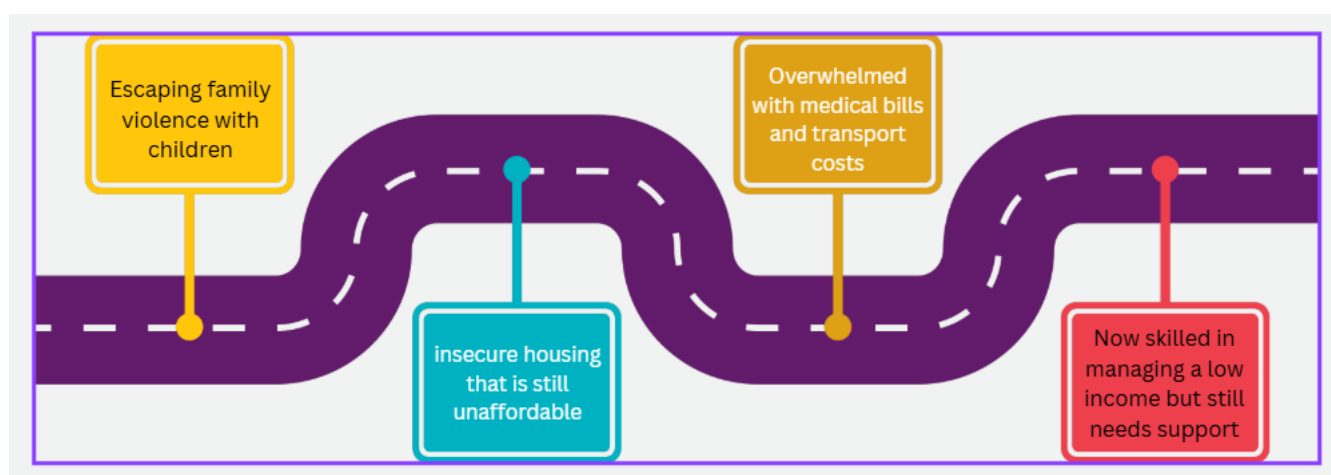

Journeys through the Emergency Relief system

Experience of the impact of Emergency Relief funding provided by Lotterywest on people in financial crisis and organisations supporting people in financial crisis in Western Australia

January 2026



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1. INTRODUCTION

Emergency Relief (ER) is a crucial part of survival for the many Western Australians in financial hardship. For some, ER may be a food voucher after an unexpected job loss, or a utilities payment to help keep the lights on during a medical crisis, or support to secure temporary accommodation when housing becomes unsafe. For many others, low and insecure incomes, unaffordable housing, high living costs, and limited access to essential services cause ongoing financial stress, making ER a regular part of meeting their basic needs. In recent years, rising living costs, tight rental markets, and layered social and health pressures have increased demand for ER across the state, with services reporting more people seeking help, more often, and with more complex circumstances.

Supported by Lotterywest and WACOSS, this project is gathering stories from ER recipients and service providers, creating case studies and journey maps to understand the impact of providing ER for recipients during the current cost-of-living crisis. This qualitative information aims to complement the quantitative data that already exists on the increased demand in recent years providing a deeper understanding of the ER journey and the need for ongoing and increased funding to meet the evolving needs of people seeking ER.

By mapping the funding landscape and the way ER is experienced by service providers and service users, the report aims to identify strengths, gaps, and emerging risks and consider the extent of the ongoing need as well as what “good” looks like on the ground.

The report will provide a snapshot of the current ER funding environment in WA, drawing together the major streams that underpin service delivery: Commonwealth funding (including key programs delivered through community organisations), Western Australian Government investment (through targeted portfolios, grants, and place-based responses), and Lotterywest funding (supporting community-led approaches, service innovation, and capacity building). While these sources share a common purpose, they differ in objectives, eligibility, reporting requirements, and the degree of flexibility available to respond to local need.

It will touch on the growth in need for ER in Western Australia in recent years and the systemic causes that lead to the criticality of sustainable funding to assist people in need. These system level failings mean that many Western Australians are falling through the cracks, despite their best efforts.

'It literally stopped us from starvation'

'Trust that they are pointing you in the right direction. they will give you pages of information. Start ringing the numbers. There are angels out there'

'...but you just can't manage what you don't have (money). Not enough is still not enough after counselling'

'It's really shameful when you have to go back constantly, especially for food vouchers'

2. THE CURRENT SITUATION

At the national level, ER is delivered through grant programs administered by the Commonwealth Department of Social Services (DSS), allocated to community organisations on a five year contract basis to provide immediate financial assistance for people in crisis (e.g., food parcels, vouchers, utility bill support, transport help, referral to counselling and other services)¹.

The State Government's investment in ER is confined to funding of the coordination function for the Emergency Relief and Food Access Service (ERFAS) by the Department of Communities. ERFAS is delivered through the Financial Wellbeing Collective (FWC) led by Anglicare and including 12 not-for-profit community service organisations and local governments. ERFAS provides assistance with food, rent and bill relief as a component of FWC integrated services aimed at reducing the drivers and impacts of financial hardship in the Western Australian community. Despite significant advocacy effort, the State Government does not provide direct funding to support individuals or families in hardship.

Lotterywest funds Crisis and ER as part of their Community Investment Framework. This includes grant funding for organisations to deliver ER services, and for the Community Relief and Resilience (CRR) Program, delivered by WACOSS. The CRR Program is intended to strengthen system response and network capability to improve outcomes for people accessing ER in WA. The Program provides policy representation and sector support for WA's ER sector—including over 300 agencies that offer food, financial aid, material support, and referrals. The Program aims to influence government on crisis support systems, facilitate collaboration and information-sharing, strengthen sector capability, and enhance sustainability through improved funding and services².

Data on the increased demand for ERFAS since COVID is well established and in the public domain. In January 2025 ERFAS saw nearly 4,000 calls marking its highest call volume on record, an 87% increase compared to January three years earlier.³ The 2025 report from Anglicare noted the client profile seeking support is also changing with a 225% increase in individuals who are employed seeking assistance over four years, highlighting growing support needs even among working households. Drivers for the increase in ER demand include:

- **Escalating Cost of Living & Inflation** - households continue to face persistent price pressures on essentials, including housing, transport, food, and utilities⁴.
- **Housing Affordability Crisis** - Over 210,000 households report unaffordable housing, with fewer than half of renters (39%) or mortgage holders (48%) finding housing affordable.⁵ In January 2026, Perth recorded the highest rents in the country and the median house price reached 1 million dollars.
- **Households Under Pressure, even Those in Work** – Analysis in the WACOSS Cost of Living Report⁶ shows weekly expenditure for the model Single Parent Family surpasses their income by \$90.06 and the model Two Parent Family's income is insufficient to cover their basic living costs for the second year running. The Anglicare 2025 Cost of Living Index indicates that even full time work is not sufficient to keep people out of poverty with a single person on the minimum wage having only

¹ <https://www.grants.gov.au/Go/Show?GoUuid=88cbe681-42e9-4f50-9ebc-7b176df729b6>

² WACOSS

³ Financial Wellbeing Collective.

⁴ WACOSS Financial Wellbeing Collective

⁵ Anglicare WA, shelterwa.org.au

⁶ https://wacoss.org.au/policy_publications/wacoss-cost-of-living-report-2025/

\$33 left after covering basic expenses. A single parent on the minimum wage may have just \$1 left at the end of the week, even including government family payments⁷.

These socioeconomic strains have been translating into tangible hardship over many years for people on income support. Now, increasing cost of living pressures are causing significant hardship for both waged and unwaged people —resulting in skipping meals, rationing medication, forgoing heating or cooling, and being pushed into emergency support systems just to survive. When expenses exceed income week in-week out, the need for ER is unlikely to diminish and the original intention of one-off support or getting people over a brief financial hurdle is now increasingly unrealistic.

3. PROJECT PURPOSE AND OBJECTIVES

The purpose of the project is to understand the impact of providing ER for recipients during the cost-of-living crisis to inform the ongoing need and composition of support.

The project objectives are:

- To examine the longer-term effects of wrap-around services in improving financial stability, housing security, mental health, and personal safety.
- To assess the effectiveness of the service model, with a focus on how these services work together to create lasting changes for individuals and families as well as potential areas for improvement.
- To produce detailed journey mapping and case studies that can be used to advocate for continued or expanded funding for ER and rent assistance.

4. PROJECT APPROACH

Case Studies: A range of case studies have been selected to represent various demographic groups impacted by the crisis, including individuals from diverse cultural backgrounds, family structures, and geographic locations in WA.

Journey mapping : Where people with lived experience of accessing ER come together to build a journey map that reflect the different ways people utilise, engage with, and move in and out of using ER.

Impact Assessment: The project assesses both short-term outcomes (e.g., financial relief received, immediate stabilization) and long-term outcomes (e.g., sustained financial independence, improved mental health, stable housing) of access to ER. The information is analysed to identify impactful practices for providing ER and wrap-around services.

The project is premised on people who accessed ER always being in genuine need – that is, while it is acknowledged that it happens, it is rare that people will access ER when they are not experiencing financial stress or other personal challenges. It should also be noted that while the experience of service recipients was not always positive, all respondents acknowledged that the individuals and organisations providing services were doing the best in a system under strain. Without fail, participants in the project expressed overwhelming gratitude for the assistance received.

⁷ [Anglicare Australia's 2025 Cost of Living Index – Anglicare | NSW South, NSW West & ACT](#)

5. THEMES AND FINDINGS

Through both the workshops and the case studies, key themes emerged in relation to ER.

1. Housing is key. This came through overwhelmingly from people who went from housing vulnerability to stable housing. Their need to access ER diminished from 'whenever I could and wherever I could get it from' to intermittently – largely if an unexpected bill, or children's/grandchildren's birthdays came up.
2. The referral opportunities that arise from people accessing ER are valuable. Three of the participants were assisted into housing after reaching out for ER and Mandy (see case study below) provided an excellent example of how referrals prevented a negative outcome, that would have been significantly more costly to the system if the referral had not occurred.
3. In many cases, ER is not just a one off, particularly if a person or household has a low income coupled with vulnerabilities such as mental health issues or a disability that is prohibitive to earning a living income.
4. The system has a long way to go to ensure people are getting easy to access, wrap around support (no wrong door) with recipients experiencing feeling bounced around from services who only provided certain assistance to certain areas or confused when rules changed about what help was available and when they could access help.
5. There are inequities in access to ER, particularly in the Regions, for both organisations and individuals. The organisation from the Kimberly in the case studies does not receive any funding to provide ER to their community and the Wheatbelt organisation spoke of 'patchy' funding in the region.
6. Recipients were incredibly grateful for the support they have received, however, all participants in the conversations reported the services being under strain and feeling like they often didn't have the time to help them in a way that would generate longer term improvements.

Overall, there is a clear need for the ER safety net provided by Lotterywest to continue, particularly in the current economic environment with further uncertainty to come with regard to inflationary and other cost of living pressures across Australia. Federal Government (DSS) funding is relatively fixed over grant periods, meaning it does not always expand quickly when demand increases and is not available to all organisations where people are connected. State Government funding is tied to specific pressure points or policy agendas and is generally time bound. Lotterywest funding is seen as supporting service capacity in high demand areas, flexible and enabling of innovation and conducive to sector collaboration, leading to better outcomes for individuals.

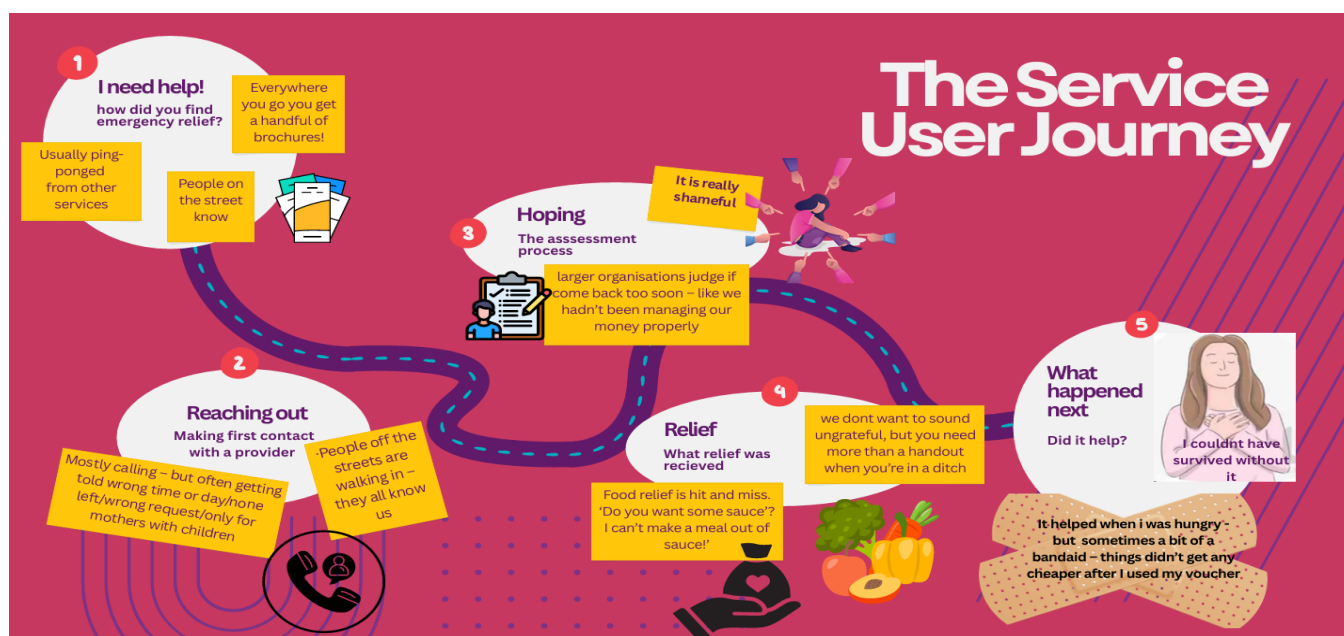
6. JOURNEY MAPPING WORKSHOP

The workshop element of the project was an opportunity to bring together a range of service users and service providers to go through the ER journey from differing viewpoints. The workshop was held in October 2025 and included four people with experience of accessing ER and three service providers. The workshop walked through the service user journey, from both a receiver and a provider view and asked about the experience at each point in the journey (finding, contacting, connecting, receiving and impact) identified gaps and pain-points and highlighted opportunities for improvement in individual services and across the system.

Consideration was given to a second workshop to ensure all the themes will have emerged⁸, however, due to the largely transactional nature of ‘one-off’ clients, service providers do not often develop a relationship that allows for referral into the project. The interviews with service providers supplemented these views.

6.1 High Level Workshop Observations

- Service users reported finding it incredibly embarrassing to need to ask for help, but useful to be able to tell their story in a room where support was nodding in understanding rather than judging
- Services users were very complimentary of small, locally based service providers who get to know their story and gain an understanding of how to provide support that is meaningful and helpful rather than just a bandaid. Larger organisations sometimes created a feeling of being a ‘number’ in the system. It was acknowledged that the larger organisations may be working with a service model that aims to be more efficient due to the larger number of clients.
- ER is not operating as a one-off assistance package in many cases. All participants in the workshops or the case studies reported having accessed assistance multiple times over quite long periods of time and across multiple kinds of service including food, fuel, bill relief and referrals. While eventually all participants emerged from the period of financial crisis, it took a lot of time and effort on the part of service providers and service users. Service users still felt the pressure of ‘one big thing’ undoing all the progress they had made. It should be noted that service users who may fall into the ‘one-off’ category have not been represented in this project, in part as service providers are less able to form relationship that would facilitate participation.
- The system is not always easy to navigate. Service users have needed to develop their own quite intricate processes for tracking where and when they can access different types of assistance, often travelling out of area (and incurring the transportation costs associated with this).
- Having safe and stable housing was overwhelmingly a way out of needing repeated ER.



⁸ Thematic saturation: with 6-8 participants, the majority of high-level themes typically emerge, and any further input tends to repeat the themes.

6.2 System Gaps Identified

- Federal and state legislative requirements become significant barriers to accessing ongoing assistance when it is needed. For example, non-permanent residents escaping violence with no ability to access any income or households caring for children that have not been acknowledged by Centrelink.
- Assistance with documents – there are very limited services and high need with service users often overwhelmed with government and official documents they do not understand. Service providers report that this holds service users back from gaining greater financial independence or bill relief when they do not understand where assistance is available from banks, utility providers or government agencies, particularly for health or disability issues. Financial counsellors are invaluable in providing guidance on official documents and correspondence.
- Following the Department of Social Services funding changes, it is more difficult for people to understand where to go to get support – it feels like everything has changed for them.
- Current numbers of requests for ER are overwhelming for organisations. Indigo Junction reports that their funding has been exhausted by 9.30 in the morning and Anglicare consistently has a long wait time for their phone service. Each organisation has needed to develop an assessment criterion to manage the demand they face on a daily basis.
- Dealing with households with requests for relief from multiple members is difficult to unpack and assess, but acknowledgement is needed that they can be very independent requests.
- The presenting need is often not the underlying issue and additional resourcing is needed to undertake deeper dive/case management approaches for effective response or referral. There are very limited options for referrals in the regions.
- Service users have to access multiple different services to find assistance. This is exacerbated if service users cannot access or afford transport to make their way to a service, or if service providers have run of resources when they do get to them.
- Despite best efforts of food providers, food relief it is often not fit for purpose (e.g. food suitable for children or people with dietary requirements, too close to use by dates, or requires preparation where people do not have the cooking infrastructure. One workshop participant made a joke that they often get asked ‘*would you like some sauce?*’ because that is what they have in stock – but having nothing to put the sauce on!



Where did things feel supportive?

Mostly staff in smaller, place based organisations are great – they get to know your story and can refer onto other services – ‘Indigo Junction got me into a house and now I don’t have to access ER very often at all – mainly just at kids birthdays’

Where did things feel hard, frustrating, or discouraging?

Hard to find days and times and what you can get from where.

Lots of wrong doors – exacerbates issues if you have no car/fuel/bus route

Foodbank trucks – the quality hit and miss and ‘now I have spent all my money on meat that smells funny’.



6.3 Improvement Opportunities

- The Lotterywest funding model is very flexible, and the broader funding system could be aligned to replicate this –streamlining towards a no-wrong-door model where any service can address a presenting need rather than clients feeling like they are ‘bouncing around’. Many service providers were constrained in what they can provide under DSS contracts, but report that Lotterywest funding ‘seems better at allowing us on the front line to direct it to where the need is’.
- Improve marketing of WA Connect (phone booths suggested) and ensure information is current on what services have available and when they are open. Sometimes information on services websites is out of date ‘and now I have wasted my fuel getting there’.
- Organisations need an uplift in staff to do the groundwork for complex requests such as legal/mental health and follow ups. ER is a doorway to other support services, but often they don’t have the funding to take on the case management.
- The word ‘emergency’ has connotations that are misunderstood by many people who need support but think it is for ‘fires or floods’. The planned shift away from this language will help with this.

7. CASE STUDIES

Case studies aim to do a deep dive into individual stories to get qualitative information through the lens of people who have lived experience of life events and circumstances that lead them to seek ER. People who have accessed ER may have experienced marginalisation and have not had the chance for the system decision makers to hear their story. This process has hopefully given voice to their experience in a way that is safe and constructive.

The case studies primarily focus on the situation leading up to needing ER and the impact on their lives in the short and long term. They also investigate recipients experience in finding and accessing the services and what other supports were provided beyond ER.

The prompting questions included:

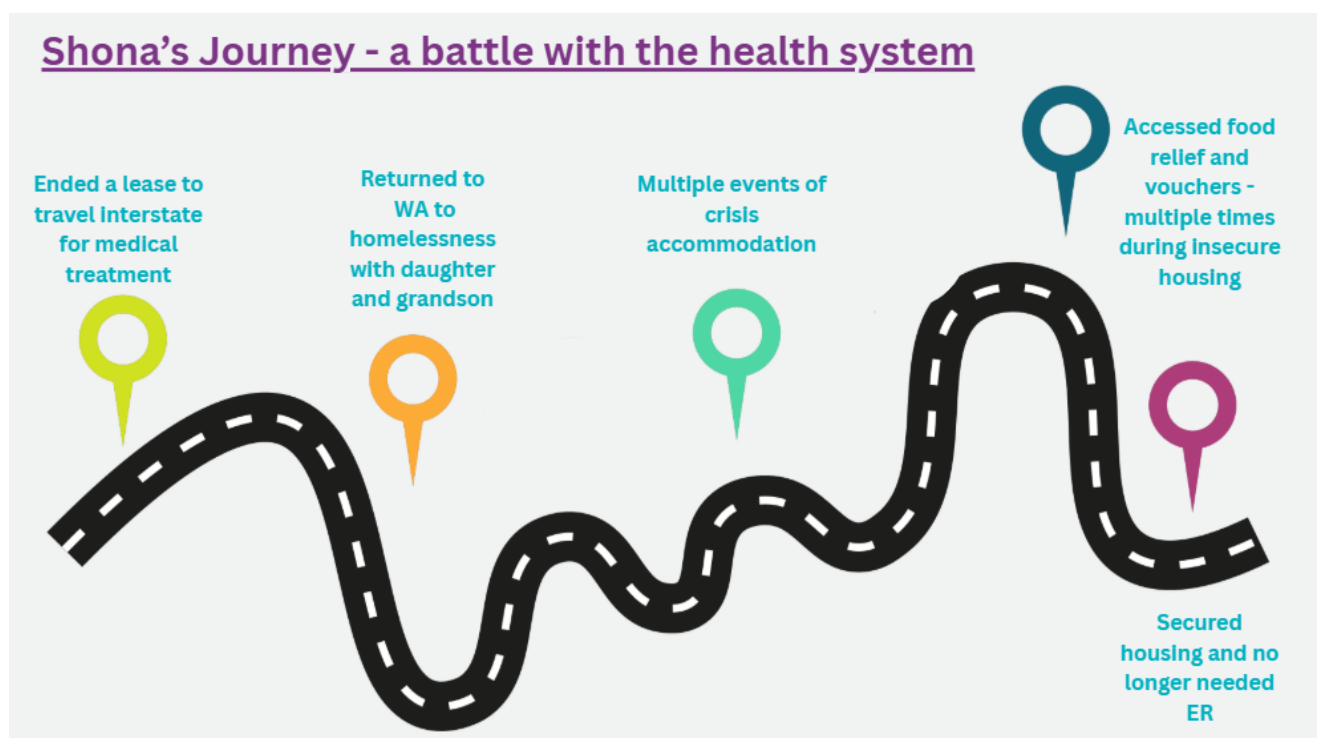
- Was it the first time you needed to access an ER service or have you been before? Are you up for telling me how many times?
- How did you find out about the ER service (online, word of mouth, referral) and was it easy to get to where you needed to be?
- What stood out to you about that first experience? Did you feel welcomed, nervous, hopeful, embarrassed?
- What support did you receive (e.g. food, vouchers, bill support)?
- Did it make things easier just for a short time, or did it set you back on track to not need further support?
- Was anything particularly supportive—or unhelpful—in the way service providers interacted with you?
- Were you connected to other services or supports through reaching out for ER?

Four ER recipients (deidentified) and three service providers were spoken with to develop the case studies. The conversations were in person, over Teams or over the phone, depending on time and geographical factors as well as how the interviewee felt most comfortable.

7.1 Shona

Shona is a mother and grandmother who spoke about a long and traumatic experience with the Western Australian health system that resulted in her grandson, Jake, being removed from the care of his mother into foster care and the family eventually, seeking health care interstate when they were reunited. The experience of injustice in the actions of the health system, needing to be in and out of hospital, separated by significant distance from Jake during his time in foster care and eventually having to seek medical care interstate left Shona and her family destitute.

Shona has been at the centre of a protracted and overwhelming battle with health professionals, medical researchers and the child protection system – as the David to their Goliath. From January 2023 when 6-year-old Jake was first admitted to Perth Children’s Hospital for tests for leukemia, Shona has been enmeshed in the medical and legal system seeking justice for Jake. The family went from state to state (QLD, VIC and NSW) seeking the right care for Jake. Upon returning to Perth in August 2025 to stay with Shona’s son, they found themselves homeless due to family and domestic violence.



Shona became aware of ER through the women’s refuge service. Although the refuges were all at capacity, they were referred to Entry Point and the Salvos who gave four or five instances of assistance but usually didn’t have accommodation available. Hotels were charging huge bonds and although Airbnb’s were available, a room was being charged out at the same price as a whole house to rent and they had two young children with them. The family bounced from week to week in Airbnb and Entrypoint referrals to the Ibis

Hotel. Any time they managed to secure a full apartment with cooking facilities, it was such a relief, some breathing space.

It feels like millions of dollars wasted. There are different emergency relief systems in place to help, but they just don't connect to each other. When we were homeless, Entry Point accommodated us in the Ibis Hotel - but when we go to access homeless food parcels, half the things in the hampers need cooking and there was no stove! The hotel fridge is a bar fridge, so even when you do get vouchers, you can't fit anything in the fridge! It costs \$40 per day to park the car - and I just couldn't give up the car - it was the only thing we still had that was ours. It just seems like getting a house would have been cheaper for everyone!

Shona reported accessing mainly food and vouchers and that finding food services was easy through Anglicare or Foodbank but often felt that sharing her story was a battle when services didn't have time to hear. Services can be hit and miss – some were compassionate and were clearly doing their best, at other times she felt chastised or was told she was in the wrong place and 'we don't do that'.

What stood out for Shona from the first experience of accessing ER was the feeling of embarrassment, 'that for all your effort, you still ended up here'. Having to care for children meant she felt like she was being 'picky' and 'ungrateful', but so often she knew the kids wouldn't eat so it would be wasted all over again.

What was most useful for you? Referrals to other services – including a Commonwealth Bank that could facilitate a payment for Family and Domestic Violence situations. When bills that you just can't cope with can be dealt with. Not everyone tells you this but that takes a lot of stress out of a situation when all the stressors are piling up. Mostly though, it was when people gave us the time of day.

What has been the long-term impact of the ER for you? It kept us from literally starving while we were living in crisis and insecure accommodation.

Is there anything you wish the service providers or the system understood better? The need to just listen. And listen before they start speaking. We weren't incapable, we just needed guidance to adapt to our situation. But it takes time to hear our story to be able to give the right guidance.

If you could change one thing about how ER works in WA, what would it be? Something needs to be done for the weekends – so many of the services close but the need doesn't. Also, QLD has a program where the government pays for 75% of a hotel stay when you have nowhere else. Something similar with Airbnb in Western Australia would solve so many of the problems we encountered.

What advice would you give to someone else who might need to seek ER for the first time? To focus on what making the most out of what you actually have in your hand.

Shona's overarching reflections

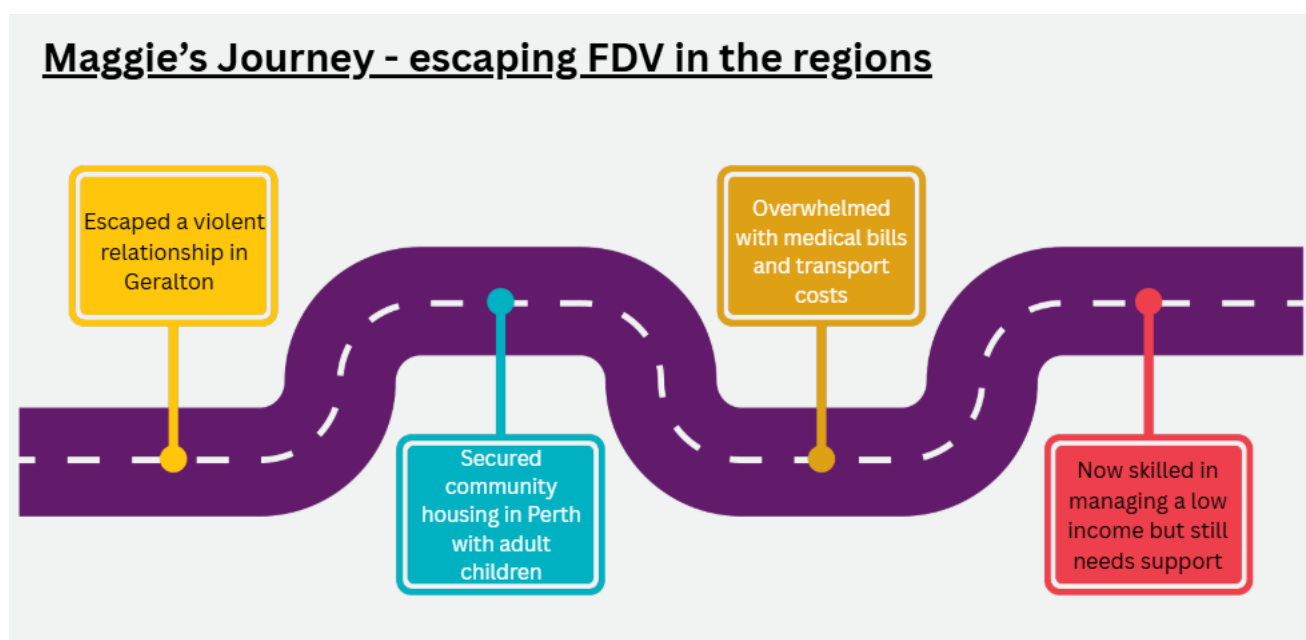
We didn't go without food because we were proactive. But there comes a point where you run out of options – the brokerage has run out - but you are still in need. Then it becomes a matter of being bounced around from service to service. It was not safe for us when we got referred back to Crisis Point – we know they are linked to DCP, and we had a bad experience when they removed my grandson and put him into foster care. Lots of people have had bad experiences with the Government and just wouldn't turn up to that service. I

was manic by the end of the whole experience prior to getting this house. And we had capacity and didn't take no for an answer. Who knows how it goes for people who don't have capacity.

7.2 Maggie

Maggie lived in Geraldton and finally left a violent partner with her children after many years living in fear. Both Maggie's children were exposed to the violence and now continue to live with Maggie and manage ongoing mental health issues. In 2018, Maggie used the small amount of money in her superannuation to hire a truck to come to Perth where she got priority housing with her 2 daughters. The family accessed Centrelink payments and survived on this until the expenses became too much and they sought out ER.

Maggie and her family were overwhelmed. Medical bills, maintaining an old car that used the last of her superannuation to purchase and household costs for three adults meant expenses consistently exceeded income. She was referred to ER (Salvos and Vinnies) by her housing provider at a point where she thought she 'may have to go dumpster diving'. The assistance was not only lifesaving but made her feel human again – even getting help with Christmas presents! Maggie and her family mostly access food vouchers and hampers, support with bills and reports that this means there is money left for fuel. She has also accessed glasses through the St Pats volunteer service and dental assistance after spending time feeling like she couldn't smile because of her teeth.



Maggie and her family accessed ER often and still do, despite having assistance from Jacaranda for financial planning. Maggie reported feeling like after getting financial help, they were expected to be able to do it themselves, but 'you just can't manage what you don't have'. Accessing ER has been complicated, trying other services in other areas when their allowance ran out, but being told the service could not support anyone out of area. Maggie has diligently put a system in place to track where she can get help and when, but reported that it seemed to be consistently changing, the days a service is open, suddenly needing to have an appointment or the kind of help advertised has run out.

The overwhelming feeling for Maggie when first turning up for support in Perth was feeling very ‘raw and uncovered’, particularly having to tell her story over again while simultaneously dealing with the impact of her daughters’ abuse trauma. Margaret said the first time she went into a police station to seek help for her family violence situation, she told the story in the 3rd person, and the process to get to telling it as her own story was long and difficult. Now it feels like continually having to justify how her life had gone from being ‘financially stable with a nice house to suddenly having nothing but a neighbour’s barking dog’. Maggie’s girls are ‘in their 20s and find it too embarrassing to ask for help so they would rather not eat proper food and just have some toast’.

The most frustrating part is the people that come around from the church who want to push that on you and tell you to try to manage better, make me feel bad without knowing my story.

Was anything particularly helpful? Being told that a service could pay for something that you didn’t realise – it’s just one less thing to worry about and means you have money for fuel. ‘I cried with joy when I found out they could pay my car rego. Also, St Pats gave me a new walker – that was amazing. St Pats have a young people’s service, and they have been really helpful. We go in there and the girls can talk to them because they are autistic, they won’t go into the main part of St Pats due to homeless people – it can be pretty scary. It would be great to be able to more easily know up to date information on what each service provides so you know who can go to for support.

Is there anything you wish the service providers or the system understood better about you or other people who may find themselves in your situation? Fuel was a problem and my car was on its last legs, and I had to go to lots of different places to access support.

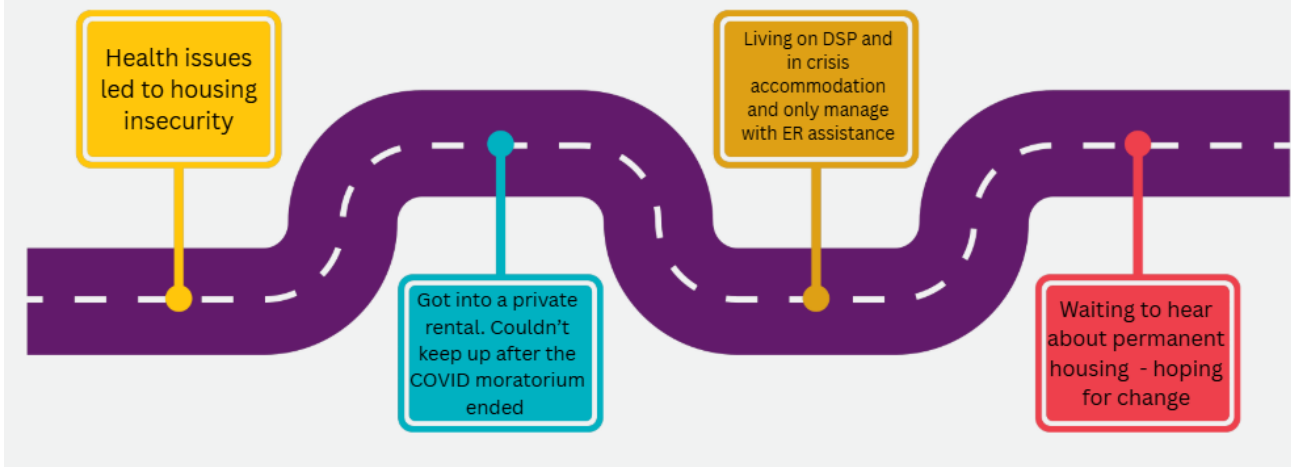
If you could change one thing about how ER works in WA, what would it be? I just wish it was just all in one place! Instead of having to ring every time and find out what is on offer

What advice would you give to someone else who might need to seek ER for the first time? Start making a list, and a diary and keep it up to date – ask everyone you go to who else you can refer me to – be open so they can best help and tell them everything so they can find what they can help with – like my car rego (bus passes/phone credit). Learn to budget as best you can.

7.3 Jack

Jack has an interesting and complex life story and now finds himself living on disability support payments and needing to adhere to a strict health regime to maintain a level of wellness. Jack was in a senior management position in a large, well-known company, and in 2016 received a diagnosis that resulted in a 4-year health battle and now a lifelong illness. His health struggle led to mental health decline, his employment ended, his marriage broke down and he ended up in hospital for over a month. By the time of discharge, he was in financial stress and found himself in crisis accommodation with 55 Central, who referred him to ER. Through COVID Jack was able to access a private rental, but as soon as the crisis period was over, his rent doubled and as a Job Seeker recipient (in the process of accessing the DSP), he went backwards very quickly and ended up losing his housing. Jack spoke about being blessed with Indigo Junction as a provider who quickly got him into Transitional housing where he has been for the past for three years waiting for permanent housing.

Jack's journey - living on a disability pension



Jack needs to access ER often and talked about having bounced around every ER provider over the years for support with food, bill relief and rent assistance. He has been supported by Red Cross, the Maylands soup kitchen, Anglicare, Vinnies, and a church in Osborne Park. Food relief is difficult due to his medical condition, and it is a struggle to find fresh food products.

Jack reported that once you are given the right information it was pretty easy to access the services, but transport costs for someone with PTSD mount up. Jack needs to shop early in the morning to avoid crowds and can't get NDIS transport help. Jack's example highlights the net cost of getting food support when you have to pay for fuel to drive around to different providers. Also, when the car registration comes around, food and medication need to be sacrificed to pay this, but living without a car would be too difficult to contemplate.

There is so much administration! It is hard to determine what services are eligible for Disability Support Pension rebate – I have to read through every providers information to see if there is a rebate. Every Monday morning, I devote to administration – managing anxiety is the key to survival – I don't have a long-range view of being able to be comfortable though.

One of Jack's biggest stressors is the power bill at about \$500 per bill just to cool one room with a portable air conditioner to maintain his overall health. The state government rebate was a lifesaver and being in credit all the time and not having to worry about it was amazing. Jack told his story on a December day in 2025 when the temperature was predicted to be 38 degrees the next day. Jack said the room air conditioner he had made the power bill go through the roof and was not even keeping the place bearable – 'people who can't afford cooling are going to start dying from heat stress'.

What stood out to you about that first experience? 'It was a horrible feeling that you have to be there, looking at everyone else who doesn't want to be there. Some of the church-based services make you do an interview and 'stand with faith' as they take your ID details and ask a bunch of questions. It feels a bit like judgement'.

Is there anything you wish the service providers or the system understood better about you or other people who may find themselves in your situation? ‘ask the question what else is going on and what else can we refer you to. Ask all the questions. Sometimes people are so consumed by where their life is at, it almost Zombifies them. The information is there – but you have to ask.

In amongst the universe of crisis in Perth, if you are literally on the streets and know the system, you can get a lot of support. As soon as you try to step out of the system, it dissolves a bit. Foundations are never able to be built on when you start to get on your feet.

What advice would you give to someone else who might need to seek ER for the first time? ‘Trust that they are pointing you in the right direction – they will give you pages of information – start ringing the numbers – there are angels out there’.

Jack’s overarching reflections: ‘Pre-COVID, services seem to have been better. After COVID, it seems like a scramble – the most supportive people disappeared, and new people seemed to be in and out of the jobs and it is deteriorating. They (the services) are under so much pressure – rooms are full, phones are ringing. ‘I’m sure people aren’t able to do the job that they would have hoped to be able to do when they got up in the morning’. I look at ER as a giant pillow that catches your fall – every time I have fallen, the pillow has been there. The concept is right, but the crossover in services falls down between health, mental health, drug use etc. I got out of crisis accommodation once completely on my own, but the post COVID environment made that fail. Now I am trying to do it all over again’.

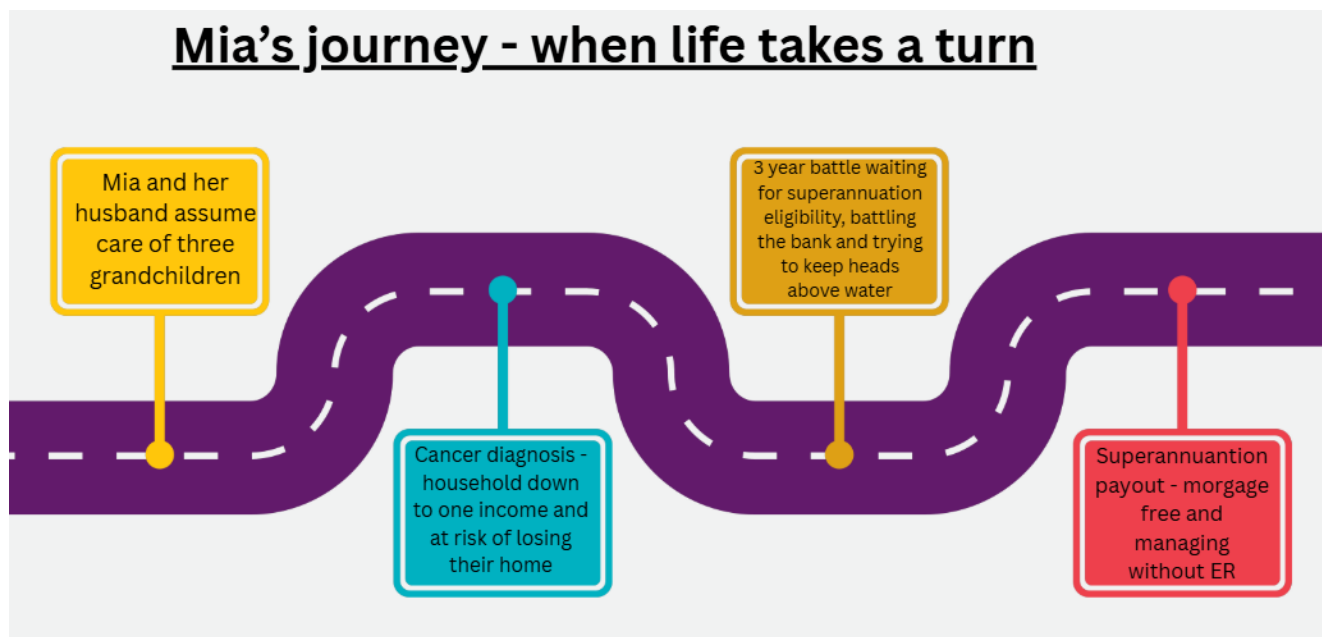
7.4 Mia

Mia and her husband live on a property in the wheatbelt and cherish their rural lifestyle. Some time ago, they unexpectedly became carers for their three young grandchildren, two of whom remain with them and are now in their teens. Mia works in an administration role. When the children came into their care, despite being reasonably financially stable, money became a strain. This was exacerbated when Mia’s husband, who worked a large manufacturing company, was diagnosed with prostate cancer that required surgery and resulted in him needing to end his employment. He took up driving the local school bus in an attempt to retain an income, but after some time, this became too much for his health and he needed to resign.

Mia described the first time she had to reach out for ER as the most awful feeling she could imagine, filled with despair and thinking this is no way to live. Mia said “I had a house, and a job but I couldn’t manage properly – I couldn’t figure out what I was doing wrong? I always felt like I didn’t deserve it, but there were days when we had no money left for food, or we couldn’t afford a new gas bottle so I would have to bath the kids with soap in a bucket”.

It felt like I had failed, like I wasn’t doing my job properly. But I would look at the money we had, and the bills and think why can’t I do this, it’s just not matching up?

Mia generally accessed food vouchers, fuel vouchers so she could get the kids to school, and assistance with managing bills. Mia did not need referrals to other services, she accessed a range of support services from Share and Care in Northam and believes the advocacy they provided was the reason that they are now not homeless. In addition to keeping the bank at bay, the support worker at Share and Care helped with negotiations when the family car was repossessed and they ended up owing more than they had started with. Mia had made a moderate purchase of a larger car to accommodate the children and when she could not keep up with the payments, the loan company appeared to be taking advantage of their vulnerable position. Jody was 'like a dog with a bone' and bartered the company down to a repayment plan that the family could manage, enabling them to keep their heads above water.



Looking back, what was the hardest part of accessing ER? 'Talking about how I could have let things get to this, it was just so emotional, always feeling like I was outlaying more than I was getting in – we were on a roundabout and you just can't ever stop thinking about it. Then it starts to impact your health, your mental health, it was no way to live, I just thought this is not where we belong'.

What advice would you give someone else who may need to seek ER for the first time? 'Do it earlier! When you are starting to flail – don't get in too deep. Head it off. Fresh eyes worked out ways to manage that I never could. She (Jody) was a miracle worker when I was so snowed under'.

7.5 Organisation - Djarinjin

Djarinjin Aboriginal Corporation has a mission to create a sustainable future for the Djarinjin community. The Corporation operates community services including a community resource centre, a general store and an airstrip and is completely self-sustaining with a business focussed board prioritising good governance and a sustainable future for their community.

Djarinjin are the primary employer in the community, with 157 staff members, 117 of whom are Aboriginal. Other key employers in the community include the health clinic, school and police.

Djarinjin does not get any funding for ER but chooses to deliver it within the community through a budgeted amount agreed annually by the Board (~\$150,000 – \$200,000). Community members access the relief by attending the Administration Office where staff record the distribution of vouchers, including a \$20 per week allocation for elders that recognises they are unable to keep pace with the cost of living in a remote community – this generally supports food, linen, whitegoods.

The support is primarily allocated to food and keeping power on for households who use a prepayment metered system. This generally gets worse in the summer wet and hot season as the need for air-conditioning in homes increases. Funerals and transportation expenses also form a large percentage of the allocation. Approximately 400 people live in 40 houses in the community. When there are many people living in or staying in a house at any one time, money for food and bills can be overwhelming and often falls to the head of the household. Older people struggled the most. The CEO spoke of an older resident who went without power for 6 weeks as he had no money to put credit on the prepayment meter.

Call out: Although Djarinjin are working on sustainable financial frameworks for community members they have needed to establish their own system of ER. Organisations operating in the metro area are accessing funding for ER but regional organisations like Djarinjin are not highlighting a potential regional inequity.

Djarinjin aims to meet the need in their community by working within a framework that avoids dependence and encourages self-sustainability. ‘Why would we go to the system that created the system of welfare to try to solve the issues they created?’. They also self-fund a financial counsellor and work towards knowing who is genuinely in need. Their existence within a smaller community context enables workers to truly get to know applicants and their needs and allocate funds accordingly in a way that is more difficult in larger service centres.

7.6 Organisation – Share and Care

Share and Care operate throughout the Wheatbelt, central coast and Wheatbelt South delivering health, welfare and family services to regional communities. Share and Care employ a self-funded ER Officer to administer ER funding covering the area from Southern Cross in the east up to the top of Dalwallinu, out to the west of Moora and then down to West Arthur in the Wheatbelt South. Clients who can come into the Northam Office can meet with the ER officer and can access a full range of ER services. Outreach phone appointments are also provided each day for people needing assistance outside of the Northam area. Food Hamper boxes for immediate relief in the regions can be accessed by people at select Community Resource Centre (CRCs) in surrounding towns.

The ER includes food vouchers, fuel vouchers, bill relief, gas bottles, car registrations, medical supplies/medications and Share and Care have established a food pantry and food boxes for people who cannot access transport in the regions. Share and Care have an assessment framework, and clients can access ER once a month. As with other organisations, this ensures the funding lasts as long as possible. Where clients come to access ER 3 times in quick succession within a 12-month period, they are referred to the internal financial counselling service to try to achieve a more holistic solution. Share and Care primarily provide Coles vouchers, vouchers to grocery stores throughout the Wheatbelt regions, fuel vouchers, access to a food pantry/boxes, bill relief, gas bottles and medical items.

Share and Care report the ER sector to be under significant stress, particularly over the past 3 years as the cost of living has continued to escalate beyond people's ability to earn an income. Pre-COVID and into the years following, clients were overwhelmingly living on Government income support payments. Current Share and Care data suggests up to 5% are wage earners and mortgage holders and 95% are low to middle income, with consistent stories about parents going without meals so children in the family could eat. This replicates stories from metro area data, but unfortunately, visibility over regional data is lacking compared to the metro ERFAS services data.

Call out: One poignantly critical benefit of ER is the ability to assist people with their car registration. People are living in their car or dependent on personal transport for access to medical services. In regional areas, being able to legally drive (or occupy) your car should be deemed essential, not desirable.

In past years, Share and Care, have struggled with funding during periods of the year between acquitting a Lotterywest grant and receiving the next year's grant – this has culminated in a 5 month gap, meaning they have been driven to 'stockpile' vouchers for people in dire crisis through that period to meet the dual requirements of expending all grant funding and having ER available during this period⁹. It has meant a reduced scope of what ER can assist people with, and several occasions of Share and Care needing to draw on its own reserves to ensure clients can get through life events. This year, Share and Care secured DSS funding which has provided them with much needed funding coverage over the period after Lotterywest funding has run out. Share and Care work hard to make the funding last the full year, but the period between sending in acquittals to Lotterywest and assessment and receiving the next year funding means service users miss out for a period of the year. The DSS funding will provide security of funding for both clients and staff employed to assist clients and for the organisation as a whole.

When speaking about the system and how it is working more broadly, operating in a regional area in an organisation with a large range of internal services mostly means that service integration and case management can be simpler and more streamlined, but 'black holes' in regional areas also mean that access to services is far from equitable for all. Regional towns such as Gingin, Bindoon and Dandaragan fall between regions and current Share and Care funding does not support outreach into these communities.

7.7 Organisation – Starick

Starick supports women and children escaping domestic and family violence. Starick has two refuges as well as outreach and prevention services. As an agency in the south-eastern metropolitan region, Starick is the first port of call for women and children in crisis and is contracted to source safe accommodation across the refuge sector. The manager of one of the refuges was interviewed to determine the impact of ER in the family and domestic violence sector.

Although recent state government funding injections have been made to support family and domestic violence services, refuge funding had lagged behind the cost to operate for many years prior. Flexible Support Package funding is available for women fleeing violence and brokerage is available for direct client

⁹ It is noted that Lotterywest has simplified reporting requirements which may have the intention of simplifying acquittals. Whilst a simplified acquittal is appreciated, the removal of data reporting also removes the opportunity for regional organisations to tell the story of demand pressure.

needs, however, these funds are spread across clients with increasingly complex needs in refuge and the community (Outreach Services) and prioritise for the needs of safety (security upgrades etc) over other elements of well-being.

ER funding largely supports women and children with vouchers for food, 'the basics' (underwear), and Transperth cards. Often women come with no money because they have left quickly and have been sleeping in their car and the cost of living like this is significant, relying on expensive takeaway food. 'Some women come in with their house on their back, others with only the clothes on their back'.

Starick have a robust assessment process in place and can identify women's needs through both their refuge and outreach program. The funding has allowed them the opportunity to improve their staff training and holistic assessment processes. Starick case managers are incredibly grateful for Lotterywest funding and say it has been sufficient for the assessed need that presents in refuges.

8. CREDITS FOR CONTRIBUTIONS

A number of organisations gave their time to this work, not only to speak of their experience, but also to identify and facilitate contact with service users. Acknowledgement is due to the assistance of Djarinjin, Share and Care and Starick, and also to Indigo Junction, Anglicare and St Pats who participated in the workshop.

Acknowledgement also to the time given by service users, and the generosity in sharing difficult stories and also for their incredibly positive contribution in making sure their experience could drive positive outcomes for people in need who come after them.