



Australian Government

Breaking Cycles of Disadvantage

Australian Social Inclusion Board

part of the social inclusion agenda

Information on the Australian Government's social inclusion agenda, the Australian Social Inclusion Board, and this report is available on the social inclusion website www.socialinclusion.gov.au or through the Australian Social Inclusion Board Secretariat

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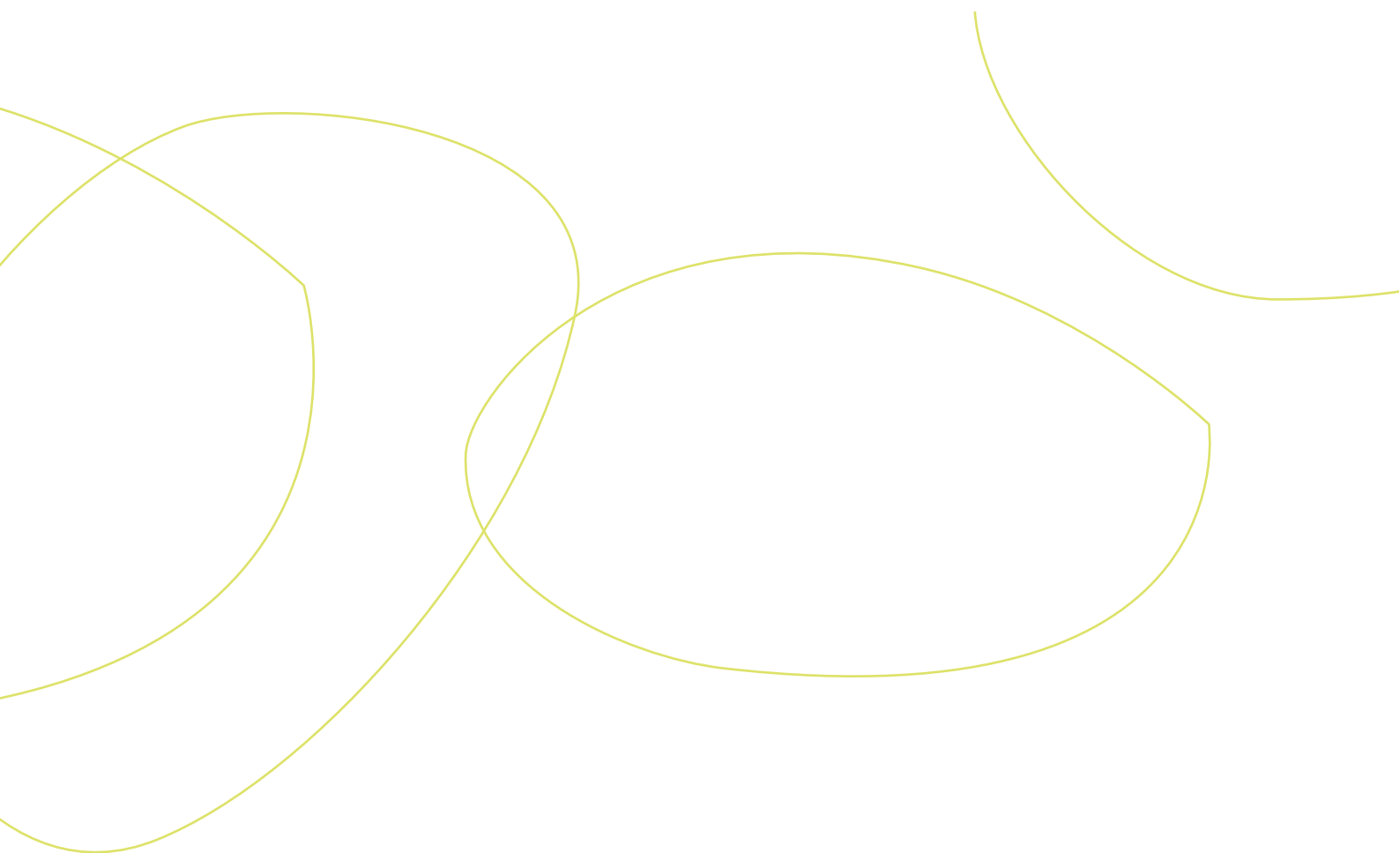
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The Australian Social Inclusion Board

The Australian Social Inclusion Board (the Board) was established in May 2008. It is the main advisory body to the Australian Government on ways to achieve better outcomes for the most disadvantaged in the community and to improve the social inclusion in society as a whole.

Board members were appointed by the Prime Minister and Deputy Prime Minister in 2008.

The Board currently comprises:

Ms Patricia Faulkner AO (Chair)

Monsignor David Cappo (Vice Chair)

Ms Elleni Bereded-Samuel

Dr Ngjare Brown

Dr Ron Edwards

Professor Tony Vinson

Ms Linda White

Ms Kerry Graham

Mr Eddie McGuire

Mr Tony Nicholson

Dr Chris Sarra

Professor Fiona Stanley

Dr John Falzon

The Board's Terms of Reference

The Board's terms of reference are to:

- > provide advice and information to the Minister for Social Inclusion;
- > consult widely and provide input on different aspects of social inclusion - including issues of measurement, how to increase social and economic participation, and how to engage communities on social inclusion matters; and
- > report annually and provide advice on other specific matters referred to it by the Minister.

The Social Inclusion Agenda in Australia

The Australian Government's vision of a socially inclusive society is one in which all Australians have the opportunity and support they need to participate fully in the nation's economic and community life, develop their own potential and be treated with dignity and respect.¹ Achieving this vision means that all Australians will have the resources, opportunities and capability to:

- > learn by participating in education and training;
- > work by participating in employment, in voluntary work and in family and caring;
- > engage by connecting with people and using their local community's resources; and
- > have a voice so that they can influence decisions that affect them.

Australians generally have a good standard of living compared to other countries. However evidence suggests that about 5% of Australians aged 15 years and older experience multiple disadvantages which are likely to affect their ability to participate fully in Australian society.

The Australian Government's aspirational Principles for Social Inclusion in Australia, developed with advice from the Board, are as follows²:

1. reducing disadvantage by making sure people in need benefit from access to good health, education and other services;
2. increasing social, civil and economic participation by helping everyone get the skills and support they need so they can work and connect with the community, even during hard times; and
3. developing a greater voice, combined with greater responsibility by governments and other organisations giving people a say in what services they need and how they work, and people taking responsibility to make the best use of the opportunities available.

Focusing on social inclusion is important because society should seek to create an environment where all people can develop their full potential and lead productive, creative lives in accordance with their needs and interests. It is also important because the nation values fairness, and failing to tackle entrenched disadvantage leaves many Australians in intolerable circumstances. The agenda is also driven by the knowledge that entrenched disadvantage has a high economic cost. Addressing social exclusion reduces costs to the economy caused by lower productivity and workforce participation, preventable health problems, long-term welfare dependence, and increased rates of crime, distrust and social isolation in the most disadvantaged communities.

A social inclusion agenda recognises that addressing problems of entrenched disadvantage is among the most complex issues that a society faces. It is hard to define, has many causes and interdependencies, involves unforeseen consequences and is beyond the responsibility of any one actor or organisation to solve. A social inclusion agenda also recognises that traditional policy approaches have had limited success addressing the problems faced by the most disadvantaged. The bureaucracy's traditional siloed and top down approach is not well adapted to supporting the kinds of processes necessary for addressing the complexity and ambiguities of entrenched disadvantage.³ As a result, Government must be prepared to critically examine the way policies and programs are designed, developed and coordinated. Business, community groups and citizens must all contribute and sustainable solutions will undoubtedly require innovation, creativity and flexibility on the part of all those involved.

1 Australian Government, *A Stronger, Fairer Australia* (2009), p.2

2 Australian Government (accessed <http://www.socialinclusion.gov.au/SIagenda/Principles/Pages/default.aspx>)

3 Australian Public Service Commission (2007) *Tackling Wicked Problems*, available at <http://www.apsc.gov.au/publications07/wickedproblems.htm>

Executive summary

This report presents the results of research conducted by the Australian Social Inclusion Board (the Board) into how people manage to break cycles of disadvantage. The research was conducted from March to November 2010 in order to provide advice to the Australian Government about policy options to address cycles of disadvantage.

The report presents findings from public submissions, stakeholder consultation workshops, desktop research and original qualitative research undertaken for the Board by TNS Social Research. This qualitative research included in-depth interviews with 56 people from disadvantaged backgrounds in order to understand the factors that led to multiple disadvantage over an extended period and those that assisted people to break out of a cycle of disadvantage.

The Board found that there were a range of structural and personal factors which interact across the life course to underpin cycles of disadvantage. Key among these was the effect of patterns of disadvantage established in childhood and adolescence reverberating into adulthood. Socio-economic disadvantage, neglect and abuse in childhood can lead to behavioural and mental health issues in adolescence which can lead to early school leaving and poor educational attainment. Events in adulthood, such as losing a job or the onset of a severe mental illness, can trigger cycles of disadvantage in those who have not experienced disadvantage before.

The Board identified three key principles for addressing cycles of disadvantage:

1. **the way you treat people matters**—it is not enough to focus on what support is provided, it matters how it is provided;
2. **continuity of support is essential**—episodic care based around discrete crises with a withdrawal of services in between is an inefficient and ineffective way to address entrenched disadvantage; and
3. **a focus on addressing structural barriers must be maintained**—more work is needed to implement a holistic response to disadvantage that reduces the structural barriers that contribute to one disadvantage snowballing into others.

If the goals of social inclusion are to be reached, the ways in which services are delivered to the most vulnerable need to be reconsidered. This means delivering services in a holistic, whole-of-life way, recognising that people finding themselves in a cycle of disadvantage will need assistance and support over a long period if they are to have any hope of breaking the cycle.

Introduction

1. Purpose of the research

Early in 2010, the then Minister for Social Inclusion, the Hon Julia Gillard MP, advised the Board that she would welcome advice from it on (among other things) policy options to effectively address cycles of disadvantage. In response to this advice, the Board agreed at its March 2010 meeting that one of its major projects for 2010 would be to develop advice for Government to facilitate a better understanding of the nature of cycles of disadvantage and how such cycles may be broken. The Board was particularly interested in exploring the range of internal and external factors that direct a person into or out of a cycle of disadvantage, and through this, to identify specific areas for action aimed at breaking cycles of disadvantage.

2. Project methodology

A steering group of the Board was established to oversee the project, led by the Chair, Patricia Faulkner and including John Falzon, Fiona Stanley, Tony Vinson, Ngiare Brown and Kerry Graham. The steering group provided direction to a team in the Board Secretariat located in the Department of the Prime Minister and Cabinet (PM&C) which coordinated the project and undertook desktop research.

A call for public submissions was made to personnel in research and stakeholder organisations across Australia. Sixty-nine submissions were received from a range of organisations and individuals. Stakeholder consultation sessions were held in each state and territory capital city, facilitated by Board members.

TNS Social Research was engaged to identify and interview people in a range of locations who had experienced or were currently experiencing multiple forms of disadvantage. TNS conducted in-depth interviews with 56 people from disadvantaged backgrounds in order to understand the factors that led to multiple disadvantages over an extended period and the factors that assisted people to break out of a cycle of disadvantage.

More detail on the methodology employed by TNS is provided in Appendix A, along with a summary of findings from the TNS Research plus the submissions and stakeholder consultations.

The key questions posed by the research project centred around:

- > understanding different cycles of disadvantage and how people fall into these cycles (were there any key transition or trigger points);
- > how people managed to avoid or break out of cycles of disadvantage; and
- > whether personal choice and other internal factors influenced a person's ability to break out of a cycle of disadvantage.

Inherent in the information gathering process was a focus on identifying those factors that 'make the difference' with a view to establishing critical intervention points for potential government action or reform.

A note on the limitations of this report

Although this report has attempted to make use of and cite as much of the existing evidence base as possible, evidence has not always been easy to come by. The approach taken in this paper is to cite existing examples of innovative practice, as well as those raised with us through the consultations and submissions, to support our arguments for how Government needs to change its approach in order to improve outcomes for the most disadvantaged.

In addition, this report notes (along the lines of Chapman⁴) that available evidence may have some inherent limitations. One limitation with existing evidence is the importance of local context in determining what works, meaning that evidence gathered in one location will not necessarily be applicable in another.

Chapman also argues that evidence based policy making invites a presumption of "a linear, or at least unproblematic, relationship between cause and effect" where in truth the most complex policy problems "involves hundreds of nested feedback loops which result in significantly non-

⁴ Chapman, J. (2004) *System Failure: Why Governments Must Learn to Think Differently* (2nd ed.), Demos, London.

linear behaviour". Compounding this problem are the numerous and changing variables that are not measured by an evaluation which make it difficult to make clear links between an intervention and measured outcomes. Finally, the value of existing evaluations may, in some cases, be limited as some of the most important aspects of successful approaches to breaking cycles of disadvantage are difficult to measure, frequently not measured, and/or not measurable.

A snapshot of disadvantage in Australia

Of people aged 15 to 64 living in the 10% of most disadvantaged regions, 49% had a job in 2006, compared to 74% in the 10% of least disadvantaged regions.⁵

Of people who were unemployed in 2009, 85% were unemployed for less than a year. Of those who had been unemployed for at least one year (102,000 people), 43% had been unemployed for two years or more.⁶ In 2006, 35% of those in the lowest income quintiles reported fair or poor health compared to 7% in the highest income quintile.⁷

Of people aged 20–24 living in the most disadvantaged regions, 72% had attained at least year 12 or Certificate II in 2006, compared to 92% in the least disadvantaged regions.⁸

3. Understanding cycles of disadvantage

The term 'cycle of disadvantage' was originally coined to refer to the transfer of disadvantage from parents to children across multiple generations. The Smith Family in their submission to the Board outlined this use of the term neatly:

For the majority of the 20th century, government and the non-profit sector adopted welfare-based approaches to supporting the disadvantaged in the community—meeting their immediate financial and material needs. However, it became increasingly clear by the late 1990s that this mode of intervention was failing to prevent the emergence of an intergenerational cycle of disadvantage that was perpetuating a dependency on welfare among children of parents already receiving support. In other words, welfare approaches were doing little to help disadvantaged families improve their situation in a sustainable manner, because the root causes of their difficulties were not being addressed. Challenges faced by children early in their lives were having multiple negative consequences later in the life course that in turn hindered their own capacity as parents to give their children a better start.⁹

However submissions and consultations also recognised a range of other cycles of disadvantage, which may not be transferred from parent to child, but where one disadvantage begets another, compounding disadvantage such that it becomes very difficult to find a pathway out.

For example, a period of unemployment may mean moving to a location with low rent, which is also likely to be a location with low transport, employment opportunities and services, making it more difficult to find work. Unemployment and financial stress can then increase the risk of relationship breakdown, poor health or depression, further compounding disadvantage. Such a cycle can also be triggered by an accident or illness resulting in disability, or the birth of a child with disability. In these examples the cycle of disadvantage may not be transferred between generations, but once triggered creates a cycle of further triggers.

The study into breaking the cycles of disadvantage commissioned by the Board and

5 Australian Social Inclusion Board (2010) *How Australia is Faring*. Canberra p25

6 Australian Social Inclusion Board (2010) *How Australia is Faring*. Canberra p31

7 Australian Social Inclusion Board (2010) *How Australia is Faring*. Canberra p48

8 Australian Social Inclusion Board (2010) *How Australia is Faring*. Canberra p6

9 The Smith Family submission, p.5

undertaken by TNS Social Research identified three different types of cycles of disadvantage¹⁰ :

- a) **intrinsic, systemic cycles**—these cycles are continuous and exist over a life course, usually stemming from being born into an environment of disadvantage, with limited opportunity and propensity to break out of this cycle. Intergenerational disadvantage is often common within this kind of cycle, with environments and behaviours of others tending to reinforce and sustain individual disadvantage, and in some cases exacerbating the level of disadvantage encountered;
- b) **acquired, cumulative cycles**—in these cycles disadvantage was not necessarily inherent but became acquired over the course of an individual's life. Typically this came about through a key 'trigger' event or series of factors which, in many cases, had an abrupt impact on quality of life and outlook. This original trigger point would then begin to negatively impact other aspects of life, which would in turn lead to a snowballing effect; and
- c) **periodic, episodic cycles**—these cycles are characterised by peaks and troughs including descents into relative disadvantage following a trigger event (either quite abruptly or drifting over time) followed by periods of recovery and progress when aspects of disadvantage are less apparent. A feature of these cycles is that the recovery stages often build resilience to subsequent setbacks that take place.

4. Outline of this report

This report is structured around the life course, discussing the needs and challenges people face in early childhood, youth, and adulthood, in an attempt to demonstrate the impact of disadvantage across each stage of the life course. Each of these sections will outline factors leading to disadvantage and what works to address cycles of disadvantage. The current policy and reform environment and policy gaps are also discussed. The final chapter discusses some of the broader implications of the research findings and presents recommendations for governments.

¹⁰ TNS Social Research, 2010, Breaking the Cycles of Disadvantage: A research report, pp. 32-40

Breaking cycles of
disadvantage through
the life course



Early childhood (0–5 years)

Greater investment in the early years will yield significant benefits to society in later years, reduce the intergenerational transmission of disadvantage and reduce reliance on the child protection system.

1. What factors in early childhood lead to cycles of disadvantage?

Key requirements for healthy development

It is well known that what happens prenatally and in the first five years of a child's life is instrumental in determining the quality of his or her life in later years. Experiences in early childhood are critical to the development of the child's brain, dictating the development of the brain's neural pathways, shaping language capability, cognitive ability, emotional responses and temperament, as well as setting the foundations for physical and mental health in adulthood.¹¹ The early environment is therefore critical to shaping the architecture of a person's brain and the nature and extent of adult capacities¹².

As well as adequate nutrition, physical safety and health, infants require nurturing relationships with care givers. Evidence on early brain development demonstrates the importance of attachment and stability for children's healthy physical, emotional, and psychosocial development and learning. Children need specific, consistent and available parents or carers to provide the love and structure necessary to engender feelings of safety, belonging and wellbeing. Research shows that positive nurturing stimulates growth in the brain, and supports the development of healthy attachment behaviours, while the absence of attachment to a consistent caregiver can have significant negative effects on brain development

and cognitive functioning¹³ and can result in withdrawal or disorganisation.¹⁴

What can go wrong?

Disadvantage in early childhood is inextricably linked to the circumstances of the child's parents and the environment in which he or she grows up. It is virtually impossible, therefore, to separate the needs of the child from the needs of the parents, or more specifically, the family as a whole.

Many of the submissions received focused on the challenges faced by disadvantaged families. This was also a theme of the public consultations. Parents' disadvantage can place children at risk, through poverty, lack of stable housing, poor health or the location in which they live. One submission argued that some families are locked in intergenerational patterns of exclusion and "suffer multiple, complex, chronic, entrenched and seemingly intractable problems across multiple generations". These excluded or vulnerable families typically also have:

- > difficulties which have severely affected the developmental pathways of each family member;
- > long histories of contact with the child protection system; and
- > a focus on short term survival and a resultant inability to plan.

For this group, interventions from the service system have often failed to provide consistency, connectedness or stability to the parents or the children, and failed to address their problems.¹⁵

11 Mustard, F. 2008, *Investing in the Early Years: Closing the Gap Between What We Know and What We Do*, Report for the Thinker in Residence Program, Department of Premier and Cabinet, SA

12 Drielsma, Paul. (2000) *Hard wiring young brains for intimacy: the first step to breaking generational cycles of abuse and neglect*, Australian Institute of Family Studies. Available at: <http://www.aifs.gov.au/nch/pubs/newsletters/nl2000/nlsum2000har.pdf>

13 World Health Organisation, (2009) *Fact Sheet 332 Early Child Development*. Available at: <http://www.who.int/mediacentre/factsheets/fs332/en/index.html>

14 Drielsma, Paul. (2000) *Hard wiring young brains for intimacy: the first step to breaking generational cycles of abuse and neglect*. Available at: <http://www.aifs.gov.au/nch/pubs/newsletters/nl2000/nlsum2000har.pdf>

15 Submission: Dr Gaye Mitchell and Dr Lynda Campbell, University of Melbourne

a) Neglect and abuse

Most parents want the best for their children. However, for some families it can be difficult to provide the supportive environment that infants and children need. When parents are preoccupied or struggling with issues such as substance abuse, mental illness, domestic violence or homelessness, their ability to provide a nurturing environment is substantially impaired. Further, when parents were abused or neglected themselves as children, they may also lack parenting skills that were not modelled in their own childhood.¹⁶ These factors can exacerbate the difficulty of providing the nurturing, caring environment in which their children can grow and thrive.

Where infants experience abuse or neglect in their early years they are at increased risk of future drug and alcohol abuse; mental illness; poor health; homelessness; juvenile offending; criminality; and incarceration.¹⁷ Rather than early experiences being forgotten, evidence shows that the earlier children are maltreated the more likely they are to develop behaviour problems in adolescence.¹⁸ The experiences of the interviewees for the TNS research showed that neglect and/or abuse in childhood was a primary factor in predicting an intrinsic cycle of disadvantage.¹⁹ The long-term effects of abuse inflicted during childhood will vary depending on a range of factors, including the child's surrounding environment, the presence of strong, positive relationships, and perhaps temperament. However, research shows that for most abused children, the long-term outcomes will be poorer.²⁰

b) Developmental vulnerability

Evidence from the Australian Early Development Index²¹ clearly indicates a strong link between the socio-economic background of children and their progress in five key developmental domains (see Box 1.1.).

For a family experiencing prolonged financial stress, the glue that holds the family together can become vulnerable. This is illustrated in an evaluation of the Pathways to Prevention program, which noted that for disadvantaged families:

A couple of missed rent payments may mean eviction, which will reduce a parent's capacity to care adequately for their children which in turn may lead to their removal. Financial stress can also be the root cause of family violence, ill health, illiteracy and sometimes disability. The road to recovery or reunification may be 'rocky' and long.²²

The evaluation also highlighted the impact of the early years on shaping school outcomes:

When children begin school without having developed certain foundational skills, the seeds of what can become an ever-widening achievement gap are sown. For instance, children who are unable to get along with their peers and teachers may not be socially ready to learn. This initial lack of readiness can initiate a cumulative cycle of failure that places the child in a position from which it becomes increasingly harder to 'catch up'.

Young children who interact with peers and teachers in aggressive and disruptive ways are quickly rejected and this can reduce their opportunity to benefit from both social and academic learning experiences and increases the likelihood of school failure.²³

For families from a culturally and linguistically diverse background and where there may be other service needs, infants may also start life, or start school, at a disadvantage. The Australian Early Development Index in 2009 recorded 12.9 % of five year olds as speaking English as a second language, with a further 5.2 % speaking languages other than English at home.²⁴ While not all children who speak English as a second

16 Submission: National Investment in the Early Years

17 Lamont, A., (2010), Effects of Child Abuse and Neglect for Children and Adolescents, Australian Institute of Family Studies

18 Lamont, A., (2010), Effects of Child Abuse and Neglect for Children and Adolescents, Australian Institute of Family Studies

19 TNS Social Research, 2010, Breaking Cycles of Disadvantage, p. 27

20 Dubowitz, H. and Bennett, S., 2007, Physical abuse and neglect in children, *The Lancet*, 369, p. 1891-1899

21 Australian Early Development Index, 2009, National Report, www.aedi.org.au

22 Homel, R., Freiberg, K., Lamb, C., Leech, M., Carr, Hampshire, A., Hay, I., A., Elias, G., Manning, M., Teague, R. & Batchelor, S. (2006). *The Pathways to Prevention Project: The First Five Years, 1999-2004*. Sydney: Mission Australia and the Key Centre for Ethics, Law, Justice & Governance, Griffith University, p. 70

23 Homel, R., Freiberg, K., Lamb, C., Leech, M., Carr, Hampshire, A., Hay, I., A., Elias, G., Manning, M., Teague, R. & Batchelor, S. (2006). *The Pathways to Prevention Project: The First Five Years, 1999-2004*. Sydney: Mission Australia and the Key Centre for Ethics, Law, Justice & Governance, Griffith University, p. 70

24 Australian Early Development Index, 2009, National Report, www.aedi.org.au

language are at a disadvantage, many attendees at the consultation sessions spoke of the challenges faced by families immigrating to Australia and not having English as their first language. Such challenges were particularly pronounced for families who had arrived as refugees.

Children who are born with health problems, physical or intellectual disabilities can mean they start life at a disadvantage. Here too the importance of early diagnosis and support is critical. A child with special needs can place additional strain on family relationships and finances.

Box 1.1: The Australian Early Development Index (AEDI)

The AEDI first collected nationwide data in 2009 on the development of Australian children who were in their first year of school, as measured across five domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge.

The results are a telling picture of the impacts on the early development of children growing up in the most disadvantaged communities. Of children in the most disadvantaged communities 31% were classified as developmentally vulnerable or at risk (in the lowest 25%) in the area of language and cognitive skills, double the proportion of children in the least disadvantaged communities. In the domain of emotional maturity, the comparison was 30% to 19%.

Across all domains, 31.9% of children in the most disadvantaged communities were classified as developmentally vulnerable (in the lowest 10%) in at least one domain, and 17.5% in at least two domains.²⁵ Higher proportions of Australian Indigenous children and children who spoke languages other than English at home were classified as developmentally vulnerable on each of the domains compared to non-Indigenous children and children who spoke only English.

25 Australian Early Development Index, 2009, National Report, www.aedi.org.au

2. What approaches work to address cycles of disadvantage in early childhood?

For families with multiple complex problems affecting each individual and the family as a whole, interventions which address one issue in isolation are unlikely to succeed. Evidence from the submissions and consultations demonstrates clearly that the greatest success stories are to be found where a holistic, family-centered, long-term approach is taken.

Submissions and research identified a range of successful programs for addressing cycles of disadvantage in early childhood. Successful programs were marked by the following features:

a) Relationships and aspirations

Families in need are often reluctant to seek help. This may be because of a lack of awareness of what services are available, a lack of service availability, a sense of shame or stigma around seeking help, or an anxiety about admitting to having difficulties that may see children removed.

In many successful soft entry programs such as supported playgroups, computer courses or a drop-in community centre are used to establish a relationship with parents and develop trust, and offer advice and assistance. This can then lead to other opportunities such as the offer of a subsidised child care place, other courses, or other forms of assistance.

As the submission from Lifeline Queensland argued:

*... soft entry activities are not just a funnel to specialist services. Rather, they provide the firm foundation of support, acknowledgement and enjoyment through which parents and children learn. They assist families to begin a change process, and make the more focused intervention of a specialist service acceptable and meaningful.*²⁶

Beyond soft entry points some families at risk may need to be engaged through more active outreach activities.

Whether through a traditional service, a soft entry community activity, or visits to a person's own home, frontline workers need to have the flexibility to respond to parents and families in need in a way that will establish trust.

Lisbeth (1990) tells a story of a therapist with Homebuilders, a family preservation program that works with families who are threatened with the removal of a child.

*The therapist enters the home of a family in crisis and is greeted by a mother, who says the one thing she does not need in her life is another social worker telling her what to do. What she needs, she says, is to get her house cleaned up. The therapist from Homebuilders responded by pitching in, starting in the kitchen. After they worked together for an hour, the two women were able to talk about the mother's difficulty dealing with her adolescent children.*²⁷

This is what evaluators of the Pathways to Prevention program were referring to when they identified as one of the principles of that program's success, that: "Relationships, trust and cooperation between staff and clients are valued equally with evidence on what works"²⁸.

Many parents relied on relationships with service providers for the provision of advice and support that other people may get from family or friends. As one young mother explained:

*Say you've got a problem with the kids in the morning, they're pulling every single thing out of the cupboard and tipping it over the floor, and you want to know how to stop them. And she [social worker at playgroup] might say "that sounds like a typical two year old to me" and she'll give you information. Whereas if you speak to other people around the area they might say "Just bloody belt them!" or "put your food in the wardrobe and lock it up" ...so you wouldn't get the best ideas from them.*²⁹

As well as providing experience of a positive relationship directly, services often serve to link isolated individuals into new networks or communities.

26 Submission: Lifeline Community Care Queensland. The quote is from Griffith University Evaluator, Dr Ann Ingamells speaking about the Lifeline Community Care Queensland Gold Coast Communities for Children initiative in: Ingamells, A, 2009, 'Case Study—what works in collaboration for child and family outcomes?' unpublished, p1

27 Schorr, L.B. (August 1991) 'Children, Families and the Cycle of Disadvantage' *Canadian Journal of Psychiatry*. Vol 36 pp 437-441

28 France, Freiberg, Homel (2010) 'Beyond Risk Factors: towards a holistic prevention paradigm for children and young people' *British Journal of Social Work*. Vol 40 Issue 4, pp 1192-1210

29 Goodfellow, J., 2006, *Parents speaking out: Stories of parents in SDN Children's Services Parent Resource Program*, SDN Children's Services, Sydney. (Provided as part of a submission to the Board from SDN Children's Services)

One submission included the case study of Josephine, a mother of two young children living with a violent partner and struggling with drug addiction, who was able to find a pathway out of disadvantage. The first step for Josephine was to connect with people outside her existing social network:

*I felt like I had nowhere to turn. I'd come from Adelaide. I didn't know a lot of people...Those that I did meet were related to drugs and methadone. I was in quite a closed circle. You didn't feel like you could just fit into normal society properly, you couldn't do anything. It was very hard.*³⁰

Josephine joined a supported playgroup, and then a computer course. Meeting people outside of the drug culture was vital in establishing the confidence to move out of her abusive relationship and to tackle her own drug use. Josephine was then referred to the *Parent Resource Program*, a supported child care service provided by SDN children's services, who worked with her for seven years, providing financial and emotional support. She is now in a healthy supportive relationship, working and drug free.

Many submissions talked about different ways of working with individuals to help them identify their goals and ambitions, to help shape the services they received, and to develop a plan for the future. Key to supporting individuals to develop their own aspirations is service providers having high expectations of what they can achieve, and having the skills:

*to distinguish between outreach and intrusiveness, between guiding parents and lecturing them, between providing them with tangible supports they appear to need and enabling them to get these for themselves, between imposing one's own goals and helping participants to define their goals for themselves*³¹.

The submission from the Julia Farr organisation argued that the key approaches to building motivation and aspiration include: providing therapeutic opportunities for healing psychological wounds of the past; providing opportunities for a vulnerable person to explore what an ordinary valued life looks like, and to accept this is possible in the person's own life; to

learn personal planning techniques, supporting creating opportunities for a vulnerable person to naturally connect with other citizens, whose fellowship and regard can help grow the person's perspective.³²

b) Continuity of support

Many submissions and attendees at the consultations raised the issue of service providers being unable to provide their services to clients in a sustainable way due to the nature of the funding cycles. There was also a pressure to move clients off the books in order to meet the immediate needs of new clients, only to see the same clients they had helped earlier return in a new crisis situation. Had they been able to deliver longer-term support to these clients, the crisis may have never re-emerged.

Clearly, one small program directed towards individuals will not fully achieve the prevention of poor child outcomes where this is not complemented by effective housing and health services, appropriate education facilities, and a broader community-based approach. Such an approach would provide community infrastructure support and services such as child care, transport, substance abuse services and employment opportunities.

A 2002 study by the Australia Institute of Family Studies (AIFS) found that a key barrier affecting accessibility to programs which aimed to prevent child maltreatment was a lack of service availability. The study found that the government-funded programs catered for low numbers of participants, with limited resources. This resulted in most of the programs experiencing high demand, often needing to establish waiting lists, even though most had restrictive eligibility criteria, such as accepting only parents of very young children.

Operating a prevention program where there are few other complementary services is a very difficult task. Many service providers in the AIFS study reported that despite being intended as prevention and early intervention programs, they were being overwhelmed with participants where child abuse had already been found to have occurred. In these circumstances, access to a dedicated prevention program is likely to be reduced, as people at risk of abusing and/or neglecting a child are competing for the same service as families where abuse has already occurred.³³

30 Goodfellow, J., 2006, *Parents speaking out: Stories of parents in SDN Children's Services Parent Resource Program*, SDN Children's Services, Sydney. (Provided as part of a submission to the Board from SDN Children's Services)

31 Schorr, L.B. (August 1991) 'Children, Families and the Cycle of Disadvantage' *Canadian Journal of Psychiatry*. Vol 36 pp 437-441.

32 Submission: The Julia Farr Association

33 Stanley, Kovacs (Spring 2003) 'Accessibility issues in child abuse prevention services' *Child Abuse Prevention Issues*, no 18. Australian Institute of Family Studies, available at: <http://www.aifs.gov.au/nch/pubs/issues/issues18/issues18.html>

Box 1.2 Case study: SDN Children's Services³⁴

Diedre's* mother was violent and alcoholic. Diedre spent periods of her childhood in the custody of her nan, her aunt and her mother respectively. Diedre left school at 14 and worked to pay rent for the family. At 21 she became involved with a man who was using heroin and became a drug user herself. They had a child "but, because of the drugs I knew I couldn't raise him because I was having too many problems with his father...domestic violence."

Diedre's first son was raised by her sister, but she went on to have three more children with the same father, before leaving the domestic violence situation.

Diedre had four children in all, who themselves witnessed the violence of their father towards their mother, and experienced the tensions of that environment. Diedre left her partner and had to move a number of times to escape him.

One of the challenges with respect to children from situations of domestic violence is the degree to which being part of that environment impacts on their development. Diedre's second son John had significant behavioural problems at school and was not learning. Behaviour problems, difficulties in socialization and anger are often evident in children who have witnessed maternal victimisation.

John had to repeat the first year of school, and now has a full-time one-on-one learning aide (from 9 am–3 pm) each day. This has turned things around for him.

* Not her real name

c) Prevention and early intervention

The Board was concerned with the repeated stories of families in crisis not being able to access long-term support. State and Territory government expenditure on child protection services amounts to \$2.4 billion per year, and approximately 10 % of this is allocated to the provision of intensive family support services³⁵. These services are aimed at preventing the removal of children from families where a vulnerability has been identified, or to reunify families from which a child had previously been removed. However, these services are for a short-term period only (less than six months), and there is limited support outside of the child protection system to which families can be referred for longer term support. The result is that 10-30% of children exiting care find themselves again under a child protection order within 12 months of the first exit, depending on the jurisdiction.³⁶ Many of these re-notifications could be prevented with an appropriate level of

ongoing support for the families involved.

Parents who have a child removed often go on to have further children, and without additional support these children too are likely to be born into cycles of disadvantage. In addition to a need for greater preventative support for families at risk, there is a gap in the provision of ongoing support to parents whose children have been removed, both to increase the likelihood of a successful reunion, as well as to reduce the likelihood of subsequent children also being involved with the child protection system. As one submission highlighted:

*Threatened or actual entry of children to out of home care is a critical moment for excluded families. It is a profoundly demoralising moment for parents, often affirming their own childhood experiences and their current social exclusion. If they detach from those children and from the service system surrounding them, the exclusion is perpetuated and exacerbated, with significant negative affects for the parents, the children in care, and children subsequently born into or entering the family.*³⁷

34 Goodfellow, J., 2006, *Parents speaking out: Stories of parents in SDN Children's Services Parent Resource Program*, SDN Children's Services, Sydney. (Provided as part of a submission to the Board from SDN Children's Services)

35 Bromfield, L., Holzer, P. and Lamont, A., 2010, *The economic costs of child abuse and neglect*, Australian Institute of Family Studies.

36 Productivity Commission, 2010, *Report on Government Services*, p. 15.23

37 Submission: Dr Gaye Mitchell and Dr Lynda Campbell, University of Melbourne

The case study in Box 1.2 illustrates this point. If greater support had been available to Diedre when her first son was placed in out of home care, then this may have prevented the difficulties now experienced by her three subsequent children. The cost of providing early preventative care needs to be seen in the context of the cost of the full-time one-on-one learning aid her son now requires.

d) Recognising interim outcomes

Change takes time, and often there are many things that need to happen before an outcome such as employment can be achieved. A qualitative UK government study *Making a difference to disadvantaged families?* found:

*Even when interventions do not always result in immediately measurable outcomes, service providers and families felt that these interventions could be invaluable in improving people's self esteem and confidence, their life skills and basic skills. Service providers overwhelmingly felt that government underestimated the importance of such effects.*³⁸

They used the term 'distance travelled' to refer to the progress that an individual makes towards greater employability as a result of policy or program intervention. 'Soft' impacts, for the families in our case studies, often had a major role to play in the distance travelled.

Governments are often reluctant to fund soft entry and community development activities. Interim outcomes are often difficult to measure and so are often not captured in performance metrics. However it is necessary to recognise and fund interim outcomes, particularly when working with families with complex needs.

3. Research findings

a) Principles for effective family and early childhood services

The submissions and research highlighted the following high level principles about what works for family and early childhood services:

- > **soft entry points** are important in providing informal flexible activities through which families have the opportunity to access further support and assistance in a non threatening, friendly manner, where trust has been built over time;

- > **relationships, trust and cooperation** between staff and clients need to be highly valued;
- > **hope and aspirations** are important for families, but for many, it takes time to build relationships with service providers to enable families to see a positive future³⁹;
- > organisations which are enabled to recruit and retain **high quality staff** and which have **scope to use resources creatively**, can better provide services to vulnerable children and families;
- > **interventions need to be multi-pronged** so that interventions in one context (for example, in the home) interact with, complement, and support interventions in other contexts (such as in schools); and the best outcomes will be achieved through a continuum of age-appropriate programs and resources used to enhance developmental pathways over time;
- > **services need to stay involved for as long as necessary** and ensure that families are not 'cut-off' without the scope of an ongoing contact for support should it be required; and
- > **recognise that change takes time**, that there may be setbacks, and that it is important to recognize and fund interim outcomes.

These findings reiterate principles identified in previous research conducted by the Board⁴⁰.

b) Family support services

Commonwealth, State and Territory governments have recognised the gap in family services directed at prevention and early intervention. *The National Framework for Protecting Australia's Children 2009–2020*, agreed by COAG in July 2009, acknowledges that funding is currently directed at universal services such as education, and acute crisis services in the child protection system. It seeks to develop strategies for increased emphasis and investment in prevention and early intervention for families at risk.

38 UK Social Exclusion Unit (2004) *Making a difference to disadvantaged families?* Qualitative case studies. London

39 Submissions: Dr Gaye Mitchell and Dr Lynda Campbell; Australian Community Services Organisation Inc; Mission Australia; Lifeline Community Care Queensland. See also Homel, R., Freiberg, K., Lamb, C., Leech, M., Carr, Hampshire, A., Hay, I., A., Elias, G., Manning, M., Teague, R. & Batchelor, S. (2006). *The Pathways to Prevention Project: The First Five Years, 1999–2004*. Sydney: Mission Australia and the Key Centre for Ethics, Law, Justice & Governance, Griffith University, p. 70.

40 Australian Social Inclusion Board (September 2008) *Elements of Successful Programs and Services for Children at Greatest Risk* Available at: <http://www.socialinclusion.gov.au/Resources/Pages/Resources.aspx>

The Board endorses the framework and the vision. Achieving greater investment in family services is of particular importance if the cycle is to be broken. The framework currently outlines some initial actions by each jurisdiction, but more action will be needed if the agreed vision is to be realised.

There is a need for Commonwealth, State and Territory governments to work to ensure a greater availability of family support services to families at risk and families no longer in crisis, outside of the child protection system.

Box 1.3: Early years—return on investment

Investments in early childhood development are shown to provide children facing disadvantage with a better start in their school education. In turn, if these children continue to receive the necessary support throughout their school years they will be more likely to complete Year 12 and transition into further education, training, or employment. The long-term payoffs are manifold in terms of increased productivity, savings from the tax transfer system, and savings to the health system (noting the greater incidence of long-term health problems suffered by those experiencing multiple disadvantage). However, it is not a simple task to assign the costs and savings over longer periods to particular stakeholders.

Responsibility for the early years is dispersed across jurisdictions and portfolios. Child protection and family services are primarily a state responsibility; however, many family and early years services are also funded by the Commonwealth, which also provides income support, family tax benefits, and child care subsidies to many families with young children.

The lifelong impact of disadvantage in the early years has consequences for every jurisdiction and portfolio, and the distribution of overlapping responsibilities makes investing in the early years a complex issue. While investment in maternal health services or a supported playgroup in a particular location may result in long-term improvements in educational outcomes for the child, the portfolio responsible for the playgroup cannot record the resultant improvement in educational outcomes against their key performance indicators, and the portfolio responsible for education cannot make the investment in early years services where the educational outcomes may be a number of years away.

It is a mistake to view as economical the provision of support only to those in greatest need if it means that families never stop cycling back into crisis, rather than being supported all the way out of disadvantage. The cost of continuing the service, where relationships and trust are already established and where headway is already being made, is less in the long run than periodic crisis interventions, for this generation and possibly the next. An approach whereby the service provider stays with a family long-term, and operates at the level of the individual, the family and the school or community, comes at a cost. However, evidence from the submissions and consultations suggests these families are often already consuming substantial funding over time. Housing and income support, hospitalisation, and interaction with the criminal justice or child protection system are all costly measures associated with problems stemming from disadvantage. Better long-term, sustainable outcomes could be achieved if funding could be directed to addressing the multiple complex problems in a joined-up way.

Youth (school-age to 25 years)

Ensuring young people are supported in the transition to employment or further study has long-term benefits. Support needs to be holistic, provide a relationship with a trusted adult and continue beyond the age of 18.

1. What factors lead to cycles of disadvantage in young people?

Key requirements for healthy development

If all goes well and a child arrives at school ready to learn, able to understand instructions, negotiate social situations and apply themselves to the task of learning, then over the next 13 years they will develop increasingly sophisticated academic and practical skills that prepare them for adult life and future employment. They will also navigate their way through adolescence, develop a sense of identity and self confidence and establish healthy and rewarding relationships with peers and adults outside the home.

However, even under the best of circumstances adolescence is a difficult and precarious time. Young people must make decisions about education and employment which have far reaching consequences. They are likely to be presented with opportunities to engage in risky behaviour and they must negotiate the difficult transition to adulthood.

The UK Social Exclusion Unit study *Transitions— young adults with complex needs* found that while most young people were taking more time over the transition to adulthood, staying longer in education and remaining financially dependent on their parents for longer, for some disadvantaged young people the transition had been fast tracked:

...the shape of transition to adulthood has changed for everybody. But it has also diverged. Most young people are now taking longer over the transition to adulthood, but for a disadvantaged minority the transition is accelerated, often chaotic and disordered.⁴¹

A wrong turn or failure to navigate that transition successfully may have long-term consequences, triggering or exacerbating a cycle of disadvantage. The presence of strong support figures throughout this period and beyond greatly increases the likelihood of a successful transition.

What can go wrong?

a) Trauma and neglect as children

For young people who have experienced trauma and neglect as children, this is often associated with behavioural and mental health issues in adolescence.

Having arrived at school not 'school ready', a child may have experienced rejection by teachers and peers, struggled with learning difficulties and may have continued to experience difficulties at home.

Professor of Child and Adolescent Psychiatry at University of Queensland Graham Martin OAM tells the story of Mary:

...a 14 year old from a rural background who gets admitted to our Adolescent [mental health] Unit repeatedly when she overdoses, or following an episode of cutting. She is the oldest of five children to three of mother's partners, her own father hanging himself in the bathroom and being found by Mary when she was five years old. Since then, for one reason and another, she has had a difficult relationship with her mother and eventually was placed in care at about 11, which led to a cycle of running away, living on the streets, committing various minor acts of vandalism and theft, being picked up by the police and returned to a new foster placement. Over recent months, the behaviours have escalated with episodes of prostitution, a number of people being physically abused and cars being stolen for a joy ride.⁴²

41 UK Social Exclusion Unit (2005) *Transitions: young adults with complex needs*. Yorkshire.

42 Graham Martin OAM 'Editorial' *Advances in Mental Health*, Volume 5 no 2, pp 81-84 available at: <http://amh.e-contentmanagement.com/archives/vol/5/issue/2/article/3325/on-disadvantage>

While Mary has been diagnosed with a mental health disorder, Martin suggests the real cause of Mary's adolescent behaviour lies in:

*the trajectory of her life, the lack of secure attachment, the recurrent traumas, and the need for a young person to attempt prematurely to survive on their own.*⁴³

Researchers have found that child abuse and neglect is associated with behaviour problems in childhood and adolescence.⁴⁴ Rather than early experiences being forgotten, researchers have found that the earlier children are maltreated the more likely they are to develop behaviour problems in adolescence.⁴⁵ The psychological effects of child abuse and neglect may lead to alcohol and drug abuse problems in adolescence and adulthood.⁴⁶

Mary could be said to be experiencing what TNS called 'intrinsic disadvantage'. Adolescence can also be a time when cumulative disadvantage is triggered. The TNS report found many respondents talked about how they had 'gone off the rails' in their adolescence and this had contributed to their disadvantage as an adult.

b) Family relationship breakdown

For many young people family relationship breakdown can be a trigger for disadvantage. Many participants in the TNS study pointed to the break-up of their family as a child as something of a trigger event, prompting engagement in a range of negative behaviours, and contributing to the establishment of long-term cycles of disadvantage through both psychological and financial instability. Family breakdown is a major cause of homelessness among young adults and also increases the risk of running away, offending and drug use.

c) Peer influence

Participants in the TNS research frequently identified peer influence or falling in with 'the wrong crowd' as a factor associated with their involvement in risky behaviours as a young person. This was more likely when participants had also experienced difficulties with their family relationships. Engagement in substance abuse, crime, early school leaving or early pregnancy could have a critical influence on life pathways of those falling into disadvantage and in many cases presenting considerable barriers to overcoming disadvantage in the long-term.

As outlined in the Whitelion case study below, (Box 2.1) substance abuse is particularly influenced by peers and, once triggered, could result in a long-term struggle with addiction. For many people in the study peer or parental drug use had normalised drug use for them:

Most people adjust to the norms set by the groups they are embedded within, thus if everyone around you is using heroin then you are likely to use too.

The study focused on young people aged 21–24 who were now getting control over their heroin addiction, but for most the journey from problem development to stabilisation constituted a ten year struggle. They had started using when they were 11–14.

d) Justice system

Engagement in the juvenile justice system could have a similar effect on the pathway of disadvantage, and the submissions received argued strongly for a greater emphasis on diversionary therapeutic programs for youth in the youth justice system to address underlying factors associated with the onset of offending.⁴⁷

Many juvenile offenders go on to become adult offenders. The Australian Institute of Criminology found that 79% of juvenile offenders in 1995 had become adult offenders by 2002.⁴⁸ In a Victorian study of 1,803 multiple offenders, 88% had been apprehended as juveniles.⁴⁹

Young offenders often come from dysfunctional or abusive families. A US study found that children whose parents had been in prison were six times more likely to become prisoners

43 Graham Martin OAM 'Editorial' *Advances in Mental Health*, Volume 5 no 2, pp 81–84 available at: <http://amh.e-contentmanagement.com/archives/vol/5/issue/2/article/3325/on-disadvantage>

44 See for example: Ethier, L., Lemelin, J. P., & Lacharite, C. (2004). A longitudinal study of the effects of chronic maltreatment on children's behavioral and emotional problems. *Child Abuse & Neglect*, 28, 1265–1278; or Mills, C. (2004). *Problems at home, problems at school: The effects of maltreatment in the home on children's functioning at school. An overview of recent research*. London: National Society for the Prevention of Cruelty to Children. Cited in: Lamont, A., (2010), *Effects of Child Abuse and Neglect for Children and Adolescents*, Australian Institute of Family Studies.

45 Frederico, M., Jackson, A., & Black, C. (2008). Understanding the impact of abuse and neglect on children and young people referred to a therapeutic program. *Journal of Family Studies*, 14, 342–361. Cited in: Lamont, A., (2010), *Effects of Child Abuse and Neglect for Children and Adolescents*, Australian Institute of Family Studies.

46 Lamont, A., (2010), *Effects of Child Abuse and Neglect for Children and Adolescents*, Australian Institute of Family Studies

47 Submission: the Australian Community Support Organisation (ACSO)

48 Australian Institute of Criminology (2003) *Youth Justice: Criminal Trajectories*

49 Victorian Parliamentary Committee on Drugs and Crime Prevention (2009) *Inquiry into strategies to prevent high volume offending and recidivism by young people*.

themselves.⁵⁰ Around 90% of young offenders who had been subject both to 'care and protection' and 'justice supervision' orders progressed to the adult system⁵¹.

In Australia it is estimated that around 4.5% of children will be affected by parental incarceration by the time they are 16.⁵²

e) The migrant experience

Young people from a culturally and linguistically diverse background may experience particular challenges. Submissions and consultations highlighted issues for vulnerable migrants and refugees including:

- > disrupted education as a result of conflict in the country of origin;
- > the possibility of Post Traumatic Stress Disorder as a result of torture or trauma or the 'refugee experience';
- > inter-generational conflict stemming from a disconnect between family cultural expectations and those of the broader Australian community; and
- > the impact of hidden caring responsibilities.

f) Mental illness

Since the Second World War there has been a substantial increase in the identification of psychosocial disorders among young people between 12 and 26 years.⁵³ The incidence of mental illness in young people is now well documented and shown to be the highest of any age group.⁵⁴ Of adult mental health disorders, 75% present before a person reaches 25 years.⁵⁵

Early treatment of mental illness is vital to supporting young people to make a successful transition through school to work. Early

detection and treatment of psychotic illness in particular has a significant impact on the effectiveness of treatment and the progression of the illness.⁵⁶

The consequences of an undiagnosed and untreated condition can be dire and set in train a path of disadvantage at a critical point in a young person's life. The costs, both to the individual in terms of forgone opportunities, and to society in terms of lost productivity and long-term treatment, are significant. It is vital, therefore, that conditions are readily detected and treated in order to head off longer-term consequences.

g) Early school leaving

Early school leaving is a critical factor in determining a young person's future. Early school leavers are more likely to be unemployed for longer periods, earn lower incomes, and accumulate less wealth over their lifetime compared to non-early school leavers.⁵⁷ In a tight labour market where low-skilled jobs are increasingly scarce and jobs requiring post-school qualifications are becoming the norm, young people who leave school without a year 12 or equivalent qualification are likely setting themselves up for ongoing disadvantage compared to those who do complete year 12 and further education or training. Many low-skilled jobs are temporary and casual, meaning that workers in these jobs are more vulnerable to unemployment than those requiring a qualification.

The TNS study emphasised the critical nature of school education in shaping a person's adult life⁵⁸ where many participants:

*...reflecting back on their lives, expressed a view that they wished they had tried harder at school or not dropped out at a young age, attributing a lack of qualifications and educational attainment to the situation they now found themselves to be in.*⁵⁹

The Australian Bureau of Statistics⁶⁰ reports that the year 12 attainment rate has remained steady at around 74-76 % since 2002, after almost doubling during the 1980s. The retention rate

50 Cited in South Australia Attorney General's Department (2005) *Children of Prisoners Project*, at http://www.justice.sa.gov.au/publications/pdf/Children_of_Prisoners_Report.pdf

51 Australian Institute of Criminology (2003) *Youth Justice: Criminal Trajectories*

52 Vulnerable Families: A Study of the Impact of Parental Offending and Incarceration on Children's Developmental Outcomes <http://www.griffith.edu.au/arts-languages-criminology/key-centre-ethics-law-justice-governance/research/prevention-developmental-pathways/vulnerable-families-a-study-of-the-impact-of-parental-offending-and-incarceration-on-childrens-developmental-outcomes2>

53 Rutter, M. & Smith, D. J. (1995). *Psychosocial Disorders in Young People, Time Trends and Their Causes*. Chichester, England: John Wiley & Sons.

54 McGorry, Parker and Purcell (August 2006) 'Youth mental health services' *In Psych* Australian Psychological Society available at: http://www.psychology.org.au/publications/inpsych/youth_mental_health/

55 Burns, J., Morey, C., Lagelee, A., Mackenzie, A., & Nicholas, J. 2007, 'Reach Out! Innovation in service delivery', *Medical Journal of Australia*, v.187, n.7, p.531 and Kessler, R., Bergland, P., Demler, O., Jin, R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 593-602.

56 McGorry, Parker and Purcell (August 2006) 'Youth mental health services' *In Psych* Australian Psychological Society available at: http://www.psychology.org.au/publications/inpsych/youth_mental_health/

57 Australian Council for Educational Research e-News, April 2008, <http://www.acer.edu.au/enews/2008/04/do-schools-matter-for-early-school-leaving>

58 TNS, 2010, *Breaking Cycles of Disadvantage*.

59 TNS, 2010, *Breaking Cycles of Disadvantage*, p. 60

60 ABS *Schools, Australia 2009* (cat no 4221.0) Data Cube NSSC T64a

for Indigenous students is almost half that of non-Indigenous students at 45 %, although the gap is closing. In 2009, 8.7% of young people aged 15–19 were neither working nor studying.⁶¹ Today, there are 0.96 million 20–24 year olds without a qualification at the certificate III level or above.⁶² Statistics show that at age 24, only 68% of early school leavers are in employment or higher education and training, compared to 90% of those with at least those qualifications.⁶³ This higher level of unemployment for those without year 12 or Certificate III or higher qualifications, continues throughout life.⁶⁴

2. What approaches work to address cycles of disadvantage in young people?

a) Youth programs

Through the submission and public consultation process a number of successful youth programs were highlighted. The programs that were effective were also diverse in what they delivered and how. Some were delivered through schools; others targeted those disengaged from school. Some had a welfare focus; others had a drama or sporting focus. However, effective programs had a number of features in common: they created a safe place, they engaged young people, and they were able to:

- > provide mentoring and advice;
- > establish a relationship with a trusted adult;
- > establish pro-social networks and friends;
- > develop confidence;
- > support young people to take tentative steps toward change, and take risks;
- > challenge a young person's thinking and behaviour; and
- > support a young person to develop skills and training, reduce drug use, modify behaviour or establish employment.

These effective youth programs were on the face of it delivering different services such as homework support, further education, sport, drug rehabilitation or employment assistance. However, at their core, the effectiveness of the services rested on the same three things:

- > addressing thinking and behaviour directly;
- > providing positive relationships with a trusted adult; and
- > providing continuity of support through

multiple setbacks and periods of slow progress.

b) Mentoring and aspirations

The way in which young adults think and behave is highly relevant to shaping their life chances.⁶⁵ Their attitudes and assumptions can either compound their disadvantages or can help to overcome them.

But young people's attitudes and assumptions are not formed in isolation. Parents and peers have a crucial role to play. The beliefs and expectations other people have for young people, including service providers, can have a significant impact on their own aspirations.

Support, advice and guidance are vital to an effective transition. Most young people will receive this from parents and peers, but for some of the most disadvantaged young people that support will not be available. For such people the role of a trusted adult—a mentor, teacher or professional—will be crucial. The trusted adult will need to be able to both challenge and support them.⁶⁶ The relationship with that adult must be reliable and ongoing.

Lemmon (2006) in his study of young people who had exited a cycle of disadvantage, incarceration and substance abuse (Box 2.1) found:

Research into at risk young people returns to the same themes: their lives are marked by problems, such as substance misuse, criminality, unemployment etc which are intimately related to an individual's alienation from community, a lack of connection to safe and trustworthy adult figures and a belief that they do not belong.

All of the young people in this study highlighted the crucial importance of having responsible, supportive adults in their lives to whom they could turn again and again for help with community connections, health issues and employment opportunities. This support is not dissimilar to that which families provide to the majority of young people.

Many young people felt that these adults had a 'belief' in the young person's capacity to overcome the challenges he or she was facing in life and that this was a significant factor in their making tentative steps towards a new life.⁶⁷

61 ABS *Education and Work* (cat no 6227.0), May 2007, 2008 and 2009

62 ABS *Education and Work* (cat no 6227.0), May 2009

63 ABS *Education and Work* (cat no 6227.0), May 2005, unpublished data

64 ABS *Education and Work* (cat no 6227.0), May 2009

65 UK Social Exclusion Unit (2005) *Transitions: young adults with complex needs*. Yorkshire.

66 UK Social Exclusion Unit (2005) *Transitions: young adults with complex needs*. Yorkshire.

67 Lemmon, A. (2006) 'The bleedin' obvious: Long-term support reconnects at-risk young people', *Youth Studies Australia*. Vol 27, No 1, pp 9-16

Box 2.1—Whitelion⁶⁸

Whitelion provides employment, mentoring and role modelling opportunities for young people who have been involved with the juvenile justice system.

In order to identify 'what works', Alistair Lemmon conducted a longitudinal study with 20 young people from the Whitelion program who had a history of incarceration, substance abuse and disconnection, and who had turned their lives around. The key factors that contributed to breaking the cycle for these young people were:

- > long-term support;
- > a trusted adult you can turn to again and again no matter how often they 'stuff up';
- > multiple employment opportunities from which they would normally be precluded because of lack of educational qualifications;
- > luck which enabled them to stay alive without permanent injury;
- > participation in a methadone program;
- > involvement in a long-term relationship/having children; and
- > the maturation process/getting older.

The personal relationships that participants formed with Whitelion staff members were perceived as being life changing. Several staff members were consistently cited for their capacity to offer hope, friendship and guidance. Time and again participants spoke of how they had "stuffed up" in their lives and in the workplace, and how Whitelion staff had encouraged them to try again and had created opportunities for them to do so.

c) Continuity of support

Submissions and research also highlighted the importance of continuity of relationships and long-term support. Staying the course with young people is particularly important. Young people who have experienced multiple care placements or chaotic lives may have little experience of continuous and dependable support. Work with disadvantaged young people is particularly prone to slow progress, multiple setbacks and periods of apparent ineffectiveness. But for those young people who had turned their life around, the important factors were a secure relationship and strong support structures that were in place long-term. Mission Australia reports that:

As research with vulnerable young people has shown, they, like other young people, are 'capable of forging positive, independent lives; but... to do this they require ongoing and consistent care, support and recognition from adults who they can trust and rely upon... and relationships with people who value them'. Services which work with more vulnerable young people need to have a strong focus on building or rebuilding healthy and stable relationships, with family members where appropriate, or with other significant adults.

For other young people whose history of relationships has been deeply scarred, including through violence and abuse, intensive, long-term and specialised support will need to be provided by services in order to support them to rebuild trust and develop a base for healthy relationships. An important part of such work is continuity of care, so that positive relationships developed with significant adults are not prematurely severed just at the point when trust has been built.⁶⁹

3. Research findings

a) Principles for youth services

As with other services for disadvantaged groups outlined in this report, in order to be effective, youth services need:

- > flexibility to tailor the mechanism of delivery to local circumstances and their target group, and to experiment with different approaches to engagement, changing approach as appropriate;

⁶⁸ Information in Box 2.1 is drawn from Alistair Lemmon's three part study of the Whitelion program: *Building Bridges: Working with "at risk" young people with alcohol, inhalant and other drug problems: A longitudinal study into the effectiveness of the Whitelion mentoring and employment programs*. Available at: www.whitelion.asn.au

⁶⁹ <http://www.missionaustralia.com.au/downloads/national-survey-of-young-australians/2009/232-hearing-directly-from-vulnerable-young-australians-snapshot-2010>

- > longer term funding security in order to provide continuity of support and relationships that will enable them to continue to operate, retain and develop staff, and offer dip in/out support or contact to clients over time; and
- > the ability to refer young people to specialist and acute services (hospital, mental health, housing, drug treatment etc) as needed because the availability of acute and specialist services, especially in regional areas, remains a key issue impeding the effectiveness of youth services in some areas.

b) Greater support for disengaged young people

The main focus of education reform has been on improving mainstream schooling. For the 10–15% of young people poorly engaged in education⁷⁰ these measures are unlikely to help. For many disengaged youth school has not been a place of success, belonging or positive relationships. Flexible alternative learning is needed, including non-school based learning.⁷¹ While the Commonwealth-funded Youth Connections program includes access to alternative, flexible learning opportunities, demand for alternative learning far outstrips supply, and more is needed.

For young people who are already disengaged from school or education and for whom school has not been a positive experience, year 12 retention initiatives that focus on school reforms are unlikely to be successful. The most disadvantaged young people need initiatives which address thinking and behaviour directly and support them through a secure stable mentoring relationship.

For disengaged youth and for young people who experience other barriers to school attendance such as caring responsibilities or illness, alternative models of delivering education need to be considered.

c) Ongoing support for young people leaving state care

An area of particular concern, where greater investment would yield significant returns, is the level of support for young people in and leaving state care.

A number of submissions received related to the experience of adult individuals who had previously been in state care and who had

continued to suffer disadvantage and trauma as adults.⁷² For many young people today state care continues to be an unstable and difficult experience. Time in state care is associated with a range of negative outcomes.

In particular, the transition from school to work and from care to independence, is inadequately supported. As outlined earlier, for most young people the transition to independence is taking longer.⁷³ Young people in state care are considered independent at between 16–18 years of age (depending on the state) and support after this time is limited.

One study of care leavers in Victoria in 2006 found that of young people between 18–25 years who had been in state care:

45% were in temporary or transitional housing or homeless. Not surprisingly, such an unstable living situation is associated with a number of other difficulties: 53% reported difficulties with debt, 47% had some involvement with police, including 37% being charged with an offence. Many care leavers take on parenting at a relatively young age, with 28% of the respondents already parents at the time of the survey, with half of the parents having at least one child born whilst they were in care themselves or within the first two years of leaving care. Evidence for an ongoing cycle of care emerged from the results, with more than half those with children having these children under some order with the Child Protection Unit.⁷⁴

A NSW study found that one in three young women leaving care were pregnant before the age of 19 (compared to 2% of the general population) and 57% had children by the age of 24.⁷⁵

Economic research on young people leaving out-of-home care also illustrates the high financial cost associated with inadequate support for children transitioning from care to independence. Raman, Inder, and Forbes (2005) projected the direct costs to the Victorian State

70 Sharon Bond (May 2009) Learning support programs—education reform beyond the school. Brotherhood of St Laurence.

71 Sharon Bond (May 2009) Learning support programs—education reform beyond the school. Brotherhood of St Laurence.

72 Submissions from stakeholder and research organisations

73 Australian Bureau of Statistics, (2009) 'Home and Away: the living arrangements of young people' in Australian Social Trends 2009.

74 Catherine Forbes and Brett Inder (2006) Measuring the cost of leaving care in Victoria Available at: <http://www.buseco.monash.edu.au/ebs/pubs/wpapers/2006/wp18-06.pdf>

75 Cashmore and Paxman (1996) cited in New South Wales Government, the Children's Guardian: Information Sheet 15 available at <http://www.kidsguardian.nsw.gov.au/example-folder-5/Accreditation/information-sheets-for-designated-agencies/Information%20Sheet%2015%20-%20Standard%2015%20Planning%20for%20Leaving%20Care.pdf>

Government of service provision to care leavers, taking into account: housing, the justice system and corrective services, police, drug and alcohol services, mental health, health, employment and lost GST revenue. The total lifetime costs associated with outcomes for young people leaving care were estimated to be \$738,741 (2004–05 dollars) per care leaver.⁷⁶

Estimating that there are, on average, 450 care leavers per year in Victoria, Raman et al determined that the total cost per year for the state government was \$332.5 million. This is an annual cost, as a new cohort of young people leave care each year.⁷⁷ The authors cautioned that this represents a conservative estimate of the direct cost to state governments of providing services to care leavers and argue that savings could be made by better supporting young people as they transition from care to independent living. The costs of young people leaving care are discussed further in Osborn and Bromfield, 2007.⁷⁸ Following this research Victoria has made changes to their arrangements for young people leaving state care. However, nationally arrangements for young people leaving state care remains a significant issue.

The research shows that young people leaving state care require support and intervention beyond 18 years of age, until at least the age of 25. Supporting care leavers out of disadvantage will prevent problems in the future, including the intergenerational transmission of disadvantage. Care leavers and their families need dip in/out support services *over the lifespan* to address intergenerational transmission of disadvantage.

It is also likely that at whatever age care leavers have children, their own experiences are likely to make parenting a challenging time. Comprehensive family support services should be available to all parents with a state care history as a priority.

More needs to be done to ensure that young people leaving state care receive an appropriate level of support to break cycles of disadvantage and that intergenerational transmission of disadvantage from care leavers to their children is prevented. The need for therapeutic support for all children and young people who are placed in out of home care needs to be investigated.

76 Raman, S., Inder, B., & Forbes, C. (2005). Investing for success: The economics of supporting young people leaving care. Melbourne: Centre for Excellence in Child and Family Welfare.

77 Raman, S., Inder, B., & Forbes, C. (2005). Investing for success: The economics of supporting young people leaving care. Melbourne: Centre for Excellence in Child and Family Welfare.

78 National Child Protection Clearing House, (2010) The Economic costs of child abuse, Australian Institute of Family Studies. Available at: <http://www.aifs.gov.au/nch/pubs/sheets/rs2/rs2.html>

Adulthood

Cycles of disadvantage in adulthood can be overcome through assistance to build social capital, inner resources and resilience, and assistance with accessing external support services and finding employment.

1. What factors lead to cycles of disadvantage in adulthood?

The TNS research noted that while there were six main domains, or patterns of characteristics, circumstances and events that shaped disadvantage, these domains interacted so that multiple factors maintained disadvantage. This included, for example, one factor triggering other factors which then compounded disadvantage (such as job loss triggering relationship breakdown and low self-esteem); multiple interrelated factors (such as illiteracy and lack of employment and skills); and factors that were both symptoms of disadvantage but which became causative of sustaining cycles (such as alcohol abuse as a symptom of relationship breakdown becoming causative of subsequent disadvantage).⁷⁹

a) Persistent disadvantage since childhood

The TNS research found that factors occurring in early childhood or when young (such as neglect or abuse, mental health issues, low educational attainment or leaving school early) influenced the formation of intrinsic or systemic cycles of disadvantage which flowed into adulthood.⁸⁰ Being born into an environment of disadvantage and of material neglect or abuse from parents could often lead to disadvantage becoming intergenerational.⁸¹ Often parents or other adults formed negative role models and in some cases the neighbourhood outside the home was also one of high social deprivation.

Disadvantage for people in these cycles was often normalised such that there was an absence or lack of visibility of alternative pathways out of disadvantage. Expectations of

breaking the cycle were low. People in these cycles often had low educational access and attainment and had experienced periods of long-term unemployment.⁸² As adults, people in intrinsic cycles of disadvantage often entered into relationships which were abusive, became separated from their families and mixed with peers who provided negative reinforcement of their behaviour, all of which served to maintain their disadvantage. They also often experienced mental illness which had either developed in childhood or which they had acquired during their life.⁸³

b) Loss of employment as a trigger for entering a cycle of disadvantage

TNS observed that “job loss could prove a critical trigger point to individuals entering periodic or an acquired, cumulative cycle of disadvantage”.⁸⁴ This contrasted with those in an intrinsic cycle of disadvantage where unemployment was the norm and job loss was not a critical trigger for disadvantage but symptomatic of their disadvantage. For some people, being unemployed and dependent on subsistence welfare payments meant that they used up savings and built up debt, increasing the financial pressures they were under. Social capital and personal resources were also at risk of being depleted during periods of unemployment and the combination of these pressures could have a snowballing effect. As noted by TNS, an initial trigger event of job loss could cause “low self-esteem and increasing social isolation, leading to depression, which then becomes the primary cause of maintaining disadvantage through low motivation and poor health”.⁸⁵

79 TNS Social Research, 2010, Breaking the Cycles of Disadvantage: A research report p. 22

80 TNS Social Research, 2010, Breaking the Cycles of Disadvantage: A research report pp. 5–6

81 TNS Social Research, 2010, Breaking the Cycles of Disadvantage: A research report p. 35

82 TNS Social Research, 2010, Breaking the Cycles of Disadvantage: A research report p. 34

83 TNS Social Research, 2010, Breaking the Cycles of Disadvantage: A research report p. 35

84 TNS Social Research, 2010, Breaking the Cycles of Disadvantage: A research report p. 28

85 TNS Social Research, 2010, Breaking the Cycles of Disadvantage: A research report p. 37

Trends in employment relevant to disadvantage
The number of people who are unemployed and Australia's unemployment rate has been increasing for decades. In 2001 the ABS reported that the unemployment rate has shown a general increase over the period from the late 1960s and early 1970s to 2001. While "the unemployment rate has fluctuated with the economic cycle... rates have become successively higher with each economic downturn (1972, 1978, 1983 and 1993)".⁸⁶

Another trend of note is the increase in casual and part-time employment. In 2004, 26% of Australia's workforce was employed on a casual basis, compared with 23% in 1994.⁸⁷ Zigarus (2005) citing Dawkins, Gregg and Scutella (2001) argues that:

*a new form of divergence is evident; that between 'work rich' households with two full-time (or one full-time and one part-time) wage earners and 'work poor' households with no-one in paid employment or with insufficient work... This trend has exacerbated the increase in income inequality due to the dispersion in wage income.*⁸⁸

A related trend is the increasing proportion of income support recipients who are also engaging in paid work. According to Landt and Pech⁸⁹ in May 2000 approximately one in six (17.8%) of persons receiving unemployment payments were also receiving income from work. These people were working insufficient hours or irregular employment so as to need welfare support in addition to paid employment.

Mental illness and employment

As noted above, mental illness can be triggered by a lack of employment, or it can also be a cause. Lack of work for people with a mental illness can increase the risk of socio-economic disadvantage and the loss of connections and skills that can be built through work.⁹⁰

The likelihood of unemployment increases as the severity of the mental illness increases.

c) Factors reinforcing or compounding cycles of disadvantage

The TNS research found that multiple factors often placed or maintained people in cycles of disadvantage. For example, disadvantage may be caused by one factor such as job loss, which then triggers other factors, such as homelessness, which compound the disadvantage. An individual may be subject to multiple interrelated factors, such as illiteracy and lack of employment skills, which work to sustain disadvantage. Additionally, factors which emerge as symptoms of disadvantage can become causative of sustained cycles of disadvantage. Three factors in particular emerged from the research as factors that compound cycles of disadvantage. These were housing insecurity, caring responsibilities and imprisonment, and are discussed further below.

Housing insecurity

Inadequate, insecure or inappropriate housing, or at its most extreme, homelessness, is a major factor both underpinning and entrenching a cycle of disadvantage. Having a place to call home is almost undoubtedly the most important factor in people's daily lives; with this in place it becomes possible to develop other aspects of life. Conversely, without a home, or while in insecure or marginal housing situations, it is difficult for these other aspects to be attended to. For example, as many attendees at the consultations described, it is difficult applying for jobs while living in marginal housing; so much time and energy is consumed trying to sort out housing problems that there remains little for anything else.

Securing stable housing is closely tied to other improvements in people's lives. In the TNS report, some participants had moved into public housing and found this to be "a stable basis from which to access other opportunities and services, facilitating improved financial situations and reducing emotional pressure and uncertainty of having a roof over your head. Public housing and, more so, community housing, often provided a first step from homelessness and the severe and multiple disadvantage this can invoke".⁹¹ Moreover, those participants who were in private rental situations were hoping to move to public housing due to

86 ABS (Australian Bureau of Statistics) (2001) *Australian Social Trends 2001*. Accessed from www.abs.gov.au on 10 November 2010.

87 Australian Bureau of Statistics (2006) *Year Book Australia, 2006*, accessed from www.abs.gov.au on 10 November 2010.

88 Zigarus, S. (2005) *Transitions and risks of exclusion in the Australian labour market* Refereed paper presented to the 'Transitions and Risk: New Directions in Social Policy Conference, Centre for Public Policy, University of Melbourne, 23–25 February 2005. Available at: <http://pandora.nla.gov.au/pan/50822/20050706-0000/www.public-policy.unimelb.edu.au/conference2005/Zig1.pdf>

89 Landt, John and Pech, Jocelyn (2000) *Work and Welfare in Australia: the changing role of income support*, accessed from http://www.fahcsia.gov.au/about/publications/articles/research/austsocialpolicy/ASP_2000_2/Documents/landt.htm on 10 November 2010.

90 Australian Social Inclusion Board, 2010, *Social Inclusion in Australia: How Australia is faring*, p. 47

91 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report*

the lower rent costs and long-term security it offered. However, the tight availability of public housing is well-known, although governments are working to alleviate the strain.

Eve Bodsworth has documented the problems associated with the eligibility criteria for public housing, notably the 'welfare locks' created whereby those waiting for a place in public housing had a disincentive to improve their employment situations because they would lose their place on the waiting list.⁹² The people Bodsworth interviewed were prioritising the long-term goal of housing security, rather than risking employment which may be short-term or insecure. The other side of the public housing coin, though, is the stigma that many feel is associated with living in a publicly-owned house or flat, or in an area dominated by public housing. Such areas can have their own problems of lack of safety and incidents of crime.

As was noted in the TNS report: "for many tenants there is a stigma associated with their situation, and from this low self-esteem, often feeling ashamed or embarrassed about their housing situation, this sometimes holding back the opportunities they pursue and confidence to do so, or the connections that they make. Some felt that there was a certain amount of prejudice against social housing tenants that was challenging to overcome and that they remained, in a way, segregated from the mainstream community".⁹³

Caring responsibilities

For many people, especially women, adulthood is often a time of multiple caring responsibilities. Caring for young children, the frail elderly, those with a disability or ill health can carry a significant economic and personal cost. Where caring responsibilities are sudden, intensive and/or long-term, they can trigger or reinforce a cycle of disadvantage for carers.

Parents who suddenly find themselves sole carers for young children, who give birth to a child with disability, or who are struck with an illness or disability themselves, can find the family has reduced opportunity to work and increased costs. They may have to move to areas with cheaper housing. The stress of caring is often detrimental to the physical and psychological health of carers. Caring has long-term impacts on labour market participation even after caring responsibilities

92 Bodsworth, E., 2010, *Making Work Pay and Income Support Work*, Brotherhood of St Laurence, Melbourne.

93 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* p. 83

end. Further, caring often occurs during working age and impacts on superannuation, leading to a reliance on the age pension in retirement.

The evidence suggests that caring in Australia is highly gendered. Women are more likely than men to be carers and represent 71% of primary carers of people with a disability or the aged). In 2003 over half (52%) of female primary carers were providing 40 or more hours of care per week compared with 39% of male primary carers.⁹⁴ Women receive 75.8% of Carer's Allowances and Carer's Payments.⁹⁵

The majority of primary carers care for a partner, child or parent (40%, 29 percent and 23 percent respectively)⁹⁶. Almost one-quarter (23%) of primary carers are caring for a child with disability and almost two-thirds of these carers were spending 40 hours or more per week in their caring role.⁹⁷

The way in which caring responsibilities are distributed and supported has significant implications for those who experience disadvantage in the community. Currently many carers pay a high penalty for their altruism.

Most caring responsibilities are temporary or intermittent across the life course. But for some, such as parents of a child with severe intellectual disability, they are currently expected to care for their adult child until they die, and are anxious about what will happen to their adult children when they do.

As one submission argued:

*There is no way that we could avoid having a disabled child. A small section of every community will encounter this challenge and in most cases will rise to the challenge. However, in a just and equitable society, the community will support the family with a disabled child and after adulthood, the community will assume responsibility for a disabled citizen. This happens in most other developed countries. In the United Kingdom, for example, disabled people have a legislated right to supported accommodation at the taxpayer's expense when they turn twenty-five.*⁹⁸

94 Parkinson, A. *Caring costs: the impact of caring on women's economic health and wellbeing*. Carers NSW Australian Bureau of Statistics. (2008) *A profile of carers in Australia*. Cat no 4448.0 Canberra

95 Queensland Government Office for Women (June 2006) *Focus on Women 8: women and disadvantage*. Available at: www.women.qld.gov.au

96 Australian Bureau of Statistics (2003) *Disability, Ageing and Carers*, cat o. 4430.0.55.003 Canberra

97 <http://www.abs.gov.au/ausstats/abs@.nsf/mediareleasesbytitle/OA06DAA4F406F022CA2574E1000F8F4E?OpenDocument>

98 Submission: Estelle Shields

*The only criterion that is considered sufficiently urgent by the disability agency [to access supported accommodation] is if the “support arrangements have broken down” or if the person with a disability is homeless. All placements are therefore crisis driven and there remains no way that parents like ourselves can plan for the future.*⁹⁹

Imprisonment

Several of the interviewees for the TNS report had histories of imprisonment which were the culmination of their disadvantaged backgrounds. The report noted that while prison had in some instances provided assistance in terms of addressing drug and alcohol problems and developing skills through training, the environment of prison had for the most part compounded the disadvantages already faced. Problems experienced included:

- > negative social learning through relationships with other criminals;
- > challenges in re-establishing independence on release; and
- > discrimination on the part of potential employers on release.

Former prisoners in the study also spoke about the normalisation of imprisonment, whereby they became accustomed to life in prison and the environment it provided, in particular the stability and certainty it represented in comparison to the outside world, and the networks established with other prisoners, such that they found it difficult to adjust when released. TNS Social Research state that:

*Their difficulty also stemmed from the disruption to family life, schooling and careers for extended periods of time. In many cases they returned to broken families, with children in the custody of other family members, with few if any social networks, in a world where technological progress had outdated their skills. Moreover, the gradual replacement of networks ‘on the outside’ with networks ‘on the inside’ meant that ex-prisoners maintained contact with other prisoners, and found it difficult to establish a life independent of those generally negative influences.*¹⁰⁰

There is also a strong link between imprisonment and mental illness, with a high proportion of prisoners having some

form of mental illness and the experience of imprisonment merely serving to reinforce the difficulties this serves on the individual. The Victorian Institute of Forensic Mental Health in its submission to the Senate inquiry into mental health in 2006 noted that the experience of the mentally ill offender frequently meant that he or she was “ignored, mismanaged, released unprepared, rapidly re-offending and returning to prison”.¹⁰¹ Tony Vinson noted in his report *Dropping off the Edge* that imprisonment can “reflect and help to sustain limited education, unemployment, poverty, homelessness, and associated social difficulties”.¹⁰²

2. What approaches work to address cycles of disadvantage in adulthood?

a) Building and supporting inner resilience

One of the key questions that TNS research were asked to explore was the role of personal choice in breaking cycles of disadvantage.¹⁰³ The TNS research found that “many of the study participants were able to overcome disadvantage as a result of their resilient attitude, and inner determination to change”.¹⁰⁴ The most resilient individuals were those who had a high level of social capital in the form of strong social networks of family and friends. These networks provided support such as emotional support, financial assistance, care through illness, a place to stay when in crisis and direction to other sources of support.¹⁰⁵ That is, family and friends provided “a solid emotional foundation from which to consider and resolve challenges as they occurred”.¹⁰⁶

While some social networks could have a negative effect on individuals through providing negative role models, others benefited when they were able to build social capital through increases in self-esteem and feelings of self worth and purpose. This could occur through finding a new supportive partner, having children, moving to a new location which was closer to family and friends, participating in

¹⁰¹ Quoted in Federation of Community Legal Centres, Victoria, 2010, Fact sheet: *More prisons are not the answer to reducing crime* (www.smartjustice.org.au)

¹⁰² Vinson, T., 2007, *Dropping off the Edge: The distribution of disadvantage in Australia*, Catholic Social Services Australia.

¹⁰³ TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report (draft)* p. 12

¹⁰⁴ TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* p. 43

¹⁰⁵ TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* p. 44

¹⁰⁶ TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* p. 44

⁹⁹ Submission: Estelle Shields

¹⁰⁰ TNS Social Research, 2010, *Breaking Cycles of Disadvantage*, p. 143

employment or education or connecting with others through interests, hobbies, pets or voluntary work.¹⁰⁷ Additionally, some individuals found that their resilience and a sense of greater control over their lives came about through a significant change in attitude or belief triggered by events such as reactions from friends or family, the death of a family member or friend, improvements in their health, the birth of children, or rediscovering religion.¹⁰⁸

b) Accessing external support and services

The TNS research found that external support from friends or family, medical or counselling services, community services and assistance or government welfare and intervention also played a part in assisting people to overcome disadvantage or to protect them from its cumulative impacts. A decision to seek help in many cases acted as a catalyst for moving out of a disadvantaged situation.¹⁰⁹

The study highlighted the positive role of financial support at times of crisis preventing a more serious decline into deep disadvantage. Community support such as food, clothing and shelter from charities such as the Salvation Army was also used at times of crisis. Public housing contributed to the quality of life of participants in the study through the stability of tenure and security that it provided and was often a first step out of severe disadvantage from homelessness. The lower rental costs of public housing also allowed some participants to manage their finances and debt, allowing some to save and build up financial capital.¹¹⁰

Crisis and mainstream health, counselling and community services were also used and provided support to help break cycles or to prevent further disadvantage.¹¹¹

However, the TNS research revealed that many people were either unable or felt a reluctance to access services or to seek help. Those who did seek help were driven by a range of factors. Some sought help because their situation had changed (for example, they had lost their job) and they were able to self-identify a need for help.

Some sought help on the advice of others such as friends and family or some were mandated to seek help by institutions such as schools, the judiciary, health professionals, the police or family service departments. More successful outcomes were achieved when help was sought when it first emerged rather than waiting until the very last point to seek help.¹¹²

Reluctance to access services

TNS noted that people in intrinsic cycles of disadvantage where disadvantage was systemic across an individual's life and flowed between generations were less inclined to recognise the need for or to seek help. They also were more likely to hold negative attitudes towards government services, and be cynical about their effectiveness or intimidated or daunted by them.¹¹³ A range of factors contributed to attitudinal and practical barriers to help-seeking. These included a strong sense of distrust of others through a lifetime of being let down, cynicism about the effectiveness of any type of support or assistance, concern about burdening others and embarrassment about disclosure of problems.¹¹⁴

Knowing how to access government services

The research indicated that knowing where to go for assistance and difficulties in navigating the division of government services across the spectrum of service agencies were major barriers to accessing appropriate services which would help people to break out of cycles of disadvantage. This theme was echoed many times in the public consultations and in submissions. A lack of information "can impact on people's capacity to make informed decisions and actively participate in the life of their community".¹¹⁵

Contributors to the consultations also spoke of a cycle of dependence, where those seeking help were disempowered, felt they had no choice about the services that were on offer and were dependent on others to make decisions for them which may not take into account all relevant factors.

Lack of services

TNS noted that while not in itself a trigger for forming a cycle of disadvantage, being in a regional location could serve to contribute to the

107 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* pp. 45–46

108 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* pp. 47–52

109 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* p. 49

110 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* p. 55

111 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* pp. 57–59

112 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* p. 50

113 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* p. 8

114 *Ibid.*, pp. 50–51

115 Julia Farr Association, 2010, *Submission to the Australian Social Inclusion Board*

overall level of disadvantage or continuation of the cycle of disadvantage for those exposed to other risk factors such as unemployment or poor health.¹¹⁶ Compared to urban locations, TNS found that study participants in regional and rural locations were subject to more issues related to services, employment opportunity and social connectedness. Issues included: limited access to services; lack of opportunities for work, education, social contact and housing; lack of anonymity in seeking help; and finally, social isolation.¹¹⁷

c) Finding employment

TNS noted that: “employment and the gaining of a job was observed to be a key factor in breaking cycles of disadvantage for some participants”.¹¹⁸ The impacts of employment were financial and material in terms of maintaining a standard of living and being able to combat the financial effects of disadvantage. Employment also affected identity, mental wellbeing, social participation, community connectedness, skills development and personal development.¹¹⁹

Several participants in the research had found either short-term work or training and development opportunities through Employment Service Providers. While not necessarily leading directly to a long-term role, these opportunities were found to increase engagement with others, improve self-esteem, and provide work experience and skills which enhanced future employment prospects. Obtaining meaningful and satisfactory employment had the most dramatic positive impact on people’s lives but obtaining some form of employment (even if less than satisfying) could have a strong and positive impact.¹²⁰

3. Research findings

As noted earlier, cycles of disadvantage in adulthood can be linked to patterns of disadvantage experienced in childhood, teenage years or early adulthood, lack of or loss of employment, or compounding factors such as housing insecurity and imprisonment. The research found that cycles of disadvantage can be overcome through assistance in building inner resources and resilience, accessing external support services (including early intervention) or finding employment.

The cycles of disadvantage and segmentation of disadvantaged groups, as described by TNS, provide a useful framework for assessing the ways in which governments can intervene to assist people to break cycles of disadvantage. Those in intrinsic cycles of disadvantage need the greatest amount of support for daily survival and also to build the skills, confidence and motivation to overcome their disadvantaged situation. Others in cumulative or periodic cycles of disadvantage need access to support services for particular issues but also assistance to recognise the sources of support and opportunities available to them.

a) Case management services

The Board considers that the most disadvantaged in the community would benefit from improved services in which case managers work with individuals to understand the complexity of their needs and develop a tailored program of assistance. Case management provides a continuity of care which can assist people to overcome any reluctance to access support services for which they are eligible, to build resilience, and to provide an ongoing source of practical and emotional support over the lengthy periods of time necessary to overcome entrenched disadvantage.

While such intensive services may be costly to administer, particularly in the initial phases, in the long-term they will be more cost-effective than the current piecemeal approach to service provision.

116 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* p. 6

117 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* p. 30

118 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* p. 28

119 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* p. 29 and p. 53

120 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* pp. 53–54

Box 3.1

Case management services and prisoners

While the reasons for a person's engagement in criminal activity are many and varied, it is evident that, for many, the circumstances of disadvantage are a major factor leading to criminal activity and subsequent imprisonment. Studies indicate that around 90% of male prisoners and 80% of female prisoners have not completed secondary schooling and that over half of all prisoners have a drug or alcohol problem.¹²¹ A Victorian Government report noted that approximately 50% of the Victorian prison population had two or more characteristics of serious disadvantage.¹²²

Case management services would give prisoners and ex-prisoners the best chance at recovery and rehabilitation. This would enable the underlying problems associated with the original criminal behaviour to be best addressed, including any problems of mental illness. White and Whiteford¹²³ noted studies that have found the prevalence of mental disorders in the prison population is more than double that of people living in the community. They also argue that a lack of ongoing support for prisoners upon their release means that ex-prisoners have a greatly increased risk of death (with the main causes of death being associated with mental disorders), not to mention the risk of re-offending:

*Despite these high morbidity and mortality rates, treatment services for prisoners and ex-prisoners are very limited and often ineffectual. This makes little sense, even from a criminal justice perspective, as comprehensive services can delay or prevent recidivism in mentally ill offenders.*¹²⁴

Of Australian prisoners 56% have been in prison previously¹²⁵, so it is evident that repeat offending is a major problem and that prisons are not equipped to adequately rehabilitate prisoners.

Recognising the manifest social disadvantage experienced by the vast majority of prisoners, it is important to acknowledge that there is no quick-fix and that rehabilitation of prisoners needs a carefully individualised, holistic and long-term approach. While this sounds like an expensive option, it needs to be viewed against the cost of housing prisoners: the average daily expenditure per prisoner per day in 2008–09 was \$242.65, or nearly \$90,000 per year. This does not include the costs of administering the justice system, police costs, or indeed the costs to society of the crime committed. Appropriate diversion from the criminal justice system for mentally ill minor offenders may also be another option that would bring cumulative benefits.

121 Federation of Community Legal Centres, Victoria, 2010, *Fact sheet: More prisons are not the answer to reducing crime* (www.smartjustice.org.au)

122 Department of Premier and Cabinet, Victoria, *Growing Victoria Together Progress Report, 2005–06*, (2006) Appendix B—Service Delivery, p 358–359.

123 White, P. and Whiteford, H., 2006, *Prisons: mental health institutions of the 21st century?*, *Medical Journal of Australia*, vol. 185 no. 6

124 White, P. and Whiteford, H., 2006, *Prisons: mental health institutions of the 21st century?*, *Medical Journal of Australia*, vol. 185 no. 6, p. 303

125 Australian Bureau of Statistics, 2009, *Prisoners in Australia 2009*, 4517.0

b) Employment support

As noted by TNS, gaining employment was one of the key factors that assisted in breaking cycles of disadvantage.¹²⁶ Its affects were felt in a person's life not just in terms of financial and material stability but in terms of personal and mental wellbeing and social connectedness. The Board therefore considers that preventing job loss and supporting employment for people with multiple and ongoing disadvantage is a key area of action for governments in terms of breaking cycles of disadvantage.

Evidence indicates that income support recipients exercise risk-managing behaviours to a high degree, understanding the impact that taking up a paid position (for example, a part-time or casual job) will have on the level of benefits received (including non-monetary benefits such as health care and transport concessions). A person in this situation will often weigh the risk of taking a job, which may not have long-term prospects and may involve costs in terms of transport, public housing eligibility and childcare, against the security of a regular, albeit lower, payment in the form of a Newstart Allowance, Disability Support Pension (DSP) or other benefit and associated benefits such as a Healthcare Card.

For example, Eve Bodsworth conducted in-depth interviews with 44 income support recipients and looks at the effect of barriers and incentives to work in her report *Making Work Pay*.¹²⁷ The report found that the various waiting times to get back on Newstart Allowance and the hurdles required to get back on the system once you were out of it, act as serious disincentives to taking short term or insecure work. They were also a source of ongoing anxiety for many people.

Several of the interviewees were people with ongoing mental illnesses whose conditions were generally manageable but periodically impacted on their ability to continue work when they became acutely ill. For these people, staying in the system was a key concern. One participant talked about the massive leap of faith required to risk going from working 20 hours to 25 hours a week, because this would mean she was no longer eligible to be in the income support system. While she recognised

that she was currently well enough to work the additional hours and her Job Capacity Assessment recommended that she did, she had lost previous jobs due to absences related to her mental health and there was a real risk that this could happen again.

Building more security and flexibility into the income support system in recognition of the often tenuous employment circumstances of people in a cycle of disadvantage may address some of the situational barriers identified by TNS Research.

c) Housing security

Similarly, the operation of the public housing system also provided a disincentive to find short-term work. The average wait for public housing is estimated to be seven years, but many wait more than ten years. People on the waiting list cannot take work above a certain threshold without losing their place on the waiting list. This is a serious disincentive to work for many people who have experienced chronic housing insecurity. The wait for homeless individuals is on average four years, but applicants must remain homeless in order to remain eligible.¹²⁸

The Board considers that there is a need to provide appropriate stability and security of housing to people with multiple and ongoing disadvantage, and to remove disincentives to seeking employment, in order to provide a base from which people can be assisted to tackle disadvantage.

As a first step, governments should review and consider revising eligibility criteria for public housing.

¹²⁶ TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report (draft)* p. 28

¹²⁷ Bodsworth, E. (2010) *Making Work Pay: and making income support work*, Brotherhood of St Laurence

¹²⁸ Bodsworth, E. (2010) *Making Work Pay: and making income support work*, Brotherhood of St Laurence,

Current policy and reform environment



Current policy and reform environment

Australian governments are pursuing a range of ambitious reforms in the social policy sector. However, greater coordination of specific measures to assist the most disadvantaged is needed.

1. Specific reforms

The discussion in the following sections outlines reforms in those areas in which there have been specific findings presented in the preceding chapters.

a) Early childhood

Early childhood development, education and care, and child protection have attracted strong attention from governments nationally in recent years, with a number of initiatives being progressed in particular under the auspices of the Council of Australian Governments (COAG) and by the Australian Government itself (see Box 4.1).

The implementation of the National Early Childhood Development Strategy agreed by COAG in July 2009 noted that consideration would be given to measures including:

*improving outreach and engagement with vulnerable families in supporting child development in the home and in participating in services at all levels, especially universal health, early childhood education and care, and family support.*¹²⁹

As discussed above, the National Framework for Protecting Australia's Children 2009–2020 was also agreed by COAG in 2009.

COAG has also agreed three National Partnership Agreements:

- > the National Partnership Agreement on Early Childhood Education to ensure that by 2013 every child has access to a quality early childhood education program in the year before formal school;
- > the National Partnership Agreement on Indigenous Early Childhood Development established as the next step to achieve the COAG Closing the Gap targets for Indigenous children; and
- > the National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care to improve educational and developmental outcomes for children attending long day care, family day care, preschool and out-of-school hours care services.

The provision of universal access to preschool in the year prior to commencing school is particularly encouraging from the perspective of assisting children from disadvantaged backgrounds. Research demonstrates improved long-term outcomes both academically and in social competence and maturity for children attending preschool, who may be lacking in appropriate support and stimulation at home.¹³⁰

¹²⁹ COAG, 2009, *Investing in the Early Years—A National Early Childhood Development Strategy*

¹³⁰ Australian Institute of Health and Welfare, 2009, *A picture of Australia's children*

Box 4.1: COAG Early Childhood Initiatives

- > National Early Childhood Development Strategy;
- > National Early Years Learning Framework;
- > Closing the Gap on Indigenous Disadvantage;
- > National Framework for Protecting Australia's Children 2009–2020; and
- > National Partnership Agreement on Early Childhood Education; the National Partnership Agreement on Indigenous Early Childhood Development; and the National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care.

Other national reform initiatives that seek to improve early childhood outcomes include:

- > a six-year National Partnership Agreement on Preventive Health with a focus on strategies to prevent chronic diseases that commence in early childhood;
- > national workforce initiatives to improve the quality and supply of the early childhood education and care workforce;
- > a National Family Support Program which brings together eight Commonwealth programs for children, families and parenting;
- > a National Plan to Reduce Violence against Women and Children;
- > development of an Early Intervention and Prevention Framework under the National Disability Agreement; and
- > a National Partnership Agreement on Homelessness with a focus on intervening early for children and their families at risk of homelessness.

Overall, this range of initiatives reflects an increased recognition of the importance of the early years and of the need for greater coordination across jurisdictions and disciplines. The not-for-profit reform and service delivery reform agendas will also have significant implications for vulnerable families and early years services. While these national reforms are in the early stages of implementation, they are likely to contribute to a significant improvement in outcomes for Australian children and their families.

b) Young Australians

At its 30 April 2009 meeting, COAG agreed to:

- > accelerate its 90% Year 12 or equivalent attainment target from 2020 to 2015, including Commonwealth funding of \$100 million to reward States and Territories for progress towards the accelerated attainment target in recognition of just how critical educational achievement is to young Australians' futures;
- > commit to a trajectory of halving the gap in Indigenous Year 12 or equivalent attainment by 2020; and

- > make a *Compact with Young Australians* that focuses on the importance of education and training for young people by supporting them to gain skills and knowledge through stronger engagement in education, training and employment.

COAG further agreed at its 2 July 2009 meeting to a *National Partnership on Youth Attainment and Transitions*. The national partnership clarifies roles and responsibilities between the Commonwealth and the States and Territories and will drive longer term reform to ensure that young people stay engaged in education and training.

In early 2010, the Australian Government also released its *National Strategy for Young Australians*, outlining how government will work to ensure that young people aged 12–24 “grow up safe, healthy, happy and resilient and to have the opportunities and skills they need to learn, work, engage in community life and influence decisions that affect them”.

Also significant in the youth policy environment are the *National Child Protection Framework*

and the *Youth Protocol National Framework* and *Youth Protocol* agreements which clarify the responsibilities of Commonwealth, State and Territory welfare agencies in relation to young homeless people seeking income support. It describes the assessment of the risk issues, case management and support arrangements for these young people.

The objectives of *Youth Protocols* are to:

- > clarify responsibilities between Centrelink and state/territory community service departments;
- > establish a basis for shared casework responsibility as well as delineating the specific roles and responsibilities of each agency;
- > articulate the role and involvement of non-government and other government service providers in the initial referral, assessment and service response and in ongoing case management; and
- > establish an agreed view about what support, financial and other, can be provided by Centrelink, state agencies and community service providers, and establish principles for good practice in work with young people.

At present, there are separate *Youth Protocols* for each state and territory at various stages of completion.

c) Income support

Responsibility for income support policy rests with the Commonwealth. The purpose of income support in Australia is two fold: firstly, to act upon the recognition of government and community responsibility to assist those in need and secondly, to provide a safety net and protect against poverty.

The income support system comprises: income support payments (either pensions or allowances) that are designed to provide an adequate standard of living for an adult; payments relating to dependent children; and income support supplements, including rent assistance. Income support payments are income and assets-tested with participation requirements that are based on whether a recipient is unable or not expected to support himself or herself through paid work for reasons of illness, disability, parenting or caring responsibilities, age, unemployment or participation in full-time education or long term training. Unemployment payments are subject to an activity test.¹³¹

¹³¹ Department of Families, Housing, Community Services and Indigenous Affairs, *Income Support and Social Protection in Australia*, Policy Research Report No. 1 (accessed <http://www.fahcsia.gov.au/about/publications/articles/research/socialpolicy/Documents/prp01/sec2.htm#t1>, Last modified 24 April, 2009)

With regard to carers and single parents supported by income support, the Australian Government has recently introduced changes to participation requirements. These changes include:

- > introducing more flexibility for principal carers to meet participation requirements or to support principal carers to participate in self-employment programs such as the *New Enterprise Incentive Scheme*;
- > making more information available to parents about existing participation rules and exemptions; and
- > allowing more practical reporting for carers and parents on their earnings or participation efforts to Centrelink.

d) Disability support

The Government is developing a *National Disability Strategy* which will be advanced under the auspices of COAG in recognition that support for people with disability is a shared responsibility across the Commonwealth, states and territories. The strategy will provide a national framework to drive future reforms in mainstream systems and the disability service system for people with disability, their families and carers. The strategy focuses on moving towards a person-centred approach to the provision of care and support across specialist disability services and mainstream services.

As part of the *National Disability Strategy*, the Australian Government has asked the Productivity Commission to thoroughly investigate new approaches to providing long-term care and support to people with disability in Australia. The Commission will submit its report by July 2011 on the costs, benefits and feasibility of a national disability long-term care and support scheme that would provide an entitlement to services over a person's lifetime.

The *National Disability Agreement*, which commenced on 1 January 2009, will provide more than \$6 billion in funding from 1 January 2009 to 30 June 2014 to the states and territories for specialist disability services, such as supported accommodation, targeted support and respite.

e) Mental health services

Mental health service provision is currently shared across Commonwealth and state jurisdictions and the community and private sector. At its meeting in April 2010, COAG agreed that from 1 July 2011 the Commonwealth will take responsibility for primary mental health care services for common disorders, including those currently provided by

the states. COAG also asked that further work be done across governments on the potential for further reforms in mental health for report back to COAG in 2011.

The Australian Government has recently committed additional investment of \$277 million over four years to fund mental health services, with a focus on suicide prevention.¹³² It has also announced that it is committed to doing more for people with severe mental illness and to take a stronger role in the specialist mental health system over time.¹³³ Around 3% of the Australian population have a severe mental disorder such as psychosis, bipolar disorder or severe depression or anxiety¹³⁴ while around 4–5% have moderate mental illness and around 9% mild to moderate mental illness.¹³⁵

The National Health and Hospital Reform Commission (NHHRC) recommended that governments increase social support services for people with chronic mental illness, particularly vocational rehabilitation and post-placement employment support.¹³⁶ The Australian Government has supported this recommendation and has noted that the introduction of Medicare Locals will play a critical role in integrating and linking services.¹³⁷ The government report to COAG in 2011 is expected to include recommendations on further action to better integrate local services for people with severe mental illness.

The NHHRC also recommended that efforts should be made to ensure that when people are discharged from a mental health service there is clarity as to where the person will be discharged and that someone appropriate at that location is informed.¹³⁸ The Australian Government has supported this recommendation and noted its relevance to work being undertaken under the social inclusion framework and homelessness national action plan.¹³⁹

132 ALP website, Taking action to tackle suicide, 27 July 2010

133 Australian Government, National Health and Hospitals Fact Sheet: Mental Health (accessed at [http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/17B0E1654283CF2FCA2577210045B794/\\$File/HEALTH%20REFORM%20FACT%20SHEET%20Mental%20health%20-%20FINAL.pdf](http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/17B0E1654283CF2FCA2577210045B794/$File/HEALTH%20REFORM%20FACT%20SHEET%20Mental%20health%20-%20FINAL.pdf))

134 National Health and Hospitals Reform Commission, 2009, *A Healthier Future for All Australians*, p. 86

135 Whiteford, H., 2010, *Mental Health and Homelessness*, Presentation to PM&C

136 National Health and Hospitals Reform Commission, 2009, *A Healthier Future for All Australians*, p. 26

137 Australian Government, *A National Health and Hospitals Network for Australia's Future: Delivering Better Health and Better Hospitals*, 2010, p. 150

138 National Health and Hospitals Reform Commission, 2009, *A Healthier Future for All Australians*, p. 26

139 Australian Government, *A National Health and Hospitals Network for Australia's Future: Delivering Better Health and Better Hospitals*, 2010, p. 151

f) Housing and homelessness

The Australian Government has acknowledged the importance of adequate and affordable housing in addressing disadvantage and social inclusion and has taken a number of steps to try to address the issue.

Under the *Nation Building Economic Stimulus Program* (Social Housing Initiative), \$5.6 billion is being invested to build over 19,200 new social housing dwellings and repair 70,000 existing dwellings. Of these homes, 50% will go to people who are homeless or at risk of homelessness.

In addition, \$5.5 billion is being invested under the *National Partnership Agreement on Remote Indigenous Housing* to build 4,200 new houses and to upgrade another 4,800 houses over a ten year period.¹⁴⁰

A *National Partnership Agreement on Social Housing* has been established to facilitate the implementation of a Social Housing Growth Fund. This fund will provide capital funding to support a range of projects to increase the supply of social housing in the short term and enable more disadvantaged households to access safe and secure housing that meets their needs. Through this increase in supply, enhanced assistance to help persons who are homeless or at risk of homelessness to transition to longer term accommodation. Improved housing opportunities for Indigenous Australians will also be achieved.

A *National Partnership Agreement on Homelessness* has also been established. The agreement provides additional funding to states and territories to provide new or expanded early intervention and prevention services for homeless people; expand and improve current services; and support people who have been homeless to sustain long-term tenancies.

The agreement recognises that addressing homelessness will require action around three key strategies:

- > prevention and early intervention to stop people becoming homeless and also lessen the impact of homelessness;
- > investment in services that can help people get back on their feet, find stable accommodation and, wherever possible, obtain employment; and
- > a better connected service system to achieve long-term sustainable reductions in the

140 Attorney General's Department (2010) *Progress and Action Plan for the Australian Government's White Paper on Homelessness*

number of people who are homeless through building more connected, integrated and responsive services which achieve sustainable housing and improve the economic and social participation of those at risk of homelessness.

2. Overarching reforms

This report has highlighted recent policy reform developments in early childhood, youth and adulthood. The Australian Government is also implementing two overarching reforms in government service delivery and in the relationship between government and the not-for-profit or third sector. The Board has a number of recommendations relating to these reform agendas.

a) Service Delivery Reform

In December 2009, the Australian Government announced the start of major reform to government service delivery, starting with the Human Services portfolio, which will significantly improve the efficiency and effectiveness of service delivery, making it: 'Easy, High Quality and Works for you'.

The nature of Service Delivery Reform and its rationale was further outlined in *Ahead of the Game: Blueprint for Reform of Australian Government Administration*¹⁴¹, released in March 2010, and accepted by the Australian Government in full. The Blueprint included commitments to: simplify Australian Government services for citizens; develop better ways to deliver services through the community and private sectors; deliver services in closer partnership with state, territory and local governments; and reduce unnecessary business regulatory burden.

The reform of service delivery currently underway will create a better service delivery experience for people and contribute to improved policy outcomes for government, particularly in areas such as economic and social participation, education, child care and health.

The major shift in this transformation is movement towards a coordinated system that puts people first in the design and delivery of services. Services will be tailored to people's needs, and away from the more one-size-fits-all approach of the current, fragmented system.

Service delivery reform will minimise the burden of people interacting with government

and optimise assistance where needed. The services provided to service clients will then differ depending on their specific needs and circumstances, ranging from entirely self-managed clients with minimal face-to-face contact, to more intensive support for people facing significant disadvantage or multiple complex challenges. Of particular relevance to breaking the cycle of disadvantage is the intention to create a more intensive case coordination service for clients who have complex needs.

The process of streamlining delivery, including integrating and co-locating services has begun. Much of the early work on service delivery reform has grappled with the wide range of technical issues to do with creating a more efficient system for the mainstream client population. The model for coordinating more intensive support for those with complex needs, and their families, is still being considered by government. It is anticipated that a trial of case coordination approaches will be conducted in a number of locations from mid-2011 to 2015.

The research findings are highly relevant to the development of the case coordination model, in particular:

- > the importance of continuity of the staff-client relationship;
- > the importance of the individual case manager and hiring skilled staff; and
- > the importance of the way clients are treated and the benefit of positive strengths-based approaches, empowering the client through providing opportunities to shape the assistance they receive.

The model needs to enable the case manager to address the clients' broader needs, not just those associated with income support.

The Board sees promise in the model adopted in the Centrelink *Place-Based Services Program* in Logan where a client and social worker together conduct a shared assessment of the client's aspirations, strengths, barriers and needs, and then work together to design the assistance the client will receive.¹⁴² The program enables a social worker and their client to take into account the client's circumstances holistically, rather than focusing only on income support entitlements and obligations. This empowering approach has been particularly successful in re-engaging clients with

¹⁴¹ Advisory Group on Reform of Australian Government Administration (March 2010) *Ahead of the Game: Blueprint for Reform of Australian Government Administration*, available at www.dpnc.gov.au

¹⁴² Darcy, M., Gwyther, G., Perry, J., Richardson, R. & Wood, J. *Centrelink Place Based Services Program Evaluation*. Sydney: SJSC University of Western Sydney 2009

appropriate services where they had given up seeking help due to past failures.

The adequacy of funding, the skill of staff and cultural change within government delivered services will be central to the success of a case coordination model.

The review of Centrelink funding models and key performance indicators that will occur as part of the integration of the Human Services portfolio also provides an opportunity to facilitate a more people-centred and respectful service. It provides Centrelink staff with both permission and incentives to 'go the extra mile' to help clients.

The case coordination model proposed relies on the local community having services on offer with sufficient resources and capacity to accommodate increased referrals. In the *Centrelink Place-Based Services Program* trials this was not a problem. However the Board anticipates that in some communities a shortage of services to which people can be referred will be a significant constraint on the effectiveness of the initiative.

As a longer-term objective the Board believes Commonwealth, State and Territory governments should aim for a reorientation of service delivery that ensures all people and families with persistent, multiple and complex needs receive holistic wrap-around locally-based support that is available long-term, supports people out of cycles of disadvantage and prevents the intergenerational transmission of disadvantage. The support should be provided by a diversity of providers, working together, with no one organisation taking responsibility for all eligible people and families.

To achieve this goal, the level of service provision needs to be determined by, and fluctuate with, the level of need, rather than being centrally determined. Further consideration should be given to models of funding (such as person-centred funding) and cooperation across jurisdictions that could support this objective.

b) Not-for-profit sector reform

Over the past decade there has been a growing recognition of the importance of the not-for-profit sector and particularly those community organisations that deliver services to the most disadvantaged. There has also been recognition that the way that government interacts with not-for-profit organisations, and the regulatory

environment in which they operate, is creating barriers to effective service delivery and community development activity.

The Australian Government has committed to an agenda of reform of the not-for-profit sector. It has established a compact with not-for-profit organisations, outlining how they will work together, and an Office for the Not-for-Profit Sector, to drive change.

As part of this reform agenda, the Australian Government has committed to reducing red-tape for government funded not-for-profit organisations through development of a common form contract or master agreement, and through a review across all Australian Government agencies of the efficiency and effectiveness of tendering, contracting and acquittal arrangements between the Australian Government and not-for-profit organisations by mid 2011.¹⁴³

The research highlighted a range of issues that currently create barriers to effectiveness for not-for-profit sector organisations, with significant implications for the not-for-profit sector reform agenda.

Short term funding cycles can undermine the effectiveness of an investment

Recognition of the importance of continuity and relationships for underpinning effective support services to the most disadvantaged highlights the cost of policy churn and the transaction costs each time the suite of services on offer is changed, where services are targeting the most disadvantaged.

Those who have established relationships and trust with an individual or organisation, made tentative steps toward change, and then find themselves abandoned by service providers are likely to be re-thrust into difficulties, more reluctant to take risks or seek help in the future, which can reinforce a sense of hopelessness or disempowerment.

Ineffectiveness is also a cost of the short-term funding cycles and therefore funding uncertainty experienced by many community service organisations.

¹⁴³ Australian Labor Party Media Release 'historic reforms to Australia's not for profit sector' available at: <http://www.google.com.au/url?sa=t&source=web&cd=1&ved=0CBUQFjAA&url=http%3A%2F%2Fwww.alp.org.au%2Fgetattachment%2F88a7eb81-8b47-4315-ad6e-c1c169365%2Fhistoric-reforms-to-australia-s-not-for-profit-sec%2F&ei=ysHITODYllalcarFhdL&usq=A FQjCNHB4Zpt8Q3Y8MbVaqNXpuTootWOyy>

The short-term nature of funding and the effort required to cobble together funding from multiple sources each year was frequently raised as a barrier to providing effective services, establishing trust and providing continuity.

Competitive funding, lack of discretionary funds and difficulty referring people to services which are overstretched and have strict eligibility criteria were all identified as barriers to effective collaboration between organisations and to providing joined-up support to families and children.¹⁴⁴

Governments must necessarily make difficult decisions about where to spend limited funds. Currently too much weight is given to new programs, piloting programs which are not scaled up despite being effective, and to making small contributions towards short-term ad hoc initiatives which must also seek funds from other sources.

This approach to funding of activities results in inefficiencies because of waste associated with start up costs and the transaction costs of change, as well as increased administrative costs within the public service.

Insufficient emphasis is currently placed on:

- > continuing or expanding existing programs where they are working well;
- > valuing retention of staff and continuity of staff client relationships;
- > valuing continuity of support for vulnerable people and families; and
- > providing funds that enable organisations to remain in contact with and provide less intensive support for people who have received assistance and whose circumstances have improved, to ensure the sustainability of outcomes.

¹⁴⁴ These issues are discussed in more detail in the Australian Social Inclusion Board publication *Governance Models for Location Based Initiatives* (2011)

Conclusion: implications for governments



Conclusion: implications for governments

The last three chapters have tried to look across the life cycle to identify what is important to breaking the cycle of disadvantage. They have also tried to demonstrate the way that early disadvantage can impact on later life, and the way that disadvantage can pass between generations.

The discussion has also tried to illustrate that while the circumstances of individuals and families vary, and they have a diversity of immediate needs, there are some common factors to finding a pathway out of a cycle of disadvantage.

The research has found that in order to break the cycle of disadvantage practical support needs to be multi faceted and address the needs of the whole family; it needs to be coupled with support that addresses the psychological impact of disadvantage; and needs to be provided long-term. The research also highlighted the role of the broader community in shaping outcomes related to breaking cycles of disadvantage, particularly the positive role that can be played by supportive employers and community groups.

1. Addressing the psychological impact of disadvantage.

As well as affecting people's practical circumstances, the experience of disadvantage has a significant psychological impact. People experiencing multiple and entrenched disadvantage often experience loss of confidence, shame, stigma and lower sense of self worth. Living in crisis and high stress situations can undermine an ability to plan or think long-term, leaving people without a strategy for changing their circumstances.

The way that service providers relate to clients can have an important effect on the psychological impact of disadvantage. The experience of service providers from this vulnerable position can often reinforce a sense of hopelessness and powerlessness. Alternatively the experience of a service provider that engenders dignity, self confidence and aspirations can be life changing.

The primary mechanism for addressing how people think and feel about themselves and their circumstances is through relationships. The research found that for all those who had overcome a cycle of disadvantage there was universally a person or people who had established a meaningful relationship with them, and demonstrated concern, belief in their abilities, and provided emotional as well as practical support. Sometimes this was a family member or friend, but for the most vulnerable individuals this was most often provided by someone in a professional capacity.

This has implications for service delivery by all levels of government and the community as well as the review of Commonwealth tendering, contracting and acquittal arrangements with the not-for-profit sector being undertaken by the Office for the Not-for-Profit Sector.

2. Practical support needs to be flexible, tailored and accessible.

Community welfare services have tended to become specialised, with division of labour across organisations to produce more efficient outputs. This means when families arrive with multiple complex needs, there is a mismatch between the service providers' narrow service provision and the families' broad needs. When families have immediate concrete needs (such as replacing a front door at home so they can feel safe) addressing these needs becomes a precondition to delivering the actual service the organisation is designed to provide.¹⁴⁵ Instead, services frequently are compelled to ignore the most pressing need and try to address directly the need they are specialised to meet.

As well as leaving needs unmet, this undermines the relationship between the family and service provider, eroding trust and engagement and undermining the ability of the service to be effective. The result is that some families get shuffled and shunted between different organisations and agencies without getting the help they need, while others disengage from services altogether.

¹⁴⁵ Tony Vinson (2010) *Wrap around services*. unpublished

The increasingly advocated alternative is the wrap-around approach where services are tailored or coordinated to meet the multiple needs of a family or individual. Services often work in interdisciplinary teams and have access to flexible non-categorical funding. At its core this idea is about person-centred service delivery, addressing the needs of the person, not administering the program of the organisation tailoring the response and working flexibly, holistically, using co-design, empowering the person to shape the support they receive. It is clear that caseload pressures and inflexible management practices have impeded the tailored nature of service responses in many areas, but further work is needed to determine how this holistic support is best delivered.

Beyond the principle of addressing a person/family's needs in a holistic manner, a number of more specific conditions or principles have been ascribed to a wrap around approach. A literature discussing the effectiveness of these approaches exists. Wrap around tends to refer to an interagency service where money and power is shared between schools, organisations and agencies, where outcomes are measured and provided as feedback to family, child and service providers. A trained facilitator coordinates the process and hosts meetings regularly. Research supports the effectiveness of this approach.

However, much could be achieved if traditional services were given greater flexibility in how their service is delivered. It may be enough in many circumstances to give greater flexibility and discretion to individual service providers to meet the multiple needs of the whole family, rather than to pursue a wrap-around approach that involves multi agency teams.

3. Support needs to be provided long-term

In the current policy and service delivery context, the focus tends to be on supporting individuals with the most acute need. This generates a crisis-driven service model that has people flip in and out of eligibility for support programs. As soon as the help a person receives begins to take effect, they are no longer a priority, and can be cut off, leaving them vulnerable to crisis again. This induces churn through the system, instead of people being supported out of cycles into a more stable and secure environment. In turn, the model places inordinate pressure on acute services, such as hospital emergency departments, child protection services, prisons, homeless shelters and other emergency relief.

These acute services are expensive to deliver, not to mention the costs to society of lost productivity, crime, child abuse and further flow-on effects. It is the Board's view that a rethinking of service delivery to focus on longer-term outcomes for those most in need would result in less churn and more cycles of disadvantage being broken. At the same time, service funding and delivery needs to be based on the recognition that the pathway out of disadvantage is likely to be long and slow and involve multiple setbacks.

While budgetary constraints will necessarily dictate that service providers prioritise the most needy, for people with complex needs this is not enough to support them out of cycles of disadvantage. Requiring people to exit a service just on the other side of crisis often leaves them vulnerable to crisis again.¹⁴⁶

For some people, ongoing support that dampens the amplitude and frequency of crises may in the long-term be a more cost-effective and certainly a more humane approach. The inability of services to promise continuity and ongoing support is a significant barrier to their establishing trust, as well as to their retaining valuable, trained staff. It is a key problem with the short-term nature of service contracts and funding cycles.

¹⁴⁶ King, S. 2010, *Income Management or Case Management?* Anglicare Australia

Summary

The ways in which services are delivered to the most vulnerable must be reconsidered, if the goals of social inclusion are to be reached. On the whole, this means delivering services in a holistic, whole-of-life way, recognising that those finding themselves in a cycle of disadvantage will need assistance and support over a longer period if they are to have any hope of breaking the cycle.

The Board has identified three key principles for addressing cycles of disadvantage that can be used to inform government work around service delivery reform:

1. **The way you treat people matters**—it is not enough to focus on *what* support is provided, it matters *how* it is provided;
2. **Continuity of support is essential**—episodic care based around discrete crisis with a withdrawal of services in between is an inefficient and ineffective way to address entrenched disadvantage; and
3. **A focus on addressing structural barriers must be maintained**—more work is needed to implement a holistic response to disadvantage that reduces the structural barriers that contribute to one disadvantage snowballing into others.

These principles form a framework or set of criteria which could be applied by Ministers and governments when considering the merits of proposed service delivery reform measures.

The next section contains specific recommendations for governments which reflect the Board's views about where these principles could be given particular effect.

Recommendations



Recommendations

1. The way you treat people matters

Relationship building

- 1.1. The importance of the relationships formed between professional staff and clients needs to be recognised and actively supported. A service system should be pursued which is strength-based; reflects the dignity and integrity of the individual; and is person and family centred. It should be based on high expectations, and support where possible the agency and aspirations of the service user.

In particular these objectives should be pursued through the Service Delivery Reform agenda, the Not-for-Profit Sector Reform agenda and through political leadership, as outlined below.

- 1.2. The Board recommends that the Australian Government undertakes a program of work to improve the culture of government-delivered services to be more people-centred and respectful. Service delivery personnel should receive greater training that addresses human rights, cultural awareness and mental health literacy.
- 1.3. The Board recommends that the all governments commit to delivering high quality intensive case coordination service for those with complex needs, and ensure appropriate levels of resources are committed.
- 1.4. The Board recommends that the model of case coordination developed for Centrelink clients who need more intensive assistance reflects:
 - a. the importance of continuity of the staff-client relationship;
 - b. the importance of the individual case manager and hiring skilled staff;

- c. the importance of the way clients are treated and the benefit of positive strengths-based approaches, empowering the client through providing opportunities to shape the assistance they receive; and

- d. a model which enables the case manager to address the clients' broader needs, not just those associated with income support.

- 1.5. The Board recommends that the Australian Government addresses the barriers to relationship building in many government-funded services delivered by not-for-profit organisations, which are currently created by arrangements that are overly prescriptive, short term and transaction based.

Leadership

- 1.6. The Board urges political leaders at all levels to act to reduce stigma for people with disadvantage through greater advocacy of the benefits of social inclusion for individuals and the Australian community as a whole:
 - a. research is needed into how to promote greater community awareness and understanding of disadvantage; and
 - b. language used by political leaders and government should reflect the dignity and integrity of vulnerable and disadvantaged groups, otherwise permission is given to stigmatise.

2. Continuity of support is essential

Longer-term funding for service providers

- 2.1. The Board recommends that the Australian Government ensures that the review of tendering, contracting and acquittal arrangements for government-funded not-for-profit organisations reflects the need for longer-term funding to enable service providers to offer continuity of support, and continuity of staff-client relationships.

2.2. The Board also recommends that in deciding where to spend limited funds, greater emphasis should be placed on:

- a. continuing or expanding existing programs where they are working well;
- b. valuing retention of staff and continuity of staff client relationships;
- c. valuing continuity of support for vulnerable people and families; and
- d. providing funds that enable organisations to remain in contact with and provide less intensive support for people who have received assistance and whose circumstances have improved, to ensure the sustainability of outcomes.

Groups with the greatest need for continuity of support

The research highlighted a number of particular groups where greater continuity of care could break the cycle of disadvantage: young people leaving State care; families at risk of involvement with the child protection system; prison leavers; and people with a severe mental disorder.

2.3. *State care leavers*: The Board urges the Commonwealth and State and Territory governments to do more to ensure that young people leaving state care receive an appropriate level of support to break their cycle of disadvantage; and that the intergenerational transmission of disadvantage from care leavers to their children is prevented.

2.4. *Therapeutic support*: In particular the Board recommends that the need for therapeutic support for all children and young people who are placed in out-of-home care should be investigated.

2.5. *Family support*: The Board recommends that Commonwealth and State and Territory governments work to ensure there is a greater availability of family support services to families at risk and families no longer in crisis, outside of the child protection system.

2.6. *People with mental illness*: The Board recommends that significant investment in the health system is needed in order to address gaps in providing services to people with a mental illness.

2.7. *Prison leavers*: The Board recommends that the Commonwealth work with State and Territory governments to provide all prison leavers with a Centrelink assessment before they leave prison, to ensure they have access to income support and referral to appropriate services. There should be no exit from prison into homelessness.

3. A focus on addressing structural barriers must be maintained

3.1. The Board recommends that governments continue working to address key structural barriers that create and reinforce cycles of disadvantage for many Australians.

Locations of disadvantage

3.2. The Board recommends that additional consideration is given to addressing the structural disadvantage caused by the locations in which people live: by acknowledging and redressing the impact of reduced employment opportunities, transport, infrastructure and services; and by adopting location-based approaches to addressing disadvantage.

Public housing

3.3. The Board recommends that the current shortage of social housing is a fundamental structural obstacle and should be addressed as a priority.

3.4. The Board further recommends that Commonwealth, State and Territory governments consider together the impact of the eligibility criteria for public housing waiting lists and rental setting to address the disincentive to work created by current arrangements.

Income support

3.5. The Board recommends that the level of income of support payments be urgently increased since income inadequacy itself is a significant structural obstacle to breaking the cycle of disadvantage.

3.6. The Board further recommends that the Australian Government make changes to increase the flexibility of the income support system to ensure it better supports people to manage the manifold risks of engaging in insecure, short term or casual work.

Service system

3.7. The Board recommends that Commonwealth, State and Territory governments work together to ensure that all individuals and families experiencing multiple and persistent disadvantage have access to intensive, holistic support that is flexible, accessible, and shaped by the self-identified needs of clients and families. Such an initiative would involve collaboration between all levels of governments and non-government service providers. The delivery mechanism or entry point may be Centrelink, or existing maternal and child health services in each state and territory, or be developed within local communities to deliver specific services required by those communities.

Appendix A:
Summary of TNS research,
submissions and consultations



Summary of TNS research, submissions and consultations

1. TNS Social Research

In order to better understand the nature of cycles of disadvantage, TNS Social Research was engaged to consider in detail the factors that led to a person experiencing multiple disadvantage over an extended period and whether there were any particular factors that served to reinforce the disadvantage or assist the person to break out of, or avoid returning to, a cycle of disadvantage.

The research was centred on in-depth interviews with 56 people from disadvantaged backgrounds, covering a range of locations, age groups and family and household situations. TNS conducted six group discussions to “identify key themes and establish an analytical framework for the research”, which were followed by the 56 ethnographic in-depth interviews conducted over two or more stages. Group discussions were held in Western Sydney and Ballarat (Victoria), and interviews were conducted in Sydney, Condobolin (NSW), Cowra (NSW), Melbourne, Ballarat (Vic), Northam (WA) and Canberra. All fieldwork took place between 12 July and 12 August 2010.

The study sample included broad representation of age groups, comparable numbers of male and female participants, and a mix of people who were currently affected by specific indicators of disadvantage as well as those who had formerly been affected.

The research identified three different types of cycles of disadvantage:¹⁴⁷

1. **Intrinsic, systemic cycles**—these cycles are continuous and exist over a life course, usually stemming from being born into an environment of disadvantage, with limited opportunity and propensity to break out of this cycle. Intergenerational disadvantage is often common within this kind of cycle, with environments and behaviours of others tending to reinforce and sustain individual disadvantage, and in some cases exacerbating the level of disadvantage encountered.

2. **Acquired, cumulative cycles**—in these cycles disadvantage was not necessarily inherent but became acquired over the course of an individual’s life. Typically this came about through a key trigger event or series of factors which, in many cases, had an abrupt impact on quality of life and outlook. This original trigger point would then begin to negatively impact other aspects of life, which would in turn lead to a snowballing effect.

3. **Periodic, episodic cycles**—these cycles are characterised by peaks and troughs including descents into relative disadvantage following a trigger event (either quite abruptly or drifting over time) followed by periods of recovery and progress when aspects of disadvantage are less apparent. A feature of this cycle is that the recovery stages often build resilience to subsequent setbacks that take place.

In addition to considering the nature of the cycle of disadvantage, the TNS research also examined the overarching areas or domains that contained factors which were seen as critical in determining whether or not a person experienced a cycle of disadvantage in their lifetime, or whether a person in a cycle was able or unable to overcome that cycle. The six domains identified—primary relationships, education, employment, health and wellbeing, identity and external environment—cover a complex array of factors at play within a person’s life which influence them, positively and negatively, over the course of the life cycle. The table below sets out the key influences within each of the six domains and the common interlinkages between them to demonstrate the complexity of influences.

147 TNS, pp. 32-40

Overall, the TNS research found that the top five triggers or factors influential in causing a person to enter a cycle of disadvantage were:

- > physical health changes;
- > child neglect or abuse;
- > mental health issues;
- > social isolation; and
- > leaving school early.¹⁴⁸

TNS notes that the leading factor varied across the three identified cycles of disadvantage.

Whether a person is able to overcome a cycle of disadvantage will depend on a range of factors, including:

- > personal characteristics (e.g. level of resilience, ability to maintain emotional strength in face of adversity—see *Internal Drivers*, below);
- > quality of interpersonal relationships with those close to them and the support (emotional and/or material) they are able to provide; and
- > availability and suitability of relevant services which are able to provide any necessary resources, information, support etc to facilitate the person overcoming the factors driving the cycle of disadvantage.

The range of factors is evidently large and complex, and it is impossible to tell at face value whether a person born into a disadvantaged family, for example, will be able to avoid the cycle of disadvantage and develop into a stable, secure, healthy adult. However, by seeking to identify and address those factors which are known to indicate a high risk of disadvantage and by providing an appropriate level of support, a greater likelihood exists that barriers may be overcome, all other things being equal.

TNS concluded that breaking cycles and avoiding or overcoming disadvantage was driven by¹⁴⁹:

- > internal personal factors—in particular high levels of resilience and confidence;
- > social capital—in particular support or intervention from family and friends;
- > positive help seeking behaviour and in particular early access to help;
- > effective services which were accessible, empowering, holistic and sustained; and
- > specific triggers, life events and transition points (such as birth of children, change in relationships, gaining employment, moving location, further education, intervention to improve health outcomes).

148 TNS Social Research, 2010, *Breaking the Cycles of Disadvantage: A research report* p. 28

149 TNS Social Research, 2010, *Breaking Cycles of Disadvantage*,

Table A.1:
key domains and triggers influencing disadvantage and ongoing cycles

Domain	Key influences on disadvantage	Common interlinkages
Primary Relationships	<p>Childhood</p> <ul style="list-style-type: none"> Material neglect, financial insecurity and limited resources Emotional neglect from parents Family violence—victims/perpetrators/observers Family relationship breakdown, separation or loss of parent Negative or absent role modelling (e.g. father figure) Peer relationships—acceptance/discrimination/ bullying <p>Adulthood</p> <ul style="list-style-type: none"> Abusive relationships with partners and others Relationship/family break-ups Arrival of child and parenting pressures/challenges Harmful peer relationships 	<ul style="list-style-type: none"> Alcohol/ drug use Mental health issues School disruption Leaving school early Criminal activity Difficulty forming relationships Low self-esteem
	Education	<ul style="list-style-type: none"> Disinterest and disengagement in academia Low confidence and expectation of achievement Transience in the school environment/ delivery approach Influential peer relationships—bullying, truancy, illicit behaviours Service access and delivery within or outside ‘mainstream’

Domain	Key influences on disadvantage	Common interlinkages
<p>Employment</p>	<p>Job loss/redundancy</p> <p>Long-term unemployment and absence from workforce</p> <p>Work capacity/capability, confidence and motivation</p> <p>Discrimination from employers/service providers</p> <p>Restricted availability and suitability of employment options</p>	<p>Financial pressure and debt</p> <p>Health issues</p> <p>Low self-esteem</p> <p>Relationship break-down</p> <p>Homelessness</p> <p>Loss of skills</p> <p>Social disconnection</p>
<p>Health and Wellbeing</p>	<p>Accident or onset of illness/physical disability</p> <p>Development of or long-term mental health issues</p> <p>Trauma and emotional wellbeing</p> <p>Dependency/substance abuse/addiction (alcohol, drugs, gambling)</p>	<p>Disruption of education/employment</p> <p>Long-term unemployment</p> <p>Relationship break-down</p> <p>Social disconnection</p> <p>Other health issues</p> <p>Alcohol/drug use</p> <p>Low self-esteem</p> <p>Incarceration</p>
<p>Identity</p>	<p>Low self-esteem/confidence, sense of purpose</p> <p>Cultural expectations, behaviours, influence</p> <p>Discrimination and prejudice</p>	<p>Lack of employment opportunity</p> <p>Social disconnection</p> <p>Low self-esteem</p> <p>Health issues</p>

Domain	Key influences on disadvantage	Common interlinkages
External environment	<p>Locality Remoteness and access to the community/services Re-location/transience</p> <p>Housing Condition of housing environment/ neighbourhood Homelessness</p> <p>Incarceration Reinforcement and normalisation of negative behaviours in institutionalisation Discrimination and segregation following release</p>	<p>Lack of employment opportunity</p> <p>Social disconnection</p> <p>Risks to safety and wellbeing</p> <p>Drug/alcohol use</p> <p>Low self-esteem</p> <p>Health issues</p>

Internal drivers

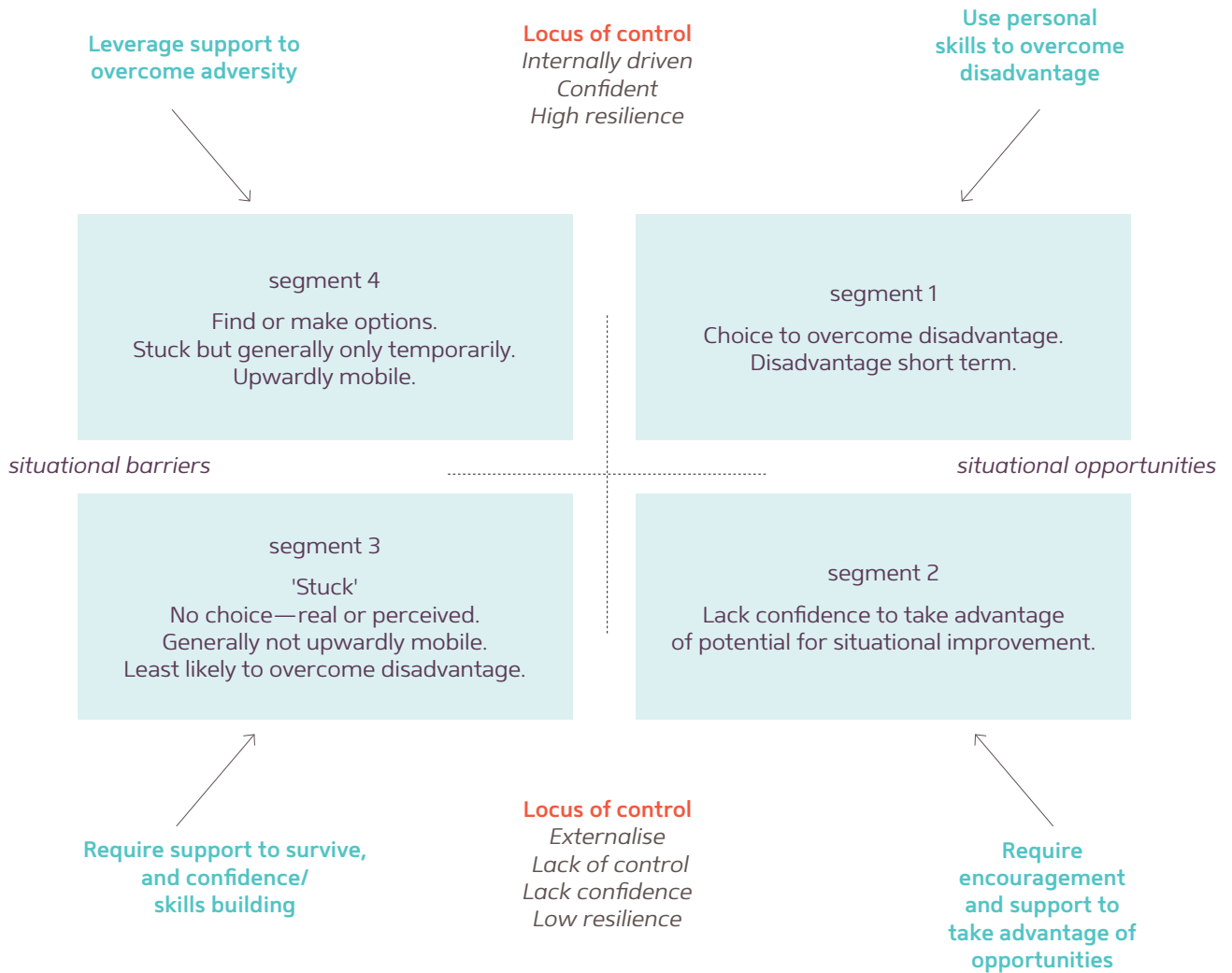
Personal characteristics, in particular a person's level of resilience, self-motivation, attitude and self-confidence, naturally play a role in determining the incidence or avoidance of a cycle of disadvantage. At the same time, however, it is important to recognise that external factors can also influence personal characteristics, such as and in particular, confidence and motivation.

Figure A.1: Segmentation of disadvantaged groups¹⁵⁰

As noted in the TNS research, a person's locus of control was a key determinant of how they were able to handle the cards that life dealt them, influencing their behaviour in terms of their readiness to seek support or assistance and whether or not they blamed their circumstances on external factors over which they had no personal control. Accordingly, TNS identified four general characterizations of disadvantaged people, determined by the direction of their locus of control and how situational barriers or opportunities were addressed (see Figure 1).

¹⁵⁰ TNS Social Research, 2010, Breaking Cycles of Disadvantage,

Figure A.1: Segmentation of disadvantaged groups



A person in segment 1, for example, would be least likely to experience disadvantage, but if faced with a situation which might cause disadvantage, for example, job loss, would be most able to overcome the disadvantage by using their own personal skills and leveraging available opportunities. People in this segment were likely to face disadvantage in a periodic way and were able to address and improve their situations as particular circumstances arose.

Those in segment 2 would also be able to harness opportunities, but would require support from others to help them find and take advantage of opportunities. The research noted that, in time, those in segment 2 could be taught particular skills to build their confidence and motivation and thus enable them to deal with situations in a more efficient manner, as in segment 1.

A person in segment 3, on the other hand, would require the most intensive support; this person would be more likely to see themselves as stuck in their situation with no opportunities for improvement. People in this situation were more likely to have low or no job skills (including in some cases illiteracy), have been unemployed for long periods, or perhaps be former prisoners. They appeared to be resigned to their situation and lacked the confidence and motivation to overcome their multiple impediments. It was noted that, rather than being supported along a longer-term path out of disadvantage, this group tended to rely on services as an ongoing safety net, they were "reliant on them for their survival rather than as a conduit out of their situation"¹⁵¹. As one might expect, people in this segment would require the most intensive kind of support or intervention to assist them to break their cycle of disadvantage. Research suggests that this is where the greatest gaps in service provision are, and that people in this segment are the least-informed about services that would be available to them, thus compounding the difficulties in reaching them.

Finally, those in segment 4 were motivated to address their challenges and were able to harness support to overcome them. Typically, people in segment 4 needed assistance to give them a hand-up to improve their situation, such as a supported job placement, however, there were some who "felt let down by 'the system', asserting that the services available were insufficient or lacking in various ways"¹⁵².

It is important to note that people are not necessarily fixed in their segments; there could be movement between them as people's circumstances change. However, this characterisation of the differences in situations of people facing multiple and entrenched disadvantage is useful as it can help inform where the greatest needs are in terms of service provision and more specifically the types and intensity of services required to enable people to address their particular circumstances.

2. Summary of key themes emerging from stakeholder consultations and submissions

The Board held 2-3 hour consultation workshops in Adelaide (15 September), Canberra (20 September), Melbourne (23 September), Brisbane (29 September), Darwin (4 October), Sydney (29 October), Hobart (5 November) and Perth (9 November). The Board sought to consult with people or organisations who either had experience of multiple disadvantage or who worked with people who experienced multiple disadvantage. The consultations were advertised by email to stakeholders and on the social inclusion website (<http://www.socialinclusion.gov.au/Pages/default.aspx>).

More than 270 people across Australia attended the consultation workshops. Participants at consultation sessions were asked to discuss the following questions in small groups, before reporting back to the overall group on their conclusions and priorities for action:

1. What does a cycle of disadvantage mean?
2. How is Australia faring in addressing disadvantage? Are the issues facing people today the same as they were 10 years ago?
3. How important are continuity of care and long-term support in assisting people out of a cycle of disadvantage?
4. What is the role of the broader community in addressing disadvantage?
5. What policy changes would you like to see?

A summary of outcomes from each workshop is posted on the social inclusion website (<http://www.socialinclusion.gov.au/Partnerships/Board/Pages/BreakCycleReqSubs.aspx>).

Additionally, the Board sought submissions from academics and service providers who had been involved in the design, delivery and evaluation of programs aimed at helping break cycles of disadvantage and members of the general public with views about how services could better meet

151 TNS Social Research, 2010, *Breaking Cycles of Disadvantage*, p. 70

152 TNS Social Research, 2010, *Breaking Cycles of Disadvantage*, p. 72

their needs. In particular, the Board sought views on the following issues:

- > What are different cycles of disadvantage?
- > How do people enter these cycles and become trapped in them?
- > How do people avoid or break out of cycles of disadvantage, that is what is it that makes a difference for these people?
- > Does personal choice play a role in breaking cycles of disadvantage, and if so how can you help build motivation and aspirations?
- > Are there any successful interventions that should be considered?

> Are you aware of any current research which is focused on this?

Over 60 submissions were received from a variety of interested parties. A full listing of all submissions received is contained in Appendix B.

Table A.2 summarises the themes arising from both the stakeholder consultations and the submissions.

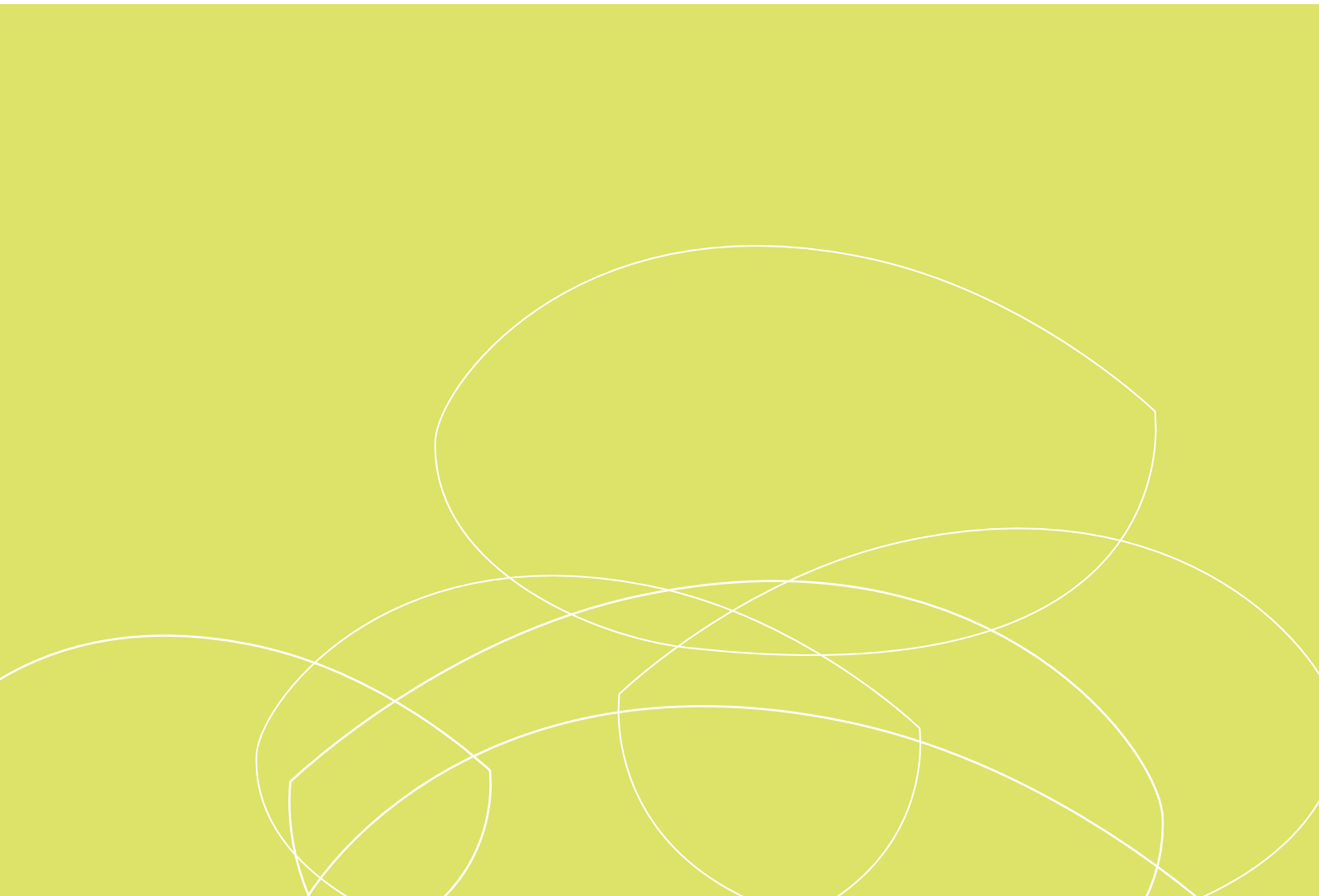
Table A.2: Summary of key themes emerging during stakeholder consultations and in submissions

Issue	Summary of comments
Services generally	<p>Importance of early intervention and prevention.</p> <p>Many of those who need help are unlikely to seek it and are hard to reach.</p> <p>Service providers are stretched and generally not funded to manage people beyond their immediate crisis, leaving them vulnerable to falling into crisis repeatedly.</p> <p>Lack of awareness of services and reluctance to seek help unless in crisis is a problem among many disadvantaged people.</p> <p>To be effective services need to go beyond a crisis approach; need to be multifaceted, collaborative, cumulative and long-term.</p> <p>For the most disadvantaged, relationships with trusted adults (e.g. through service provider) are critical.</p> <p>There was strong support for a wrap-around service model delivered at the community level.</p>
Family Services	<p>Dysfunctional primary relationships with family are crucial determinants of disadvantage.</p> <p>Support for families to enable them to provide the essentials of a caring, nurturing environment for their children is critical.</p> <p>Subsidised childcare for children from the most disadvantaged families in the context of an overall family support program is a key enabler for a more positive future.</p> <p>Childhood abuse and/or neglect was the most prominent factor leading to disadvantage among TNS interviewees with an intrinsic cycle of disadvantage.</p> <p>There is a need for family services to focus more strongly on prevention, providing support to families before the situation requires legal intervention.</p>

Issue	Summary of comments
Family Services cont.	<p>But once legal intervention has occurred, it is critical to ensure the family has ongoing support to help them on to a positive path.</p> <p>As above, services need to be long-term and continuous, building trust with families and providing a key point of contact to fall back on when extra support is needed.</p>
Income support	<p>Issues associated with risk of losing the security of welfare or social housing, concessions etc, as a barrier to taking work (which was likely to be insecure).</p> <p>Lack of flexibility in system leads to welfare dependency. A more flexible system of income support would provide a longer-term safety net for those who had been unemployed for a long period and smooth the path to a secure job.</p>
Employment services	<p>Hope and aspirations are important. Some people experiencing disadvantage felt employment service providers were 'going through the motions' and did not expect them to get work.</p> <p>Psychological /socio-emotional barriers to work readiness need to be better addressed by employment services.</p>
Education	<p>Early school leaving was a prominent characteristic of those with disadvantage.</p> <p>Educational achievements of disadvantaged children are lower than those from less-disadvantaged backgrounds.</p> <p>Extra assistance should be given to children with lower levels of achievement at an early stage in order to prevent early school leaving.</p> <p>Study highlighted the significant role of education in breaking cycles of disadvantage, but also the ways in which primary and secondary schools did not always meet the needs of participants because of:</p> <ul style="list-style-type: none"> > an inadequate approach to addressing problem behaviours; > willingness on the part of schools to suspend and expel students exhibiting problem behaviours, rather than addressing underlying causes; > a lack of options for those who were not academically inclined; > inadequate support for students with learning or mental disabilities; and > a lack of careers planning and guidance.

Issue	Summary of comments
Health	Lack of access to health and mental health services, especially in rural areas.
Urban planning and community development	More attention needs to be given to social inclusion in planning new developments and addressing disadvantage concentrated within communities, e.g. access to community facilities, public transport, employment opportunities.
Justice and ex-prisoners	Prisoners and ex-prisoners faced uncertain futures and were significantly disadvantaged. Greater assistance and support is required to facilitate their rehabilitation and to prevent re-offending.
Community/ general awareness of disadvantage	<p>Many participants in the consultations felt that it would be useful to raise public awareness of the plight of disadvantaged groups in order to dispel fears and myths.</p> <p>Similarly, people from refugee and immigrant families had a harder time making sense of what it means to grow up in Australia. More opportunities for involving these families in their communities need to be explored.</p>

Appendix B: List of submissions



List of submissions

The following organisations or individuals provided submissions to the Board for this research.

Organisations

1. ACT Chief Minister's Department
2. Anglicare Australia
3. Anglicare SA
4. Anglicare Sydney
5. Australian Community Support Organisation
6. Australian Council of Trade Unions
7. Australian Employee Ownership Association
8. Australian Library and Information Association
9. Australian Psychological Society
10. Australian Red Cross
11. Australian Multicultural Advisory Council - supplementary submission
12. Barnardos Australia
13. Charles Darwin University
14. Children's Protection Society
15. Council to Homeless Persons
16. Department of Human Services, Victoria
17. Family Life
18. GRAI: GLBTI Retirement Association Incorporated
19. Jobs Australia
20. Julia Farr Association
21. Justice for Children
22. Kirketon Road Centre
23. Lifeline Community Care Queensland
24. Mission Australia
25. National Arts and Culture Alliance (NACA)
26. National Centre for Social and Economic Modelling (NATSEM)
27. National Disability Services
28. National Disability Strategy (NDS)
29. National Ethnic Disability Alliance (NEDA)
30. National Investment for the Early Years (NIFTEY)
31. National Tertiary Education Industry Union (NTEU)
32. National Vet Equity Advisory Council (NVEAC)
33. Neighbourhood Renewal (VIC)
34. Psychiatric Disability Services Victoria (VICSERV)
35. Refugee Resettlement Advisory Council (RRAC) and Australian Multicultural Advisory Council (AMAC) joint submission
36. Salvation Army Australia - Southern Territory
37. SANE Australia
38. School for Social Entrepreneurs Australia
39. SDN Children's Services
40. Shire of Melton
41. Social Inclusion Commissioner for Tasmania
42. St. Laurence Community Services and Bethany Community Support
43. The Smith Family
44. Tripoli and Mena Association
45. Tubbut Neighbourhood House
46. Uniting Care Burnside
47. Whittlesea Community Connections
48. Wodonga Community College
49. Work Injured Resource Connection

Individuals

1. Professor James Albright and Professor James Ludwig, (Educational Research Institute Newcastle)
2. Professor Christine Bigby (School of Social Work and Social Policy, Latrobe University)
3. Dr Simon Emsely
4. Julie Foreman
5. Rhonda Greichen
6. Dr Stephen Harrison
7. Dr Damien Howard (Phoenix Consulting)
8. Ann Hughes
9. Kristiana Kilvert
10. Robbie Lloyd
11. Linda Lorenza
12. Rollo Manning (RWM Consultancy)
13. Dr Gaye Mitchell and Dr Lynda Campbell (School of Social Work, University of Melbourne)
14. John Mitchell (John Mitchell and Associates)
15. Joy Murray
16. Naomi Newland
17. Reverend David Peake OAM
18. Estelle Shields
19. Sue and Gordon Waters
20. Fred Wiseman

