



CONSULTATION FOR THE REVIEW OF THE

Inquiry into Intergenerational Welfare Dependence

VAADA Vision

A Victorian community in which the harms associated with drug use are reduced and general health and well being is promoted.

VAADA Objectives

To provide leadership, representation, advocacy and information to the alcohol and other drug and related sectors.

Contact Person: Sam Biondo

Victorian Alcohol and Drug Association
211 Victoria Parade, Collingwood 3066
p. 03 9412 5600 f. 03 9416 2085
vaada@vaada.org.au
www.vaada.org.au
ABN 19 039 293 679



The Victorian Alcohol and Drug Association acknowledges the importance of a review into the notion of welfare dependence conducted by the Select Committee on Intergenerational Welfare. We do however, urge caution in the use of this terminology with the need to highlight the system-led structural inequalities and inefficiencies which generate the often intractable circumstances in which many people find themselves.

The Victorian Alcohol and other Drug Association (VAADA) is the peak body representing funded alcohol and other drug (AOD) treatment services in Victoria. Our comments reflect our experience as the AOD peak and we note that AOD is 'about everything else', in that AOD issues do not occur in isolation to a broad range of other indicators of disadvantage or morbidities. It is rare that individuals experiencing substance dependency are not also facing other challenges, whether it be mental illness (Marel et al 2016), chronic pain (Hoffman et al 1995; Kouyanou et al 1997), trauma, disability (Chapman and Wu 2013), being a survivor of family violence and/or experiencing homelessness (AIHW 2018; ANROWS 2016). This co-occurrence of severe and chronic conditions and circumstances, combined with, in many cases, limited opportunity for education and scarce employment options, creates an insurmountable maelstrom of disadvantage and vulnerability which cannot be ameliorated through the enforcement of tougher more punitive conditions to accessing welfare.

Seeking to enforce various obligations on this cohort on the expectation that they will generate positive change with the failure to comply generating the threat of exclusion from various benefits creates further division, stigma and disadvantage, driving people deeper into poverty and reduces help seeking behaviour.

This submission will now examine each of the terms of reference as detailed below.

a. Examine the reasons for welfare dependence, with particular focus on why some families require welfare assistance for short periods only and why others become 'trapped' in the system

There is considerable evidence available on the ingrained nature of disadvantage in particular communities with long term engagement in the welfare system being a symptom of ingrained disadvantage. Engagement with the welfare system can arise due to climatic catastrophes, including drought, flood and fires which is generally short term disadvantage – there is also economic disadvantage where there is concentration of low socio economic indicators, including a less amenable and accessible school and cultural environment, which leads to a compounding of factors. This occurs in combination with industrial transformation, closure and little consideration of weight given to the impact on this on various workforces.

The absence of follow through after these types of events can lead to longer term welfare engagement. VAADA is aware of circumstances following black Saturday (in Victoria 2009) where the financial impact and trauma associated with these devastating fires resulted in family breakdown on the back of business closure at a time where there was little effort to bolster the various support services to wrap around at risk cohorts in affected communities.

We are also aware of various regions in Victoria where long term, entrenched disadvantage is highly prevalent and has been for a significant period of time. These areas rate poorly on a range of scales utilised by Vinson et al (2015) in the publication 'dropping off the edge' and are often recipients of a



high portion of recently released prisoners. These areas, many which have limited support services and an enduring culture of disadvantage create circumstances ripe for extended welfare engagement and the associated harms, which may include AOD dependency.

i. The factors preventing parents from gaining employment

The situation is particularly apparent for isolated parents who may have dependent children and limited means by which to enter the workforce due to skills and circumstance. They may be living in growth corridors, far from places of work, with limited means to support their children and an absence of work to which they are qualified. These challenges are further compounded in the circumstances of single parent status, geographic location and neighbourhood characteristics. Where there is limited childcare (or families are priced out of using these services) limited flexibility in the workplace and personal issues including AOD dependence, exiting welfare is even more challenging.

In cases of growth corridors and other areas where disadvantage is more prevalent, there can be significant challenges in accessing the various support services providing little leverage to address various issues. Providing for a greater service footprint in areas of high disadvantage would create a more resilient community more likely to progress from welfare engagement.

ii. The impact of intergenerational unemployment on children

It is obvious that intergenerational unemployment could have an effect on children from such environments and the challenges in transitioning from low social economic circumstances are generally very difficult and still dependent on geography and opportunity for employment. There is a need to create the appropriate structural circumstances, which generally don't involve coercion, to assist families to progress to improved circumstances.

iii. The important role of parents as 'first teachers'

The role of parents as first teachers is evident with the exception that their own experience may have been less than ideal. This, coupled with limitations in broader social support including accessible AOD, mental health and housing services as well as cultural isolation, are limiting factors which impair a parent's capacity to be a good 'first teacher'

iv. A multi-generational approach which assists parents and their children together

A single focus on a specific cultural group, service type or age group often fails to capture the enormity and complexity of entrenched social disadvantage. To that end, a broad array of simultaneous supports occurring within structures such as schools, prisons, child protection and broader health and welfare services should be prioritised; ideally applying justice reinvestment,



which involves increasing the capacity of various service types in highly disadvantaged areas to generate a reduction in demand for justice related interventions is a good model to consider.

v. The impact, if any, of welfare in creating disadvantage

The notion of blaming the receipt of welfare as a cause of further engagement of welfare is a cruel fallacy and exercise in victim blaming. The corollary of this approach is to create various barriers and punitive expectations in individuals experiencing disadvantage. It fails to acknowledge the broader systemic failures in equity and support to address disadvantage. This approach is aligned with mandating welfare payments via health card, lack of consideration of peoples physical and mental wellbeing (through, for instance reassessment of disability support eligibility). Assessing the experiences of people experience disadvantage though mainstream expectations with minimal investment generates stigma and an overall lack of support.

vi. The impact of economic development in different locations and geography

The provision of economic development in certain locations does not necessarily take into account workforce capacity on the ground at that location. As seen by increased use of fly in fly out (FIFO) – while there may be some local trickle down economic impact at the local level often this is short term, unreliable and does not lead to fundamental shifts in the local economy. Separately, there have been some reports of high risk AOD use among some FIFO cohorts which needs to be addressed.

Skills transfer for burgeoning industries is not necessarily seamless. However, depending on the type of economic development within a region, there is value in matching this with workforce development; there is a need to ascertain what is required to assist people who are able to work within a local community to necessarily enhance their skill set to cater for emerging industries.

Generating employment in areas of high vulnerability is a positive endeavour but greater effort to wrap around a range of services to build the resilience of the community is also necessary.

C. Recommended options for:

C1. Breaking the cycle

As has been intimated throughout this paper, targeted place based responses through an enduring enhanced service response within high risk areas is necessary. This approach can be encapsulated by a justice reinvestment approach. Additional focus on developing local industry in a sustainable manner, coupled with increasing the skill base of the local population through graduate programs; this should also be supported by the industries which seek to benefit with a contribution to workforce development being provided by private enterprise.

ii. measuring the effectiveness of evidence-based interventions

While pilot programs and local initiatives should be reviewed (as they often are) there is a need for policy makers to accept the evidence and ensure the continuity of effective endeavour. The prevailing issue in many cases is not the strength of the evidence, but rather a reluctance to accept the evidence if the activity is not necessarily popular. An example of this is evident with the prevention of illness and harm related to alcoholic products. The consensus of evidence unambiguously indicates that reducing advertising, restricting supply through tougher regulation and increasing price are all effective. The lack of will to make changes in this domain also points to the power of vested interests as one of the limiters of effective policy. A good policy setting is only good to the extent that vested economic interests don't lose money. The increasing proliferation of bottle shops in low socio economic regions is an example of the profits for an industry being prioritized over the harms of the local community.

iii. the improvement of financial capacity and security of families

In order for families heavily engaged in the welfare system to progress and improve their circumstances, there is a need to provide them with the clarity and space. This relates to the need to provide an adequate safety net for them to focus beyond the grind of living week to week and to invest in their future, including the future of their children. This relates to not only providing the necessary raft of support services including high quality education providers but also ensuring that in the provision of welfare, focus is directed away from punitive and judgemental activity, such as drug testing creating barriers to eligibility and hurdles associated with other support programs such as the NDIS.

People experiencing homelessness are unlikely to be in a circumstance where they can improve their financial capacity and security, as they will be focussing on shelter and safety. Greater focus should be provided to meeting peoples core needs and providing them with adequate financial stability to engage with support services, including employment and education providers.

iv. better coordinating services between tiers of government to support families

There have been long term difficulties in effective coordination of state and commonwealth government priorities in the AOD space which is likely evident across a range of sectors. This relates to a lack of alignment in targets and priorities, as well as a lack of coordination in meeting demand and forward planning. There is also a lack of emphasis applied to earnest co-design. The funding cycles are not coordinated, creating a dislocation in strategic planning and workforce stability.

Greater effort is required to address these challenges prioritising collaboration and planning activities and providing for contacts of a longer duration, being at least three years.

The current challenges in coordinating the emergence of the NDIS as it relates to individuals engaging with the community mental health sector is a case in point where reform spanning



multiple levels of government can result in service gaps and generate unexpected adverse outcomes. Greater focus on identifying and responding to these risks should be applied.

d. consider any other related matter

This review provides an opportunity to map out the fundamental principles necessary to create a more effective, humane and targeted welfare system which seeks to reduce stigma and disadvantage among recipients. It also provides the opportunity to highlight the limitations associated with short term, poorly thought out priorities, which create further impediments to improving personal and familial circumstances.

As indicated earlier, long term welfare engagement is often accompanied by a range of identifiers of disadvantage and to that end, there is a need to focus beyond the immediate family to capture the community wide experience of disadvantage as it applies to this cohort. Therefore, we would suggest that the intention of the discussion paper to limit the focus to those raising children subsequently limits the scope of the review and therefore the solutions. It is erroneous to assume that the issues related to disadvantage evident with those experience long term welfare engagement are solely limited to this cohort.

References

AIHW 2018, *Alcohol, Tobacco and other Drugs in Australia*, , viewed 13 September 2018, <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/homeless-people>

ANROWS (n.d), *Intimate Partner Violence*, viewed 12 September 2018, http://media.aomx.com/anrows.org.au/ANROWS_Infographic_BurdenofDisease.pdf

Chapman, SLC and Wu, LZ 2013, 'Substance use among individuals with intellectual disabilities', *Disability Research Reviews*, vol 33, no 4, pp. 1147-1156.

Christina Marel, Katherine L Mills, Rosemary Kingston, Kevin Gournay, Mark Deady, Frances Kay-Lambkin, Amanda Baker & Maree Teesson 2016, *Guidelines on the management of co-occurring alcohol and other drug and mental health*, NDARC, Sydney.

Hoffman, NG, Olofsson, O, Salem, B and Wickstrom, L 1995, 'prevalence of abuse and dependency in chronic pain patients', *International Journal of Addiction*, vol. 30, no 8, pp 919 – 927.

Kouyanou, K, Pither, CE and Wessely, S 1997, 'medication misuse, abuse and dependence in chronic pain patients', *journal of psychosomatic research*, vol. 43, no 5, pp 497 – 504.

Vinson, T, Rawsthorne, M, Beavis, A and Ericson, M 2015, *Dropping off the Edge*, Jesuit Social Services and Catholic Social Services, viewed 12 September 2018, <https://dote.org.au/>

