



## South Australian Parliamentary Select Committee Inquiry into Poverty

Relationships Australia South Australia Submission | August 2018



## Table of Contents

Introduction .....	2
RASA's understanding of poverty .....	2
Intersecting issues.....	3
Domestic violence.....	3
Elder Abuse .....	3
Separation.....	4
Gambling.....	4
Migration .....	5
Out-Of-Home-Care.....	6
Aboriginal and Torres Strait Islander Disadvantage .....	7
Homelessness .....	8
Holistic & Integrated Service Responses .....	9
Building multi-agency collaboration .....	9
Enabling Economic Participation .....	10
Recommendations .....	10
References .....	13



## Introduction

RASA welcomes the opportunity to provide feedback to the Legislative Council's Select Inquiry into Poverty in South Australia, and we recognise the importance of increasing public attention on poverty and expanding our collective understanding of its impact.

RASA is an independent, non-profit, community organisation with over 60 years' experience improving the emotional health and wellbeing of vulnerable and disadvantaged children, youth, adults and families. We provide a broad range of support services to over 27,000 clients per year, in the areas of family relationships, children's services, problem gambling, mental health issues, domestic and family violence, and HIV and blood borne viruses. Through this service provision, we continue to see the intersecting nature of poverty with multiple forms of relationship difficulties and social problems.

From our perspective, strengthening the effectiveness of policies and service responses designed to alleviate poverty is one of multiple threads necessary to underpin community, family and individual wellbeing. Building a holistic and integrated public policy framework and aligned service responses that effectively enable vulnerable families to overcome and/or avoid poverty requires a whole of community effort.

In our submission we firstly discuss poverty in South Australia with respect to its definition and measurement, as well as the extent and nature of poverty within our client group. Next, bringing together current research and direct service delivery experience, we summarise the impact of poverty, the influence of intersecting issues and the effect these issues have on access to health, housing, education, employment, and other opportunities. Finally, our submission describes our approach to addressing poverty, including holistic and integrated service responses, multiagency collaboration, and economic participation. This body of work forms the basis for our recommendations for addressing poverty in South Australia.

## RASA's understanding of poverty

We understand that definitions of poverty are methodologically difficult. When talking about poverty we often hear about the 'poverty line' referring to those with an income at or below a certain income level which is insufficient to meet their essential needs. In South Australia, the SACOSS definition of the poverty line is 50% of the medium income in South Australia. From this perspective, 25% of RASA clients are formally below the poverty line.

For an understanding of the proportion of RASA clients who fall at or below the South Australian poverty line (according to the SACOSS definition) – overall, two particular services and demographic characteristics are discussed in this submission – see TABLE 1 below.

**TABLE 1. Percentage of RASA clients at or below the poverty line.**

At or below the poverty line	
According to service type	
All RASA services	25.51%
Gambling Help Services	31.51%
Together4Kids <sup>1</sup>	25.60%
According to background demographic	
Culturally and Linguistically Diverse clients	29.43%
Aboriginal and Torres Strait Islander clients	52.32%

In our experience, poverty and the spectre of poverty significantly shape emotional and relationship wellbeing and exert a strong influence upon decisions and behaviour made by many RASA clients. It is important to note that the fear of poverty often stops people leaving a violent relationship and

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<sup>1</sup> RASA's homelessness service.

financial distress often harms the quality of parenting and relationship satisfaction. It is evident across our family and relationships services that poverty and the threat of poverty intersect with and often amplify mental health concerns, poor relationship dynamics, parenting difficulties, substance abuse, and problem gambling behaviours. Poverty is an often-ignored aspect of the constellation of complex concerns that negatively impact wellbeing and relationship health. At RASA we therefore include screening for financial distress in our universal holistic screening tool DOORS (Detection Of Overall Risk Screening).

## Intersecting issues

In this section we detail the key issues that impact our clients and have a bi-directional relationship with poverty.

### Domestic violence

In 2016, there were 8,382 domestic violence (i.e. assault and sexual assault) victims in South Australia, 60% of which involved either partners or ex-partners (Government of South Australia, 2017). Notably, it has been repeatedly demonstrated that women are more likely than men to experience violence from a partner in Australia. Data from the recent Personal Safety Survey revealed that 17 % of women have experienced violence by a partner since the age of 15, compared with 6% of men (ABS, 2018c).

Further to this community data, RASA has evidence from numerous 'in house' evaluations ('Domestic Violence Snapshot Surveys') conducted from 2007 to 2011 demonstrating that over 60% of our service delivery involves domestic violence. This confirmed domestic violence is a central concern for all RASA services and indicates domestic violence prevention and service responses embedded within mainstream family services and specialised domestic violence responses are required.

The risk of poverty influences the options women living with domestic violence face when deciding how to respond to their partner's behaviour. It is difficult for women to escape poverty while being abused. Those trapped in it are already at a disadvantage, and the abuse only further limits them and further reduces agency, autonomy and available resources. Efforts to leave violent relationships or circumvent abuse often force them to incur numerous costs, and further threats of abuse. Many risk the threat of losing their job, their home, health care, or access to income and financial support.

Research suggests, and what our experience bears out, is the effects of domestic violence, combined with extant stressors created by poverty, increase the physiological stress response, which over time deteriorates both physical and mental health. Furthermore, women may still be dealing with their own or their children's mental and physical health needs resulting from the abuse, which may impair their ability to work and to seek out housing solutions. Domestic violence can result in increased vulnerability to poverty for our clients by undermining their ability to work, as dealing with the violence and its aftermath can compromise steady attendance and work performance. Research shows a relationship between domestic violence and female homelessness or housing instability which, for our clients, includes multiple unwanted moves, not paying other bills in order to pay rent, eating less or skipping meals to pay rent, doubling up with family or friends, being threatened with eviction, or experiencing rental or credit problems.

### Elder Abuse

Abuse of older people is an increasingly recognised issue in Australia that seriously influences the wellbeing and financial security of the elderly is suggested to be as high as 20% among women in the older age group (Australian Longitudinal Study on Women's Health, 2014). Like domestic violence, the abuse is often caused by someone who is trusted by the older person, such as a family member, friend, professional, or paid caregiver. Sometimes, both the victim and perpetrator do not recognise that what is occurring is abuse. Elder abuse affects both men and women from all walks of life.

Many services, including RASA, who are supporting older people, report that aged clients seeking help are struggling with a range of different types of abuse, including financial, psychological and emotional abuse being common and frequently co-occurring. Financial abuse involves both small and large amounts of money. For older people on low incomes, misappropriation of small amounts of money can have significant impacts on finances and quality of life. Financial abuse can also involve misusing financial powers of attorney, stealing, pressuring older people to make gifts or loans, or selling personal belongings without consent, including the person's home. Psychological and emotional abuse may involve humiliation, threats, stopping social contacts and treating the older person like a child. Abuse may also involve physical or sexual abuse, inappropriate use of restraints, and failing to provide for the older person's basic needs. Abuse also includes violations of rights.

Elder abuse is difficult to detect as victims often remain silent, and yet it is a health and social problem with profound consequences, including fractured family relationships. It is a cause of induced poverty and deprivation of care, loss of civil liberties and maltreatment that can result in premature transfer to permanent care. Abuse can result in older people needing more help from the health system, government benefits and other services.

### Separation

In 2016, there were 3,127 divorces in South Australia, which equates to nearly nine divorces each day (ABS, 2017). In our experience, the risk of poverty in many cases predates separation. We see families who are stressed about constrained resources, which puts pressure on relationships by increasing couple conflict (e.g. arguments over money, additional stressors such as unpaid bills, competition for resources within the household, problems with childcare, etcetera), which results in high risks of relationship breakdown. That said, separation also increases risk of poverty in our clients as it has economic consequences, and we are particularly aware of and concerned about the overrepresentation of older separated, or single, women living in or at risk of poverty (Damaske, Bratter, & French, 2017).

Whether a family is together or separating, it is the parents' responsibility to make arrangements that are in the best interests of the child. However, tensions regularly arise when separated parents have re-partnered and have a new family with their new partner. Paying parents feel the conflicting pressures of having to support children in two families and, depending on parents' incomes, the children in each family may receive significantly different amounts of support. Even parents on high incomes experience financial distress due to their financial obligations to two families.

### Gambling

Gambling problems can have severe personal consequences, including financial hardship, and occur at a high rate among those experiencing poverty (Centre for Addiction and Mental Health, 2018). They can also have significant impacts on relationships, including those with intimate partners, children, parents, grandparents, and siblings (Dowling, Rodda, Lubman, & Jackson, 2014). It has been estimated that the gambling problem of one Australian negatively affects between five and 10 others, meaning that more than two million Australians are affected (Productivity Commission, 1999). Over one-third of people with gambling problems experience or use domestic violence, and are six times more likely to divorce than the general population (Dowling, 2015).

The wider community is also affected by individuals for whom gambling is problematic as it impacts on their ability to contribute to society through employment, group participation, volunteerism, and meeting obligations to family, friends, and community. The effects of problem gambling increases demands on community resources such as housing, material aid, food and financial aid support services. Australian and international studies have identified that the spread of gambling venues is associated with reduced social capital (resources that support collective action, enhance trust and cooperation) and a negative influence on community-identified quality of life (Griswold & Nichols, 2006).

A number of studies have shown that problem gamblers experience more stressors compared to non-problem gamblers indicating that (1) frequent gambling may be a means of escape from such stressors, and (2) the presence of such stressors can place people at a higher risk of developing problem gambling (Thomas & Jackson, 2008). Recent research has also confirmed that problem gamblers are considerably more likely than non-problem gamblers to have experienced a life trauma, childhood psychological maltreatment, childhood neglect, childhood punishment, and/or childhood sexual abuse (Problem Gambling Institute of Ontario, 2015).

Research has also shown that serious mental health issues (e.g., depression, anxiety, stress, bi-polar disorder, and personality disorders) are routinely associated with the presentation of problem gambling (Thomas & Jackson, 2008). Furthermore, problem gamblers are nearly 5 times more likely than non-problem gamblers to commit suicide (Newman & Thompson, 2003), and this risk is even higher for those who also have problems with alcohol or other drugs (Kausch, 2003; Ladd & Petry, 2003). Not surprisingly, a number of co-morbid presentations are common in problem gamblers. Alarmingly, research suggests a relatively high prevalence of substance use (e.g. alcohol and nicotine) when gambling, and that, problem gamblers are disproportionately high users of amphetamines and prescription drugs (The Social Research Centre, 2012).

Studies also suggest that experiences of loneliness and isolation can underpin the development of problem gambling in some people, with one study revealing that, 39.3% of problem gamblers did not feel valued by society compared with only 7.8% of non-problem gamblers (Victorian Department of Justice, 2009), and another study finding that 25% of problem gamblers could not get help from family, friends, or neighbours, compared with only 2.3% of non-problem gamblers (Braun, 2014).

Of our Gambling Help Service clients, 31% are at or below the poverty line (see TABLE 1.). Notably, the economic costs of gambling are increasingly shouldered by people who can least afford the monetary losses. Gambling problems not only produce economic hardship but can also 'justify' gambling problems for some clients because they mistakenly believe that 'if they win' their economic problems will be solved.

## Migration

Over the past 5 years, South Australia has resettled around 16,000 migrants, primarily in the Greater Adelaide region, and the majority of whom were Humanitarian (48%) and Family (51%) entrants (Department of Social Services, 2018). They have a range of individual histories, experiences and cultures, all of which can influence the degree to which they can assimilate, and in turn their risk of poverty. These are largely related to lack of understanding of, and/or knowledge about accessing, healthcare, housing, education, and employment opportunities, all of which are underpinned by a lack of English language proficiency.

We know that recent arrivals to South Australia mostly speak Arabic and Nepalese, and that 73% are identified as not speaking English 'very well' or 'well' (Department of Social Services, 2018). As such, RASA recognises that a significant proportion of this population are vulnerable and/or have higher needs, and are experienced in providing peer programs that strengthen English language skills and social cohesion. Proficiency in English is vital because it underpins access to services, social links and generally enables healthy acculturation. Poor English skills limit educational attainment and the capacity to find gainful employment.

We also know that education is vital to ensure successful integration of migrants. Despite aspirations, many migrants fail to complete the necessary levels of education that are required for admission to and/or success at the tertiary level. Across South Australia, few Family and Humanitarian migrants 15 years of age and over possess 'non-school' qualifications (e.g. degrees, diplomas, and certificates) (Department of Social Services, 2018). A lack of information about educational expectations, systemic ignorance regarding individuals' cultures and various implications



that stem from settlement practices often push migrants to the margins of the Australian educational system.

Migrants remain underrepresented in the Australian workforce (AMES, 2011). Across South Australia, 53% of Family migrants and 28% of Humanitarian migrants aged 15 years and over are employed (Department of Social Services, 2018). We are aware of the challenges migrants face in finding gainful employment, particularly during the early years of their settlement, including lack of local work experience, limited opportunities to create local networks, lack of understanding of the local workplace culture, minimal access to vocational training, and limited English language skills (AMES Victoria, 2011).

Migrants are disproportionately affected by complex health problems, both physical and emotional, with many dealing with the various sequelae of trauma and torture (Renzaho, 2007, 2009). Providing healthcare within a multicultural setting is an undeniably complex matter, and new migrants have particular difficulty understanding and accessing Australian health services, which can mean that many often 'fall through the gaps', amplifying original problems, and increasing their risk of poverty. Although research suggests support can have a positive impact, different cultures vary in the way they define, receive, and give support. Adopting a homogenous approach to the delivery of settlement services is likely to reduce service effectiveness and obscure opportunities to address personal and cultural concerns.

Alongside language, education, employment, and healthcare, access to sustainable housing is a vital factor in successful re-settlement and minimizing the risk of poverty (UNHCR 2002). Secure housing enables migrants to establish culture of origin connections and build broader social connections. Housing stability also helps to quell the chaotic impact of broken family and cultural ties, changing family roles and dynamics, and unfamiliar social systems, commonly experienced by migrants. Access to suitable housing is one of the greatest challenges facing migrants in SA. Financial hardship, difficulties navigating the private rental market, discriminatory attitudes, and housing shortages severely limit availability of affordable and stable accommodation.

In our experience, being newly settled exposes families to a range of stressors that increase their risk of poverty, with 29.43% of our Culturally and Linguistically Diverse clients being at or below the South Australian poverty line. These stressors include domestic violence, wherein harm to women migrants and their children is increased by obstacles to service access, tensions related to leaving their cultural community as well as their violent partner, and barriers understanding and access to legal assistance. Elder migrants are also at increased risk of social isolation and abuse. The impact of family separation and breakdown is another factor, and not just related to intimate partners. Many humanitarian migrants are young people, 25-34 years of age (Department of Social Services, 2018). Young humanitarian entrants often become estranged from their families as they adapt to the broader community at a different pace from their parents, creating significant family discord and conflict, which often escalates without the relevant support. Furthermore, the stress of migration places migrants and refugees at particular risk of developing problems with gambling (Australian Institute of Family Studies, 2016). While RASA has extensive experience providing services to migrants, not all organisations are equipped to deal with cultural nuances, leaving this group particularly vulnerable to poverty.

### Out-Of-Home-Care

In the past year, there were 3,484 children in out-of-home-care in South Australia, representing an increase of 241 children compared to the previous year (Australian Institute of Health and Welfare, 2018). There is now a large and indisputable amount of research in Australia and internationally that documents the multitude of inter-related problems that diminish the life outcomes experienced by, and increase risk of poverty for, an inordinately high proportion of care leavers. The disadvantage our clients from out-of-home-care experience encompasses a number of confluent factors including a history of abuse or neglect, ongoing poor physical and mental health, substance abuse,

homelessness, poverty, unemployment, and violence. In addition, young people exiting care experience significant social and economic marginalisation and a range of poor outcomes.

There is an abundance of evidence that the quality of attachment between child and caregiver has life-long implications upon brain development and functional capacity. Current research emphasises the importance of 'good enough' parenting in which secure attachment bonds between caregivers and children are developed. Secure attachment is built from the exchanges between caregiver and infant where the caregiver is attentive to the infant's changing physical needs and emotional states. Experiences of caregiver warmth and reliable support provide the foundation for the child's ability to regulate her or his own emotional arousal and distress. These developmental achievements become the cornerstone for healthy and respectful relationships (Martinez-Torteya et.al. 2014; O'Connor, Marvin, Rutter, Olrick, & Britner, 2003; Schore 2005, 2010; Tronick & Beeghly 2011).

There is also increasing evidence that infant and childhood experiences of disrupted and disorganised caregiver attachments produce trauma that harm emotional regulatory functions. Harm done to these regulatory functions interferes with the capacity to build trust and feel empathy for others, often resulting in chaotic or destructive interpersonal relationships (Hughes, 2006). Importantly, emerging evidence about neuroplasticity confirms that it is possible, with effort, to develop new neural pathways that facilitate regulation of the affect arousal states installed by trauma. This developmental lens enables us to work effectively with the impact of trauma and childhood adversity and scaffold recovery (Hughes, 2006; Siegel, 2010; Ogden & Fisher, 2015).

Without support, these individuals cannot break the cycle of disadvantage, which could ultimately span several generations. It is therefore all the more important that young people in care are provided with effective support to able them to achieve positive, secure, and safe relationships with caregiving adults. Ensuring there is adequate and effective support of young people leaving out-of-home care has proven to result in: a higher level of engagement with education and improved employment prospects (Courtney, Charles, Okpych, Napolitano, & Halsted, 2014); improved housing stability and lower long-term reliance on public housing programs (Munro, Lushey, Maskell-Graham, Ward, & Holmes, 2012); improved physical and mental health outcomes driven by improved access to care and early intervention (O'Connell, Boat, & Warner, 2009); reduced incidence of alcohol and drug dependency (Courtney, Dworsky, & Pollack, 2007); reduced interaction with the justice system, including a reduced likelihood of incarceration (Washington State Institute for Public Policy, 2010), and; improved levels of civic participation and social integration (Mason & Gibson, 2004).

### Aboriginal and Torres Strait Islander Disadvantage

Of 1.6 million people in South Australia, 38,000 are Aboriginal and Torres Strait Islander (ATSI) (ABS, 2016). It is well documented that ATSI people suffer more economic and social disadvantage in comparison to non-Indigenous Australians, including lower life expectancy, educational attainment and income; and higher rates of unemployment, sub-standard housing, homelessness, suicide and incarceration (Australian Institute of Health and Welfare, 2015).

For ATSI Australians we need to rethink the dimensions of poverty. Poverty in the ATSI community is multi-faceted with factors that are not directly related to income or lack of it (Hunter, 1999). While much of this disadvantage lies in Australia's history of invasion, dispossession and colonization, it can also be attributed to the continued subordination of ATSI peoples and the racism perpetuated by non-Indigenous people and institutions (Durey, 2010; Paradies, Harris, & Anderson, 2008).

Research both in Australia and internationally has shown that ATSI experiences can have significant negative consequences for one's health including high levels of psychological distress, depression and anxiety; and greater likelihood of engaging in binge drinking, smoking and illicit substance use as a way of coping (Australian Institute of Health and Welfare, 2009; Gallaher et al., 2009; Larson, Gillies, Howard, & Coffin, 2007). Accordingly, excessive alcohol consumption and substance abuse has been shown to lead to, and stem from, breakdown in family functioning, often in the form of

domestic violence. In ATSI communities, domestic and family violence happens at higher rates than in non-ATSI communities. Family problems can have a significant impact on carer-child relationships, and it is not surprising that ATSI children are over-represented in the out-of-home-care system in Australia (Australian Institute of Family Studies, 2017). Several studies have also shown that the prevalence of problem gambling among Aboriginal people is much higher than that of the non-Indigenous population, with one study suggesting that it was six times higher (Stevens & Young, 2009). ATSI individuals are also over-represented in the homelessness system, with four times the rate of homelessness compared to other Australians.

These issues are not surprising given the history of invasion and its continued effects for ATSI peoples (Breen, Hing, & Gordan, 2010), and understanding these widespread experiences and their interrelated effects helps support services to better meet the needs of ATSI peoples.

## Homelessness

There are 6,224 homeless people in South Australia (ABS, 2018b). In recent years, rates of homelessness amongst children and families in Australia have increased substantially, with families, rather than individuals, now constituting the fastest growing group of people experiencing homelessness nation-wide. Families comprise almost one-third (32%) of all people seeking assistance from homeless services, 74% of whom are single parents with children, and 15% of whom are couples with children. Children aged 0-14 represent more than half (55%) of all families presenting for service. Women, most aged between 25-44 years, headed the overwhelming majority of single homeless families, who sought assistance from specialist services. (Australian Institute of Health and Welfare, 2012).

In our experience, the circumstances of poverty that can lead our clients to become homeless or experience housing instability include all of those intersecting issues mentioned in this submission (i.e. domestic violence, elder abuse, separation, gambling, migration, out-of-home-care, and having ATSI background). In Australia, domestic and family violence is one of the most common reasons for homelessness amongst children and families, especially single-parent families headed by women. Children who witness domestic violence and/or experience homelessness often have a diminished capacity to parent as adults, further perpetuating the cycle of trauma, poverty, poor school attainment, high unemployment, and homelessness. Homelessness has a devastating impact on families, with bi-directional risks for instability, psychological distress, parenting stress, child development, loss of possessions, jobs, family and community networks, including relationships with GPs, teachers and sporting clubs.

Given the complexity and variability of risks confronting families and individuals, services catering to homelessness need to do more than provide accommodation or other temporary assistance. While 'housing first' and 'rapid re-housing' are crucial service responses, support that responds to the problems leading to or resulting from homelessness (e.g. the complex array of risk factors that go beyond accommodation, such as family and domestic violence, parenting stress, relationship breakdown, trauma, mental illness and substance abuse) is increasingly recognised as the foundation for sustainable housing. Notably, while service responses to children who are homeless have been built on the premise that this will occur through supporting parents and caregivers, homeless children have specific needs for support that must be independently addressed. Within the Australian homelessness sector, greater importance is being placed on listening to, acknowledging and keeping the child's perspective and experience at the forefront of service response. Likewise, housing services need help sequencing multiple support services required by their clients.

These pressures point to the need for (1) common language about risk and (2) practical steps that enable multidisciplinary and multiagency responses.

## Holistic & Integrated Service Responses

Just as poverty and economic hardship are outcomes of relationship and social problems, programs and services that assist people to overcome poverty often contribute significantly to improved individual, relationship and community wellbeing. Importantly, providing siloed and single-issue responses to social problems, including poverty, diminishes our ability to overcome and repair these concerns. Responses can easily become ad hoc, poorly sequenced, and chaotic, adding to the complexity of client's problems rather than alleviating them.

Recognising that poverty and financial hardship are not an isolated phenomenon, RASA has a comprehensive understanding of the dynamic factors, or intersecting issues, the aforementioned of which are only the tip of the iceberg, which can lead to poverty, and the numerous personal and interpersonal effects on wellbeing beyond financial problems. These include, but are by no means limited to, mental illness, parenting stress, trauma, loss, grief, loneliness, isolation, and substance abuse. As such, it is crucial to identify and respond holistically to complex issues such as poverty.

At RASA, our use of holistic universal screening via the Family DOORS framework (McIntosh 2011a, 2011b) enables our staff to reliably identify multiple risk and protective factors, their elaboration of which further enables them to tailor service responses to clients' circumstances, including the skilful sequencing of intra- and, through multi-agency collaboration, inter-agency services. Through our 'no wrong door' approach to client service delivery, practitioners in all RASA services who identify that a client has financial stress will refer the client to receive appropriate assistance. Financial Counsellors also link clients experiencing complex family and mental health concerns into other relevant programs. Sensitively working alongside families and building engagement with the relevant service and training systems are critical elements of an efficient and effective gateway for vulnerable families.

## Building multi-agency collaboration

Early identification of correlated risks enables effective and coordinated multi-service collaboration and joined-up service delivery. We believe that this relies on a common understanding among professionals about complex issues related to poverty, combined with agreed procedures and service responses. Formal protocols are often missing from collaborations, and yet such clarity is critical for the competent delivery of holistic and integrated services to people living in, or at risk of living in, poverty. We believe that effort to create shared frameworks for identifying risks will contribute to more streamlined and effective collaboration as well as create more effective service interventions.

We understand that it is an essential yet ongoing challenge to join up the efforts of different service agencies to ensure interventions move beyond silos and become more proactive in engaging vulnerable individuals. We successfully work with many government and non-government organisations and communities in South Australia including information exchange and service promotion, program partnerships, joint group facilitation, cross referrals, practical assistance, co-work with mutual clients, interagency meetings, and networking and forums. The data available to us through our universal screening processes underpins our multiagency collaborations.

Demonstrating the positive outcomes of collaboration, a recent analysis of our Gambling Help Service and Financial Management client data revealed a 34% improvement in psychological wellbeing and a 64% improvement in functional capacity, and more than 95% of clients felt that they were better able to deal with the issues for which they sought help.

## Enabling Economic Participation

Australia's welfare system is an important safety net for vulnerable people but can also become a trap. The experience of poverty involves not only inadequate income but also exclusion from many aspects of social, civic and economic life. All South Australians must have the opportunity to genuinely participate in social, civic and economic life if our State is to truly prosper and advance. Effective early intervention can help people from becoming locked into the welfare system by giving them the opportunity to develop life skills, and to participate economically and socially through learning and work.

Young parents in particular often find themselves disengaged from employment and locked into public assistance. Notably, parents who are employed are more likely to be educated, and those who are educated are more likely to give their children the best start in life. Conversely, parents who lack income are often prevented from investing in resources and experiences that will help their children develop. The consequence is an intergenerational cycle of poverty in which parents struggle to provide stable and supportive relationships needed to protect their children from adversity and have limited opportunities to break from welfare. The importance of helping young parents embark on educational pathways that will lead them toward self-sufficiency goes beyond the financial savings that should result from reduced welfare. Their participation in early intervention education programs will improve employment options and strengthen their child's education horizons, ultimately giving their child the best start in life.

RASA's focus on economic participation and the negative effects of poverty and financial distress on wellbeing, has informed our involvement in education. The Australian Institute of Social Relations is our training division and has specialised in supporting people who are disengaged from education or socially vulnerable to participate in formal education as a strategy for overcoming emotional and relationship problems.

We know that vulnerable people are a heterogeneous population. As such, our training caters for diverse subgroups of vulnerable people who are at an increased risk of poor emotional wellbeing, limited educational attainment, and negligible employment outcomes. These include ATSI, newly arrived migrants, young mothers escaping family violence, young people leaving out-of-home-care, people who have experienced childhood sexual assault, and young people who are at risk of disengaging from mainstream education. In our experience, the impact of supporting people to develop formally recognised skills and attain qualifications not only strengthens pathways to greater economic participation, but also strengthens emotional and relationship wellbeing.

## Recommendations

**Recognise the impact the fear of poverty has on people, especially women living within relationships characterised by family violence.**

Fear of poverty is destructive and hard to master. It is not simply to do with money. It is a complex package of feelings around highly emotionally charged issues of survival, identity, happiness, self-worth, and meaning. The feeling of paralysis that fear of poverty can engender is due to a specific effect of emotional arousal caused by threat. When people feel threatened (i.e. they feel that their life is in danger), their body automatically fires up the 'fight or flight' response, which sends adrenaline coursing through them. In a situation where neither fight nor flight is possible, this causes them to 'freeze', that is, to become paralysed. High emotional arousal has a well-known effect on people. It impedes people's ability to think clearly and make rational decisions, and does not help them to cope with their situation. Of course having less money or other resources is not a direct threat to life, but because people often tend to feel (very strongly) that what they have is who they are, then a threat to what they have is a threat to who they are (i.e. a life threat). The fear and heightened risk to safety in leaving a violent relationship acts as a powerful constraint against many women leaving. This constraint is significantly compounded for those women who already

experience poverty or are at risk of entering poverty and the impacts of not being able to provide for their children as a result of leaving a violent relationship.

**Recognise the impact poverty has on children.**

The negative impacts of poverty start before birth and accumulate across the life course and onto the next generation. Poverty has negative impacts on children's health, cognitive development, social, emotional, and behavioural development and educational outcomes. The parents of children who are living in poverty are more likely to suffer relationship problems, which can affect their parenting behaviours, and which can have negative impacts on children's outcomes too. The impacts of poverty are not just important for children's future outcomes; poverty has detrimental effects on children in childhood, especially as children grow older. The implication that trajectories may already be set for children living in poverty is a cause for concern and area of intervention. Children living in poverty, and their parents, do have hopes and aspirations for their future, but they lack knowledge of how to achieve their ambitions.

**Strengthen understanding of the interrelatedness of poverty and social, family and emotional problems within our public policy and service frameworks.**

It is important to recognise that families with multiple and complex needs are typically situated within a broader context of social, economic and structural disadvantage. Poverty and the interlinked problems of poor health and housing, poor educational and employment opportunities and skills, lack of social capital and family and community supports, crime, mental health difficulties, substance use and violence, early childhood trauma and poor parenting experiences all contribute to social exclusion. Moreover, the disadvantage is multidirectional, occurring as a precursor to and consequence of poverty and isolation. Strengthening understanding of these 'joined up problems' within our public policy and service frameworks will ultimately facilitate the necessary individualised, tailored and flexible approaches to assist them.

**Support organisations to implement standardised screening and assessment protocols, in order to generate holistic identification of interrelated patterns of risk associated with poverty in an efficient manner.**

Recognising that poverty and financial hardship are not an isolated phenomenon. A comprehensive understanding of the dynamic factors which can lead to poverty, and the numerous personal and interpersonal effects on wellbeing beyond financial problems needs to be identified by support services. The use of holistic universal screening via the Family DOORS framework is an important means for organisations to develop integrated support to address the range of intersecting factors that contribute to poverty. This should enable practitioners to reliably identify multiple risk and protective factors, and tailor service responses to clients' circumstances, including the skilful sequencing of intra- and, through multi-agency collaboration, intra- and inter-agency services.

**Work through and overcome the barriers between agencies that interrupt good quality collaboration to ensure effective service responses to multi-factorial problems experienced by clients.**

Given the range of issues facing families living in or at risk of living in poverty, an integrated, multi-service response is critical. The need for partnership and collaboration across services, sharing appropriate and relevant information regularly, is necessary. Difficulties can exist in working across multiple service sectors due to different service roles, frameworks for practice, different language and models of intervention and service delivery constraints. In light of such differences across agencies and the potential for conflict or inadequate communication and collaboration, it is important that agencies work diligently to strengthen their partnerships and to resolve any disputes that arise. It might be worth seeking support to have externally facilitated meetings if the normal processes remain stuck.

**Strengthen programs that allow individuals who have significant emotional and social problems to engage in formal learning that has been designed with their needs in mind.**

People living in, or at risk of living in poverty require increased flexibility and targeted support from learning institutions in order to thrive. There are a number of avenues that institutions could explore in order to effectively meet the needs of people. This might involve scheduling (i.e. out of hours) and use of varied delivery formats (e.g. online). It might involve flexible approaches to credentialing, such as greater acceptance of prior learning or transfer credits as well as short-term programs that give students precise skills they can use in the workplace. It also might involve providing dedicated support through having a knowledgeable team on hand to recognising and effectively dealing with specific needs, enabling a more personalised experience. Finally, targeted marketing might be another element, making areas of the institution relevant, or customised, to potential 'non-traditional' learners.



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