

Financial Wellbeing Program Guidelines: Briefing Paper

August 2022



Executive summary

The Department of Human Services of South Australia (DHS SA), on behalf of the Minister for Human Services, is responsible for running a suite of Affordable Living Programs to support community members experiencing or at risk of experiencing financial insecurity, at the same time building the financial capability and inclusion of people receiving assistance.

The current Affordable Living Program contracts expire in 2023, which creates an opportunity to re-invigorate the program by engaging with the sector and aligning the program with the DHS Social Impact Framework to ensure the new program better meets the needs and expectations of the community.

As a part of the re-design process, DHS commissioned the Centre for Social Impact (CSI) Flinders to lead consultations and re-design process with sector practitioners, building on past research with people with lived experience of financial insecurity; and developing recommendations for the new program guideline development.

The project is led by Professor Ian Goodwin-Smith and Professor Svetlana Bogomolova.

This document is a briefing paper containing high-level summary of insights from the sector engagement and recommendations for the principles and program logic for the re-designed program.

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1 Background to program re-design

The South Australian Department of Human Services (DHS), on behalf of the Minister for Human Services, is responsible for running a suite of Affordable Living Programs to support community members experiencing or at risk of experiencing financial insecurity, at the same time building the financial capability and inclusion of people receiving assistance through the program.

Providers are contracted to deliver programs and services that aim to alleviate the immediate impact of financial crisis or emergency and build individual and community resilience to prevent and reduce the impact of financial hardship over the longer term. The programs and services aim to improve financial capability (which is broadly understood as a combination of financial knowledge, skills, attitudes and behaviours necessary to make sound financial decisions, based on personal circumstances) and financial resilience (the ability to access and draw on capabilities with external resources and supports in times of financial adversity (Muir et al 2015)). The term 'financial wellbeing' can be used to collectively describe the ultimate outcome of these activities, which is when an individual (and their family) is able to meet expenses with money left over, is in control of their finances, and feels financially secure (Muir et al 2017).

DHS has been planning since 2019 to consolidate four complementary Affordable Living Programs into one: the Statewide Financial Counselling (SFC), Emergency Financial Assistance (EFA), Low Income Support (LIS), and Utilities Literacy Program (ULP).

The new program, from now on referred to as Financial Wellbeing Program or FW Program, will commence 01 July 2023 following the expiry of the existing program contract terms on 30 June 2023.

The need to re-commission services provides opportunity to reflect upon the current service models, engage with the sector and implement improvements from lessons learned. This opportunity provides space to consider how the Affordable Living Programs funding can enable a new FW Program model, with wide-reaching outcomes for the South Australian community.

The purpose of the DHS re-design project is to:

- Review and re-design the current Affordable Living Programs and outcomes;
- Provide recommendations for Program guidelines to improve the experience of both service providers and the program's target populations;
- Understand barriers in the sector's ability to deliver services and take those barriers into consideration during re-design;
- Re-design a program which incorporates the sector's feedback and improvements, better achieves financial wellbeing and resilience of the target populations, and is endorsed by the sector; and
- Identify opportunities to collect data and for linkages between DHS services.

The following is in scope for the current work undertaken by CSI Flinders:

- Review and re-design of the current Affordable Living Programs through a hybrid consultation/co-design process with sector service providers;
- Review of desired outcomes for the FW Program; and
- Understand barriers providers face in providing services and consider these during re-design of the new program.

The following is out of scope for the current work undertaken by CSI Flinders, and will form the next steps in the DHS re-design process:

- Identifying target populations and regions;
- Evaluating effectiveness and past performance of the programs in their current structure;
- Developing client outcomes and a program evaluation framework;
- Align the new FW Program with work undertaken by the Office for Women, Concessions and the Early Intervention and Research Directorate;
- A companion process with a specific Aboriginal focus;
- Tender and acquisition process for the recommissioned FW Program; and
- Recommission services by 1 July 2023.

2 Sector engagement – an overview of key priorities, challenges and opportunities

Sector service providers – those who have been directly funded through the current financial wellbeing programs and those who were not currently funded but were interested – were invited to participate in the sector consultation process. To encourage participation, the invitation outlined the opportunity the re-design process gave providers to have genuine input into service re-design, discuss barriers in providing those services and explore opportunities for improvement. It was crucial that service providers received clear messaging regarding the purpose of the re-design and had the opportunity to meaningfully participate in the process, which also ensured their feeling of ownership over the process.

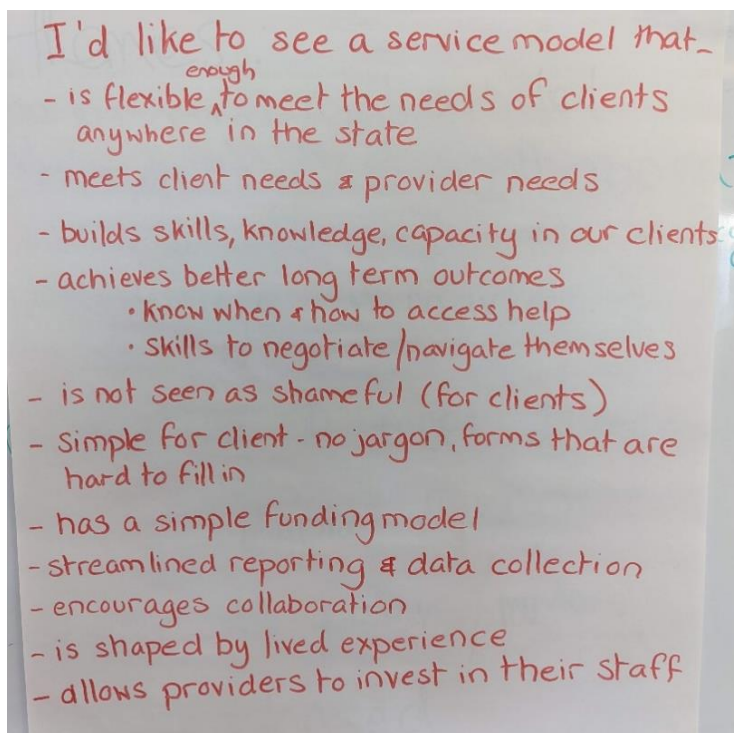
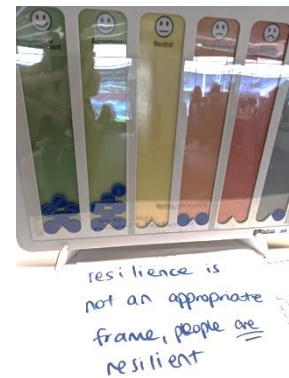
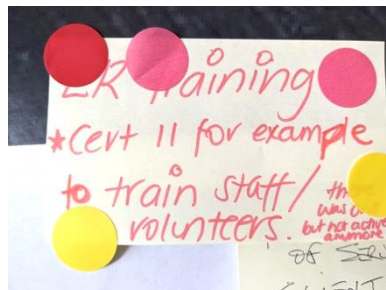
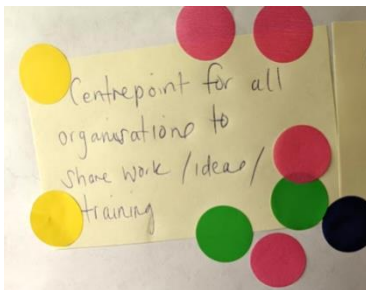
2.1 Sector workshops

CSI researchers designed the workshops together with DHS representatives, ran the sessions, and collated and analysed the data to distil the key program and service design principles presented in this document. The overall purpose of the co-design process was to identify opportunities for improvement with the sector and to workshop barriers to these opportunities and solutions to overcome those barriers.

There was a significant response from the sector. A total of 87 participants attended the workshops. About half were currently funded, while the other half were services who might be funded in the future. There was a good mix of metropolitan and regional participants.

Four workshops were run with participants across two stages of the process. In the first round of sector consultations, a full-day in-person workshop was run on the 23rd of June 2022. The aim of this event was to discuss the opportunities for service improvement, informed by the challenges faced by the sector and its clients. Active engagement with participants was achieved via a series of moderated small group discussions, with documentation of group notes, a whole of group whiteboard session and group presentations of ideas. Initial themes generated during the sessions were used to inform further discussion and 'blue sky thinking' about opportunities for creating an optimal or ideal financial wellbeing program. At the end of the full-day workshop participants could also indicate their agreement ('vote') on the important emerging themes.

Figure 1: Examples of in-person workshop materials and outputs of discussions, 'blue sky thinking' and voting



2.2 Alignment with the Social Impact Framework

The 10 key themes from the sector engagement workshops were subsequently aligned to the Social Impact Framework (SIF), the conceptual framework underpinning re-design of all new DHS-funded programs.

The SIF is for use by both government funders and service providers, with its application extending from reviewing existing funding programs, to assessing new initiatives or proposals, and identifying service provider strengths and areas for capacity building.

The SIF contains three main pillars, suggesting all programs should be:

- (1) aligned to outcomes;
- (2) designed to meet best-practice service design criteria; and
- (3) delivered through partnerships between service providers.

The first pillar of the SIF is a focus on **social impact objectives**, in any DHS investment. This pillar is in response to a critical need in government and the community sector to shift away from a focus on outputs (e.g., occasions debt relief is provided, number of food hampers distributed) towards a focus on outcomes (e.g. secure income, and end to food insecurity). Focus on outcomes, ultimately means that investment must evolve from procuring services, towards procuring social outcomes. Such orientation and practice represents a significant change in thinking and is an opportunity for government and service providers to better understand how programs and services are generating social impact; with social impact in this context meaning impacts upon clients and whole communities that are: positive and meaningful for people; that extend beyond individuals to families and communities; and, that have potential to create sustainable changes in people's lives (Social Impact Framework, Department of Human Services, 2021).

The second pillar of the SIF is **design criteria** – how programs, services and initiatives are designed to ensure social impact in future. Design criteria specify that initiatives need to be evidence-informed, people-centred and systematised through alliances or deep collaborations.

The third pillar is an understanding that **social services programs cannot be delivered in isolation**, and instead should only be delivered through collaborative, cross-organisation efforts for tackling complex social problems and entrenched disadvantage within families and communities. The third SIF pillar includes principles to be enacted by service providers, to ensure collaboration across the sector, and to build shared accountability, co-contribution and capacity. The aim of this requirement is to encourage joint stewardship of the human services 'system', so that it can be more responsive and deliver social impact for people and communities.

In the current process, the SIF was used to ensure that the emerging workshop themes from the financial wellbeing sector were consistent with the necessary conditions to achieve positive outcomes (social impact).

3 Recommendations for new financial wellbeing program guidelines

3.1 Program name and objective

Sector discussions covered the topic of the program's name, and the need for it to be simple and clear, because it will be used in client-facing communications for program awareness and marketing. The term 'financial wellbeing' was well received by the sector.

The additional word 'resilience' which was initially proposed for discussion, did not receive sector support, because practitioners felt that their clients are already resilient given the number of adversities some people face.

It is recommended that the new program be called the 'Financial Wellbeing Program'.

3.2 Target population

The sector echoed the original DHS proposal, and identified the **target population as anyone who needs the services**, in other words, individuals, and their families, and communities who are:

- Experiencing, vulnerable to or at-risk of financial hardship (e.g., experiencing difficulties arising from mortgage stress, credit-over commitment, lack of basic financial skills, capabilities or literacy, or any other form of financial exclusion resulting in disadvantage); and
- Experiencing a life-changing event or personal emergency that is causing financial distress/hardship (e.g., unemployment, sickness, and family breakdown).

The inclusion of anyone who needs a service, without the need to qualify and with a 'no wrong door' policy, is critical for providing a dignified service experience. Similarly (in keeping with a 'no wrong door' principle) we recommend no geographical boundaries, allowing people who need a service to approach any provider offering the services in the first instance, regardless of their residential catchment.

The focus on families and communities beyond just an individual client is important to be able to address some of the more complex and structural challenges.

Within these groups particular priority is placed on the following populations:

- Families whose financial situation is a risk factor to child safety and wellbeing;
- Individuals and families impacted by domestic and family violence;
- People who are financially vulnerable due to their reliance on care and support provided by others;
- Groups that have difficulty accessing services, such as people from culturally and linguistically diverse backgrounds, and Aboriginal and/or Torres Strait Islander peoples; and
- Communities in places where persistent and/or relative location-based disadvantage exists.

3.3 Program outcomes

The program outcomes articulated in the program logic herein are derived from an analysis of lived experience research, sector engagement, review of the literature (e.g., a review by Muir et al 2017) and, where supported by the literature and previous engagements, existing operational documents. The proposed outcomes framework is presented in Figure 3.

Figure 3: Proposed outcomes framework



Three levels of client outcomes are proposed: short-term (those meeting immediate needs), intermediate (specific activities that assist clients towards a pathway out of their adverse situation), and long-term (the ultimate conditions sustained over time). Within each level, issues of actual financial situation (i.e. income, expense management, dept control), as well as emotional and psychological wellbeing are considered (Muir et al 2017).

The outcomes proposed can be used to identify specific outcome indicators that could be incorporated into future measurement tools. Recent academic literature contains several validated tools for measuring financial wellbeing outcomes in the Australian context (see Muir et al 2017 for Financial Literacy Australia for a review). An evaluation framework to support the new program and outcomes framework should be developed. We recommend undertaking a deeper review of existing knowledge and validated tools to measure financial wellbeing (and the impacts of services and programs) to develop a unified set of outcome measures for the program. We also recommend another co-design session with the sector to develop a shared evaluation framework.

3.4 Essential program components

This section proposes five essential components of the new FW Program that emerged in consultations with DHS and the sector. These components reflect the most common services currently requested and received by clients of the Affordable Living Programs. Providers are also strongly encouraged to offer and/or leverage other services to meet unique needs and goals of each client (see also section 4).

3.4.1 Financial counselling

Financial Counsellors

As discussed in consultations with DHS and the sector, the new program must include the services of accredited Financial Counsellors who offer information, support and advocacy. Their services should be free, independent and confidential for clients. Financial Counsellors must be members, or be eligible to become members, of the South Australian Financial Counselling Association (SAFCA). Eligibility requires a Diploma of Community Services (Financial Counselling) and a minimum level of ongoing professional development. Through their membership of SAFCA, Financial Counsellors are also subject to the Australian Financial Counselling Code of Ethical Practice.

Services delivered by Financial Counsellors may include:

- Assessment and case management related to financial issues;
- Advocacy and debt negotiation, including with creditors, utility providers and other financial institutions and businesses;
- Group and individual financial capability building/training including budget development;
- Referral and access to other financial programs, products or services such as Concessions or NILS; and
- Referral and access to non-financial services and opportunities that address underlying risk factors or build protective factors that may affect financial wellbeing and resilience.

Financial Capability Workers

To complement the services provided by Financial Counsellors, the new program encourages providers to develop and utilise Financial Capability Workers, particularly in locations where the workforce availability does not allow employment of a Financial Counsellor, or the demand exceeds the available financial counsellors' workforce.

As part of an integrated workforce management strategy to maximise efficiency and effectiveness, Financial Capability Workers may complement the role of the Financial Counsellor, allowing the Financial Counsellor to focus on aspects of the work that require a higher skill base or qualification.

Trained paid or volunteer Financial Capability Workers may provide:

- Budgeting support to individuals;
- Non-accredited financial literacy community education workshops to clients and local groups; and

- Helping clients build skills to avoid or resolve financial difficulties and strengthen their capacity to manage their own money and to know where to get further help when required.

Financial Capability Workers should not provide financial counselling, financial advice, or deal with complex financial or legal matters. If individuals require such assistance, Financial Capability Workers will facilitate warm referrals to Financial Counsellors and other relevant services as appropriate.

Regardless of the reasons for engaging a Financial Capability Worker, each service is required to ensure that there is a Financial Counsellor available to provide services in each region in which the service is funded.

In locations where a Financial Capability Worker has been employed due to workforce availability not allowing employment of a Financial Counsellor, the Financial Capability Worker must be studying towards the qualifications required to become a Financial Counsellor. The Financial Capability Worker role could be a pathway for engaging workforce with past lived experience of financial insecurity.

3.4.2 Emergency assistance

Consultations with DHS and the sector suggest that the new program must address the acute need for emergency assistance for individuals and families experiencing immediate crisis. The types of emergency relief that might be needed include food relief (in the form of food, food vouchers or warm referrals to specialised food relief providers), and other material aid such as clothes, payment of bills, transport or pharmacy assistance.

Emergency assistance is not intended as an ongoing response to chronic financial hardship experienced by individuals and families.

Food relief

DHS service activity data shows that more than half of the emergency assistance being utilised by clients is in the form of food relief. From a public health perspective, the availability of nutritious food, especially for children, is a fundamental determinant of future health and social outcomes for individuals and communities. Therefore, food relief should be a critical part of the emergency assistance, and the broader FW Program.

A specific food relief response as part of the new FW Program presents a unique window of opportunity to engage with individuals and their families experiencing financial hardship.

In terms of food relief, providers in the FW Program should aim to achieve two equally important goals:

- Meet immediate short-term food relief needs in a non-judgmental, dignified way following the *South Australian Food Relief Charter* and *Nutrition Guidelines* principles (Government of South Australia 2019); and
- Use the food relief ‘moment’ as an opportunity to facilitate warm referrals to other services that could assist clients achieve a sustained pathway out of food insecurity and financial hardship. This goal can be achieved by providing information, advice and warm referrals to

other support avenues, as well as building people's capabilities towards a sustainable exit from their crisis situation, thereby reducing their dependence on emergency food relief.

Providers are strongly encouraged to leverage funding under the food relief and emergency assistance programs to deliver services in the most innovative way, in accordance with the good practice principles of food relief delivery. Leverage could be achieved through innovative models such as the social supermarket (that combine multiple supports and services in one place), and/or through innovative partnerships across the sector that deliver the same, or even a broader, suite of services to clients through warm referrals and strong partnerships facilitating streamlined service pathways across providers.

Providers are also encouraged to leverage emergency assistance funding to attract further food donations from local suppliers including fresh fruit, vegetables and dairy products, or sub-contract their services to other organisations to broaden coverage, especially in regional areas. Such actions, and the practice within food relief services should support people's dignity, choice and independence in alignment with best practice per the *South Australian Food Relief Charter and Nutrition Guidelines*.

3.4.3 Prevention: community and workforce education

The sector and DHS felt strongly that the re-designed FW Program must have a component that focuses on prevention of potential financial crises among clients through capacity building. Such activities should build the capacity of individuals and families to:

- Better manage their own financial affairs, e.g., budget development skills, including management of own debts;
- Have better utility literacy skills, e.g., ability to understand household utility bills including electricity, water, gas, internet and phone; and
- Utilise smart shopping and grocery procurement techniques.

The program could have two layers of capacity building: community level, and workforce development. The community education component could be comprised of public information sessions to help households understand and better manage their financial affairs. The workforce development component could involve delivering training to community sector workers and volunteers working with clients in financial hardship such as Financial Counsellors or Social Workers, in order to build their skills and assist clients with managing their financial wellbeing.

3.4.4 Connections: warm referrals to other services, programs and community assets

The next critical component of the new program should be building networks to support warm referrals to other financial and non-financial services, programs and community assets that can assist individuals and their families to address their hardship, which is often multi-dimensional and involves more than one challenge or area of focus in terms of support needed.

Providers with the FW Program must have proven capacity to effectively provide warm referrals and follow-ups to their clients across broad ranging community services and assets. Types of community services or assets in this context could/should include:

- Ethical microfinance products;

- Other financial services and resources such as concessions;
- Non-financial services or supports, including housing, mental health, physical health, disability services, social inclusion programs, employment pathways, among others; and
- Community centres and other community assets and activities.

Providers are also strongly encouraged to think creatively about evolving current services to meet changing or emerging client needs and engage client voice in service improvement and evolution. Undertaking such practice, especially around lived experience involvement, will allow providers to keep up with changing needs and aspirations of clients and communities.

3.4.5 Timely triage

The final critical component of the new program should be ensuring that each client's needs are assessed in a timely manner so the client can be referred on to relevant services promptly. Many clients reach out for assistance in situations of emergency when timely help can make the difference to clients' outcomes.

It is critical that the new system has in-built timely triage of client needs.

4 Key principles of the new program guidelines

This section proposes the key principles of the new FW Program developed in consultation with sector practitioners and based on prior research, including with people with lived experience of financial insecurity. The principles developed are expected to lead to stronger client outcomes.

The key principles and corresponding service design criteria should guide providers wishing to bid for new program funding in developing their submissions. Success of future funding bids will depend on how well each bidder (or consortia of bidders) is able to demonstrate with evidence that they are able to deliver a service in accordance with the stipulated key principles.

The high-level non-prescriptive nature of the principles is intentional. The new FW Program is intended to strongly encourage creativity and innovation in the sector around how exactly services can achieve the key principles.

4.1 Key principle 1: Focus on client outcomes

4.1.1 Challenges

Historically, financial wellbeing and other programs have focused on outputs (e.g., hours of service delivered), and not on client outcomes (e.g., sustained exits from financial difficulties).

4.1.2 Recommended design criteria

The new service model will: focus on achieving outcomes for clients, including, as appropriate, for their families and communities. The ultimate long-term outcome of the program will be financial wellbeing, defined by individuals, families or communities:

- meeting expenses and having some money left over;
- being in control of their finances;

- being free of financial worries; and
- being financially and socially included and connected to opportunities and communities.

Other outcomes will include short-term outcomes such as immediate needs met, for example, 'bad debt' reduction or food relief; and intermediate outcomes such as building pathways towards sustained financial wellbeing; and prevention of future financial precarity outcomes. Specific outcome indicators will be developed at the next stage of this re-design project in consultation with the sector.

4.2 Key principle 2: People-centred

4.2.1 Challenges

In the past, financial wellbeing programs were commissioned and delivered under a rigid set of parameters, which often resulted in clients 'falling through the cracks' because of not meeting eligibility criteria, or their circumstances not fitting the prescribed service 'model'. Past service delivery often did not provide convenient access to services in terms of hours and days of operation, particularly when compared with the parameters of commercial lenders.

4.2.2 Recommended design criteria

The new service model will: be tailored to individuals and their families to 'meet them where they are at'; be flexible in what, when, where and how the service is delivered (e.g., hours and days of operation); be informed by clients' desired goals and outcomes; accessible via a 'no wrong door' model and maximum convenience; have low barriers and be accessible to anyone who expresses a need for the service; start with a triage in a timely way and have a welcoming first contact (the most critical contact); offer a range of services (of essential and additional services); and be culturally safe and trauma-responsive.

4.3 Key principle 3: Dignified

4.3.1 Challenges

Research with recipients of human services indicates that traditional processes of eligibility assessment and service delivery in the human services sector can make clients feel ashamed and undeserving, which further dampens their self-esteem. Such experiences of the system impact people's chances of finding a way out of financial hardship. Additionally, the patronising attitudes of staff/volunteers can be a problem, particularly when staff/volunteers don't understand what it feels like to be in a financial crisis or do not see the layers of complexity at play.

4.3.2 Recommended design criteria

The new service model will: be non-stigmatising, enable choice and be delivered according to values of respect, privacy, compassion, empowerment and without judgement. Such values will be achieved by programs/services having no eligibility barriers and being co-produced with and involving people with lived experience of financial crisis.

4.4 Key principle 4: Place-based

4.4.1 Challenges

Some of the barriers to clients reaching out for services include lack of accessibility, particularly in regional areas, and generic/non-localised service delivery when staff don't understand the local context and local challenges (e.g., bushfires, floods, droughts, unemployment and industrial restructuring in the local community).

4.4.2 Recommended design criteria

The new service model will: encourage collaboration within a meaningful geographic area, co-location of multiple services near transport and community hubs and resource-sharing; create a safe and welcoming environment; be responsive to local needs and harness resources; create opportunities and community networks to ensure the program uses appropriate channels and available local community assets and insights.

The place-based approach should not preclude potential clients from geographical areas outside of their residential catchment from accessing a service (even through referral pathways, if appropriate); this flexibility will echo the people-centeredness principle allowing clients to get help where they need it.

4.5 Key principle 5: Evidence-informed

4.5.1 Challenges

Programs that are designed without a research evidence-base, without rigorous practice wisdom, and without being informed by stakeholder perspectives can be ineffective. It is also possible that these programs can cause harm, and waste resources through re-invention or unnecessary duplication of structures and effort.

4.5.2 Recommended design criteria

The new service model will: follow good practice in human services design and delivery by integrating knowledge from research evidence and stakeholder insights (e.g., people with lived experience, providers/practitioners and the broader community); and engage with ongoing monitoring and evaluation to inform program design and improvement.

4.6 Key principle 6: Collaboration

4.6.1 Challenges

Past commissioning of financial wellbeing programs has often contributed to sector competition and anti-collaboration activities, especially between service providers.

4.6.2 Recommended design criteria

The new service model will: encourage collaboration towards shared goals, responsibilities and accountability for client and community outcomes; leverage partner strengths and assets within and outside the program; be transparent and have collaborative governance principles and an appropriate facilitation model to ensure collective impact.

The academic literature and practice around the world point to a continuum of possibilities about how program governance could be structured – from the informal leadership role of a ‘backbone’ coordinator or coordinating organisation while maintaining a flat organisational structure, to a more hierarchical ‘facilitating partner’ model (Coram et al 2022) where some resource allocation and management responsibility is undertaken by a lead provider or providers.

The new service model should encourage collaborative corporate functions at a program level, such as management, marketing, and attracting and leveraging extra funding and assets to remove duplication and ensure efficient use of resources. Such corporate functions could be commissioned at a program level as separate roles in the program (e.g., a marketing partner), or at the level of bidding consortia.

Servicing regional areas is encouraged through the same deep collaborative approaches and by leveraging the existing regional presence and assets, including reputation and connections of respective providers.

4.7 Key principle 7: Building capacity together

4.7.1 Challenges

Many services have been delivered by organisations using small, highly casualised or volunteer workforces, with minimal staff, worker or volunteer training in some instances, due to limited provider capacities and resources.

4.7.2 Recommended design criteria

The new service model will: allow resources to be used for training, including for people with lived experience, to harness staff and volunteer passion and develop capability at a program level. The model will support ‘communities of practice’ for practitioners and people with lived experience where appropriate and encourage ‘peer-to-peer’ support for clients.

4.8 Key principle 8: Shared data and measurement

4.8.1 Challenges

Historically, data for program reporting was often duplicated across multiple systems and not easily analysed for timely feedback. Such data also focused on measuring outputs, not outcomes.

4.8.2 Recommended design criteria

The new service model will: establish shared client and community outcomes measurement; use shared data collection processes, measurement tools, analysis and presentation approaches; create timely feedback loops and knowledge exchange between and within organisations.

4.9 Key principle 9: Financial flexibility

4.9.1 Challenges

Past commissioning rules often led to under-funding of programs or services and prevented innovation and collaboration due to lack of resources and inability to re-allocate deployed funds.

4.9.2 Recommended design criteria

The new service model will: give license to utilise funding flexibly in terms of cost allocation for program and collaboration management versus direct client costs. Flexible use of funds will be within the existing funding envelope and on the proviso that all mandatory elements are agreed between the department and providers, with agreed minimum KPIs and program outcomes met.

4.10 Key principle 10: Marketing

4.10.1 Challenges

People experiencing financial hardship are often bombarded with marketing by some commercial lenders and products (e.g., payday lenders, ‘buy-now-pay-later’ services) whose products may worsen financial difficulties. By contrast, government and non-government financial wellbeing programs are not well known or easy to find and access.

4.10.2 Recommended design criteria

The new service model will build strong program awareness, reputation, and referral pathways among both communities and the sector, including frontline professionals across the social services sector and beyond. This approach will facilitate prevention, early intervention, and clear pathways to services for clients in need.

Below is a summary of all 10 principles and the corresponding DHS Social Impact Framework domains.

4.11 Principles and DHS Social Impact Framework

Summary of recommended new Financial Wellbeing Program guideline principles.

4.11.1 SIF Pillar 1: Aligned to social impact objectives

Focus on client outcomes

Clients are anyone who needs the service and their family/community. The key outcomes will be financial wellbeing: (1) meeting expenses and having some money left over; (2) being in control; (3) being free of financial worries; and (4) have social and cultural capital. Other outcome indicators will include short-term (e.g., immediate needs met such as bad debt reduction or food relief), and long-term (e.g., pathways towards sustained financial wellbeing), and prevention of future financial precarity outcomes.

4.11.2 SIF Pillar 2: Designed for impact

People-centred

The new service model will be tailored to individuals and their families to ‘meet them where they are at’; be flexible in what, when, where and how the service is delivered (e.g., hours of operation etc); be informed by clients’ desired goals and outcomes; accessible via a ‘no wrong door’ model and maximum convenience; start with a triage in a timely way and has a welcoming first, most critical, contact; offer a range of services (of must-have and additional services); and be culturally appropriate and trauma-informed.

Dignified

The new service model will be non-stigmatising, enable choice and be delivered according to values of respect, privacy, compassion, empowerment and non-judgement. This will be achieved by programs/services having no eligibility barriers, and being co-designed with, and involving people with lived experience of financial crisis.

Place-based

The new service model will encourage co-location of multiple services, resource-sharing and collaboration within a local geographic area, situated near transport and community hubs; create a safe and welcoming environment; be responsive to local needs and harness resources, opportunities and social networks of a community (especially Aboriginal and culturally- and linguistically diverse to ensure the program uses appropriate channels).

Evidence-informed

The new service model will follow good practice in human services by integrating knowledge from research evidence and stakeholder insights (e.g., provider/practitioners, community and people with lived experience); and engage with ongoing monitoring and evaluation to inform program design and improvement.

4.11.3 SIF Pillar 3: Developed in partnership

Collaboration

The new service model will: encourage collaboration towards shared goals, responsibility and accountability for client and community outcomes; leverage partner strengths and assets within and outside the program; be transparent and have collaborative governance principles and appropriate facilitation model to ensure collective impact. The new service model will also foster collaborative corporate functions at a program level, such as marketing, management and attracting and leveraging extra funding and assets to remove duplication and ensure efficient use of resources.

Building capacity together

The new service model will allow resources to be used for training (including for people with lived experience) to harness staff and volunteer passion, and develop capability at a program level. It will develop communities of practice for practitioners and encourage 'peer-to-peer' support for clients.

Shared data & measurement

The new service model will establish shared client and community outcome indicators; use shared data collection processes, measurement tools, analysis, and presentation approaches; create timely feedback loops and knowledge exchange between and within organisations.

Financial flexibility

The new service model will give license to utilise funding flexibly (within the existing funding envelope and on the proviso that all 'must haves' are available to clients) in terms of cost allocation for program and collaboration management vs direct client costs; balance between acute vs. long-term responses and prevention initiatives; and will deliver value for money through leveraging other resources.

Marketing

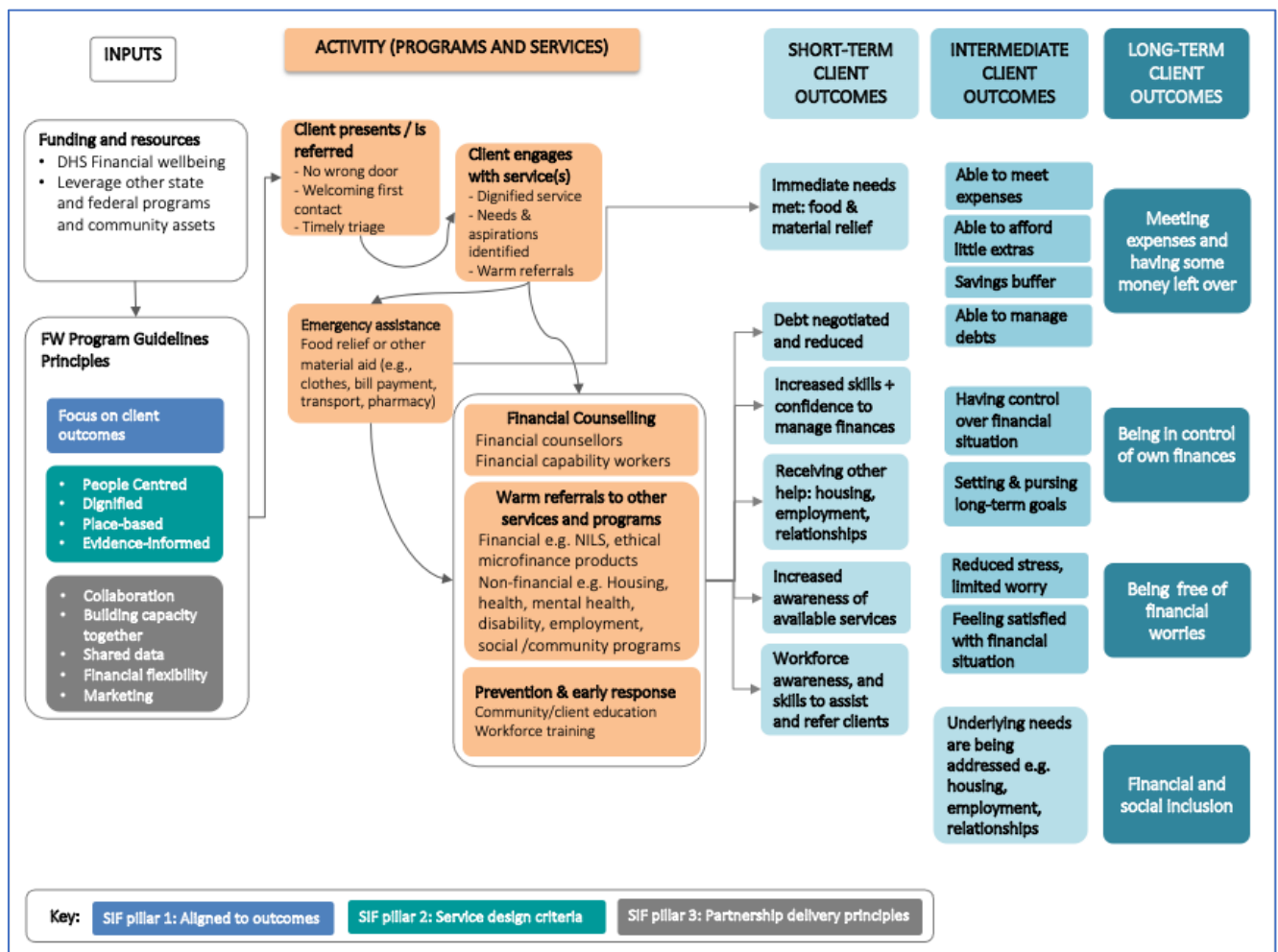
The new service model will build strong program awareness, reputation, and referral pathways among community and sector, including frontline professionals across the social services sector and

beyond. This approach will facilitate prevention, early response, and easy pathways to service for clients in need.

5 Program logic

A logic model provides theoretical links between inputs, activities and desired outcomes of the new FW Program (Figure 4).

Figure 4: Recommended logic model for the Financial Wellbeing Program



6 Monitoring, evaluation and reporting

Sector engagement suggested that there is an opportunity to improve data collection, management of data, analysis and reporting systems and outcomes measurement across the FW Program. Such improvements would enable better understanding of how programs and services are generating collective social impact. This issue is acknowledged explicitly in the key principle *Shared Data and Measurement* that emerged from the consultation process.

In the past, service providers were not confident about the value of reporting processes. Staff felt protective over data, and relationships between organisations were not developed enough to enable data sharing. It was also the case that the data items/indicators in the Affordable Living Programs were focused on outputs rather than client and community outcomes. **These learnings**

present an opportunity to develop a shared outcomes framework across FW Program providers. We recommend this as the next stage in the re-design process.

7 Integrating FWP into wider DHS service ecosystem

The challenges experienced by clients of financial wellbeing services do not occur in isolation. DHS data shows that there are typically several detrimental circumstances that contributed to, co-occur with, or follow on from the experience of financial insecurity. Addressing these challenges through a holistic, system-wide approach could result in stronger client outcomes and more sustainable exits from financial insecurity. Furthermore, sector engagement highlights that often the same client is supported by multiple programs, services, and providers, but not in a coherently interconnected way (which results in unnecessary duplication of services, inefficient use of resources, and emotional burden on clients who have to re-tell and re-live their stories).

Therefore, we strongly recommend that the opportunity to re-design and re-commission the FW Program be considered in a context of the entire DHS ecosystem and other programs which are aligned with the FW Program in terms of client outcomes, client cohorts and provider resources.

As a 'low hanging fruit', we see opportunities to integrate the FW Program with two such DHS programs: the Community Connections Program (CCP) and the Community and Neighbourhood Development Program. The first is a program that plays a critical way-finding role in the DHS ecosystem, by having a 'no wrong door' policy and a system of referrals and partnership structures that allow a client with a wide variety of needs to be triaged and referred on to the appropriate services. Notably, a recent evaluation shows that the vast majority of current CCP clients experience at least one form of financial disadvantage (Bogomolova et al 2022), suggesting a very good fit between the FW Program and the CCP. Currently, there is no CCP partner type that specifically addresses financial wellbeing or emergency assistance – new partner types to address financial and material needs could be added to the existing CCP program. The other program that might have strong synergy with both the FW Program and the CCP is the Community and Neighbourhood Development Program, which funds physical infrastructure and activities related to community centres in SA. Community centres already act as physical hubs for various community services. Better integration of that infrastructure into other place-based programs, like CCP and FWP, would bring even more life into these community assets and allow the programs to have stronger physical presence in communities (including regional).

The coinciding recommissioning cycle of these three programs (FW Program, CCP, and Community and Neighbourhood Development Program) presents a unique opportunity for integration.

8 Conclusion

This briefing paper presents a high-level summary of key principles that CSI Flinders recommends using in the re-design and re-commissioning process for the new FW Program run by DHS. The data considered to make these recommendations were drawn from past research with people with lived experience, an audit of existing literature and extensive consultations with sector practitioners, triangulated against CSI Flinders' knowledge of good practice in human services globally, and, specifically, against the Social Impact Framework developed for DHS.

The next stage to the re-design and re-commissioning process should be the development of a shared outcomes framework for the FW Program, as a tool for setting outcomes, benchmarking and

against which monitoring, evaluation and reporting should be undertaken. The existence of such a tool is an important signal to providers about how the program has been re-designed and what the expectations are in terms of client outcomes for the new program.

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Appendices

Appendix 1

Figure 1: Examples of in-person workshop materials and outputs of discussions, 'blue sky thinking' and voting captured on post-it notes and butcher's paper

- Centrepiece for all organisations to share work/ideas/training
- Training Certificate II for example to train staff/volunteers
- Resilience is not an appropriate frame, people are resilient
- I'd like to see a service model that:
 - Is flexible enough to meet the needs of clients anywhere in the state
 - Meets client needs and provider needs
 - Builds skills, knowledge, capacity in our clients
 - Achieves better long term outcomes
 - Know when and how to access help
 - Skills to negotiate/navigate themselves
 - Is not seen as shameful (for clients)
 - Simple for client – no jargon, forms that are hard to fill in
 - Has a simple funding model
 - Streamlined reporting and data collection
 - Encourages collaboration
 - Is shaped by lived experience
 - Allows providers to invest in their staff

Appendix 2

A word cloud generated by participants on the 24 June 2022 online workshop. The main words and phrases were:

- Choice
- Partnerships
- Culturally appropriate
- Lived experience
- Place based
- Accessible
- Relational
- Collaboration
- Responsive

Appendix 3

Proposed outcomes framework

Three levels of client outcomes are considered - short-term, intermediate, and long-term.

Short-term client outcomes considered:

- Immediate needs met: food & material relief
- Debt negotiated and reduced
- Increased skills and confidence to manage finances
- Receiving other help: housing, employment, relationships
- Increased awareness of available services
- Workforce awareness, and skills to assist and refer clients

Can lead to

Intermediate client outcomes:

- Able to meet expenses
- Able to afford little extras
- Savings buffer
- Able to manage debts
- Having control over financial situation
- Setting and pursuing long-term goals
- Reduced stress, limited worry
- Feeling satisfied with financial situation
- Underlying needs are being addressed e.g., housing, employment, relationships

And can eventuate in

Long-term client outcomes:

- Meeting expenses and having some money left over
- Being in control of own finances
- Being free of financial worries
- Financial and social inclusion

Appendix 4

Recommended logic model for the Financial Wellbeing Program

Inputs are described as funding and resources from:

- DHS Financial wellbeing
- Leverage other state and federal programs and community assets

And are directed into

The three pillars of the Social Impact Framework incorporating the 10 Financial Wellbeing Program Principles that are:

- Focused on client outcomes
- People Centred
- Dignified
- Place-based
- Evidence-informed
- Collaboration
- Building capacity together
- Shared data
- Financial flexibility
- Marketing

Flowing into the Activity (Programs and Services) 'area', the process entails:

Client presents/is referred

- There is no wrong door
- Welcoming first contact
- Timely triage

The next step

Client engages with service(s)

- Dignified service
- Needs and aspirations identified
- Warm referrals

Following a path directly to:

Financial Counselling

- Financial counsellors
- Financial capability workers

Warm referrals to other services and programs

- Financial e.g., NLS, ethical microfinance products
- Non-financial e.g., Housing, health, mental health, disability, employment, social/community programs

Prevention & early response

- Community/client education
- Workforce training

Or via:

Emergency assistance

- Food relief or other material aid e.g., clothes, bill payment, transport, pharmacy

The emergency assistance process meets the immediate short term needs of food & other material relief while the financial counselling, warm referrals to other services and programs, and prevention and early response mechanisms are considered able to address the remaining short-term client outcomes of:

- Debt negotiated and reduced
- Increased skills + confidence to manage finances
- Receiving other help: housing, employment, relationships
- Increased awareness of available services
- Workforce awareness, and skills to assist and refer clients

Ultimately resulting in the progression to addressing the intermediate and long-term client outcomes as detailed in Appendix 3.