as staffing resources are adequate to meet demand, a 'first come, first served' model can offer a genuine response to crisis and clients' immediate needs.
- A staff roster operating on a 'first come, first served' basis can also offer workers the ability to plan breaks and balance their ER workload with other work commitments.

Disadvantages

- Long delays in a waiting room contribute to a reduction in client dignity. If delays of more than one hour are occurring regularly, it is time to review the system. Waiting periods may be reduced by reallocating workers to busy periods. If this does not reduce waiting times, extra staffing resources or implementing an appointment system may need to be considered.
- It is also daunting for workers when waiting rooms are constantly full of people. There may be added pressure to work through morning and afternoon tea breaks and lunch times, a situation that can lead to burnout.
- Pressure on clients to endure long waiting periods can also make the interview process 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 is also extremely difficult for workers and clients when the day's ER ration runs out and clients are still waiting for assistance. Some organisations set a budget limit on expenditure for the day or week or month which may address this issue to a degree.

Opening hours

Opening hours are usually determined by the staffing resources available. When deciding opening hours it is a good idea to consult with other organisations in the area.

Together, organisations may be able to ensure that there is always an ER provider open during business hours in the local area. In addition, a cooperative duty roster to cover out-of-hours times and weekends could be developed. Cooperative duty rosters can reduce the strain of ER provision on individual organisations. They also serve to ensure adequate services for the local community.

Once the organisation's service capability has been established, the most important consideration is to consistently maintain opening hours and to advertise them to clients and other organisations in the area.

Duty rosters

Duty rosters provide an effective basis for organising the delivery of ER, either within a single organisation or through a cooperative network of organisations to a particular geographical area.

Advantages

- Duty rosters allow organisations to build breaks into the day of its workers.
- Duty rosters provide opportunities for workers to vary their tasks over the day or week, which assists in preventing [burnout \(page 102-103\)](#) in a demanding work area.
- For organisations delivering ER together with other services, duty rosters can ensure that ER provision does not overburden the primary work of one or two workers. For example, it may be better to have 10 workers providing ER for three hours each a week than to give the ER role to one social worker, which reduces their capacity to contribute their other skills to the organisation.
- Cooperative duty rosters between two or more organisations allow organisations with limited resources to participate in the provision of ER to a local community without placing too great a burden on its own resources.
- Cooperative ER models can assist the development of networks and enable workers to offer clients referrals to a wider range of support services.



Disadvantages

- Establishing duty rosters requires a significant amount of effort, and their success is dependent upon the goodwill of workers and participating organisations. This is particularly true for cooperative duty rosters between organisations, which require excellent coordination, cooperation and referral systems to work effectively.
- If managed poorly, cooperative duty rosters between organisations may lead to clients being given 'the run around' by increasing the number of organisations they must visit in order to have their needs met.

Other considerations

There are a range of factors to be considered when deciding whether to introduce a duty roster.

1. The extent of demand for ER on your organisation.
 - If the level of demand for ER is beginning to extend beyond the capacity of current staffing arrangements, then the organisation will need to consider a range of measures.
 - These could include extending or limiting the hours of operation, establishing reciprocal arrangements with other organisations in the area for referrals when capacity is reached, and not operating or restructuring staffing arrangements through a duty roster.
2. The amount of financial aid available.
 - If available resources are not meeting existing demand, it may be more appropriate to consider ways of working together with other organisations in the area. One organisation may be able to offer cash to clients while another can offer food vouchers or food parcels.
3. The willingness of workers to participate.
 - Workers will need to be consulted and included in negotiations should any changes be required to the duties listed in their existing job descriptions.

Cooperative duty rosters between organisations

Organisations have successfully established cooperative duty rosters in inner-urban and rural centres, and there have been a number of positive spin-offs for organisations, clients and the community as a result.

Although the prospect of arranging a shared duty roster can appear a little daunting at first, all it takes is time, cooperation and organisation.

A roster between organisations 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 organisations apply different eligibility criteria for services.

The process

If there are no local welfare networks, establish one by calling together all the ER organisations in the area.

If your organisation is already represented on a local ER or welfare committee, list the development of a cooperative duty roster as an item for discussion at the next meeting. It is inadvisable to immediately launch in with a request for help from organisations. Networking and cooperation with other organisations involves a gradual process of exchange and trust.

Useful information when considering a cooperative duty roster

- Current demand for ER in the area.
- Which organisations are involved in ER provision?
- Levels of financial and other resources.
- Unmet needs or service gaps.

You can then explore the possibility of inter-agency cooperation based on one of the following models.

Model 1

Two or more organisations contribute workers to a roster to deliver ER from one site.

- Resources are distributed by the duty roster worker from either organisation at the chosen site.
- If all participating organisations receive ER funding from the same source and can reach agreement about how funds should be allocated to each outlet, you could pass that advice on to the funding body to assist them in the allocation process.
- When using this model, it is advisable to develop an agreed philosophy and organisational framework for ER provision.
- It is also helpful to have regular meetings between duty workers to discuss practice issues, systemic difficulties and organisational problems.
- All workers operating the roster will benefit from joint training sessions to enable a consistent service approach.
- Ensure there is a backup roster within each organisation so that cooperative arrangements with other participating organisations can always be honoured.
- Other organisations in the area (including local government) may not be able to contribute workers to the roster. However they may be able to contribute financially or in kind via office space, administrative backup or equipment. Do not hesitate to ask for their support.

Model 2

Two or more organisations provide ER from their own organisation in a cooperative arrangement to ensure that ER is accessible within a geographical area over the full working week (including 'out of hours' if appropriate).

- Organisation A opens weekdays from 9am to 12pm. Organisation B opens from 1pm to 4pm.
- If there are more than two organisations involved, each may wish 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 organisations (requiring adequate publicity).
- It is helpful if the participating organisations are within easy walking distance or near transport connections.
- This model allows participating organisations to operate with individual service models or funding arrangements while still maintaining access to ER within the community and lowering demand on the organisation.

Additional Information

You can find additional information on networking for managers [on pages 180-182](#).

[Checklist 3 – Internal duty rosters, page 207](#).



Program design

This section provides information about issues that need to be considered when designing and delivering an ER program.

Planning and evaluation

Planning and setting goals are essential for an organisation 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. Programs need checkpoints against which progress and outcomes can be measured, activities can be explained and accountability can be maintained.

Main steps of the planning process

- Consult with the local community and gather information about issues, needs and current responses to these.
- List the aims of the ER service – what is to be achieved and for whom?
- Develop strategies to achieve these aims (appropriate ER policies and service delivery models).
- Set out the work involved: areas of responsibility (for example coordination, direct service delivery and administration); when the work will be carried out; and the costs involved.
- Review the service regularly to see if the plan is working well and make any necessary changes.

Elements of planning and evaluation

- Clarifying the philosophy, beliefs and values of the organisation.
- Ensuring ER provision is consistent with the organisation's philosophy.
- Clarifying the purpose of the organisation: who are the clients and what is to be done 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 tasks necessary to achieving objectives.
- Keeping client statistics to enable the organisation to monitor changes and satisfy reporting and accountability requirements.
- Evaluating how well clients' needs are being met and whether objectives are being achieved.

Financial resources

Resources relevant to service design

The financial resources available to an organisation help to determine how ER is provided.

- Funds available for workers to coordinate and distribute ER.
- Funds available for administrative and support workers.
- Funds available for furniture and other equipment.
- Funds available for ER distribution.
- Other ER resources (for example food, gift cards, TBAP certificates or furniture).

Human resources

The human resources available to an organisation also need to be taken into consideration.

- Number of paid workers.
- Number of volunteers.
- Skills of all workers.
- Training opportunities or requirements for all workers.

It is equally important for organisations providing multiple services to assess the financial and human resource implications of providing ER.

- Will ER be delivered by existing welfare workers?
- Will additional administrative tasks be taken on by existing workers or will extra workers need to be employed?

Location

Access to services for low-income and disadvantaged people is essential. It is important to consider how location impacts on the accessibility of the organisation and ER provision, and how to increase accessibility for clients. For example, a rural service may consider providing outreach services to accessible areas.

Questions about location

- Is the organisation close to transport? Trains are the most accessible form of transport for some people with disabilities and parents with prams in metropolitan areas. However, railway stations may be isolated from city centres in regional cities.
- Is the organisation in a suitable location to meet the needs of the organisation's target group?
- Is the organisation in an over-served or under-served area? Consult with other providers in the ER network.
- Is the organisation close to parking facilities for workers and clients? Parking meters provide an additional cost for clients. (You can apply to your local council for a car park for physically disabled clients.)

Physical environment

It is important that the organisation makes the physical environment as pleasant as possible within financial constraints. 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 and can also improve worker morale. There should also be an adequate reception and waiting area with comfortable chairs and children's toys.

If the organisation provides ER through an interview assessment, a sufficient number of interview rooms to meet the demand must be available. Offices should allow for client privacy and confidentiality and safety considerations for staff and clients.

Accessibility

An ER organisation, including shopfronts and offices, should also be physically accessible to clients with a disability.

Improving access will help organisations meet their legal responsibilities under federal and state or territory anti-discrimination laws. The Commonwealth *Disability Discrimination Act 1992 (DDA)* makes it unlawful to discriminate on the grounds of disability in providing access to or use of public premises and to goods and services.

Good access also benefits others including parents of young children in prams; people with temporary illness or injury; older Australians; and delivery people.

It is the organisation's responsibility to ensure that all buildings, facilities, programs and services meet the requirements of relevant laws and codes. In addition to the anti-discrimination laws mentioned above, the most relevant code is the Building Code of

Australia (BCA). In addition, a number of Standards Australia technical documents provide technical information about access features such as doorway widths and the design of ramps, lifts, accessible toilets and signage.

Some premises and services can be exempt from meeting the accessibility requirements of federal, state and territory anti-discrimination laws. Exemptions can be granted in circumstances where meeting such requirements would cause 'unjustifiable hardship' to the organisation involved.

The AHRC has also developed a set of broad guidelines which assist organisations identify issues that might affect the level of access to their premises, and to examine whether the goods and services provided are accessible to people with a range of disabilities. These guidelines are summarised in [checklist 4 for Managers on page 208-209](#).

Organisations that would like to ensure they are providing the best access possible, and have the resources to do so, should seek assistance from someone with expertise in the areas of building law or discrimination law, or a suitably qualified architect, designer, building surveyor or access expert.

Additional Information

For more information about building and service accessibility, including links to the BCA and Standards Australia, visit the AHRC website: www.humanrights.gov.au/disability_rights.

Safety

All relevant regulations concerning health and safety must be fully observed. The [checklist on page 210](#) is designed to assist organisations to develop safe operating procedures.

Occupational health and safety (OH&S)

In Australia, state and territory governments have responsibility for making laws about OH&S and for enforcing those laws.

Each state and territory has principal OH&S legislation, setting out requirements for ensuring that workplaces are safe and healthy. These requirements explain the duties of different groups of people who play a role in workplace health and safety.





Workers compensation

State and territory workplace safety authorities are also responsible for assessing claims for workers compensation. Workers compensation provides protection to workers in the event of a work-related injury or disease. Through workers compensation systems, injured workers may be entitled to:

- weekly payments;
- lump sums for permanent impairment (and pain and suffering where applicable);
- payment of medical bills;
- provision of legal assistance to pursue a claim; and
- intensive rehabilitation assistance.

State and territory workplace safety authorities

- ACT Occupational Health and Safety Commissioner: www.worksafety.act.gov.au.
- WorkCover NSW: www.workcover.nsw.gov.au.
- NT Worksafe: www.worksafe.nt.gov.au.
- QLD Workplace Health and Safety: www.justice.qld.gov.au
- SafeWork SA: www.safework.sa.gov.au.
- Workplace Standards Tasmania: www.wst.tas.gov.au.
- WorkSafe Victoria: www.worksafe.vic.gov.au.
- WorkSafe Western Australia: www.commerce.wa.gov.au/WorkSafe.

Incident Reporting

The organisation should also have a system for reporting critical incidents that occur in the workplace. The flowchart and tables on the following pages provide information on the three categories of critical incidents and the responses required from workers and managers.

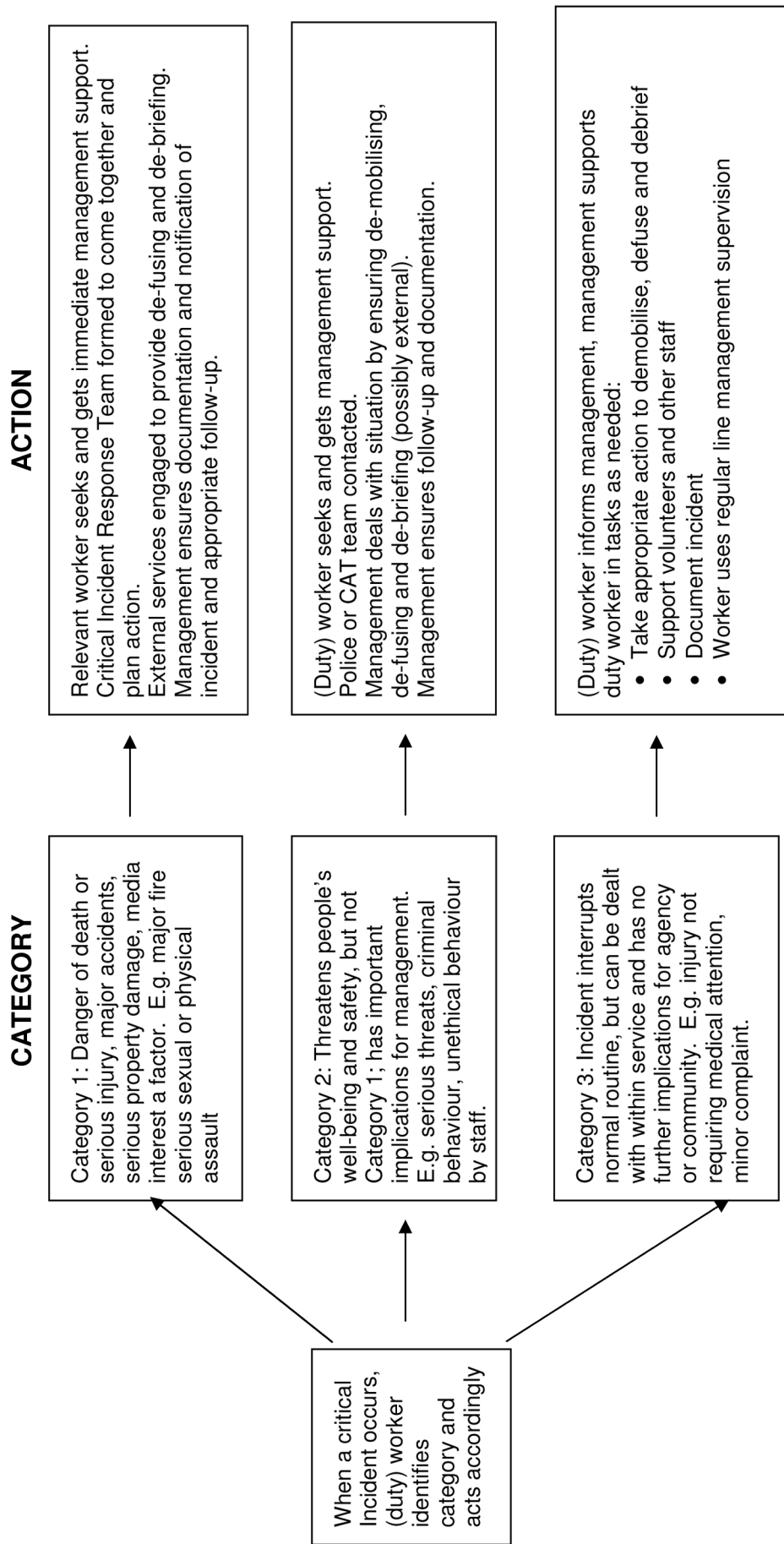
Additional Information

For contact details for each state and territory workplace safety authority, visit the Occupational Health and Safety Alliance website: <http://ohs.alliance.org.au>.

You can find a 'critical incident report' template in [Part 4 of the Handbook on pages 218-219](#).
[Checklist 5 – Safety, page 210](#).



Critical incident flowchart: 'When a critical incident occurs...'



Source: Salvation Army (2010): Course in Emergency Relief Work – Learner Resource

Critical incident table: Category 1

Category	Definition	Duty worker action	Management action	Documentation	Follow-up	Management hierarchy
1.	Danger of death or serious injury, criminal activity, major accidents, media interest a factor (Risk Assessment Framework to be developed)	Identify Critical incident and category Seek immediate management support (see management hierarchy column) Protect self and others as appropriate Demobilisation Assist in documentation	Immediately take all available measures to ensure safety of staff and service users Obtain appropriate external help to stabilise situation, and ensure de-fusing and de-briefing Manage procedure e.g. evacuation, OH&S Inform other organisation members Manage media and community responses Ensure documentation and follow-up	Critical Incident Report to Manager ASAP and within 2 working days Report to Committee Report to Funding bodies	Put in place de-fusing of situation Offer de-briefing for individuals Whole of organisation de-briefing considered Review organisation policy and procedures Action as required in consultation with Committee of Management and funding bodies Operational de-briefing	Agency specific information should be referred to here on lines of responsibility

Source: Salvation Army (2010): Course in Emergency Relief Work – Learner Resource

Critical incident table: Category 2

Category	Definition	Duty worker action	Management action	Documentation	Follow-up	Management hierarchy
2.	Affects people's well-being and safety, non-lethal threat, has important implications for management	Identify critical incident and category Seek immediate management support (see management hierarchy column) Protect self and others as appropriate Demobilisation Assist management Assist in documentation	Immediately take all available measures to ensure safety of staff and service users Take action to stabilise situation Obtain appropriate external help as indicated to stabilise, de-fuse and de-brief Inform other organisation members as indicated Ensure documentation and follow-up	Critical Incident Report to Manager ASAP and within 2 working days Report to Committee Report to funding bodies as required	De-briefing as needed Individual workers access supervision Management review policies and procedures as needed	Agency specific information should be referred to here on lines of responsibility

Source: Salvation Army (2010): Course in Emergency Relief Work – Learner Resource

Critical incident table: Category 3

Category	Definition	Duty worker action	Management action	Documentation	Follow-up	Management hierarchy
3.	Incident interrupts normal routine, but can be dealt with within service and has no further implications for organisation or community	<p>Identify critical incident and category</p> <p>Inform management (see management hierarchy column) and obtain support as needed to do the following:</p> <p>Remove volunteers and service-users from area if necessary</p> <p>Stabilise situation and secure external assistance (CAT, police) if needed</p> <p>Demobilisation</p> <p>Offer in-house de-briefing to other paid and unpaid staff</p> <p>Identify own need for de-briefing and obtain</p> <p>Ensure documentation completed</p>	<p>Act immediately to support duty worker as needed (this will depend on experience of worker, other staff and situation)</p> <p>Ensure de-fusing if indicated</p> <p>Offer de-briefing if indicated (contact staff at home if required)</p> <p>Oversee documentation and follow-up</p>	<p>Critical Incident Report to Manager ASAP and within 2 working days</p> <p>Report to funding bodies as required</p>	<p>De-briefing as needed</p> <p>Individual workers use supervision to reflect on experience</p> <p>Management review policies and procedures as indicated</p>	<p>Agency specific information should be referred to here on lines of responsibility</p>

Source: Salvation Army (2010): Course in Emergency Relief Work – Learner Resource

Personnel

Organisations' personnel responsibilities include: developing job descriptions; implementing accepted processes for recruiting, selecting, orientating and training workers; and providing appropriate supervision and support, including constructive review processes.

Clear and fair procedures need to be developed for grievances or disciplinary measures, for example to deal with problems and dismissals. Equal employment opportunity principles and practices need to be followed during recruitment. OH&S procedures for workers must be considered at all times.

Job descriptions

Paid and unpaid positions should have a job description.

Elements of a job description

- Job title.
- Purpose or aim of position.
- Responsibility or accountability: to whom, for what, for whom.
- Job requirements, for example times of work and length of employment.
- Specific duties.
- Award, salary and conditions.
- Orientation.
- Training opportunities.
- Required skills, educational qualifications and experience.
- Special needs, for example driver's licence or proficiency in a community language.
- Desirable values or attitudes.

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. Orientation and resource manuals should be developed, to explain what happens on a daily basis and familiarise new workers with other organisations operating in the area.

Contents of orientation kits

- Introduction to workers.
- Explanation of the philosophy and history of the organisation.
- Explanation of the organisation's structure and the functions of management and workers.
- Description of the programs and services provided.
- Provision of any written material such as newsletters, annual reports.
- Explanation of the relationship of the organisation with other organisations and government departments.
- Explanation of 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 organisation.

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 workers and regular volunteers.
- Regular meetings.
- Funding or service agreements.

Management

- Boards of management.
- Lines of accountability – who to report to.
- How the ER service is managed.

Rights and responsibilities of workers

- Job descriptions.
- Training opportunities.
- Performance reviews.
- Procedures when workers 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 procedures.
- Education and development.
- Publicity and promotions.
- Resources.

ER policies

- Who the organisation serves.
- Types of assistance provided.
- 'Amount of aid' guidelines.
- How often a client can receive ER.
- Whether ER provision is dependent upon the client attending other services, for example financial counselling.
- Services offered in the absence of funds.
- Privacy and confidentiality.
- Advocacy on behalf of your client.
- Use of interpreters.
- Client grievance procedures.
- Data requirements.
- Formal research and evaluation.

Model of service

- Appointments or 'first come, first served'.
- Delivery of ER by assessment or interview, from reception, by home visit or a combination.
- Duty rosters.
- Hours of operation.
- Networking arrangements.
- Referral procedures.

General

- Media and publicity.
- Guidelines about 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.
- Parental 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.
- Incoming and outgoing mail and other information.
- Typing procedures.
- Use of car.
- Leaving the building at night.
- Smoking and non-smoking areas.
- Fax machine.
- Filing arrangements.
- Stationery.
- Cleaning.

Community information

- Number of people assisted by the organisation.
- General composition of the local area: for example age, sex, CALD origin, marital status, income levels, occupation.
- Availability of public transport.
- Availability of recreation and education facilities.
- Level of adult and youth unemployment.
- Other local community organisations: location and services offered.
- Acronyms and terms used.

Additional Information

You can find a detailed outline of what to include in a job description in [Part 2 of the Handbook on page 48-49](#).

[Checklist 6 – Employer responsibilities to their employees, page 211.](#)



Workers' responsibilities

Workers need to be briefed about the organisation's expectations of their responsibilities.

- To be reliable and punctual.
- To notify an appropriate person if they are running late.
- To agree with the organisation's personnel and volunteer policies.
- To respect the privacy and confidentiality of clients and other workers.
- To respect the rights of others involved with the organisation, including clients.
- To have a non-judgemental approach.
- To represent the interests of the organisation.
- To carry out a specified job description.
- To give feedback and communicate relevant information.
- To be accountable and accept evaluation.
- To be committed to the program as required.
- To write regular reports as required.
- To undertake training and have a good understanding of the organisation.
- To address areas of conflict according to the organisation's complaints and grievance policies.
- To ask for support when needed.

Organisational responsibilities

Organisations also have responsibilities to ensure that they operate as effectively as possible.

- To involve all workers in planning programs.
- To regularly update job descriptions.
- To recruit appropriately.
- To provide appropriate training to workers.
- To recognise volunteers' contributions.
- To recognise paid workers who work well with volunteers.
- To allow paid workers to supervise volunteers they work with.
- To develop clear dispute-resolution procedures for workers to follow, that will help solve the conflicts quickly.
- To ensure there is a clear demarcation between the jobs performed by paid workers and volunteers.

Volunteers

Volunteers have the right to be regarded as a legitimate part of the organisation. They also have the responsibility to carry out any commitments taken on as diligently as paid workers and to respect managers, other workers and clients of the organisation.

All workers share rights as well as responsibilities in the workplace. This extends to volunteers as well as paid workers. Unacceptable behaviour should not be tolerated by any workers.

Volunteering facts and figures

According to ABS data and Productivity Commission data for the year 2006-07:

- 5.4 million Australians volunteered;
- 4.6 million Australians volunteered with the not-for-profit (NFP) sector;
- volunteers contributed 713 million hours to the NFP sector, which is equivalent to 317,200 full-time positions, and almost \$15 billion in wages;
- the community welfare sector is the third-largest sector in which people volunteered; and
- volunteers contributed \$42.9 billion to the national economy or 4.1% of GDP.

Why do people volunteer?

- For personal satisfaction.
- To help the community.
- To do something worthwhile.
- For social contact.
- To be active and use skills.
- To learn new skills and gain experience.

‘National Standards for Best Practice in the Management of Volunteers’ (National Standards)

The National Standards were developed by Volunteering Australia as a model of best practice in the management of volunteers. They emphasise the importance of adopting a systems-based approach to managing volunteers to ensure that volunteer rights are protected, their role is clearly defined and that they work in safe and healthy environments.

Topics addressed by the National Standards

- Policies and procedures.
- Management responsibilities.
- Recruitment.
- Work and the workplace.
- Training and development.
- Service delivery.
- Documentation.
- Continuous improvement.

The National Standards are accompanied by an ‘Implementation Guide’ and ‘Workbook and Resource Kit’ and can be purchased from Volunteering Australia via the website: www.volunteeringaustralia.org or by contacting the Volunteering Australia Member Centre in the relevant state or territory.



Developing volunteer policy

Well-researched and expressed policy is the most useful tool for any organisation wishing to involve volunteers. The policy does not have to be lengthy but should contain enough detail to protect volunteers and organisations.

Tips for developing a volunteer policy

- Include all internal stakeholders in the development of the policy.
- Get agreement on the policy statements.
- Write the policy in reader-friendly language.
- Ensure that it is available and accessible to all stakeholders, including volunteers.

Suggested elements for volunteer policy

- Statements on how volunteers are to be managed.
- Conditions of their employment.
- Statements ensuring the rights of volunteers.
- Travel allowances.
- Reimbursements for out-of-pocket expenses.
- Occupational health and safety conditions.
- Insurance coverage.
- Equal opportunity, grievance and disciplinary policies.
- Training requirement or commitments.
- Support and supervision.
- Personal details and privacy, security and confidentiality (Volunteering Australia 2009).

Volunteer job descriptions

Volunteers must be fully informed of all the requirements of the position. This is most effectively done by developing and regularly updating a job description. A job description should state the job title and purpose; responsibilities and tasks, such as specific duties; what volunteers are responsible for; and the time involved.

Volunteer job descriptions

- Roles and responsibilities.
- Required qualifications: skills, knowledge, experience, education.
- Requirements of the job:
 - length of appointment;
 - location;
 - hours of the day, days of the week;
 - confidentiality; and
 - training to be undertaken.
- Authority – and limitations to authority.
- Use of car.
- Supervision: who the volunteer is responsible to, their relationship with the job supervisor and management.
- Additional information: for example the need for volunteers to be able to work with people from CALD backgrounds, to conduct home visits etc.

Volunteers' rights

- To receive accurate information about the organisation and its policy and philosophy on volunteers.
- A clearly written, comprehensive job description.
- Adequate resources and equipment to undertake the job, for example access to a phone and desk.
- To belong to the organisation, for example to be included in meetings and social events.
- To receive individual support while performing the work role.
- To receive proper training, both initial and ongoing.
- To know who to turn to with problems and difficulties.
- To have their work valued by the organisation (Volunteering Australia 2009).

Valuing volunteers

Organisations have a responsibility to plan for the use of volunteers so they know they are appreciated and being effective. Organisations also need to ensure that volunteers know that the work they do is worthwhile for the clients, themselves and the organisation.

An organisation that values its volunteers tends to attract more volunteer help, meaning there are more people helping with every activity.

How to show volunteers they are valued

- Reward volunteers.
 - Hold a function at least once a year involving volunteers.
 - Work at building team spirit.
 - Hold social events where volunteers can relax, rather than work.
- Include volunteers in special events, coffee breaks and keep volunteers informed via a newsletter.
- Recognise volunteers.
 - Recognise volunteers in newsletters, annual reports, and websites.
 - Thank volunteers publicly.
 - Send birthday and Christmas cards.
 - Celebrate National Volunteer Week.
 - Celebrate achievements and efforts.
 - Allocate noticeboard space to applaud volunteer achievements.
 - Organise awards with certificates, plaques or medals.

- Respect volunteers and their work.
 - Give volunteers adequate orientation and training.
 - Supervise volunteers properly and provide adequate resources and support.
 - Demand that volunteers do a good job and have adequate and appropriate skills.
 - Use volunteers' particular skills for the benefit of the organisation.
 - Give additional responsibility.
 - Consult volunteers about their ideas for the organisation and whether or not they are satisfied with the way the organisation uses their skills.
 - Encourage volunteer participation in team planning.
 - Encourage volunteer participation in planning that affects their work.
 - Tell volunteers about complaints and grievance procedures in case they have a problem.
 - Allocate volunteers' time as if they were paid workers.
- Support volunteers.
 - Ensure volunteer coordinators are readily accessible.
 - Provide training.
 - Recommend volunteers to prospective employers.
 - Provide letters of reference.
 - Maintain OH&S standards.
 - Take the time to explain and listen to volunteers' ideas and concerns.
 - Recognise and accommodate personal needs and problems.
 - Recognise the signs of burnout and intervene appropriately (Volunteering Australia 2003; Our Community website).

Additional Information

For more information and resources on volunteer management, visit the Volunteering Australia website: www.volunteeringaustralia.org.



Program Evaluation

Complaints

It is extremely difficult for people seeking ER to complain about the service they receive. Requesting ER places clients in a powerless position. They may believe *beggars can't be choosers* or that further assistance might be denied if they express dissatisfaction.

However, clients do have the right to complain about the assistance they receive. Mechanisms should be established to ensure this can occur and the complaint is taken into consideration in the interests of developing a better service. Anonymous complaints should also be addressed.

Complaints mechanisms

- 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 the organisation. In this way, problems need not lead to resentment or conflict.
- Establish accountability mechanisms for ER programs.

Elements of an appropriate and effective complaints system

Publicity

Everyone needs to know the system is there and how to use it.

Access

Clients 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 organisation.

Independence

Complaint channels should be independent of a client's normal point of contact with the organisation.

Resolution

The system must have the power to make changes, and the authority to resolve disputes, overturn decisions, allocate resources differently or find in favour of or against the worker.

Reprisal

The system 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 to another organisation to receive assistance so that their need for ER is met.

Feedback

Organisations should encourage and be receptive to feedback from other ER providers in the area.

Accountability

Accountability helps ensure organisations are efficient, effective, of high quality, and responsible and answerable to clients, the wider community and funding bodies.

Accountability to clients and the community means having up-to-date, accurate information and providing a reliable service.

Accountability to other community organisations means maintaining accurate information about what they offer and seeking ways of cooperating with them where possible.

Accountability to funding bodies and other benefactors means that funds are used in accordance with established policies and accurate records and data are kept. This ensures that funding will continue. For example, continued funding from FaHCSIA is dependent on compliance with accountability requirements.

Basic requirements for an effective accountability system

- A commitment to accountability.
- An understanding of organisational responsibilities.
- Clear plans to implement and monitor the system.
- The capacity to be flexible.
- Participation by management, workers, clients and funding bodies.

Steps in developing an accountability system

1. Identify internal and external accountability responsibilities and requirements, for example to consumers, workers, managers and funding bodies.
2. Include accountability mechanisms, for example goals and objectives, planning and evaluation procedures and 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 accountability measures, for example data collection, analysis and reporting procedures.
6. Ensure appropriate financial accounting and reporting systems are in place.
7. Include accountability in periodic program reviews.

Data collection in your organisation

There is nothing to be gained from collecting information that is not going to be collated and used either within the organisation or together with local, state-wide or national networks.

Organisations should be clear about the exact purpose of data collection and should commit to using it for one of the purposes outlined below.

Advantages of systematic data collection

- Enables organisations to monitor and evaluate whether programs are meeting stated aims and objectives, for example improving access to targeted clients.
- Allows the organisation to share information with other organisations in the local or regional area to determine appropriate planning strategies, such as:
 - targeting additional services to clients whose needs are not being met by existing programs; and
 - examining access issues, for example for people from CALD backgrounds.
- Data collection that is shared on the local, regional or wider level can highlight:
 - local trends in demand;
 - the extent of demand; and
 - the nature and extent of financial disadvantage and hardship.

- Data collection can also identify local, state or national causes for ER demand, for example:
 - the extent of youth homelessness in the area;
 - the lack of adequate services such as women's refuges, primary and oral health care services, mental health services and family or financial counselling;
 - the impact of the closure of one or more employing industries;
 - the lack of affordable or public housing; and
 - inadequacies in the income support safety net, for example payment levels for particular recipients such as single unemployed people, the impact of waiting periods, or restrictive eligibility criteria.
- Reliable data enables organisations to raise awareness about social issues that may attract new funding from government or philanthropic organisations; and to feed into broad social policy debates and development.
- Some data may be required by funding bodies for accountability purposes.

Issues to be considered in data collection

- Clients' rights to privacy and confidentiality: clients should not be asked any unnecessary or intrusive questions.
- The need to record clients' names and addresses when collecting data for organisational purposes: this information can be recorded on client files which should be kept separately and confidentially.

Organisational responsibilities to clients involved in data collection

- To explain its data requirements.
- To explain why the data is being collected and for what purpose it will be used.
- To explain that the data is confidential.
- To give the client a choice in continuing with the interview.
- To consider how much of the client's time it is appropriate to use in data collection.
- To obtain the client's informed consent to use their data for organisational purposes or as part of current or future research projects.

Additional Information

You can find a 'letter of authority to release information' template on [page 214](#).



Joint data collection

The fact that organisations may have different data requirements does not prohibit joint data collection and advocacy processes as long as substantial areas of the collection are compatible. For example, a group of local organisations may combine data on the number of cases they have helped with ER in a particular period of this year compared to last year. They may narrow this to show the rise in the number of families or young people under 18. They may then identify causal factors contributing to the rise, such as housing costs or rising unemployment.

Using data for advocacy

In addition to ongoing joint data collection to improve service delivery and coordination, it can be useful to consider a short-term project to highlight a particular need or issue such as getting support from the local community for pre-Christmas demand or supporting a submission for funding for a local resource.

Advantages of targeted, short-term surveys

- Highlight 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 income support payment levels and the ER allocation by Australian governments.
- Educate the community about 'how it feels' to ask for ER.
- Provide models for other groups conducting research projects.

Large-scale research projects

Organisations may also wish to consider partnering with a university research centre or larger organisation to undertake large-scale research projects. Often, these projects can be undertaken at no financial cost to the community organisation through research linkage grants. However, it is important to be aware that the in-kind expectations placed on community organisations involved in research partnerships can be onerous.

Advantages

- Provide an opportunity for service evaluation, development and improvement.
- Enable the development of understanding and knowledge about why changes within the organisation or community are occurring, and developing appropriate service and advocacy responses.
- Value-add to other activities, for example public relations, community building or team development.

Additional information for managers

Developing a resource directory

Information is a vital tool for workers assisting clients and for improving access to services. Ideally, the resource directory for an ER service should include up-to-date, accurate information.

Information for inclusion in a resource directory

- Australian government benefits, allowances and programs.
- State or territory government programs, services and concessions.
- Local government services and concessions.
- Non-government community services (check with the relevant state or territory COSS, local council or other relevant body for local service information).
- Local information including maps, transport timetables and other local information.

Compiling a resource directory

- 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 the organisation to compile the resource directory alone. This could be done cooperatively between organisations or with local government.
- The organisation should provide a resource file for each worker involved in direct service provision to clients.
- Place all relevant publications into an accessible 'resource' area, or a library if available.
- Allocate responsibilities for establishing and maintaining the resource files, publications and public information displays for the organisation.
- Train workers in how to access the information resources and in how to update and expand them.

Tips for filing the resource system

- Alphabetise resources.
- Maintain a consistent system of recording information.
- Keep a master list of subject headings and update it regularly.
- Keep a step-by-step record of how the system works.

Components of a resource file

- **A subject file:** a loose-leaf binder is ideal, with each page in a plastic cover.
- **An organisation file:** an alphabetical listing of the organisations, departments and services under each heading 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, 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 organisations/services	Housing services
Aged services	Immigration
CALD services	Information and referral services
Centrelink Information	Interpreters
Child services	Legal services
Community services	Local information
Community resources	Mental health services
Concessions	Men's services
Consumer affairs	Migrant and refugee services
Dental services	Neighbourhood centres
Disability services	Ombudsman offices
Drug and alcohol services	Optical expenses
Education and training services	Retrenchment services
Emergency relief	Self-help groups
Emergency services	Sexual assault services
Employment services	Taxation
English language courses	Telephone companies
Equal opportunity	Transport services
Family mediation	Travellers aid
Family violence services	Utility companies
Financial counselling	Veterans' affairs
Funeral expenses	Volunteering
Gambling services	Women's services
Government departments	Workers Compensation
Guardianship	Youth services
Health services	

Additional Information

You can find additional information on federal allowances, and government and non-government community services and programs in [Part 5 of the Handbook from page 246](#).



Publicity and public relations

The aim of publicity and public relations is to raise community awareness and understanding about the organisation's aims, services and achievements; and to project a good image of the organisation so it can continue providing effective services.

What 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

- Circulating pamphlets and annual reports.
- Speaking engagements at other organisations.
- Issuing press releases to local newspapers, radio programs and other media.

Promoting the organisation should be a regular activity and not confined to crisis periods or in response to threats, for example loss of funding or a change of government priorities.

Public information display

Waiting rooms can be a useful information resource for clients. All government departments and most large organisations issue pamphlets and posters, which can be displayed in the organisation's public areas. Local information about self-help groups can also be a very useful resource.

Contact the relevant Citizens Advice Bureau, local government, local neighbourhood centre, community services department or community health centre. They usually have comprehensive information about local groups.

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.

Networking for managers

Networking and coordinating with other service providers in the local area offers many advantages to the clients, workers and the organisation.

Advantages

- Improves information-sharing about services and resources.
- Enables cooperative referral arrangements and coordinated service provision.
- Allows for comprehensive service provision, which results in positive outcomes for clients.
- Reduces the need for workers to take on responsibilities for which they have not been adequately trained.
- Reduces the 'run around' for clients.
- Saves time in locating appropriate services for client referrals.
- Provides benefits from the informal support networks that result from meeting with other workers.
- Increases the knowledge base and practice skills of all workers, especially those new to ER.
- Improves data quality and collection methods.

There are additional benefits for organisations when they involve workers and managers in the networking process.

- A clear understanding of local resources and how to use them enables workers to be more effective in the services they offer clients.
- Networking can also be beneficial to the organisation as a whole, building good working relations between local service providers.
- Most often, philosophical and practice differences between organisations are minimised by increased knowledge and a concentration on the issues shared by organisations, such as their concern for people experiencing poverty and disadvantage.
- Coordination is also an effective planning tool, which assists organisations to identify service gaps and plan future programs to address priority needs.

How to network

- Link into a local or regional ER committee.
- Ensure that ER becomes a regular item on the agenda of an existing welfare or 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 approaching a neutral body such as the local government to organise an inaugural meeting. It can help to get the ball rolling if the committee is not seen as being aligned to one particular organisation.

These networks may already exist in some areas and organisations can easily be joined. Each state and territory COSS should be able to provide information about existing ER networks.

The 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 organisations is allowed to build up gradually.

The four stages of the networking process

1. **Sharing information** - information about the different services provided by the member organisations should be exchanged regularly (including referral requirements). This provides the basis for:
 - the discussion of local issues, such as the rise in youth homelessness;
 - the identification of problems such as the lack of 'out of hours' services; and
 - liaison with other services or government departments to exchange information.
2. **Coordination** - organisations working together and sharing resources, for example:
 - arranging changes to opening hours to ensure ER is accessible in the area over the full week;
 - sharing excess food donations between organisations;
 - working together to provide hampers at Christmas or in particular times of need such as the aftermath of natural and man-made disasters; and
 - approaching local businesses for concessions, gift vouchers and other goods and services.

3. Policy development and planning - identifying service gaps and planning new programs, for example:

- developing joint policy guidelines;
- setting up a strategy to address the needs of a particular target group, for example homeless youth;
- arranging cooperative duty rosters between organisations; and
- developing 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 programs; and
- jointly advocate for change, for example, for 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.

Who should represent your organisation?

There should be a mix of managers and workers on ER committees to ensure the development of:

- good working relationships between frontline workers;
- ongoing commitment to cooperation; and
- reporting-back arrangements for all workers (these should be put in place at staff meetings).

How to develop profiles of the organisations in your local area

A quick way to prepare a comprehensive profile of financial and material aid organisations for your area is to use an ER organisation profile template.

Someone should take responsibility for contacting local agencies; filling in an organisation profile for each organisation and updating it as required; organising the information into subject headings; and reproducing enough copies for committee members.

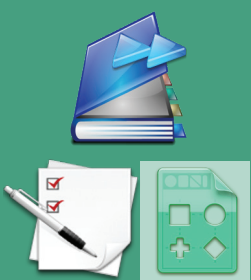
You can further expand the information by circulating the sheet to other community organisations in your area (they should also receive a copy of the finished profile).

Additional Information

You can find additional information about networking for workers in [Part 2 of the Handbook on pages 87-88](#).

You can find an 'ER organisation profile' template in [Part 4 of the Handbook on page 217](#).

[Checklist 15 \(for workers\) – Effective networking, page 202.](#)



Advocacy

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 ER staff working to ensure clients' rights are protected from government departments and within the community generally.

At the wider level, advocacy is the means by which organisations, 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 strategies

- Encouraging action by those who have been affected by inequity or injustice.
- Networking with other groups concerned with social policy change.
- Negotiating benefits on behalf of the ER sector as a whole.
- Exchanging information (of a non-confidential nature) or undertaking joint data collection or research.
- Informing workers and other relevant people about the need for social change and the work being done by the organisation to address particular issues.
- Writing letters to ministers, members of parliament and other relevant people.
- Making public statements.

Additional Information

You can find information about individual advocacy in [Part 2 of the Handbook on pages 82-84](#).

[Checklist 13 \(for workers\) – Effective advocacy, page 199.](#)

[Checklist 7 \(for managers\) – Organisational advocacy, page 212.](#)



Part 4: Resources and Training



An abstract artwork on the left side of the page, featuring warm colors like orange, yellow, and red, with geometric shapes and a starburst effect at the top.

SICK OF SAYING NO

Just being able to take my daughter out.

You know

her friends have the best toys

well she doesn't -

she gets told,

'We don't have the money'.

That's the hardest for me.

She knows she's different,

she knows you can't afford it.

At the supermarket yesterday

ice-cream was \$2 cheaper the day before.

Walked out with nothing because

it's today,

not yesterday.

They're the kind of things that upset me.

That we can't give her what other kids have.

She can't have the best clothes,

the best toys.

We can't say

'OK, let's go on a holiday'

We just don't have that option.

So you know

I'm sick of saying no the whole time

because it wears you out.

Not having to say no once...

that's the ideal future.

Eliza

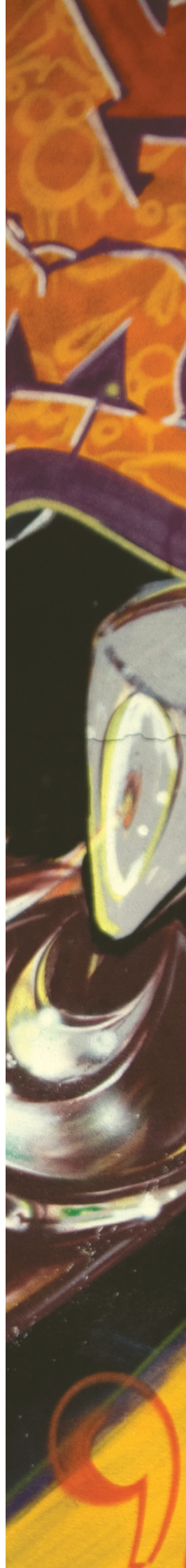
Connelly, Kate (2010). What Body Part Do I Need to Sell? Poetic Re-Presentations of Experiences of Poverty and Fear from Low-Income Australians Receiving Welfare Benefits. Jobs Australia.

Image by Tegan and Nicole (2010), Home Is Where My Heart Is: A YACWA Project 2010

Part 4: Checklists, Templates and Training

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Checklists for workers



These checklists relate to information provided in [Part 2](#) of the Handbook.

Checklist 1 – Working with Aboriginal and Torres Strait Islander clients

- Gain some basic knowledge about the Aboriginal and Torres Strait Islander communities and language groups in your area, including history, languages, dominant family groups and original custodians.
- Research relevant Aboriginal and Torres Strait Islander organisations, local Aboriginal Land Councils and other service providers in your area.
- Organise information sessions for workers run by local Aboriginal and Torres Strait Islander people or organisations to provide an overview of community history and dynamics, such as land councils or community services.
- Where possible, display Aboriginal and Torres Strait Islander visual and written materials such as maps of local language groups and communities, and information about your organisation's services.
- Where possible, be aware that using Standard English, your opening hours or method of operation may make your organisation inaccessible to Aboriginal and Torres Strait Islander clients.
- Be aware and respectful of extended family and kinship structures when working with Aboriginal and Torres Strait Islander people.
- Respect, acknowledge, actively listen and respond to the needs of Aboriginal and Torres Strait Islander people in a culturally appropriate manner.
- Think about the language you use (verbal, non-verbal and written) when communicating with Aboriginal and Torres Strait Islander people. Be aware that words might have different meanings in different communities.
- Do not mimic Aboriginal and Torres Strait Islander speech patterns or attempt to speak Aboriginal English.
- Respect Aboriginal and Torres Strait Islander people's use of silence. Do not mistake it for misunderstanding.
- When speaking to Aboriginal and Torres Strait Islander people:
 - use clear, uncomplicated language and avoid jargon;
 - speak clearly and as loudly as necessary but do not shout;
 - be mindful of potential language barriers; and
 - do not continually ask a person to repeat themselves if it is difficult to understand them.
- Sensitively offer assistance with reading and writing if required (NSW Department of Community Services 2009).

Checklist 2 – ER policies and procedures

2(A) – ER policies, procedures and eligibility criteria

- Who does the organisation serve (for example does ER provision target young people, Aboriginal and Torres Strait Islanders, families, or the general population in a specific geographical area)?
- What types of ER are provided (for example cheques, food vouchers or parcels, bill payment, household items)?
- How much assistance can be given to individuals and families at each visit?
- What services are offered in the absence of cash or material resources?
- How often can clients receive ER?
- Is provision of ER dependent on clients attending financial counselling or meeting any other conditions?
- How is clients' privacy and confidentiality protected?
- What client grievance procedures and other feedback mechanisms are in place?
- What are the data and reporting requirements (by the organisation or funding provider)?
- What are the organisation's policies and procedures relating to individual client advocacy?
- What are the organisation's policies and procedures relating to the use of interpreters?

2(B) - Model of ER provision

- Is ER provided through appointments, a waiting-room-based system, or through outreach?
- Are ER assessments undertaken by interview, from reception, by home visit or a combination?
- Is ER provided as part of a case-management model?
- Does the organisation operate an ER duty roster?
- What are the hours of operation of the ER program?

2(C) – Related policies and procedures

What are the organisation's policies and procedures relating to:

- referrals?
- media and publicity?
- accepting gifts from clients?
- staff support and training?

Checklist 3 – Privacy

3(A) – 10 steps to protecting other people’s privacy

This checklist is adapted from the Office of the Privacy Commissioner Fact Sheet ‘10 steps to protecting other people’s privacy’.

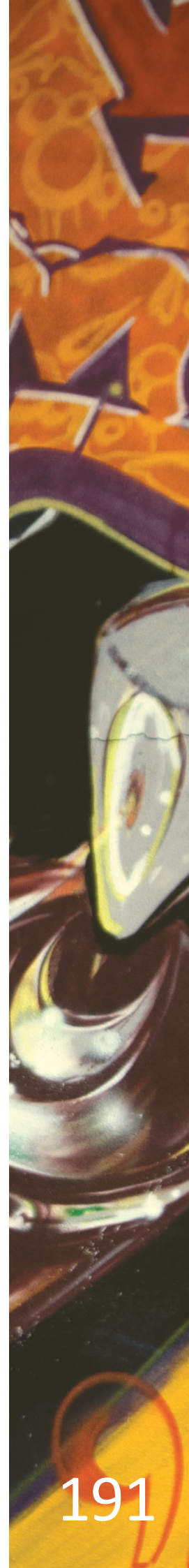
- Only collect information that is necessary.
- Do not collect personal information about an individual just because you think it may come in handy later.
- Tell clients what you are going to do with the personal information you collect about them.
- Consider whether you should be using personal information for a particular purpose.
- Consider whether you need to disclose personal information.
- If clients ask, give them access to the personal information you hold about them.
- Keep personal information secure.
- Do not keep information that you no longer need or are no longer required to retain.
- Keep personal information accurate and up to date.
- Consider making someone in the organisation responsible for privacy.

3(B) – Collecting and using clients’ personal information

- Explain to clients why you are collecting personal information; that it will not be shared with others without their consent; and where it will be stored and for how long.
- Explain to clients the situations in which you are legally required to disclose information they have shared with you without their consent.
- Do not encourage clients to give information that is not relevant to the provision of ER or additional assistance and referrals.
- Do not mislead or use pressure to gain personal information from clients.
- On client records that will be kept, only note information that is relevant to your assessment of clients’ needs for ER or additional assistance.
- Follow the organisation’s computer security procedures. Do not leave client files displayed on computer screens where they may be viewed by others. Make sure that smart phones are stored securely as they may contain confidential emails.
- Emails are not a secure way of communication and should be avoided where possible.
- Do not leave hard copy client files where they may be viewed by others. Lock them away in a secure place.
- Do not read client files that are not relevant to your role.
- Do not discuss clients’ information with colleagues (unless you have their) consent to do so), or with family, friends, or in social settings outside your workplace.

Checklist 4 – Assessment policies

- Who is eligible for ER? (For example, only people from within the local government area, or people from a particular target group.)
- How does the organisation respond to people who fall outside its guidelines? (For example, people who are ineligible for Centrelink or are from another area.)
- What types and amounts of ER can be provided?
- Some organisations have a set formula for assistance, which is worked out on the basis of a certain dollar amount per person. It may include other variables such as public or private tenancy.
- Family composition may also determine the level of payment you give to clients. What amounts are given for the following family structures?
 - Single person \$?
 - Couple \$?
 - Couple with (1, 2, 3 ...) children \$?
 - Sole parent with (1, 2, 3 ...) children \$?
- How often can clients be assisted? (For example, three times per year, or more frequently as determined by the organisation.)
- What other assistance can you provide? (For example, help with access to benefits or concessions, advocacy and referrals.)



Checklist 5 – Listening and communication skills

- Always be on time for appointments. If you are delayed, let the client know how long you will be.
- Minimise disruptions during interviews. If the organisation 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. Do not fidget or use distracting gestures. Make eye contact.
- Pay full attention to what the client is saying.
- Listening skills include:
 - occasionally repeating back what the client says, including acknowledging their feelings and reasons for these – this shows you are listening, encourages the client to continue or allows them to clarify; and
 - rephrasing what the client says – this allows you to check back and ensure that you understand them.
- Avoid talking down to the client or using jargon or acronyms.
- Demonstrate that you value the thoughts and actions of the client, for example reinforce positive actions they may have taken.
- Consider the client's personal attributes, such as shyness.
- Be aware of any cultural differences.
- As a 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 feel 'sorry' for them.
- In making an 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 their abilities to address them.
- It is important to have empathy and to be supportive. However, if you believe a client requires counselling, suggest a referral to someone who is qualified to provide assistance, for example a family counsellor.

Checklist 6 – Cross cultural communication skills

- Avoid stereotypes and value judgements based on cultural difference.
- Where possible, use an accredited interpreter if the client has difficulty speaking or understanding English.
- If you are unable to use an interpreter:
 - do not assume English proficiency - ask open-ended questions to make sure the client understands what you are saying;
 - summarise and repeat back information the client gives you to ensure you understand what they are saying;
 - speak clearly and slowly;
 - do not raise your voice – just because the client has difficulty understanding English, it does not mean he or she is deaf; and
 - use simple language – avoid technical terms, abbreviations, slang, colloquialisms and abstractions.
- Be aware of cultural differences in verbal and non-verbal communication styles.
- Ensure that your non-verbal communication style matches what you are saying.
- Learn a few words in the language of the main CALD community served by your organisation. As highlighted in [Checklist 1 on page 188](#), however, be careful not to mimic the client's accent or ways of speaking.
- Be aware of words and terms that do not translate into other cultures, for example 'advocate' or 'carer'.



Checklist 7 – Working with interpreters

- The responsibility for the interview remains with the interviewer, just as if it were an interview in English.
- When working with interpreters, 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 or her name or addressing him or her 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?*
- Do not 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: it will take much longer than a two-way interview in English so allow for the extra time.

Checklist 8 – Working with people with intellectual disabilities

This checklist is adapted from the Intellectual Disability Rights Service Factsheet ‘Acting for clients with an intellectual disability’.

- Where possible, hold in-person interview with clients who have an intellectual disability, in a quiet, private place that is free from distractions and interruptions.
- Tell the client that you want them to let you know if they don’t understand what you are telling them.
- Where possible, allow additional time for the interview and take a break if necessary.
- Allow the client to tell their story first: save your questions until the end.
- Don’t interrupt or finish the client’s sentences.
- Treat the client with respect and build their confidence – don’t criticise them.
- Use short, simple sentences and avoid abstract concepts and jargon.
- Use open-ended questions and avoid asking leading questions.
- Ask the client to repeat back information you give them in their own words to check for understanding.
- If the client brings a support person to their interview, talk directly to the client: do not speak through the support person. You may also wish to check for conflicts of interest or ask the support person to sign a confidentiality agreement.
- When developing written materials for clients with intellectual disability:
 - use at least 14 or 16 point font;
 - use a line spacing of at least 1.5;
 - use a clear and easy-to-read font such as Arial;
 - use plain English;
 - use short sentences and point form;
 - use headings;
 - only include necessary information; and
 - use pictures and illustrations that are relevant to the information in the materials.
- If resources allow, consider producing information for people in a variety of formats, including print, audio and visual formats.

Checklist 9 – Working with people with communication difficulties

- Assume that the client will use speech to communicate unless otherwise indicated.
- If the client is using a communication aid such as an electronic communication device, ask if it is OK for you to look for any instructions if necessary.
- Do not shout at the client or simplify your language as if speaking to a child.
- Let the client 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 or indicates 'yes' and then 'no'.
- Some non-verbal 'yes' or 'no' responses include nodding or shaking the head, or pointing to yes or no symbols on a communication board or wheelchair. The client may also indicate 'yes' and 'no' by using eyes, tongue or sign language.
- Ask the client if you have heard or understood them correctly by repeating back what they have said, word by word, and asking for confirmation.
- Ask questions that are clear and concise and ask only one question at a time.
- Make time for the conversation. Rushing will make everyone more uncomfortable.
- Do not be afraid to be creative: use pictures, diagrams and role plays as necessary.
- As a last resort ask if anyone else knows the information, such as a carer, family member or advocate and if it is OK for them or you (or both of you together) to contact that person.
- Ring a local disability service provider or peak organisation for advice.

Checklist 10 – Making calls using the National Relay Service

- Speak slowly.
- Pause at the end of each phrase or sentence.
- Repeat and spell difficult words, names, addresses and phone numbers.
- Cover one topic at a time.
- Speak no more than two to three minutes each turn.
- Always say 'go ahead' after each response.
- Always end your call with 'goodbye, signing off' or something similar.
- Use 'I' and 'you' rather than 'tell her', as if you are talking directly to the client you are calling.
- Once your call has started, only speak directly to the relay officer if you are having technical problems.

Checklist 11 – Interviews

11(A) – ER interview guide: overview

- Exchange greetings and pleasantries.
- Explain what you can offer.
- Ask the client how you can help.
- Explain the assessment procedure.
- Outline and justify your organisation's need for personal information.
- Check the client's entitlements to income support and concessions.
- Where necessary and with the client's permission, advocate on their behalf or encourage self-advocacy.
- Check what additional services and resources you can offer.
- Arrange proper referrals.
- Check the outcomes – what needs follow-up?
- Ask for help if you need it.

11(B) – Making notes for your client file

- Listen carefully and list the problems down in point form. They may be straightforward or a 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.

11(C) – Checking clients' entitlements to income support and concessions

Is the client entitled to any of the following?

- An income support payment.
- A Health Care Card; Pensioner Concession Card; Seniors Health Card; Low Income Card; Gold Card (for Veterans).
- State education allowances.
- Water or council rate concessions.
- Gas or electricity concessions.
- Car registration reduction or travel concessions.
- Telstra Bill Assistance Program ([see pages 274-275](#)).
- Other state government concessions.

Has the client had an Activity Test or participation failure or has their income support payment suspended by Centrelink? ([see pages 82-84 and pages 260-261](#)).



11(D) – Offering additional services and resources to clients

The following are some examples of the kinds of additional services you might offer clients who request ER.

- Accommodation (for example crisis or refuge accommodation, or public housing).
- Advocacy – always involve the client, ask their permission.
- Budgeting skills or financial counselling.
- Centrelink financial information services.
- Counselling.
- Disability and carer support services.
- Domestic violence services.
- Drug and alcohol services.
- Family support services (for example family aides).
- Gambling services.
- Information.
- Legal assistance.
- Pro bono and reduced-rate health and community services.
- Self-help groups.
- Other community and health services.

11(E) – Reviewing assistance offered during the interview

- Types and amounts of ER (for example cash or cheque, assistance with bill payment, food).
- Information and assistance in securing entitlements or concessions.
- Help in negotiating pay-back arrangements for a small debt, for example rent or energy (with client consent).
- Information and referral to other services (with client consent).
- Empathy and understanding (it is important for clients to feel heard and understood).

Checklist 12 – Home Visits

12(A) – Before a home visit

- Conduct a telephone assessment with the client. Are they eligible for ER assistance from your organisation?
- Establish what type of assistance the client is requesting.
- Let the client know exactly what help the organisation can provide.
- When visiting families, include additional items for children where possible, even where this has not been specifically requested, for example children's books.
- Always make it clear that home visitors 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 that assistance could be given before, or instead of, the home visit? For example, are there any problems with the person's pension or allowance payment? Or does the client need assistance from other services such as home help?
- Negotiate a suitable time for the workers 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.
- If the client's situation is desperate, try to arrange the visit as quickly as possible (for example they have no food or money left).
- Give the client the names of the workers who will visit and how they will identify themselves (for example they will be wearing a uniform or will present an organisation ID card).
- Try not to be too late or too early for the visit. If you are unable to keep to the agreed time, call the client to let them know when you expect to arrive.
- Where possible, allow enough time for each visit.

12(B) – Security procedures for home visits

- Before you conduct a home visit, familiarise yourself with your organisation's safety procedures.
- If you are a volunteer do not conduct home visits alone. Volunteers with no formal qualifications should always be accompanied by another worker to conduct home visits.
- Ideally, two workers should attend each home visit. Formal qualifications in counselling skills are required to conduct home visits alone (for example social workers, family counsellors, youth counsellors).
- If your organisation does not provide cash assistance, inform the client prior to the home visit.
- Specify the types of ER you can provide (for example cheques, food vouchers).
- Inform the organisation of the names and addresses of the clients you will be visiting and the approximate time you expect to be back. Call in by phone if you are delayed.

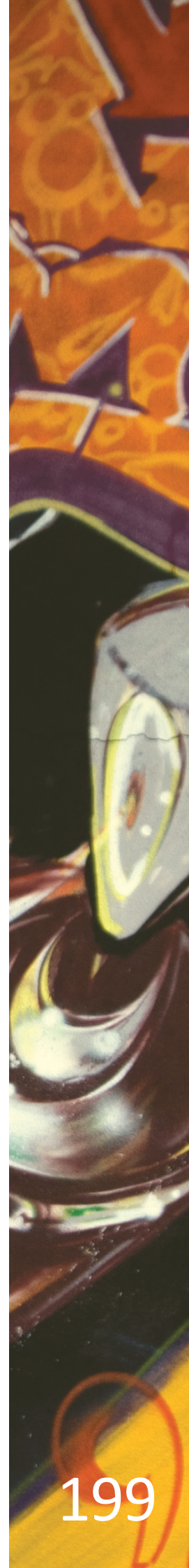
Checklist 13 – Client advocacy

13(A) – Effective advocacy

- Try to develop good working relationships with government officers and workers in private and non-government organisations with whom you are likely to be in regular contact.
- If there are meetings with relevant departmental officials, attend them as regularly as possible and ask questions.
- Clarify all the facts associated with your client's case before starting your advocacy.
- Keep accurate file notes, including dates of phone calls, the names of people who give you advice and the advice they give.
- Note your understanding of the outcomes of phone calls.
- After reasonable negotiation on behalf of your client, if you are still dissatisfied with the outcome, consult with your supervisor further action.
- Make sure you have access to up-to-date information, such as income support payment levels. Try not to waste time with basic enquiries.
- Be consistent and reliable with your referrals and any casework that requires follow-up.

13(B) – Protecting yourself and clients when acting on their behalf

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



Checklist 14 – Referrals

14(A) – Establishing effective referral systems

To make appropriate referrals you will need to:

- have good information about the programs, services and resources in your local area, your region and nationally (for example other ER organisations, community health centres, financial counsellors, crisis accommodation and public housing, income support payments);
- develop functional networks with other service providers in the area through regular ER and other interagency meetings;
- ensure other organisations have relevant and up-to-date information about your organisation (if you represent your organisation at local interagency meetings);
- develop reciprocal referral arrangements such as joint referral forms, formal working arrangements or interagency protocols - this avoids situations where a client who has already been assessed at your organisation for ER, but cannot be assisted because of particular eligibility criteria or a shortage of funds, has to go through another assessment interview; and
- keep in mind cultural sensitivity and appropriateness.

14(B) – Making referrals

When making referrals:

- discuss the availability of the particular service or organisation with the client, giving them adequate information about the organisation's service guidelines (for example what the organisation offers and what to expect, any further assessment processes, types of questions they may be expected to answer, or hours of opening);
- confirm that the client wishes to proceed with the referral and obtain their written consent to do so;
- reiterate to the client that the ER you have given them is not dependent on them attending another service unless that was made clear prior to the interview;
- clearly inform the client if future assistance from your organisation will be dependent on their attending another of your organisation's programs or an external service (for example financial counselling);
- while the client is with you, have them call the organisation that you are referring them to, or make the call on their behalf;
- ensure that the organisation accepting the referral is able to provide the necessary assistance;
- arrange an appointment time that accommodates clients' needs and preferences as well as those of the organisation receiving the referral;
- fill out a referral form that has been discussed and accepted by other organisations you are likely to refer to ([you can find a referral letter template at page 216](#));
- check that the client knows where to go, how to get there and the appointment time – write this information down for them and provide a photocopy or printout of a street map; and
- ensure that they have enough 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.





Checklist 15 – Effective networking

- Use good referral practices ([see checklists 14A and B on pages 200-201](#)).
- Follow up your part of shared casework.
- Provide reciprocal assistance for workers from other organisations where appropriate.
- Do not abuse cooperative arrangements: 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 copes with a difficult day or week.
- Be consistent in your dealings with other workers. It is important that you do not 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 organisations. Be sure that you have provided all the assistance possible under your organisation’s guidelines. Referring clients to other services is aimed at assisting them, not ‘getting rid’ of them.

Checklist 16 - Reception

16(A) – Deliver a consistent and quality reception service

- Be sensitive to clients’ feelings and rights.
- Be aware of and sensitive to how clients feel when seeking ER.
- Remember that people who are seeking ER have the same rights to dignity and privacy that you do.
- Familiarise yourself with relevant federal and state or territory privacy laws.
- Check the organisation’s privacy policies and procedures about client information and how it should be stored.
- When asking clients for personal information or providing ER at reception:
 - Do not ask unnecessary questions;
 - keep your voice as quiet and unobtrusive as possible - client information is confidential; and
 - if other clients are present, request that they take a seat until you can assist them more privately. Alternatively move to another area of the desk.
- Be sensitive to clients’ particular needs, for example people with physical disabilities and communication difficulties.

16(B) – Advising clients about what to expect during their visit

- If the client knows your ER policies and eligibility criteria from a previous visit or a proper referral (where the other organisation has explained the procedure in full) you need to:
 - arrange an appropriate appointment time;
 - if necessary, check to see if the client meets the criteria for how often they can be assisted; and
 - tell the client if there is any restriction on the amounts of ER that can be given due to funds shortages or other reasons.
- Let the client know how long they are likely to have to wait to be seen.
- If a lengthy delay is likely, offer the client the opportunity to leave without losing their place in the queue as long as they return by an agreed time.
 - Record their place in the queue and the agreed return time.
 - This can be particularly helpful for clients who seem agitated by the delay or clients with small children or other tasks they need to attend to.
- Show the client the waiting area and facilities such as tea and coffee, toilets, children's toys, pamphlets and information displays.

16(C) – Information for clients seeking ER for the first time

- Eligibility restrictions.
- Type of assessment (for example tell the client they will need to answer a few questions about why they need assistance).
- Any documents they must provide (for example Centrelink cards, bills for bill payment).
- If the client meets the criteria, arrange a suitable interview time.
- Types of ER that can be provided (for example cheque, food voucher). This will depend on the outcome of the ER worker's assessment.
- Other assistance available to the client (for example utility or travel concessions).
- If you are too busy to provide these minimum information requirements, you can:
 - arrange a backup person within the organisation to refer calls to;
 - take the client's number and ring them back within 30 minutes; or
 - ask the client to call back within a designated time.

Checklist 17 – Safety policies and procedures for ER workers

17(A) – General safety policies and procedures

- Be aware of safety issues and the organisation's safety policies and procedures.
- Know how to recognise when a client's behaviour is aggressive or difficult, and how to notify other workers or your supervisor.
- Have strategies prepared to prevent difficult or aggressive behaviour and be aware of options in the event of a serious incident.
- Ensure client privacy is protected (never discuss clients' personal details with anyone outside the organisation; only discuss clients with other workers on a 'need to know' basis).
- Never handle a cash box in full view of the public.
- Maintain a sense of humour.
- If in doubt ask your supervisor.

17(B) – Physical safety and security

- Familiarise yourself with the organisation's safety policies and procedures or the alarm system used.
- When interviewing clients in a closed room, ensure that you are always closer to the door than the client and have a clear path to it.
- Never have anything in your room or in public areas that could easily be used as a weapon (for example scissors or letter openers on the desk).
- Keep the distance between your chair and that of the client beyond physical striking range.
- Wear sensible clothing and footwear. Shoes that you can move in quickly and easily will be useful in an emergency.
- Keep items like neckties, scarves, earrings and necklaces to a minimum or out of reach so they cannot be grabbed or pulled in an attack.

Checklists for managers

The checklists in this section relate to information provided in Part 3 of the Handbook.

Checklist 1 – Organisational policies

1(A) – Broad-level policies

Broad-level organisational policies may include the following.

- A statement that clearly sets out the beliefs and values of the organisation.
- A constitution or other document that sets out goals, objectives, aims or mission.
- A statement outlining a clear and shared understanding of the core reasons that people seek ER and the purpose of ER provision.
- Design or adoption of service standards, and ways of ensuring these are met and that the organisation's practices are consistent with them.
- Clarity regarding the organisation's advocacy role and how ER provision interacts with other parts of the service.
- How links are maintained with other organisations, peak bodies, and government departments.
- A mechanism for the review and evaluation of ER provision, including for feedback from the public and other organisations.

1(B) – Operational policies

- Clear policies on how the organisation is managed and accountability requirements.
- Legal requirements of the organisation and its workers. For example, privacy and confidentiality, duty of care, mandatory reporting requirements and OH&S.
- Documented policies and procedures regarding ER provision including:
 - eligibility criteria and limitations;
 - types of ER provided; and
 - service provision in the absence of funds.
- Expectations of workers, including job descriptions.
- Volunteer policies that outline how volunteers are used, and their rights and responsibilities.
- Protocols of behaviour in front of clients and co-workers.
- Professional support structures for workers, including staff meetings.
- Grievance and disciplinary procedures for workers.
- Complaint mechanisms for clients and workers.
- Emergency procedures for dealing with critical incidents.
- Policy review procedures.

Checklist 2 – Food parcels

- Ensure food is handled consistently with specific state or territory OH&S legislation.
- Use hygienic storage space and containers for dried and canned goods.
- Freeze or refrigerate frozen or short-life products.
- Ensure appropriate food-handling procedures, for example disposable plastic gloves for repackaging foodstuffs, basins for hand washing and sinks for utensils.
- Do not distribute food past its 'use by' or 'expiry' date, or fresh food which is 'off'. Poverty and hunger are not reasons to feed people rotten food. Distributing food that is outside 'use by' dates or that has perished also presents a potentially serious legal liability for organisations. State and territory legislation may vary with regard to this issue.
- Contact the relevant state or territory 'Foodbank' for supplies and information on food distribution.
- Encourage workers to improve their awareness about food needs in the community and food-handling and preparation skills that could be helpful to clients accessing emergency food relief.
- Consider the particular needs of:
 - people with limited cooking opportunities, for example homeless young people, people who live in boarding houses;
 - people with dietary needs or preferences; and
 - children and babies.
- Include adequate amounts and types of food for two to three nutritious meals in food parcels ([see "Catering needs for one day" on page 140](#)).
- Where possible, allow clients to select their own food parcel or indicate preferences from a list of available foodstuffs.
- Try to have personal hygiene items in stock, for example disposable nappies, tampons.
- The following list provides an example of what an adequate food parcel could include.

○ Pasta or rice.	○ Pasta sauce.
○ Breakfast cereal.	○ Long-life milk.
○ Tea or coffee.	○ Dried biscuits.
○ Cheese.	○ Tinned fish.
○ Cans of soup.	○ Fresh or tinned fruit.
○ Fresh, frozen or tinned vegetables.	
○ Basic cooking tips book and food storage guidelines.	



Checklist 3 – Internal duty rosters

- Record client demand numbers.
 - What is the organisation's current level of demand for ER?
 - What is the current capacity to address demand?
 - When are the periods of highest demand? It may be more practical to have two workers assigned to Monday mornings and Friday afternoons than to stretch workers' time over a full week.
- What are the opening hours of other ER organisations in the area?
- Is there a possibility of complementing other organisations by ensuring at least one organisation in the local area or region is open over the full week? If so, how far apart are services; what are the differences in eligibility criteria?
- Consider arranging a backup system for rostered workers. For example, assign a backup person for each worker to contact if they are not able to take their place on the roster.
- Put a review system in place to gauge the impact of the roster system on the management of client demand and staff workloads.



Checklist 4 – Physical accessibility

This checklist reproduces in part the AHRC publication, 'Access to buildings and services: information and guidelines'. The guidelines are posed as a series of questions designed to assist service providers think about accessibility for people with a disability. To access the guidelines and additional information and resources about building and service accessibility, visit the AHRC website: www.humanrights.gov.au/disability_rights.

Accessible paths of travel to the main doors

- Is there a clear and continuous accessible path with no steps or other barriers from the main points of entry, including car parks, and through the main doors?
- Is the path wide enough for people using mobility aids to pass another person or are there regular passing spaces along the path? Is there good overhead clearance with nothing hanging down that might create a hazard for people who are vision impaired?
- If there is an access ramp, does it have a gradual incline, handrails, safety kerbs or kerbrails to prevent wheels going over the edges, and flat landings at regular intervals to allow people to rest? Does it have tactile ground surface indicators for warning at the top and bottom?
- If the organisation has a lift, does it have handrails and is it large enough to allow people using mobility aids to turn around and access the control panel? Do the lift buttons have Braille information next to them and are they at a height that can be reached by all?
- Is the organisation's signage clear, large enough to be seen at a distance, and of high contrast?
- If there are stairs leading to the entrance, do they have continuous handrails on both sides, colour-contrasting strips on the leading edge and tactile surface indicators for warning at the top and bottom?

Car parks

- If the organisation has a car park, is there a wider space designated for accessible parking marked with the international symbol for access? Is the space on a firm, level surface and as close as possible to the nearest accessible public entrance? Is there a clear path from the parking space to the entrance?
- If there is no car park, is there a set-down area at the entrance with a kerb-ramp to allow wheelchair access from the road to the door?

Internal accessibility

- Is there a clear and accessible path with no steps or other barriers from each accessible entrance to all internal public facilities, including reception areas, interview rooms, toilets and other facilities?
- Are the passageways wide enough for people using mobility aids to pass another person or are there regular passing spaces? Are the floor coverings slip-resistant, firm and smooth?

- Are there clear signs to direct people from the entrance to the reception area? Are they large enough to be seen from some distance and of high contrast?
- If any room has fixed seating, are there spaces for people using wheelchairs, spaced throughout the room?

Doorways

- Is there enough circulation space to allow people using mobility aids to open and go through all doorways? Are doors heavy and difficult to open? Are door handles easy to use, such as D-shaped handles, or difficult to use, such as round doorknobs?

Toilets

- Do all toilets have clear identification signs, including raised tactile and Braille information?
- Is there a unisex, accessible toilet near other toilet facilities, marked with the international symbol for access?
- Do unisex, accessible toilets have good internal circulation space? Do they have grabrails, sinks, taps, shelves, hooks and towelling at heights that can be reached by people using wheelchairs?
- Is the toilet door easy to open and close? Are locks easy to use?

Goods, services and facilities

- Is at least part of the reception desk at a height that can be used by people who use wheelchairs or are of short stature?
- Is there seating in reception areas that can be used by people with a disability such as arthritis?
- Are any tables, cubicles, water coolers, telephones, computers or other facilities at heights that can be used by people in wheelchairs?
- Is there good lighting to assist people with a vision impairment to follow the safest pathway and to aid communication, such as lip-reading?
- Can computers or telephones be used by people with vision or hearing impairments?
- Are workers trained to provide assistance to people with communication difficulties in a non-discriminatory manner, including using TTY phones, making calls using the NRS or arranging Auslan interpreters?
- Is information provided to clients in a range of formats, including electronic, large print, Braille and plain English? Do workers know how to access alternative formats when required?
- Is the public information available on the organisation's website compliant with web accessibility guidelines?
- Is there an emergency evacuation procedure in place that addresses the needs of people with a disability?

Checklist 5 – Safety

- All organisations should have an alarm system connected to client interview rooms or that is accessible by other workers.
- Interview rooms should not be isolated.
- There should be two exits from interview areas. It is advisable to have some viewing capacity into the rooms.
- Interview rooms should offer sound privacy; a raised voice should be audible from outside.
- All interview rooms should have a chair closer to the door (for workers) and another further away (for clients).
- Policies on responding to volatile clients and violent situations should be developed.
- All cash and cheques should be kept out of public view.
- Only cash amounts necessary for distribution over a two- or three-day period should be kept on the premises.
- Emergency telephone numbers should be displayed prominently in one location (for example 000, local general practitioners, local police station, mental health crisis service).
- Fire extinguishers should be suitable for the area and readily accessible.
- The local firefighting authority or accredited organisation should regularly service all fire fighting equipment.
- Fire evacuation procedures should be in place and displayed prominently.
- All electrical wiring and appliances should be kept in good order. Electrical cords and extension leads should be properly connected and maintained.

Checklist 6 – Organisational responsibilities to workers

- Be aware of workers' needs and organisational responsibilities towards them.
- Identify and design jobs within suitable industrial awards and pay scales.
- Help workers set objectives, work tasks and timelines in each area of work.
- Employ people with the skills for the job, including volunteers.
- Ensure all workers receive adequate orientation.
- Make sure workers know what is expected of them.
- Provide access to information about the organisation and the job the person is doing.
- Enable participation in important decisions affecting workers.
- Provide award pay and conditions.
- Ensure workers have the skills and experience they need to undertake the job; if necessary provide training.
- Provide a safe and healthy work environment.
- Provide formal mechanisms for staff support, feedback and formal annual reviews.
- Provide support to workers and an opportunity to debrief the day's activities.
- Value workers and volunteers: provide positive feedback.
- Give workers feedback on their strengths and weaknesses and how they could improve their skills.
- Consistently monitor workloads and ensure they are manageable and in keeping with job descriptions.
- Negotiate with workers about difficulties and refer them to appropriate services if necessary, such as EAPs.
- After providing support and training, if workers are still not undertaking the job adequately, be prepared to commence grievance and disciplinary procedures, that may lead to workers being dismissed.
- Establish and use a clear system for worker accountability and reporting.
- Clearly explain the different roles of workers and management groups.

Checklist 7 – Organisational advocacy

Questions that organisations should consider before undertaking systemic advocacy include the following.

- Is the advocacy being undertaken on behalf of a disadvantaged party?
- Is the advocacy in the clients' interest? It is not ethical to use clients, or the permission they give you, to push an independent agenda.
- Is the advocacy focused on major needs of client groups and welfare issues?
- Are there any foreseeable costs to individuals or groups on whose behalf the advocacy is being undertaken?
- Could other disadvantaged groups be affected by the advocacy?
- Is the proposed action the most appropriate to achieve the aims of the disadvantaged group?
- Will the integrity of the disadvantaged group, individual or any third party (for example the children of clients) be protected in the advocacy process (for example in media follow-up)?

Templates

The following templates are provided in this section.

Letter of authority to release information

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

Client file

An example of a client file used to record relevant client data. Many organisations have a policy of not collecting any information on a client, and assist on the basis of presenting needs. Others have simple forms which do not ask much financial information. The choice of client file will be dependent on your organisation's policies and procedures.

Referral letter

An example of a form used to refer clients to another social service or community organisation.

ER organisation profile

An example of the form used to gather and store information about other ER organisations in a particular area. This form can also be used to provide information to other organisations about your organisation's ER provision and other services. It is a useful networking tool.

Critical incident report

An example of the form used to document critical incidents and actions taken in response to them.

Letter of authority to release information

(Organisation letterhead)

Authority to release confidential client information to another organisation

Name of organisation being referred to: _____

Address: _____

Telephone: _____

Contact person (if known): _____

I [name of client] give my permission for
[name of worker] of [name of referring organisation] to give the
confidential information included in this letter to the organisation named in this letter.

Details of assistance required: _____

Other relevant information: _____

Name of client: _____

Signature of client: _____

Name of worker: _____

Signature of worker: _____

Name of referring organisation: _____

Telephone: _____

Address: _____

Client file

Client file number: _____

Date of last visit: _____

Name: _____

DOB: _____

Address: _____

Postcode: _____

Reference number: _____

	Income Type:	Amount (per fortnight):	Date Due:
Self:	Centrelink pension or allowance (specify)		
	Family payment		
	Rent assistance		
	Maintenance/CSA		
	Other income (specify)		
Partner:	Centrelink pension or allowance (specify)		
	Rent assistance		
	Family payment		
	Maintenance/CSA		
	Other income (specify)		
Other:	Centrelink pension or allowance (specify)		
	Rent assistance		
	Family payment		
	Maintenance/CSA		
	Other income (specify)		

Number of children or dependants (please include ages): _____

Expenditure	Amount (per fortnight)	Date Due
Rent:		
Telephone:		
Electricity/gas:		
Food:		
School costs:		
Bank loans/lay-bys:		
Other expenses (specify):		

Presenting problems: _____

Type of assistance given: _____

Name of ER worker: _____

Date of file note: _____

Referral letter

(Organisation letterhead)

Referral to an external organisation

Name of organisation referred to: _____

Address: _____

Telephone: _____ Contact person (if known): _____

Mr/Mrs/Ms (Name of client): _____ is/are being referred by (Name of organisation): _____

Details of assistance required from referral organisation: _____

Why this assistance cannot be provided by the referring organisation: _____

Services being provided by other organisations (if appropriate): _____

Other relevant information: _____

This referral has been discussed with the client and they have agreed to the referral. (Please see the attached signed letter of authority to release information.)

Signed: _____ Position: _____

Name: _____ Date: _____

Name of ER Coordinator: _____

If you require further information please ring the ER worker or coordinator.

ER organisation profile

Name of organisation: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Opening hours: _____

Service closures (for example weekends, public holidays): _____

Identification required? Yes / No Type: _____

Eligibility (for example by local government area): _____

Model of service (for example appointments): _____

Types of ER provided (for example food parcels, referrals): _____

Other services offered by organisation (for example financial counselling, housing):

Preferred referral arrangements: _____

Key ER contacts: _____

Critical incident report

Reporting details

Reporting worker's name: _____

Position: _____

Program: _____

Date of report: _____

Signature: _____

Incident details

Date of incident: _____

Time of incident: _____

Location of incident: _____

Program: _____

Report date: _____

Type of incident, for example injury, accident, theft, verbal threat, 'near miss': _____

Category of incident (1, 2, or 3 – see the [Critical Incident Flowchart on page 155](#)):

Description of incident: _____

If medical attention required, details of injury: _____

If equipment damaged, details of damage: _____



For each person involved in incident complete the following details:

Name	Client DOB	Worker position	Phone or contact	Participant or witness “P” or “W”	Injured (tick)	Medical attention (tick)

Manager informed Y / N	Time:	Date:
Name of manager:		
Police contacted Y / N	Time:	Date:

Response to incident:

IMMEDIATE SUPERVISOR TO COMPLETE SECTION BELOW AND FORWARD TO MANAGER

Immediate response of workers to incident: _____

Further local action: _____

Action planned to prevent recurrence: _____

Suggested media response (if appropriate): _____

Further action (if appropriate, e.g. in relation to funding bodies): _____

Workplace safety authority notified (if appropriate)	Time:	Date:
Incident report checked by manager	Time:	Date:

Signature: _____

(Salvation Army (2010): Course in Emergency Relief Work – Learner Resource)

Training Information

Training is important to ensure that all workers can do their job in the most effective manner and that organisations can provide the best possible services to clients. Training can:

- help workers develop new skills and knowledge;
- allow workers to take on new tasks and provide new services;
- increase workers' confidence and decrease stress levels; and
- assist workers to cope with changes to guidelines, laws or regulations.

Where possible, organisations may consider allocating a proportion of their funding to training and innovation. A training plan for workers, managers 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.

Ways to provide training

- On-the-job training or observation, 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, such as FaHCSIA.
- Using TAFE and other adult education providers.

What to include in training for new ER workers

- Orientation information, including information about the organisation, job description, salary and conditions and entitlements to reimbursement for out-of-pocket expenses such as transport costs.
- Workshops to share information about the client group.
- If necessary, confidential information necessary to undertake the job.
- Assessment, interview, advocacy and referral skills.
- Additional practical skills and information, including:
 - background information about the nature and causes of poverty and disadvantage;
 - the impact of values and attitudes on service provision; and
 - how to work with particular high-needs groups, such as Aboriginal and Torres Strait Islanders, people from CALD backgrounds, asylum seekers and refugees, people with a disability and people with addiction or mental health issues.
- Communication, conflict resolution and assertiveness skills, including:
 - decision-making and negotiation procedures;
 - how to carry out their role without being exploited; and
 - the right of workers to say no to clients.
- Cultural sensitivity, cultural competence and cross cultural communication skills, including working with interpreters.
- Information about clients' rights, including their right to complain about organisations and workers.
- Supervision and debriefing arrangements and information about burnout and self-care.
- How to give and receive constructive feedback.
- Reception skills.
- Book keeping, general administration and computer skills.
- Occupational health and safety policies and procedures.

The Handbook as a training resource

Parts 1 and 2 of the Handbook can be used to complement the orientation and in-house training that organisations provide to new workers.

While the Handbook will benefit workers even if used simply as an information reference, it will offer 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;
- addresses by visiting experts and community leaders; and
- other audio-visual training resources.

Try to think creatively about how the material can best be adapted to the organisation's training needs and resources and the skills and preferences of workers.

How to use Part 1 as a training resource

Part 1 of the Handbook provides general information about ER. It includes important background for workers about current definitions of and attitudes and approaches to poverty and disadvantage in Australia. 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.

The following list provides some examples of how the information in Part 1 can be used as training resources.

- Using the information in [‘Types of ER’ on page 6](#), ask workers to discuss the types of ER provided by the organisation, the reasons why these forms of assistance are provided and the advantages and disadvantages of each type of assistance.
- Provide workers with a current profile of the organisation's client group and ask them to compare this with the information about ER clients provided in [‘Who needs ER’ on page 17](#) and [‘ER and diversity in the community’ on pages 29-41](#). Next, ask workers to look specifically at the social profile of the area that the organisation serves. This will help orient new workers to the sorts of social and economic problems experienced by people in the area.
- Invite a guest speaker from within the organisation, or experts from specialist organisations or government departments, to address new workers about the particular needs of different client groups in the area.

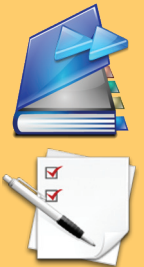


How to use Part 2 as a training resource

All of the material in Part 2 of the Handbook can also be adapted to assist the training process, for example as the basis for discussion and clarification of the organisation's policies and procedures.

The following are some examples of how this material could be used.

- Use [‘Orientation’ on pages 46-49](#) as the basis for preparing an orientation kit. In turn, this can be discussed individually or in groups with new workers.
- Use [‘Assessing clients’ on pages 60-61 and the checklist on page 191](#) as the basis for explaining interview and assessment policies and procedures to workers. Provide case examples for discussion.
- Use [‘Assisting people with intellectual disabilities and communication difficulties’ on page 69-71](#) and [‘Assisting people with multiple or complex needs’ on pages 97-100](#) as the basis for orientation discussions or to develop in-house training topics.
- Use [‘Home Visits’ on pages 80-81](#) as the basis for a training session for all workers who may make home visits. Workers should not make a home visits before receiving adequate training. Managers should feel confident that clients’ privacy will be respected and visits will be conducted safely.
- [‘Referrals’ \(page 86\)](#) are a central function in ER provision. Advice to workers on how to refer properly should be included at the orientation stage. Checking referral processes during regular in-service training is worthwhile.
- Use [‘Reception staff’ on pages 89-90](#) as the basis for training workers with reception responsibilities. All ER workers should be familiar with the role and responsibilities of reception workers. There are a number of issues raised that could form the basis of a discussion about organisations’ preferred procedures for responding to clients’ initial requests for assistance.
- [‘Safety issues’ \(page 91-94\)](#) are particularly important for new workers at the orientation stage. Reviewing stress levels and coping strategies is a good topic for regular staff meetings and training.
- Use [‘Difficult interviews’ on pages 92-93](#) to develop role plays for new workers to participate in. Having the experience of physically going through an emergency situation and organisational crisis response plan gives workers a sense of confidence and security about responding to emergencies. Role plays of this nature can also help to identify flaws in current emergency procedures. If role plays are considered unsuitable for some trainees, provide them with appropriate case studies and ask them to plan and walk through the procedures they would follow in a range of crises.
- Use [‘Self-care’ on pages 102-107](#) to develop a training session about recognising and managing the stresses of working in the ER sector and the signs, symptoms and appropriate responses to burnout and vicarious trauma.
- Invite guest speakers from organisations that work with CALD communities, people with a disability, people with mental health or addiction issues or Aboriginal and Torres Strait Islander communities to address new workers about specific issues faced by these groups.





Training exercises

Training exercises related to the information provided in Part 2 of the Handbook are located at the end of this section from [page 227](#). These exercises are based on written and group discussion exercises in order to make them user friendly for the majority of organisations. 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; and
- many people (particularly older people) find role plays an extremely demanding personal experience; a better response may be achieved through small group discussions.

An alternative to trainees participating directly in role plays is to invite experienced workers or guests from other organisations to take part in the role plays and invite trainees to comment on and discuss their observations.

If using role plays, it is important to 'debrief' participants. There can be a risk that participants continue to 'act out' their roles after such exercises, unconsciously or otherwise (for example feeling frustration or anger toward another role play participant). Following role plays, have participants discuss how they felt during the exercise, then take a break to allow for 'normal' interactions.

External training providers

FaHCSIA-funded training for ER workers

FaHCSIA allocates one per cent of ER base funding to training and support for ER organisations and workers to help them deal with the increasingly complex needs of their clients.

ER training needs vary from state to state and from region to region. State-based training plans reflect the needs and priorities of a range of stakeholders including service providers and government departments. FaHCSIA is responsible for ensuring the effective and efficient implementation of the training plans.

In 2011, FaHCSIA-funded ER training is delivered by organisations selected from a panel of providers, which consists of 14 organisations. These organisations are able to provide diverse training in locations across Australia including metropolitan, regional, rural and remote areas. Training subjects include:

- ER accreditation;
- financial skills;
- personal skills development;
- handling challenging situations;
- privacy and confidentiality;
- corporate governance; and
- cultural issues, occupational health and safety, and mental health.

Our Community

Our Community is a privately held social enterprise that provides online tools and advice to Australian community groups and schools, as well as practical linkages between the community sector and the general public, business and government. It offers scheduled and tailored training programs through the Australian Institute of Community Practice and Governance (AICGP).

Our Community also contains a 'Resources Bank', which holds information, fact sheets and 'how to' guides for community organisations wishing to run internal training programs. Topics covered include:

- grants and fundraising;
- boards, governance and leadership;
- finance, insurance and risk management;
- people management;
- strategic planning, review and revitalisation;
- information technology;
- community engagement and advocacy; and
- marketing and media.

For more information on fees and program content, and to access the 'Resources Bank', visit the 'Training' page of the Our Community website: www.ourcommunity.com.au.

State and territory Volunteering Australia member centres

Volunteering Australia has member centres in each state and territory, which provide resources, education and training to individual volunteers and the organisations that engage them.

For more information and contact details, visit the 'Centres' page of the Volunteering Australia website: www.volunteeringaustralia.org.

Other options

Organisations unable to access FaHCSIA-funded training programs may find employing suitably qualified and experienced trainers or facilitators a very beneficial and cost-effective training option to complement in-house training programs. Alternatively, there may be state- or territory-based resource projects or training programs that can be accessed by contacting the relevant state or territory FaHCSIA office.

Organisations with few financial resources available could arrange orientation or in-service training days with other organisations in the area. Organisations or government departments may be able to contribute information or facilitate skills development, resulting in an in-service training program that is high on expertise and low on cost.



Training exercises for workers

The following training exercises relate to the topics covered in Part 2 of the Handbook and target areas in which you will need to gain knowledge and skills to be an effective ER worker. In order to maximise the benefits you gain from completing these exercises:

- concentrate on one topic at a time and work your way through them, referring to the relevant sections in Part 2;
- when you have completed a topic and are satisfied with your comments, ask for feedback from your supervisor or paid workers; and
- ask your supervisor if the team could work through an exercise per topic at staff meetings - this can also act as a refresher for other workers 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.

Training exercises

1. Orientation.
2. Values and attitudes.
3. Clients, ER and empathy.
4. Client assessment I.
5. Client assessment II.
6. Discrimination I.
7. Discrimination II.
8. Working with CALD clients.
9. Interviews.
10. Referrals I.
11. Referrals II.
12. Critical incidents.



Exercise 1: Orientation

This exercise relates to information on [pages 46-49](#).

Find out as much as you can about your organisation using the lists in [Part 2 of the Handbook on page 47](#) and write it down. Then ask another worker or your supervisor to quiz you and see how much you can remember, or even if you can remember where you first found the information (for example fellow workers, Handbook). Try the same exercise again after working in your organisation for three to six months.

Exercise 2: Beliefs and values

This exercise relates to information on [pages 53-54](#).



Please read the following statements.

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 baby bonus.
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.

Activity

1. Using the table below, rate each of the above statements on a scale from 1 to 10, where '1' means you strongly agree with the statement and '10' means you strongly disagree.

Statement no.	Strongly Agree		Agree					Disagree	Strongly Disagree	
1.	1	2	3	4	5	6	7	8	9	10
2.	1	2	3	4	5	6	7	8	9	10
3.	1	2	3	4	5	6	7	8	9	10
4.	1	2	3	4	5	6	7	8	9	10
5.	1	2	3	4	5	6	7	8	9	10
6.	1	2	3	4	5	6	7	8	9	10
7.	1	2	3	4	5	6	7	8	9	10

(Brotherhood of St Laurence 1990)

2. For each answer, write down the reasons why you chose that number.
3. Discuss your answers with your supervisor or training group. How do your results compare with the organisation's eligibility policies and the FaHCSIA FMP Guidelines? What can be done if your personal feelings or beliefs differ from the organisation's philosophy and practices?



Exercise 3: Clients, ER and empathy

This exercise relates to information on [pages 54-55](#).

The following case studies are designed to help you think about how clients feel. Read each one carefully and complete the activities and questions below. Discuss your answers with your supervisor or training group.

Case study: John and Chris

John and Chris are married with two school-aged children. They first visited an ER organisation after John lost his job.

John: *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 all this is 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 does not think this situation is his fault and he believes that things will improve.

Activities

1. Make a list of all the financial changes you think John and Chris might have experienced if they return to your organisation for ER in 18 months' time.
2. Describe some of the ways the family's ability to cope may have changed.
3. Describe how John might 'feel' in 18 months' time if he is still unemployed and returns to the organisation for assistance.

Case study: Kerry

Kerry is a sole parent with three children aged nine, seven and four. She has been to the organisation nine times in the last three years, which is the maximum number of times allowed. From previous visits you 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 her when the youngest child was seven months old. Kerry pays two thirds of her pension on rent.

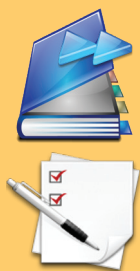
Kerry: *I'm four weeks behind in my rent and the agent says that if I don't pay up by Saturday he's going to start eviction proceedings. I'm sorry to be back asking for help again but I just don't seem to be able to budget my money, no matter what I do.*

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 in the previous case study, 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 (Barber 1991).

Questions

1. List any factors beyond Kerry's personal control that might have contributed to her current crisis?
2. Kerry seems to have low self-esteem. Can you list any positive things that Kerry has achieved? Why might this be helpful in talking to Kerry about her situation?
3. If you were Kerry's ER worker, how would you assess her situation and what assistance would you provide, if any?



Exercise 4: Client assessment I

This exercise relates to information on [pages 60-61](#).

Think about the following case studies and use the assessment policies checklist on [page 191](#) or the organisation's assessment policies to assess the client's need and outline how you would assist them. Answer the questions below; discuss your answers with your supervisor or training group.

Case study: Mary

Mary is a sole parent with three children aged 10, 8 and 7. They live in public housing in an outer suburb. The organisation 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 flat-screen TV and DVD 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: Ken

Ken visits the organisation for a second time. He is 16, homeless and requests cash. You know from his 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 job service and 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. Last time you arranged a \$25 food voucher for him but later saw him sitting in the street drinking tinnies.

Case study: Lyn

Lyn is Aboriginal. She is a sole parent with four children aged 13, 7, 5, and 3. Lyn lives in public housing. She comes to the organisation every three or four weeks. She often supports up to 15 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: Jimmy and Greta

Jimmy and Greta both receive Disability Support Pension payments. They have two grown children now living away from home. Jimmy has a severe kidney problem. Greta is diabetic. In the past they have been helped with a large amount of money raised by several organisations in the area, which they used to repair their car (which is necessary for them to get to medical treatment). They have large hire-purchase debts but have very few possessions.

Questions

1. For each of the case studies, list how you would respond to the clients' problems. Compare this with your organisation's ER policies.
2. If you only had enough ER to help two of these cases, which ones would you choose and why? What assistance would you offer the other cases?

Exercise 5: Client assessment II

This exercise relates to information on [pages 60-61](#).

These case studies illustrate the range of problems you may be confronted with in your ER work and will help you apply the organisation's assessment policies appropriately.

Using the organisation's assessment policies and the information provided under 'Interviews' on [pages 72-78](#), assess the following cases. Record your assessments on a [client file template \(page 215\)](#) and discuss them with your supervisor or training group.

Case study: Lesley

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

Lesley: *I had to pay most of my pension 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 Centrelink payment.*

Case study: Shane

Shane is 18 and lives on the street.

Shane: *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 given me an eight-week no payment penalty.*

Case study: 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 the organisation.

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: Gerry and Ruth

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

Ruth: *We've been referred to you from Centrelink. Gerry and I both 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 Newstart 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. They 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.

Exercise 6: Discrimination I

The following two exercises relate to information on [pages 61-64](#).

The case studies, questions and activities provided will help you think about what discrimination means in practice and familiarise you with your organisation's anti-discrimination policies.



Case study: Frank.

Frank approaches Kathy, the receptionist. He has slow, loud speech and is difficult to understand. He starts to talk to the people in the waiting room. Kathy cannot make much sense of what Frank wants but everyone is starting to look uncomfortable.

Kathy: *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.

Question

1. Discuss whether Kathy has done the right thing by Frank and the organisation. What might be some of the discriminatory aspects of her treatment of Frank?

Exercise 7: Discrimination II

Activities

1. In a training group or staff meeting, discuss what the organisation's policy on anti-discrimination means in practice.
 - What are your legal responsibilities under federal and state anti-discrimination and equal opportunities legislation? Invite a lawyer from your local legal aid service to address the group on this issue and to answer any questions you may have. For example, *if I don't give financial assistance to a client, could I or the organisation be taken to court?*
2. In a training group or staff meeting, discuss these following examples of an ER worker refusing assistance or referring 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'?*



Exercise 8: Working with CALD clients

This exercise relates to information on [pages 29-35](#).

The activity and questions below focus on working with Aboriginal and Torres Strait Islander clients but can be easily adapted to different cultural groups.

Activity

Answer the questions below with the help of your supervisor or together with your training group. You should be able to source relevant information from the organisation's most recent annual report, Centrelink, the ABS, and local council community profiles. Other suggestions are listed below for increasing your knowledge about the Aboriginal and Torres Strait Islander and CALD communities in your area and making the organisation more accessible to these groups.

Questions

1. How many Aboriginal and Torres Strait Islanders access ER from the organisation each year?
2. How many Aboriginal and Torres Strait Islanders in the area receive Centrelink payments? Ask the Aboriginal Liaison Officer at the local Centrelink office to provide this information.
3. How do your answers to questions 1 and 2 compare? For example:
 - Aboriginal and Torres Strait Islanders make up 10% of the local population receiving Centrelink benefits and 10% of the organisation's clients. This suggests Aboriginal and Torres Strait Islanders are accessing the organisation successfully.
 - 10% of the local Aboriginal and Torres Strait Islander population receive Centrelink benefits but only 3% access the organisation. This suggests the Aboriginal and Torres Strait Islanders may not be accessing the help they need successfully.
4. How might the organisation assist Aboriginal and Torres Strait Islanders more effectively?
5. What other services are available to help Aboriginal and Torres Strait Islanders in the local area?

A few ideas to get you started

- Ask local elders or community leaders to speak to workers about the issues faced by local Aboriginal and Torres Strait Islander communities.
- Organise an appropriate Aboriginal and Torres Strait Islander organisation to provide training to workers on cultural awareness and culturally appropriate service provision.
- Employ Aboriginal and Torres Strait Islander workers or volunteers.
- Advertise the organisation in local Aboriginal and Torres Strait Islander media.
- Display posters or artworks that represent local Aboriginal and Torres Strait Islander communities in public areas.
- Make sure that the organisation's activities and information appropriately target Aboriginal and Torres Strait Islander communities.

Exercise 9: Interviews

This exercise relates to information on [pages 72-78](#).



Case study: Dave and Jan

Dave and Jan are unemployed and have a two-month old baby, Daniel.

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, if you like I can also refer you to the financial counsellor here, who might be able to renegotiate your repayments on the hire-purchase of your whitegoods.*

Questions

1. In this example, what details would you record?
2. Using the [client file template on page 215](#), List Dave and Jan's current problems and explain how you would assist them, including through advocacy and referral options.
3. Discuss your answers with your supervisor or training group.





Exercise 10: Referrals I

This exercise relates to information on [pages 86](#).

Read the four case studies carefully and answer the questions below. Discuss your answers with your supervisor or training group.

Case study: Irene and Bob

Irene and Bob 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), which are now four weeks in arrears.

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.

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 kept on breaking down and it wasn't worth repairing them anymore.*

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

Case study: Gina (Part 1)

Gina is 14 and comes to the organisation to get some money. She says she has left home and is staying with friends although she will not say where. Gina appears to be stressed; she is hungry and totally uncommunicative about anything other than wanting 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.*

You provide Gina with \$45; she refuses all offers of additional assistance and referrals to the local youth support centre.

Case study: Gina (Part 2)

The day after Gina's visit, her father, Roberto, comes to the organisation. He is visibly angry and begins to shout at the workers as soon as he enters the reception area.

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: Helen

Helen is married with two children aged 2 and 4. Her husband works in a panel-beating business and they live in a privately rented flat.

Helen has been to the organisation twice before, needing assistance with money for rent and to pay an energy bill. On this occasion, 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: Gary

Gary and Annette are married and 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. Annette would like part-time office work but is unable to find any within a reasonable travelling distance because they live in a rural area with few 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.*

Questions

1. For each of the above case studies, list the 'problems' that you believe are appropriate to address within an ER interview.
2. List the problems that should be referred to other services and why. How would you explain the need for a referral to the clients?
3. Using the organisation's resource directory, name the organisations to which you would refer the problems identified in question 2.



Exercise 11: Referrals II

This exercise relates to information on [page 86](#).

Case study: Julie

Julie has recently separated from her de facto following arguments during which he beat her severely. After a short stay with friends, Julie decided to temporarily set herself and her two children up in a caravan in an outer suburb. She hopes eventually to get public housing. Her income support payment 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.

Julie: *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 myself. I don't know how long I'll be able to take it.

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

Activities

1. List the problems the organisation could assist with.
2. List the community support services in your area that you could refer Julie to for further support.
3. With your supervisor or training group, discuss:
 - whether Mary provided adequate assistance to Julie;
 - the likely consequences of Julie remaining in her current situation; and
 - any benefits for Julie in providing her with links to other community support services.

Case study: 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 the children were born. Bob produces several 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 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 childcare.

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

Questions

Write down your responses to the following questions and discuss them with your supervisor or training group.

1. What are some possible scenarios if Bob turns up at the financial counselling service this afternoon?
2. What are the likely consequences for Phil and his organisation?
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?



Exercise 12: Critical incidents

This exercise relates to information on [pages 91-94 and 156-160](#).

Case study: Eric

Eric enters the reception area in an agitated state and demands to see an ER worker. All workers are currently with clients and the receptionist, Ellen, tells him there will be at least a 10 minute wait. Upon hearing this, Eric begins swearing at Ellen. She politely asks him to take a seat and wait quietly. Eric continues swearing and breaks into a violent rage, knocking over some information stands. Because of the noise, a caseworker comes out of an interview room to see what is happening. She immediately calls the police who remove Eric from the premises when they arrive.

Activity

Using the [critical incident report template on page 218-219](#), record the details of the incident outlined above. Alternatively, you may wish to record the details of a critical incident that has occurred at the organisation you work for.

Questions

1. What is the system for reporting incidents within your organisation?
2. List the types of situations you believe would require a formal incident report.

Discuss your answers with your supervisor or training group.

(Salvation Army 2010)



Part 5: Information and Resources





DOLE BLUDGER

I'm desperate for money.

If there were any jobs...

...I'd be started at 9 o'clock this morning.

I'd have to tell everyone I'm a dole bludger and

I don't have any money.

Nobody wants to know a

dole bludger

My family thinks I'm still working.

I got sacked 4 years ago.

I didn't tell them I'm a dole bludger.

Mum would get upset,

she wants my future to be secure.

To be able to tell my family that I've got a job...

a proper job...

Nobody wants to know a

dole bludger.

Bettina

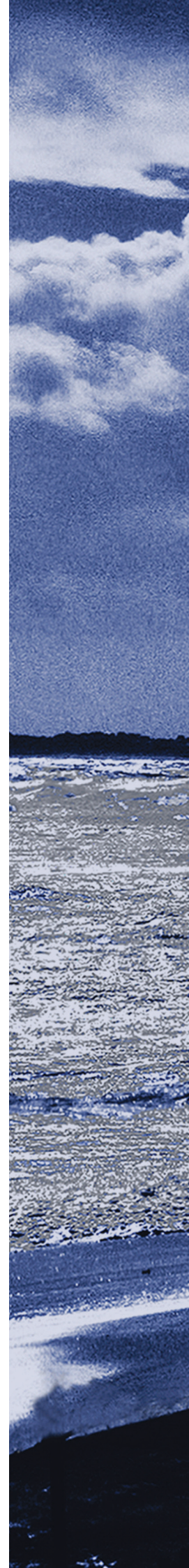
Connolly, Kate (2010). What Body Part Do I Need to Sell? Poetic Re-Presentations of Experiences of Poverty and Fear from Low-Income Australians Receiving Welfare Benefits. Jobs Australia.

Image by Jay (2010) Home Is Where My Heart Is: A YACWA Project 2010

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The Financial Management Program (FMP)

The Australian government funds ER through the FMP, which is administered by FaHCSIA.

The FMP aims to build financial resilience and wellbeing for vulnerable people and those most at risk of financial disadvantage and social exclusion. It helps people across a range of income and financial literacy levels to overcome financial hardship, manage their money, participate in their communities and plan for the medium to long term.

As well as ER, the FMP also funds services such as Commonwealth Financial Counselling and Money Management, some microfinance initiatives and a number of projects designed to build financial awareness and capability, particularly in Aboriginal and Torres Strait Islander communities.

From time to time, FaHCSIA may provide additional funding for a specific period to meet an identified need. For example, in 2007 funding was provided for two years to help meet additional demand in communities affected by drought; in February 2009, FaHCSIA announced additional funding from 1 March 2009 to 30 June 2011 in recognition of the impact of the GFC on vulnerable individuals and families.

Payments are made to participating agencies through state and territory FaHCSIA offices. Normally three payments are made each financial year. The first instalment is in July; the second in November; and the remaining payment in March.

Administrative obligations of organisations

Commonwealth-funded ER providers enter into funding agreements with the government. These funding agreements contain specific requirements relating to the provision of ER, with terms and conditions that govern the use of grant funds. As at July 2010, funding agreements are for a two-year period.

ER organisations are allowed to use a limited amount of government funds for administrative expenses each financial year. With effect from 1 July 2009, the administration component of the total ER grant is set at 15% per financial year or \$6,000 for each approved ER outlet, whichever is less. Organisations delivering ER through more than one approved outlet are not required to account for expenditure on administration at each separate outlet.

With approval from FaHCSIA, ER organisations may also use a 'reasonable' amount of funding on the costs of employing workers to case-manage clients, or broker more holistic services, particularly for clients with complex or multiple needs.

How to apply for funding

FaHCSIA officers in each state and territory are responsible for ensuring that there is an appropriate mix and of services receiving Commonwealth funding ER. New organisations are not sought on an annual basis, but may register their interest in applying for funding at any time.

Additional information

For more information about FaHCSIA funding, administrative obligations and FaHCSIA-funded ER outlets, contact the relevant state or territory FaHCSIA office on 1300 653 227 (cost of a local call).

Financial support programs

Financial counselling

What does a financial counsellor do?

Financial counsellors assist people with a wide range of financial issues. They work with clients to help them get out of cycles of debt and take control of their finances.

Financial counsellors work in community organisations, community legal services and in some government organisations. Their services are free, confidential and independent from industry.

Services provided by financial counsellors

- Helping clients get a clear picture of their overall financial situation.
- Explaining what options clients have in relation to their debts and the advantages and disadvantages of these options.
- Assisting clients to develop budgets.
- Advocating or negotiating with creditors, government organisations and others on behalf of clients.
- Listening and providing support.

Financial counsellors often work closely with consumer credit lawyers and may seek legal advice or refer clients to lawyers in some circumstances.

When to refer clients to a financial counsellor?

There is some overlap between the role of ER workers and financial counsellors.

For example, ER workers may be able to help some clients with basic budgeting or money-management skills. ER workers may also be able to help clients assess whether they are receiving their correct Centrelink payments and provide other useful information, for example about utility concession schemes.

ER workers should refer clients to a financial counsellor when:

- there is a need to negotiate with creditors;
- there is a need to negotiate with other agencies about debts, such as government housing bodies, the Australian Taxation Office or Centrelink;
- debt collection activity has commenced ;
- there are questions about whether debts are actually owed;
- a client is accessing payday loans or similar services and is struggling to make ends meet;
- a client is considering bankruptcy; and
- in other circumstances involving credit and debt issues.

What can financial counsellors do that ER workers cannot do?

ER workers should never contact creditors to negotiate payment arrangements for clients, as this may place the agency in breach of licensing requirements under the National Consumer Credit Protection Act (2009). Financial counsellors have an exemption from these licensing requirements, but this is subject to strict conditions, including appropriate training, skills and knowledge, and eligibility for membership of a financial counselling association.

How to find a financial counsellor?

To connect to the closest state or territory financial counselling phone service, call the hotline: 1800 007 007.

For some clients, this phone service will be sufficient to address their needs.

Clients with more complex issues will be referred to a face-to-face meeting with the financial counselling service nearest to them. To find the closest face-to-face financial counselling service in each state and territory, visit www.afccra.org/counselling.htm.

Useful Links

www.afccra.org	This is the home page of the peak body for financial counsellors, the Australian Financial Counselling and Credit Reform Association.
www.moneysmart.gov.au	This is the consumer website for the Australian Securities and Investments Commission. There is a useful budgeting tool on the website and a lot of helpful information.
www.itsa.gov.au	This is the Australian government's Insolvency and Trustee Service website. It provides useful information and links to support services for people with unmanageable debts.

Microfinance programs

No Interest Loan Schemes (NILS)

NILS are community-based programs that help people on low incomes to buy essential household items, such as washing machines, fridges or medical appliances. Many low-income households get by week to week but are completely stuck when they hit major expenses such as appliances.

NILS have been operating in Australia for 30 years. The Good Shepherd Youth and Family Service in Melbourne started the first scheme in 1981 and the idea has gradually spread. Now NILS programs operate in 350 locations across every Australian state and territory.

A typical NILS loan is for \$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 approximately \$100,000 worth of appliances.

NILS are based in community organisations such as neighbourhood 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 provide low-income consumers with access to credit on fair and reasonable terms, 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; and
- 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 an income support payment. Typical borrowers are unemployed people, single mums, aged pensioners and people receiving the Disability Support Pension or Carer Allowance.

However, these loans 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 may not have the resources to make loan repayments and therefore are not suitable for NILS.

Do NILS really work?

Yes. On average, 95% of loans are repaid, allowing money to be recycled to further borrowers. The community base is critical to NILS success.

Additional information

For more information about NILS operating in each state and territory, visit the Good Shepherd Youth and Family Service Microfinance website: www.goodshepvic.org.au/microfinance; or contact the relevant state or territory COSS.



Saver Plus

Saver Plus is a program run by the Brotherhood of St Laurence and the ANZ Bank since 2003. It is funded by ANZ and FaHCSIA, with ANZ providing matched savings for program participants. The program is delivered in partnership with community organisations, including: Berry Street; The Benevolent Society; and The Smith Family. It is now available in approximately 60 communities across Australia.

Saver Plus assists families on low incomes to build responsible savings habits and to improve their financial literacy. Participants set a savings goal and are encouraged and assisted to achieve that goal. Once a participant has reached the goal, their savings are matched by ANZ, up to \$500. These matched savings can then be spent on vocational training for participants, or educational costs for their children.

Target group

Saver Plus is available to people who:

- hold a Centrelink Health Care Card or Pensioner Concession Card;
- are at least 18 years old;
- have some regular income from work; and
- are the parent or guardian of a child at school or are themselves attending or returning to vocational education.

Saver Plus features

Saver Plus offers:

- up to \$500 in matched savings;
- informal workshops for financial education, where participants are encouraged to share money ideas and tips and where they can discover new financial strategies; and
- assistance and support from a Saver Plus worker to establish a savings goal and to develop good savings habits.

Additional information

For more information about Saver Plus and to find out where Saver Plus is available, visit the Brotherhood of St Laurence website: www.bsl.org.au/Saver-Plus.aspx.



Financial literacy programs

Financial literacy is the ability to make informed and effective decisions about the use and management of money. According to the Smith Family, 44% of Australian families on incomes less than \$50 000 a year do not have the necessary skills to make good financial decisions. There are a number of financial literacy programs to help low-income Australians improve their money management skills.

MoneyMinded

MoneyMinded is an adult financial education program developed to help community educators and financial counsellors assist low-income Australians build their financial knowledge and make informed decisions about their money.

In 2003, the ANZ bank conducted the Survey of Adult Financial Literacy, which identified a strong link between socio-economic status and financial literacy levels. The research showed that people with the lowest financial literacy were more likely to:

- have lower education levels;
- be unemployed;
- receive lower incomes;
- have minimal savings; and
- be at both extremes of the age profile (18 to 24-year-olds and those aged 70 years and over).

As a result of this research, ANZ partnered with a range of community organisations and education experts including AFCCRA to develop the MoneyMinded program, which consists of two adult financial education programs:

- MoneyMinded workshops: delivered by financial counsellors and community educators, including The Smith Family, The Brotherhood of St Laurence, Anglicare and Mission Australia; and
- MoneyMinded online: information and resources delivered over the internet and available through workplace intranets.

MoneyMinded provides unbiased consumer education and is free from any ANZ branding or promotion of any financial institution's products or services.

Additional information

For more information about MoneyMinded, visit www.moneyminded.com.au.

Useful links

www.moneysmart.gov.au	The Financial Literacy Resources Australia website, hosted by the Australian government. This website includes practical information and resources on budgeting, saving, managing debt, investing and superannuation.
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Centrelink payments and services

Centrelink delivers a wide range of income support payments and services on behalf of a number of government departments. Most payments are income- and assets-tested and each one has different eligibility criteria. Claims can be lodged in person or posted to a Centrelink Customer Service Centre. Claims for some payments can be made online.

Intent to claim

ER workers can lodge an 'intent to claim' form with Centrelink on behalf of a client. Forms can be lodged in a number of ways:

- online (www.centrelink.gov.au): from the 'request a service' page select 'request a service for someone you know';
- by telephone: call the number for the relevant Centrelink payment ([see page 266 for a list of Centrelink phone numbers](#)); and
- in person at a Centrelink Customer Service Centre (see the Centrelink website or White Pages for contact details).

People must lodge their application for an income support payment within 14 days of notifying Centrelink of their 'intent to claim'. If they are eligible for the payment and lodge the application in time, their income support payment will be back-paid to the date the 'intent to claim' was lodged. If the person is unable to lodge their application within 14 days, contact Centrelink immediately as a time extension may be granted in special circumstances.

Waiting periods

It is important to note that many Centrelink payments have waiting periods that people must serve before payments begin.

Ordinary waiting period

The ordinary waiting period is seven days from the date the person lodges their application with Centrelink. Payments that incur the ordinary waiting period are Newstart Allowance and Sickness Allowance.

Newly arrived resident waiting period

Some newly arrived residents who are not refugees or humanitarian entrants have to wait two years before they can receive income support payments.

The newly arrived resident waiting period may be waived if a person claiming Special Benefit has suffered a substantial change in circumstances, which is beyond their control.



Income maintenance period

Clients that receive entitlements from their employers when leaving a job may have to serve an 'income maintenance period' before their income support payments commence. For example, annual leave, long service leave, sick leave and maternity leave entitlements. People who receive redundancy entitlements may also have to serve an 'income maintenance period'. Generally, income support payments start at the end of the time period covered by the leave entitlements.

The 'income maintenance period' applies to Newstart Allowance, Youth Allowance, Partner Allowance, Widow Allowance, Austudy, Parenting Payment, Sickness Allowance and Disability Support Pension (except for those who are permanently blind).

Liquid assets waiting period

People with liquid assets (cash) may have to serve a 'liquid assets waiting period' of up to 13 weeks. For clients with partners or dependent children, the liquid assets threshold is \$6,000; for singles, it is \$3,000. Liquid assets waiting periods can only be imposed once every 12 months and can be served at the same time as an 'income maintenance period'.

Seasonal work preclusion period

The 'seasonal work preclusion period' applies to intermittent, casual and contract workers who may earn higher than average wages from seasonal jobs. Applicants for Newstart Allowance, Partner Allowance, Carer Payment, Widow Allowance, Special Benefit, Disability Support Pension (except for the permanently blind), Sickness Allowance, Parenting Payment, Youth Allowance and Austudy are assessed for a 'seasonal work preclusion period'.

Moving to an area of low employment

If a person reduces their chances of getting a job by moving to an area of low employment (without good reason), Centrelink may impose a 26 week waiting period before starting income support payments.

Severe financial hardship

Clients in 'severe financial hardship' may not have to serve the 'ordinary waiting period', 'income maintenance period', 'liquid assets waiting period' or 'seasonal work preclusion period'. Centrelink regards 'severe financial hardship' as having savings less than the fortnightly rate of the income support payment applied for. People who have received another pension or allowance within the previous 13 weeks are also exempt from the 'ordinary waiting period'.

Types of Centrelink payments

Type	Income Support Payments	Supplementary Payments
Employment	Newstart Allowance Youth Allowance (Job Seeker) Partner Allowance +	Education Entry Payment Health Care Card Pension Concession Card Low Income Health Care Card Language, Literacy and Numeracy Program Pensioner Education Supplement Pharmaceutical Allowance Remote Area Allowance Rent Assistance Telephone Allowance Training Supplement Work for the Dole Supplement Youth Disability Supplement
Youth and Students	Youth Allowance Austudy Payment ABSTUDY Payment	Fares Allowance Low Income Health Care Card Pharmaceutical Allowance Relocation Scholarship Student Start-Up Scholarship Rent Assistance Remote Area Allowance Telephone Allowance Work for the Dole Supplement Youth Disability Supplement Assistance for Isolated Children (AIC) Pensioner Education Supplement ABSTUDY Pensioner Education Supplement
Seniors or Retired	Age Pension Widow Allowance Wife Pension#	Pension Supplement or Seniors Supplement Pensioner Concession Card or Commonwealth Seniors Health Card Bereavement Allowance Rent Assistance Pension Loans Scheme Remote Area Allowance
Families & Children	Parenting Payment (single and partnered) Double Orphan Pension	Family Tax Benefit (A&B) Child Care Benefit Child Care Tax Rebate ABSTUDY Pensioner Education Supplement Baby Bonus or Paid Parental Leave Child Support Scheme Health Care Card Jobs Education and Training Child Care Fee Assistance (JETCCFA) Maternity Immunisation Allowance Pensioner Education Supplement Rent Assistance

Type	Income Support Payments	Supplementary Payments
Disability & Carers	Disability Support Pension Sickness Allowance Wife Pension# Carer Payment	Carer Allowance Carer Supplement Mobility Allowance Education Entry Payment Pensioner Concession Card Pensioner Education Supplement Remote Area Allowance Rent Assistance Telephone Allowance Utilities Allowance Pharmaceutical Allowance Youth Disability Supplement
Rural, Regional and Remote	Exceptional Circumstances Relief Payment Interim Income Support for Farmers Interim Income Support for Small Business Transitional Income Support	Bass Strait Passenger Vehicle Equalisation Scheme Climate Change Adjustment Program Drought Assistance Exceptional Circumstances Advice and Retraining Grant Exceptional Circumstances Exit Grant Exceptional Circumstances Relocation Grant Murray-Darling Basin Irrigation Management Grant Professional Advice and Planning Grant Remote Area Allowance Tasmanian Freight Equalisation Scheme Tasmanian Wheat Freight Scheme
Housing		Rent Assistance
Crisis	Special Benefit	Crisis Payment Australian Government Disaster Recovery Program Education Entry Payment Health Care Card Pharmaceutical Allowance Remote Area Allowance Rent Assistance Telephone Allowance

+ No longer open to new entrants

No new grants of this pension since 1 July 1995

Rent Assistance

Rent Assistance may be payable to:

- pensioners;
- people with dependent children receiving more than the base rate of Family Tax Benefit Part A;
- people who have care of a child between 14% and 35% of the time and are not eligible for Family Tax Benefit Part A but meet other Family Tax Benefit requirements;
- people without dependent children receiving an income support payment and who:
 - are aged over 25 years;
 - are partnered; or
 - are aged less than 25 years (or less than 21 years for those on Disability Support Pension) and living permanently or indefinitely apart from parents or guardians.

To qualify for Rent Assistance a person must be paying more than a threshold amount for:

- private rent (excluding 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; or
- fees paid to moor a vessel that the person occupies as their principal home.

People who have a rental tenancy agreement with a state or territory housing authority are not eligible for Rent Assistance. However, sub-tenants in public housing may be able to receive Rent Assistance as long as the principal tenant pays market rent or has notified the housing authority that the sub-tenant is living there.

People who rent housing from community housing organisations may be eligible for Rent Assistance. This includes those living in community housing accommodation specifically provided for Aboriginal and Torres Strait Islanders, people with a disability and refugees.

Payment rates

Up-to-date information about eligibility requirements and payment rates can be found in the following places.

- The Centrelink website (www.centrelink.gov.au).
- 'Centrelink Information': a newsletter for community organisations (contact the local Centrelink Customer Service Centre to be put on the mailing list).
- 'A Guide to Australian Government Payments' booklet.

More information about Centrelink payments and other services is available from local Centrelink Customer Service Centres.

Advance payments

Centrelink clients may qualify for an advance of their income support payment if they have been receiving the allowance for at least three months. Advance payments must be paid back to Centrelink – they are not extra payments. Repayments are usually deducted from a person's income support payment over a 13-week period.

For more information on advance payments, visit www.centrelink.gov.au; or contact the local Centrelink Customer Service Centre.



Deductions from Centrelink payments

Deductions from Centrelink payments cannot happen without a person's consent unless they are subject to income management. A person can authorise deductions through Centrepay or the Rent Deduction Scheme. They can also negotiate with Centrelink's Debt Recovery unit to pay off their Centrelink debts by having a percentage or fixed amount deducted from their fortnightly payments.

Centrepay

Centrepay is a direct deduction system available to income support payment recipients. It allows them to direct a portion of their payment to participating organisations to which they owe money. Participating organisations include local councils, utility companies, the State Debt Recovery Office, childcare services and community and Aboriginal and Torres Strait Islander housing organisations.

How it works

- People can start, change, suspend or cancel Centrepay deductions by contacting the Centrelink Call Centre on their usual payment number.
- People who are registered with Centrelink Online Services can start, change or cancel their Centrepay deductions at www.centrelink.gov.au.
- Centrepay deduction forms are also available from Centrelink Customer Service Centres, Call Centres and some other service providers and organisations.

Rent Deduction Scheme

The Rent Deduction Scheme allows people living in public housing to have their housing payments (such as rent, loan repayments and arrears) deducted from their Centrelink payments and sent directly to their state or territory housing authority.

Consent forms to participate in the scheme can be obtained from local housing authority offices. Once completed, the form must be lodged with the housing authority, which will process the request. Participation in the scheme is voluntary.

People who are registered with Centrelink Online Services can view or cancel their government rent deductions online at www.centrelink.gov.au. Centrelink is not involved in determining the amount of rent paid or owed by a person. People who are unsure whether they are paying the correct amount of rent should contact their local Tenants Advice Service.



Appeals procedures, privacy and freedom of information

Reviews and appeals

General

If a person is unhappy about a decision that Centrelink has made about their entitlements, there are several steps they can take.

1. Discuss the matter with the Centrelink officer who made the original decision.
2. If the person is still unhappy with the decision, they can request a review by an Authorised Review Officer (ARO) at a Centrelink Customer Service Centre. An ARO is a senior and experienced person who has had no involvement in the case. An ARO review can be requested over the phone.
3. For most payments, ARO reviews should be requested within 13 weeks of being told about the original decision. If the review is decided in the person's favour, back payments will only be made if the request was lodged within the 13-week period. This does not apply to situations where decisions about debts to Centrelink are being reviewed. Reviews of some Family Tax Benefit decisions can be requested within 52 weeks of being told about the decision.
4. If a person is not satisfied with the decision of the ARO, they can apply to the Social Security Appeals Tribunal (SSAT) for a further review. The SSAT can only look at decisions that have been reviewed by an ARO. Again, there is a time limit of 13 weeks from the date of the ARO decision to lodge an appeal with the SSAT. Requests for SSAT reviews can be made in writing or over the phone.
5. If a person is unhappy with the SSAT decision, they can seek a review of the SSAT decision by applying to the Administrative Appeals Tribunal (AAT). Appeals must be lodged in writing within 28 days of receiving the SSAT decision, although a late appeal may be accepted in some situations.

It is important to note that appealing a Centrelink decision involves no fee, including appealing to the original decision maker, the ARO, the SSAT and the AAT. However, appealing a decision can be time-consuming and may involve loss of income (NWRN 2010a).

ABSTUDY and Assistance for Isolated Children decision reviews

AROs can also review decisions made about ABSTUDY and Assistance for Isolated Children payments. There is no time limit for requesting reviews of assessment decisions but requests about debt decisions should be lodged within three months.

If not satisfied with an ARO's decision, a person or someone acting on their behalf can appeal against an assessment decision to the Minister for Education, Employment and Workplace Relations; or against a debt decision through the steps outlined above.

Assessment appeals to the Minister must be made in writing and sent to:

Minister for Education, Employment and Workplace Relations
Parliament House
Canberra ACT 2600.

Professional Advice and Planning Grants, Murray-Darling Basin Irrigation Management Grants, Exceptional Circumstances Exit Grants, and Climate Change Assistance reviews

AROs can review decisions made about these grants. Review requests should be lodged within three months.

If not satisfied with an ARO's decision, a person can seek a further review by a member of the Rural Programs team in Centrelink's National Support Office.

The decision of the Rural Programs team is final, although the applicant can make a complaint to the Commonwealth Ombudsman, who can consider issues relating to whether the policy is 'unreasonable, unjust or improperly discriminatory'.

Legal assistance with appeals

People can be legally represented at any stage of the review and appeals process, but do not have to be. Many people have been successful at all stages without representation.

Advocates from Welfare Rights centres or state and territory Legal Aid Commissions can provide free advice and assistance to Centrelink customers who wish to have decisions about their entitlements reviewed.

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 about them by Australian government agencies.

Under the FOI Act, a person has a legal right to:

- see documents Centrelink holds about them and get copies of those documents;
- amend records containing personal information that is incomplete, incorrect, out of date or misleading; and
- see most manuals, rules, and guidelines that Centrelink uses to make decisions about the various legislation it administers.

Privacy

Centrelink is bound by a number of rules about the circumstances under which it can disclose information to others that it holds about a person.

If a person believes Centrelink has been wrong in the way it has collected or handled their personal information, they can contact the designated Centrelink Privacy Officer, who will look into the matter. If the allegations are correct, the officer will do whatever is needed to right the situation.

If the person is dissatisfied with the investigation, they can complain to the Federal Privacy Commissioner, who is independent from Centrelink.

Additional information

For more information about Centrelink's privacy policy, visit the Centrelink website: www.centrelink.gov.au; or call the Centrelink Privacy Officer on 1800 050 004 or TTY 1800 810 586.

For more general information about privacy, or to contact the Federal Privacy Commissioner, visit the Office of the Australian Information Commissioner: www.oaic.gov.au; or call 1300 363 992 or 1800 620 241.



Concession cards

Some people on low incomes may also be eligible for a concession card. Centrelink issues three types of concession and health care cards which provide a range of benefits.

1. Health Care Card: for people receiving certain payments from Centrelink or who have a low income. There is also a foster child Health Care Card and an ex-Carer Allowance (Child) Health Care Card.
2. Pensioner Concession Card: for people receiving a pension or certain other payments from Centrelink.
3. Commonwealth Seniors Health Card: for people who have reached Age Pension age but do not qualify for the Pension.

All three cards entitle cardholders to reduced-cost medicines under the Pharmaceutical Benefits Scheme (PBS). Health Care Cards and Pensioner Concession Cards also entitle cardholders to a range of additional subsidies including health, transport and educational concessions. These concessions vary from state to state.

Health Care Card and Pensioner Concession Card

These cards are issued through Centrelink. They cover:

- prescription medicines through the PBS – a subsidy for prescription medicines; and
- some state, territory and local government services or payments.

Commonwealth Seniors Health Card

This card saves money on prescription medicines through the PBS. Once the Safety Net threshold is reached, prescriptions are free. As of 1 January 2011, this threshold is \$336.

Additional information

For more information about Centrelink concession cards, pick up a copy of the 'Guide to Centrelink Concession Cards' brochure from the local Centrelink Customer Service Centre or look up the publication at www.centrelink.gov.au.



Guide to Centrelink concessions

Concession type	Eligible card type
Prescription medicines listed on the PBS at the concessional rate.	Pensioner Concession Card* Health Care Card* Commonwealth Seniors Health Card.
Bulk-billed general practitioner consultations (at doctors' discretion)	Pensioner Concession Card** Health Care Card** Commonwealth Seniors Health Card
The extended Medicare safety net provides increased benefits for out-of-pocket, out-of-hospital medical expenses above a certain threshold. Holders of concession cards are eligible for the lower threshold of the extended Medicare safety net.	Pensioner Concession Card* Health Care Card* Commonwealth Seniors Health Card
Assistance with certain hearing services such as hearing tests and hearing aids. For more information call Australian Government Hearing Services on 1800 500 726 .	Pensioner Concession Card* Health Care Card (SA)*
Discounted mail redirection through Australia Post.	Pensioner Concession Card Health Care Card (SA)
Australian government concessions on Great Southern Rail Services. Contact Trainways on 13 21 47 .	Pensioner Concession Card Commonwealth Seniors Health Card

* This concession is also available to dependants of the cardholder.

** This concession may be available to dependants at the provider's discretion.

(SA) This concession is only available to holders of the Health Care Card who are receiving Sickness Allowance.

Centrelink services



Specialist officer or service	How they can help
Centrelink Access Points	Self-help facilities located in rural and remote areas with telephones, fax machines, photocopiers and Centrelink forms. To find the nearest Access Point, visit: http://centrelink.findnearest.com.au .
Centrelink Agents	Assist Centrelink to deliver services in rural and remote areas. Centrelink Agents are located in community organisations. They are not Centrelink staff and cannot make payments or decisions about payments. Over 375 Centrelink Agents operate across Australia. To find the nearest Centrelink Agent, visit: http://centrelink.findnearest.com.au .
Centrelink Community Officers	Provide outreach services to homeless people. Community Officers provide information and assistance with income support payments and referrals to specialist services. For information about how to find a local Community Engagement Officer, contact the local Centrelink Customer Service Centre.
Australian Government Drought Assistance Mobile Service (Drought Bus)	Provides information and assistance to drought-affected families and communities. Buses are staffed by Centrelink Rural Services Officers, Customer Service Advisors, Social Workers and Medicare Australia employees. For more Information about the Drought Bus, call the Drought Assistance Hotline: 13 23 16 .
Financial Information Service (FIS)	Assists people to make informed decisions about investment and financial issues. Services are provided by phone, appointment and seminars. To speak to a FIS officer over the phone or to make an appointment for a face-to-face interview, call 13 23 00 .
Indigenous Call Centres	Provide access to Centrelink services for Aboriginal and Torres Strait Islanders who live in remote areas or do not have direct access to Customer Service Centres. For more information, call 13 63 80 .
Indigenous Customer Service Officers and Indigenous Specialist Officers	Assist Aboriginal and Torres Strait Islanders to access Centrelink services and get the correct entitlements. To contact an Indigenous Officer or Specialist Officer, ask at the local Centrelink Customer Service Centre.

Centrelink services (continued)

Specialist officer or service	How they can help
Multicultural Service Officers	Assist people from CALD backgrounds to access Centrelink services. To contact a Multicultural Service Officer, ask at the local Centrelink Customer Service Centre.
Centrelink Multilingual Call	Allows a person to speak directly to Centrelink officers in their own language between 8am and 5pm. To use this service, call 13 12 02 . If this service is not appropriate for a person, they can ask to make an appointment to speak to a Centrelink officer face-to-face with an interpreter at their local Customer Service Centre.
Rural Services Officers	Assist people in rural communities access Centrelink services. To speak to a Rural Service Officer, call 13 23 16 .
Social workers	Provide counselling, support and referrals. To speak to a social worker over the phone or to make an appointment for a face-to-face interview, call 13 17 94 .
Visiting services	Provides outreach services to select rural and remote locations. For example, appointments, information about entitlements and eligibility, general advice and help with forms. For more information about visiting services, contact the local Centrelink Customer Service Centre.

Contacting Centrelink

Contact with Centrelink can be made in person, in writing, by telephone or online.

Some appointments must be conducted face-to-face under the terms of an Employment Pathway Plan or as part of Activity Test or participation requirements.

People can also register for online services including updating employment income and other details, receiving letters and requesting documents and concession cards. Registration is voluntary and can be terminated at any time.

Centrelink Telephone Numbers

Employment Services	13 28 50
Job Services Australia	13 62 68
Report Employment Income	13 32 76
Seniors/Retirement (including the Financial Information Service)	13 23 00
Complaints (including the Centrelink Privacy Officer)	1800 050 004
Family Assistance Office, Parenting Payment	13 61 50
Disability, Sickness and Carers	13 27 17
Languages other than English (Centrelink Multilingual Call)	13 12 02
Apprenticeships	13 36 33
Australian Government Drought Assistance Hotline	13 23 16
Murray-Darling Basin Assistance and Referral Line	1800 050 015
Farmer Assistance	1800 050 585
Teletypewriter for Hearing Impaired (TTY)	1800 810 586
Youth Services and Austudy Payment	13 24 90
ABSTUDY	13 23 17
Indigenous Call Centre	13 16 73
Debt Recovery	13 63 30
Centrelink International Services	13 16 73
Income Management	13 25 94
BasicsCard Balance	1800 057 111
Online Services Support	13 23 07

Additional information

To find a range of publications about Centrelink payments and service, visit www.centrelink.gov.au.



Other Commonwealth programs

Help to return to work, education or training

A range of Australian government departments provide services to help people find full-time, part-time or community work, or to access education or training, including the Department of Education, Employment and Workplace Relations (DEEWR), Centrelink, and the Department of Immigration and Citizenship (DIAC).

Type of support	How it can help
Adult Migrant English Program (AMEP)	Provides free English classes for eligible migrants and refugees. For more information, visit the DIAC website: www.immi.gov.au .
Australian Apprenticeships	Combines practical training and coursework to provide nationally recognised qualifications and experience. DEEWR contracts Australian Apprenticeships Centres to provide Australian Apprenticeships support services to interested persons. For more information, visit www.australianapprenticeships.gov.au or call 13 36 33 .
Australian Apprenticeships Access Program	Provides 150 hours of pre-vocational training and 13 weeks intensive job search assistance for people having difficulty finding skilled employment. For more information, visit www.accesstraining.dest.gov.au ; or call 13 28 50 (Centrelink Employment Services) or 13 24 90 (Centrelink Youth and Students Line).
Australian Disability Enterprises	Provides work opportunities with commercial businesses for people with disability, across Australia. For more information, visit www.australiandisabilityenterprises.com.au .
Australian Education International-National Office of Overseas Skills Recognition (AEI-NOOSR)	Helps migrants and refugees get their overseas skills recognised in Australia. For more information, call 1300 363 079 .
Career Advice Line	Provides free professional career advice over the telephone from anywhere in Australia. For more information, call 13 17 64 (8am to 6pm, Monday to Friday).
Community Development Employment Projects (CDEP)	Helps Aboriginal and Torres Strait Islander job seekers gain the skills, training and capabilities needed to find sustainable employment. For more information, call the Indigenous Coordination Centre: 1800 079 098 .
Career Planning	Assists in identifying skills, exploring career options, and developing personal plans to achieve employment goals. For more information, call 13 17 64 .





Other Commonwealth programs (continued)

Type of support	How it can help
Disability Management Service	Assists job seekers with a disability, injury or health condition who need the help of a disability employment service to find a job but who are not expected to need long-term support in the workplace. For more information, visit www.centrelink.gov.au .
Drought Force	Part of the Work for the Dole program. Helps drought-affected farmers meet workforce needs and maintain the pool of farm labour within a region. For more information, visit www.centrelink.gov.au .
Education Entry Payment	A one-off Centrelink payment to help with the upfront costs of study, for example buying books and paying student union and course fees.
Harvest Trail	Helps people find work as harvest labourers in rural and regional areas across Australia. Harvest work is available throughout the year when there are insufficient local workers to harvest fruit and vegetable crops. For more information, visit http://jobsearch.gov.au/harvesttrail ; or call 1800 062 332 .
Green Corps	Green Corps helps to conserve, preserve and restore the Australian environment while providing jobseekers with opportunities to enhance their skills. Green Corps activities are hosted by not-for-profit organisations or local, state, territory, or Australian government organisations and agencies. For more information, visit www.deewr.gov.au/jobservicesaustralia or call 13 17 64 .
Job Search Facilities	JobSearch Kiosks and phones are available in the reception areas of most Job Services Centres.
Job Services Australia (JSA)	Provides employment services in more than 2000 locations across Australia. Providers work with individuals to create an Employment Pathway Plan tailored to individual needs. For more information, visit www.deewr.gov.au/jobservicesaustralia ; or call 13 17 64 .
Language, Literacy and Numeracy Program	Provides free training to improve reading, writing or mathematics skills. For more information, visit www.deewr.gov.au/jobservicesaustralia ; or call 13 17 64 .
New Enterprise Incentive Scheme (NEIS)	Run by Job Services Australia. Helps unemployed people to start and run a small business. NEIS provides accredited small business training, business advice and mentoring for eligible job seekers, as well as ongoing income support for up to 52 weeks. For more information, visit www.deewr.gov.au/jobservicesaustralia ; or call 13 17 64 .

Other Commonwealth programs (continued)



Type of support	How it can help
myfuture	Helps people explore jobs, find training and education courses, and identify interests, skills and experience. It includes a personalised career exploration service that allows people to record interests, skills and experience in order to develop a career profile. For more information, visit www.myfuture.edu.au .
Pensioner Education Supplement (PES) and ABSTUDY Pensioner Education Supplement	Helps with the cost of study. Centrelink's 'Education Payment Rates' fact sheet provides information about supplement amounts.
Productivity Places Program	Provides places in training courses delivered by registered training organisations where individuals can gain new qualifications or upgrade existing qualifications. For more information, visit www.deewr.gov.au/jobservicesaustralia ; or call 13 17 64 .
Relocation	Assists people to move to another area where there is a greater chance of finding work. Must be approved by an employment service provider.
Structured Training and Employment Program (STEP)	An Aboriginal and Torres Strait Islander-specific employment program that brings together job seekers, private employers, community organisations and government departments to support sustainable, long-term, paid employment for Aboriginal and Torres Strait Islanders.
Voluntary Work	Helps job seekers develop or expand skills and knowledge while contributing to the workforce. Job seekers aged between 18 and 59 years are eligible for Voluntary Work. A broad range of not-for-profit organisations can host job seekers in Voluntary Work placements. For more information, visit www.deewr.gov.au/jobservicesaustralia ; or call 13 17 64 .
Work for the Dole	Provides work experience opportunities in activities that are valued by local communities. All Work for the Dole participants receive a supplement to help them meet the cost of participating in the program.
Working Credit	Allows people to keep more of their income support payment when they start work.



HOME Advice Program

The Household Organisational Management Expenses (HOME) Advice Program assists families who face difficulty in maintaining tenancy or home ownership due to personal or financial circumstances. The program's early intervention approach aims to prevent families from using crisis accommodation services.

FaHCSIA delivers the HOME Advice Program through a partnership with Centrelink and community organisations in each state and territory. Each site delivers the service to families within the relevant Centrelink Customer Service Centre area boundary.

Additional information

Operational guidelines for the HOME Advice Program are available on the FaHCSIA website at www.fahcsia.gov.au For more information email HOMEAdvice@fahcsia.gov.au.

Home and Community Care (HACC) Program

The Home and Community Care (HACC) Program is a joint Australian, state and territory government initiative. It provides domestic assistance, personal care, professional allied health care and nursing services to older Australians, young people with a disability and carers. HACC aims to help people to be more independent at home and in the community and to reduce the potential or inappropriate need for admission to residential care.

Services funded by HACC

- Nursing care.
- Allied health care.
- Meals and other food services.
- Domestic assistance.
- Personal care.
- Home modification and maintenance.
- Transport.
- Respite care.
- Counselling, support, information and advocacy.
- Assessment.

The Australian government provides approximately 60% of funding for the program and maintains a broad strategic policy role. The remaining funding is provided by state and territory governments, who are the primary points of contact for HACC service providers and consumers. State and territory governments are also responsible for program management, including the approval and funding of individual HACC services in their jurisdictions.

For more information about HACC programs and for state and territory contact details visit the Australian government Department of Health and Ageing website: www.health.gov.au.



National Affordable Housing Agreement (NAHA)

The National Affordable Housing Agreement (NAHA) aims to ensure that all Australians have access to affordable, safe and sustainable housing that enhances their capacity for social and economic participation.

The NAHA is an agreement by the Council of Australian Governments (COAG) that commenced on 1 January 2009 and is a whole-of-government approach to tackling the problem of housing affordability.

Through the NAHA, the Australian, state and territory governments have also committed to a range of reforms that are designed to improve housing affordability, including:

- improving integration and coordination of assistance to people who are homeless or at risk of homelessness;
- improving social housing arrangements to reduce concentrations of disadvantage and improve the efficiency of social housing;
- improving access by Aboriginal and Torres Strait Islanders to mainstream housing, including home ownership, and contributing to the 'Closing the Gap' targets; and
- other reforms to increase the supply of affordable housing.

The NAHA also details the contributions by all levels of government towards achieving the following outcomes:

- people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion;
- people can rent housing that meets their needs;
- people can purchase affordable housing;
- people have access to housing through an efficient and responsive housing market; and
- Aboriginal and Torres Strait Islanders have improved housing amenities and reduced overcrowding, particularly in remote areas and discrete communities.

The NAHA will provide \$6.2 billion worth of housing assistance to low- and middle-income Australians in its first five years.

Reconnect

The Reconnect program is funded by FaHCSIA. It uses community-based early intervention programs to assist young people aged 12 to 18 years who are homeless or at risk of homelessness and their families. Reconnect aims to help young people stabilise their living situations, achieve family reconciliation and improve their engagement with family, work, education, training and the community.

From 1 July 2009, the Newly Arrived Youth Support Services (NAYSS) became part of the Reconnect program. These services support young people aged 12-21 years who are at risk of homelessness and have arrived in Australia in the past five years on humanitarian and family visas.

Reconnect attempts to break the cycle of homelessness by providing counselling, mediation and practical support to the whole family. Reconnect providers also use specialist services to target individual client needs, such as specialised mental health services.

Additional Information

Operational guidelines for Reconnect services, research publications and an Induction Kit are available on the FaHCSIA website: www.fahcsia.gov.au. For more information, call FaHCSIA on 1800 813 750 or email reconnect@fahcsia.gov.au.

Specialist Homelessness Services (SHS)

The Supported Accommodation Assistance Program (SAAP) was replaced by the NAHA in January 2009. SAAP providers are now known as 'Specialist Homelessness Services' (SHS). They provide supported accommodation and related assistance to people who are homeless or at risk of homelessness as a result of crisis, to move towards stable and sustainable housing and social and economic participation in the community.

Youth Portal

A web-based resource to find Australian government programs and services for young people. The Youth Portal provides access to the latest research and publications about young people and details about Australian and international youth events. For more information, visit www.youth.gov.au.



Non-government assistance programs

Telstra Bill Assistance Program (TBAP)

What is the TBAP?

TBAP provides assistance to Telstra customers who are experiencing a financial crisis and are unable to pay their Telstra home telephone bill. Under the program, Telstra issues TBAP Certificates to approved welfare organisations, which are used as bill adjustments against current and outstanding bills. These organisations have the discretion to issue one or more TBAP Certificates to eligible customers.

Who can apply for TBAP assistance?

Telstra customers who live in Australia and have a fixed home telephone account with Telstra can apply for TBAP assistance. If customers are unable to make an application for TBAP assistance, an authorised representative can make the application on their behalf, including welfare and ER workers.

How are applications assessed?

Welfare organisations assess applications for TBAP in the same way they assess clients' needs for other assistance, such as cash, food, clothes and assistance with other utility bills.

Telstra respects the independence of each organisation's assessment. Organisations' decisions to issue or not issue a TBAP .OCertificate to an applicant are final.

Conditions

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; and
- to the extent that the bill relates to the home phone usage of farming families, a Telstra home phone service listed under a farming business name.

TBAP Certificates may NOT be applied against:

- the business usage of the phone service;
- a mobile phone service; or
- letters of demand or other documents from debt collection companies; TBAP certificates must not be sent to debt collection agents.

Disconnected services and debt collection

Debt collection agents will not accept TBAP Certificates. Where disconnection has taken place or is about to take place, customers should ring Telstra Credit Management Services on 1800 816 025 to determine if TBAP Certificates can be used 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 lead distributing organisations for TBAP. Clients can be referred to their local outlets in the first instance.

In addition, there are approximately 200 smaller community organisations across Australia that distribute TBAP certificates. Local emergency relief network should be able to provide contact details for these organisations.

Other Telstra programs and services

Telstra phone card™ and PhoneAway® Card Assistance Program

The Telstra phone card™ and PhoneAway® Card assistance Program provides pre-paid Telstra phone cards and PhoneAway cards to eligible people, including people who are homeless or transient, experiencing financial hardship or are in a crisis situation.

Telstra funds the card program and participating community organisations distribute the cards.

Telstra MessageBox

Telstra MessageBox is a messaging service that helps eligible customers without a working phone to keep in touch with families, friends and carers. Welfare organisations can apply to join this program in order to enable eligible customers to access MessageBox services from their premises.

Telstra Sponsored Access Program

The Sponsored Access Program aims to provide phone services for people living in emergency accommodation. This service allows incoming calls, excluding reverse charge calls, and outgoing calls to some emergency service numbers and Telstra customer assistance numbers.

Additional information

For more information about TBAP, MessageBox, 'Access for Everyone' and the Sponsored Access Program, visit the 'Access for Everyone' page of the Telstra website: www.telstra.com.au; or call Telstra Consumer Affairs on 1800 804 591.

For customer assistance regarding the above services call 1800 606 616.



Foodbank

Foodbank Australia is a not-for-profit, non-denominational organisation that distributes food and grocery industry donations to welfare organisations. Foodbank is a national organisation with distribution centres in New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Northern Territory. There are also satellite warehouses in some regional centres.

Foodbank provides a link between the food and grocery industry and the welfare sector. Food and grocery manufacturers, producers and growers deliver their donations to Foodbank warehouses, where the food is sorted, collected and distributed by welfare organisations throughout Australia. The food is used to prepare mass meals or for distribution in food parcels and helps feed over 70,000 Australians a day.

- Over 2,200 welfare organisations rely on Foodbank to help them feed almost two million vulnerable Australians every year. They count on Foodbank to provide a reliable source of food and groceries and help them to stretch their budgets further.
- Last year Foodbank distributed over 19 million kilograms of donated food, which met only part of the need. Foodbank's target for 2013 is 50 million kilograms.
- Over 500 companies around Australia regularly donate food and groceries to Foodbank.

For more information, visit the website: www.foodbank.com.au.

NSW

Foodbank NSW services over 450 welfare organisations in NSW who are registered members and are involved in food assistance programs.

For more information, visit the website: www.foodbanknsw.org.au; or call (02) 9756 3099.

QLD

Foodbank QLD distributes over 600,000 kilograms of essential food products per month to charitable and welfare organisations throughout the state.

For more information, visit the website: www.foodbankqld.org.au or phone (07) 3395 8422.

SA

Foodbank SA provides food for 535 welfare organisations throughout the state. Member organisations help Foodbank meet operating costs by paying a nominal fee for food – approximately 20% of the retail price. Membership is open to all welfare organisations providing food assistance to disadvantaged people. Organisations must carry public and product liability insurance (minimum \$10 million) and are required to update their Foodbank membership information annually.

For more information, visit the website: www.foodbanksa.com.au or phone (08) 8351 1136.





VIC

VicRelief Foodbank is an independent, not-for-profit organisation that aims to deliver nutritious, healthy food to individuals and families experiencing hardship within Victoria. VicRelief Foodbank has a network of over 480 registered community organisations, which include welfare agencies, schools and local resource centres.

For more information, visit the website www.vrfb.com.au or phone (03) 9362 8302.

WA

Foodbank WA is a not-for-profit, non-denominational organisation which has a 'whole of community' focus.

For further information, visit the website www.foodbankwa.org.au or phone (08) 9258 9277.

Other states

Foodbank NT: (08) 8981 1101.

Foodbank Tasmania: (03) 6229 4771.

Woolworths Food Rescue Program

In January 2010 Woolworths launched the Fresh Food Rescue program, a campaign to rescue surplus fresh food from the waste stream and turn it into meals for the needy.

The Woolworths Fresh Food Rescue campaign supports welfare organisations by:

- expanding fresh food rescue and food donation schemes from Woolworths stores to welfare organisations – Woolworths aims to substantially increase its partnerships with local welfare organisations and soup kitchens and is actively seeking new community partners to work with across the country; and
- building additional capacity amongst welfare organisations through a major grants scheme – Woolworths will contribute \$2 million to help welfare organisations expand their operations and ensure thousands more people can access healthy, nutritious food.

Additional Information

For more information, visit the 'Community' page of the Woolworths website: www.woolworths.com.au; or email Leanne Wrigley at lwrigley@woolworths.com.au.

National resource directory

Government resources

Australian government portal

Website: www.gov.au

This website provides a portal to Australia's federal, state and territory websites.

Centrelink

Website: www.centrelink.gov.au

Phone: See list of Centrelink telephone numbers on [page 266](#).

Commonwealth Respite and Carelink Centre

Website: <http://www9.health.gov.au/ccsd/>

Phone: 1800 052 222

Commonwealth Respite and Carelink Centres are information centres for older people, people with a disability and those who provide care and services. Centres provide free and confidential information on community aged care, disability and other support services available anywhere within Australia. The network of 54 Commonwealth Respite and Carelink Centres has around 65 'walk-in' shopfronts throughout Australia.

CRS Australia

Website: www.crsaustalia.gov.au

CRS helps people with a disability, injury or health condition find employment. CRS works in partnership with employers to find staff. It is part of the Australian government Department of Human Resources.





Department of Education, Employment and Workplace Relations (DEEWR)

Website: www.workplace.gov.au

Employment Services Information Line: 13 62 68

Employment Services Customer Service Line: 1800 805 260

Disability Employment Network or Vocational Rehabilitation Services customers:

1800 880 052

TTY: 1800 301 130

National Relay Service Freecall: 1800 555 677

DEEWR is a federal government agency that works with clients and stakeholders on education and workplace training, transition to work and conditions and values in the workplace.



Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)

Website: www.fahcsia.gov.au

Phone: 1300 653 227

PO Box 7576, Canberra Business Centre ACT 2610

FaHCSIA is the federal government department responsible for families, housing, community services and Indigenous affairs.



Department of Health and Ageing

Website: www.health.gov.au

Phone: 1800 020 103

GPO Box 9848, Canberra ACT 2606

The federal Department of Health and Ageing aims to provide better health and active ageing outcomes for all Australians through evidence-based policy advice, improving program management, research, regulation, and partnerships with other government agencies, consumers and stakeholders.



Department of Veterans Affairs (DVA)

Website: www.dva.gov.au

Phone: 1300 555 735

PO Box 21, Woden ACT 2606

The DVA provides help a range of assistance to people who are serving or have served in the Australian defence forces.

Disability Employment Services (DES)

Website: www.deewr.gov.au/Employment/Programs/DES

DES is targeted at job seekers with a permanent disability who need ongoing support to find and maintain employment.

Disability Rights

Website: www.humanrights.gov.au/disability_rights

The Australian Human Rights Commission leads the implementation of the *Disability Discrimination Act 1992*. This act makes disability discrimination unlawful and aims to promote equal opportunity and access for people with disabilities.

Health Insite Disabilities

Website: www.healthinsite.gov.au

This website provides information about a range of psychological and physical disabilities as well as information about rehabilitation and caring for people with disabilities.

Social Security Appeals Tribunal (SSAT)

Website: www.ssat.gov.au

Phone: 1800 011 140 / (03) 8626 4923

GPO Box 9943 in your capital city

The SSAT conducts independent reviews of Centrelink decisions about income support payments, family assistance, education or training and parental leave payments. It is also the first level of external review for most decisions made by the Child Support Agency. It aims to provide a review mechanism that is fair, just, economical, informal and fast.

Translating and Interpreting Service (TIS)

Website: www.immi.gov.au/tis

Phone: 131 450

The Translating and Interpreting Service, or 'TIS National', is funded by DIAC for Australian permanent residents who do not speak English and for individuals and organisations who need to communicate with them. Requests can be made for male or female interpreters when needed. TIS interpreters are insured, have undertaken an Australian Federal Police check, and are bound by the Australian Institute of Interpreters and Translators (AUSIT) Code of Ethics.



Veterans' Home Care

Phone: 1800 555 254

Veterans' Home Care is a program managed by the DVA to help veterans, war widows and widowers enjoy a healthier lifestyle and remain living at home longer. Services are similar to HACC services, and include help in the home, personal care, home maintenance and respite care.

Fundraising and grant resources

FaHCSIA Volunteer Grants

Website: www.fahcsia.gov.au

FaHCSIA Volunteer Grants are awarded annually to help organisations support their volunteers. The grants of \$1000-\$5000 can be used to provide training in basic first aid, mental health first aid, or leadership skills; to purchase basic equipment to support volunteers in their work; or to reimburse out-of-pocket expenses that volunteers incur in the course of their work, such as fuel costs.

Check the 'News & Events' page of the FaHCSIA website regularly for details about when and how to apply for these grants.

GrantsLINK

Website: www.grantslink.gov.au

The GrantsLINK directory is operated by the Australian government Department of Regional Australia, Regional Development and Local Government. It has information about federal, state and local government grants, including links and contact details for funding programs.

Local council grants

A growing number of local councils offer ER grants.

Our Community

Website: www.ourcommunity.com.au

The Our Community 'Community Funding Centre' provides free help sheets, services, newsletters, books and training to help community organisations improve their fundraising abilities, including preparing successful grant applications. Community organisations can purchase subscriptions to the 'Easy Grants Newsletter', which provides access to the Our Community online grants database.

Philanthropy Australia

Website: www.philanthropy.org.au

Philanthropy Australia is the national peak body for philanthropy and is a not-for-profit membership organisation. It provides information for a range of grant-making organisations, individual givers, and organisations seeking funding. Charitable organisations in search of funding can purchase an annual subscription to the Australian Directory of Philanthropy Online. The directory includes an alphabetical listing of over 350 grant-making organisations, their fields of interest, eligibility requirements and application procedures. It also includes additional information about preparing submissions and applying for grants. At January 2011, annual subscriptions cost \$90.



Community resources



ACOSS (Australian Council of Social Service)

Website: www.acoss.org.au

Phone: (02) 9310 6200

Email: info@acoss.org.au

Locked Bag 4777, Strawberry Hills NSW 2012

ACOSS is the peak council for the community and social services sector.



Australian Institute for Community Practice and Governance

Website: www.ourcommunity.com.au/management

This organisation is part of Our Community and provides accredited training, workshops and conferences designed specifically for workers, board members and supporters of community organisations. Participants receive official recognition of their participation, as well as ongoing access to a range of resources to assist continued learning.

Training events are scheduled throughout the year all around Australia and individual programs can be designed and delivered to meet specific needs.



Federation of Ethnic Communities' Councils of Australia (FECCA)

Website: www.fecca.org.au

Phone: (02) 6282 5755

Email: admin@fecca.org.au

Fax: (02) 6282 5734

FECCA House 1/4 Phipps Close, Deakin ACT 2600

FECCA is the peak national body for Australians from CALD backgrounds. FECCA advocates, lobbies and promotes issues on behalf of its constituency.



Homelessness Australia

Website: www.homelessnessaustralia.org.au

Homelessness Australia is the peak national body working to prevent and respond to homelessness in Australia. It advocates for people who are homeless, aims to represent the interests of more than 1300 homeless assistance services and contributes to policy development and the evaluation of Australia's homelessness service system.

Independent Social Security Handbook Online

Website: www.welfarerights.org.au/pages/issb.aspx

The Independent Social Security Handbook provides community workers with a guide to the main aspects of the social security system. It is updated every quarter in order to take into account the most recent changes to social security law and its administration. The Handbook includes information about all income support payments, debts and appeals.

Annual subscriptions to the online Handbook cost \$99 for community organisations. Subscriptions in Tasmania and Queensland are free.

Multicultural Mental Health Australia (MMHA)

Website: www.dhi.gov.au/Multicultural-Mental-Health-Australia/Multicultural-Mental-Health-Australia/default.aspx

MMHA is a national program funded by the Australian government to improve awareness of mental health and suicide prevention in CALD communities.

National Association of Community Legal Centres (NACLC)

Website: www.nacalc.org.au

The NACLC is the association of state community legal centres in Australia. Community legal centres (CLCs) are independent, not-for-profit community organisations that provide free legal services to the public. For information and contact details for state and territory community legal centres, visit the NACLC website.

National Legal Aid

Website: www.nla.aust.net.au

National Legal Aid represents the directors of each of the eight state and territory Legal Aid Commissions in Australia. The website includes links to the Legal Aid website in each state and territory.

National Shelter

Website: www.shelter.org.au

National Shelter is a peak non-government organisation that aims to improve housing access, affordability, appropriateness, safety and security for people who are on low incomes, or who face disadvantage in the housing system. National Shelter works towards this goal by influencing government policy and action, and by raising public awareness about housing issues.





National Welfare Rights Network (NWRN)

Website: www.welfarerights.org.au

NWRN is a network of community legal centres throughout Australia. These centres specialise in social security law and Centrelink's administration of this law.

NWRN member organisations operate Welfare Rights centres and services in every state and territory. These centres aim to reduce poverty, hardship and inequality in Australia by:

- providing casework advice and assistance to individuals to ensure they can exercise their rights, fulfil their obligations, meet their responsibilities and maximise their entitlements under the Australian social security system; and
- advocating for the maintenance of a social security system that has rights and entitlements, obligations and responsibilities, that are detailed under and protected by law.

NWRN's member organisations provide direct phone assistance to clients and conduct training and education programs for community workers. NWRN members also produce publications that help income support payment recipients and community organisations to understand the system. The NWRN also analyses policy and lobbies to improve the social security system and its administration.

Settlement Council of Australia (SCOA)

Website: www.scoa.org.au

Phone: (02) 8065 5225

Email: eo@scoa.org.au

Fax: (02) 9281 7741

Suite 333 410 Elizabeth Street Surry, Hills NSW 2010

SCOA, previously the National Council of Migrant Resource and Settlement Agencies (NCMRSA), provides information and advice about migrant and refugee settlement issues, settlement planning, service delivery and related policy and program matters. SCOA works closely with DIAC and a range of other government and non-government organisations.

Service Seeker

Website: www.serviceseeker.com.au

Searchable electronic directory of community services in each Australian state and territory, including health and welfare directories.



Spontaneous Volunteer Management Resource Kit

In 2010, the Australian Red Cross developed the Spontaneous Volunteer Management Resource Kit as part of a project funded by FaHCSIA to develop a framework for managing spontaneous volunteers in an emergency. The Kit offers a range of resources to help support regional and local authorities and organisations that engage spontaneous volunteers as part of their emergency management response as well as providing tools for community organisations who take on a new role in the aftermath of an emergency.

For organisations that choose not to use spontaneous volunteers in emergency situations, the kit offers tools to manage and redirect offers of help, enabling them to focus on their primary role in an emergency.

The resource kit is available online and in PDF format from the 'volunteer' page of the FaHCSIA website: www.fahcsia.gov.au. To request a hard copy of the resource kit, email: recoveryops@fahcsia.gov.au.

Volunteering Australia

Website: www.volunteeringaustralia.org

Volunteering Australia is the national peak body working to advance volunteering in the Australian community. Its role is to represent the diverse views and needs of the volunteering sector while promoting the activity of volunteering as one of enduring social, cultural and economic value.

Volunteering Australia provides a range of information and advice for volunteers and the organisations that employ them.

You can find additional information about the National Volunteer Standards in [Part 3 of the Handbook at page 168](#).

Women with Disabilities Australia (WWDA)

Website: www.wwda.org.au.

WWDA is the peak organisation for women with disabilities in Australia. WWDA aims to increase awareness of, and address issues faced by, women with disabilities in the community. WWDA produces an online information and referral directory to help women with disabilities find services and organisations that are available to assist them.



Crisis and counselling resources

Domestic Violence & Sexual Assault Helpline: 1800 200 526

This service provides qualified telephone counsellors for people who have experienced domestic violence or sexual assault. Available 24 hours.

Family Relationship Advice Line: 1800 050 321

The Family Relationship Advice Line is a national telephone service that provides information and referral to services that can help strengthen relationships, overcome relationship difficulties or deal with separation.

Kids Helpline: 1800 551 800

Website: www.kidshelpline.com.au

Kids Helpline offers counselling to young people aged 5 – 25. Counselling is offered by phone, email and over the web. Over 6,000 calls are responded to each week, with issues ranging from the breakdown of relationships and bullying to sexual abuse, homelessness, suicidal thoughts and drug or alcohol use.

The service tries to empower young people by helping them to:

- develop options;
- identify and understand the consequences of a particular course of action;
- facilitate more productive relationships with family and friends; and
- provide information on local support services.

Kids Helpline counsellors are fully qualified professionals who undergo additional accredited training at Kids Helpline.

Lifeline Australia: 13 11 14

Website: www.lifeline.org.au

Lifeline provides 24 hour crisis support, suicide prevention and mental health services.

The issues that people call Lifeline about include family and relationship issues; mental health concerns; suicide prevention and support; abuse and violence; loneliness; and life direction issues.

Lifeline also provides suicide prevention and suicide 'first aid' training through Livingworks. For more information, visit: www.lifeline.org.au/learn_more/livingworks; or phone (02) 6215 9499.



ReachOut:

Website: au.reachout.com

ReachOut is a web-based service that aims to improve young people's mental health and wellbeing by providing support, information and referrals in a youth-friendly format. It provides information and support about: mental health, drug and alcohol, family issues, friends and relationships, eating disorders, loss and grief, safe sex and pregnancy, safety and violence, school and university, coming out, work, and leaving home.

Relationships Australia

Website: www.relationships.com.au

Phone: 1300 364 277

Relationships Australia is a community-based, not-for-profit organisation that provides a wide range of family support services. Services include counselling, family dispute resolution, personal development and education, parenting skills training, men and family relationships programs, specialised family violence programs, early intervention services, child-focused programs and practices; and specific programs for Aboriginal and Torres Strait Islander and CALD families, groups and communities. Relationships Australia provides services in over 200 locations across urban, rural and remote Australia. Call the number above to be connected to the nearest service centre.

Sane Australia

Website: www.sane.org

Sane Helpline: 1800 18 SANE (7263)

Sane Australia is a national not-for-profit organisation working for a better life for people affected by mental illness – through campaigning, education and research. The website includes information and research into the signs and symptoms of mental illness, suicide prevention and youth issues.

The SANE Helpline provides information about symptoms, treatments, medications, where to go for support, and help for carers. Easy-to-read pamphlets and other information can be sent out on request and Sane also provides a Helpline Online service via the website.

SANE Australia is a national charity working for a better life for people affected by mental illness through advocacy, education and research.



Resource directory – Australian Capital Territory

ACTCOSS (ACT Council of Social Service)

Website: www.actcoss.org.au

Phone: (02) 6202 7200

Email: actcoss@actcoss.org.au

Level 1, 67 Townshend St, Phillip ACT 2606 or

PO Box 849, Mawson ACT 2607

ACT Directory of Aboriginal and Torres Strait Islander Resources

Website: www.health.act.gov.au/c/health?a=da&did=10134232&pid=1175064506

ACT Shelter

Phone: (02) 6247 3727

PO Box 894, Civic Square ACT 2608

ADIS (Alcohol and Drug Information Service)

Phone: (02) 6205 4545

Canberra Youth Refuge

Phone: (02) 6247 0330

Citizens Advice Bureau and ACT Community Database (CONTACT online)

Website: www.citizensadvice.org.au

Phone: (02) 6248 7988

Room G02, Ground Floor, New Griffin Centre, George St, Canberra City ACT 2601

Community Connections

Website: www.comcons.org.au

Phone: (02) 6296 1133

Domestic Violence Crisis Service

Phone: (02) 6280 0900 (24 hours)

FaHCSIA State Office

Phone: (02) 6200 5150

1 Monaro Street, Queanbeyan NSW 2620 or
PO Box 172, Queanbeyan NSW 2620

FaHCSIA Indigenous Coordination Centre

Phone: (02) 6200 5150 or Freecall 1800 079 098

1 Monaro Street, Queanbeyan NSW 2620 or
PO Box 172, Queanbeyan NSW 2620

HACC (Home and Community Care)

Phone: (02) 6244 2926

ACT Health

11 Moore Street, Canberra City ACT 2601 or
GPO Box 825, Canberra City ACT 2601

Housing ACT

Website: www.dhcs.act.gov.au

Phone: 13 34 27

Legal Aid

Website: www.legalaidact.org.au

Canberra: 1300 654 314

Mental Health Crisis Assessment Team

Phone: (02) 6205 1065 (24 hours)

Migrant and Refugee Settlement Services of the ACT

Website: www.marss.org.au

Phone: (02) 6248 8577

Parentline

Website: www.parentlineact.org.au

Phone: (02) 6287 3833

THROB (Gay and Lesbian Telephone Help Referral and Outreach Bureau)

Phone: (02) 6247 2726

Volunteering ACT

Website: www.volunteeract.com.au

Phone: (02) 6251 4060

Welfare Rights and Legal Centre

Website: www.welfarerightsact.org

Canberra: (02) 6247 2177

Youth InterACT

Website: www.youth.act.gov.au

Phone: (02) 6205 0632

Resource directory – New South Wales

ADIS (Alcohol and Drug Information Service)

Phone: (02) 9361 8000 (Sydney) or 1800 422 599 (NSW country)

Community Builders

Website: www.communitybuilders.nsw.gov.au

Domestic Violence Line

Phone: 1800 656 463

TTY: 1800 671 442

Ethnic Communities' Council of NSW

Website: www.eccnsw.org.au

Email: admin@eccnsw.org.au

Phone: (02) 9319 0288

221 Cope Street, Waterloo NSW 2017

HACC (Home and Community Care)

Phone: (02) 8270 2000

TTY: (02) 8270 2167

Department of Ageing, Disability and Home Care

Level 5, 83 Clarence Street, Sydney NSW 2000

Gay and Lesbian Counselling Service of NSW

Website: www.glcsnsw.org.au

Phone: (02) 8294 9596 or 1800 184 527

Immigrant Women's Speakout Association (violence against women)

Website: www.speakout.org.au

Phone: (02) 9635 8022

FaHCSIA state office

Phone: 1300 653 227 (local call cost)

Level 9, 280 Elizabeth Street, Sydney 2000 or

GPO Box 9820, Sydney NSW 2001

Legal Aid

Website: www.legalaid.nsw.gov.au

Phone: 1300 888 529

Mental Health and Drug and Alcohol Office

Website: www.health.nsw.gov.au/mhdao/index.asp

NCOSS (NSW Council of Social Service)

Website: www.ncoss.org.au

Email: info@ncoss.org.au

Phone: (02) 9211 2599

66 Albion Street, Surry Hills NSW 2010

NSW Aboriginal Land Council

Website: www.alc.org.au

Phone: (02) 9689 4444 or 1800 647 487 (outside Sydney)

NSW Refugee Health Service

Website: www.sswahs.nsw.gov.au/sswahs/refugee/

Email: refugeehealth@sswahs.nsw.gov.au

Phone: (02) 8778 0770

Suite 5, Level 2, 157-161 George Street, Liverpool NSW 2170

Parentline

Website: www.parentline.org.au

Phone: 1300 130 052

Physical Disability Council of NSW

Website: www.pdcnsw.org.au

Phone: (02) 9552 1606 or 1800 688 831

Shelter NSW

Website: www.sheltersnsw.org.au

Phone: (02) 9267 5733

Suite 2, Level 4, 377-383 Sussex St, Sydney NSW 2000

Volunteering NSW

Website: www.volunteering.com.au

Phone: (02) 9261 3600

Welfare rights

Website: www.welfarerights.org.au

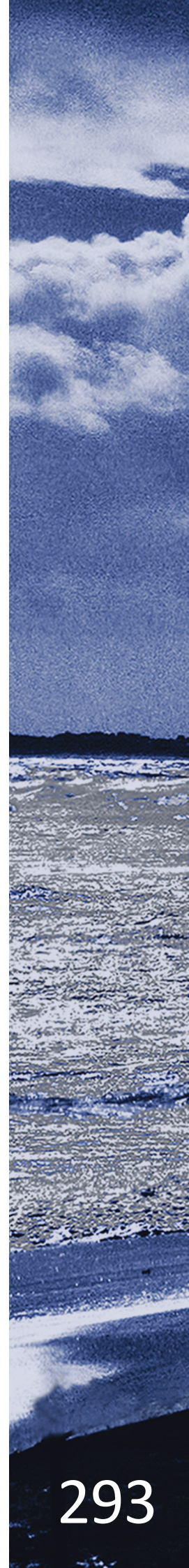
Sydney phone: (02) 9211 5300 or 1800 226 028

Wollongong phone: (02) 4276 1939

Email: welfarerights@welfarerights.org.au

Youth.NSW

Website: www.youth.nsw.gov.au



Resource directory – Northern Territory

ADIS (Alcohol and Drug Information Service)

Phone: (08) 8948 0087 (Darwin) or (08) 8951 7580 (Central Australia) or 1800 131 350 (Territory-wide)

Aboriginal Medical Services Alliance of the Northern Territory

Website: www.amsant.org.au

Phone: (08) 8944 6666

Email: reception@amsant.org.au

33 Bayfield Road, Darwin NT 0801 or

GPO Box 1624, Darwin NT 0801

Central Australian Aboriginal Legal Aid Service

Website: www.caalas.com.au

Phone: (08) 8950 9300 or 1800 636 079

Email: reception@caalas.com.au

55 Bath Street, Alice Springs NT 0870

Crisis Line

Phone: 1800 019 116

Darwin Community Legal Service

Website: www.dcls.org.au

Phone: (08) 8982 1111

Email: info@dcls.org.au

8 Manton Street, Darwin NT 0801 or

GPO Box 3180, Darwin NT 0801

Domestic Violence Crisis Service

Phone: (08) 8945 6200

FaHCSIA State Office

Phone: (08) 8936 6366

Jacana House, 39-41 Woods Street, Darwin NT 0800 or
GPO Box 9820, Darwin NT 0801

HACC (Home and Community Care)

Phone: (08) 8920 3700

Department of Health and Families
87 Mitchell Street, Darwin NT 0800 or
PO Box 40596, Casuarina NT 0811

Human Services Training Advisory Council

Website: www.hstac.com.au

Phone: (08) 8981 2550

Email: admin@hstac.com.au
Level 2, Darwin Plaza Smith Street Mall, Darwin NT 0810 or
GPO Box 1557, Darwin NT 0801

Legal Aid

Website: www.ntlac.nt.gov.au

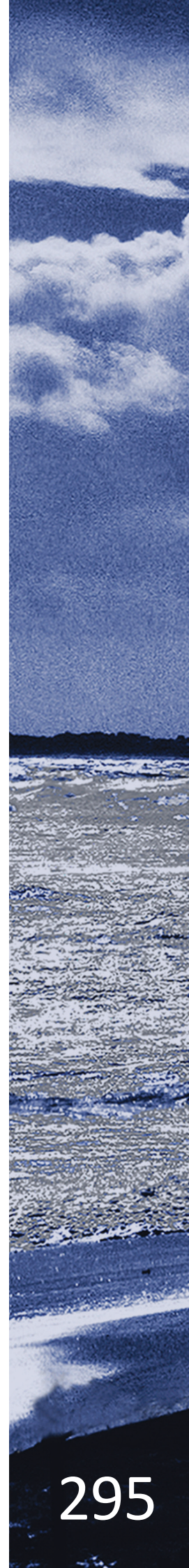
Darwin: 1800 019 343

Multicultural Council of the Northern Territory

Website: www.mcnt.org.au

Phone: (08) 8945 9122

Email: admin@mcnt.org.au
PO Box 299, Sanderson NT 0813



National Disability Service Northern Territory

Website: www.nds.org.au

Phone: (08) 8941 0634

Email: ndsnt@nds.org.au

Level 1, Suite 5, 43 Cavenagh Street, Darwin NT 0801 or

GPO Box 4521, Darwin NT 0801

North Australian Aboriginal Justice Agency

Website: www.naaja.org.au

Phone: (08) 8982 5100

Email: mail@naaja.org.au

1 Gardiner Street, Darwin NT 0801 or

GPO Box 1064, Darwin NT 0801

Northern Territory AIDS & Hepatitis Council

Website: www.ntahc.org.au

Phone: (08) 8944 7777

Email: info@ntahc.org.au

64 Woods Street, Darwin NT 0801 or

GPO Box 2826, Darwin NT 0801

Northern Territory Mental Health Coalition

C/-NTCOSS – see details below.

NTCOSS (NT Council of Social Service)

Website: www.ntcoss.org.au

Phone: (08) 8948 2665

33 Bayfield Road, Malak NT 0812 or

PO Box 1128, Nightcliff NT 0814

NTCOSS Service Seeker

Website: <http://ntcoss.serviceseeker.com.au/>

NT Shelter

Website: www.ntshelter.org.au

Phone: (08) 8981 5003

Email: eo@ntshelter.org.au

10/21 Cavenagh Street, Darwin NT 0801 or

PO Box 1577, Nightcliff NT 0810

NTYAN (Northern Territory Youth Affairs Network)

Website: www.ntyan.com.au

Phone: (08) 8981 9822

Parentline QLD & NT

Website: www.parentline.com.au

Phone: 1300 30 1300

Welfare Rights

Darwin: (08) 8982 1111

Women's Services Network NT

Website: www.wesnet.org.au

Phone: (08) 8953 5912

Email: coord@asws.org.au

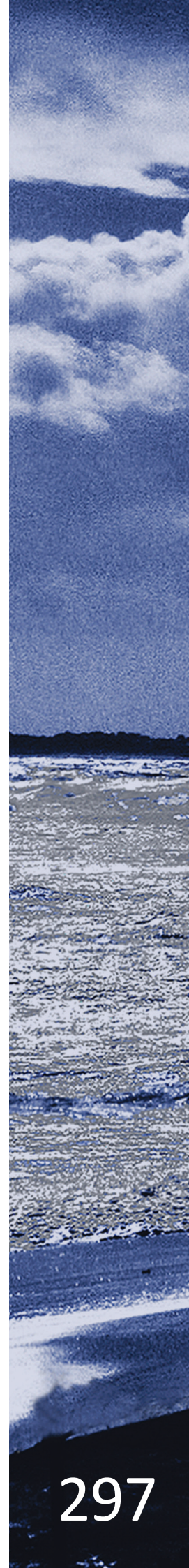
C/- Alice Springs Women's Shelter, Alice Springs NT 0870 or

PO Box 321, Alice Springs NT 0870

Volunteering SA & NT

Website: www.volunteeringsa.org.au

Phone: (08) 8221 7177



Resource directory – Queensland

ADIS (Alcohol and Drug Information Service) QLD

Phone: (07) 3837 5989 (Brisbane) or 1800 177 833 (Freecall outside metro area)

Comsis (Community Services Information System)

Website: www.communities.qld.gov.au/communityservices/about-us/comsis-community-services-information-system

Community Door

Website: www.communitydoor.org.au

Disability Information Service

Website: www.communities.qld.gov.au/disability/information/disability-information-service

Email: disabilityinfo@disability.qld.gov.au

Phone: 1800 177 120

dvconnect

Website: www.dvconnect.org

Womensline: 1800 811 811 (24 hours)

Mensline: 1800 600 636

Ethnic Communities Council of Queensland

Website: www.eccq.com.au

Phone: (07) 3844 9166

253 Boundary Street, West End (Brisbane) QLD 4101

FaHCSIA State Office

Phone: (07) 3004 4712 or 1300 653 227 (local call cost)

Level 1-3, 100 Creek Street, Brisbane QLD 4000 or

GPO Box 9820, Brisbane QLD 4001

Gay and Lesbian Welfare Association

Website: www.glwa.org.au

Gay Line Lesbian Line Confidential Telephone Counselling: (07) 3017 1717 or Freecall 1800 184 527

HACC (Home and Community Care)

Phone: 1800 177 120 (cost of a local call)

TTY: (07) 3896 3471

Email: haccadmin@communities.qld.gov.au

Level 15, 313 Adelaide St, Brisbane QLD 4000 or

GPO Box 806, Brisbane QLD 4001

IWSS (Immigrant Women's Support Service)

Website: www.iwss.org.au

Phone: (07) 3846 3490

Legal Aid

Website: www.legalaid.qld.gov.au

Brisbane: 1300 651 188

Parentline QLD & NT

Website: www.parentline.com.au

Phone: 1300 30 1300

QCOSS (Qld Council of Social Service)

Website: www.qcoss.org.au

Phone: (07) 3004 6900 / Toll free 1800 651 255 (from outside south-east Queensland)

Email: qcoss@qcoss.org.au

Ground Floor, 20 Pidgeon Close, West End QLD 4101 or

PO Box 3786, South Brisbane QLD 4101

Queensland Alliance (mental health)

Website: www.qldalliance.org.au

Phone: (07) 3252 9411

Email: admin@qldalliance.org.au

Level 2, 266 Brunswick Street, Fortitude Valley QLD 4006 or

PO Box 696, Fortitude Valley QLD 4006

Queensland Aboriginal and Islander Health Council (QAIHC)

Website: www.qaihc.com.au

Phone: (07) 4081 5600

Queensland government Housing and Homelessness Service

Website: www.housing.qld.gov.au

Phone: (07) 3225 2247

GPO Box 690, Brisbane QLD 4001

Queensland Shelter

Website: www.qshelter.asn.au

Phone: (07) 3831 5900

Queensland Youth Services

Phone: (07) 4771 3648

Volunteering Queensland

Website: www.volunteeringqld.org.au

Phone: (07) 3002 4600

Welfare Rights

Brisbane: 1800 358 511

Townsville: (07) 4721 5511

Resource directory – South Australia

AFSS (Aboriginal Family Support Services)

Website: www.afss.com.au

Phone: (08) 8212 1112

134 Waymouth Street, Adelaide SA 5000

Crisis Care (violence and abuse, child protection and suicide intervention)

Phone: (08) 8124 4424

Disability Information and Resource Centre

Website: www.dircsa.org.au

Phone: (08) 8236 0555 or 1300 305 558

Email: dirc@dircsa.org.au

195 Gilles Street, Adelaide SA 5000

Domestic Violence Outreach Service

Phone: 1300 782 200 (24 hours)

Drug and Alcohol Service South Australia

Website: www.dassa.sa.gov.au

Alcohol and Drug Information Service: 1300 131 340 (24 hours)

161 Greenhill Road, Parkside SA 5063

FaHCSIA State Office

Phone: (08) 8400 2100 or 1300 653 227 (local call cost)

Level 18, 11 Waymouth Street Adelaide SA 5000 or

GPO Box 9820, Adelaide SA 5001

Gay and Lesbian Community Services of South Australia (GLCS)

Website: www.glcssa.org.au

Phone: (08) 8422 8400 or 1800 182 233

PO Box 2011, Kent Town SA 5071

HACC (Home and Community Care)

Phone: (08) 8207 0522

Office for the Ageing

Level 4SW, Riverside Centre, North Terrace, Adelaide SA 5000

Legal Aid

Website: www.lsc.sa.gov.au

Phone: 1300 366 424

Migrant Resource Centre of South Australia

Website: www.mrcsa.com.au

Phone: (08) 8217 9500

Email: admin@mrcsa.com.au

59 King William Street, Adelaide SA 5000

Multicultural Communities Council of SA Inc

Website: www.mccsa.org.au

Email: mccsa@mccsa.org.au

Phone: (08) 8410 0300

113 Gilbert Street, Adelaide SA 5000

Parentline

Website: www.parenting.sa.gov.au

Phone: 1300 364 100

SACOSS (SA Council of Social Service)

Website: www.sacoss.org.au

Phone: (08) 8305 4222

Email: sacoss@sacoss.org.au

Marjorie Black House, 47 King William Road, Unley SA 5061

SACommunity (community information resource)

Website: www.sacommunity.org

Phone: (08) 8122 2755

Shelter SA

Website: www.sheltersa.asn.au

Phone: (08) 8223 4077

SYC (Service to Youth Council)

Website: www.syc.net.au

Volunteering SA & NT

Website: www.volunteeringsa.org.au

Phone: (08) 8221 7177

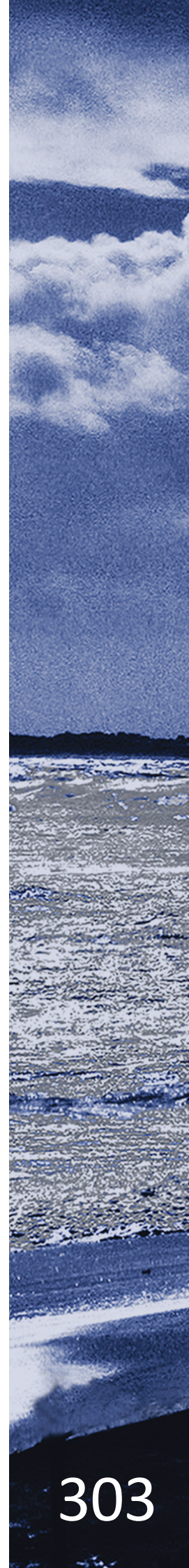
Welfare Rights

Adelaide: (08) 8223 1338

Women's Information Service of South Australia

Phone: (08) 8303 0590 or 1800 188 158

Text: 0401 989 860



Resource directory – Tasmania

Aboriginal Support Services

Tasmanian Aboriginal Centre Inc

Phone: (03) 6234 0700

Tasmanian Aboriginal Centre – Burnie Office

Phone: (03) 6431 3289

Tasmanian Aboriginal Centre – Launceston Office

Phone: (03) 6332 3800

South East Tasmanian Aboriginal Corporation

Phone: (03) 6295 0004

Circular Head Aboriginal Corporation

Phone: (03) 6452 1287

ADIS (Alcohol and Drug Information Service)

Phone: 1800 811 994

Advocacy Tasmania Inc

Phone: (03) 6224 2240

Aged and Disability Care Information Service

Phone: 1800 806 656

Anglicare Financial Counselling Service

Phone: 1800 243 232

Department of Health and Human Services

Phone: 1300 135 513

Resource directory – Queensland

ADIS (Alcohol and Drug Information Service) QLD

Phone: (07) 3837 5989 (Brisbane) or 1800 177 833 (Freecall outside metro area)

Comsis (Community Services Information System)

Website:

www.communities.qld.gov.au/communityservices/about-us/comsis-community-services-information-system

Community Door

Website: www.communitydoor.org.au

Disability Information Service

Website: www.communities.qld.gov.au/disability/information/disability-information-service

Email: disabilityinfo@disability.qld.gov.au

Phone: 1800 177 120

dvconnect

Website: www.dvconnect.org

Womensline: 1800 811 811 (24 hours)

Mensline: 1800 600 636

Ethnic Communities Council of Queensland

Website: www.eccq.com.au

Phone: (07) 3844 9166

253 Boundary Street, West End (Brisbane) QLD 4101

FaHCSIA State Office

Phone: (07) 3004 4712 or 1300 653 227 (local call cost)

Level 1-3, 100 Creek Street, Brisbane QLD 4000 or

GPO Box 9820, Brisbane QLD 4001

Relationships Australia (Tasmania)

Phone: (03) 6211 4050

Rural Support Tasmania

Phone: (03) 6334 2768

Shelter Tasmania

Website: www.sheltertass.org.au

Phone: (03) 6224 5488

TasCOSS (Tasmanian Council of Social Service)

Website: www.tascoss.org.au

Phone: (03) 6231 0755

Email: admin@tascoss.org.au

McDougall Building, Ellerslie Road, Battery Point or

PO Box 1126, Sandy Bay TAS 7006

Tasmanian Gay & Lesbian Rights Group

Website: www.tglrg.org

Phone: (03) 6224 3556

GPO Box 1733, Hobart Tasmania 7001

Volunteering Tasmania

Website: www.volunteeringtas.org.au

Phone: (03) 6231 5550

57D Brisbane Street, Hobart TAS 7000

Welfare Rights

Launceston: (03) 63334 1577 or 1800 066 019

Youth Network of Tasmania

Website: www.ynot.org.au

Email: admin@ynot.org.au

Resource directory – Victoria

ADIS (Alcohol and Drug Information Service)

Phone: 1800 888 236

Community Information Victoria (CIVic)

Website: www.civ.org.au

Phone: (03) 9672 2000

Email: civic@civ.org.au

CommunityLaw

Federation of Community Legal Centres (Victoria)

Website: www.communitylaw.org.au

Phone: (03) 9652 1500

Email: administration@fcl.org.au

Level 3, 225 Bourke Street,
Melbourne VIC 3000

Crisis Help Network: Melbourne Homeless

Website: www.melbourne.homeless.org.au

Phone: 1800 627 727

Ethnic Communities' Council of Victoria

Website: www.eccv.org.au

Phone: (03) 9349 4122

Email: eccv@eccv.org.au

Level 2, 150 Palmerston Street, Carlton VIC 3053

FaHCSIA State Office

Phone: (03) 8626 1109 or 1300 653 227 (local call cost)

Level 3, Casselden Place 2 Lonsdale St, Melbourne VIC 3000 or
GPO Box 9820, Melbourne VIC 3001

Gateway Reconnect

Website: www.gatewayreconnect.org

Gay & Lesbian Switchboard

Phone: (03) 9663 2939 (Melbourne) or 1800 184 527 (regional Victoria and Tasmania)

HACC (Home and Community Care)

Phone: 1300 650 172 (Interstate, international and mobile callers please call (61 3) 9096 0000)

Department of Health, 50 Lonsdale Street Melbourne, VIC 3000

Immigrant Women's Domestic Violence Service

Website: www.iwdvs.org.au

Phone: (03) 8413-6800

Indigenous Family Violence Support Officers (Department of Human Services)

Phone: (03) 9616 8028.

Legal Aid

Website: www.legalaid.vic.gov.au

Melbourne: (03) 9269 0120 or 1800 677 402

Parentline

Website: www.parentline.vic.gov.au

Phone: 132 289

Spectrum Migrant Resource Centre (MRC)

Website: www.spectrumvic.org.au

Phone: (03) 9091 8270

Email: sunshine@spectrumvic.org.au

VCOSS (Victorian Council of Social Service)

Website: www.vcooss.org.au

Phone: 03 9654 5050 or Freecall 1800 133 340

Email: vcooss@vcooss.org.au

Level 8, 128 Exhibition Street, Melbourne VIC 3000

Victoria's Mental Health Services

Website: www.health.vic.gov.au/mentalhealth/services/adult/index

Volunteering Victoria

Website: www.volunteeringvictoria.org.au

Phone: (03) 8327 8500

Welfare Rights

Melbourne: (03) 9416 1111

Women's Domestic Violence Crisis Service of Victoria

Phone: (03) 9322 3555 or 1800 015 188

Women's Information and Referral Exchange (WIRE)

Website: www.wire.org.au

Phone: 1300 134 130

TTY: 13 36 77

210 Lonsdale St, Melbourne, 10:30am to 5pm Monday to Friday.

Women's Legal Service Victoria

Website: www.womenslegal.org.au

Legal Advice Line: (03) 9642 0877 or 1800 133 302

Youth Affairs Council of Victoria

Website: www.yacvic.org.au

Phone: (03) 9267 3799 or 1300 727 176

Email: info@yacvic.org.au

Level 2, 172 Flinders St, Melbourne VIC 3000

Yooralla (disability support)

Website: www.yooralla.com.au

Phone: (03) 9666 4500

Email: yooralla@yooralla.com.au

Level 2, 244 Flinders Street, Melbourne VIC 3000 or

PO Box 200, Flinders Lane VIC 8009

Resource directory – Western Australia

Aboriginal Legal Service of WA (ALSWA)

Website: www.als.org.au

Phone: (08) 9265 6666 or 1800 019 900

7 Aberdeen St, Perth WA 6004

ADIS (Alcohol and Drug Information Service)

Phone: (08) 9442 5000 (Perth) 1800 198 024 (WA country)

Centre for Advocacy Support and Education for Refugees Inc.

Website: www.caseforrefugees.org.au

Phone: (08) 9227 7311

Email: admin@caseforrefugees.org.au

245 Stirling Street, Perth WA 6000

Coalition for Asylum Seekers Refugees and Detainees (CARAD)

Website: www.carad.org.au

Phone: (08) 9227 7322

245 Stirling Street, Perth WA 6000

Community Sector Services

Website: www.communitysectorservices.org.au

Crisis Care Unit

Phone: (08) 9325-1111 or 1800 199-008

TTY: (08) 9325-1232

Disability WA (Disability Services Commission)

Website: www.disability.wa.gov.au

Ethnic Communities Council of Western Australia

Website: <http://eccwa.multiculturalwa.org.au/>

Phone: (08) 9227 5322

Email: eccwa@inet.net.au

Multicultural House, 20 View St, North Perth WA 6006

FaHCSIA State Office

Phone: (08) 9229 1500 or 1300 653 227 (local call cost)

Level 12, Central Park Building 152-158 St George's Terrace, Perth WA 6000 or

GPO Box 9820, Perth WA 6848

Gay and Lesbian Community Services

Website: www.glcs.org.au

Phone Counselling and Information: (08) 9420 7201 or 1800 184 527 (7pm-10pm Monday - Friday)

General phone: (08) 9486 9855

Email: admin@glcs.org.au

City West Lotteries House, Room 1, 2 Delhi Street, West Perth WA 6005

HACC (Home and Community Care)

Phone: (08) 9222 4222

Department of Health

189 Royal Street, East Perth WA 6004 or

PO Box 8172, Perth Business Centre, Perth WA 6849

Legal Aid

Website: www.legalaid.wa.gov.au

Phone: 1300 650 579

Shelter WA

Website: www.shelterwa.org.au

Phone: (08) 9325 6660

Tenant's Advice Service (TAS)

Website: www.taswa.org

Volunteering WA

Website: www.volunteeringwa.org.au

Phone: (08) 9481 4333

WA Council Of Social Service (WACOSS)

Website: www.wacoss.org.au

Phone: (08) 9420 7222 or 1300 658 816

Email: info@wacoss.org.au

City West Lotteries House, 2 Delhi Street, West Perth WA 6005

Wanada – Western Australian Network of Alcohol and other Drug Agencies

Website: www.wanada.org.au

Phone: (08) 6365 6365

PO Box 8048, Perth WA 6849

Welfare Rights & Advocacy Service

Website: www.wraswa.org.au

Perth: (08) 9328 1751

Women's Refuge Group

Phone: (08) 9420 7264

Women's Refuge & Multicultural Service

Phone: (08) 9325 7716

YACWA – Youth Affairs Council of WA

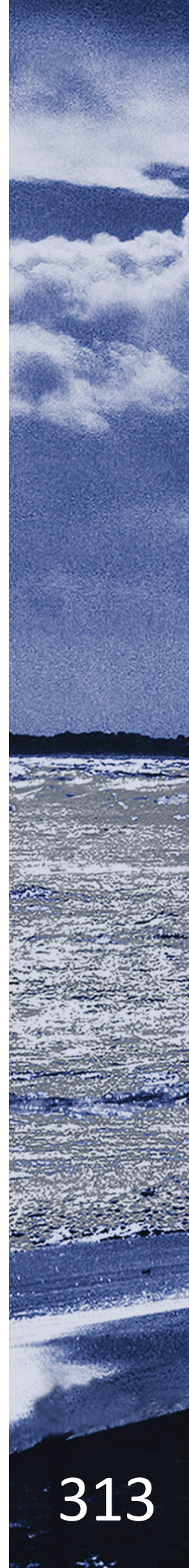
Website: www.yacwa.org.au

Phone: (08) 9227 5440 or 1800 670 231

Email: yacwa@yacwa.org.au

Youth Legal Service WA

Phone: (08) 9202 1688 or 1800 199 006



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